

**Male partner participation in  
prevention of parent-to-child  
HIV transmission:  
Current evidence and future needs**

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Children and HIV: Family Support First

Working together to achieve universal support and access to treatment

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# Overview

- Introduction to male participation
  - rates
  - barriers
- Positive aspects
  - surrogate markers (PPTCT)
  - impact on child health outcomes
- Negative aspects
- Summary & Conclusions

# Male partner participation

- Recommendations
  - “increase the involvement of male partners in PMTCT services (eg. couples counselling, partner testing)”
- Forms:
  - partner serostatus disclosure/support, PPTCT discussion/support, antenatal/postnatal clinic attendance, HIV testing (CVCT/IVCT)

# Male partner participation

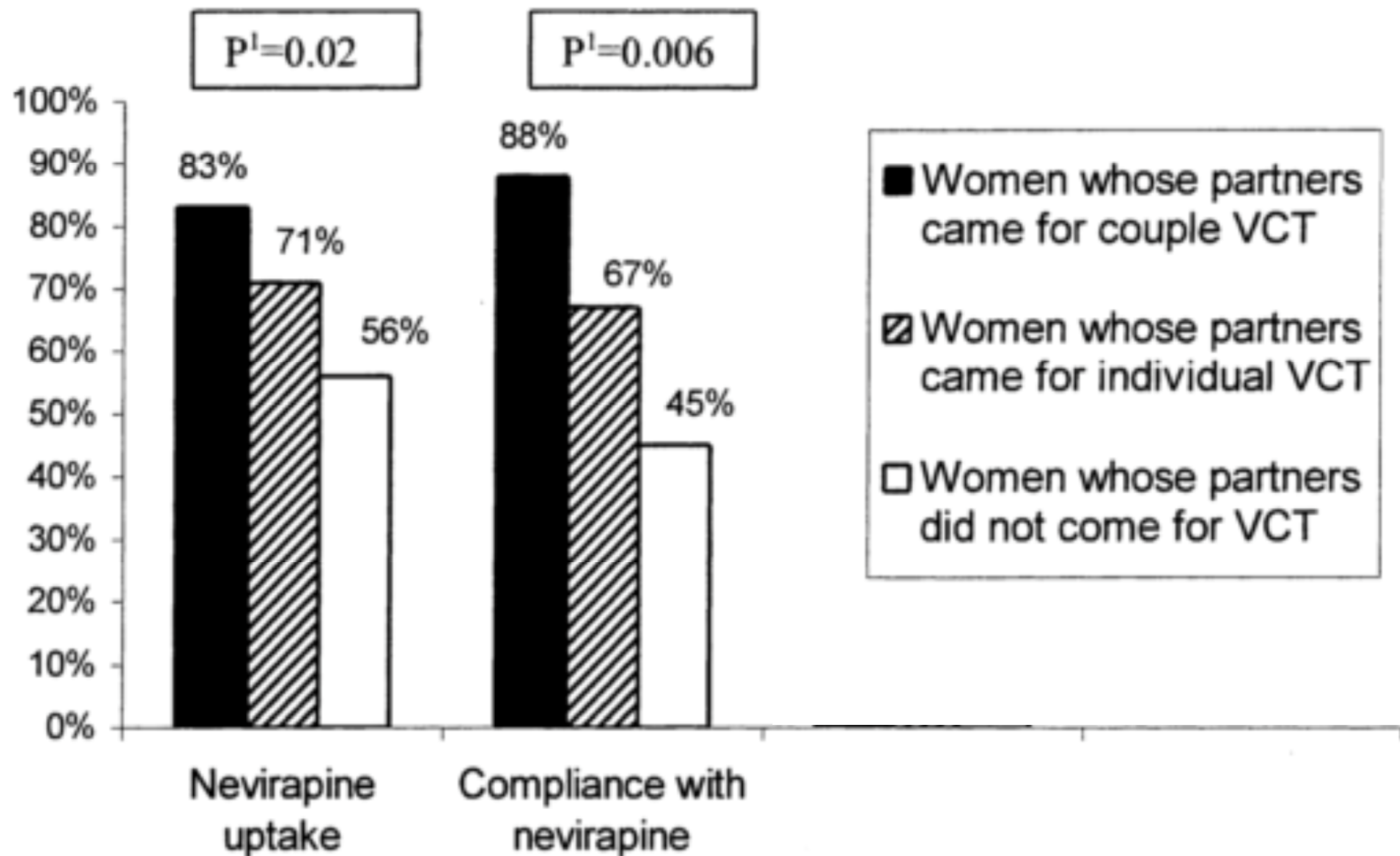
Rates of male ANC HIV testing



# Barriers to male participation

- Male reported:
  - Lack of information/knowledge on the existence of services or necessity to go there
  - Being too busy/no time
- Healthcare providers:
  - Overall approve of involvement, however less in relation to female examinations and child delivery

# Benefits in PPTCT (ARV prophylaxis)



<sup>1</sup>P value represents the significance of a linear association (P for trend)

Farquhar, C., *et al.*, JAIDS, 2004.

Becker, S., *et al.*, AIDS Behav, 2010. (data not shown)

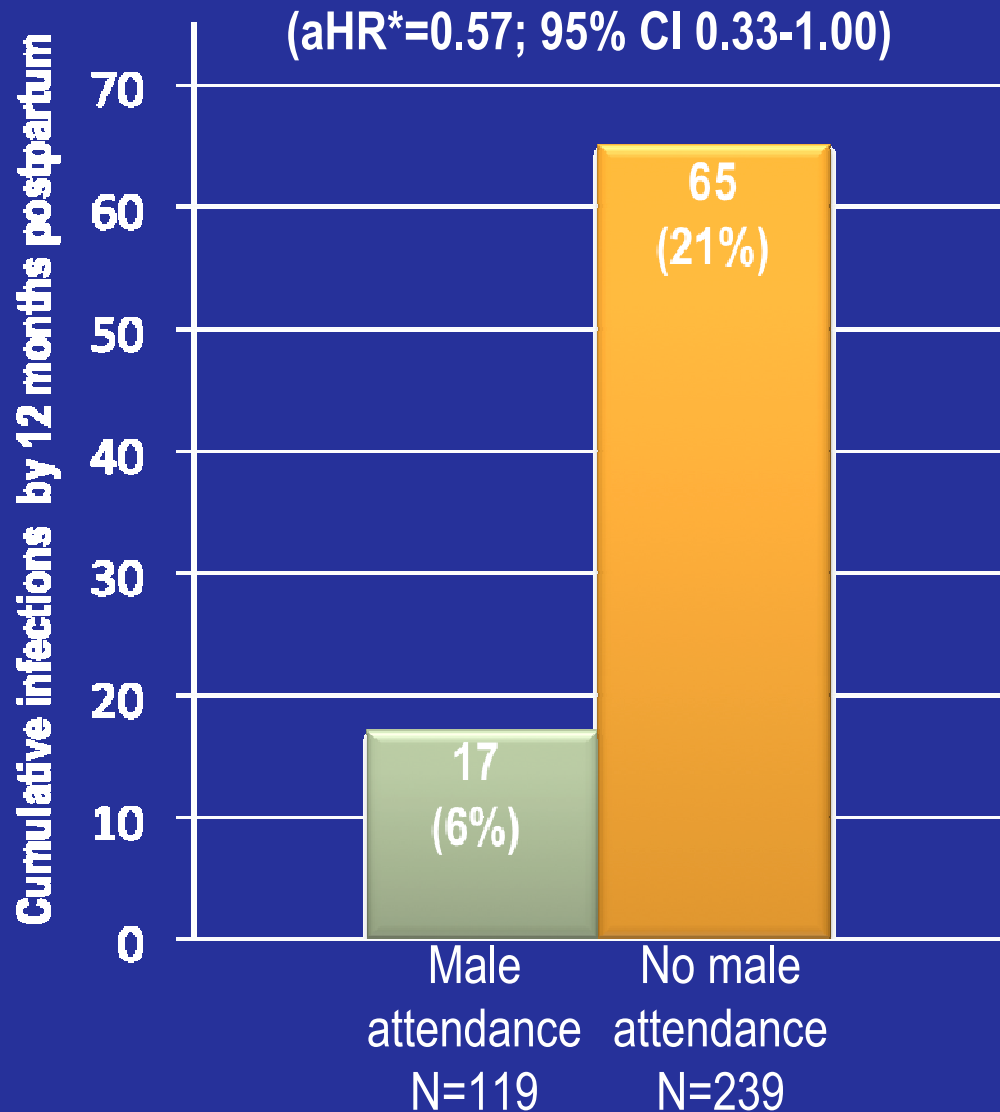
# Benefits in PPTCT (infant feeding)

- Choice of infant feeding
  - Replacement feeding with male attendance
    - (OR=3.72, 95% CI 1.19-11.63)

# Benefits in PPTCT (infant feeding)

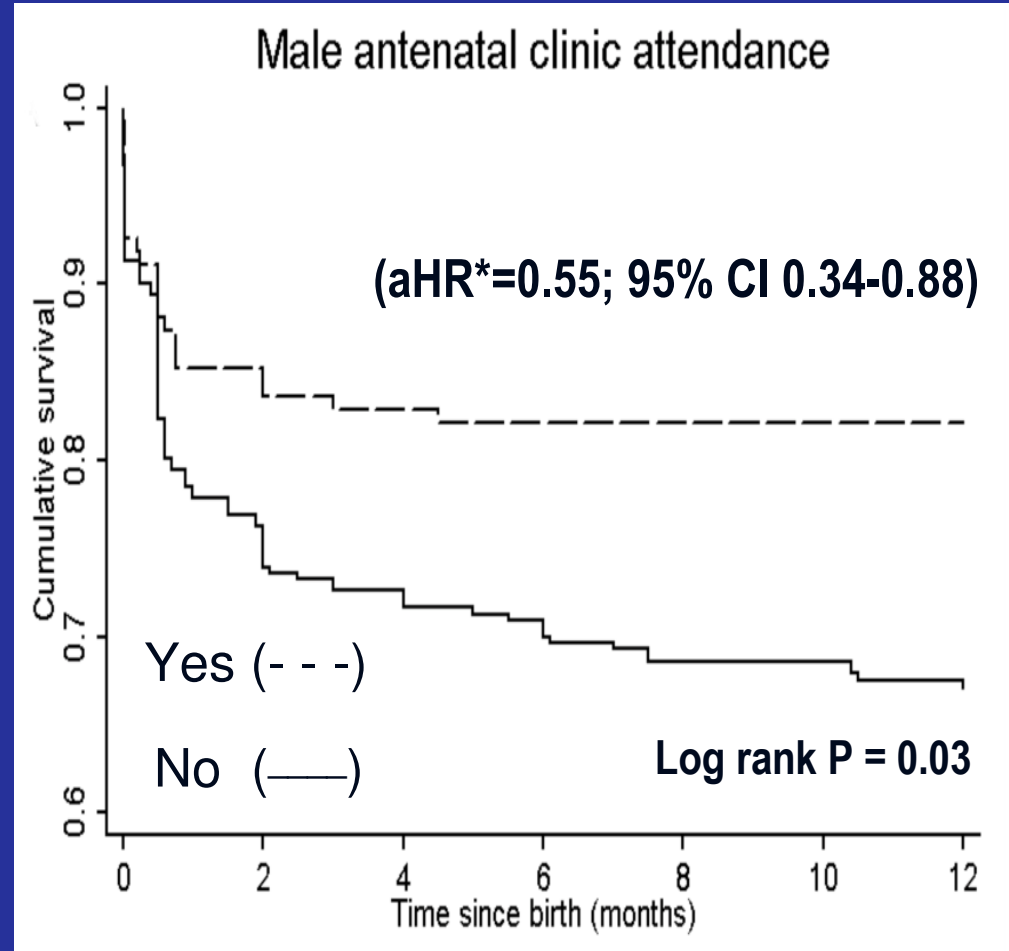
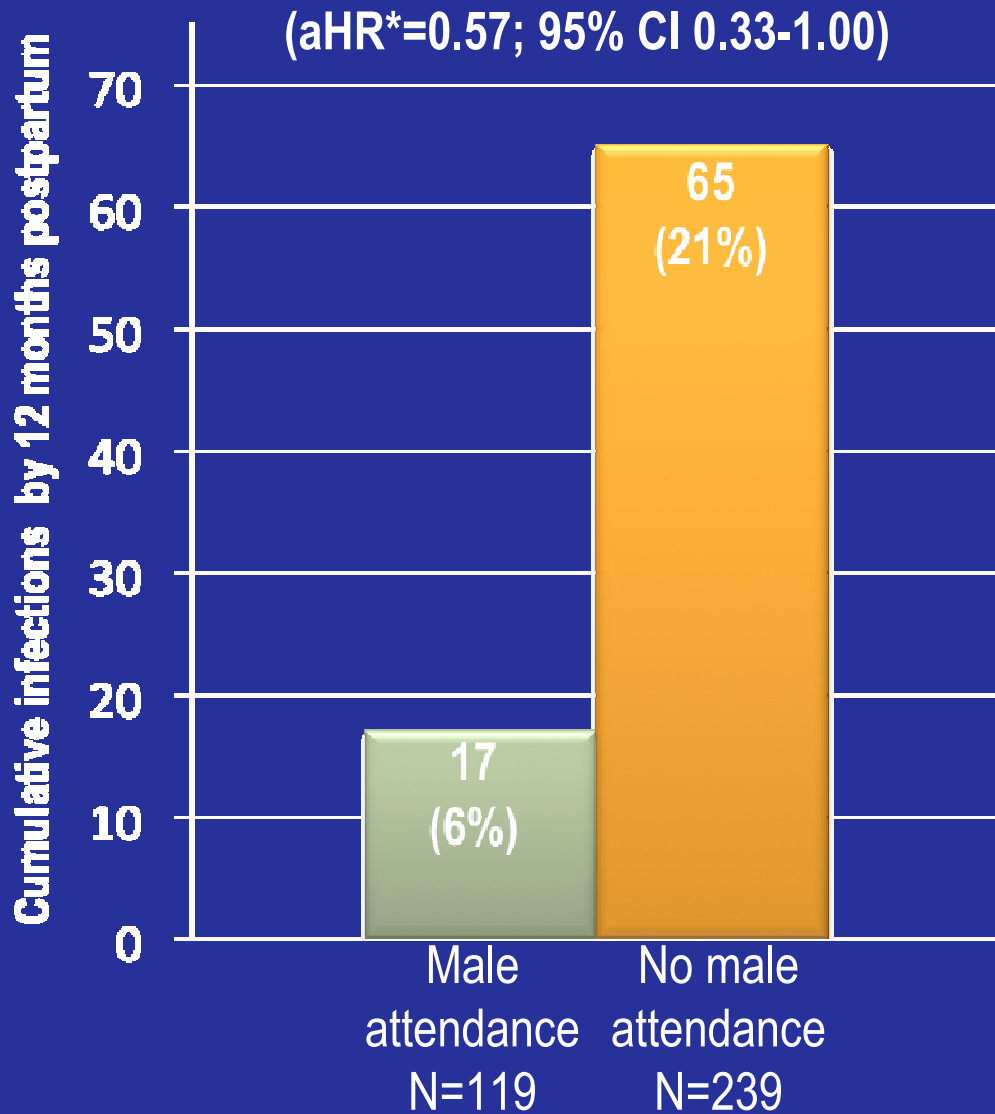
- Choice of infant feeding
  - Replacement feeding with male attendance
    - (OR=3.72, 95% CI 1.19-11.63)
- Adherence to infant feeding
  - EBF with reported support from the male partner
    - (aOR=5.27, 95% CI 1.87-14.81)

# Benefits in child health outcomes



\*adjusted for maternal viral load & infant feeding modality

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# Uptake of PPTCT

- Perceived willingness of the male partner to accompany the female to ANC and female HIV testing
  - (OR=5.2, 95% CI 1.4-19.8)
- 88.7% females would agree to ANC VCT if they could be tested with their partners

# Negative aspects of male participation

- Fear of adverse outcomes inhibits female uptake
- FGD participant: "he can ask me why I went for a (HIV) test and call me a prostitute and beat me"

# Negative aspects of male participation

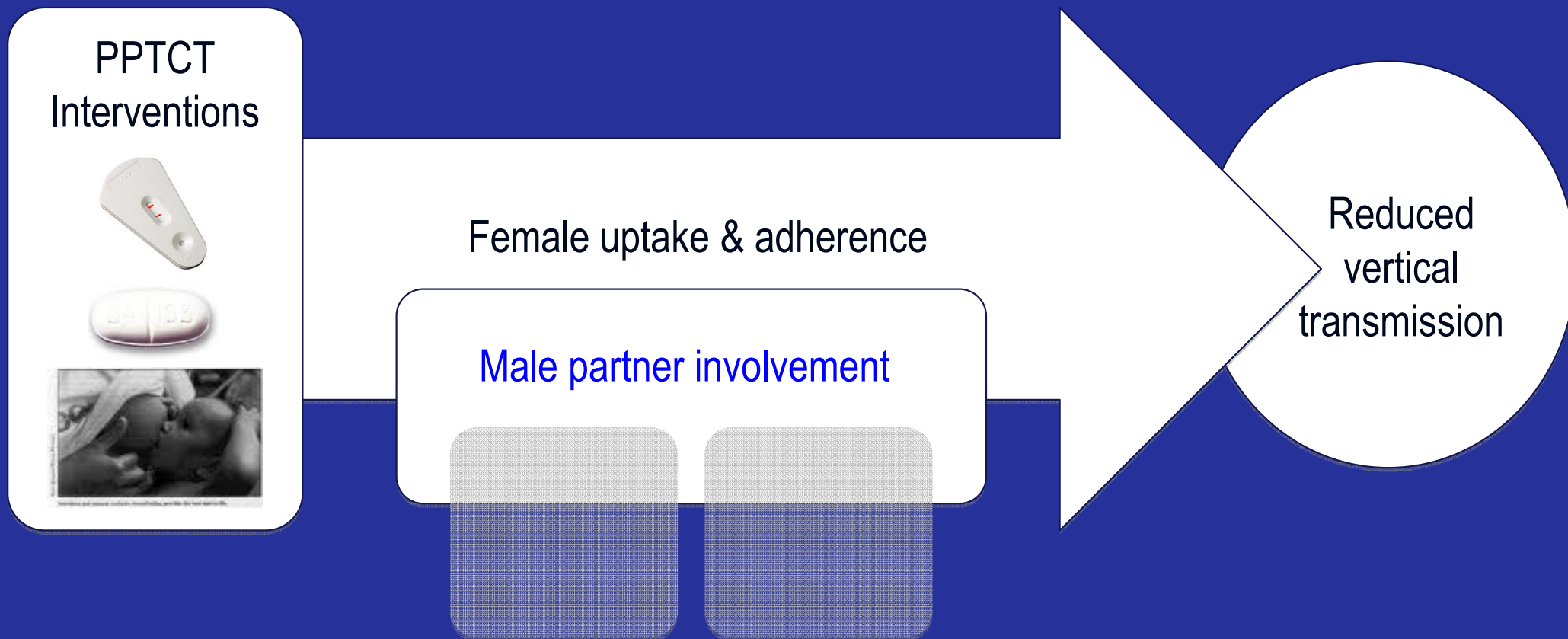
- Fear of adverse outcomes inhibits female uptake
- FGD participant: "he can ask me why I went for a (HIV) test and call me a prostitute and beat me"
- Increased intimate partner violence if females tested HIV-positive v. HIV-negative  
— (aOR=4.8, 95% CI 1.4-16.0)

Karamagi, A.C., *et al.*, BMC, 2006.

Kiarie, N.J., *et al.*, AIDS, 2006.

Creek, T. *et al.*, AIDS and Behavior 2003. (data not shown)

# Summary



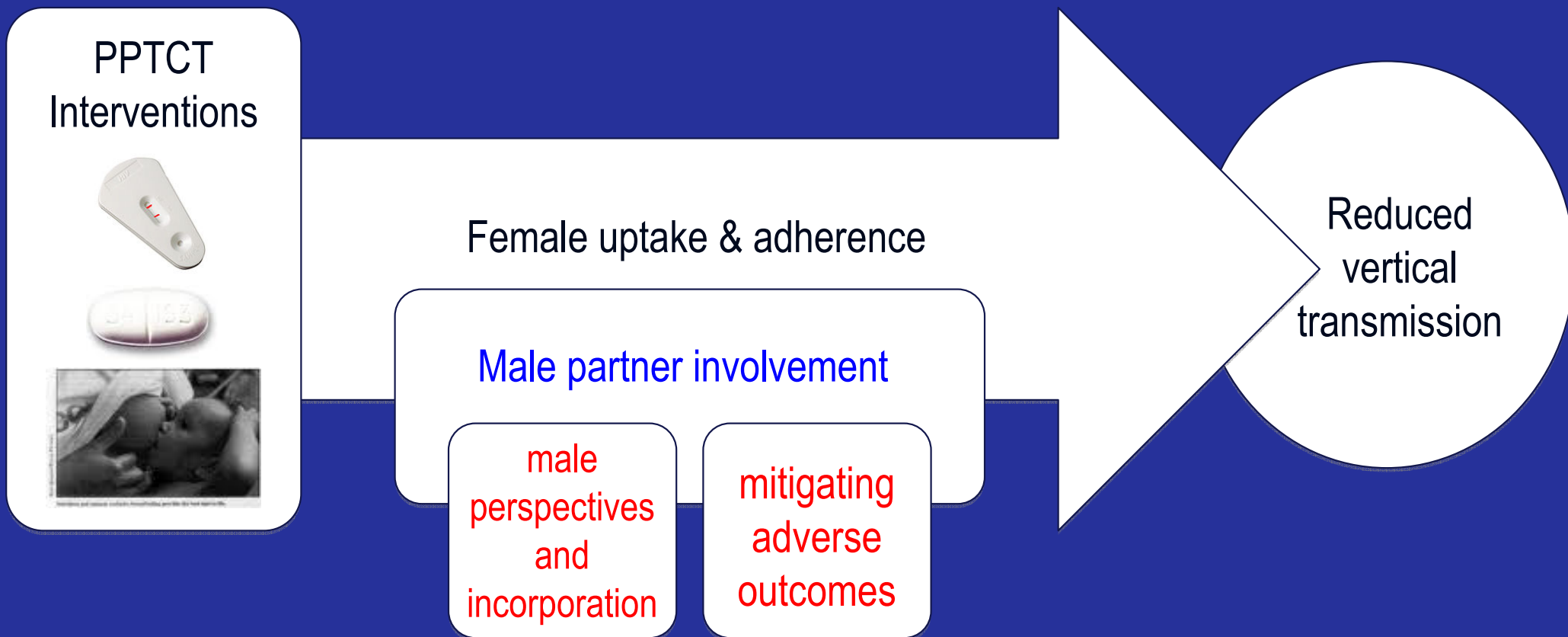
Paintsil, E., and Andiman, A.W., Curr Opin Pediatr., 2009. (data not shown)

<http://rehydrate.org/dd/img3/dd591.jpg>

Betancourt, T.S., J Int AIDS Soc., 2010. (data not shown)

World Health Organization, PMTCT Strategic Vision 2010–2015, 2010. (data not shown)

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# Conclusions

- Improve the evidence base
  - Barriers to participation
  - Methods to overcome barriers
  - Negative outcomes
  - Impact on child health outcomes
- Continue the momentum



[www.pepfar.gov/press/81257.htm](http://www.pepfar.gov/press/81257.htm)

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