



Optimising the Impact of PMTCT of HIV in South Africa: The Forgotten Half of the Equation

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**Children and HIV: Family Support First Symposium
July 16-17, 2010 Vienna, Austria**

The role of fathers in mother and child outcomes



Hypothesis

**Male sexual partner (MSP)
ANC HIV VCT invitation**



**Increase MSP ANC HIV VCT
uptake without an increase in
intimate partner violence**



Decrease sexual risk behaviour



**Decrease in horizontal & vertical
HIV transmission**

Study Location: Khayelitsha, Cape Peninsular







Women attending ANC in Khayelitsha Site B MOU

Men in Khayelitsha waiting to be picked up for casual work





Methods

Community sensitization activities

**Started 6 months before the trial &
continued during the trial**

Radio Zibonele



ibonele 98.2 fm
COMMUNITY RADIO STATION
Iziko Labantu
TEL: 361 9344/9351 FAX: 361 5194



Methods: Clinical Trial Endpoints

Primary

% partners agreeing to attend for VCT

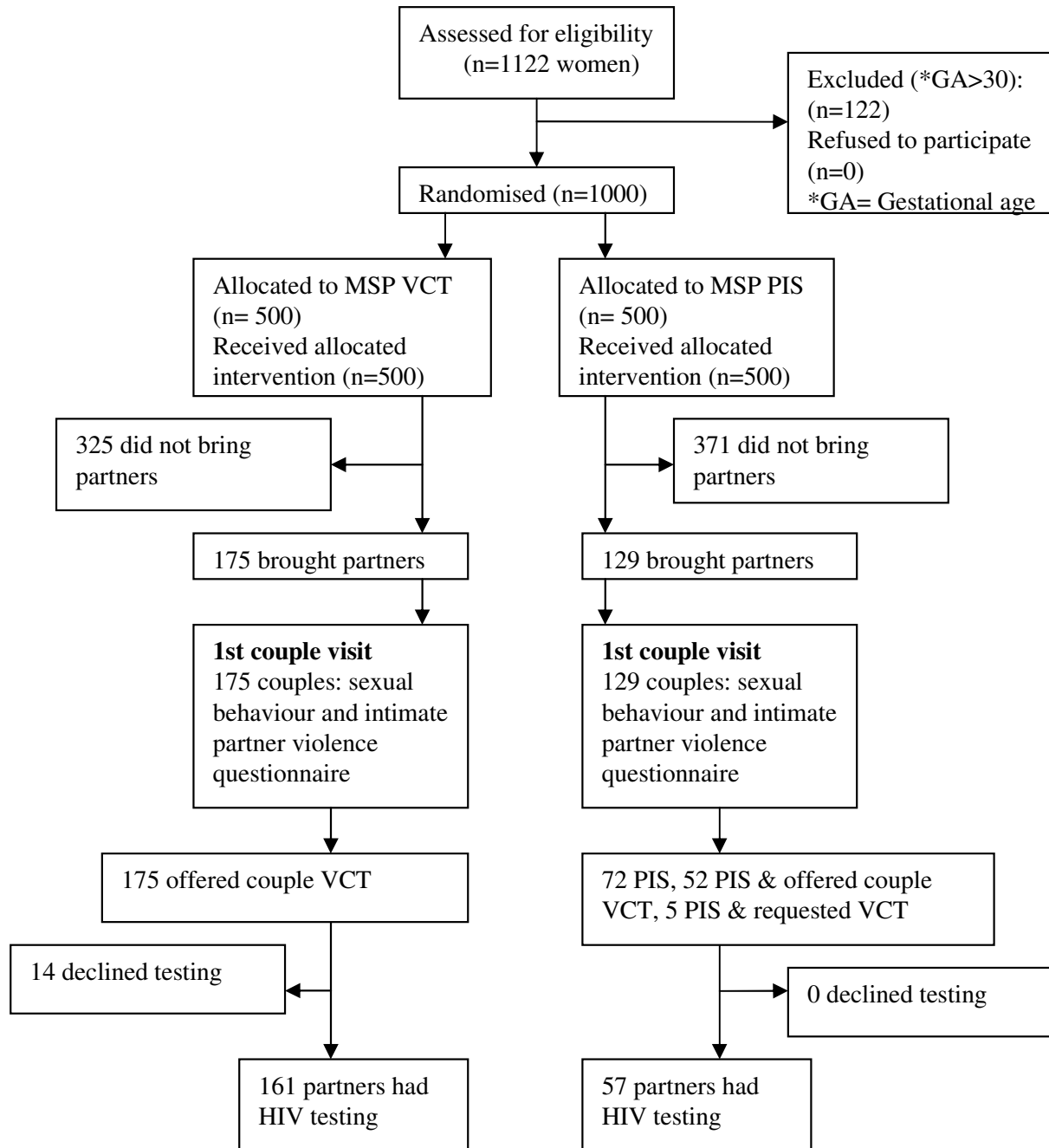
% partners undergoing HIV testing

Secondary

% partners using condoms consistently

% partners involved in intimate partner violence

Methods: Clinical Trial Flow Diagram







Baseline Characteristics

Woman & Partner's age

Education,

Employment,

Living arrangement,

Sexual relationship status,

Duration of relationship,

HIV status, Cd4+

Pregnancy planned



Results: Primary Outcomes

Male partner attendance

- 35% (VCT invitation) vs. 26% (PIS invitation)
- RR = 1.36 (95% CI, 1.12-1.64); P = 0.002

Male partner HIV testing

- 92% (VCT invitation) vs. 44% (PIS invitation)
- RR = 2.82 (95% CI, 2.14-3.72); P < 0.0001

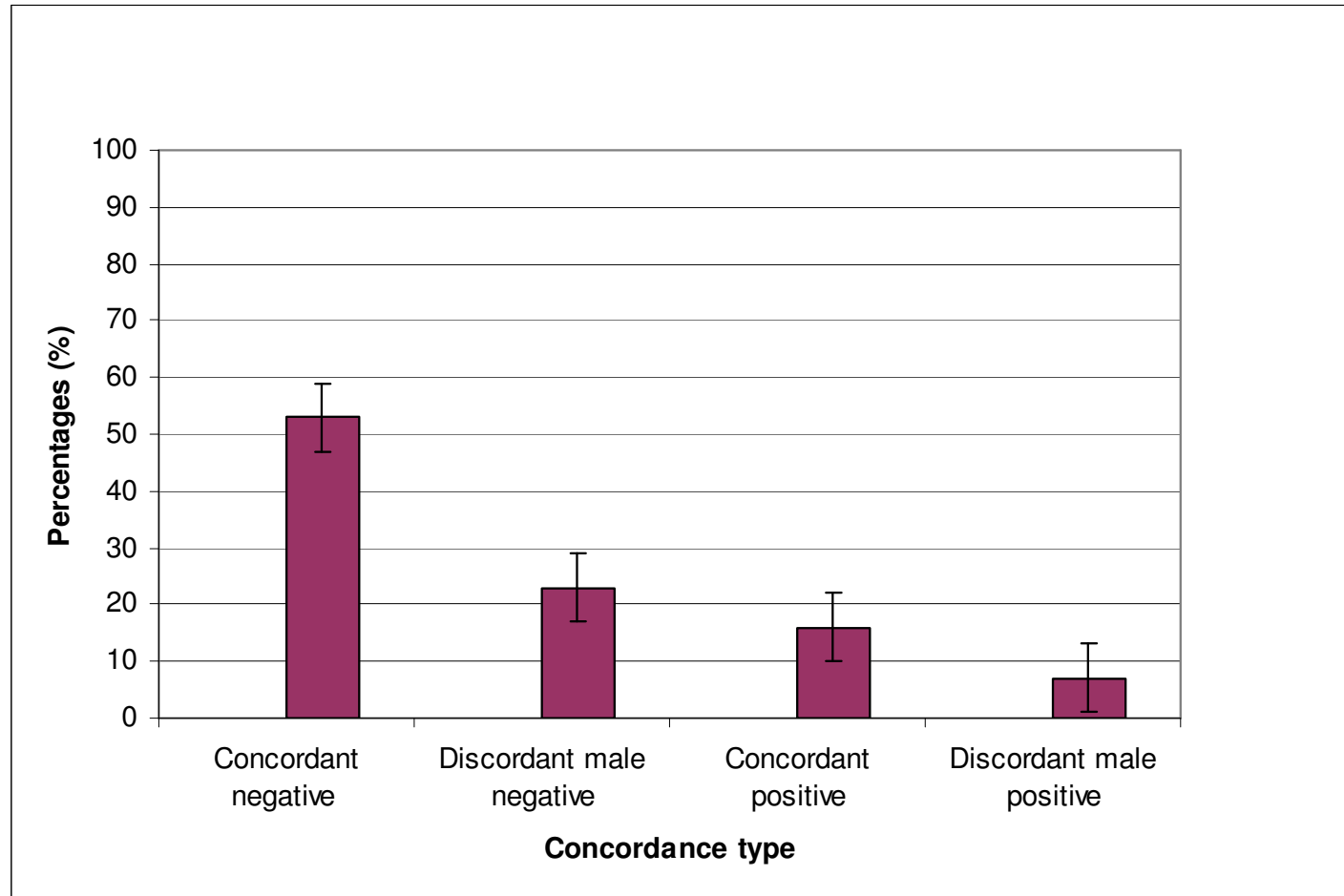


Results: Multivariate Analysis

- **After Adjusting for:**
- **woman's age, partner's age, gestational age, living arrangement, partner's tertiary education, woman's HIV status, and planned pregnancy,**
- **the results were still significant**
- **OR = 1.52 (95% CI, 1.15-2.01); P = 0.003**

Results: Secondary Analyses

HIV concordance & discordance





Results: Secondary Analyses

Sero-conversion

- 1 woman (VCT invitation) vs. 2 women (PIS invitation)
- Risk ratio 0.5 (95% CI, 0.05-5.49); P = 1.000
- Babies: 0 (at 14 weeks)



Results: Secondary Analyses

Intimate partner violence (IPV) at follow up

- for women:
 - 4% (7) (VCT invitation) vs. 7% (10) (PIS invitation) $P = 0.207$
- for men:
 - 0.5% (1) (VCT invitation) vs 3% (4) (PIS invitation) $P = 0.167$



Results: Secondary Analyses

High risk sexual behaviour at follow up

- **Sexual activity without condoms: 26% (VCT arm) vs. 76% (PIS arm); $P < 0.001$**
- ***Total* numbers of reported sexual acts with pregnancy partners in the 2 weeks before the second couple visit were *higher* in the VCT arm vs. the PIS arm (2.0 vs. 1.4, $P = 0.003$)**
- **However, the numbers of *unprotected* sexual acts with pregnancy partners were *lower* in the VCT arm vs. the PIS arm: (0.5 vs. 1.1, $P = 0.002$)**



Discussion

- The study was conducted in an area where ART was available which might have encouraged men to attend.
- Whilst the results suggest that male partners will attend for ANC and VCT in these circumstances, it is not clear if a similar response would be observed in areas where ART is not available.
- The proportions of respondents reporting intimate partner violence were very small and did not differ between the two study arms; however, this may have been due to under-reporting.
- The small numbers may also have limited the power to detect differences in this study.
- These questions including cost analysis need to be addressed in future studies.

Acknowledgements: Project was funded by Wellcome Trust

