

South Africa Male Involvement

OR Summary 58

Antenatal Couples Counseling is Feasible but Challenging

Couples counseling for antenatal care in South Africa was feasible but challenging. Given marital and work patterns of women and partners, counseling generated few significant changes in reproductive health risk behavior. Increasing men's involvement in reproductive health will likely require a broad effort to increase knowledge of sexually transmitted infections, including HIV/AIDS, and sexual risk behaviors.

Background

In South Africa, sexually transmitted infections (STIs, including HIV/AIDS) are a major risk for pregnant women and their unborn children. However, women receive only limited information on STIs and their prevention; and male partners have traditionally been excluded from reproductive health and maternity care. Soliciting men's involvement in antenatal care may be an approach for enhancing couples' understanding of reproductive health issues and enhancing maternal outcomes.

In 2000, the Reproductive Health Research Unit of Witwatersrand University, the KwaZulu Natal Province Department of Health (DOH), and FRONTIERS collaborated on a 17-month study on the feasibility, reproductive health impact, and cost of involving men in their partners' maternal care. The project assessed men's willingness to participate in their partner's maternal care and examined impacts on family planning knowledge and use, communication between couples, and knowledge about pregnancy, sexually transmitted infections (STIs, including HIV/AIDS), and protective measures.

The study took place in 12 urban and rural clinics in KwaZulu Natal Province. Six clinics served as experimental sites, while the other six served as control sites. At the experimental clinics, partners of antenatal women were invited to attend couple counseling twice during pregnancy and once

following delivery. Nurses were trained to provide counseling during individual or group sessions, addressing family plan-

ning, prevention of STIs including HIV/AIDS, safe motherhood, and other reproductive health topics. Women in the intervention clinics also received a booklet on antenatal care. At control clinics pregnant women received standard care but did not receive special counseling. Both control and intervention clients were screened for syphilis and those who tested positive were treated. Pre- and post-intervention surveys of women and their partners were conducted at both sites to assess the effect of the intervention.

Findings

Though men and women expressed interest in male involvement, the intervention was difficult to implement and had little impact, as follows:

- ◆ The intervention was difficult to implement in this setting. Engaging with male partners proved challenging. Less than 10 percent of couples were married and only about 25 percent lived together. Also, many male partners were unable to attend counseling because clinics were only open during working hours.



Photo Credit: Gillian McKay

◆ Nevertheless, the majority of both men and women surveyed (77% and 80%, respectively) said that they wanted their partners to be present at clinic visits and group discussions. A total of 542 couples, about one-third of those invited, attended the counseling sessions, a positive outcome in this social setting.

◆ Communication among couples improved in the intervention group. Couples in this group were significantly more likely than those in the control group to discuss STIs (75% versus 64%), sexual relations (81% versus 75%), and breastfeeding (87% versus 83%).

◆ Of women who experienced danger signs during their pregnancy (about 35% in both groups), significantly more partners in the intervention group (43%) provided assistance than in the control group (30%). The most common assistance was taking the woman to the hospital or arranging transportation to the hospital.

◆ Women's knowledge of condoms for dual protection against pregnancy and STIs increased significantly (to 76%) in the intervention area relative to the control area (69%). However, women's reported condom use remained low (about 8% in both groups).

◆ Men's risk behavior remained unchanged. Around one-fifth of men in both study groups said that they had had sex with another partner since delivery of the index partner's baby. About 60 percent of these men said that they used a condom with the other partner, and between 30 and 40 percent used a condom at the last sexual encounter with the regular partner.

◆ Knowledge of HIV/AIDS and condoms as a means of protection was nearly universal in intervention and control sites. However, few clients knew many details about HIV or other STIs. Only about 10 percent of men and women interviewed knew of mother-to-child transmission of HIV.

◆ Communication between providers and clients was limited even on routine procedures. Though over 90 percent of women in all clinics received the mandatory syphilis screening test, only about three-quarters knew what the test was for, and about half said that they had been given the results. In intervention clinics, nurses addressed reproductive health topics during group meetings but gave little information during individual sessions.

◆ Family planning use was high six months postpartum (nearly 90%, mainly the injectable), but there was no difference between the intervention and control groups.

Utilization

◆ The KwaZulu Natal DOH has incorporated partner involvement into the new provincial policy for antenatal and postnatal care. FRONTIERS is collaborating with the DOH on developing guidelines. Male involvement has been identified as a key reproductive health issue at the national level.

Policy Implications

◆ Overall, the study showed that despite the potential benefits of increasing men's involvement, couples counseling may not be an effective intervention given the nature of sexual partnerships in this setting. STIs, HIV/AIDS, and men's risk behavior are issues that need to be addressed on a broader community level.

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