

Characterizing Male Sexual Partners of Adolescent Girls and Young Women in Mozambique

Background

Worldwide, adolescent girls and young women (AGYW)—ages 15–24 years—are disproportionately affected by HIV/AIDS (Karim, Baxter, & Birx, 2017; Dellar, Dlamini & Karim, 2015). In countries with generalized HIV epidemics in sub-Saharan Africa, adolescence marks an increase in HIV prevalence and the emergence, and dramatic expansion, of gender disparities in HIV (Idele, et al., 2014). Recent estimates from seven African countries found that the prevalence of HIV among women ages 15–25 is more than twice that of their male counterparts (Brown, et al., 2018).

Despite the epidemiological and human rights imperative to help AGYW remain AIDS-free, programming in this area has had limited success. Fewer than half of AGYW living with HIV know their HIV status (Brown, et al., 2018), and treatment uptake and global viral suppression rates among adolescents and young people, especially among females, are extremely low (Lamb, et al., 2014, Auld, et al., 2014, Denison, et al., 2015). Furthermore, while other age groups have experienced declines in AIDS-related deaths, adolescent AIDS-related deaths increased by about 50 percent between 2005–2012 (Idele, et al., 2014).

One strategy is to prevent the HIV-negative male sexual partners of AGYW from acquiring HIV and to reduce the infectiousness of those male partners who are HIV-positive. This strategy requires information about the characteristics of male sexual partners of AGYW, so the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the Determined, Resilient, Empowered, AIDS free, Mentored, and Safe (DREAMS) Initiative—<http://www.dreamspartnership.org>—has called on overseas missions of the United States Agency for International Development (USAID) to address this knowledge gap through studies of the characteristics of AGYW's male sexual partners.

USAID/Mozambique asked the USAID- and PEPFAR-funded MEASURE Evaluation to study the characteristics of men who have recently engaged in sexual activity with



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Key HIV indicators in Mozambique (Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique [IMASIDA], 2015)

- HIV prevalence is 13.2% overall and 9.8% among AGYW.
- HIV incidence is 7/1,000 overall and among females and 4/1,000 among males ages 15–49 years.
- 25% of females and 24% of males ages 15–24 years report having had their first sexual experience before the age of 15.
- 30% of females and 31% of males ages 15–49 years and 30% of AGYW have comprehensive HIV prevention knowledge.
- 3% of females and 21% of males ages 15–49 years and 3% of AGYW report multiple partners in the past year.
- 11% of adolescent girls ages 15–19 years report having had sex with someone 10 years older than themselves.
- 29% of females and 26% of males ages 15–49 years and 42% of AGYW who report having had multiple partners in the past 12 months also report condom use at last sex.
- 61% of females and 38% of males ages 15–49 years and 55% of AGYW have ever been tested for HIV.
- 63% of males ages 15–49 years are circumcised.
- 32% of HIV-positive females and 15% of HIV-positive males and 16% of HIV-positive AGYW are currently on ART.
- 37% of all HIV-positive women and 22% of HIV-positive men ages 15–49 years and 30% of HIV-positive AGYW are virally suppressed.

AGYW. This work falls in line with MEASURE Evaluation's efforts to control the HIV epidemic. The resulting study sought answers to the following research questions:

1. Who are the sexual partners of AGYW?
2. Is sexual risk-taking behavior among AGYW and their male partners associated with certain sexual partner characteristics?
3. To what extent are male sexual partners of AGYW using, or willing to use, HIV/AIDS services?

HIV prevention and care programs should use the study's results to reach male sexual partners of AGYW more effectively.

Methods

The study consisted of focus group discussions (FDGs) with AGYW, followed by a survey of men in three urban/peri-urban districts in Mozambique where DREAMS programs currently operate: Quelimane, Beira, and Xai-Xai (Figure 1). A total of 15 FDGs were undertaken (five per district) with a convenience sample of 102 AGYW ages 15–24 years across the following subgroups: (1) in-school, ages 15–17; (2) out-of-school, ages 18–19, not pregnant, postpartum, or breastfeeding; (3) out-of-school, ages 15–19, married and pregnant, postpartum, or breastfeeding; (4) ages 20–24, not pregnant, postpartum, or breastfeeding; and (5) ages 20–24, pregnant, postpartum, or breastfeeding. AGYW were recruited from girls' groups, schools, and health centers. Focus group participants were asked about the characteristics of their male sexual partners and to list locations where the study team could find their sexual partners for an interview. Thirty-eight diverse locations (restaurants, bars, beaches,

schools, and marketplaces) were identified across the three study districts. We recruited and anonymously interviewed 1,140 men from these locations. Informed consent was documented for all participants. Ethical approval was obtained in Mozambique and the United States before fieldwork commenced.

Key Findings

Characteristics of the Sexual Partners of AGYW

AGYW characterized their sexual partners diversely, reporting casual and long-term partners across age bands, education levels, professions, income levels, and distances. AGYW noted a preference for men who have the ability to support them if they become pregnant and to provide other material benefits. Generally, this coincides with slightly older age. Friends and family often exert pressure on AGYW to date men with money.

Men who have sex with AGYW have diverse backgrounds.

I'm with my boyfriend, and I find an older man who can give me everything. He buys me hair pieces, clothes, you do not even know how much. . . . So, when you see that [this man can provide for you], and the fact that your boyfriend cannot give you any money at all, pretty soon you are running to the older man. (Unmarried, age 18–19)

Also, school-age participants consistently mentioned secondary school teachers as sexual partners.

Other girls here, even in this school, go out with teachers. They even say, "If you want to pass, you have to go out with him." . . . This school is full of teachers who hook up with their students. (In school, 15–17 years)

Survey data provide additional information. Eighty-six percent (n=981) of surveyed men reported having had sex with AGYW in the 12 months preceding the survey. Men reporting recent sex with AGYW were, on average, 27 years old (with a range of 18–58 years). They reported various occupations and monthly incomes from zero to more than 40,000 meticals per month (US\$667). Other demographic data are presented in Table 1.

Figure 1. Map of study sites



Table 1. Demographic characteristics of men reporting recent sex with AGYW (n=981)

Currently studying	31.7%
Highest level of education completed	
less than primary	6.1%
Completed primary	17.7%
Some secondary	25.6%
Completed secondary	26.1%
Tertiary	24.5%
Worked in the past 7 days	84.0%
Married or cohabiting	50.9%
Traveled for more than 1 month of past 12 months	25.1%

When comparing men who reported recent sex with AGYW and those who did not, the former were younger (27 years versus 43 years, $p < 0.001$), less likely to be married (50.9% versus 82.0%, $p < 0.001$), uneducated (6.1% versus 13.0%, $p < 0.001$), less likely to have worked in the 12 months before the survey (90.5% versus 99.6%, $p < 0.01$), and more likely to be currently studying (31.7% versus 12.2%, $p < 0.001$) than men not reporting recent sexual partners who were AGYW.

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HIV Risk Behavior

Both AGYW and their male sexual partners reported inconsistent condom use. Married men and less educated men were less likely to report both condom use at last sex and consistently using condoms. Male respondents reported condom use more frequently in relationships with AGYW who were under 20 years old and were employed, educated, and not yet mothers or pregnant (Table 2).

Men report inconsistent condom use:

- 60.3% of men report condom use at last sex.
- 41.0% of men report always using condoms.

Table 2. Condom use among adolescent girls and young women

AGYW who are:	Condom use at last sex	Consistent condom use
Under 20 years of age	65%	52%
Ages 20–24 years	58%	36%
Employed	67%	41%
Unemployed	58%	41%
Under 20 years and not in school	54%	26%
Attending primary school	47%	30%
Attending secondary school	67%	48%
Attending tertiary school	69%	44%
Mothers/pregnant	46%	25%
Not yet mothers/pregnant	70%	52%

Condom use varied by relationship type. Married AGYW said that condom use with their husband is rare, but condom use with boyfriends or casual partners is more common, though inconsistent. AGYW also said that younger men (often their serious boyfriends) were more open to the idea of using condoms and were much better informed, partly because of all the information on condoms that is provided at school. Considering survey data, men were more likely to report condom use at last sex with AGYW they had just met (79.5%), and AGYW to whom they reported giving money for sex (67.5%), than with their wives (24.2%, $p < 0.01$).

Most male respondents reported multiple sexual partners in the past 12 months. In all FGDs, participants commonly described both AGYW and their male sexual partners as having relationships with multiple partners, whether married or single. This was more common in cases where a partner worked far away from where his wife or girlfriend lived.

My husband has lots of women. Each woman has her own home, and they are boyfriend and girlfriend. (Married, age 20–24)

Further, alcohol use was commonly reported among men: 41.4 percent reported getting drunk at least a few times per month.

Men report multiple sexual partners:

- 50.1% of male sexual partners of AGYW reported 3+ sexual partners in the past 12 months.
- 45.5% of married male sexual partners of AGYW reported 3+ sexual partners in the past 12 months.

Power Imbalances

Because of cultural norms around male dominance in relationships and the role of males as economic providers for AGYW, men often had more decision-making power than women over when to have sex. FGD respondents said they may be pressured or even forced to have sex:

They give you the date and the time, too. At the time that works for him, that's how it is. Some use force. If you say no, they will start to have sex with you by force. (Out-of-school, 18–19 years)

Both married and single AGYW described economic factors influencing their decisions to engage in sex, because the men were considered providers for women both in casual and long-term relationships:

It's the men [who decide when to have sex]. Because they bankroll the women, therefore they think they are in power—that they can do whatever they want. (Married, 20–24 years)

AGYW respondents expressed feeling powerless about persuading boyfriends and casual partners to use condoms, fearing the partners might leave them.

Men have the power and authority to determine if and when sex will occur and if condoms will be used.

HIV Service Use and Preferences

Uptake of HIV-prevention services among male sexual partners of AGYW in these three districts was high. Barriers to testing included not wanting to know one's status and fears of confidentiality in the health clinic. AGYW respondents said they did not know the HIV status of their male sexual partners and that their partners did not like to discuss HIV status with them.

About three-quarters of men reported that they were circumcised, and most (88%) of uncircumcised men were open to circumcision in the future.

Most men surveyed reported that their preferred venue for accessing HIV-related services was the public hospital, and 85 percent of men surveyed were open to workplace testing. The most convenient time to access services was Sunday evening, followed by other weekend times.

Men report high health service use:

- 80% of men have been tested for HIV and received their results.
- 76% of men are circumcised.

Key Messages

- Results confirm the importance of targeting male sexual partners of AGYW.
- Male sexual partners of AGYW are relatively young themselves.
- Testing and circumcision rates are high in this population, which may be a consequence of DREAMS programming.
- AGYW are at risk of acquiring HIV from their husbands.
- The high rate of multiple sexual partners reported among men whose most recent sexual partner was pregnant or a mother presents a concern for mother-to-child transmission of HIV.
- Generally, male sexual partners of AGYW decide when to use condoms. AGYW with more education and who are employed have more influence in condom-use decisions.
- Men prefer to access health services during the weekend.

Limitations

This study has limited generalizability; samples were drawn from three urban/peri-urban areas with current DREAMS programming. Further, the study may not have sampled a representative group of all male sexual partners of AGYW in study districts, owing to recruitment methods. Data are subject to self-reporting and recall biases. Also, men were only asked to report on their most recent sexual partner, limiting analyses.

Recommendations

- Focus HIV prevention efforts for AGYW both on AGYW and men under 30 years of age.
- Increase behavior change communication and continue to stress the importance of knowing your HIV status and discussing this with your sexual partner, condom use, and avoiding multiple, concurrent sexual partners.
- Expand workplace HIV testing for men who are formally employed and increase access to testing for men without formal employment through mobile testing in high-traffic areas.
- Continue and expand economic strengthening and life skills activities for AGYW, to provide more economic and social assets for them to negotiate sexual relationships and reduce risk-taking behavior.
- Initiate access to pre-exposure prophylaxis for the

general population of AGYW, to provide an important alternative prevention method for AGYW who are unable to say no to sex or use a condom.

- Integrate family planning services with HIV services both for single and married AGYW and their partners, to reduce unintended pregnancy and encourage HIV testing among couples.
- Target schools and teachers with HIV prevention education and school-based HIV testing.
- Strengthen efforts already in place and initiate new efforts to reduce the occurrence of sex between teachers and students.

References

- Auld, A. F., Agolory, S. G., Shiraishi, R. W., Wabwire-Mangen, F., Kwesigabo, G., Mulenga, M., ... Ellerbrock, T. V. (2014). Antiretroviral therapy enrolment characteristics and outcomes among HIV-infected adolescents and young adults compared with older adults—seven African countries, 2004–2013. *Morbidity and Mortality Weekly Report (MMWR)*, *63*, 1097–1103. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25426651>
- Brown, K., Williams, D. B., Kinchen, S., Saito, S., Radin, E., Patel, ... Barr, B. A. T. (2018). Status of HIV epidemic control among adolescent girls and young women aged 15–24 years—seven African countries, 2015–2017. *Morbidity and Mortality Weekly Report (MMWR)*, *67*(1), 29. Retrieved from <https://www.cdc.gov/mmwr/volumes/67/wr/mm6701a6.htm>
- Dellar, R. C., Dlamini, S., & Karim, Q. A. (2015). Adolescent girls and young women: Key populations for HIV epidemic control. *Journal of the International AIDS Society*, *18*(2), 19408. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25724504>.
- Denison J., Banda H., Dennis A., Parker C., Nyambe N., Stalter R. M., ... McCarragher, D. R. (2015). “The sky is the limit”: Adhering to antiretroviral therapy and HIV self-management from the perspectives of adolescents living with HIV and their adult caregivers. *Journal of the International AIDS Society*, *18*(1), 19358. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296051>.
- Idele, P., Gillespie, A., Porth, T., Suzuki, C., Mahy, M., Kasedde, S., & Luo, C. (2014). Epidemiology of HIV and AIDS among adolescents: Current status, inequities, and data gaps. *Journal of Acquired Immune Deficiency Syndromes*, *66* Supplement 2, S144–S153. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24918590>
- Karim, Q. A., Baxter, C., & Bix, D. (2017). Prevention of HIV in adolescent girls and young women: Key to an AIDS-free generation. *Journal of Acquired Immune Deficiency Syndromes*, *75*, S17–S26. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28398993>
- Lamb, M. R., Fayorsey, R., Nuwagaba-Biribonwoha, H., Viola, V., Mutabazi, V., Alwar T., ... Elul, B. (2014). High attrition before and after ART initiation among youth (15–24 years of age) enrolled in HIV care. *AIDS*, *28*, 559–68. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24076661>