

# **Male participation in Prevention of Mother to Child Transmission Prevention Programs in Tanzania.**

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# Abstract

Prevention of Mother to Child Transmission programs present many challenges to program implementers. Men are recognized as key stakeholders in reproductive health issues. The role of the male is a key contributor to community acceptance and support of PMTCT programs. Male involvement needs to be supported and enhanced.

# Objective

The role of male factors in PMTCT programs is explored. There is an attempt to identify key factors that influence male participation either in terms of supporting the female partner, or in terms of direct participation by the man.

# Methodology

- Key informant (7) and male community members (23) interviews explore a range of factors.

# Participants

- Male community members were from regions of Dodoma, Tanga, Kilimanjaro.
- Eight men were single (positive 4, unknown 4).
- Thirteen were married or in stable relationships (positive 10, unknown 5).

These in depth and semistructured interviews will be utilized to compose a survey investigating these same factors quantitatively.

# Results

- Preliminary findings based on grounded theory methodology are presented.
- Qualitative Analysis has been carried out using NVivo software.

## The following areas are explored

- Preparing communities
- Role of male
- VCT issues
- To participate in PMTCT
- Health messages

# Preparing communities 1

- Source of information for men is important in their acceptance of this information.
- Men traditionally are bringers of health information to the family.
- Health information from their female partner is less trusted than information from a male.
- Information from health workers is considered reliable.

# Preparing communities 2

- Men prefer to receive information from men who are peers or older.
- Men preferred to receive information in gender specific groups.
- Less comfortable with receiving information in mixed gender settings.

# Man's role

- Providers of health information
- Providers of material support
- “Men rule by fear in family”
- Abstinence of male with partner in pregnancy and early child hood rearing may not exclude other sexual partners
- Abstinence is difficult in context of “irresistible urge”

# VCT issues 1

- Visibility or confidentiality is key issue. Men prefer to be tested at a distance from home.
- PMTCT interventions take the invisible into visible
- Men fear lack of confidentiality if tested in own community “leaking information”
- Much fear of HIV, stigma, discrimination
- Increased knowledge reduces fear, empowers person, feels less vulnerable

# VCT Issues 2

- Culture does change
- Need to learn more about who permits culture to change
- PMTCT acceptance will require a change of culture in community

# VCT Issues 3

- Men want to be strong
- A man is strong if he is not positive
- A man is strong if he is tested, and negative
- To be positive, equates to “playing around”, to “being weak”

# VCT Issues 4

- Assumed that if one partner is positive, other partner will also be positive, and baby will also be positive
- Community has used child birth as a proxy HIV test – if baby is well – parents are negative

# VCT Issues 5

- VCT of mother is seen as a proxy test for male partner
- Disclosure of mother's result to partner is in a sense involuntary testing of man but without pre test test counselling and post test counselling
- Initial disclosure of being positive, makes the discloser likely to be blamed
- Some see VCT as “part of life”

# VCT Issues 6

- Men would prefer VCT to be not during pregnancy – Considered “too late”
- If woman is known positive many men will not want her to become pregnant again
- A positive man is unlikely to disclose, and will want more children

# VCT Issues 7

- Only “courageous men” are tested
- If continue to live together after one is known positive is seen as “courageous”
- Unclear what is advantage of separation

# VCT Issues 8

- Woman often is expected to seek permission from man before VCT
- Testing without male permission increases conflict
- Male will test without discussion from partner and is unlikely to disclose

# VCT Issues 9

- Couple counselling wanted more by women than men
- A “man likes to know what is happening in family”
- Couple counselling could become coercive
- Man may want to accompany wife as he does not trust her to tell true result

# VCT Issues 10

- Those that are not tested see VCT as leading to depression, anxiety, and “loss of plans”
- Many who are tested feel empowered by new knowledge
- In one site where ARVS were available, men were seeing VCT as a normal part of life

# To participate in PMTCT 1

- Woman is more likely to lose home than man if discloses positive status
- Abandonment is seen as a way of self and family protection,
- Knowledge of transmission is confused, and this contributes to fear of transmission, leading to discrimination and stigma

# To participate in PMTCT 2

- Men if they decide to continue relationship with positive partner will want child to access ARV
- Infant feeding change makes more visible positive status
- Access to ARVs is seen as a big incentive by men
- Seen as incentive even if child only, or child and mother, only, have access

# Health messages

- “Healthy baby” campaigns were considered attractive
- Health promotion material that targets family or community was considered more appropriate than campaigns that targeted the health of an individual such as the child, the mother or the father

# Discussion 1

- HIV issue often amplifies behaviour patterns in couple, rather than causing new responses

# Discussion 2

- PMTCT models based in antenatal care settings places decision with female, often away from male
- Positions the woman to be bringer of health information into family
- Some men blame system for excluding them

# Discussion 3

- Men need to have traditional role of bringers of health information supported by method of community sensitisation
- Can community leadership be approached to support new programs such as PMTCT-Community contract

# Conclusion 1

- The role of the male is a key contributor to community acceptance and support of PMTCT programs.
- Male involvement needs to be supported and enhanced.
- Males need to feel included in this new initiative

# Conclusion 2

- Male community leadership needs to be mobilised and respected in community sensitisation programs.
- Men prefer to receive health information from other men.
- Men seek a more active role in implementation of PMTCT programs.

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