

Title: Male involvement in PMTCT; an experience from Olivenhoutbosch Clinic in Tshwane District - South Africa

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Issue: Due to existing gender inequalities, men still play a decisive role in family matters in South African culture; however their involvement remains low in reproductive health services including prevention of mother-to-child transmission of HIV (PMTCT). There remain difficulties in disclosure of HIV-positive status to a partner out of fear of rejections and stigma, in availability of psychosocial support, adherence to treatment and infant feeding decisions. Thus, male involvement, including couples counselling and testing, is critical for the success of PMTCT programmes. In order to encourage men to come to the clinic, and ultimately improve male involvement in PMTCT, Olivenhoutbosch clinic in Tshwane District decided to pilot an intervention package which included use of invitation letters to male partners of women attending antenatal clinics (ANC). Men were invited into the clinic for education on PMTCT, infant feeding, and HIV treatment and for voluntary HIV testing and enrolment on treatment.

Description: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) sensitized Olivenhoutbosch health forum, which consists of 10 community based organisation (CBOs) and Olivenhoutbosch clinic about the importance of male involvement in PMTCT to begin the roll-out of the intervention package. Olivenhoutbosch is an informal settlement area situated in Tshwane District in Gauteng Province with a population of approximately 90,000. In February 2010, nurses issued letters to all pregnant women visiting the antenatal clinic. On arrival at the clinic, all women accompanied by their male partners were counselled first by a nurse or a counsellor. Male partners were given health education on PMTCT including dual protection, infant feeding, and HIV treatment, tested for HIV and referred for antiretroviral therapy (ART) if required.

Lessons Learnt: Out of 900 HIV-positive pregnant women who were given invitation letters between February and December 2010, 356 women came with their male partners. HIV testing among males increased from 1,002 in October-December 2009 to 1,340 in October-December, 2010, respectively. Some male partners who were already on ART joined a support group run by a CBO; the group currently has 65 members. This data was collected from a primary health clinic which indicated a definite increase in male commitment to PMTCT. The initiative will empower males with knowledge and education about HIV health-related matters.

Next steps: Men will respond positively to PMTCT if they are involved and prioritised at initial stages. Such invitations can provide access to HIV testing and treatment for male partners, while also strengthening the use of condoms and promote positive living. EGPAF will assist health facilities in extending the male partner invitations to other clinics based on its success in

Olivenhoutbosch Clinic and will suggest further research to examine impact of male involvement on mother-baby pair's uptake of services.