Male involvement in PMTCT

Challenges & Opportunities for intervention in Viet Nam

Acknowledgement

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“...most pregnant women with HIV in Viet Nam are diagnosed at onset of labor, reducing the opportunity for effective prevention of HIV transmission...”
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Part 1: Access of women to PMTCT services

Prong 1: Primary prevention among women of RH age

• Available messages on HIV and AIDS prevention and control are very general and don’t alert women to the risk of mother to child transmission

• Inadequate quality and coverage of VCT services

• Lack of client-friendly RH services and IEC/BCC for adolescents

• Fear of being tested for HIV related to stigma & discrimination
Part 1: Access of women to PMTCT services

Prong 2: Prevention of unplanned pregnancy

• Stigmatization of women living with HIV by communities, service providers and by women living with HIV themselves
• Inadequate quality of care and treatment services, in particular VCT on RH, as well as low coverage
• Lack of IEC materials for women living with HIV
• Weak linkage of services and referral system
Prong 3: Clinical interventions for prevention of mother to child transmission

- Late diagnosis of HIV among pregnant women - more than half are at onset of labor
- Low coverage of services (VCT not fully included in ANC services)
- Low health staff capacity, especially on IYCF
- Stigma and discrimination
Part 1: Access of women to PMTCT services

Prong 4: Protection, care and support for mothers and infants

- Loss to follow up following delivery
- EID system has not been established
- Weak linkages between Ob/Gyn. and Pediatrics as well as health sector and social sector
- Low knowledge on IYCF among mothers living with HIV
- Lack of IEC materials for women living with HIV
Part 2: Key highlights of MIV

• International studies indicate that male involvement can have an important impact in increasing access to and utilization of PMTCT services
• Little or no information available on Viet Nam context
• Study undertaken to:
  - Examine more closely knowledge, attitudes, health seeking behavior and practices of pregnant women, their male partners and the couples and the family as a unit in respect to PMTCT
  - Identify behavioral and cultural determinants, barriers and opportunities for greater involvement of male partners in PMTCT and SRH
  - Examine existing service provision in particular how services allow, or don’t allow, men/partners involvement.
Methods: Qualitative, FGDs and interviews

Sites for data collection: 2 districts each in Quang Ninh, An Giang and Ho Chi Minh city (presents geographical, ecological, socio-economic, culture, high prevalence of HIV but different of transmission routes (IDU, SW, border line with mobil population)

115 interviews/FGDs

Data collected from:
  • Health staff (province, district and commune)
  • Empathy Club managers
  • Positive women and men
  • Their family members
  • Pregnant women and their male partners
  • Their family members

Analysis data by Nvivo software
1.1 Knowledge and awareness of HIV and AIDS, PMTCT and pregnancy care

- HIV transmission knowledge universal, but misconceptions persist

- PMTCT knowledge superficial, both men and women, and both PMTCT and non-PMTCT sites

- Men know less about pregnancy-related health care, and learn about it almost entirely through their wives - large variance on wives “updating” their husbands
1.2. Attitudes towards PMTCT

- Men and women who are positive support condom use

- Men and women, positive and uninfected, DO NOT believe that positive couples should have children

- Going to ANC is supported--and seen as the “civilized” thing to do

- Most men and women support HIV testing during pregnancy

- There is acceptance of replacement feeding from men, women and family members
1.3. Health-seeking behavior and practices of pregnant women and their male partners

- Male partners are deeply involved in decisions about sexual health and fertility.
- Male partners are relatively uninvolved in decisions about pregnancy care and RH.
- Male partners do not have influence over the decision to get an HIV test, when offered as a routine test during pregnancy.
- Most women disclose their status to their husbands right away, men may or may not.
- No violence associated with disclosure of positive status.
- Some men extremely supportive of positive wives although infected by their wives, others less supportive.
- Most men and women believe that exclusive formula feeding is the only option—men quite aware of feeding practices.
2. Behavioral and cultural determinants that affect male involvement

- Inter-spousal communication strong on most aspects, weak on sexual matters
- Women and men make household-level decisions jointly
- Everyone is expected to have a child after marriage
- Male partners expected to be supportive around pregnancy and childbirth
- Disclosure of positive status needs to be seen within a larger socio-economic context
- People living with HIV still face a considerable amount of subtle discrimination
- Family support and influence over decision-making is mixed
3. Existing service delivery and male involvement

PMTCT services provided in very few places - in these places, overall they are of good quality

Testing
  • Routine testing works
  • Confidentiality of results is still an issue
  • Male partners DO NOT want to test at ANC facilities
  • Post-test counseling strong for positive women, limited for women who test negative

ARV prophylaxis a strong incentive for attractive people to receive testing and care

Infant Care
  • Formula widely recommended
  • Breastfeeding exclusively does not appear to be known as an option
  • Follow-up on infants appears to be weak
Part 3: Analysis of the barriers to MIV

- Reproductive health seen as woman’s domain by men, as well as women themselves and health staff
- Reproductive health services not tailored to men (gender of health staff/counselors, physical layout are uncomfortable for MIV)
- IEC efforts target women and do not include men
- Men are focused on economic considerations: work and earning money
- Men with HIV or who felt they have risk behavior are reluctant to test and disclose HIV status to female partners
Part 4: Plans to address the issue

There are effective actions that can be taken at each stage (prong) to promote male involvement:

Prong One

• Promote voluntary testing and counseling among men, including partner counseling and testing
• Engage male counselors
• Public education using mass media to promote positive images about disclosing status and using condoms to prevent infection
• Use mass media and community awareness campaigns (through mass organizations) to raise awareness about all prongs of PMTCT
• Promote the benefits of disclosure by portraying positive responses
Part 4: Plans to address the issue

Prong Two

- Change attitudes of health staff towards MIV through inclusion of MIV in technical and training materials
- Encourage women to have male partner accompany them when they attend the services
- Promote the benefits of disclosure by portraying positive responses

Prongs Three and Four

- Make services more male friendly and encourage male participation
- Use mass media and community outreach to provide information about PMTCT
- Promote a policy of allowing men to attend deliveries
- Strengthen infant feeding and infant care counseling, emphasizing male role
- Address community stigma and discrimination
Development of MIV plan in Viet Nam
Goal: To reduce the HIV transmission from HIV infected mother to their infants

Objectives in the 3 selected districts:

• 90% husband/partner of pregnant women know about health care package for children and women (PMTCT service, nutrition and EPI, etc) and its benefit by end of 2011;

• 80% husband/partner of pregnant women access the VCT/PMTCT services by end of 2011;

• 80% pregnant women decide for HIV testing by end of 2011;

• 85% husbands/male partners of women support his wife in making an informed choice about infant feeding if HIV positive by end of 2011;
Intervention approach with 4 prongs

General Population

Male and Female at reproductive age

High risk group (male & female at reproductive age)

PWs & partner

PWs with HIV & their partners
## MIV Action Plan form

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| Prong 1 | |
|---------||
| Prong 2 | |
| Prong 3 | |
| Prong 4 | |
Thank you for your attention