Background

- There is high HIV incidence among adolescent girls and young women (AGYW) in sub-Saharan Africa.
- The disproportionate burden of HIV among AGYW is attributed to a range of social, structural, behavioral, and biomedical risk factors.
- Prevention strategies rely on accurate individual risk perception that can affect testing, care-seeking, risk stratification, intervention uptake and adherence, individual effectiveness and population impact.

Objectives

- To identify the socioeconomic, behavioral, partnership, and biomedical factors associated with self-reported HIV infection among AGYW in Malawi
- To determine which of these factors predict HIV risk perception and HIV acquisition worry among those who report being uninfected

Methods

- The Girl Power study in Lilongwe, Malawi is assessing four combinations of service delivery for AGYW
- Inclusion criteria: AGYW aged 15–24 years old; sexually-active participants in high-risk areas were purposively recruited
- Baseline surveys administered to 250 AGYW enrolled from each public sector health clinic site

Results

N = 1000; median age 19 years [ IQR 17–21 ]

- 33 (3.3%) reported HIV infection
- 66% reported negative HIV test within last 6 months
- 13% had never tested

15 characteristics were associated with HIV prevalence (p ≤ 0.15)

- 40% of HIV-uninfected respondents had 5+ risk factors
- 65% of those ≥20 years old were in this high-risk group

Characteristics not associated with self-reported HIV (p > 0.15)

- Flooring type in home
- Electricity in home
- Marital status
- Participant travel

Our results suggest that many adolescent girls and young women in Malawi have multiple socioeconomic, individual behavioral, biomedical, and partnership factors associated with HIV.

- Although presence of more risk factors is statistically associated with higher prevalence of HIV risk perception and HIV infection worry, many still do not perceive themselves to be at high risk of HIV infection.
- While heavy alcohol use is associated with HIV infection, it is NOT associated with high HIV risk perception or HIV worry.

Aligning HIV risk and risk perception will be critical to encourage uptake, adherence and population effectiveness of behavioral and biomedical prevention strategies.