



Male Involvement in PMTCT: Reaching Men Through Syphilis Testing



photo: James Pursey

Background

A number of international studies have provided strong evidence that male partners can significantly impact women's uptake of HIV-related services and adherence to antiretroviral drug regimens, especially in the context of antenatal care (ANC) services.¹⁻⁷ In many HIV high-prevalence settings, traditional gender roles dictate that men make decisions regarding their female partners' medical care, including participation in prevention of mother-to-child transmission of HIV (PMTCT) programs.^{2,5-8} Despite this, most efforts aimed at increasing access to HIV prevention, care, and treatment in resource-limited settings are directed toward women.⁹ Experiences from programs working with men and boys on HIV/AIDS-related issues in various African countries attest to the importance of constructively engaging men to address women's uptake of HIV testing as well as prevention, care, and treatment services.¹⁰ The Elizabeth Glaser Pediatric AIDS Foundation (the Foundation), in collaboration with ministries of health and other partners, implemented two innovative approaches to encourage men's participation in their partner's antenatal care, with an emphasis on syphilis and HIV testing during pregnancy. This work was done in the context of a 2010 World Health Organization (WHO)-funded study on integrating rapid syphilis testing and PMTCT services at ANC sites in Zambia and Uganda.

The Foundation, with support from the WHO Special Programme for Research and Training in Tropical Diseases' Sexually Transmitted Disease Diagnostic Initiative and the London School of Hygiene and Tropical Medicine, conducted a study in 2009/2010 to assess the feasibility, health-care provider acceptability, and cost effectiveness of introducing rapid syphilis testing for pregnant women at ANC sites offering PMTCT services in Zambia and Uganda. This study also assessed the introduction of a "package" of services—including both HIV and syphilis testing—on the uptake of male partner HIV testing.

Study staff had anecdotal evidence from PMTCT programs in Western Uganda suggesting that men are more concerned, or willing, to test for syphilis and are motivated to come in for testing with their partner when syphilis is included with HIV counseling and testing and presented as a package of services. Based on this evidence, two different strategies were employed in Zambia and Uganda to target men for syphilis and HIV testing.

In Zambia, study partners and the Ministry of Health (MOH) were concerned with ensuring partners of syphilis-positive pregnant women received notification that they were syphilis-exposed. Partner notifications were sent home with syphilis-positive pregnant women that encouraged men to come to the clinic for syphilis and HIV testing. In Uganda, the study team designed general invitation letters that went home with all pregnant women attending ANC. The invitation letters invited men to come to the clinic with their partners to undergo rapid HIV and syphilis testing, and emphasized that a man's role in the family is to promote health, especially during his partner's pregnancy.

Partner Notification Slips: Experiences from Zambia

In 2010, the Foundation-supported Zambia team collaborated with the Center for Infectious Disease Research in Zambia to pilot the use of a partner invitation slip as a mechanism to encourage partners of syphilis-positive pregnant women to visit the ANC clinic for HIV and syphilis testing and treatment services. Partner notification slips were developed for use in Zambia by the Rapid Syphilis Pilot Study team and district health staff, and based on similar notifications used in sexually transmitted infection (STI) programs. The development of the notification slip was an iterative process, with district health management teams providing input before final production of the slips.

PMTCT nurses working at sites selected to implement the partner slips were trained in the rationale behind the slips and how and when to distribute them. Throughout the pilot, PMTCT nurses gave the notification slips to syphilis-positive pregnant women in ANC following post-test counseling for both HIV and syphilis. Nurses instructed women to give the notification slip to their male partner(s) and to encourage their partner(s) to return to the clinic for follow-up care. To ensure increased access to care, the slip also included a list of all sites in the area providing syphilis testing and treatment and HIV testing.

Nurses also discussed with each woman the possible consequences of giving the slip to her partner(s). If a woman expressed concern about being mistreated by her partner, she was encouraged to come back to the clinic with her partner for couples pre-test counseling as well as couples disclosure counseling. The slips were perforated so that part of the slip could be retained by PMTCT nurses in order to track how many partners returned and were subsequently tested for syphilis and HIV (see Figure 1).

There have been many notable successes to date with the use of the partner notification slip in Zambia. ANC attendees at 15 sites are actively using the slips to encourage male involvement in HIV and syphilis testing. After months of pilot testing, there has been only one report of a woman refusing to take the slip home. Men have been responding to the invitation slips and returning for syphilis testing and treatment in ANC.

Challenges have also emerged. For instance, discordant HIV or syphilis test results between partners has led to counseling and treatment challenges for health-care workers and couples. The influx of male partners at ANC facilities seeking syphilis testing (a positive outcome of the partner notification slip pilot) is putting additional strain on health facilities having limited space and human resources. Despite these challenges, partner notification

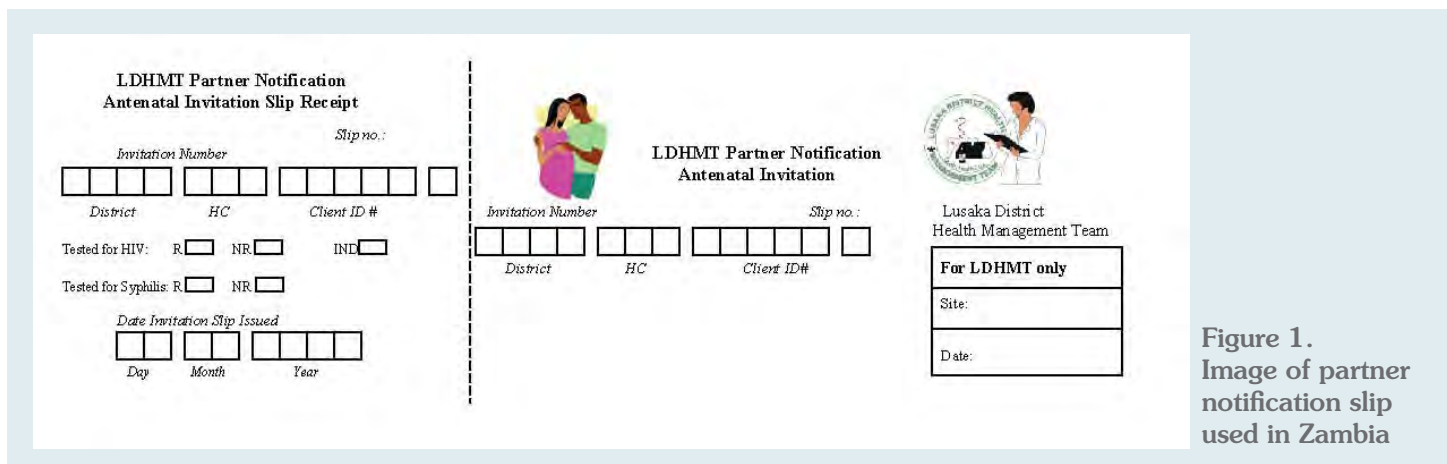


Figure 1. Image of partner notification slip used in Zambia

slips represent an opportunity to engage directly with men about their role in ensuring their families have timely access to HIV and STI prevention, care, and treatment services, as well as routine maternal and child health services. In addition, the pilot has raised awareness among health-care providers and MOH officials regarding the need to address men's health through improved referral services and active outreach.

Partner Invitation Letters: Experiences from Uganda

In 2010, the Foundation-supported Uganda team collaborated with the Uganda MOH to pilot the use of a partner invitation letter. The partner invitation letter invited men to come to the ANC clinic with their female partners to undergo HIV and syphilis testing as a couple. During the study, the Foundation shared the concept of the partner invitation letter with the MOH as a promising practice and it was later adopted by the Ministry.

In nine health-care facilities in Uganda, midwives working in PMTCT services were trained by the study coordinator on the rationale behind partner invitation letters and how and when to use the letters. All pregnant women visiting participating sites were given the invitation letter and were asked to invite their male partners to accompany them for HIV and syphilis testing when they were scheduled for their next ANC visit. Women were coached on the contents of the letter and how to explain to their partners the importance of accompanying them to the ANC. Women were also counseled on how to deal with the challenges of disclosing HIV and syphilis test results to their male partners and were encouraged to return with their partners to the clinic for any needed support for this sometimes difficult disclosure process.

The partner invitation letter has been embraced by both ANC attendees and the midwives providing PMTCT services. Male partners have been returning to the clinic with their partners for subsequent ANC visits and uptake of HIV and syphilis testing among male partners has increased.

Challenges have arisen around rolling out the use of the partner invitation letter to all facilities and providing a more attractive package of services as an incentive for men to engage in reproductive health care. Like the experience in Zambia, increased testing among men after introduction of the invitation letters has increased the workload at ANC clinics and has placed greater demands on limited space and human resources. Discordant test results between partners, as well as multiple-partner (polygamous) relationships, present particular challenges for counseling and treatment of syphilis.

Conclusion and Next Steps

Interviews with health-care workers at the study sites in Zambia and Uganda suggest that innovative strategies to involve men in ANC, such as use of partner notification slips and partner invitation letters, can lead to an increase in the number of men coming to the ANC clinic with their pregnant partner. These strategies were well received by both health-care workers and pregnant women. Challenges that arose from increased male involvement at ANC facilities included the need for more space and human resources, especially in busy urban clinics.

Next steps include working with the MOH in each country to roll out the use of partner notification slips and invitation letters. Program planners will need to ensure that the impact on health facilities is accounted for in any activity used to increase male involvement. Training for providers on counseling discordant couples and physical space renovations to allow for couples counseling can help in this regard. The introduction of services for couples should also be supported by a communications campaign highlighting the availability of HIV and syphilis testing, as well as the importance of male involvement in ANC for the health of the entire family.

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About the Foundation

The Elizabeth Glaser Pediatric AIDS Foundation is a global leader in the fight against pediatric HIV and AIDS, and has reached more than 11.6 million women with services to prevent transmission of HIV to their babies. The Foundation works at 5,400 sites in 17 countries to implement prevention, care, and treatment services; to further advance innovative research; and to execute strategic and targeted global advocacy activities in order to bring dramatic change to the lives of millions of women, children, and families worldwide.

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