



Uptake of HIV Testing by male partners of Antenatal mothers at Kenyatta National Hospital, Nairobi

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Outline



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- Background
- Objectives
- Methods
- Results
- Conclusion
- Study Limitations
- Recommendations
- Acknowledgements



Background



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- Antenatal HIV counseling and testing (HTC)- all pregnant women (opt out policy).
- Low male involvement in antenatal visits.
- Male involvement shown to improve uptake of PMTCT interventions
- Couple HIV counseling and testing (CHCT) might prevent divorce, violence and/or abandonment.



OBJECTIVES



- **Primary Objective:**
 - To determine the uptake of HIV testing by male partners of women attending an antenatal clinic at Kenyatta National hospital (KNH), Nairobi.
- **Secondary Objectives**
 - To determine the proportion of male partners that access and accept HIV testing.
 - To compare couples who access and accept couple HIV counseling and testing and those who don't.
 - To describe barriers to partner accessing and accepting HIV testing.
 - To describe intention to disclose HIV test results and factors determining antenatal women's disclosure to partner.
 - To describe the sexual risk behaviors among antenatal mothers and their partners.



Methods



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- Study design-Cross sectional study.
- Site: Kenyatta National Hospital, Nairobi, Kenya
- Study population; Antenatal mothers and their male partners attending ANC between 15th August and 15th October 2009.
- Recruitment at the ANC during their routine visits.
- Mothers who brought their partners along at the first visit were offered CHCT.
- Mothers who came alone tested for HIV and given an invitation card to bring their male partner in the next visit.
- The HIV testing was by rapid antibody tests.



Methods



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- Consent for the study sought prior to recruitment.
- The questionnaire had two sections;
 - ANC clients
 - Male partners
- Couple questionnaires administered separately.
- Questionnaires administered to all:
 - male partners regardless of HIV test.
 - ANC mothers with or without partners.
- Disclosure of HIV results to partner encouraged.



Results



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- Of the 262 ANC mothers enrolled, 250 (95%) participated in the study.
- 137 mothers brought male partners, 132 were tested as a couple.
- 5 male partners declined the HIV test ;
 - 3 (60%) - needed more time
 - 2 (40%) -were afraid of a positive HIV result
- HIV prevalence among the male partners was 5.3 %.
- 10 (8.8%) of 113 unaccompanied mothers were HIV positive.
- HIV prevalence among ANC mothers was 6%



Couple HIV counseling and testing Results



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Couple HIV testing N=132	Results	n	%
Concordant couples N=126 (95.5%)	Positive	3	2.4%
	Negative	123	97.6%
Discordant couples N=6 (4.5%)	Male positive	4	67%
	Female positive	2	33%



Socio-demographic/Economic characteristics of the study population



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	ANC mother n= 250	Partner n=137
Median (age)	27.5 (19-44)	32 (21-57)
Marital status		
▪ Single	11 (4.4%)	0
▪ Married	239 (95.6%)	137 (100%)
With Co-wives/ other wives		
▪ Yes	8 (3%)	2 (1.5%)
Educational level		
▪ Primary	30 (12%)	11 (8%)
▪ Secondary	96 (38.4%)	49 (36%)
▪ University/College	124 (49.6%)	77 (56%)
Earnings per month		
▪ < Kshs 5,000	19 (7.6%)	5 (3.6%)
▪ Kshs 5,000-10,000	53 (21.2%)	32 (23.4%)
▪ Kshs 10,001-20,000	51 (20.4%)	58 (42.3%)
▪ >Kshs 20,000	34 (13.6%)	37 (27.0%)
▪ No earnings	93 (37.2%)	5 (3.6%)



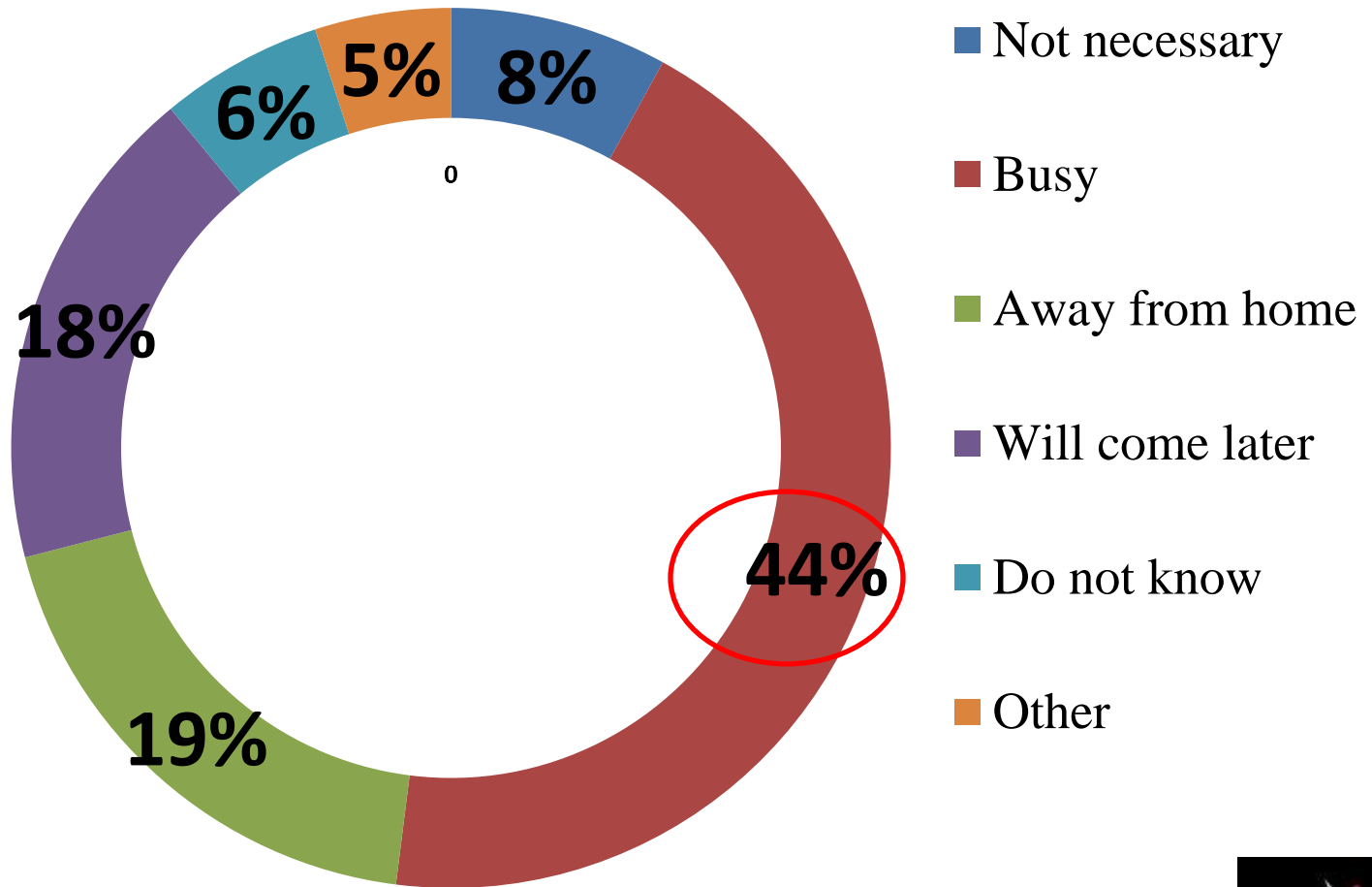
Factors associated with uptake of couple counseling and testing



	Tested as a couple n=132 (%)	Not tested as a couple n=118 (%)	p-value
Have co-wives	1 (0.8)	7 (5.9)	0.03
Educational level			0.303
•Primary	15 (11.4)	17 (14.4)	
•Secondary	55 (41.7)	41 (34.7)	
•University/College	62 (46.9)	60 (50.9)	
Earnings per month			0.7
•< Kshs 5,000	8 (6.1)	10 (8.5)	
•Kshs 5,000-10,000	31 (23.5)	23 (19.5)	
•Kshs 10,001-20,000	23 (17.4)	28 (23.7)	
•>Kshs 20,000	18 (13.6)	16 (13.6)	
•No earnings	52 (39.4)	41 (34.7)	



Reasons why male partner could not come for the HIV test

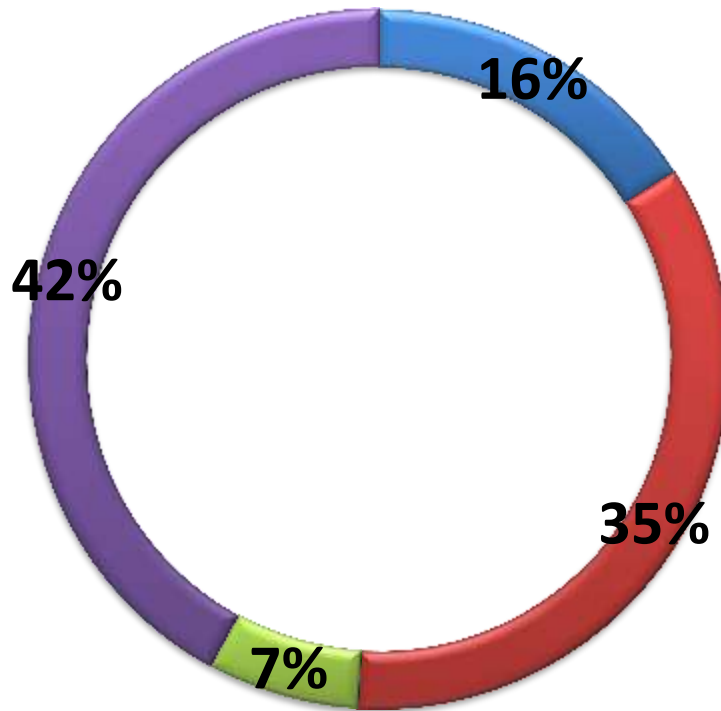


Intention to Disclosure HIV Results



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- 75.4% of ANC mothers tested alone were willing to disclose.



- He will demand to know
- Its important for him to know
- To avoid HIV infection
- To encourage him to test

9 out of 10 ANC mothers who tested HIV positive without their partner were not willing to disclose (p=0.001)



Other sexual partners / HIV status/Condom use in the last 12 months.



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Variable	ANC mothers	Male partners
Number of other sexual partners		
None	212 (84.8%)	100(73.0%)
1 or 2*	37 (15.2%)	37 (27%)
HIV Status of other sexual partners(38)		
Negative	7 (18.5%)	7(18.9%)
Positive	1 (2.6%)	0(0.0%)
Do not know	30 (78.9%)	30 (81.1%)
Condom use with other sexual partners		
Never	5(39.5%)	9(24.4%)
Sometimes	20 (52.6%)	17(45.9%)
Always**	3(7.9%)	11(29.7%)

* p=0.003

**p=0.02



Conclusion



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- Testing of male partners can be improved by inviting them to the clinic for CHCT.
- Education level and economic status did not affect the uptake of CHCT
- Having a co-wife was associated with reduced uptake CHCT ($p=0.03$).
- Majority of the male partners were too busy to attend ANC.
- Majority of HIV positive women were unwilling to disclose.
- Sexual risk behaviors were observed among ANC mothers and their partners.



Study Limitations



- ?High uptake of CHTC was purely during the study or an ongoing program for CHTC in the hospital.
- The respondents recall bias
 - Some research assistants probing more on sexual behaviors than others.
- Reasons why partner did not come-were not validated.



Recommendations



- Use of appointment cards- improve male HIV testing in ANC's
- Avenues for male HIV testing
 - workplace/home based
- Programs should emphasize consistent condom use in ANC settings
 - female condom
- CHTC for HIV should be promoted as;
 - a tool towards eMTCT
 - entry point for co-wives
- Disclosure to male partners should be encouraged.



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Thank you! Asante!

