



Father Involvement

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Summary of presentation

- Philosophy of including fathers
- Cost of excluding fathers
- What do we know of paternal engagement, barriers, rate, facilitators, impediments?
- What community initiatives exist and how effective are they?



Male Involvement



Community

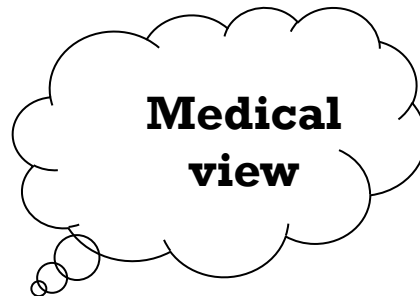
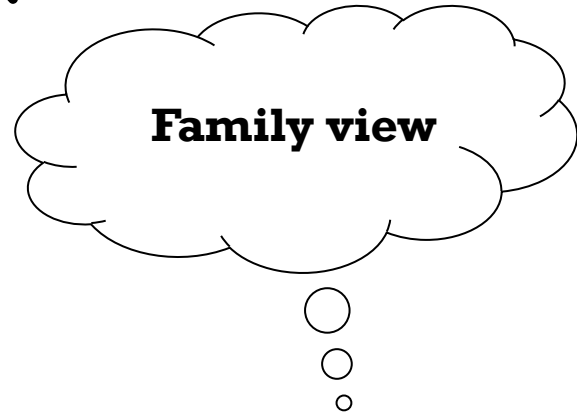
- Relationship
- Conception
- Pregnancy
- Decision making
- Support
- Fathering

Health Care

- Pregnancy test
- HIV test
- Pregnancy care
- Labour/Delivery
- Feeding
- Post natal visit

Why low father inclusion?

- ❖ Social gender lenses
- ❖ Simplistic approaches
- ❖ Context blindness
- ❖ Divorcing birth from sex
- ❖ Expedience
- ❖ Short sighted vision
- ❖ Biomedical model



Male partner support important



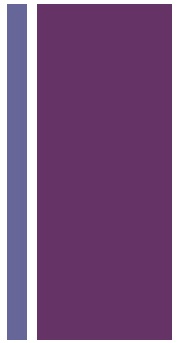
- Feeding
- HIV testing
- Clinic attendance
- ART uptake
- ART adherence
- Lack of male involvement / fear of negative reaction associated with
 - Lowered test uptake
 - Reduced disclosure
 - Lowered adherence

MALE REPRODUCTION CONCERNS

- HIV testing in the first place
- Partner testing
- Involvement in pregnancy care,
 - Planning a pregnancy in presence of HIV
 - Termination and Family planning?
 - Antenatal testing
 - Discordant and concordant couple issues
 - Breast feeding decision making
- Parenting a child in the presence of HIV



PREGNANCY INTENTION/DESIRE



Nattabi (2009)

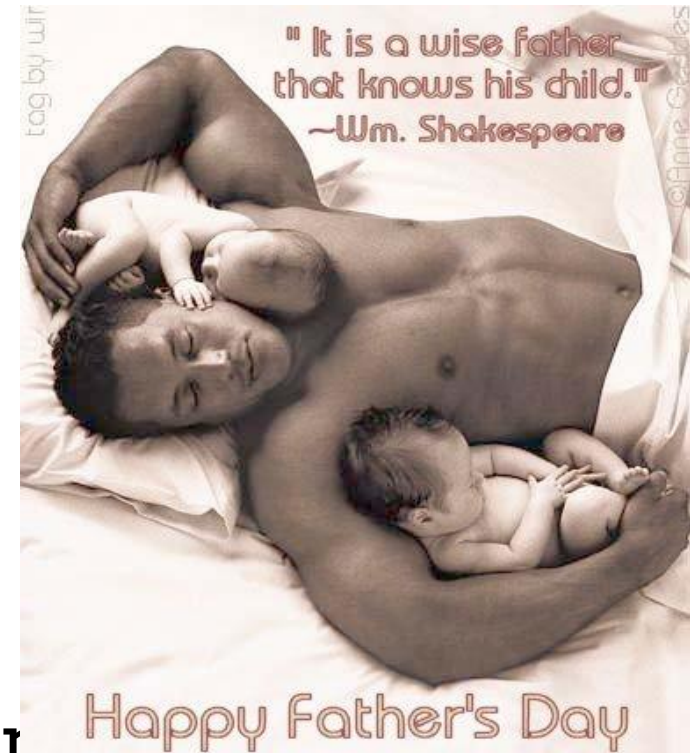
- 29 studies –
- 20 women,
- 7 couples
- Only 2 on men

Literature Search

- Pregnancy Intention = 1122
- + HIV = 66
- + Father (Male) = 28
- Relevant = 13
- (9 quantitative, 4 qualitative)

HIV TESTING IN PREGNANCY

- Woman focussed practice and literature
 - HIV testing 13,866
 - Pregnancy 1,740
 - Male 419
 - Fathers 2
- Couple testing viable, feasible and productive Mermin 2010 - yet not rolled out
- Effective ways to reach men





Cost-effective to include fathers

- **Postma M, Beck E, Mandalia S, Sherr L et al (1999 and 2000) 11 years to read!!!!!!**
- Screening pregnant women for HIV can avert lifetime cost for caring for HIV positive child (£178, 300)
- Also lead to gains in life years for both mother and child
 - Scenario analysis based on data from French study which enumerated numbers of children born HIV positive despite early pregnancy maternal testing.
- Infection during pregnancy elevated HIV risk

Cost effectiveness analysis

- Universal/Selective repeat screening to women
- Universal/Selective partner test

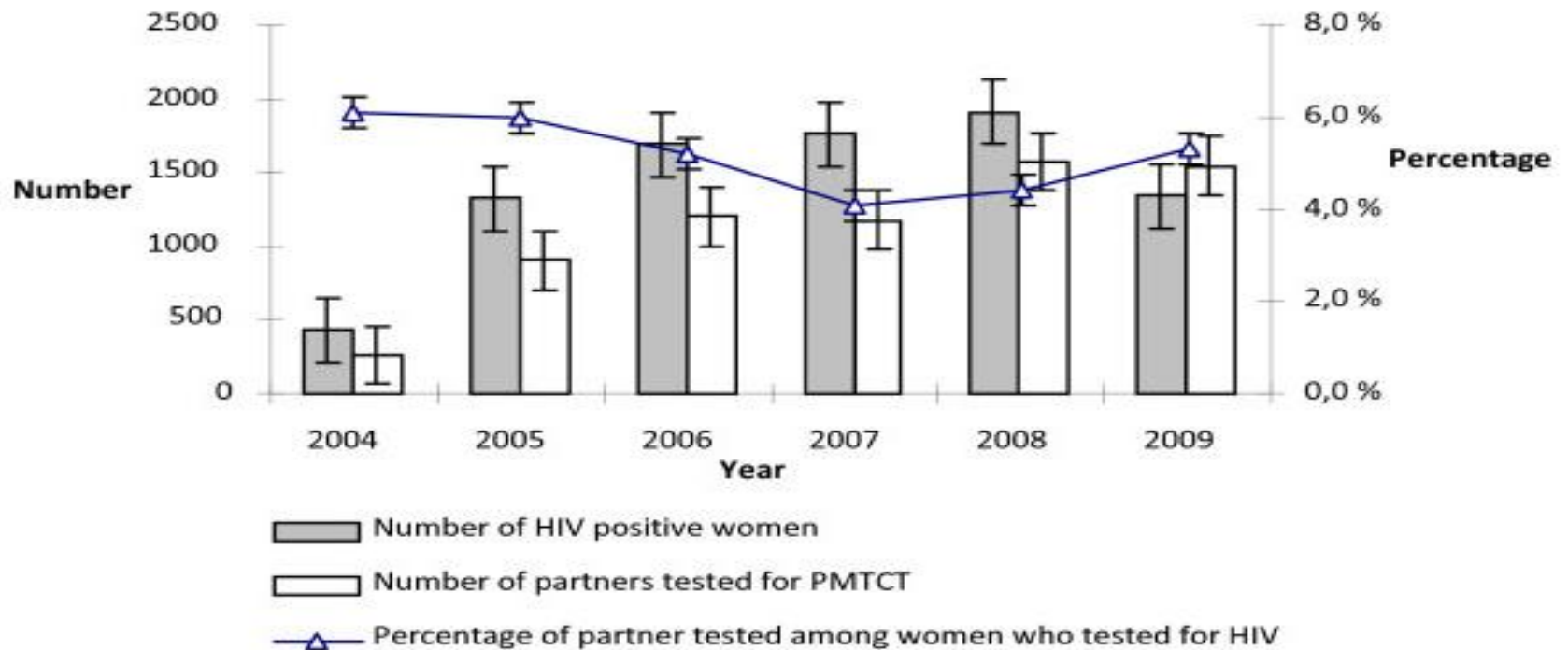
HIV testing of Fathers



- Mistrust in marriage and relationships (*Larsson. 2010*)
- Were et al 2006 – home couple testing – increased paternal uptake
 - 2373 household members, 2348 (99%) accepted VCT
 - 120 spouses that were tested, 52 (43%) were HIV -ve, 57% HIV+ve
 - 99% had not been previously tested.

Trends over time

- Mikukzi et al 2010 Ethiopia. 663,603 pregnant women. 13.5% (986) HIV test, 664 male test (4.9%).
- **Male testing going DOWN from 6.5% to 5.3%**



The bar indicates the standard error of the estimate

Male attendance at ante-natal care

- Aluisio et al 2011
 - 456 HIV positive women Kenya
 - 140 (31%) fathers attended
 - 19% (82) infants +ve at 1 year
 - Vertical transmission risk was lower for partner attenders than non attenders (even when viral load was controlled for)
 - Including men enhances infant outcomes

Project to increase HIV Testing in Men, *Ditekemena et al 2011 (Democratic Republic of Congo)*

- RCT – male partners of pregnant women were invited for VCT either at a health centre, bar or a church setting
- Sig higher attendance in bars (26%) and higher but not sig in church (21%) compared to health centres (18%)
 - 13 (2.2%) of men HIV positive
 - 20 couples (3.3%) were serodiscordant
 - 11 Male +ve, 9 Female +ve



Roth et al, 2001 (Rwanda)

- Partners of 684 women recruited to participate in HIV VCT
 - All women and 256 (37%) of men received VCT
 - 66 couples HIV serodiscordant
 - 43 couples (64%) man +ve

If we ask them they will come

- Mohlala et al (2011) South Africa
- RCT – pregnant women either invited partners to attend VCT or PIS (pregnancy information session)

| Variable | VCT | Preg Info |
|------------------------------|-----|-----------|
| Brought to AN clinic | 35% | 26% * |
| HIV test | 32% | 11%* |
| Unprotected sex in pregnancy | 25% | 81% |

+ Sending messages just ain't the same

- Msuya et al 2008 (Tanzania)
- **Pregnant women 2,654 encouraged to invite male partners to VCT**
- **332 (12.5%) males came for testing**
- **40% after delivery!!!!!!!**
- **Of the HIV +ve women, partner attendance associated with:**
 - 3 x more Nevirapine prophylaxis,
 - 4 x more avoid breastfeeding
 - 6 x more adhere to the infant feeding method
- *[AIDS Care](#). 2008 Jul;20(6):700-9*
- **Katz et al Nairobi**
- Women invite their partners
- 1,993 women
- 313 (16%) males returned
- 95% HIV test.
- [PLoS One](#). 2009 Nov 2;4(11):e7602.

+ How to improve? Not Rocket science



- Couple's counselling, (Reece et al 2010)
- Weekend clinic hours
- Extended weekday hours,
- Community education
- Making clinics more male-oriented
- Strengthen providers position (Theuring 2010)

Reece et al (2010) [AIDS Care](#). 2010 Jun;22(6):743-50.;

Theuring et al [AIDS Care](#). 2010 Dec;22(12):1562-8.

Males excluded by policy

(Sherr et al 2006) UK

*Long term study (London – routine offer policy)
2002 follow up in 2004*

3,560 women, (2,710 in 2002; 850 in 2004).

“virtually all midwives at time 2 (more than 67.8% of all cases) reported that partners were not offered an HIV test. In more than 22.9% of cases, a partner was reported to be absent from the booking.

*Only a small percentage of partners (0.6%) were reported to have been **offered** an HIV test.*

Partners offered testing

