

further investments in the number of HCW's and in the quality of care provided to mothers.

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Evaluation of long-acting contraceptive (implant) acceptance, utilization, and discontinuation in Huambo and Luanda, Angola

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Program/Project Purpose: High rates of fertility contribute directly and indirectly to poor maternal and child health by increasing exposure to pregnancy related risks in women, and reducing availability of scarce resources for children. The Republic of Angola currently has the world's highest under-five mortality rate at 157/1000 live births¹ and a maternal mortality ratio of 460/100,000 live births², coupled with a crude birth rate of 44 births/1000 people³. To address these challenges, Jhpiego has been working since 2011 to implement the ForçaSaúde Program, where a key component has been to increase access to and utilization of modern contraceptives, including sub-dermal implants. The program initially saw 13,000 women receiving contraceptive implants over a 14-month period⁴, but anecdotal evidence suggests that there have been an increasing number of women returning to remove their implants. In response, we conducted a formative evaluation to understand drivers for discontinuation and barriers to use, and to identify possible interventions.

Structure/Method/Design: A formative evaluation was conducted in the provinces of Huambo and Luanda in 8 public health facilities using in-depth interviews, focus groups, and a review of existing records. Interviews were held with providers, former users of implants, and current users of implants, focusing on individual level experiences with implants and perceptions on family planning. Data will be analyzed, and potential interventions will be developed to present to stakeholders for review and implementation.

Outcome & Evaluation: Preliminary results indicate that side effects (bleeding, pain, dizziness, weight gain), influence of male partners, and false information such as permanent infertility are main drivers for discontinuation. Potential strategies identified for further investigation include improved information dissemination through TV/radio, education campaigns in churches, couples counselling, and male-targeted education.

Going Forward: Results will be disseminated to stakeholders from the Angolan Ministry of Health and USAID. Identified strategies will be reviewed with stakeholders, refined, and implemented in specific facilities for evaluation. Long-term, Angola continues to face challenges around cultural customs, gender roles in family planning, and population level awareness on contraceptive use that will require broader efforts and a national strategy.

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How can male rates of HIV testing in southern Malawi be increased? A mixed methods study of men's preferences

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Background: Malawi, Africa has one of the highest HIV prevalence rates in the world with 10.3% of adults infected. HIV testing varies by gender with 73% of women and 52% of men having ever been tested. The primary aim is: how can male rates of HIV testing be increased?

Methods: This explanatory sequential mixed methods study was conducted in Mulanje District in southern Malawi. Participants lived or worked in rural villages served by an HIV health education and testing intervention of the nongovernmental organization, Global AIDS Interfaith Alliance (GAIA). We collected cross-sectional data in 2014–2015 on HIV testing and related knowledge, attitudes, and behavior from men (>18 years) at the beginning of the 3-year intervention (n=174) and after one year (n=251). Using a qualitative questionnaire based on the Theory of Planned Behavior, we interviewed 84 rural village men, HIV health care providers, and community leaders in focus groups and one-on-one interviews. This study received IRB approval from UNC Chapel Hill and Malawi's National Health Sciences Research Committee.

Findings: Quantitative data indicate younger men are significantly more likely to be tested than older men (p<0.002) and as many as 82% of all participants say they are afraid to know their HIV status. Men who have comprehensive HIV knowledge are no more likely to be tested than men who do not. Qualitative findings indicate men fear testing because of stigma. Men prefer male HIV testing counselors and testing to take place in the household. They suggest financial or material incentives to motivate testing. Finally, men say village chiefs wield influence and can be effectively used in increasing testing.

Interpretation: Men and providers describe how clinic operations lead to easy identification of patients seeking HIV testing and this in turn may result in men experiencing stigma. The current delivery of some testing services in southern Malawi may not alleviate fears and may even exacerbate them. Men may be more willing to pursue