College Of Medicine

Exploring Factors That Affect Uptake of Water-Based Lubricants and Male Condoms among Men Who Have Sex with Men in Salima District, Malawi

By

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DECLARATION

I, Williot Joaquim Lumbe, hereby declare that this thesis is my original work and has not been presented for any other awards at this University or any other university.

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CERTIFICATE OF APPROVAL

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ABSTRACT

Men who have sex with men (MSM) are at high risk of contracting HIV due to several factors, both biological and social. They form an underserved population in terms of getting support for both HIV prevention and treatment due to so many factors that make them vulnerable. Key to HIV prevention among MSM is the correct and consistent use of water-based lubricants and condoms. However, studies have shown MSM are still underserved and lack access to prevention commodities. As such, there is low uptake of lubricants and condoms among the population due to several factors that need contextualization for them to be addressed.

The goal of this study was therefore, to explore factors that influence uptake of condoms and lubricants among MSM. Specially, the study aimed at classifying the identified factors into either facilitators or barrier of uptake.

A phenomenological qualitative study was implemented to inquire the living experiences of MSM in relation to access and use of condoms and lubricants. Data was collected focus group discussions and in-depth interviews. Participants were sampled through snowballing and purposive sampling.

The study found three main factors affecting uptake of condoms and lubricants; availability, accessibility, knowledge and perceptions on condom and lubricant use. These are largely influence by a contingent of other underlying factors that are categorized into five domains: structural, physical, cultural, socioeconomic, and legal. All these taken from a different angle can be either facilitators or barriers of uptake. Notable

underlying factors affecting uptake of these commodities among MSM included poverty, relationship between MSM and health service providers, distance to selling or access points of the commodities, stigma and discrimination, cultural, traditional, and religious beliefs among others.

The study concurred with other studies that the main factors are availability, accessibility, and knowledge on importance of using the commodities and appropriate use, which are affected by various underlying factors. Lubricants are not available in the mainstream health system and there is need to consider starting stocking at different levels to enhance and localize accessibility and use.

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
ART:	Anti-Retroviral Therapy
CBO:	Community Based Organization
CEDEP:	Center for the Development of People
COMREC:	College of Medicine Research and Ethics Committee
DHO:	District Health Office
DMO:	District Medical Officer
HIV:	Human Immunodeficiency Virus
HSA:	Health Surveillance Assistant
MOH:	Ministry of Health
MSM:	Men who have Sex with Men
NAC:	National AIDS Commission
PEPFAR:	President's Emergency Plan for AIDS Relief
PrEP:	Pre-Exposure Prophylaxis
SDGS:	Sustainable Development Goals
STI:	Sexually Transmitted Infection
UN:	United Nations
UNAIDS:	The Joint United Nations Program on HIV and AIDS
WHO:	World Health Organization?

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Introduction

The overall purpose of this study is to explore factors affecting uptake of water-based lubricants and male condoms among MSM in Salima. Studies and various working documents have recommended correct and consistent use of both water based lubricants and male condoms as only way of practicing safe sex anal sex among MSM(1,2). MSM are at a high risk of contracting HIV and other STIs. They are 18 times more at risk of contracting HIV than the general population. In Malawi, HIV prevalence is estimated to be around 9% for the general population while that of MSM is estimated to be around 18%(3). The UNAIDS' 95 95 95 Targets focus on testing those with the highest risk(4). This has been localized through national working documents like the National HIV and AIDS Strategic Plan and The National HIV Prevention Strategy among others. Being one of the key population groups, MSM have been targeted by these instruments and various programs in an attempt to reduce incidence, morbidity and AIDS related morbidity the population(2,1). Though recommended, condoms and lubricants are not correctly and consistently being used by MSM as evidenced by the absence of deliberate supply chain mechanism by Ministry of Health. With the mainstream health system only supplying condoms, it is evident that lubricant use is limited. There could be several factors affecting uptake not only this. It is therefore the goal of this study to explore various factors affecting uptake in a local context. The factors when identified will be assessed to see whether they facilitate uptake or act as a barrier of uptake. As a contributor to the HIV and AIDS response, the study also proposes recommendations that need to be put in place aimed at reducing the barriers while promoting the facilitators to enhance HIV prevention among MSM.

1.2 Background

According to National Strategic Plan for HIV and AIDS 2015-2020, "Men who have Sex with Men (MSM) are considered a key population in HIV epidemics, based on the increased risk of HIV transmission from unprotected anal intercourse, generally higher levels of sexual partnering within relatively closely connected partnership networks, and the ability of MSM to serve as both the insertive and receptive partner in acts of anal intercourse(2)." People and institutions have defined MSM differently, but the Inter-Agency Working Group on Key Populations has defined MSM as "all males – of any age – who engage in sexual and/or romantic relations with other males. It goes further to say that words "men" and "sex" are interpreted differently in diverse cultures and societies, as well as by the individuals involved. Therefore, the term "men who have sex with men" encompasses the large variety of settings and contexts in which male-to-male sex takes place, across multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with particular community or social groups(5)." According to World Health Organization, key populations are defined groups who due to specific higher-risk behaviors are at increased risk of getting infected with HIV, irrespective of the epidemic type or local context. They often have legal and social issues related to their behaviors that increase their vulnerability to HIV(6). MSM is a term that has been and is being used to justify provision of services not necessarily promotion of homosexuality (7). It is based on a public health perspective that enables institutions, communities and individuals recognize the existence of MSM and that they're a high-risk population and in need of both preventive and biomedical interventions. It is based on the concept of leaving no one behind in the fight against HIV and AIDS and is one of the strategies for ensuring that the world ends AIDS by 2030 (4).

Bisexual men, transgender women, gay and other men who have sex with men have been highly affected by HIV and AIDS and require special response to meet their needs(8). In Malawi, prevalence is around 17 to 18 (9)percent and the risk of contracting or spreading the virus is said to be 18 times more than it is among the general population(10). Prevalence varies greatly among MSM of different ages though the average is around 17%. One study found that HIV prevalence among those between the ages of 18 and 23 was 8.3% (20/241); 20.0% (42/210) among those 24–29; and 35.7% (30/84) among those older than 30 for an overall prevalence of 17.4%(11).

The global burden of HIV and AIDS continues to be huge among MSM whose health needs both for prevention and treatment have largely been neglected(12). With the shift of HIV and AIDS response from general population centered to key population centered, both prevention and treatment programs have been designed for key populations including MSM. In many countries a comprehensive package for both prevention and treatment have been defined. In Malawi for example there have been minimum interventions for HIV negative MSM and those for HIV positive MSM(1).

For HIV positive MSM, key biomedical interventions include quarterly screening for STIs, initiation and retention on ART as well as provision of STI vaccinations. To prevent re-infection or infecting partners, key behavioral interventions include risk reduction interventions, such as reduction in partners and consistent use of male condoms and water based lubricants, introduction and initiation into support groups for psychosocial support among others (1).

For HIV negative MSM the minimum package of services include Pre-exposure Prophylaxis (including access to HIV self- testing commodities and services, quarterly screening for STIs,

promotion of HTC and STI vaccinations, risk reduction, psycho-social, legal, and service quality and access interventions as for positives(1).

1.3 Problem Statement

As alluded to in the background, MSM are disproportionately affected by HIV and AIDS in Sub Saharan Africa and other regions of the world due to a number of factors(9). In Malawi, HIV prevalence among men having sex with men is estimated at 18.5%(9) compared to that of the general population which is at 9.2%(13). According to Avert, almost 1 in every 5 MSM has HIV putting them one of the most affected and infected by the virus(14). Prevalence is varying among MSM with the older population said to have a higher HIV prevalence rate than their young counterparts (15,16).

Above all, MSM are criminalized for being MSM by the country's laws though on suspension (moratorium was activated on all anti-same sex laws)(17), they are stigmatized by both the society and even health service providers, denied access to social services, have limited access to treatment. This is an underserved population in many aspects due to the fact that they are MSM (18). MSM have a very high risk of contracting or spreading HIV if they are engaged in unprotected sex due to the thinness of the anal muscles. The anal muscles also have a very huge concentration of HIV receptors. The anus also lacks self-lubrication making sexual activity rough (due to increased friction) leading to cuts and openings on which viruses can enter the body(5). In agreement with this, WHO notes that transmission of HIV is 18 times more likely to occur through unprotected receptive anal sex (between MSM or between heterosexuals) than through unprotected vaginal intercourse(6).

In view of this, various remedies and interventions have been put in place to create a conducive environment for MSM to be accepted and access prevention commodities, care,

and treatment in health facilities. Such remedies in Malawi include suspension of the law criminalizing homosexuality(19), adoption of the term MSM to enable MSM access healthcare at health facilities. The country through the National Strategic Plan for HIV and AIDS 2015-2020 and the National HIV Prevention Strategy has made an emphasis on treating MSM as a key population due to their high risk in both transmitting and contracting HIV by recommending that they receive special care based on the set minimum service packages for both those MSM who are HIV positive and those who are HIV negative (1,2).

Key to HIV prevention among MSM is the correct and consistent use of male condoms and water-based lubricants as supported by the above national strategies(6). However, it is evident from the Global Fund's Joint HIV/TB programmatic reports that this is neglected and not incorporated in the national health system. Despite recognizing the importance of water based lubricants and condoms among MSM the health system does not stock nor provide water based lubricants to MSM thereby defeating the goals of the above strategies, even that of the UNAIDS 90 90 90 targets and that of the UN of ending AIDS by 2030 (4,20).

These structural factors directly affect availability and accessibility of the said prevention commodities among MSM and consequently affect uptake of the same. This study is founded on the fact that water-based lubricants and condoms are recommended for intercourse among MSM, and efforts should be made to ensure that MSM are indeed taking up the commodities. It is also founded on the fact that despite national health authorities recommending consisted and appropriate use of condoms among MSM (2,21,1), the same authorities have also not moved in to ensure that these are made available in the mainstream health system to ensure availability and accessibility of the commodities. While these could be some of the factors

affecting uptake of the prevention commodities, there could be more to this and that is what the study is trying to establish by looking at the case of Salima district.

1.4 Literature Review

This study takes into consideration the current evidence on the risk of both contracting and transmitting HIV, HIV prevalence among MSM as well as potential factors that might account for uptake of the recommended water-based lubricants and male condoms among men having sex with men. The risk of contracting HIV and STIs among MSM is 18 times higher than it is among heterosexuals (22). The UNAIDS' 95 95 95 goals(4) as well the National HIV and AIDS Strategic Plan for 2017-2022(2) identifies MSM as a key population that needs prioritization in the response to HIV and AIDS in both preventive and treatment interventions. Wirtz et al, observes that MSM represent an underserved, at-risk population for HIV services in Malawi and merit comprehensive HIV prevention services (10). In another study it is also noted that HIV and AIDS disproportionately affects MSM in Malawi with disparities sustained across the HIV care continuum (3). A study conducted by Sullivan et al, indicated that HIV prevention is difficult for MSM because of the high biological risk associated with anal intercourse, high frequency and variety of sexual activity, little acknowledgment of male–male sex by governments and health-care providers, discrimination and few specific services for MSM (7).

For men who have sex with men, the high HIV incidence and prevalence is mainly due structural factors which drive unsafe sexual practices among MSM. Studies indicate that the risk of getting infected due to unprotected anal sex is 18 times greater than vaginal sex due to thinness of the rectal tissues that aids direct accessibility of the virus into the blood system (23). The anus also does not secrete natural lubrication leading to high friction during sex

that results into developing cuts around the anus and the penis making both organs prone to contracting HIV. Studies have also shown that the anus (rectal tissues) is more porous and highly susceptible to infection even when undamaged (23).

Homophobia, stigma, and discrimination in communities also put MSM at risk of contracting HIV and are usually denied services they need. Because of stigma and homophobia, health needs for MSM are not prioritized structurally and culturally as they are taken as deviants from societal values and traditions. One of the reasons water-based lubricants are not available in public health facilities is because the society doesn't recognize the existence of MSM and even if they know one, the society regards them as outcasts. Homosexuality in many societies is regarded as evil and punishable by law (24).

Lack of knowledge and misconception on HIV risk among MSM is another factor orchestrating the risk of HIV transmission and low health seeking behavior. Studies have shown that most MSM believe that anal sex is less risky and that they can even practice it without protection. Generally, many MSM are unaware of the risks of infection and of how to protect themselves. This is mostly attributed to lack of depth of sex education in formal schools(6).

High risk for contracting HIV among MSM is also attributed to the conduct of selling sex or male sex work. Just like female sex work, male sex work among MSM leads to increased risk of contracting HIV(23). Selling sex is often associated with an increased likelihood of being younger, unemployed, having less education, using drugs, engaging in high-risk sexual practices and being raped, compared to MSM who do not sell sex(6).

Having identified the factors there is need for contextualizing these factors in a local perspective. Some may be applicable to Malawian context while some may not. Some of the factors include availability and accessibility of the commodities in question, funding for commodities, low uptake of HIV testing and counseling services, lack of services targeted for MSM, stigma and discrimination from health service providers, distance from health facilities and terrain, and lack of enabling legislation among others. These factors can be further categorized as structural, cultural, socioeconomic, and physical. The conceptual framework below conceptualizes how these factors affect uptake of male condoms and water-based lubricants among MSM. The framework tries to unpack the various factors that affect availability, accessibility, and uptake of male condoms and water-based lubricants among MSM. It has categorized the various factors and then shown the interconnectedness of these factors on how they affect uptake of condoms and lubricants among MSM. The main categories are cultural, structural, legal, socioeconomic, and physical factors. According to this framework, these can either be facilitators or barriers of uptake of male condoms and water-based lubricants as they can affect availability, accessibility, and the uptake itself. This framework is a product of literature review under this same study and has been conceived for the purposes of explaining and illustrating how various factors relate to one another and affect uptake of male condoms and water-based lubricants.

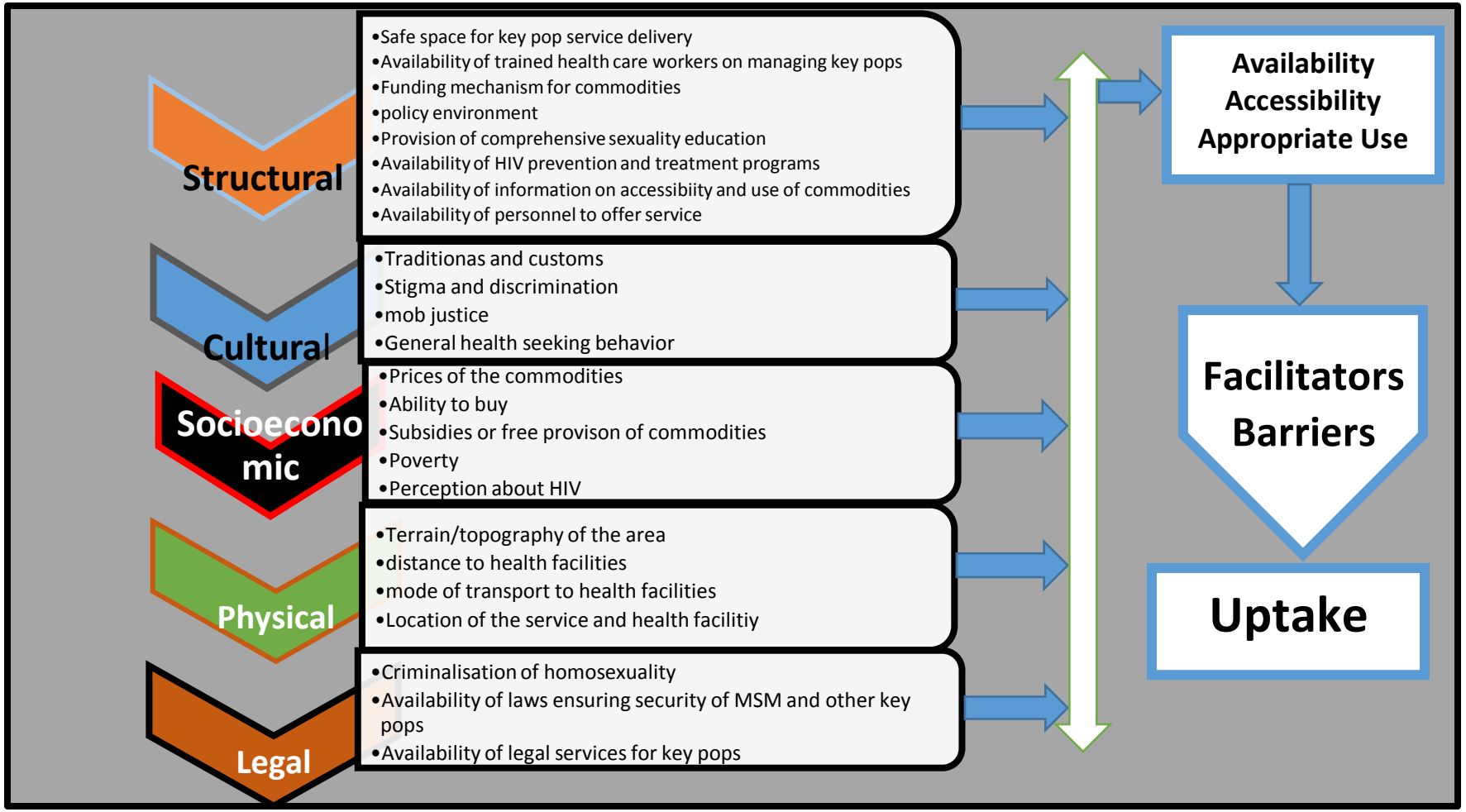

Figure 1.A conceptual framework showing interconnectedness of various factors that affect the uptake of male condoms and water-based lubricants among MSM (This framework has been developed by the author for the sole purpose of interpreting the interrelatedness of factors that uptake of water-based lubricants and male condoms). This conceptual framework has been developed through a critical review of literature and observations by the author and it has not been tested before.

Table 1: Classification of the factors affecting uptake of male condoms and water-based lubricants among MSM (this has been developed by the author for the sole purpose of classifying different factors that affect uptake of water-based lubricants and male condoms among MSM). This table classifying factors that affect uptake of male condoms and water-based lubricants has been developed through a critical analysis of literature and observations by the principal investigator.

Categorization of Main Factors	**Main Factors**	**Categories of Underlying Factors**	**Underlying Factors**
1.Facilitators 2.Barriers	1.Availability or Unavailability 2.Accessibility or Inaccessibility 3.Consistent and Appropriate Use or Inconsistent and Inappropriate use	1.Structural 2.Cultural 3.Socioeconomic 4.Physical 5.Legal	• Safe space for key pop service delivery • Availability of trained health care workers on managing key pops • Funding mechanism for commodities • policy environment • Provision of comprehensive sexuality education • Availability of HIV prevention and treatment programs • Availability of information on accessibility and use of commodities • Availability of personnel to offer service • Traditions and customs • Stigma and discrimination • mob justice • General health seeking behavior • Prices of the commodities • Ability to buy • Poverty • Distance to health facilities

			• Mode and Cost of transport to health facilities, shops, or distribution centers • Location of the service and health facility • Criminalization of homosexuality • Availability of laws ensuring security of MSM • Availability of legal services for key pops

In the table above, uptake of water-based lubricants and male condoms among MSM is affected by quite several factors which can be classified as structural, cultural, socioeconomic, physical, and legal. These affect three main factors namely, availability or unavailability, accessibility, or inaccessibility and appropriate or inappropriate use of water-based lubricants and male condoms. These three can either be facilitators or barriers depending on the role they are playing in a specific context. While availability would be a facilitator, unavailability would be a barrier.

1.5 Justification of the Study

Having looked at the literature, it is evident that consistent and correct use of male condoms and water based lubricants has been proven to be one of the best means of reducing the risk of transmitting HIV in both anal and vaginal sex (25). However, studies have also shown that most country programs on HIV and AIDS response for men who have sex with men focus much on other preventive measures like voluntary male medical circumcision, adherence to ART, Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis leaving the correct and consistent use of water based lubricants and male

condoms for a number of reasons which is very key to HIV prevention among MSM (26). Malawi is not an exception although various national programs like PEPFAR (25) and Global Fund as well as the National HIV & AIDS Strategic have recommended these as an integral part of HIV prevention commodities. With these programs in place supported by various public health policies in the country, it is important that this study be conducted to establish the factors that are affecting the uptake of male condoms and water-based lubricants among MSM in a Malawian context. Salima district was deliberately chosen being one of the target districts for MSM HIV prevention programs.

1.6 Objectives

1.6.2 Broad Objective of the Study

The goal of this study was to explore factors that affect the uptake of water-based lubricants and male condoms among MSM in Salima district, Malawi

1.6.2 Specific Objectives

- Identify facilitators of uptake of male condoms and water-based lubricants among MSM in Salima district.
- Identify barriers of uptake of male condoms and water-based lubricants among MSM in Salima district.

CHAPTER TWO: METHODOLOGY

This section explains step by step how the study was conducted. It discusses the study design, study place, study period, study population, study period, sample size, data management, ethical considerations and study limitations faced.

2.1 Study design

A phenomenological qualitative study was implemented to inquire the living experiences of MSM in relation to access and use of condoms and lubricants. This qualitative study design is a systematic process used to describe life experiences and give them meaning and its main goal is to gain insight, explore depth, richness, and complexity inherent in a phenomenon. It is characterized by its aims, which relate to understanding some aspects of social life, and its methods which (in general) generate words, rather than numbers, as data for analysis(27). Phenomenology was implored whereby MSM, health service providers as well CEDEP and NAC key informant were interviewed to inquire on their lived experiences in relation to male condom and water based lubricant availability, accessibility and use among others. (28, 29).

2.2 Study Place

The study was conducted in Salima district, Central Malawi situated along Lake Malawi. The identified MSM were called to a chosen place by the interviewers for security purposes. So, most of the interviews took place at a lodge at Salima boma. For health service providers, focus group discussions were conducted in their respective health facilities namely Lifuwu, Chipoka and Salima District Hospital. The CEDEP key

informant interviews was also conducted at Salima boma. The NAC key informant was interviewed in Lilongwe, another district (Malawi's Capital City) situated in Central Region as well.

2.3 Study Population

Participants in the study were men who have sex with other men aged 15 to 49 within the reproductive age blanket. Those attracted to other men but are not having sex with other men were not recruited for interviews. Admission was being done after screening. Those interviewed included bisexuals and transgender women identified through snowballing technique. The total number of MSM interviewed was 15.

Six (6) health service providers who were purposively sampled were interviewed through focus group discussions as recommended by the District Health Office DHO's research committee. With a total sample size of six, three focus group discussions were conducted comprising of two health service providers at each of the three health facilities. The District Medical Officer (DMO) assisted in identifying the respondents.

The study also recruited two key informants one from Center for Development of People CEDEP and the other one from National AIDS Commission (NAC)

2.4 Study Period

The actual study period was in December 2019 (from 10th to 13th December) after getting COMREC clearance certificate in October as well as after getting clearance from Salima DHO's research committee. For the interviews to be completed it took four days, two days for MSM one on one in depth interviews, one day for health service providers and another

one day for CEDEP and NAC key informants. It should be noted that these were not consecutive days, but all were in December 2019.

2.5 Sample Size

Being a qualitative study, whose purpose was to get insights in the lived experiences of MSM and health service providers on uptake of male condoms and water-based lubricants among MSM, the sample size was small. Only 15 MSM were sampled using snowballing method of sampling with the help of seeds, initial subjects through which the first subjects were recruited(30). For one to qualify as an MSM participant, one had to answer some screening questions. For instance, they were asked what role they play during intercourse, is it of a woman or man. Another screening question was aimed at knowing if one has had sex with a fellow man in the past 12 months (see screening questions attached-last section of appendix 7.11). 6 health service providers from the HTS, ART and STI departments were also sampled using purposive method of sampling. Some of these were focal persons for Global Fund's Prevention Program for MSM and Transgender. 2 key informants were also purposively sampled, one from CEDEP and the other one from NAC.

2.6 Data Collection

Data was collected in December 2019 for a maximum period of four days. Two interview guides were used, one for MSM and the other one for health service providers and key informants. The interview guide for MSM focused on accessibility and appropriate use factors affecting uptake while that of the health service providers had more to do with the availability aspect of the factors of uptake of male condoms and water-based lubricants. The principal investigator recruited two research assistants who assisted in administering the interviews using interview guides. These research assistants were trained on how to use

the interview guides. Of paramount importance was to make them understand the study, its goal, and objectives. They were made to understand the goal of the study and its objectives as well as the methodology and how to administer the interview guide. They were also taught on how best to screen MSM using a screening tool (see attached screening tool).

The interviews were recorded using phones as improvised voice recorders. MSM were given schedules upon each one of them was given about 20-30 minutes for the interviews. MSM were being asked to come to a selected place (lodge) at Salima boma for security reasons. For health service providers, data was collected in their respective health facilities and the same was the case with the two key informants. The data is being kept by the principal investigator himself using an external hard disk drive, flash disk, phone, and a computer. All this is done to back up the data.

2.7 Data Management and Analysis

Below is the outline of how data was managed in the study. There was data collection, recording to be specific, data file labeling and archiving/storing, transcribing, coding, identifying and summarizing themes and finally interpreting the findings/discussing the findings also known as triangulating the data source with other literature(31).

2.7.1 Data Collection/Recording

As discussed above data was collected by means of recording using cellular phones as improvised voice recorders. This process was facilitated by the principal investigator himself and the two research assistants. The three also took some notes during the interviews as backup of the recordings.

2.7.2 Data Labeling and Storing

The collected data was handed over to the Principal Investigator and kept all the recordings and notes. The Principal Investigator consolidated all the recordings and notes into one folder with every file labeled. For MSM interview they were labeled MSM Interview 1, MSM Interview 2 and so on up to MSM Interview 15. The three health service providers' focus group discussions were labeled Lifuwu Interview, Chipoka Interview and SDH Interview. The key informant interviews were labeled CEDEP Interview and NAC Interview. The data was then stored in a laptop computer, flash disk drive, external hard disk driver, mobile phone and email. This was done to ensure data was backed up.

2.7.3 Transcribing

Data was being collected in both Chichewa and English. The recordings were all transcribed (the recorded information was changed into written form) into written formats and Chichewa recordings were interpreted into English. Data interpretation started here coupled by selection of thoughts highlighted in the recordings by the interviewees.

2.7.4 Coding

Going through the transcribed scripts, small comments and notes were made highlighting identified factors affecting uptake of male condoms and water-based lubricants among MSM. In some cases, key points were just highlighted using a colored highlighter. The identified factors were now categorized though interrelated, but the principal investigator could still demarcate one factor from another.

2.7.5 Identifying and Summarizing Themes

The identified factors were grouped by among other things looking at their relatedness. For instance, availability of condoms as a factor affecting uptake, there were several

underlying factors like one's geographical location, supply chain management and other small factors all affecting availability. It should be noted that the main factors identified were availability, accessibility, and knowledge on appropriate use of the commodities. Other outstanding factors included stigma and discrimination and unsupportive legal environment just to mention but a few.

2.7.6 Interpretation of Findings

The findings were discussed at full scale by among other things triangulating them with other findings from other studies. The discussion looked at the identified factors whether they were a barrier or a facilitator of uptake of male condoms and water-based lubricants among MSM in the district.

It must be noted that the principal investigator did not use NVivo as indicated in the approved research proposal after failing to procure one as it can be seen from the budget that procurement of the software was not budgeted though the omission was not deliberate. So, analysis of data was all done manually (31). Figure 2 below shows a step-by-step data management process as described above

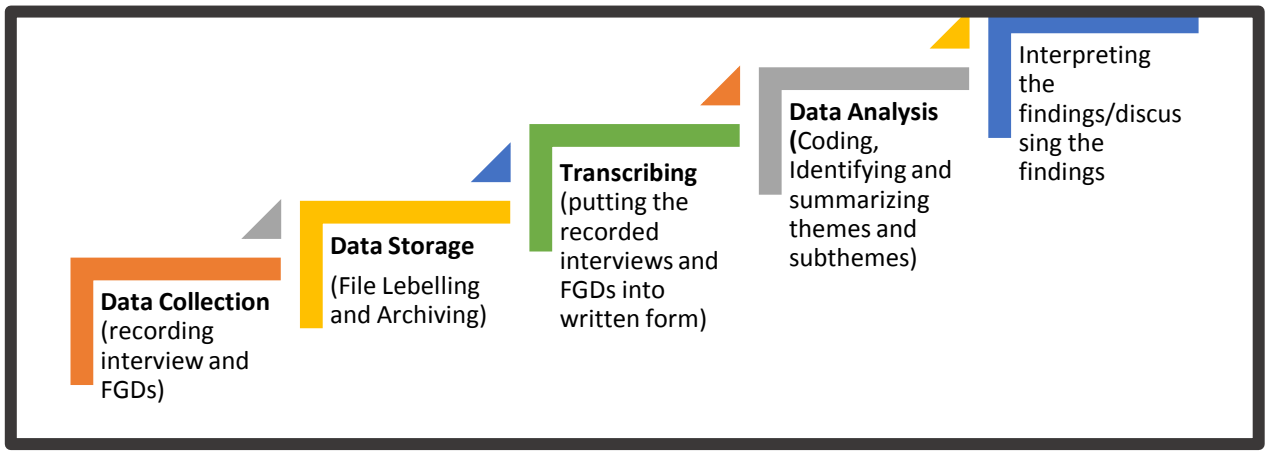

Figure 2: A step by step data management process

2.8 Study Limitations

From the way participants were sampled (snowballing), selection bias could not be ruled out. It is possible that the seeds were only able to reach out to those in their circle. This limited the chances to reach out to those MSM not known by the seeds or those identified by the seeds. The study could not be conducted within its scheduled period due to prolonged process of approving the research protocol by COMREC. Failure to procure NVivo, a qualitative data analysis software for analyzing the collected data.

2.9 Ethical Considerations

Before the study was conducted, the principal investigator obtained a clearance certificate from College of Medicine Research and Ethics Committee. The principal investigator also obtained a clearance letter from the District Health Officer, and he was later asked to present the research proposal before the DHO's research committee which unanimously approved the study. Before the in-depth interviews were administered, prospective participants read and signed consent forms agreeing to voluntarily take part in the interviews. All the participants were given MWK8,000.00 an equivalent of US$10.00 for compensation as per COMREC guidelines. Interviewees were not allowed to mention their name for privacy and confidentiality purposes though it turned out that some did mention their names. The recordings containing respondent names have been edited and the names have been removed. Respondents were also not allowed to disclose their HIV status.

CHAPTER 3: RESULTS

Upon conducting the interviews followed by the data management process as detailed above, several factors affecting g uptake of water based and male condoms among MSM in the districts were found. Just like in the literature review, the overarching factors affecting uptake of these commodities were availability, accessibility, and knowledge on importance of using the commodities and appropriate use. These are affected by several underlying factors that have been categorized structural, cultural, socioeconomic, physical, and legal. It should be noted that these underlying factors which are the subthemes, are interrelated as shown in the conceptual framework above. Due to this interrelatedness of underlying factors of uptake, the principal investigator found it difficult to outline subthemes under each theme as subthemes on one, as such, the subthemes were discussed in the context of each theme. The main themes are outlined below as follows.

3.1 Male Condom and Water Based Lubricant Availability

Among the probable factors affecting uptake of the commodities was availability and an inquiry on availability and factors affecting availability was made during the interviews. The study found out that male condom and water based lubricant availability is indeed one of the key factors affecting use and uptake of the same. More important were the factors affecting availability. Male condoms are available in health facilities expect mission facilities (mainly catholic health facilities), in shops and some community-based organization and youth clubs. Water based lubricants are not readily available in health facilities, but in rare cases they are found in shops at a more expensive price than condoms. In the district, lubricants

are made available through a Global Fund prevention program for MSM through an organization called Center for the Development of People (CEDEP). Without supplies from the said organization the district experiences stock outs. It must be noted that the study discovered that these water-based lubricants are mainly available in towns or trading centers or where there is health facility. Unlike male condoms, water-based lubricants are not available in remote areas or in community-based organizations.

"*This arrangement is not even sustainable considering that this is a program and one day it will end leaving MSM and other key populations who need water-based lubricants stranded",* said one MSM. The health service providers interviewed in this study did not provide reasons as to why public health facilities do not stock and provide water based lubricants to MSM despite the same being recommend in National HIV/AIDS Strategic Plan(2) and National Prevention Strategy(1).

"We don't stock water-based lubricants at our health facility, and we don't know why. Our pharmacy doesn't order from Central Medical Stores, and we are even sure if the Central Medical Stores stocks some", said KI-HW1.

MSM and health service providers interviewed in the study could also not tell as to why most shops do not stock water-based lubricants.

From the interviews, it was observed that availability of these commodities is affected by among factors, availability of donor funded programs supplying and distributing the commodities and supply chain arrangements by the public health facilities. Shops also play a part in making the commodities available or unavailable.

3.2 Condom and Water Based Lubricant Accessibility

As alluded to in the first segment of results, male condoms are readily available in public health facilities except some mission hospitals. They are also available in shops and some other community-based organizations. MSM therefore access condoms from these structures plus other available organizations in the districts who have projects on HIV prevention. However, most MSM interviewed in this study seem not so comfortable accessing condoms from the public health facilities as they fear friends and relatives would notice them whenever they go to access service. Most of them do not want their relatives or friends to know that they are MSM for various reasons and feel uncomfortable to access service at a public facility. In some cases, MSM choose to have sex without a condom than going to a public health facility to access the same to avoid ridicule. So self-stigma plays a part in as far as accessing male condoms and water-based lubricants from public facilities is concerned. KI-MSM1 was quoted saying,

"Some of us fail to access condoms and lubricants for fear of being known and ridiculed by the society."

Unmet Need: MSM also echoed sentiments that at health facilities, condoms are not given to them according to their need, but the number of condoms provided are decided by the service provider. MSM bemoaned that this leaves them with no choice but to have unprotected sex when what they have been given is less than what they really need. To them, this also affects their efforts to practice safe sex.

"The service provider decides the number of commodities we receive, it doesn't matter how many you need", bemoaned KI-MSM2.

On water-based lubricants, MSM in the district access the commodity at public health facilities but still these are supplied by CEDEP. From the interviews however, it was evident again that MSM are not confident accessing water-based lubricants at public health facilities. Instead, an office housing one organization called Young Achievers led by a fellow MSM also stocks the commodity supplied by the same CEDEP and it is here that most MSM access lubricants through their peer educators. The arrangement is that peer educators collect male condoms and water-based lubricants from this office according to the needs of their MSM peers and distribute to the said MSM in their localities so that MSM do not have to travel long distances to access the commodities.

"We feel comfortable to get our commodities here, there is no one to stigmatize, ridicule or intimidate us. The place is safe. And we also get the commodities we need as we given per request. "Said KI-MSM3.

Some of the interviewed MSM bemoaned lack of community structures who can stock and distribute water-based lubricants to their communities especially in rural/remote areas. KI-MSM4,

"Lubricants are available at the town and other trading centers and that there is completely zero structure in the communities especially rural areas to stock and distribute the commodity making it difficult for MSM in remote areas to access and use the same. There is need to stock such commodities at all levels for easy accessibility"

3.3 Training or civic education on male condom and water based lubricant use

Most of the MSM interviewed expressed that they had been civic educated on the use of male condoms and lubricants. However, most of them indicated that civic education on condom use has been done extensively compared to civic education on lubricant use. Many agents have contributed to civic educate the general population on condom use not necessarily targeting MSM while a very few organizations working on key population HIV prevention programs have contributed much on civic educating MSM on lubricant use. In general, the MSM interviewed in this study appreciated the civic education received and emphasized it is of great use in as far using male condoms and water-based lubricants are concerned. Those who received the said civic education explained that it was very easy to use these two commodities simultaneously and that it was evident that this really has an influence on uptake of the commodities among MSM in the district. A few who indicated to not have received the said civic education also showed signs of ignorance on condom and lubricant use. Most importantly on civic education was that MSM seemed to have been taught of the importance of condom and lubricant use which has resulted in MSM regularly seeking the commodities.

3.4 Knowledge on Condom and Lubricant Use

Most of the health service providers expressed that MSM from the trading centers or Salima town have knowledge on both the importance and how to use male condoms and water-based lubricant unlike their counterparts from remote/rural areas. At Lifuwu health center, KI-HW2 had this to say,

"*Most MSM from the trading center regularly come and ask for condoms and lubricants while it is rare for those from remote areas to come and request the same. Whether it is because there are no MSM in those areas remains unknown but several interactions we have had with some MSM indicate that most MSM from remote areas have less knowledge on the importance of condom and lubricant use as well on how to use the same. If they don't come and demand for condoms and lubricants, we are sure they know less of the importance of using condoms and lubricants and it is very doubtful that they use condoms and lubricants during intercourse"*

However, health service providers seemed to have no plans or motivation to impart knowledge to these disadvantaged MSM citing hostile environment as communities would not welcome such attempts to educate their subjects on lubricant and condom use. KI-HW3 had this to say;

"*It is difficult for us to conduct sensitization/awareness campaigns on lubricant and condom use among MSM because the communities have not yet accepted MSM, and we'll likely meet strong resistance." We are afraid of being beaten if we conduct sensitization campaign on lubricant and condom that's why we are not embarking on this, we can even be killed. The resistance to homosexuality is just immerse here,"* said KI-HW4.

3.5 Socioeconomic Status

Most of the MSM interviewed indicated that they access water-based lubricants from CEDEP agents like peer educators and public health facilities who are supplied also by CEDEP. However, the district experiences stock outs sometimes

and it is worth noting that some MSM buy from a few selected shops and that shelf price is higher than that of male condoms. Notable shops according to the interviewed MSM are Chipiku and pharmacies which are usually found in trading centers or at the boma again disadvantaging MSM from remote areas. They expressed that this makes it difficult for some of them to afford the commodities. Most of the MSM are unemployed while some are still school going young people whose financial stand is not that strong. MSM indicated that lubricants are expensive, some may not afford to buy.

"Water based lubricants are more expensive than condoms and most of us we cannot manage to buy. On top of the price, those from rural areas have to pay an extra cost of transport to find shops that sell lubricants in trading centers making them more expensive and unaffordable." said KI-MSM5.

KI-MSM6 lamented on high levels of poverty and unemployment,

"Am not employed and it is very difficult for me to find money to buy lubricants as a result I opt to have sex with only a condom and no lubricant."

3.6 Societal Criminalization, Stigma and Violence against MSM

Most of the MSM interviewed in this study as well as health service providers indicated that the society still criminalizes same sex activities and MSM are not accepted in the society. In most cases, when relatives realize that one is an MSM, they isolate the person to the extent of some MSM being disowned by their parents.

"We are taken as outcast, ridiculed in gatherings and thrown away as bad apple," said KI-MSM6. *"When one recognizes us as MSM, we are reported to police for arrests, sometimes we are beaten and tortured for being MSM,"* said KI-MSM7.

We are denied services in many places, we are denied mixing with other people. At health facilities we are even asked so many questions that sometimes we give up and go back without being assisted.

This is one of the key barriers that bars MSM from accessing prevention supplies from local structures like health facilities. As a result, most MSM are having unprotected sex. MSM are unable to disclose their identities for fear of being sidelined in the society. Due to stigma and discrimination, MSM do isolate themselves from the rest of the society and are unable to demand what they need.

We are suffering in silence for fear of being casted out of our societies. We are even afraid of demanding the HIV prevention commodities so that no one recognizes us. This is one reason making us MSM indulge in unprotected sex," said KI-MSM8.

3.7 Cultural/Traditional Beliefs

Some MSM believe that sex between a man and another man cannot transmit HIV, hence they prefer not to use a condom or lubricant. Some MSM believe lubricants and condoms have side effects and they opt to have unprotected sex fearing the perceived side effects. Some believe that to enjoy sex one needs to have it without a condom claiming that a condom reduces sexual pleasure. The belief that "*siwiti sadyera mpepala*" (you don't eat sweet in its package) makes people believe that a condom is a barrier to sexual pleasure, and they prefer having unprotected sex. Health service providers interviewed at Chipoka Health Center expressed that some people in the area still believe that "*kugwiritsa ntchito mpira wa abambo ndi mwikho"* meaning that using a condom is a taboo and a deviation from the

expected behavior of the society. Such beliefs have proven to be a discouragement to both MSM and the general population in when it comes to condom use.

Relationship with health service providers

Most MSM interviewed indicated that it was more difficult in the past to go and access condoms as well as lubricants in the health facilities due to poor relationship that existed between them and the health service providers. Health service providers interviewed in this study also indicated that it was difficult previously to engage the MSM as most of them had little knowledge of the said MSM and challenges they meet and how best to help them. Through working together on projects as well as through interface meetings, there is improved interaction between the two and their relationship is far much better. KI-HW6 from one facility had this to say,

"Since the beginning of the Global Fund Program, we have been working together with MSM and we have been interfacing often. There is a very good working relationship between us and MSM through their leadership of peer educators, peer navigators and outreach workers."

Most MSM expressed they are getting care and support from health service providers including receiving condoms and lubricants as well health information the importance of using the commodities and how to use them. This also has greatly influenced uptake of male condoms and water-based lubricants among MSM in the district as evidenced by the increase in demand for commodities by the population (MSM).

3.9 Availability and support from MSM peer educators

It was also observed that peer educators working on the Global Fund prevention program for MSM are of key importance when it comes to availability, accessibility/distribution, use and uptake of male condoms and water-based lubricants through establishment of local structures. The program has peer educators who stock and distribute the commodities as well conducting health talks on the importance of condom and lubricant use as well. MSM go and collect both male condoms and water-based lubricants whenever they need them. It must be noted that these are trained peer educators who are equipped in motivating and encouraging other MSM to demand and consistently use condoms and lubricants whenever they are having sex. This structure is a clear factor influencing the uptake of these commodities among MSM in the district. KI-MSM9 applauded the peer educators,

"We find it easy to collect condoms and lubricants from fellow MSM. They don't judge nor ridicule us. Whenever we need them, we are free to go and collect according to our need. This is really helpful to us."

3.10 Willingness of your partner to use either condom or lubricant

From the interviews, it was observed that the possibility of using male condoms and water-based lubricants when having sex is also dependent on the partners one is having sex with. Some interviewees complained that other partners express unwillingness to use either condoms or lubricants when having sex citing a number or reasons. For instance, some complain that lubricants cause itching. Some say that lubricants can damage the condom thereby making it burst during intercourse.

Others believe that condoms may cause sores on the genitals while other just believe that condoms and lubricants have side effects on their bodies. Some believe that for them to enjoy sex, there is no need for using a condom as it reduces sexual pleasure.

"You might want to use a condom and lubricant but when your partner doesn't want, it is really difficult. Being afraid of losing a partner, we are forced sometimes to having unprotected sex," said KI-MSM10.

It is therefore worth noting that use and uptake of condoms and lubricants is greatly affected by the willingness of the partner one is having sex with.

3.11 Insecure spaces for condom and lubricant distribution

Health facilities do not offer a conducive environment being a public institution, it's easy to be exposed by friends and relatives. Other places are not safe once the communities have recognized that such places do accommodate and are used as service provision points for MSM as communities may attack such cites.

CHAPTER FOUR: DISCUSSION

Having identified several factors affecting uptake of water-based lubricants and male condoms in the chapter above, the paper now turns to discussing the said findings. As found in the literature review, not most of the findings are a new but what is important is the context in which those factors affect uptake of these HIV prevention commodities among MSM in the district. This chapter also discusses these findings in relation to what literature is saying by looking at some key findings to see whether they are facilitators of uptake, barriers of uptake or both. Thus, a factor can be both a facilitator and a barrier depending on context. Just as found in the literature review, uptake of water-based lubricants and male condoms among MSM is influenced by several factors categorized into two, thus facilitators and barriers. It should be noted that the findings of the study identify availability, accessibility, and consistent and appropriate use of the commodities as the main themes or factors affecting uptake. Of great importance in this chapter is the unmasking of the underlying factors affecting these three main factors.

Although the factors might not be new in their entirety, emphasis is also put on discussing how these key factors affect uptake of water-based lubricants and male condoms. The discussion is deliberately categorizing the factors as facilitators and barriers for policy makers in the district and even at national or global level to maximize on the facilitators and possibly work on alleviating the barriers to improve provision of water-based lubricants and male condoms to the MSM population.

4.1 Factors Affecting Uptake of Water Based Lubricants and Male Condoms (Facilitators and Barriers of Uptake)

It is worth noting that the above findings are pointing to quite several factors affecting uptake of male condoms and water-based lubricants among MSM in Salima. As seen in the findings above, there are so many interrelated underlying factors affecting uptake of water-based lubricants and male condoms among MSM in the district. These have been categorized as cultural, socioeconomic, physical, legal, and structural as seen in the identified themes above. It has also been found that main factors that affect uptake of male condoms and water-based lubricants among MSM are availability, accessibility, knowledge of importance of safe sex as well knowledge on appropriate and consistent use. In reference to the specific objectives laid down above in chapter 1, there is need to categorize or describe them whether they are barriers or facilitators of uptake of the said commodities. It should also be noted that one factor can be a barrier of uptake and at the same time a facilitator of uptake depending on what role it plays in a particular situation. Secondly, in the protocol, the study proposed a framework, and it would be wise to see its applicability to the findings as a means of trying to make sense of the findings.

It is imperative to define what a facilitator and a barrier mean in this study. A facilitator means those things or persons whose presence or influence makes it possible for MSM to consistently and properly utilize water-based lubricants and male condoms during intercourse (anal sex in particular). Likewise, a barrier in this case would mean anything or any person whose presence or availability or

influence can make it impossible for MSM to consistently and appropriately utilize water based lubricants and male condoms during intercourse (32).

Facilitators and Barriers of Uptake

The following section discusses the factors by looking at whether they are facilitators or barriers of uptake. As put in the introduction under the discussion chapter, emphasis is on how these factors affect uptake of water-based lubricants and male condoms. This is where context comes in and this makes the findings unique from those teased out in the literature review. The discussion below looks at some of the key findings and discusses them in detail.

4.1.1 Availability or Unavailability of water-based lubricants and male condoms

Availability as a facilitator

For MSM to use water-based lubricants and male condoms, they must available and ready for use in the first place. For MSM to practice safe sex, these commodities must be there at their disposal. Availability of water-based lubricants and male condoms is a direct facilitator of uptake of the same. It is a known fact that one can only use what is available and what one has. Availability is therefore a direct facilitator of both condoms and lubricants. Availability is dependent much on structural factors like budget allocations for purchase of the commodities, infrastructure for storage and supply chain management and formulation and implementation of relevant policies among other things. In mainstream healthcare system, provision of water based lubricants is not there though there is government policy advocating for the same(2)(1).

Just like in many African countries, provision of water based lubricants for key populations especially MSM and transgender women (TGWs) remains a neglected area(12). Provision of the commodities is absent in the mainstream healthcare service. One hardly finds a water-based lubricant for HIV and STI prevention in public health facilities. It has been observed in this study that availability of condoms is made possible in public health facilities, community-based organizations, shops, entertainment centers and above all through the Global Fund Program. In Malawi as a country, there are other programs providing water based lubricant and male condoms to MSM. Such program include the Linkages program supported by PEPFAR through FHI 360 and other small projects which are district specific. Apart from making commodity provisions, these projects also bring along training and capacity building for health care workers and peer educators to enhance uptake of the commodities(33). All these are facilitating availability and positively affecting condom and lubricant use/uptake among MSM in the district.

There is need however, to deliberately include provision of water-based lubricants in the mainstream health system for sustainability purposes. HIV prevention among MSM does not have to rely on the unsustainable presence and support of donors. It must be part of the general practice in the health system so that it is sustainable and doable even without the presence and support of donors. This will ensure that male condoms and water-based lubricants and always available for those who need them including key populations and specifically MSM.

Unavailability of male condoms and water-based lubricants as barrier

Unavailability of water-based lubricants and male condoms means unprotected sex for MSM because prevention commodities are not there, and they cannot use something that is not there(6). Studies have shown that unavailability of condoms and lubricants, particularly in rural areas, entertainment places and commercial accommodation facilities, has been observed and argued to contribute to low and/or inconsistent condom use(2). You cannot use what is not available and what you don't have, and it can be concluded therefore, that unavailability of the commodities is barrier to uptake of the same.

Unavailability is mainly influenced by the fact that the mainstream healthcare system does not provide water-based lubricants though highly recommended and provided for in the relevant HIV prevention policies(6)(1). For program-based provisions, unavailability is mainly due to commodity stock outs and poor supply chain. Project provisions only target specific districts leading to unavailability of the same in the untargeted districts(6). Another factor contributing to unavailability of both condoms and water-based lubricants is because faith-based health facilities prohibit the use of condoms. For instance, Catholic health institutions do not provide condoms or any form of HIV prevention materials. Unavailability of community structures that can stock, store and act as distribution centers for the commodities as well as understocking or non-stocking of the commodities by shop owners. For instance, most shop owners in the district do not stock water-based lubricants. All these can be classified as barriers to uptake of water-based lubricants and male condoms among MSM in the district and the country at large.

4.1.2 Accessibility and Inaccessibility of male condoms and water-based lubricants

Accessibility of male condoms and water-based lubricants as a facilitator

As discussed above, accessibility of male condoms and water-based lubricants are a major facilitator of uptake of the same. The available condoms and lubricants must made accessible to MSM whenever and wherever they need them for them to use during intercourse(34). It is one thing to have these commodities available and it another thing to have access to them.

Availability of the commodities, friendly environments at the points of access, one's ability to buy and nearness to the health facilities or distribution centers (access points) are some of the main factors facilitating accessibility and uptake of water-based lubricants and male condoms among MSM in the district. It is also affected by no or low levels of stigma and discrimination as well as positive attitudes of health service providers towards MSM.(34) Above all, one's connectedness to MSM peer educators who distribute the commodities also facilitates access and use.

Closeness of condom and water based lubricant selling points or health facilities facilitates access. The closer the MSM is to a health center or distribution facility or selling point , the easier the accessibility of the commodities is. Stigma and discrimination from health service providers pushes away MSM from accessing these commodities(6)(35). Where there is little or no stigma and discrimination, MSM easily go and access the commodities and other related service(36). MSM who are connected to specific project peer educators also easily access these

commodities as peer educators serve as distribution points and agents for the commodities. Money enables some MSM also to travel long distances to access the commodities as they can cover their transport costs. It also enables them to buy from retail outlets when free commodities are not available.

Inaccessibility as a barrier of uptake of male condoms and water-based lubricants

The available commodities need to be accessed to be used. If you can't access it, you can't use it. Studies have revealed that it is difficult for rural MSM to access water based lubricants since, these are usually found in urban areas and trading centers(18). Access challenges are not only a Malawian problem, but it is also a common challenge across Africa. One study notes that "most African MSM have no safe access to relevant HIV/AIDS information and services, and many African states have not begun to recognize or address the needs of these men in the context of national HIV/AIDS prevention and control programs(12)." MSM in rural areas of the district need to travel or spend a travel cost to access or buy water-based lubricants whose availability has not been localized like that of condoms. Long distances and travel costs are barriers on their own as some MSM are discouraged to travel or spend on travel costs to access the commodities. Even MSM peer educators who act as distributors of the commodities are also concentrated in trading centers and still disadvantaging those from remote areas. Stigma and discrimination by health providers also is a barrier to access of the commodities. MSM are afraid of going to facilities for fear of stigmatized, judged or ridiculed(37). This is in tandem with a study conducted in Nairobi which indicated

that reported that "stigma and discrimination at the health facility level was a hindrance to accessing HIV/AIDS prevention services(38)(39), a factor which will be looked at later in detail." Because of this, some MSM choose not to access the commodities in various distribution centers. Inability to buy is another barrier to access. Lubricants and condoms can be available in shops or entertainment centers but if one has no money to buy, it means one cannot access them.

4.1.3 The need to prevent oneself from HIV and other STIs

Need to prevent oneself from HIV and STIs as a facilitator

Though not coming clearly in during the interviews, it was evident that one's need to prevent themselves from contracting HIV or STIs drives them to use condoms and lubricants. On the other hand, one's unwillingness to prevent themselves and their partners from HIV also makes them not use a condom and lubricant during intercourse. Using prevention commodities is driven by various factors and in most cases, it depends on the partner who has more bargaining powers in a relationship.

"You might want to use a condom and lubricant but when your partner doesn't want, it is really difficult. Being afraid of losing a partner, we are forced sometimes to having unprotected sex," said KI-MSM11

This is in tandem with a number of studies that have shown that MSM use condoms for protection and water based lubricants for ease of penetration and avoidance of condom breakage which is as good as for HIV and STI prevention itself(40)(41). With national key population programming gradually taking shape, it has been observed that most MSM who engage in unprotected sex do so due to lack of knowledge and that those who have knowledge do use condoms and water based

lubricants as means of preventing themselves from HIV and STI infections(41)(42). This again is but not always a direct facilitator of uptake of water-based lubricants and male condoms among MSM in the district. One study found that among the factors related to the use of condoms during the first sexual intercourse are the prevention of STI/AIDS facilitated by lack of trust and the imposition by the partner(43). In short, MSM who know the benefits of using both a condom and lubricant during intercourse do so mainly to prevent themselves from HIV or STIs while still enjoying sex. This is a clear facilitator of condom and lubricant uptake among some MSM in the district.

No need to prevent oneself from HIV and STIs as a barrier

Some MSM do not see the need to prevent themselves or their partners from HIV and STIs and therefore knowingly or unknowingly chose not to use condoms and lubricants. Some do this because they are already HIV positive while some do this this because they trust their partners so much that they believe they cannot be infected by their partners(43). However, studies have shown that a good number of MSM do not see the need to protect themselves from contracting HIV or STIs due to lack of proper knowledge on HIV and STI prevention(42)(41)(40). Some MSM do not want to use condoms and water-based lubricants simply because they want to deliberately infect their sexual partners while others think using condoms and water-based lubricants would reduce sexual pleasure. Some want to prove a point to their sexual partners that they are HIV negative and that they cannot infect them, hence having unprotected sex. All these play a direct role in barring such MSM from using condoms and water-based lubricants.

4.1.4 Cultural, Traditional and Religious Beliefs

Cultural and Traditional Beliefs as a facilitator

Generally, cultural, and traditional as well as religious beliefs have not facilitated condom and lubricant use among MSM in the district. It should be noted that it is still regarded as a deviation to be an MSM and that there is social support directed towards MSM. Same sex engagements are regarded as sin before God and such conducts are not allowed by religious institutions in the area and the nation at large. Members are excommunicated upon being known to be MSM(44). It is difficult to deduce from both the interviews and literature to find ways in which cultural and traditional as well as religious beliefs facilitate uptake of both condoms and lubricants. However, studies have shown that promotion of behavioral change interventions and promotion of community led interventions in relation to HIV prevention would play an important role in improving uptake of condoms and water based lubricants among MSM in diverse societies(45).

Cultural, Traditional and Religious Beliefs as a Barrier

Instead of promoting safe sex among MSM, culture and its custodians condemn same sex activities to the extent of doing mob justice for those known and caught. Culture has played a damaging role in as far as HIV prevention among MSM is concerned in the district. MSM have gone into hiding for fear of being beaten or killed as they are perceived as deviants to the tradition(18) and some being separated from their rightful families after being disowned among others(18)(46).

The perception that condoms reduce sexual pleasure (attached to culture though not entirely) is also believed to be a contributing factor to low and/or inconsistent

condom use. The *siwiti sadyera mpepala* (you don't eat sweet in its package) saying has greatly discouraged uptake of condoms not only among MSM but also among the general population. This is in tandem with several studies that show some sections of societies being uncomfortable with condom use at they think it reduces sexual pleasure(47) and therefore prefer not to use condoms.

It was also noted that in Salima, some communities still believe that using condoms and water-based lubricants during intercourse is *mwikho* (a taboo) and that using a condom is a source of common skin problems affecting the genitals. Some religions believe that this is against the will of God on reproduction and that use of condoms and lubricants should be discouraged at all costs. Such religions believe that condoms and lubricant use is not a biblical means of HIV prevention but rather abstinence is the ultimate way of preventing one from HIV and STIs and that their members have to abide by this(48).This again and the other beliefs act as a barrier to uptake of these commodities.

4.1.5 Level of awareness, Counseling and Civic Education on condom and lubricant use

Level of awareness, Counseling and Civic Education on condom and lubricant use as a facilitator

It was indeed discovered that level of awareness resulting from mainly civic and formal education and training on condom and lubricant use by various projects plays a major role in facilitating uptake of the commodities(41). In tandem with several studies, those who have received civic education on condom and lubricant use demonstrated willingness to access and use the commodities(41)(42)(43)(35).

In Salima, MSM who had received an education on condom and lubricant use had no problems in demonstrating how to use the commodities but also seemed to have no misconceptions on condoms and lubricants. Those responding from an informed point of view seemed to have defied the cultural beliefs that discourage use of both condoms and lubricants thereby facilitating uptake of the commodities. Some with a certain level of education and knowledge on condom and lubricant use have been selected by various programs to work as peer educators who have a duty to impart knowledge and encourage other to use condoms and lubricants for HIV and STI prevention. With this, more MSM are being civic educated on condom and lubricant use and in so doing promoting uptake of the same. This is a key and direct factor and in this case a facilitator of uptake of condoms and water-based lubricants among MSM in the district.

Level of awareness, Counseling and Civic Education on condom and lubricant use as a barrier

Lack of awareness which comes in play due to several factors also act as a barrier to condom and lubricant use. One study found out that MSM who engage in unprotected sex are more likely to have low levels of HIV/AIDS knowledge, education, or awareness. This makes them misinformed and this misinformation results in inconsistences in condom and lubricant use(41). Another study found that the main factor pointed to the abandonment of condom and lubricant use is the lack of experience / knowledge(49). Another study also had observed that "Overall, MSM who engaged in unprotected sex were more likely to have low levels of HIV/AIDS knowledge or education and were relatively likely to be misinformed

about HIV/AIDS. Possibly due to rampant misinformation regarding condoms and sexually transmitted infections (STIs), most MSM do not consistently use condoms, and often feel uncomfortable asking their partners to do so(41)."

It can be concluded therefore that lack of awareness is a direct barrier to appropriate and consistent condom and lubricant use. In this study, those without or with limited knowledge on condom and lubricant failed to demonstrate or explain how to use the commodities. Some confessed that before the current Global Fund program that has given them an opportunity to learn and know more about effective HIV preventive measures, most of the used to engage in unprotected sex out of lack knowledge on the adverse effects of unprotected sex on one hand and lack of knowledge on consistent and appropriate use of water-based lubricants and condoms. Lack of awareness was mainly attributed to punitive laws that bar homosexuality and in the end barring awareness messages or civic education on HIV prevention among homosexuals. For instance, there are no HIV prevention messages for MSM in the formal curriculum (Life Skills), radio or TV adverts open air awareness campaigns. One health service provider had this to say, "*lack of awareness bars them from even knowing where to get the commodities"* an assertion backed another study by Wirtz et al(37). Another study in India also observed that lack of formal education is directly associated with inconsistent condom and lubricant use(50). It is evident that lack of knowledge on consistent and appropriate condom and lubricant use is another key barrier to uptake of the same.

4.1.6 Socioeconomic Factors (Ability and inability to buy)

Socioeconomic factors as a facilitator

One's socioeconomic status affects his/her ability to access condoms and water-based lubricants(6). It determines one's ability to buy these commodities. Though standing on its own due to its outstanding influence on condom and lubricant use, it largely falls under access factors of water-based lubricants and condoms among MSM. It has been discovered from the interviews that availability of free condom and lubricants in health facilities and other public places is very limited especially for lubricants. In some instances, MSM must have to buy from retail outlets. Some living in remote areas where there are no retail outlets for these commodities must travel and meet a travel cost first before even buying. It was also discovered that e few shops in trading centers and at the Boma do stock these commodities. It takes one's buying power to access the said commodities in retail shops, and this depends on how much money one earns or economic stand of one's parents/guardians. There is no other option of accessing these commodities in retail shops other than buying and this means spending money. For those with money, they find it easy to buy and use the commodities and their socioeconomic status becomes a facilitator to uptake of condoms and water-based lubricants.

Socioeconomic factors as a barrier

Poverty, unemployment, and lack of money limits the buying power and willingness to buy and use condoms and lubricants(51). MSM represent an isolated section of the society such that it is difficult to be employed and even to do businesses due to stigma and discrimination(52). As such most of the MSM in the

district are in dire poverty and cannot afford to buy condoms and lubricants from retails shops that stock the commodities. Failure to buy limits MSM's accessibility to the commodities and directly limits uptake of the same. The literature reviewed showed little or no impact of one's social economic status to access and use or uptake of water-based lubricants and condoms among MSM. One study found that lack of financial incentives and socio-economic vulnerability is a major barrier to condom and lubricant access and uptake(35). This is also in tandem with another study which found that the cost of buying the commodities was prohibitive to condom and lubricant use(53). However, it came out strongly during the interviews that in the absence of the provided commodities, those who have no money fail to buy from retail outlets and resort to having unprotected sex. It can be concluded therefore, that low socioeconomic status or poverty exacerbated by high levels of youth unemployment act as a barrier to uptake of water-based lubricants and condoms among MSM.

4.1.7 Willingness of partners to use water-based lubricants and male condoms

Willingness of sexual partners to use a facilitator of uptake

Most participants in this study indicated that using a condom or water-based lubricant is not a one-man choice but rather an agreement made by those having sex. Using a condom and water based lubricant is dependent on the sexual partner one is having sex with at that particular time(35). The study has discovered that willingness by both partners (insertive and receptive) to use water based lubricants and condoms during intercourse is one of the major facilitators of uptake of the

commodities(42). This is said to minimize power imbalances that exist between MSM partners and those willing to use condoms and lubricants tend to encourage each to use the same. It can be concluded therefore that willingness of both partners to use condoms and lubricants is a facilitator of uptake and this highly influenced by levels of education and general knowledge on HIV and AIDS(52)(6). Willingness of partners to use water-based lubricants and condoms is hugely attributed to level of sexuality knowledge affected by either sex education or training and one's sex experiences. Willingness of sexual partners is without question, a direct facilitator of water-based lubricants and condom uptake.

Unwillingness of partners to use as a barrier

Just like discovered through this study, it is evident that there tend to exist power imbalances between 2 MSM in a sexual relationship(43). The one who plays the role of a man tends to be more powerful than the one who plays the role of a woman. As such, the one who plays the role of a man dominates decision making and generally decides whether to use a condom or not(42). Condom and lubricant use decision making is largely influenced by this power imbalance(42). Participants in this study bemoaned that when one partner is not willing to use a condom and a lubricant and is dominating in decision making, it becomes a challenge for the other partner to advance condom and lubricant use. This sometimes results in MSM partners having unprotected sex. It can be concluded therefore that unwillingness of partners (one or both is) is a key barrier to uptake of water-based lubricants and condoms.

Unwillingness to use condoms and water-based lubricants can be caused by several factors. Some MSM deliberately choose to infect their partners by having unprotected sex while some do so as they're already infected and see no need of protecting themselves by having safe sex. Others feel embarrassed to access or buy condoms and water-based lubricants for fear of being ridiculed and resort in having unprotected sex. Some have money but not ready to spend on condoms and water-based lubricants. Some think there is no need to use condoms and water based lubricants because as MSM, they cannot get pregnant while some think that using a condom changes the taste of sex and it is unpleasant(53).

4.1.8 MSM Relationship with Health Service Provider (Good relationship, stigma, and discrimination at health facilities)

Good MSM-Healthcare Worker relationship as a facilitator

Both MSM and health service providers indicated improved relationship between them when it comes to MSM accessing services at the health facilities. From both sides it was evident that the relationship was not that good that MSM failed to access commodities and services due to fears of being exposed or discriminated against. With regular interface meetings and training with support from development partners, there is a cordial relationship. This enables MSM go and access services or collect lubricant (supplied by CEDEP) and condoms without any challenge. In some cases, there are designated health personnel at health facilities meant to provide support to MSM. The good relationship has been enhanced by the presence of MSM peer educators and peer navigator who act as a bridge between MSM and health service providers. For instance, peer educators collect condoms

from health facilities and distribute to their peers at their own convenient time and place(54). Some MSM are more comfortable collecting the commodities from the peer educators and peer navigators(54). This has greatly facilitated the condom and lubricant uptake among MSM in the district. Without question, the good relationship existing among MSM, peer educators, peer navigators and health service providers is a key facilitator of condom and lubricant uptake among MSM(37) in Salima.

Poor MSM-Healthcare Worker relationship as a barrier

Previously the relationship between health service providers and MSM has not been good. Health service providers stigmatizing MSMs by ridiculing them, denying them treatment/services or even exposing them made the health facilities a hostile environment for MSM such that they did not feel safe to go and seek service from public health facilities(37). This is in line with other studies suggesting that healthcare worker stigma and discrimination towards MSM is a catalyst of hate and bars or limits MSM from accessing healthcare for fear of ridicule and blackmail(18). Health service providers attributed this bad relationship with MSM to lack of specialized training on how to handle MSM cases which still seem special now. This has greatly affected MSM's willingness to go and access water based lubricants and male condoms resulting in limited uptake of the same(37). The Global Fund prevention program for MSM is to a larger extent addressing this through training and interface meetings. Nevertheless, bad relationship has been a barrier to access and use of condoms and water-based lubricants among MSM in the district.

4.1.9 The legal environment

Legal Environment as a facilitator

It should be noted that homosexuality is legally not allowed but from a public health perspective, it is recognized and that the government has put measures in place that these people are accessing treatment and prevention services in an attempt to achieve the 95 95 95 targets(4) and end AIDS by 2030(20). The law that criminalizes same sex behavior has been suspended since 2012(17) evidenced by a reduction in arrests and prosecutions of homosexuals. The government of Malawi has also put in place relevant policies to accommodate needs of key populations and MSM. For instance, the National Strategic Plan on HIV and AIDS 2015-20 and the National Prevention Strategy have all recommended special minimum service packages form MSM(2)(1). All these have created room for sourcing and distribution of condoms and lubricants for MSM and directly facilitating uptake of the commodities among the population.

Legal environment as a barrier

The fact that there is still a law (though suspended) that criminalizes homosexuality and that some arrests and prosecutions are still being made by authorities speaks volumes of the deficiencies in the legal environment in as far protecting minority groups and key populations is concerned. MSM reported beatings for being MSM, stigma and discrimination from their communities. Some narrated stories of being disowned by parents and relatives. Some told of stories of being denied services by health service providers for being MSM. All this testifies to the fact that the legal environment is not good enough to safeguard and protect minority groups and key

populations especially MSM(24). MSM live in fear and afraid of going to seek services. It can be concluded therefore that a poor legal environment in the district is barrier to access and uptake of condoms and lubricants. It is worth noting however, that the legal environment is improving owing to various instruments that the government has put in place.

4.10 Secure and Insecure Places for Condom and Lubricant Distribution

Secure and Safe places for condom and lubricant distribution as a facilitator

From the discussion above, MSM have opted for establishment of secure and safe spaces for condom and lubricant distribution. One such place in Salima is Young Achievers Office which acts as a hub for MSM, and it is from here that MSM collect their lubricants and condoms. Other studies have also backed the creation of special places where MSM and other key populations can be accessing health services(55)(56). It has been cautioned however, that this can make MSM more isolated in the society and fuel stigma and discrimination. It is worth noting that this kind of arrangement has greatly improved availability and accessibility of condoms and lubricants in Salima, and it is without question, a facilitator of condom and lubricant uptake.

Insecure and unsafe places for condom and lubricant distribution as a barrier

Public health facilities have not been preferred by MSM for several reasons. The fear of being exposed and blackmailed by unethical health service providers to their relatives and friends, stigma and discrimination from health service providers all sum up as to why MSM do not prefer public health facilities(6)(52). MSM would prefer staying home without accessing a particular needed service due to these

fears. Sometimes, MSM would travel to a distant health facility where they won't be exposed. This has proven to be barrier to access of both condoms and lubricants and therefore, a barrier of uptake of the same

It must be noted that these factors were coming out clearly during the interviews. There were other issues coming out but not clear which could not be outlined as main factors affecting uptake of water-based lubricants and male condoms among MSM in Salima. Some small issues have been factored into the main issues discussed above.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

This study has not necessarily discovered new factors that affect uptake of water-based lubricants and male condoms among MSM, it has to a large extent shown how the identified factors affect the said uptake taking into consideration contextual factors and issues. This is evident in the findings and discussion sections as most of the identified factors have been outlined already in the literature review especially in the conceptual framework. The focus in the findings and discussion sections is on how these identified factors affect uptake in relation to contextual factors. This has enabled the investigator to come up with relevant and practical solutions and recommendations that maybe considered into various programs that intend to improve uptake of male condoms and water-based lubricants among MSM in the district.

5.2 Recommendations

Uptake of condoms and water-based lubricants among MSM in Salima is largely affected by availability and accessibility factors. Knowledge on HIV and STI prevention using water-based lubricants and condoms is also a key factor that affect uptake of the same. However, there are so many underlying factors. Of great importance was the classification of these factors as facilitators and barriers of uptake. This has been helpful in coming up with recommendations for maintaining or improving the facilitators as well recommendations for mitigating impact of

barriers of uptake. The study has identified four main factors affecting uptake of water-based lubricants and condoms among MSM in the district.

From the interviews and the discussion above, several issues were recommended which need a special place for consideration and possible implementation if uptake of water-based lubricants and male condoms among MSM is to be improved. Below are some of the highlighted recommendations that need serious attention.

i. The need for secure and safer places suitable for MSM need to be considered as it offers a conducive environment where the population can interact and freely receive services and commodities necessary for HIV and STI prevention. It has been proven that public health facilities have not been conducive enough for MSM though the situation is improving little by little. This is supported by other studies that proposed the introduction of drop in centers (DICs)(33). These are safer spaces meant to host MSM and provide them with different health service. In Salima, there is no such a space and there is need for one. Ministry of Health should establish Drop-in-Centers for key populations especially MSM for them to access healthcare and HIV prevention commodities safely and securely like condoms and water-based lubricants.

ii. There is need for civic education and awareness campaigns to promote condom and water based lubricant use among MSM in the district and the national. Even introducing this in the formal curriculum would be ideal though it is likely to meet resistance. So many studies have attributed limited access and use of condoms and water-based lubricants by MSM to lack of knowledge. It is alleged that those without or with little knowledge do not even know where to get the commodities

and how to make use of the commodities if accessed. Ministry of Education, Ministry of Health and Ministry of Information should work on developing curricula that should be the basis for awareness campaigns as well as implementing the developed curricula.

Awareness can be achieved by means of radio and TV adverts, newspaper articles, magazines features, peer education and training among others. These should be considered when developing MSM programs.

iii. There is also need to train more health service providers and MSM peer educators to facilitate health education and for management of MSM specific cases. Training health service providers would also facilitate the reduction of healthcare worker stigma and discrimination on MSM and improve the poor relationship that exists between them. Ministry of Health should take full responsibility of this recommendation and see to it that it is implemented.

iv. There is need to introduce and stock water-based lubricants in the mainstream health system just like condoms. The Central Medical Stores should be stocking such crucial commodities do that DHOs are able to order from them and distribute to those who need those commodities. The absence of lubricants in the mainstream health system limits availability, accessibility, and uptake. These should be found at every level of the health system to ease accessibility. Even local structures like HSAs, CBOs and youth clubs should be stocking these lubricants that MSM at every level can access them at their convenience. All these are efforts aimed at improving or finding means of improving uptake of the commodities.

v. Water based lubricants need to be stocked in shops by shop owners for those who can afford to buy just like condoms. Both MSM and health service providers expressed the need to orient shop owners at all levels on the need to stock water-based lubricants in their shops just as they do with male condoms. To them this will assist in making sure that the commodity reaches even hard to reach areas thereby making available and accessible to those in rural areas.

vi. There is need to repeal outdated punitive laws that criminalizes same sex engagements and replace them with laws that recognize the existence of key populations and proper means of addressing their needs. The aim shouldn't necessarily be to legalize same sex activities but to formulate laws that recognize the existence of LGBTIQ and those that aimed at creating a safe and secure environment. This will put an end to mob justice against MSM and will enable them access health services without any resistance, stigma, and discrimination from both the health facilities and their surrounding communities. Relevant stakeholders like the clergy, traditional leaders, Law Commission, health experts and law makers among others need to be engaged and be tasked with responsibility of coming up with legislation.

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APPENDICES

Appendix 1: In Depth Interview Guide-Msm Aged 15-49

Date of Interview…….

1. Are male condoms and water-based lubricants available in your community? Please explain the degree of availability or unavailability
2. Do health facilities in your area/community/district provide male condoms and water-based lubricants?
3. How accessible are male condoms and water-based lubricants in your community and how do you access them?
4. Do you regularly receive, or have you ever received training/education on appropriate and consistent use of male condoms and water-based lubricants?
5. Do you find using male condoms and water-based lubricants easy? If yes, why? And if not why?
6. As MSM, are you satisfied with?
7. Which places do you usually find or access male condoms and water-based lubricants?
8. Are there special places which provide water-based lubricants and male condoms? Please provide details to explain your answer.
9. If given a chance to choose, where would you feel comfortable to get/access water-based lubricants and condoms?
10. What would make you feel uncomfortable to use water-based lubricants and condoms?

Challenges And Recommendations

11. What are the challenges you face when accessing and using male condoms and water-based lubricants? please explain the issues
12. Do you think there are ways of improving general provision of condoms and lubricants in your area? Explain how

Appendix 2: Health Worker Interview Guide

Date of interview…….

Profession/Cadre……...

Participant code……

1. Male condoms and water-based lubricants are key components of the minimum service package for HIV prevention among Men who have sex with fellow men (MSM). Does this health facility provide these commodities? Are these commodities readily available? Please give an explanation
2. Do MSM in your catchment area demand these commodities?
3. Can you briefly explain the modalities of service provision to MSM in relation to male condoms and water-based lubricants? Do you have special clinics or personnel to handle issues of MSM? Do MSM come as any OPD patients?
4. Do you think providing male condoms and water based lubricant services is part of your role and that it is important to HIV prevention efforts? Give reasons
5. Do you as a health facility offer training to MSM on proper use of male condoms and water-based lubricants? If yes, how often? If not, why?
6. In your own words how difficult is it to provide male condoms and water-based lubricants to MSM at both facility and community level?
7. What are some of the external or internal factors that could influence availability, provision, accessibility, and appropriate use of male condoms and water-based lubricants among MSM?
8. How much of a priority do you think availability, provision, accessibility, and appropriate use of male condoms and water-based lubricants are in HIV prevention among MSM in general?
9. Is there anything that needs to be done to improve service provision to MSM in relation to provision of male condoms and water-based lubricants? Please explain

Appendix 3: MSM Screening Guide

This document contains questions that a research assistant will be using to screen MSM, to recruit only those who are real MSM

1. When doing sex do you take the role of a woman? Please explain your response
2. Have you had sexual intercourse with a fellow man in the past 12 months?
3. Do you usually have anal sex or sometimes your oral sex? Please explain

Appendix 4: Mafunso a amuna omwe amagonana ndi amuna anzawo azaka kuyambira 15 mpaka 49

Tsiku…….

1. Kodi mipira ya bambo komanso malubu amapezeka mu dela lino? Fotokozani kuti amapezeka motani
2. Kodi zipatala zopezeka mu dela lino zimapereka mipira ya abambo ndi malubu?
3. Kodi mumaipeza bwanji mipira ya abambo kapena malubu mu dela lanu lino?
4. Kodi mulandira kapena munalandirako maphunziro okhudzana ndindondomeko yakagwiritsidwe ntchito ka mipira ya abambo komanso malubu?
5. Kodi kugwiritsa ntchito mipira ya abambo kapena malubu ndikophweka? Ngati ndikophweka fotokozani zifukwa zake. Ngatinso ndikovuta fotokozani zifukwa zake.
6. Ngati mamuna yemwe amagonana ndi amuna anzake, ndinu wokhutitsidwa ndimaphunziro omwe mumalandira kapena munalaindira okhudzana ndindondomeko yakagwiritsidwe ntchito ka mipira ya abambo kapena malubu?
7. Ndi Malo ati mudela lanu lino womwe kumapezeka kapena mumapezako mipira ya abambo kapena malubu?
8. Kodi pali malo wokonzedwa mwapadera womwe amaperekerako mipira ya abambo kapena malubu? Fotokozani mwatsatanetsatane.
9. Kodi mutapatsidwa mwayi, ndikuti komwe mungakonde kuti muzilandilirako kapena kupeza mipira ya abambo ndi malubu?
10. Kodi mungakonde patakhala ndondomeko yotani kuti muzilandira komanso kugwiritsa ntchito mipira ya abambo ndi malubu mwandondomeko ndi mosangalala?

Zovuta komanso zomwe zingathandize kupititsa patsogolo kugwiritsa ntchito mipira ya abambo komanso malubu

11. (Kodi ndizovuta ziti zomwe mumakumana nazo mukafuna kupeza kapena kugwiritsa ntchito mpira wa abambo kapena malubu? Chonde fotokozani mwatsatanetsatane)
12. (Kodi mukuganiza kuti pali njira zina zomwe zingathandize kupititsa patsogolo kupezeka ndi kagwiritsidwe ntchito ka mpira wa abambo ndi malubu? Fotokozani njirazo komanso mmene mungachitire)

Appendix 5: Mafunso oyankhidwa ndi ogwira ntchito ku chipatala

Tsiku ……..

Ntchito yanu……...

Nambala yanu yaku ntchito……

1. Mpira w abambo komanso malubu ndizina mwazomwe ziri zofunikira kwambiri zomwe zinaikitsidwa kuti zikhale gawo lopewera kachirombo ka HIV pakati pa amuna omwe amagonana ndi amuna anzawo. Kodi chipatala chino chimapezeka ndi katundu ameneyu? Ngati zimapezeka, zimapezeka nthawi zonse? Ngati sizipezeka, nchifukwa chiyani sizipezeka? Chonde fotokozani mwatsatanetsatane
2. Kodi amuna omwe amagonana ndi amuna anzawo amabwera kuzafuna mipira ya abambo ndi malubu?
3. Mwachidule tafotokozani ndondomeko yamomwe mumaperekera mipira ya abambo komanso malubu. Pali ndondomeko yapadera yomwe inaikidiwa yoperekera katunduyu kwa amuna omwe amagonana ndi amuna anzawo? Kapena amalandira ngati ofuna chithandizo aliyense?
4. Kodi inu mumatenga ntchito yogawa mipira ya abambo komanso malubu ngati mbali imodzi yantchito yanu? Chonde perekani zifukwa
5. Kodi inu ngati azaumoyo, mumapereka maphunziro kwa amuna omwe amagonana ndi amuna anzawo akagwiritsidwe ntchito kabwino ka mipira ya abambo ndi malubu? Ngati mumapereka, mumapereka pakatha nthawi yaitali bwanji? Ngati simupereka, nchifukwa chiyani simupereka?

6. Fotokozani zovuta zomwe mumakumana nazo mukamapereka mipira ya abambo komanso malubu kwa amuna omwe amagonana ndi amuna anzawo kuchipatala komanso kumudzi
7. Ndi zinthu zina ziti zomwe zimathandizira kapena kusokoneza kupezeka, kagawidwe komanso kagwiritsidwe ntchito kabwino ka mipira ya abambo komanso malubu pakati pa amuna omwe amagonana ndi amuna anzawo?
8. Kodi mukuganiza kuti kupezeka, kagawidwe komanso kagwiritsidwe ntchtio koyenera ka mipira ya abambo komanso malubu ndizofunikira pakupewa kapena kuchepetsa kufala kwa kachilombo ka HIV pakati pa amuna omwe amagonana ndi amuna anzawo?
9. Kodi mukuganiza kuti pali zina zoyenera kuti zikonzedwe kuti ntchito yopereka mipira ya abambo komanso malubu ipite patsogolo? Chonde fotokozani

Mafunso othandizira kudziwa amuna omwe amagonana ndi amuna anzawo

10. Kodi mukagonana mumatenga mbali ngati mzibambo kapena mzimayi? Chonde longosolani
11. Pamiyezi khumi ndi iwiri yapitayi mwagonanapo ndi mamuna nzanu?
12. Kodi mumagonana kuthako kokha kapenanso nkamwa? Chonde fotokozani

Appendix 6: Consent Form

[EXPLORING FACTORS THAT AFFECT UPTAKE OF WATER-BASED LUBRICANTS AND MALE CONDOMS AMONG MEN WHO HAVE SEX WITH MEN IN SALIMA DISTRICT, MALAWI]

Participant Consent Form (Consent to take part in research)

You are being voluntarily asked to participate in this study title **exploring factors that affect uptake of water-based lubricants and male condoms among men who have sex with men in Salima district, Malawi.** This study will collect primary meaning it will involve conducting research and you are being requested to participate as respondents in the study. The aim of the study is to explore the factors that affect the uptake of condoms and water-based lubricants among MSM in Salima district, Malawi. This will be done by identifying facilitators of uptake of condoms and water-based lubricants among MSM and identifying barriers of uptake of condoms and water-based lubricants among MSM. Your participation in the study is expected to last at least a day during the interviews. However, the investigator may come back to you with follow up engagements if need be. The participants in this research are men who have sex with fellow men and health care workers. As a participant, you'll be required to sign this consent form to be admitted as one of the respondents confirming your voluntary participation in this study.

As a respondent you should, know that this is a study and might in one or the other expose you during interviews or after, but the investigator wishes to assure you that your responses will remain anonymous and that the collected information will be highly secured. Interviews will be conducted in safe and secure places. You are being encouraged to participate in this study as it will help identify gaps that exist in relation to availability, access, and uptake of water-based lubricants and male condoms among MSM. Not only the identification of gaps is necessary but knowing the gaps will help in identifying viable solutions that will address the negative factors affecting of water-based lubricants and male condoms among MSM.

All information provided for the purpose of this study will be treated as confidential. Any report on the results of this research your identity will remain anonymous. This will be

done by changing your name and disguising any details of your interview which may reveal your identity or the identity of people you speak about. Disguised extracts from your interview may be quoted.

Being a participant in this study, you've the rights to ask anything related to this study. You can contact the principal investigator or his supervisor if you need further clarification. In the event of any study-related injury, please do not hesitate to contact the principal investigator or his supervisor for possible compensation in line with CoMREC guidelines. Please take note that participation in this study is on voluntary basis and that you reserve the right to be admitted or reject being admitted. There is no penalty for deciding to opt out of the study.

Consent (Agreement)

I……voluntarily agree to participate in this research study. I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind. I also do understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted. I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study. I understand that I will not benefit directly from participating in this research.

I agree to my interview being audio-recorded. I understand that all information I provide for this study will be treated confidentially. I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about. I understand that disguised extracts from my interview may be quoted. I understand that if I inform the researcher that I or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.

I understand that signed consent forms and original audio recordings will be retained in locked places and computers with secure passwords until the dissertation is approved. I understand that a transcript of my interview in which all identifying information has been removed will be retained for at least 2 years or until the dissertation is defended and accepted by the college. I understand that under freedom of information legalization I am entitled to access the information I have provided at any time while it is in storage as specified above. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

NB: As a participant/respondent I am entitled to receive $10 or its equivalent as compensation.

Williot Joaquim Lumbe, MSc (student) College of Medicine, Bed-Chancellor College.

Initials of the participant _____

Signature of research participant

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Signature of participant Date

Signature of researcher

I believe the participant is giving informed consent to participate in this study

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Signature of researcher Date] _____

Appendix 7: Kalata Yosonyeza Kulora Kutenga Nawo Mbali Mukafukufuku

[**KAFUKUFUKU WOFUNA KUDZIWA ZOMWE ZIMALEPHERETSA KAPENA KUTHANDIZIRA KUGWIRITSA NTCHITO MPIRA WA ABAMBO KOMANSO MALUBU PAKATI PA AMUNA OMWE AMAGONANA NDI AMUNA ANZAWO MBOMA LA SALIMA**]

Chikalata chopemphera chilolezo kwa omwe azatenge nawo mbali mukafukufukuyu

Mukunsidwa kuti mutenge nawo mbali mukafukufuku yemwe akuchitika pamutu woti [**KAFUKUFUKU WOFUNA KUDZIWA ZOMWE ZIMALEPHERETSA KAPENA KUTHANDIZIRA KUGWIRITSA NTCHITO MPIRA WA ABAMBO KOMANSO MALUBU PAKATI PA AMUNA OMWE AMAGONANA NDI AMUNA ANZAWO MBOMA LA SALIMA**].

Kafukufuyu adzafuna kumva maganizo anu pamafunso omwe adzafunsidwe ndipo mukupemphedwa kuti muzakhale mmodzi mwa oyankha mafunso amenewa pothandizira kafukufukuyu. Cholinga cha kafukufukuyu nkufuna kudziwa zifukwa zomwe zimathandizira kagwiritsidwe ntchito ka mpira wa abambo komanso malubu pakati pa amuna omwe amagonana ndi amuna anzawo m'boma la Salima. Makamaka tikufuna kudziwa zothandizira komanso zolepheretsa kugwiritsa ntchito zinthuzi. Kutenga nawo mbali kwanu kukuyembekezeka kukhala kwa tsiku limodzi panthawi yofunsa mafunsoyi. Komabe, nkutheka kuti tizakufunaninso ngati pangakhale zina zomwe tikufuna tidziwe zomwe zingathandizire kafukufukuyu. Wotenga nawo mbali mukafukufukuyu ndi amuna omwe amagonana ndi amuna anzawo komanso wogwira ntchito kuchipatala. Ngati wotenga nawo mbali mukafukufukuyu, mukuyenera kusainira fomu yosonyeza kuti mwalora kutenga nawo gawo mukafukufukuyu mosakakamizidwa.

Ngati wotenga nawo mbali mukafukufukuyu, mukuyenera kudziwa kuti pali kuthekera koti antu akhonza kukudziwani. Komabe ine ngati monga otsogolera kafukufukuyu, ndikufuna kutsimikiza kuti sitidzatenga maina anu ndicholinga choti musadziwike. Komanso, tidzayesetsa kusunga zomwe tidzakambirane ndi inu mmalo otetezedwa bwino. Mukulimbikitsidwa kutenga nawo mbali mukafukufukuyu kuti muthandizire kudziwitsa zakapezekedwe komanso kagwiritsidwe ntchito kwa mpira wa abambo ndi malubu pakati pa amuna omwe amagonana ndi amuna anzawo. Izi zizathandiza kupeza njira zothetsera

mavuto omwe anthuwa akukumana nawo pankhani yakupezeka komanso kagwiritsidwe ntchito koyenera ka mpira wa abambo ndi malubu.

Zonse zomwe muzayankhe zizatengedwa ngati zachinsinsi ndipo lipoti lina lirilonse lokhudzana ndikafukufukuyu silidzatchula maina a omwe atenga nawo mbali. Izi zidzatheka pokupatsani maina ongopeka omwe adzagwiritsidwe ntchito mukafukufukuyu kuti musazadziwike olo mpang'ono pomwe.

Ngati wotenga nawo mbali mukafukufukuyu muli ndi ufulu wofunsa chilichonse chokhudzana ndi kafukufukuyu. Mukhonza kufunsa wotsogolera kafukufukuyu kapenanso omwe akuwayang'anira. Ngati mungavulare chifukwa kapena pogwira ntchito yakafukufukuyu, chonde musachedwe yankhulani ndi witsogolera kapena womwe akuyang'anira kafukufukuyu kuti akupepeseni molingana ndi ndondomeko yokhazikitsidwa ndi bungwe loona zakafukufuku ku sukulu ya ukachenjede ndi ukadaulo ya College of Medicine.

Mgwirizano

Ine …… ndikuvomereza mosakakamizidwa kutenga nawo mbali mukafukufuku amaneyu. Ndikumvetsetsa kuti angakhale ndavomenereza kutero, ndikhoza kusankha kusatenga nawo mbali kapenaso kukana kuyankha mafunso kumene popanda mavuto ena aliwonse. Ndipo ndikumvetsanso kuti ndikhonza kukaniza kugwiritsa ntchito mayankho omwe ndapereka mukafukufukuyu pasanathe masabata awiri mayankhowa atatengedwa, ndipo kuti zomwe ndingayankhezo zidzafufutidwa. Ndinapatsidwa mwayi wadziwa cholinga chakafukufukuyu komanso dongosolo lake ndipo ndinapatsidwanso mwayi wofunsa mafunso wokhudzana ndi kafukufukuyu. Ndikumvetsetsa kuti ineyo sindidzapindula chifukwa chotenga nawo mbali mu kafukufukuyu.

Ndikuvomereza kuti zomwe ndizayankhe zidzatepedwa. Ndikuvomera izi pomvetsetsa kuti zomwe ndizayankhe zizasungidwa mwachinsisi. Ndikumvetsetsanso kuti zomwe ndizayankhe zizalembedwa mopanda kuikapo dzina langa. Ndikumvetsetsa kuti zina zomwe ndingayankhe zikhonza kutengedwa mmene ziliri ndikuikidwa muzotsatira zakafukufuku. Ndikudziwanso kuti ngati ndingamudziwitse wotsogolera kafukufu kuti ine

kapena wina ali pachiwopsezo akuyenera kukanena kumalo koyenera ndipo kuti adzakambirana ndi ineyo koyambilira koma akhonza kukanena angakhale ine nditapanda kuloleza.

Ndikumvetsetsa kuti kalata yomwe ndasainayi koma zomwe ndizayankhe zizasungidwa pamalo otetezedwa bwino monga mu makina a kompyuta mpaka zotsatira zakafukufukuyu zitavomerezedwa. Ndamvetsetsanso kuti mayankho anga omwe azakhale atachotsedwa maina ndi zizindikiro zonse zomwe zingandiulure, zizasungidwa kwa zaka ziwiri kapena kuti kufikira pomwe kafukufukuyu aavomerezedwe ndi sukulu yaukadaulo ya College of Medicine. Ndikudziwa kuti ndili ndi ufulu woitanitsa ndikuona kapena kupeza zomwe ndinayankha mu kafukufukuyu munthawi ina iliyonse pomwe zinthuzi zili nkusungidwa. Ndikudziwa kuti ndikhonza kufunsa wina aliyense yemwe akupanga kafukufukuyu ngati ndikusowekera tsatanetsatane kapena china chilichonse chokhudzana ndi kafukufukuyu.

NB: Ngati wotenga mbali mukafukufukuyu ndikuyenera kulandira ndalama yofanana mphamvu ndi madola khumi a ndalama yaku America.

Williot Joaquim Lumbe, MSc (student) College of Medicine, Bed-Chancellor College.

Malembo achidule adzina lawotenga mbali mukafukufuku _____

Saini ya wotenga mbali mukafukufuku

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Tsiku losaina wotenga nawo mbali mukafukufuku

Saini ya wochititsa kafukufuku

Ndikukhulupilira kutimuthuyu walora kutenga nawo mbali mukafukufuyuI

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Tsiku losaina wochititsa kafukufuku _____

Appendix 8: Copy of ethical approval certificate

UNIVERSITY OF MALAWI

CERTIFICATE OF ETHICS APPROVAL

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.02/19/2587 - Exploring Factors that affect Uptake of Water-Based Lubricants and Male Condoms among Men who have Sex with Men in Salima District, Malawi. Version 1.0 by Williot J Lumbe

On 10-Oct-19

As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC some of which are indicated on the next page for your study

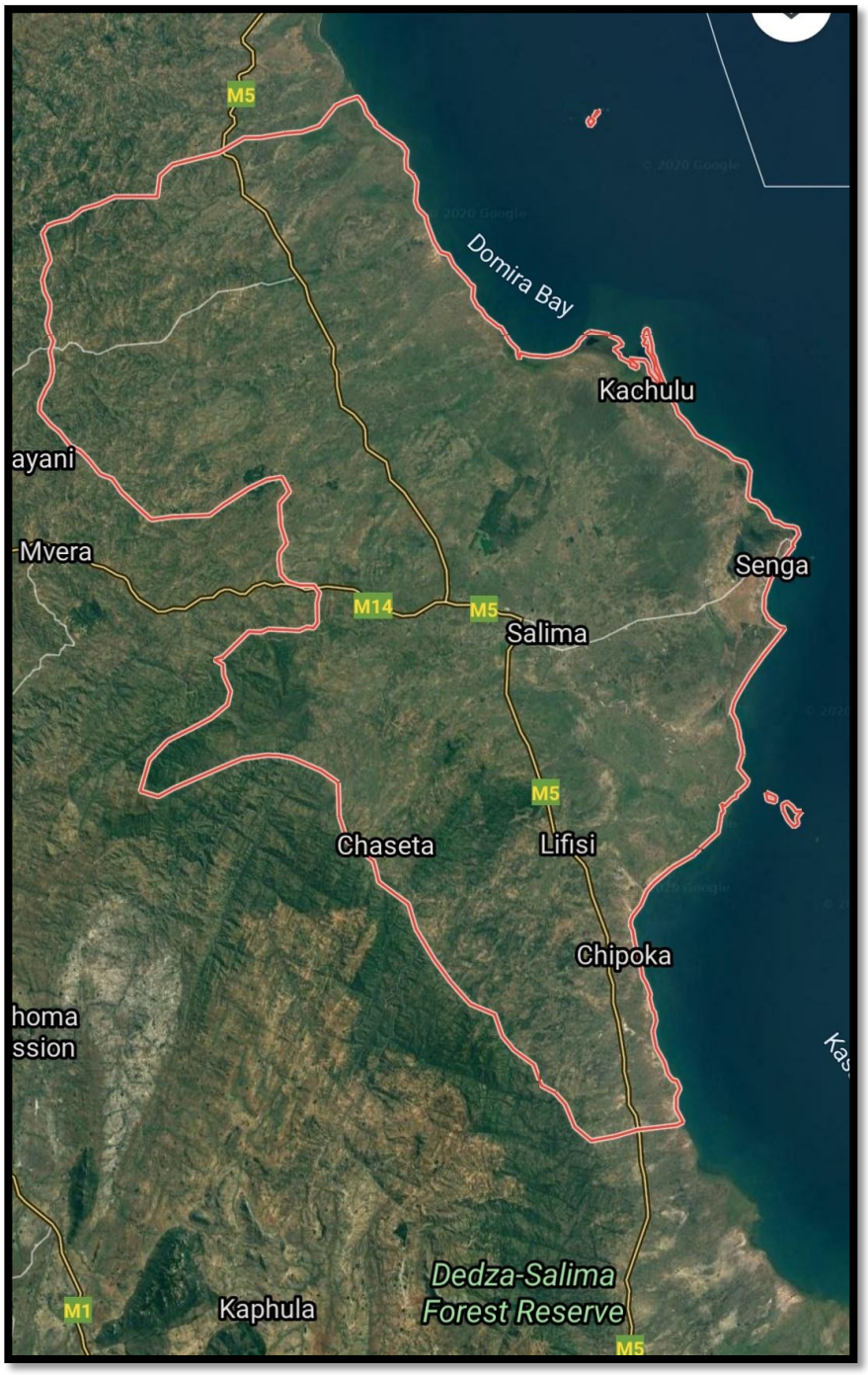
10-Oct-19

Dr. YB. Mlombe - Chairperson (COMREC)

Date

Approved by
College of Medicine
10-Oct-2019
(COMREC)
Research and Ethics Committee

Appendix 9: Map of the Study Area (Salima District Satellite Map). Source; Google Map



Appendix 10: Study Budget

Research Proposed Budget												
	Activity	Justification	Quantiry	Rate		Frequenc	Amount			Institutional C	Total Requested	
1	Research assistants	who will be responsible for data collection (recording and notetaking) and submission to the principal investigator. They will be interacting with the potential participants. Using a screening tool, they'll be screening those who claim to be MSM to establish if they are real MSM before being recruited as participants.	3.00	MWK	50,000.00	1.00	MWK	150,000.00	MMK 0.00	MWK	150,000.00
2	Training	this will be provided to the potential research assistants to help them understand the objectives of the study. This will also help the research assistants to be well conversant with the gadgets and their use, as well to enable them understand the screening procedures. lunch and transport reimbursement will be provided	1.00	MWK	150,000.00	1.00	MWK	150,000.00	MMK 0.00	MWK	150,000.00
3	Audio Recorders	these will enable research assistants collect primary data from participants through recording the focus group discussions and one on one interviews. Phones will be improvised in the absence of profesional recorders	-	MWK	50,000.00	1.00	MWK	-	MMK 0.00	MWK	-
5	Stationery	this will help in taking notes and print outs including tonner	1.00	MWK	20,000.00	1.00	MWK	20,000.00	MMK 0.00	MWK	20,000.00
6	Respondent Allowances	This money will be given to all the respondents as per COMREC requirement. The amount per respondent will be (MWK7,500) which is equivalent to US$10	23.00	MWK	7,500.00	1.00	MWK	172,500.00	MMK 0.00	MWK	172,500.00
7	Transportation for research assistants	this will be used to ease travel of the principal investigator and research assistants to various places during the whole study period	3.00	MWK	2,000.00	3.00	MWK	18,000.00	MMK 0.00	MWK	18,000.00
8	Lunch for Research Assistants	Each will be allowed to collected for a maximum of ten days and will reuire lunch	3.00	MWK	3,000.00	3.00	MWK	27,000.00	MMK 0.00	MWK	27,000.00
9	Secure Spaces/Venues	these would be lodges where research assistants could be meeting the potential participants. This is so because MSM are a hidden population which is still facing cultural and societal hostilities and there is need for safe and secure places/spaces	3.00	MWK	20,000.00	1.00	MWK	60,000.00	MMK 0.00	MWK	60,000.00
10	Admininistrative Contribution to COMREC (10% of the budget)	of this - 3% will go to the individuals' department(s) - 2% will go to the College Administration - 3% will go to the College Research Committee [to assist it in its various activities, e.g. secretarial, holding of research dissemination meetings, sponsorship of research projects by students, etc). - 2% will go to the College Library.	1.00	MWK	1.00	1.00	MWK	66,576.73	MMK 0.00	MWK	66,576.73
		Total					MWK	665,767.27	MWK -	MWK	665,767.27