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

Medical view

Family view
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/DESIREE

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%**
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

J Acquir Immune Defic Syndr. 2011 Jan 1;56(1):76-82
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
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)

<table>
<thead>
<tr>
<th>Variable</th>
<th>VCT</th>
<th>Preg Info</th>
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<tbody>
<tr>
<td>Brought to AN clinic</td>
<td>35%</td>
<td>26% *</td>
</tr>
<tr>
<td>HIV test</td>
<td>32%</td>
<td>11%*</td>
</tr>
<tr>
<td>Unprotected sex in pregnancy</td>
<td>25%</td>
<td>81%</td>
</tr>
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*AIDS. 2011 Jul 31;25(12):1535-41*
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

- **Katz et al Nairobi**
- **Women invite their partners**
- **1,993 women**
- **313 (16%) males returned**
- **95% HIV test.**

- **AIDS Care.** 2008 Jul;20(6):700-9
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)

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

- Sherr 06
- Farquhar 04
- Msuya 08
- Ditekemena 11
- Oladokun*
- Aluisio*
- Katz

Legend:
- N
- M test offer
- M +ve