

Recycling “shared responsibility” for reproductive health in Southern Africa: Male partner involvement in HIV prevention in Zimbabwe applied to a family planning context

Presented by:

Elizabeth T. Montgomery, Ph.D

Women’s Global Health Imperative

RTI International, Global Health Division

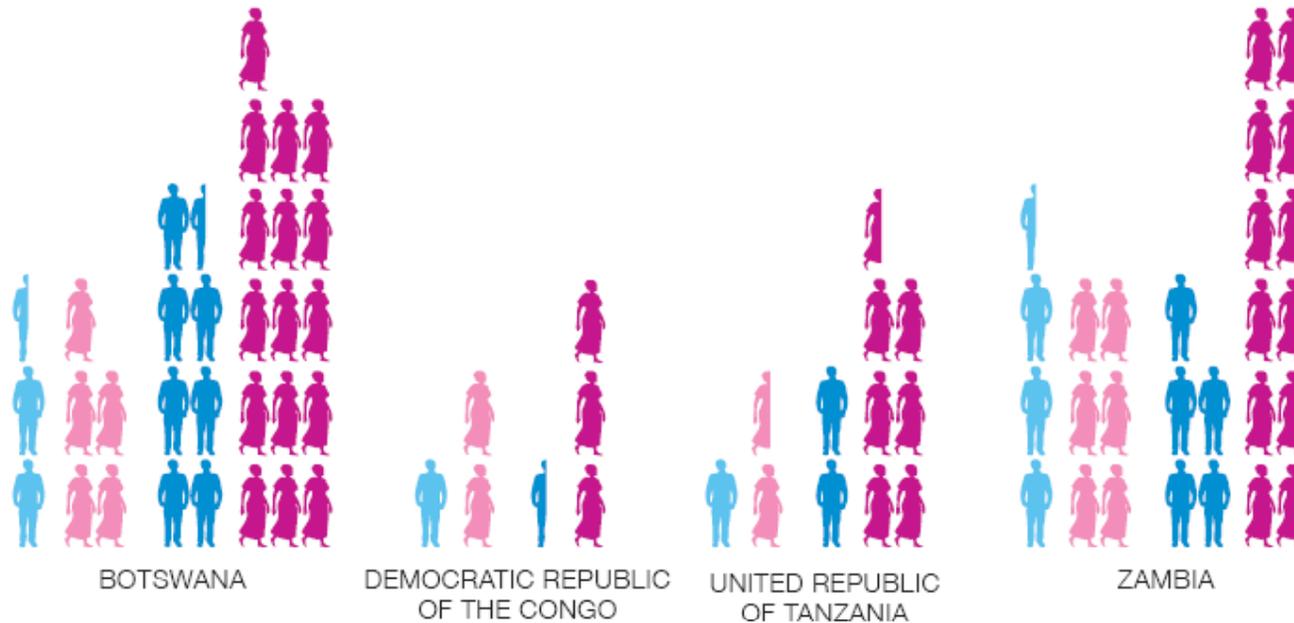
October 13, 2010

Presentation

- Overview of female-initiated HIV prevention methods
- Description of the MIRA Male Involvement Study
- Comments on how this applies to family planning

Women's disproportionate burden of HIV

HIV prevalence among women is higher than men in sub-Saharan Africa



Biological risk

- Vaginal mucosa surface area
- Viral concentration in semen
- STI co-infection
- Cervix

HIV-1 INFECTABLE CELLS ARE CONCENTRATED IN THE CERVIX¹

	HIV-1 Host Cells ²			HIV-1 Coreceptors	
	T	Mφ	LC	CCR-5	CXCR4
Fallopian Tube	+	+	-	+	+
Ovary	+	+++	-	+	+
Endometrium	++	++	-	+	+
Endocervix	++	++	-	+++	+
Transformation Zone	+++	+++	+	+++	++
Ectocervix	++	++	+	++	+
Vagina	+	+	+	±	+

¹Healthy women without evident genital tract infection

²T-CD4+ T lymphocytes, Mφ-Macrophages, LC-Langerhans Cells

Cervix

Socio-cultural vulnerability

- Gender-based norms preclude women's ability to protect themselves from HIV
 - Men are the primary decision-makers regarding sex: when to have, how much, what prevention methods to use

Female-initiated HIV prevention methods

Biomedical technologies such as gels, rings, barrier devices that women can initiate and use with or without male partner knowledge



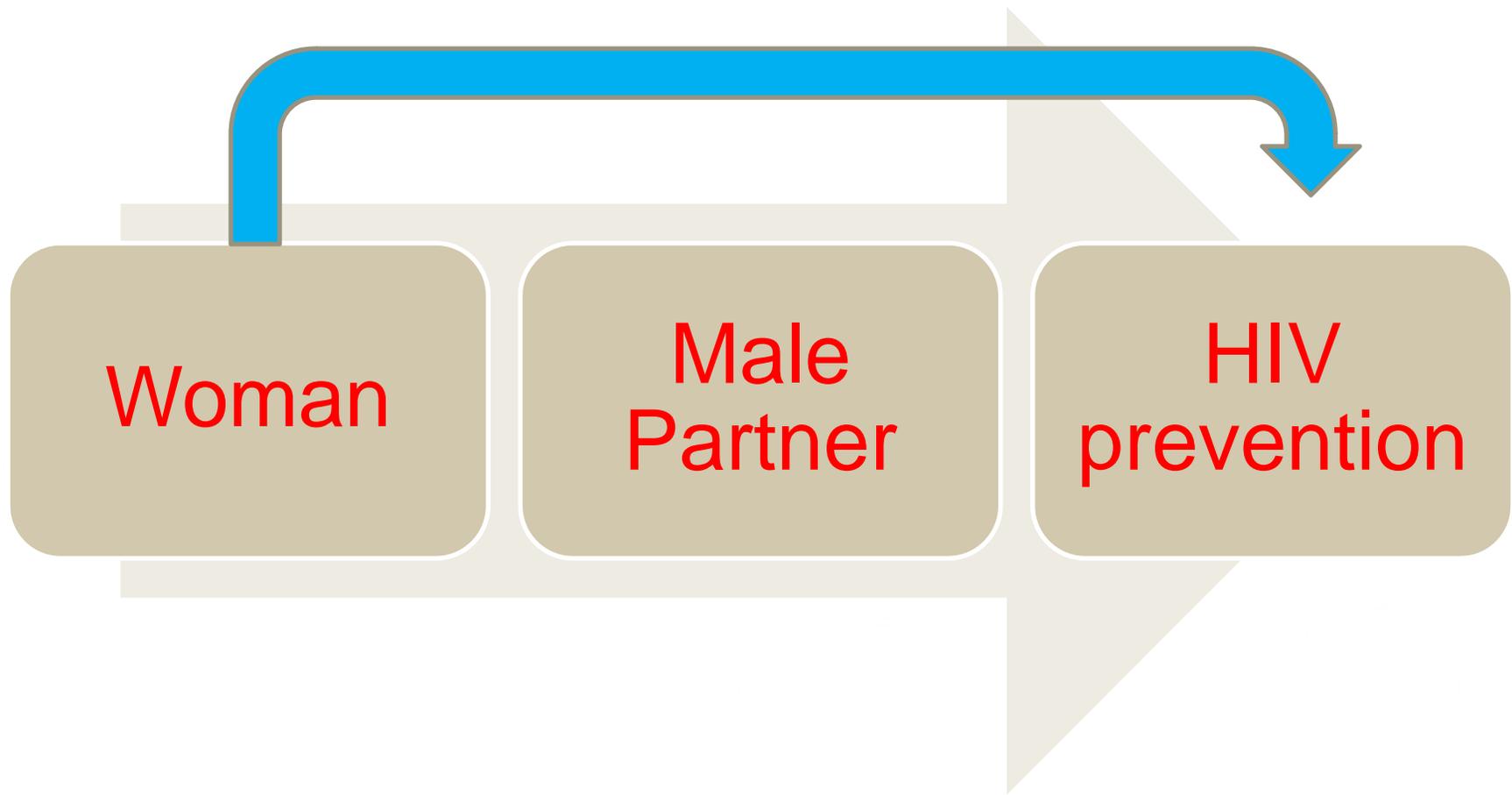
Underlying presumption

Woman

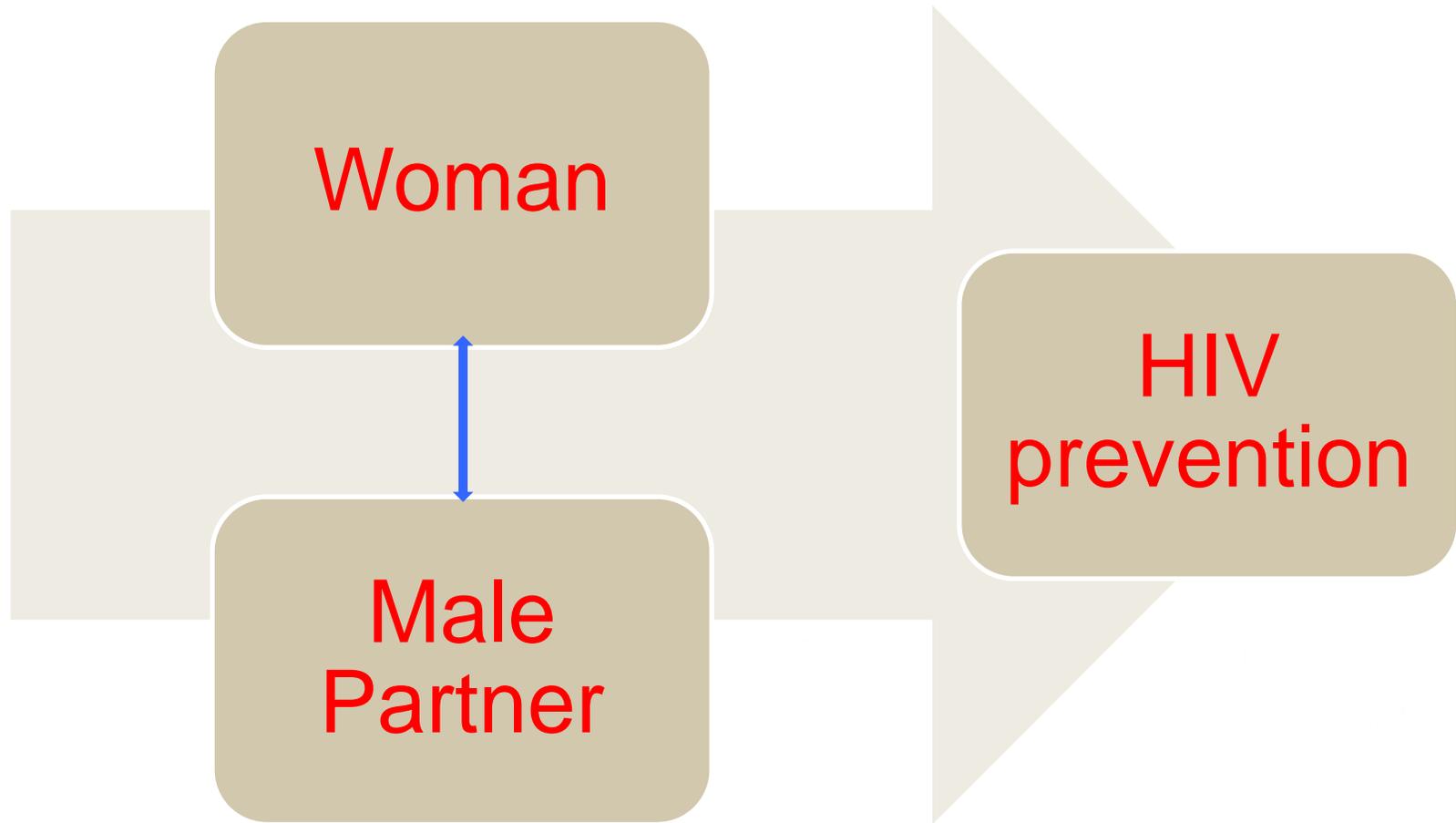
Male
Partner

HIV
prevention

Proposed solution



Better approach?



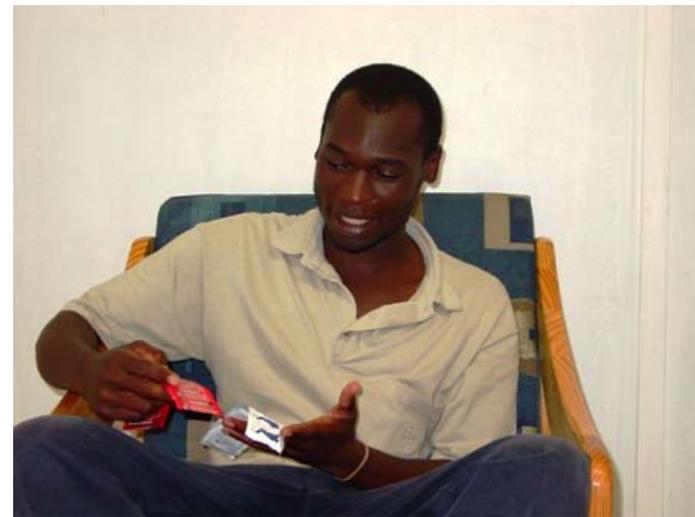
Background to the Male Involvement Study

- ICPD Cairo 1994; World Conference on Women, Beijing 1995
 - *“Shared responsibility between men and women in matters related to reproductive and sexual behaviour is essential to improving women’s health.”*
- Limited empirical data on the benefits or risks of involving men;
 - Smaller observational and qualitative studies indicated that MI is an important component of women’s uptake of female-initiated HIV
 - Some FP studies showing benefits in terms of FP uptake
 - Zimbabwe “Male Motivation Project”
 - Data on male domination and control exacerbating HIV risk

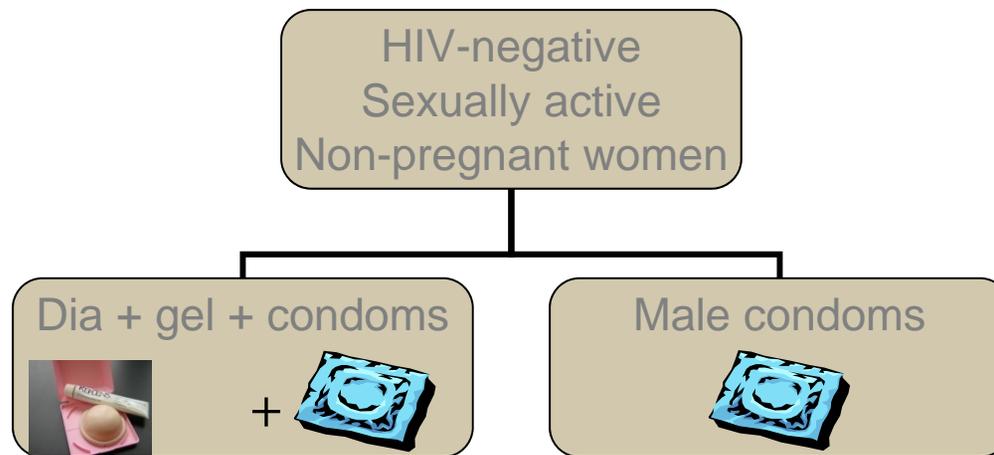
The MIRA Male Involvement Study

Primary Aims:

- To measure the effect of male involvement on women's **acceptability of and adherence to** the diaphragm, gel and male condoms.
- To describe **qualitatively** the role of male partner involvement on women's **acceptability and adherence to** diaphragm, gel and male condoms



Parent Study: Methods for Improving Reproductive Health in Africa (MIRA) trial



- Multi-site, open label randomized clinical trial conducted from Sept. 2003 – Dec. 2006
- All women receive risk reduction counseling, free male condoms and diagnosis and treatment of curable STIs
- Women were followed quarterly for 12-24 months
- All women automatically included in Male Involvement Study after Dec. 2004

Study location and population

- Two peri-urban settings outside of Harare, Zimbabwe
- Participants (n = 1908) recruited from well-baby clinics, community launch events, community groups and through word-of-mouth and street outreach.



Male Involvement Study: Intervention

- NONE!
- Male partners invited to come to the clinic at any time for HIV/ STI VCT or general information per consent forms and staff reminders

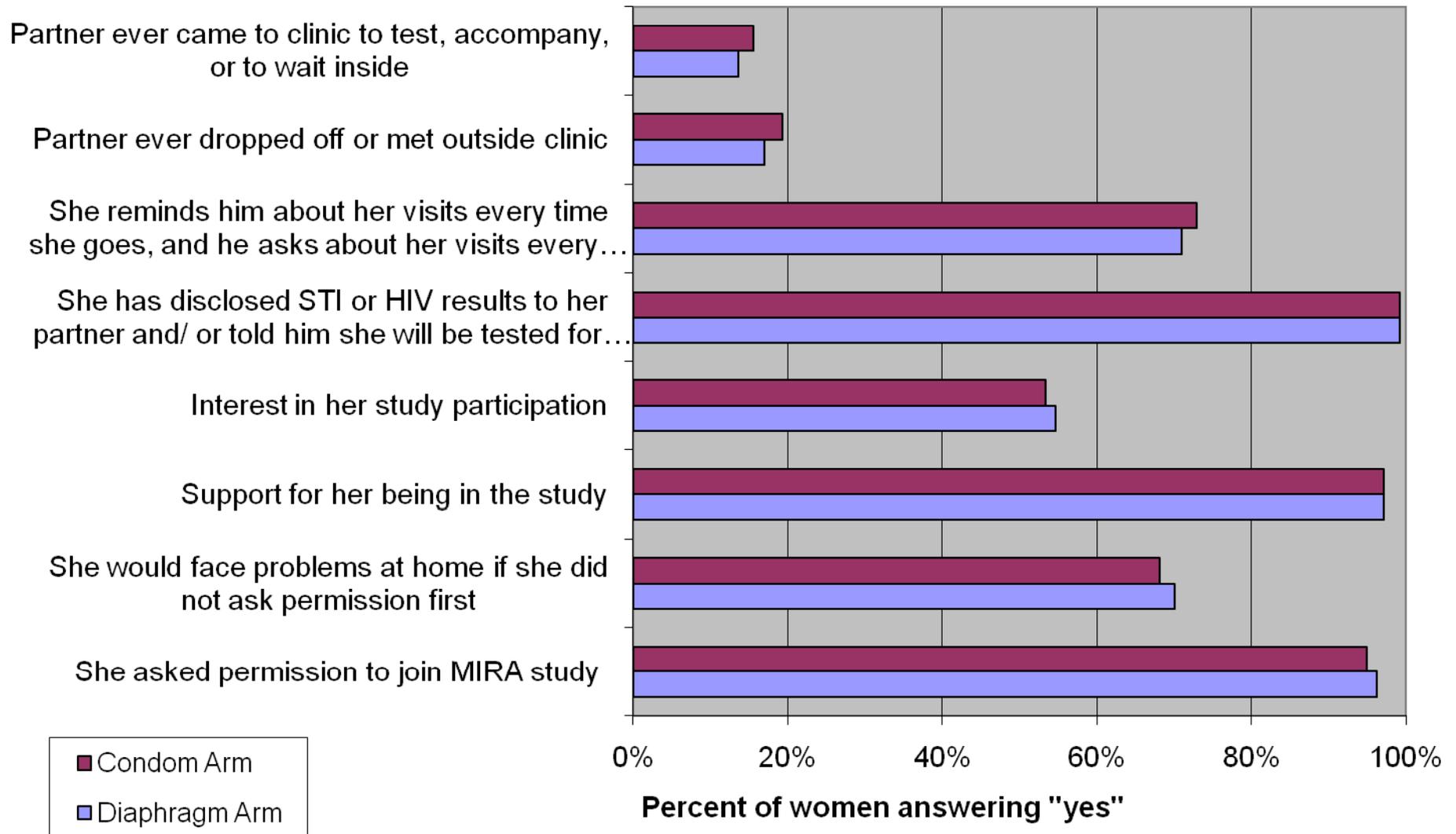
Methods: Quantitative

- Male involvement questionnaire administered to *women* face-to-face at Months 3 and 12 (n = 1908)
- “Male involvement” factors were conceptualized and measured in three domains:
 - 1) Joining study and study activities;
 - 2) Communication about study product use, and
 - 3) Perceived support for product use;
- Male clinic attendance register
- Outcomes assessed at study exit
- Bivariate and multivariate associations examined

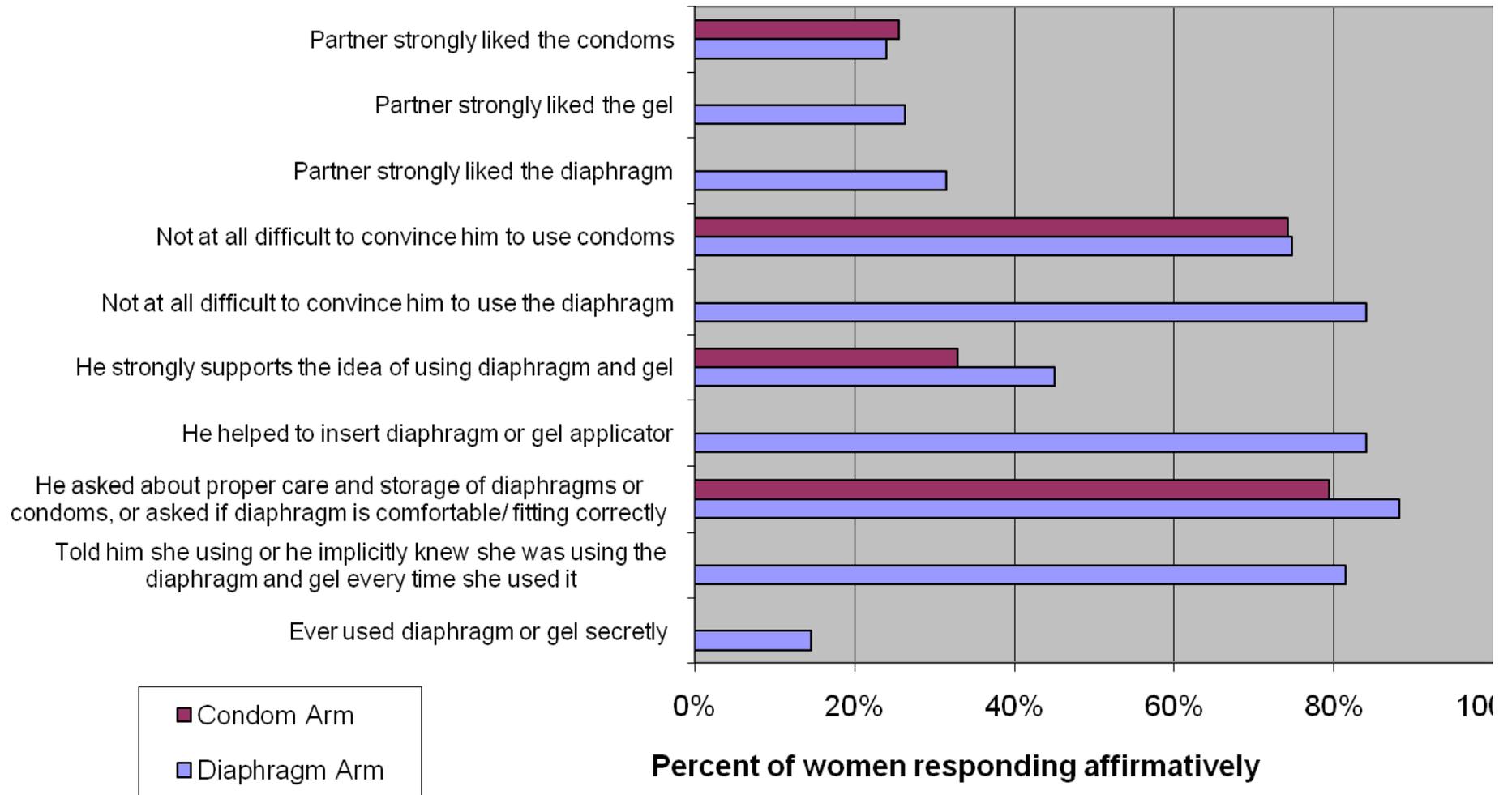
Methods: Qualitative

- Focus group discussions (n = 108 (81 women/ 27 men) in 16 groups:
- Couples in-depth interviews (n = 4 couples)
- Data coded and analyzed in Atlas .ti

Partner Involvement in Joining Study and Study Activities



Communication about product use and perception of partner support for product use



Key quantitative results

- The majority of female study participants involved their partners largely by: a) requesting permission to join the study; b) involving them in routine aspects of the study including test results disclosure and visit reminders, and c) regular communication about product use.
- Only a minority of male partners came to the clinic: 14% came inside to wait or have services, 17% dropped off or met her outside.
- Women who openly discussed product use with their partners were more likely to consistently use prevention methods (**AOR 2.28, 95%CI 1.55 – 3.35**)
- Women who liked the products and perceived that their partners liked them were more likely to be consistent users (**AOR: 2.27, 95% CI: 1.64 – 3.15**)

Qualitative findings: Gender Roles

- Very traditional
 - **Role of men**
 - Head of household
 - Take care of and provide for family
 - Respond to household problems
 - Satisfy and love her
 - *“A man should help his family by looking for food and wealth so that his family survives”. (Man, couple 2)*

Roles

- **Role of women**

- “Well-behaved”
- Hard-working
- Show love and respect by cooking, cleaning, ironing

– ***To cook for the family, to treat your husband nicely, to wash and give him everything that he wants....when we are taking about love, you should give him enough love, if he says I want something you have to do it for him. (Woman, couple 4)***

Changes in gender roles

- Characterized by changes in women working and no longer performing domestic duties for the husband
 - *It's only they will be looking for money to survive otherwise it (women working) is not nice because the love from wife to husband is minimal . You expect the wife to cook but it will be the maid who will be doing the cooking. (Man, couple 4)*
 - *It's different because women don't wash anymore they have maids who do the laundry and cook. So the maid will be cooking for you and washing your clothes so you will end up taking her as your wife and then you have two wives.... (Man, couple 3)*

Decision-making about prevention method use

- *It's the way you agree in the home, [the mother] and the father, both of you. ...But mostly, the husband says that what really goes well for him. So that is what will be used mostly. (Man F, Chitungwiza, 09/09/06)*
- *I refuse to wear? There is nothing she can do. (Man C, Epworth 16/12/06)*
- *The woman chooses because you won't trust the man because men are promiscuous. (Man B, Chitungwiza, 09/12/06)*
- *We discuss. But then when you are unable to agree, I then have the final decision. (Man C, Chitungwiza, 09/12/06)*
- *We should plan together that we use together rather than my wife use without telling me. (Man A, Chitungwiza, 18/11/06)*

Negotiating with men

- *Continuing teaching him is good because these men are like children. That's what I realized. They don't understand sometimes but you have to keep cool (rather) than to put a trousers as well...If you are harsh.... for sure he would be angry as well or you can be beaten...(Woman A, Condom arm, Epworth, 29/08/06)*

Negotiating with men: what men say

- *What is needed is to persuade the husband nicely. A man is like a baby, even a woman is like a baby. If you buy a sweet today and give her and tomorrow you buy two and the next time you buy more, if you send her anywhere, she will not refuse. So a man should be persuaded. (Man A, Epworth, 13/01/07)*
- *One-what normally happens is that they are not used to it yet. Two-they wouldn't have been explained to fully. He was just told, "Use this condom." He will refuse. If it is explained fully, he will use. (Man A, Epworth, 16/12/06)*

Engaging men

- Overall in the couples IDIs and FGDs, both men and women endorsed greater efforts on the part of researchers to involve men in studies, and several recommendations for how to do this were put forth.
- Predominant themes
 - Preferable for men to learn about studies/ products directly from staff rather than through their partners;
 - Men should be involved from the start of studies.

Summary: HIV and Family Planning Links

- Relationship - level
 - Prevention of disease and prevention of pregnancy linked
 - Fertility & fertility desires vis a vis HIV status
- Service delivery
 - HIV counseling and testing done in antenatal clinics as a means of preventing MTCT
 - Greater integration of services
- Drug/ device formulation
 - Multipurpose technologies

Lessons learned and conclusions

- Women and men want and need men to be involved in HIV prevention: motivation unclear – this probably applies to FP context
- Best ways to involve and engage men unknown: here male participants suggest being involved from the start and being involved directly – this somewhat different than FP service delivery
- Despite some efforts, men did not come to the clinic and this has been a chronic problem in many settings – applies to FP context
- Nonetheless “male involvement” might be endorsed in other ways which may require fewer resources.

Thank you!