Background

Social and biological factors, which often put women at risk for HIV, have been widely recognized and an increasing global emphasis on preventing new infections among children, through prevention of mother-to-child transmission (PTMTCT) interventions, has increased HIV testing and counselling (HTC) and other HIV services in health settings for women. In many countries with generalized HIV epidemics, this has resulted in higher access to and uptake of HTC and earlier access to and coverage of antiretroviral treatment (ART) services by women, compared with men.

Women’s uptake of PMTCT, adherence to ART, and ability to negotiate safer sex and contraceptive use are, however, often dependent on support from their male partners. Male involvement in HIV programmes, which largely seek to reach women in their reproductive role, is seen both as a way of enabling women to make shared reproductive health-related decisions, and as another entry point for men to access HIV information and services.

To date, insufficient attention has been given to the potential benefits of male involvement in reproductive health and HIV services. This systematic review explores approaches to and outcomes of male involvement in HIV programmes primarily aimed at women.

Methods

Researchers conducted the review using key word and thesaurus searching of electronic databases (PubMed, Global Health, Cochrane Library, etc.) using strict inclusion/exclusion criteria.

Results

Out of 7900 total citations, 33 experimental and quasi-experimental studies were identified, mainly from sub-Saharan Africa.

Approaches identified include:
- couples risk reduction;
- couples HTC;
- intervention to support adherence to ART;
- programmes addressing partner notification and disclosure;
- intimate partner violence interventions.

The review identified many positive outcomes of male involvement; benefits to women and their children as well as to men themselves — increased uptake of and adherence to PMTCT and safe infant feeding, reduced infant HIV acquisition and mortality, increased notification of partners exposed to HIV, higher individual and couples HTC uptake, increased condom use and reduced seroconversion in discordant couples, increased uptake of modern contraception, and reduced losses to follow up among pregnant women.

Operational Considerations Identified

Structural and sociocultural barriers were identified that need to be addressed to operationalize male involvement in services traditionally focused on the health needs of women. Policies need to be tailored to specific contexts and monitored closely.

To overcome structural barriers, the following could be implemented:
- training health-care providers how to promote male involvement and how to serve male clients;
- shaping physical spaces to welcome male partners (e.g. seating areas, reading material, visual aids promoting male involvement and male health issues);
- hiring male service providers and health facility personnel to provide services for men;
- extending opening hours beyond usual work hours;
- subsidizing transportation or providing free food to clients, if resources are available.

To increase male involvement in sexual and reproductive this area could include:
- peer outreach to men in male social, community, faith-based or political organizations;
- promotion of male champions from ethnic, faith-based, or political communities or local or national celebrities;
- social marketing;
- mass media sensitization campaigns to highlight the roles and responsibilities of men.

Conclusion

The review identifies a range of interventions which can support beneficial male involvement in HIV programs and reproductive health services resulting in increased access to HIV services for men and benefits for women and their children. It also considers whether and how male involvement enables mutual, equitable decision-making among couples, and upholds women’s rights to make informed reproductive health choices. Nevertheless, this review stresses the importance of respecting the choice of a woman to seek health services for herself without a male involvement, particularly if she fear negative outcomes. These results also highlight the need for guidance to support countries in this endeavor.

A SYSTEMATIC REVIEW OF MALE INVOLVEMENT IN HIV PROGRAMMES AND REPRODUCTIVE HEALTH SERVICES

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Figure 1. Systematic literature review process

Figure 2. Potential benefits of male involvement

Potential benefits of male involvement

- Reduced stigma
- Increased uptake of HTC
- Increased disclosure of HIV status within couples
- Increased uptake of ART
- Improved disclosure to PMTCT
- Better breastfeeding and reduced infant morbidity and mortality
- Psychological, financial and emotional support within couples
- Improved uptake and disclosure to ART for own health (reduced drug resistance, mortality and mortality)
- Increased access to and uptake of family planning

Figure 2. Potential benefits of male involvement