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BACKGROUND

- Pregnancy and breastfeeding can increase a woman's risk for HIV acquisition 2 to 4 fold
- Women who acquire HIV during pregnancy have much higher rates of HIV vertical transmission to infants ranging from 20 to 30%.
- By involving men in prenatal care for HIV voluntary counseling and testing (VCT) providers can
 - Offer HIV and STI testing to male partners
 - Offer treatment to infected individuals
 - Lower the risk of HIV and STI vertical transmission
- In Porto Alegre Brazil, it is recommended that men receive HIV VCT during their partner's prenatal care, but uptake is <50%.

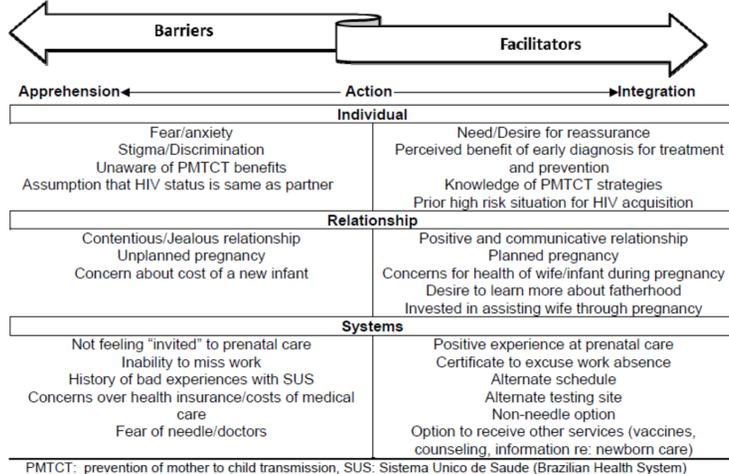
STUDY OBJECTIVES

To characterize factors associated with male prenatal care attendance

METHODS

- From 11/2016 to 7/2017, male partners of women who delivered at Hospital Conceição were interviewed using computer-assisted telephone interviews regarding individual, relationship and system-wide facilitators and barriers to attending prenatal care..
- Men were asked about attitudes, knowledge and practices motivating or preventing prenatal care involvement. Questions were derived from a published theoretical model created from qualitative work on this population, adapted from the AIDS Risk Reduction Theoretical Model and HIV Testing Decisions Models (Figure 1)
- Multivariate regression was performed to identify factors associated with male prenatal attendance and HIV testing.
- The study was approved by the IRB of each participating site.

Figure 1: Theoretical model of barriers and facilitators informing quantitative interviews



RESULTS

Figure 2: Flowchart of men who were invited to prenatal care, attended prenatal care and successfully received HIV testing (PNC: Prenatal Care)

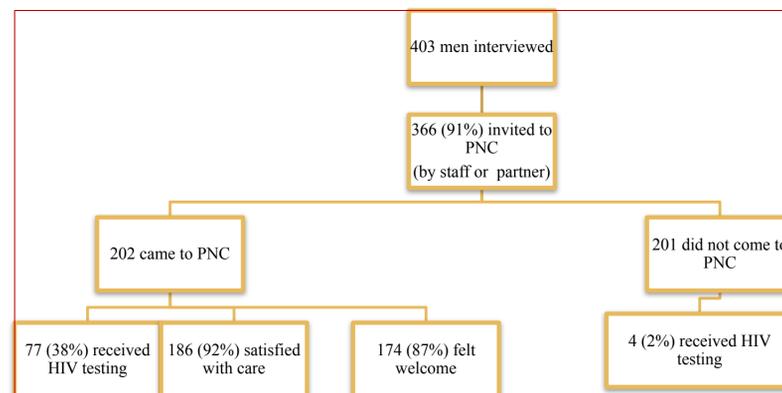


Figure 3: Barriers (top panel) and Facilitators (bottom panel) to prenatal care

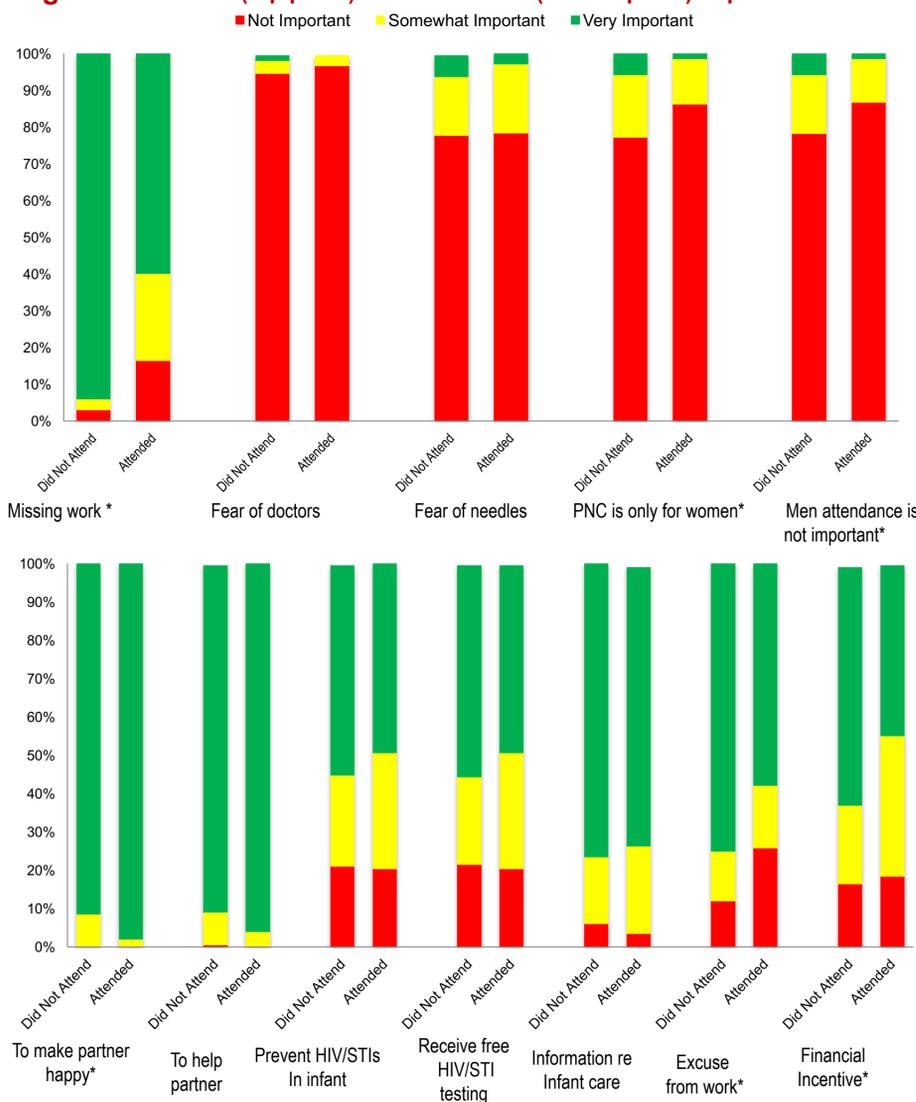


Table 2: Univariate and multivariate models of individual, relationship and systemic factors that were associated with prenatal care attendance

	Odds Ratio	95% CI	Adjusted OR	95% CI
Individuals Factors				
Age	1.03	1.01-1.06	1.02	0.98-1.06
Overestimating likelihood of HIV MTCT	1.83	1.2-2.7	2.21*	1.28-3.88
Endorsing a recent history of memory loss due to alcohol use	0.58	0.36-0.91	0.99	0.63-1.55
Endorsing people with HIV can live long satisfying lives	2.91	1.25-7.60	7.48*	1.6-59.9
Identifying PNC only for women as a barrier to attendance	0.56	0.36-0.85		
Partnership				
Having a planned pregnancy	1.50	0.99-2.3	1.05	0.57-1.93
Questioning partner about telephone calls	0.83	0.71-0.97	0.74*	0.59-0.93
Being invited to PNC by partner	6.19	2.7-16.7	31.44*	7.54-197.6
Identifying "making partner happy" as a facilitator to PNC attendance	4.57	1.7-16.1	6.39*	1.5-33.8
Systemic factors				
Endorsing not seeking medical care due to cost in the past	0.42	0.24-0.72	0.17*	0.07-0.39
Previously being tested for STIs	0.69	0.45-1.1	1.06	0.59-1.93
Identifying missing work as a barrier to PNC attendance	0.21	0.13-0.33	0.08*	0.03-0.16

*=p<0.05.
 Adjusted model includes all variables listed on the table

CONCLUSIONS

- 91% of men interviewed stated they had been invited to prenatal care
- 94% of men stated they would accept HIV testing if offered.
- Individual factors that predicted prenatal care attendance include:
 - Over-estimating the risk of mother to child transmission
 - Endorsing that HIV infected individuals can live satisfying lives
- Partnership factors associated with attendance include:
 - Being invited by partner
 - Identifying "making partner happy" as a facilitator to attendance
 - Admitting jealous behavior was negatively associated with attendance
- Systemic factors negatively associated with prenatal care attendance include:
 - History of not affording medical care and identifying work as a barrier (Table 1)
- Men identified making their partner happy as the most important facilitator for prenatal care attendance, and having to miss work as the most significant barrier. (Figure 3)
- Partners should be actively invited to prenatal care as once involved, almost all would accept HIV VCT and other interventions to protect partners and infants from HIV and other sexually transmitted diseases during this vulnerable period.