Male partner involvement in prenatal and postnatal care

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Programs for prevention of mother-to-child transmission of HIV (PMTCT) in rural South Africa face multiple challenges and have thus been less effective compared to PMTCT programs in urban areas. Positive involvement of male partners in maternal and child health has been associated with positive maternal health and child health outcomes. In particular, positive involvement of male partners in PMTCT has been associated with positive PMTCT outcomes such as improved adherence to HIV medication, antenatal care visits and postpartum infant care visits. Male partner involvement in PMTCT during antenatal and postnatal care plays a significant role in the effectiveness of programs for PMTCT and as such has been promoted as one of the strategies to improve adherence to PMTCT interventions in South Africa. It has thus been essential to systematically explore male partner involvement in PMTCT programs during prenatal and postnatal phases in rural South Africa.

Chapter One provides a general introduction to the thesis. Literature has been reviewed with regards to the different aspects of male partner involvement in maternal health, infant health, and PMTCT. That is, the background and importance of male partner involvement, ways in which it has been defined and measured, its determinants, barriers, and the theories that served as helpful frameworks in understanding and explaining male partner involvement in the thesis have been reviewed. An outline of all the studies reported in the thesis is given.

Chapter Two presents a study that explored the perceptions of male partner involvement among men in rural South Africa. Findings indicated that perceptions of male roles during and after pregnancy differed among men. Male involvement was understood as giving instrumental support to female partners through financial help, helping out with physical tasks, and providing emotional support. Accompanying female partners to the clinic was also viewed as partner support, including behaviors such as holding a spot for her in the clinic queues. Community attitudes, traditional beliefs, and negative experiences in health facilities were barriers for male partner involvement. This study provides support for concerted efforts to work with both men and women within the cultural context to explore the important roles of all members of the family in working together to provide the best possible health outcomes for mothers and infants. In particular, future interventions should

focus on making antenatal care services more responsive to male partners, and improving male partner accessibility in health care facilities.

Chapter Three describes a study that investigated the prevalence and determinants of male partner involvement in PMTCT in a sample of male partners to HIV-infected pregnant women in rural South Africa. Results indicated that 44.1% of male partners reported involvement in most or all specified PMTCT activities. Descriptive, correlation and multiple linear-regression analyses were conducted. Positive predictors of male partner involvement included relationship status, own HIV status, awareness of female partner's positive HIV status, female partner's desire to have more children, having family planning discussions with provider, condom use to prevent HIV and sexually transmitted infections, and partner reasoning skills. Negative predictors included partner verbal aggression. The study highlighted the low levels of male partner involvement in rural South Africa and also underlines important information that could be used to enhance interventions aimed at improving maternal and infant health in PMTCT programs in South Africa.

Chapter Four presents a study aimed at investigating the association between male partner involvement, as well as male partner participation (MPP = actual co-enrolment of male partner with female partner in the main study) and maternal health outcomes among women attending PMTCT services in rural South Africa. Maternal health outcome data (delivery mode, systolic and diastolic blood pressure, body mass index, CD4 count and viral load) were collected. Results from bivariate and multivariable logistic regression models indicated no significant associations between male partner involvement and any of the maternal health outcomes contrary to what was hypothesized. Both the bivariate and multivariate analysis indicated a significant association between MPP and higher viral load. Insignificant association was found between MPP and CD4 count and, MPP and blood pressure. The only significant association between maternal health outcomes and socio-demographic characteristics, was between educational attainment and higher CD4 count in both the bivariate and multivariate analysis. In conclusion, the study showed no significant support for male partner involvement in improving maternal health outcomes (under investigation) of women in PMTCT in rural South Africa, and calls for future studies to include more other maternal health outcomes for investigation.

Chapter Five presents a study that examined the influence of male partner involvement during and after pregnancy on cognitive, communicative, fine and gross motor development in infants born to HIV seropositive mothers attending PMTCT services in rural South Africa. Results indicated that the prevalence of prenatal and postnatal male partner involvement reported by women in this study was just above average while the prevalence of risk and emerging risk of developmental delays among infants in this study was hypothetically high. Furthermore, lack of postnatal male partner involvement was significantly associated with risk for delayed cognitive development in HIV exposed infants, while postnatal male partner involvement was associated with delayed gross motor development. Not living together with a male partner was significantly associated with risk for delayed cognitive development in in HIV exposed infants. This study provides evidence that increased male partner involvement can have positive influence on cognitive infant development. This study draws special attention to the fact that interventions in PMTCT programs should promote increased prenatal and postnatal male partner involvement with the aim of improving cognitive development in HIV exposed infants.

Chapter Six presents a study that aimed to assess the prevalence of prenatal and postnatal intimate partner violence (IPV), and its time-invariant and time-varying predictors, among women attending PMTCT services in rural South Africa. This study utilized data collected in a randomized-controlled trial. Intimate Partner Violence (IPV) was assessed at four time-points using the Conflict Tactics Scale. The results of this study highlights the high levels of IPV experienced by HIV infected women during pregnancy and in the first year after childbirth. Time-invariant predictors and time-varying predictors of physical IPV and psychological IPV were individual, social, and behavioural factors. The study demonstrates that multi-dimensional evidence-based interventions are needed to deal with the high levels of prenatal and postnatal IPV experienced by women living with HIV in rural South Africa. These interventions should promote screening for IPV among women living with HIV and access to appropriate interventions and also target their male partners.

Chapter Seven, a concluding chapter, rounds up the main findings by putting them into perspective. This thesis provides insights for improved effectiveness of PMTCT programs in rural South Africa through positive male partner involvement in PMTCT. This chapter reflects on methodological issues while also making recommendations for future research. Implications

for the development of interventions aimed at improving male partner involvement are also outlined.