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Partner Disclosure of HIV Status in PMTCT Programme in Nigeria

Medical Science

KEYWORDS : Partner disclosure, PMTCT, Nigeria.

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ABSTRACT

Background: *Partner involvement is an effective intervention in Prevention of Mother to Child transmission (PMTCT) programmes. The six states studied are among the states with the highest HIV prevalence in Nigeria.*

Objective: *To determine the effectiveness of male partner notification by HIV positive women in the PMTCT programme.*

Outcome Indicators: Number of HIV positive women who agreed to partner notification

Number of partners who responded to partner notification

Number of partners who are HIV positive and the discordant rate.

Methodology: *This was a cross sectional retrospective study using PMTCT registers at all the PMTCT facilities from 1st January to 31st December 2008 in the six states.*

Results: *During the one year study period a total of 94,579 pregnant women accessed PMTCT services and 86,069 (91%) of them accepted HIV testing. Out of these women, 13,773 (16%) were HIV Positive and 7,255 (52.3%) of them agreed to partner notification. A total of 1,315 (18.3%) of the partners responded and 87.6% of them accepted HIV testing. Six hundred and three (52.3%) were HIV positive, giving a serodiscordant status of 47.3%.*

Conclusion: *The number of male partners who responded and had HCT was low compared to the number of women who agreed to partner notification. It is not known if all the male partners were actually notified. Strategies should therefore be developed to ensure direct male partner participation.*

Introduction:

It is estimated that about 25 million HIV-infected people are living in sub-Saharan Africa. It is estimated that approximately 2.2 million children are currently living with HIV and about 90 % of these infections are acquired through mother to child transmission.[1,2,3] Without interventions, there is a 20-45% chance that a baby born to an HIV-infected mother will become infected. [4 – 7] Preventive interventions can reduce the risk to below 2% as is the case in high-income countries where MTCT of HIV has been virtually eliminated. At the Nnamdi Azikiwe University Teaching Hospital, Nnewi, HIV positive women who did not participate in PMTCT programme were found to have a transmission rate of 37.5% while those who participated fully had a transmission rate of 2.8 per cent.[8]

Since the year 2000, Prevention of Mother-to-Child Transmission (PMTCT) programmes have been initiated in many resource-poor countries as an integrated service in the antenatal care. [9,10] Studies have shown that the utilization of PMTCT services by the pregnant women is influenced by factors related to health system services and by individual factors such as fear of disclosure of HIV results (e.g. fear of domestic violence, abandonment and stigmatization) and lack of male partner support. [11, 12, 13]

The optimal utilization of these PMTCT interventions during pregnancy and puerperium such as adherence to antiretroviral drugs and safe breastfeeding options and family planning practices require the support of the woman's partner and other members of her family. This support is only possible if the woman's HIV status is known.[7, 14] It is known that women who had disclosed their status are more adherent to antiretroviral therapy than those who had not disclosed.[15]

On the basis of its importance in limiting the spread of HIV infection including prevention of MTCT, sero status disclosure is currently emphasized by both WHO and the Center for Disease Control in their protocol for HIV counseling and testing. [16, 17]

Partner disclosure is a key measure in limiting both horizontal and vertical spread of HIV. With disclosure, there is increased social and psychological support for the infected partner, which leads to enhanced access to HIV prevention and treatment programmes.[18, 19] It also encourages the adoption of risk reduction strategies including the use of condom among sexual partners.[20]

Disclosure of HIV positive status is a complex, difficult and very personal matter.[21] In developed countries HIV status disclosure rate among antenatal care (ANC) women ranges from 42-100% compared to 16.7-32% for developing countries. [22]

The six states studied (Akwa Ibom, Bayelsa, Benue, Ebonyi, Enugu and Rivers) represent 17.6% of Nigeria's population, are among the states with the highest HIV prevalence in Nigeria.

Objective: To determine the effectiveness of male partner notification by HIV positive women in the PMTCT programme and to identify gaps that can be improved upon to facilitate the successful implementation of the Prevention of Mother to Child Transmission (PMTCT) programme.
Outcome Indicators: Number of HIV positive women who agreed to partner notification

Number of partners who responded to partner notification

Number of partners who are HIV positive and the discordant rate.

Methodology: The PMTCT registers from 1st January to 31st December, 2008 at the UNICEF Supported PMTCT facilities of six states (Akwa Ibom, Bayelsa, Benue, Ebonyi, Enugu and Rivers) were reviewed retrospectively.

Results: During the study period a total of 94,579 pregnant women accessed PMTCT services in the six states, 86,069 (91%) of them accepted HIV testing after pretest counseling as shown in figure 1. Thirteen thousand seven hundred and seventy three (16%) of them were HIV positive.

Figure 2: shows that seven thousand two hundred and five (52.3%) HIV positive women agreed to partner notification, but only 1,315 (18.3%) of the partners responded with 87.6% of these accepting testing. Six hundred and three (52.3%) of the partners were HIV positive giving a sero discordant status of 47.7% (Figure 3).

Discussion:

Out of 94,579 pregnant women who accessed ANC/ PMTCT services in the six states, 86,069 (91%) of them accepted HIV testing after pretest counseling as shown in figure 1. This is very high and should be capitalized on to scale up PMTCT services. Ideally all pregnant women should know their HIV status. This is important because women who are sero – positive can access the treatment interventions as contained in the PMTCT programme. Without interventions, there is a 20-45% chance that a baby born to an HIV-infected mother will become infected but preventive interventions can reduce the risk to below 2%.[4 – 7] This is an essential step in reducing the population of children living with HIV/AIDS.

This study shows that 52.3% of HIV positive pregnant women agreed to partner notification. This value is low and less than that reported in similar studies done in Port Harcourt and Nairobi, where 94% and 90% of the women agreed to notification respectively.[23, 24]

Disclosure rates in some studies range between 55% and 59% [25, 26] though rates as high as 89% to 96% were seen in northern and eastern parts of Nigeria and in Ethiopia. [27, 28, 29.] These studies were questionnaire based and the element of bias cannot be ruled out.

Only 18.3% of the partners responded to notification by reporting to the ANC clinic for counseling and testing, these agree with other studies where only between 16% and 31% of the partners responded by reporting to the ANC clinics for counseling and testing.[23, 24] It is believed that the partner of an HIV positive pregnant woman should be interested in knowing his status, if only to limit the spread of the disease as discordant rates have been reported. However, the response to partner disclosure in this study is quite low and strategies need to be evolved to address this unfortunate situation. In a related study obstacles preventing men from attending ANC/PMTCT services included: lack of information/knowledge (49%), fear of HIV-test results (37%), no time (37%), neglected importance (34%), other cultural/ traditional reasons (30%), and the services being a female domain/responsibility (29%). The majority stated they wished to play a more active role as a father, but expressed vague concepts of this role. Among fathers who had refused ANC/PMTCT attendance, 80% had done so despite perceiving no disadvantage. [30]

In this study, 87% of the partners that responded to notification of the status of their spouses accepted HIV testing after counseling which was high compared to reports of 54% and 73% other studies.[23, 24] So women who refuse partner notification should be encouraged to do so. The HIV positive rate among partners tested was 52.3% while the serodiscordant rate was 47.7%. The rates are similar to that reported from other studies.[23, 24]

HIV-related stigma and discrimination are found in all societies and can lead to social isolation and even loss of family support. Among pregnant women who are found to be HIV positive, high proportions choose not to tell their partners most of them afraid of violence or abandonment.[31, 32, 33] But in studies done in eastern Nigeria majority of partners were found to be supportive after disclosure.[27, 34]

Partners need to be more specifically addressed to accommodate their general willingness to be involved into ANC/ PMTCT services. Consequential steps of action include emphatic education on the importance of partner involvement emphasizing the man's responsibility for protecting the health of his partner and family, official partner invitation letters and more male-friendly services though it is sometimes far from easy to persuade men to attend what they regard as women's clinics dealing with women's issues. PMTCT projects should also develop cross referrals with other alternative HCT sites away from the antenatal clinics. Such sites may be more acceptable venues for some men to be counselled, tested and educated about the PMTCT programme.

Conclusion:

The number of male partners who responded and had VCT was low compared to the number of women who agreed to partner notification. It is not clear if all the male partners were actually notified. Strategies should therefore be developed encourage more women on partner notification and to ensure direct male partner participation.

RESULTS:

TABLE 1

S/No	VARIABLE	Total	Percentage
1	No of ANC clients	94,579	100
2	No of women accepted testing	86,069	91
3	No of women HIV positive	13,773	16
4	No of women who agreed to partner notification	7,205	52.3
5	Partners pretest counseled	1,315	18.3
6	Partners accept testing	1,152	87.6
7	Partners HIV – positive	603	52.3

Figure 1: No. of ANC clients accepting HIV Testing

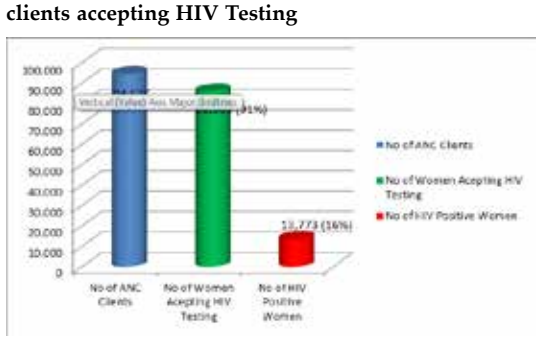

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Figure 2: No. of Partners Responding to Notification

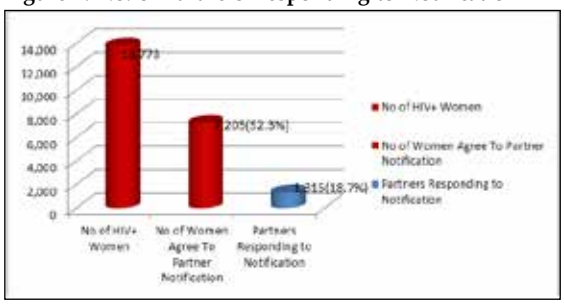
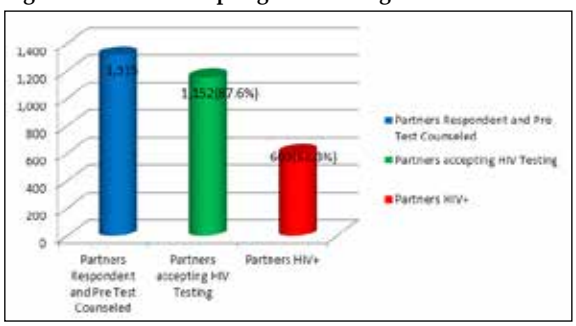


Figure3: Partners accepting HIV testing



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