

# FATHERS

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# Curious question of why?

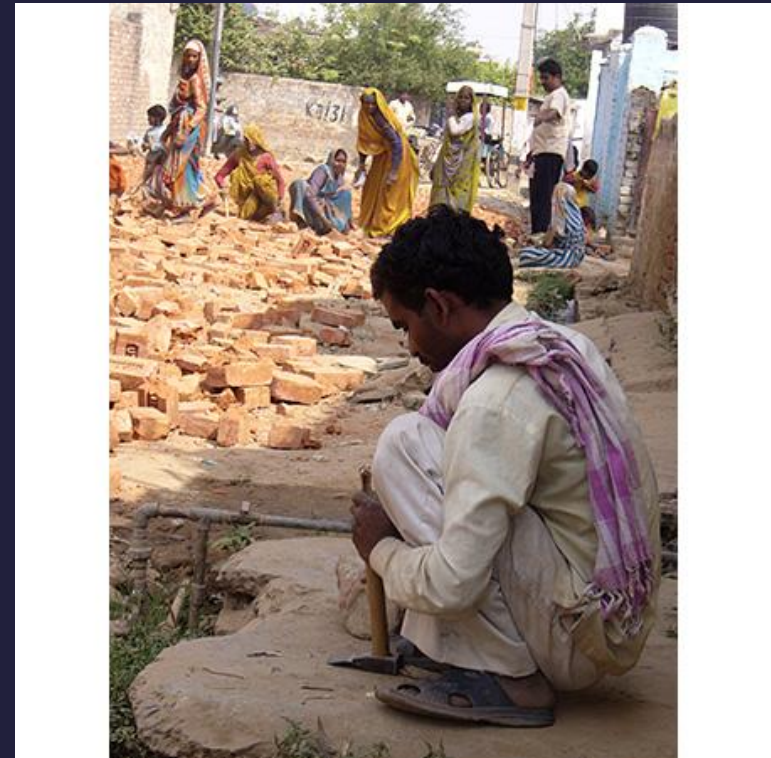
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# Systematic Overview

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- Desire for a child
- HIV testing in pregnancy
- Fatherhood and conception
- Fatherhood and MSM
- Fatherhood and IDU
- Fatherhood and support for HIV mothers
- Paternal disengagement
- Dead fathers

# Desire for a child



# Seen as “woman’s business”

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- Systematic review (Nattabi 2009) identified 29 studies – 20 women, 7 couples (only 2 on men reported)
- Systematic review (Sherr 2010)
  - Pregnancy Intention = 1122
  - + HIV = 66
  - + Father (Male) = 28
  - 13 relevant (9 quantitative, 4 qualitative)

<u>Study</u>	<u>N</u>	<u>Fatherhood desire</u>
Pavia et al (03) Brazil	250	43% desired children.
Heys et al (10) Uganda	421	Stop childbearing 6.25 x (P < 0.01) +ve vs -ve
Sherr & Barry (04) UK	32 hetero	59% fatherhood gives meaning to their lives high fertility desire, low support and access to health care
Sherr & Barry (03) UK	84 gay	1/3 (30% fatherhood nb in life)
Chen et al (01) USA	1,421 M/F	59% (20% partner who does not)
Cooper et al (09) SA	459 (M/F)	57% men open to possibility
Nakayiwa et al (06) Uganda	1092 (M/F)	Men 4 x than women
Oladapo et al (05) Nigeria	147 (M/F)	71% Non disclosure of HIV status to partner increased desire.
Panozzo et al (03) Switzerland	114 (M/F)	38%

# Barriers

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- Lack of referral
  - Lack of support
  - Lack of services
  - Reproduction not raised as a topic
  - Felt they would experience discrimination
  - Withhold status from AN Clinic
  - Ndlovu *“none had extinguished the desire for a child”*
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# HIV TESTING IN PREGNANCY

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- Woman focussed
- Cost effective to test men (Postma 2000)
- Couple testing viable, feasible and productive (yet not rolled out)
- More effective ways to reach men
  - HIV testing 13,866
  - Pregnancy 1,740
  - Male 419
  - Fathers 2

# FATHERHOOD AND CONCEPTION

- Fertility care needed
- Parenting reasonable option in the presence of new therapies
- **Prevention** of transmission (to partner or infant)
- Reduced fertility (van Leeuwen 08, Kalu 09, Coll 07)



## **HIV+ve Father –ve Mother**

- **Removes Genetic Parenting**
  - Donor Sperm
  - Fostering
  - Adoption
- **Maintains Genetic Parenting**
  - Semen washing
  - Timed unprotected sex (risk to partner +)

## **HIV-ve Father +ve Mother**

- **Maintains genetic parenting**
  - Artificial insemination techniques
  - Timed unprotected sex (risk to partner +)
- **Future?**
  - Viral load reduction?

**Both partners HIV+ve**

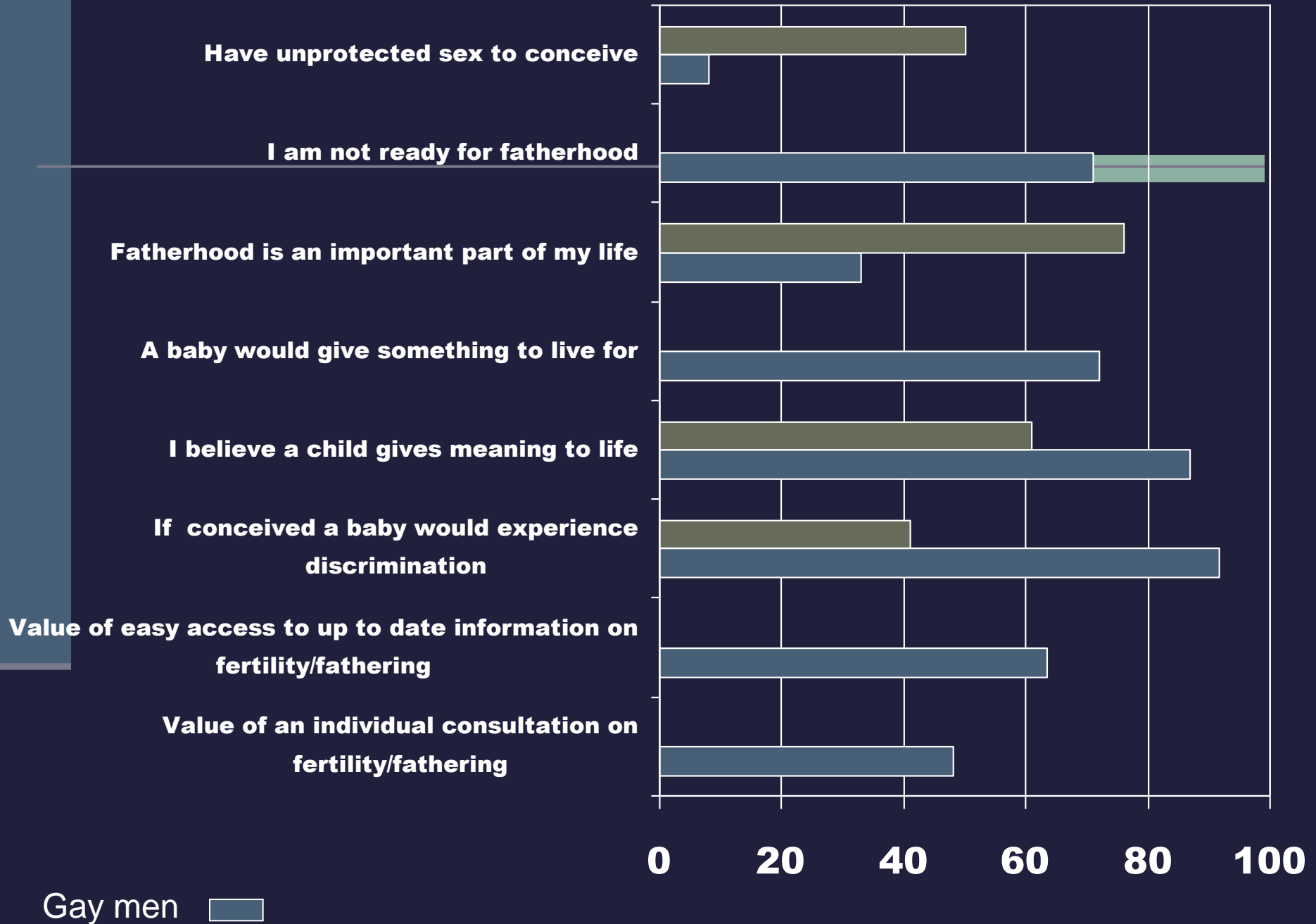
# FATHERHOOD AND MSM

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- Concurrent or past heterosexual relationships
  - Surrogacy
  - Donations
  - Adoption
  - Fostering
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# Gay Parenting

- Review – Andersson et al 2002
  - 23 studies (1978-2000) 20 Lesbian mothers, 3 on gay fathers
  - No differences in child outcomes
  - Caution on gay men (See Cameron Review 2009 n=9)
    - Gay men = 5,053
    - Fathers = 11,679
    - Gay men + fathers = 40
- Sherr and Barry – consecutive Male HIV clinic attenders n=116 (2003, 2004) - Gay, Bisexual and Heterosexual



Gay men

# FATHERHOOD AND DRUG USE

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- Compromised fathering (MacMahon 02)
- Direct and indirect effects

# FATHERS AND SUPPORT FOR HIV+VE MOTHERS

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# Male partner support important

- Feeding
  - HIV testing
  - Clinic attendance
  - ART uptake
  - ART adherence
- Lack of male involvement or fear of negative reaction associated with
    - Lowered test uptake
    - Reduced disclosure
    - Lowered adherence



# PATERNAL DISENGAGEMENT

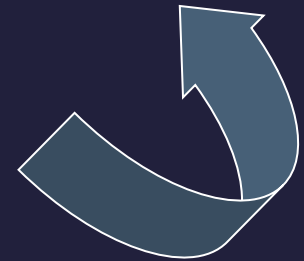
- Myth
- Montgomery 06
- Often unsupported
- Often unacknowledged
- Barker 09 intervention for men and boys effective!  
Amenable if we try!!



# FATHERS AND DEPRESSION

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- Post natal depression studied in mothers
- Less so in fathers
- Yet HIV associated with depression
- Paternal depression affects child development
- 10% prevalence
- ? HIV>>>????



# PATERNAL INPUT AND CHILD DEVELOPMENT



# Literature on dead fathers

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- Default value
- Absent impact
- Removal ramifications

## Study

## Father findings

<i>Thurman et al 2006 South Africa</i>	Significantly more engaged in sex (49% vs. 39%). 1.5x more likely to have had <i>sex</i> , <i>younger</i> age of sexual intercourse - 23% orphans sex by age 13 vs 15% of non-orphans.
<i>Beegle et al 2008</i>	Although father's death is a predictor of <i>lower height and schooling</i>
<i>Vreeman et al 2008, Kenya</i>	33% had both parents living when started ART. 21% father dead, 28% mother dead, and 18% both . The odds of ART <i>nonadherence</i> increase with both parents dead
<i>Birdthistle et al 2008, Zimb</i>	Increased <i>sexual risk</i> (HSV2-+ve HIV-+ or ever pregnant) among maternal orphans, double orphans and girls who lost their father before age 12
<i>Hosegood et al 2007, Malawi, SA, Tanzania</i>	Inc orphan prevalence in 3 pops. Paternal death substantially higher than maternal. 77% paternal orphans live with mother and 68% maternal orphans with father.
<i>Ford et al 2005 SA</i>	Survival status and residency of M and F affected mobility. Fathers death from AIDS was <i>not significantly different</i> from other causes of death.
<i>Doring et al 2005 Brazil</i>	70% lost father and 50% mother 21% both. 41% lived with mother, 25% with grandparents and 5% in institutions. HIV positivity multiplied the child's chances of <i>institution</i> 4.6 fold, losing mother 5.9, losing both 3.7
<i>Watts et al 2005 Zimbabwe</i>	Paternal orphan incidence (20.2 per 1000 py) higher than maternal (9.1 per 1000 py) and maternal orphans lost fathers at a faster rate than paternal orphans lost mothers. Incidence increased with age. Incidence of maternal orphanhood and double orphanhood amongst paternal orphans rose at 20% per annum. More new paternal and double orphans had <i>left baseline household</i> . Mortality higher in orphans.

<p><i>Nyamukapa et al 2005 Zimbabwe</i></p>	<p>Maternal orphans but not paternal or double orphans have lower primary school completion rates than non-orphans Sustained <i>high levels of primary school completion</i> amongst paternal and double orphans--particularly for girls. Low primary school completion amongst maternal orphans results from lack of support from fathers and stepmothers and ineligibility for welfare assistance</p>
<p><i>Crampin et al 2003 Malawi</i></p>	<p>Death of HIV-positive mothers, <i>but not of HIV-negative mothers or of fathers</i>, associated with increased child mortality. Among survivors still resident, neither maternal HIV status nor orphanhood was associated with stunting, being wasted, or reported ill-health</p>
<p><i>Lindblade et al 2003 Kenya</i></p>	<p>7.9% lost 1 or both parents (6.4% father, 0.8% mother and 0.7% both parents). No diffs on most key health indicators (prevalence of fever and malaria parasitaemia, history of illness, Hb levels, H/A Z scores), W/H Z-scores in orphans were almost 0.3 standard deviations lower. This association was more <i>pronounced among paternal orphans</i> .</p>
<p><i>Thorne et al 1998 ECS</i></p>	<p>70% children cared for by their mothers and/or fathers consistently (4yrs), by age 8 60% lived away from parents irrespective of child HIV status. Maternal injecting drug use, single parenthood and health status were the major reasons necessitating alternative care</p>
<p><i>Kang et al 2008 Zimbabwe</i></p>	<p>Maternal orphans were more likely to be in households headed by themselves or a sibling, to be sexually active, to have had an STI, to have been pregnant and to be infected with HIV. Paternal orphans were more likely to have ever been <i>homeless and to be out of school</i></p>
<p><i>Parikh et al 2007 South Africa</i></p>	<p>No significant differences in most education, health and labour outcomes. Paternal orphans more likely to be <i>behind in school</i>. Recent mobility positive effect on school outcome.</p>
<p><i>Timaheus and Boler 2007 South Africa</i></p>	<p>Paternal orphanhood and belonging to a different household from ones father resulted in <i>slower school progress</i>. Absence of father associated with household <i>poverty</i> (but did not explain falling behind at school).</p>
<p><i>Bhargava 2005 Ethiopia</i></p>	<p>The presence of the father in the hh did not significantly affect chances of school participation after maternal death. Presence of father in hh positive and sig effects on scores on <i>emotional adjustment</i>. If <i>father prepared meals</i> positive association with 60 items of MMPI</p>
<p><i>Foster et al 1995 Zimb</i></p>	<p>Paternal family caring in only 16% families</p>





# **Mothers overlooked, fathers simply forgotten**

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