The Acceptability of and Barriers to Male Partner Participation in PMTCT Programme:
A Cross- sectional Survey among Male Partners of Pregnant or Lactating Women in Mashonaland East Province, Zimbabwe

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Background

- More than 90% of new HIV infections in children occur in sub-Saharan Africa, mainly through mother to child transmission (MTCT) of HIV.[1]
- In 2013, it is estimated that 9,000 children became infected with HIV in Zimbabwe, with MTCT accounting for 90% of these new infections.[2]
- Prevention of mother to child transmission (PMTCT) of HIV interventions have been integrated within maternal and child health services, specifically antenatal care (ANC), which traditionally focused on women.[1]
- Male participation in ANC and PMTCT services has been shown to increase uptake and adherence to PMTCT interventions among women.[3-5]
- Male participation in Zimbabwe's PMTCT programme, defined as attending at least one ANC visit with wife/partner and receiving couple HIV testing and counselling during this visit, is low (14%).[6]
- The objective of this study was to assess the acceptability of and barriers to male participation in the PMTCT programme.

Methods

•From December 2013 to March 2014, 154 men with pregnant or lactating partners who Had received ANC at sites offering PMTCT Services in Mashonaland East Province were randomly selected and traced at community level for participation.

•Data were collected using a structured and pre-tested questionnaire.

•Logistic regression was conducted to identify Factors associated with male partner participation in ANC and PMTCT services.

•Inferential statistics were used to examine factors that constrain male participation in the PMTCT services offered at ANC facilities.

Figure 1: People waiting for ANC and PMTCT services in the health facility's waiting shelter

Results

Socio-demographics

- The median age of male study participants was 31 years.
- 67% (n=104) reside in the rural areas and 44% (n=68) were formally employed.
- Characteristics associated with low male participation in ANC and PMTCT services include:
  - -Urban residence, odds ratio (OR) 0.33 [95% CI:0.14-.0.78)].
  - -Informal employment, OR 0.52 [95%CI: 0.27-1.00] .
  - -Living 5km or more from the nearest health facility, OR 0.61 [95% CI: 0.38-0.97].
  - -Higher parity (2 or more children), OR 0.50 [95% CI 0.39-0.62].

Perceptions and behaviour

- Acceptance of the PMTCT programme was universal, 98% (n=151) reported that it was important for family's good health.
- In addition, 94% (n=146) agreed to the importance of men's participation for a successful PMTCT programme.
- However, less than one third (30%, n=46) reported ever attending ANC and PMTCT services with their partners during the current or last pregnancy.

Figure 2: Couple receiving post HIV test counselling during ANC visit

Behaviours and attitudes

- Men's ANC attendance was associated with acceptance of couple HIV testing and counselling, 82% compared to 44% among those who had never attended ANC at $p<0.05$.
- Additionally, men's ANC attendance facilitates couple communication and decision making, 87% reported discussing PMTCT issues with partner compared to 65% among non-attenders at $p<0.05$.
- Male attendance in ANC was associated with positive family health practices and attitudes (Figure 3).

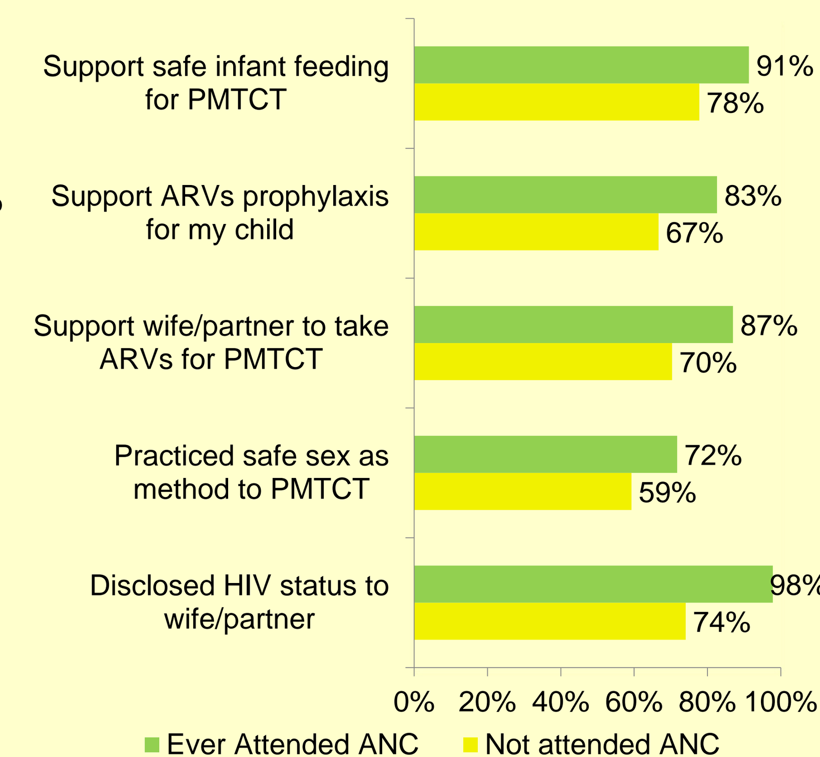

Figure 3: Comparison of practises and attitudes for PMTCT

Barriers to male partner participation in PMTCT programme

Table 1: Socio-economic and health system barriers to male partner participation in PMTCT programme in Mashonaland East Province

Barriers to male partner participation in ANC and PMTCT services	N=108, n (%)	Pearson correlation coefficient, r	p-value
Socio-economic factors			
Working during the ANC & PMTCT service hours/days	87 (81%)	-0.7437*	0.000
Lack knowledge on importance of attending ANC for PMTCT	62 (57%)	-0.6115*	0.000
Uncomfortable to sit among pregnant women in ANC	55 (51%)	`-0.3270*	0.000
Fear of HIV testing together with wife/partner	22 (20%)	-0.2664*	0.001
ANC clinics are made for women only	13 (12%)	-0.1982*	0.012
Health system factors			
Long waiting times at the ANC clinics	62 (57%)	-0.5358*	0.000
Lack of space in the waiting areas at ANC clinics	15 (15%)	`-0.0851	0.300
Distrust in the health care worker confidentiality of HIV test results	17 (15%)	-0.2148*	0.008
Poor health care worker attitudes towards men at ANC clinics	8 (7%)	`-0.1528	0.059
Health care worker composition uncomfortable for men	56 (52%)	`-0.1814*	0.020
Lack of privacy (both visual and audio)	5 (3%)	0.0380	0.640

* $p < 0.05$ at 95% significance level

Conclusions

- Men recognise the importance of participation in ANC and PMTCT services, but low male attendance at ANC with partners reflects missed opportunities for increased uptake and support for PMTCT interventions.
- Socio-demographic characteristics associated with non-participation in ANC and PMTCT services indicate the need for targeted interventions to support male participation, particularly in the urban communities and among the economically disadvantaged populations.
- Feasibility and effectiveness of interventions including: extending hours of operation, improved gender composition of health care providers, targeted community awareness campaigns and service outreach to mitigate the barriers to and facilitate male participation in the PMTCT programme require further study.
- Refresher courses for health service providers to include client care skills to ensure improved quality of care and confidentiality towards increasing 'male friendliness' of the clinic environment to improve male participation should be actively pursued.

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