

HIV COUPLES TESTING: AN OPPORTUNITY TO RESHAPE GENDER NORMS ON SEXUAL AND REPRODUCTIVE HEALTH IN RWANDA



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Learning from a pilot project on male partner self-testing for HIV

Introduction

Traditional norms around masculinity can impede communications about health between partners, affect men's health behavior, whether seeking health services or engaging in high-risk sexual activity, and impact health outcomes for men, women, and children. Delivering sexual and reproductive health (SRH) and HIV information and services that are responsive to men's needs has the potential to strengthen the role of men as equal partners in SRH/HIV, empower men to be active users of SRH/HIV services, and create an enabling environment for the development of new gender norms that extend beyond health.

Men living with HIV are less likely than women to know their HIV status, adhere to treatment and be virally suppressed¹. Part of this disparity is due to the success of prevention of mother-to-child transmission programmes and tailored interventions that reach women of childbearing age through SRH, HIV and maternal/newborn health platforms. However, other factors are due to gaps in men's SRH/HIV literacy, men's experiences with health services, and the social determinants of men's SRH practices. Global SRH/HIV programmes have recognized that 'men are missing' from many SRH/HIV services² and increasingly efforts have focused on finding men and providing client-centered services. In addition, as countries aim to eliminate vertical transmission of HIV, men's knowledge of their HIV status is a critical part of preventing new infections or re-infection during pregnancy and breastfeeding. HIV testing in antenatal care (ANC) and at home through HIV self-testing kits are easy, acceptable, affordable ways to reach men who are at risk of HIV but are not attending conventional HIV testing services.

Project implementation

From June 2019 to March 2020, UNICEF and the Rwanda Biomedical Center piloted an innovative project designed to increase HIV testing among hard-to-reach male partners of pregnant women attending ANC clinics at six health facilities. Health workers received training, supervision and mentorship to provide enhanced counselling and HIV testing for couples as a routine part of ANC and to support at-home HIV self-testing. Health workers issued invitations to men to accompany their partners to ANC where they were offered HIV testing and counselling. If the man had still not joined his partner after two ANC visits, the pregnant woman was provided with an HIV self-test kit for the man to use at home. At the end of the project, focus group discussions were held with pregnant women, male partners and health workers to better understand the motivators and barriers to male partner HIV testing.

Results

During the project period, average partner testing in the six sites increased from 69 per cent to 85.5 per cent. Partner testing was 69 per cent (N=4776) on the first ANC visit, and 12.5 per cent (N=860) on the second ANC visit, while 4 per cent (N=274) used HIV self-testing. Sharing of test results between couples was nearly 100 per cent, with no reported or observed negative impact. Although domestic violence was low, it was not zero. Women whose partners did not attend ANC and who expressed fear of conflict were

¹ UNAIDS 2021 estimates <https://aidsinfo.unaids.org/>

² https://www.unaids.org/en/resources/presscentre/featurestories/2022/january/20220124_missing-men-living-with-hiv

not provided with HIV self-test kits to avoid unintended, harmful consequences. Male attendance at ANC or use of HIV self-test kits was least likely when the pregnancy was unintended, the pregnancy occurred while the woman was a minor, women were not in a permanent relationship, or the male partner was ill or living elsewhere (e.g., for work or in prison.) Only one male partner tested HIV positive and was subsequently initiated on treatment.

Discussion

Overall, the pilot project found that men value accessible, confidential, high-quality SRH/HIV information and services. During the focus group discussions, men noted that formal communication from the health facilities influenced their decision to accompany their partners to ANC. They appreciated that the invitations underscored the importance of knowing one's own HIV status as a way to contribute to the health of their unborn child.

“When my wife asked me to go with her to the health clinic, I did not think it was so important. But when she handed over the invitation notes from the health clinic, I decided to give it consideration. I told myself that if the health clinic cares about my unborn child, why not me?” Male partner

Whether receiving HIV testing during ANC visits or using the self-testing kits at home, men and women noted that couples testing could lead to changes in sexual behavior and better communication.

“HIV self-testing helped to know my status in the presence of my wife. This boosted a level of trust between us and encouraged me to stop all risky sexual behaviors.” Male partner

However, men also acknowledged that, while a negative HIV test result might lead to less-risky sexual behavior, behaviors are slow to change.

Both men and women voiced concern that disclosure of results be mediated carefully, as a positive or discordant test result might trigger marital discord, rejection, or violence.

“Since there is a risk of physical violence in case one partner becomes HIV positive, it is important for the nurse to be aware that the test is going to be sued and be ready to intervene in order to deal with potential disputes following the results.” Male partner

While there are numerous HIV testing options available to men, men appreciated the ease of receiving services through the ANC platform. Health workers also noted that ANC was an opportunity to provide a range of SRH information.

“The men come because testing is done quickly, and the results are known within a few minutes. For example, if he gets there at 9am then by 9.30am, the testing would be done, and he would go back to work. That also increases attendance. Another thing that caused attendance is the information they get. The information sessions teach them about AIDS mostly and syphilis and other diseases an unborn child can contract” ANC Nurse

Men valued the privacy, convenience and control that HIV self-testing afforded, confirming the importance of client-centered services. Health workers indicated that men expressed a willingness to take greater responsibility for their health and that of their families.

“This self-testing is good because I have seen a lot of men come back to thank us or even call us and tell us that the things we have done are really good. Men also reacted positively because they gave women the results to take back to the health center because they trusted each other. Men were excited to participate because we gave them written invitations; they really wanted to know their serological status.” ANC nurse

Conclusion

While the project focused on HIV testing, outreach to male partners offers an opportunity for broader engagement with a range of SRH/HIV and other health-related information and services, such as male circumcision, pre-exposure prophylaxis, sexually transmitted infections, condoms, family planning, cancer screening, other sexual health concerns, and parenting. As this project demonstrated, tailoring information and services to men can catalyze changes in social and gender norms as men became more active users of SRH/HIV services and stronger advocates for both their own and women’s health and the health of their children.