ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH

MALE INVOLVEMENT IN PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV IN THE CONTEXT OF PARTNER HIV TESTING AND ASSOCIATED FACTORS AT ANTENATAL CARE IN GOBA TOWN, BALE ZONE OROMIA REGION, SOUTH EAST ETHIOPIA

BY; MULUSEW TESHOME (BSC)

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE MASTER DEGREE OF PUBLIC HEALTH

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Abstract

Background: Prevention of mother to child transmission of Human Immunodeficiency Virus (PMTCT) programme requires great male participation to attain Ethiopia's new plan to elimination of mother to child transmission of Human Immunodeficiency Virus by 2015. In this regard, antenatal care is one of the areas where male couple is expected to participate through voluntary counselling and testing. Currently, studies showed that male involvement and support in the program is critical to improving women's uptake of the services.

Objectives: To assesses male involvement in prevention of mother to child transmission of HIV in the context to partner testing and associated factors at antenatal care in Goba town, Bale zone, and Oromia region.

Methods: A facility-based cross-sectional study was conducted. A total of 422 male partners, whose spouses were attending antenatal care at Goba hospital were enrolled through systematic sampling method. The study was also supplemented by two focus group discussions. The data were cleaned and coded then analyzed using SPSS for windows version 16. Odds ratio were computed to assess the presence and degree of association between dependent and independent variables. Logistic regression analysis was carried out to see independent effect of each variable on the outcome. Qualitative data was also analyzed by thematic content.

Result: Only 22.7% of male partners accompanied their spouses for HIV testing and counselling at antenatal clinic. Men having no formal education was 90% less likely to be tested as compared to those who had completed the higher education [AOR=0.1, 95%CI: 0.023-0.050, P=0.004]. Identified barriers to male involvement in the PMTCT programme were individual factors such as being busy, proxy testing, fear of being tested and neglecting importance, inadequate knowledge about the program, health system factors and absence of legally enforced law that makes male to participate.

Conclusion and Recommendation: Majority of male partners had not participated in prevention of mother to child transmission (PMTCT) program at antenatal clinic. To promote uptake of the service by male partner, there is a need to raise awareness of the program among community through behavioral change and communication, develop a new strategy for promoting male participation in the program and couple HIV testing laws should be revised to get HIV free generation.

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My deepest acknowledgement goes to my advisor Dr. Jemal Haidar for his timely commitment and guidance along the course of my thesis work.

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Abbreviations/Acronyms

AHCT	Antenatal HIV Counseling and Testing
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Treatment
ARV	Antiretroviral Drugs
CD4	Cluster of Differentiations
CQI	Continuous Quality Improvement
EDHS	Ethiopia Demographic Health Survey
EMTCT	Elimination Of Mother To Child Transmission
FGD	Focus Group Discussion
FMOH	Federal Ministry Of Health
FP	Family- Planning
GOE	Government of Ethiopia
HAART	Highly Active Antiretroviral Treatment
HAPCO	HIV/AIDS Prevention and Control Office
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSDP	Health Sector Development Program
IEC	Information, Education and Communication
MDGS	Millennium Development Goals

MSG	Mother Support group
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
PITC	Provider-Initiated (HIV) Testing and Counseling
PMTCT	Prevention of Mother-to-Child Transmission
RHB	Regional Health Bureau
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing
W HO	World Health Organization
ZHD	Zonal Health Department

1. Introduction

1.1. Background

By 2009, a total of 33.3 million people worldwide estimated living with the human immunodeficiency viruses (HIV) of which 2.5 million were children. A total of 370,000 children estimated to be infected with HIV through mother-to-child transmission (MTCT), and 210,000 AIDS deaths in 2009, most of them live in Sub Saharan Africa. It has been stated that these figures indicate not only the magnitude of the problem, but also the facts that pediatric HIV infections are still prevalent and causing worry (1). This is an indication that it needs to work hard for getting HIV free generation.

Ethiopia is one of the countries severely hit by HIV. Besides the dominant heterosexual transmission, vertical virus transmission from mother to child accounts for more than 90%of pediatrics AIDS.(2) Prevention of mother to child transmission of (PMTCT) of HIV is one of the strategies to prevent pediatrics HIV infection. Taking this fact in to account, PMTCT service has been implemented in Ethiopia since 2001. However it remained a challenge for the country due to low coverage of the service, inadequate quality of available service and low male involvement (3).

Study showed that male involvements increase the uptake of PMTCT Services though their actual involvement in several countries of Sub- Saharan Africa is low including Ethiopia (4). Reports from MOH of Ethiopia in 2012 stated that low male partner involvement is one of the challenges to success of the country's PMTCT program and, the country has made major efforts through the scale up of PMTCT program to address these challenges as well as others factor that hinder the service through demand creation, using development army to sensitize community and sending invitation letter for male partner to attend antenatal care. As a result, the number of health facilities providing PMTCT service increased by 31%(to1,445) from 2010/2011 in the country and Partner testing rate has increased from7% in 2011 to 20 % in 2012 (5). As to proposed area, despite ANC coverage is 90% for the year 2012, only 10% of pregnant women accompanied by their partner (Goba hospital HMIS, 2012).

In Ethiopia very few studies were conducted from male point of view for their low participation in PMTCT/ANC service, practically nil for proposed area. Therefore, this study would address

this gap by assessing the magnitude of male partner testing and its barriers at ANC in Goba town.

1.2. Statement of the Problem

Prevention of mother to child transmission of HIV programme requires great male participation. Currently, it has been recognized that their involvement and support is critical to improving women's uptake of the services including the decision to test, returning for test results and correctly taking ARV drug (6). In this regard, antenatal care is one of the areas where male couple is expected to participate through voluntary HIV counseling and testing. However, in majority of SSA including Ethiopia, their participation is still weak particularly partner testing rate is low. For instance, the 2012 ministry of health of Ethiopia report revealed that among pregnant women who had antenatal care, only 20% of them came with their partner for voluntary HIV counseling and testing(5,7).

Several studies have shown that individual, socio-economic, cultural and programmatic factors to hinder the participation of male at antenatal care (7). To respond for the factors, Country like Ethiopia has made major efforts through the scale up of PMTCT program. However, male involvement in the program still remains a big problem for the country and much need to be done to contain the problem.

The extents of male involvement in previous studies have not been examined in accordance with the existing HIV testing law. Absence of clearly stated legally enforced law on disclosure of HIV status between couples by health professional or no means of partner notification, and non-existence of law that enforce partners to use the available PMTCT services might have contributed for low male involvement at antenatal care(8).

Therefore, this study was intended to assess the magnitude of partner testing and associated factors, to explore opinions of study participants and health professionals working at the area as well as mother support group (MSG) on the need for breaking confidentiality between legally married couples on their HIV status and to explore opinions of study participants on the need for legal enforcement for married couples to use available PMTCT service.

1.3. Significance of the Study

Male involvement is required for prevention of mother to child transmission of HIV. Their involvement in the program can increase the utilization of the service by women through encouraging their partners to visit antenatal clinic. In this regard, male partner should be involved meaningfully for the success of the program. However, until now very little success has been reported with regard to men's involvement. So, this study would address the challenges for low male involvement and provided initiative recommendation that foster their involvement at the program and helped the policy maker to revise the health policies, law and regulation to reduce MTCT of HIV in line of getting HIV free child. Furthermore, information obtained from the study could serve as a base line data for further research.

2. Literature review

2.1. Overview of prevention of mother to child transmission of HIV

HIV infection transmitted from an HIV-infected mother to her child during pregnancy, labour, delivery or breastfeeding is known as mother-to-child transmission (MTCT). The prevention of mother-to-child transmission (PMTCT) is a highly effective intervention and has huge potential to improve both maternal and child health. In 2001, the United Nations General Assembly set a target for 80% of pregnant women and their children to have access to essential prevention, treatment and care by 2010 to reduce the proportion of infants infected by HIV by 50 %(9).

Without intervention, 25-40% of infants born to HIV-positive mothers will become infected. With current interventions, this risk can be reduced to less than 5%. Ensuring provision of maternal antiretroviral therapy for pregnant women who require treatment for their own health and effective provision of PMTCT interventions improves maternal health and infant HIV free survival and can substantially reduce pediatric HIV over time. Mother-to-child transmission (MTCT) of HIV infection remains a major public health problem and constitutes the most important cause of HIV infection in children less than 15 years old(10).

2.2. Men's involvement in PMTCT program at ANC

As depicted in the conceptual frame work, involvement of male in the program is evaluated by the number of male partner undergoing HIV testing and counseling at antenatal care.

Why "couple testing" at ANC is important

Assists couples and partners to reduce HIV risk, learn HIV status, Dispel myths about HIV transmission, Creates an environment that is safe for disclosure of HIV status among partners includes communication strategies, problem-solving and negotiation skills, and skill building. Given the great extent of testing of pregnant women, there are important opportunities and benefits of testing their male partners. In antenatal care (ANC) settings couple HIV counseling and testing where the father and mother can share knowledge of their HIV status and their unborn child's risk of infection and can improve access and adherence to PMTCT interventions and thus decrease the number of infant infections (11,12).

Why male participation and involvement in PMTCT is critical

Men need to test together with their partners, make decisions together on the aspect of safer sex and feeding of the baby. Women who have their partner's support are adherent to PMTCT regimen, family planning decisions are critical to prevent repeated pregnancies among HIV infected women and some women who test negative during ANC still seroconvert during pregnancy /post delivery. In addition a Catholic HIV and AIDS network(CHAN) report has shown that Women often identify the lack of support from their husbands or partners as a major barrier to accessing antenatal or other forms of health care (12, 13).

2.3. Magnitude of partner testing

Article reviewed, survey conducted in Cameroon, and Uganda revealed that only 18% and 5% of men had attended ANC with their partners for HIV counselling and testing respectively (14, 15). According to FMOH-HSDP4 annual performance report for EFY 2011\12, Partner testing rate has increased from7% to 20 %. similarly, reports from AIDS Reliefs consortium members showed that, partner testing increased to 17% in 2011 compared to 0% in 2010 after creating CQI team at St.Luke Hospital and suggested that male partner involvement via partner HIV testing is challenging but achievable. Another cross-sectional study conducted in Ethiopia has also identified only 15.7% women were accompanied by their male partners to the health centers for ANC or HIV testing (5, 16, 17)

2.4. Barriers to male partner involvement in PMTCT

Demographic barriers

A cross-sectional study conducted in Zambia and Uganda revealed that there was a postive association between age and level of male involvement. The postive association suggested that an increase in age has a postive influence on man's willingness to be involved in PMTCT. Levels of education were also identified factors for partner involvement. Men who had high level of education were more likely to get involved in the program than with less education. Furthermore, a negative association was found between the duration of marriage and the level of male involvement in the program, the finding suggested that longer duration of relationship between a man and women may have a negative influence on the men's involvement in PMTCT (15,18).

Societal or cultural barriers

Systematic reviews conducted across the different studies in Africa revealed that most of male partners perceived that antenatal care services as a women affairs. Some of male partner were not supported by culture that male to participate in antenatal care activities (7,19). Similarly, descriptive study conducted in Tanzania showed that15.5%, 21.4%and 9.7% of male partners perceived that the services as women affairs were not supported by culture to participate in antenatal care activities and felt shy to attend antenatal care (20). Again, a qualitative study conducted in Ethiopia revealed that socially constructed gender roles was found to be as a barriers to male partner testing . In other article reviewed, Poor communication between spouses on PMTCT has also contributed to low turnout of men in antenatal clinics in sub-Saharan Africa. Again a study conducted in Cameroon showed that most women conceded that they avoid talking about safe sex and HIV/AIDS to their partner because they feel embarrassed if they start conversation on these issues (7, 14, 21).

Male individual factor barriers

Study conducted in several SSA revealed that being busy, have no interest, fear of being tested, stigma, lack of confidentiality and negative provider attitudes were identified factors as barriers to male involvement in PMTCT/ANC services(19,21,22). Reports from FDRE documented that among those who are aware of the availability of prevention of mother to child transmission (PMTCT) services, many do not use them due to fear of discrimination and abandonment by their spouses and other immediate families; and dislike of being seen in VCT rooms (23).

Information/knowledge barriers

Study conducted in SSA revealed that reason for men not to test is that the female partner had tested, and it was assumed that her result would be the same as his "proxy testing" and, lack of awareness of antenatal voluntary Counselling and testing services is another barriers in some part of Africa however most studies showed that male are aware of the benefits of PMTCT and partner testing. In addition, study conducted in different part of Africa showed that there is a postive association between knowledge about PMTCT service and level of male involvement. These finding revealed that an increase in knowledge and awareness about PMTCT may have postive influence on men's involvement PMTCT (18, 19, 21, 25, 26).

Health system barriers

Research conducted in Africa indicated that, inadequate spaces for confidential counselling and private disclosure, long waiting time, perception of male antenatal clinic as being male unfriendly, distrust in the confidentiality of health care system, not allowed to enter antenatal clinic and mistreatment from health worker were identified as an obstacle for male involvement (7,15, 19,26,27,28). The most important aspect has not been addressed by majority of studies. That is the issue of partner testing from perspective of public health law has not been examined. So, this study will address the magnitude of partner testing and factors associated to male involvement in PMTCT program at ANC.

2.5. Conceptual Frame Work

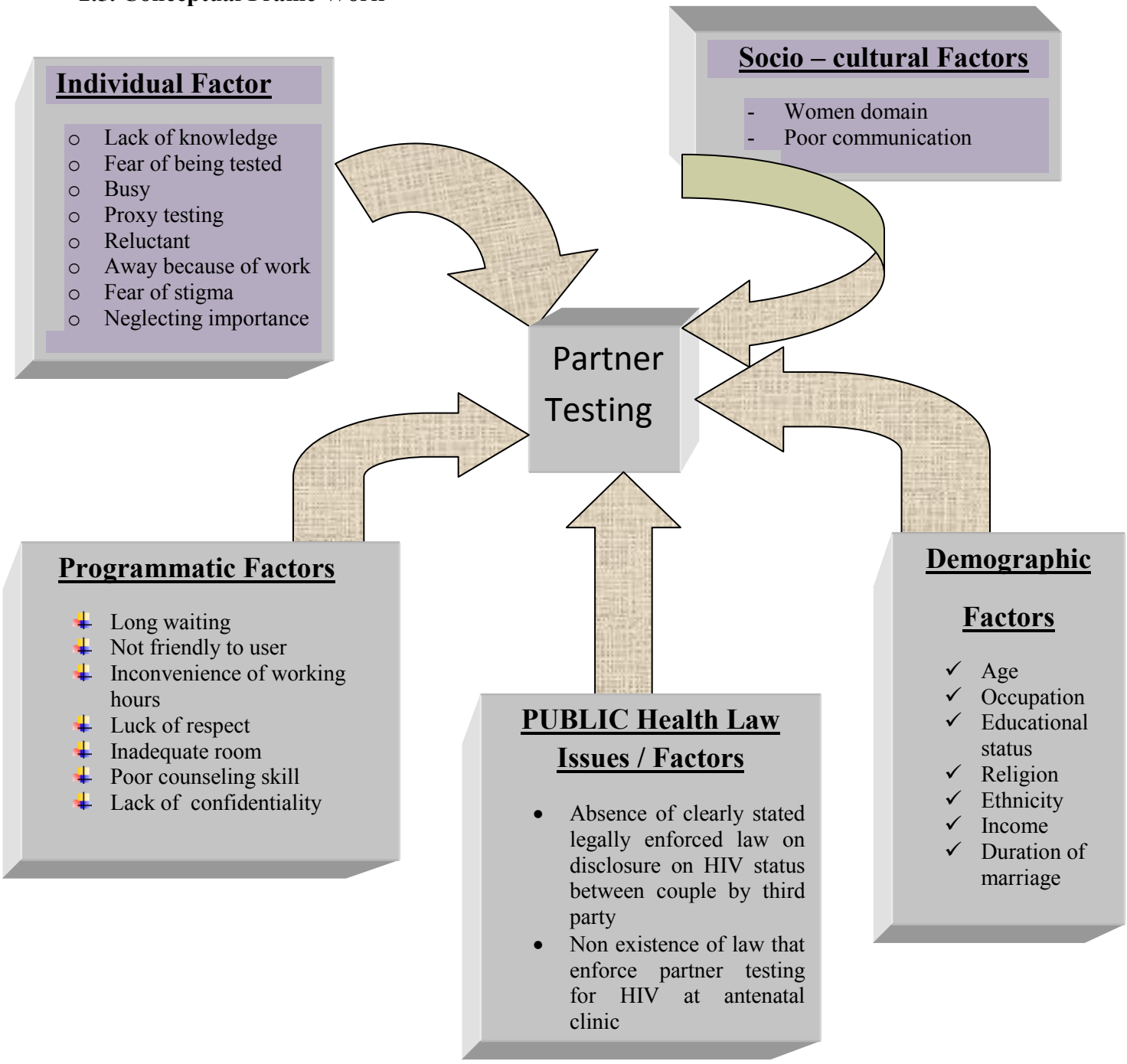

Figure 1: A Conceptual frame work for factors associated with partner testing at ANC Goba Woreda, Bale Zone, South East Ethiopia, October, 2014.

3. Objectives

3.1. General Objective

To assesses male involvement in prevention of mother to child transmission of HIV at ANC in context of partner HIV testing and associated factors.

3.2. Specific Objective

- To assesses magnitude of partner testing at antenatal care.
- To identify factors associated with male partner testing at antenatal care.
- To explore opinions of PMTCT health service providers and mother support group on the need for partner notification between couples on their HIV status
- To explore opinions of PMTCT health service providers and mother support group on the need for legal enforcement's of couples to use the VCT services at antenatal clinic

4. Methodology

4.1. Study Area and Period

The study was conducted from September 15, 2014 to October 9, 2014 in Goba Woreda at Goba town. It is one of the 18 Woreda in Bale Zone, Oromia region, South-East Ethiopia. The town is 444 Km south-east from the capital city Addis Ababa and 13 Km from capital city of Bale Zone (Robe town).

Administratively the Woreda is structured into two: Goba rural woreda with 15 rural Kebeles and Goba administrative town with 2 urban Kebeles. In the woreda there is one government referral hospital and four health centers. The total population of the woreda has been estimated 89,859(Projected from CSA 2011) . Of these 50, 650 live in urban and 39,209 reside in rural area. ANC coverage of the Woreda was 90% and the proportion of mother counseled and tested in 2012 at Goba hospital was 100% whereas partner testing was 10%.

The Goba referral hospital in the town started to provide PMTCT service in 2002 and since 2013/2014 year, the Hospital has implemented the new option B+ PMTCT program. The study area is purposively selected because the hospital is one of the facilities in Bale zone which has implemented PMTCT service earlier when our country adopted the program, Secondly, partner testing rate is low which is below national level and needs further study.

4.2. Study Design

A facility based cross-sectional survey was conducted concurrently supplemented by two focus group discussions (one with PMTC staff and the other with mother support group).

For quantitative Survey

4.3. Population

Source population

All male partners whose spouse visited Goba hospital for antenatal care during the period of July 2013 to June 2014.

Study population

All sampled male partners whose spouse visited Goba hospitals for antenatal care during the period of July 2005 to June 2006.

Inclusion and Exclusion criteria

Inclusion criteria

- Male partner whose age is above 18
- Marriage or relationship with a woman visited ANC clinic during the period of July 2005 to June 2006.
- Permanent residents in Goba Town

Exclusion criteria

- Male partner of pregnant women who already knew his HIV status and come for ANC during stated period will be excluded
- Mentally ill husbands
- Critical ill husband
- Partner away from his permanent residents area during data collections period

4.4. Sample Size Determination

The sample size was calculated based on the estimation of the proportion of partner HIV testing at ANC in the study area taken which was a prevalence of 10 % for the year 2004EC (Goba Hospital HMIS), absolute precision of 3% and a 95% level of confidence are entered in to a single proportion formula with a non-response rate of 10%, 422 subjects are estimated as shown below;

$$n = \frac{(Z_{\alpha/2})^2 \, p(1-p)}{d^2}$$

Where;

n = Sample Size

z = Standard normal value corresponding to 95% confidence interval = 1.96

d = Margin of error 3% = 0.03

p = Expected proportion of male partners tested at ANC from Goba hospital report in 2010 is used which is 10%.

q = 1-p = 1-0.1 = 0.9

n= 1.962*0.1*0.9/0.03

n=3.84*0.1*0.9/0.0009

n=384+10%NR= 422

4.5. Sampling Procedures

Systematic random sampling technique was used to select the study participants. The sampling frame was obtained from Goba hospital's ANC registration book to identify a total of 2030 women who had antenatal care during the period of July 2005 to June 2006 E.C. Then, Personal records of these women were used to recognize addresses of their male partners. The male partners whose wife had antenatal visit during stated period were 2030. To establish the sampling interval, the sampling frame was then divided by the sample size (422), accordingly, every five person with a random start were selected from the list until the required number was reached. Later, the men were traced at their place of residence using the information obtained from ANC registration and recruit them for the study.

4.6. Data Collection Instrument and Procedure

Data were collected using a structured and semi structured questionnaire by reviewing previous similar studies conducted that could capture the objective. The questionnaire included information on socio-demographic characteristics, knowledge about PMTCT, experience on counselling and testing for HIV at antenatal clinic, socio-cultural belief about PMTCT/ANC, opinion about the need for breaking confidentiality between partners on their HIV status and opinion on the need for legal enforcement of partner to utilize VCT service .The questionnaire were also pretested before actual administration in a similar setting to ensure accuracy, and were translated in to Amharic and pretested on 5% of male partner attending ANC with their wife at Goba hospital (not included in the study) then back to English to ensure its consistency. Sampled male partner of pregnant women who visited at ANC during July 2005 to June 2006 were traced at the Goba town and interviewed. Interviews were conducted by five experienced urban health extension worker along with five local guider and they were supervised by two health officer.

For Qualitative study

Focused group discussion was used to supplement the quantitative study. It was conducted in two different groups, including: mother support groups and health professional working on PMTCT at Goba hospital. These groups were purposefully selected since they are involved in the program. (Annexes4)

The FGDs were moderated by principal investigator. And, notes were taken by an assistance that had training and experience in conducting FGDs. The discussions were conducted in Amharic. The interviews ranged in length from 45 to 90 minutes

Audio recorded with participants' permissions was used. A guide and questions were developed based on the research objectives. Themes included were knowledge on PMTCT program, benefits of the program and specific service given, importance of male partner HIV testing, perceived barriers to HIV testing at ANC, opinion on partner notification and, legal enforcement of partner to use PMTCT/ANC were also area of focus considered.

4.7. Study Variables

Dependent variables

- Partner testing at ANC is taken as dependent variable

Independent Variables

The independent variables *have* six components, mentioned under:

- Knowledge and awareness about PMTCT
- Experience on HIV counselling and testing at ANC
- Socio-cultural factors
- Programmatic factors
- Demographic characteristics of men
- Opinion on` HIV testing laws and policies (confidentiality)

4.8. Operational Definition

- **Couple:** Two persons in an ongoing sexual relationship; each of these persons is referred to as a "partner" in the relationship

- **Couples HIV testing and counseling (CHCT): -** When two or more partners are counseled, tested and receive their results together (11).
- **Partner testing:** This is when one partner has already been tested, and the other partner is then tested separately. This would be a common scenario in antenatal settings, where women are routinely offered HTC and then encouraged to bring in their partner for partner testing. Partner testing may occur with or without disclosure. Whenever appropriate and feasible, however, mutual disclosure of HIV test results under the guidance of a counselor should be encouraged and facilitated. In this study partner testing with mutual disclosure is considered a form of CHTC (11).
- **Male involvement** in this study refers to engaging men to participate in health services together with their partners, especially in ANC settings for HIV testing and counselling.
- **Disclosure:** When one partner shares his or her HIV status with another partner (or any other person), this is referred to as disclosure. When individuals learn their HIV test results alone, they often bear the burden of disclosing their HIV status to their partners without assistance from a trained counselor or health care provider (11).
- **Mutual disclosure:** When two (or more) partners share their HIV status with one another. CHTC ensures mutual disclosure of HIV status between partners. When partners learn their HIV Status together, they also agree that decisions about mutual disclosure to any third parties must be made together (11).
- **Partner notification:** When an authorized individual in a health facility or health system shares a person's HIV test result with that person's partner, or partners, in order to protect the health of that partner. This may occur with or without the expressed consent of the original partner (11).
- **A serodiscordant couple** is a couple in which one partner is HIV-positive and one partner is HIV-negative. Although one partner is currently HIV-negative, this does not mean that this partner is "immunized" or protected against getting HIV in the future. It is of paramount importance for serodiscordant couples to avoid transmission to the HIV-negative partner. It is possible for couples to stay HIV serodiscordant indefinitely if they consistently practice safer sex using male and female condoms. The annual risk of transmission of HIV from an infected partner to an uninfected partner in serodiscordant

couples can be reduced from20–25% to 3–7% in programmes where condom use is recommended for prevention (11).

- **Male** a male biological gender of a married and/or sexual partner of a woman who is pregnant.

- **Partner** one who is married to or cohabitating with another individual of opposite sex. Sometimes either of the words "female" or "male" is added to indicate the sex of partner.
- **Knowledge and awareness about PMTCT among men**
  It means that knowledge on mother to child transmission of HIV, method to prevent mother to child transmission of HIV and also awareness of the existence of PMTCT program in Hospital.

Rating for knowledge assessment

The composite measure of respondents' knowledge was measured by the total number of correct answers to four item questions on knowledge about MTCT of HIV. These are questions related to Knowledge on transmission of HIV from infected mother to child, transmission of HIV during pregnancy from mother to her child, possibility of HIV transmission during delivery and HIV transmission through breast feeding. Accordingly those respondents who scored greater than 75% of knowledge assessment questions were thought as having adequate knowledge and those respondents who answered less than or equal to 75% of knowledge assessment questions were thought as having in-adequate knowledge.

- **Socio-cultural factors: -** In this study Socio-cultural factors relates to men's opinion, perception and their role in PMTCT program at ANC clinic and couple communication on sexual issue and decision making for HIV test
- **Programmatic factors: -** These are factors that are related to the PMTCT program at ANC themselves and how friendly to men. In this study, programmatic factors related to men's opinion on gender-specific PMTCT clinic, on the suited of PMTCT clinic times with men's daily activities, waiting time at clinic and on staff attitudes.
- **Demographic factors:-** The demographic factors which are age, education level, occupation, religion, duration of marriage and income

- **Opinion:** A belief or judgment on a law enact on breaking confidentiality between spouse and a law that enforce partner to use PMTCT service

4.9. Data Quality Management (quality control)

Training of data collectors

The data were collected by five urban health extension worker experienced in data collection after training was given for them in the required approach. They were supervised by two health officer and principal investigator

Pre-testing

The questionnaires were pre-tested among male partners in the ANC at Goba Hospital in a similar setting to ensure accuracy and correction was made accordingly and a final version of the questionnaires were made as agreed upon.

Translation of data collection tools

The consent forms, questionnaires and FGD guide were translated into Amharic and back translated to English to ensure its consistency.

Method triangulation

The use of FGD to triangulate the result with quantitative findings

Use of audio-taping to ensure accurate record of interviews

4.10. Data Analysis Procedures

For quantitative study

Data collection took place from September 15 to October 9, 2006. The collected data were cleaned and checked for completeness then data were entered and analyzed using SPSS Version 16 soft ware. Descriptive statistics such as frequency distribution, and percentages were used. Tables were also used to present the data. Odds ratio with 95% confidence intervals were computed to assess the presence and degree of association between dependent and independent variables. P-Value of less than 0.05 was set as a cut-off point for the significance of the association between the variables. Logistic regression analysis was carried out to see the independent effect of each variable on the outcome.

For qualitative study

Qualitative data: Contents of FGDs were grouped according to the emerging themes and analyzed manually through thematic approach.

4.11. Ethical Consideration

Ethical clearance was obtained from the ethical clearance committee of College of Health Sciences, Addis Ababa University, through School of Public Health before the study was implemented. Then, permission was obtained from the Woreda administration, Woreda Health Office and Goba hospital. Prior to interview; informed consent was also obtained from each participant.

4.12. Dissemination of Findings

The findings will be submitted to the school of public health of Addis Ababa University in partial fulfillment of the requirements for the degree of masters in reproductive health. A copy of the finding will be disseminated to Goba Hospital and power point presentation to PMTCT staff as well as to Goba woreda health bureau and Bale zone health bureau will be made . Finally, the findings will be presented in the annual scientific conference of Ethiopian Public Health Association. And, attempt will be made to publish the findings on local, or national or international peer reviewed journals.

5. Results

5.1. Quantitative findings

5.1.1 Response Rate and Sample Size

The data were collected from 409 respondents through face-to-face Interviews making the response rate of 97%. Of the sampled 422, thirteen could not be interviewed at indicated addresses because of eight were absent during study period, three refused to participate and two men died.

5.1.2. Socio-demographic characteristics of respondents

As shown in table 1, Out of the total respondents, 57.2 %(n=234) were between 30-39 years of age, 26.2 %(n=107) were between18-29 and the rest16.6 %(n= 68) were between the age of 40-54. Concerning the duration of marriage between partners, 36.2% (n=148) of respondents have been in a relationship with their wife for less than 5 years whereas 45.7% (n=187) for 5 to 10 years and the rest 18.1% (n=) for more than 10 years. Pertaining to the educational status, 11.7 %(n=48) had no formal education, 18.3 %(n=75) had attained grade 1-6, while over one third of the respondents 39.1 %(n=160) had attained secondary education and the remaining 30.8 %(n=126) were at the level of higher education. Among the total respondents 44.5% and 43.5% belonged to Oromo and Amhara ethnic group respectively and the remaining 12.1% belonged to other ethnic group (Tigre, Gurage and Wolaita).

About three-fourth of respondents (75.8 %) belonged to Orthodox Christians, 16.6% were Muslim, and the remaining 7.6% were protestant. With regard to occupation 20% of the respondents were government employers, 28.6% were private employed, and 28.9% were merchants whereas 22% belonged to other occupation (Farming, Daily laborer and Driver). The monthly income of respondents were, below 500 ETB for 33.7 %(n=138) of respondents, between 500-1000ETB for 40.1 % (n=164) of respondents, others 16.9(n=69)%, and 9.3(n=38)% of respondents earned a total monthly income that fall in to 1001-2000 and above 2000 Ethiopian Birr respectively.

Table 1: Socio demographic characteristics of respondents, Goba Woreda, Bale Zone, South-East Ethiopia, October, 2014.

Variable		Frequency	Percent
Age	18-29	107	26.2
	30-39	234	57.2
	40-54	68	16.6
Duration of marriage	<5years	148	36.2
	5-10years	187	45.7
	>10years	74	18.1
Educational level	No formal education	48	11.7
	Grade 1-6	75	18.3
	Grade 7-12	160	39.1
	Higher education	126	30.8
Ethnic group	Oromo	182	44.5
	Amhara	178	43.5
	Tigre	8	2
	Gurage	6	1.5
	Wolaita	35	8.6
Religion	Muslim	68	16.6
	Orthodox	310	75.8
	Protestant	31	7.6
Occupation	Farming	58	14.2
	Government Employee	84	20.5
	Private Employee	117	28.6
	Merchant	118	28.9
	Daily laborer	20	4.9
	Driver	12	2.9
Income	<500 ETB	138	33.7
	500-1000ETB	164	40.1
	1001-2000ETB	69	16.9

	>2000ETB	38	9.3

5.1.3. Knowledge and awareness about PMTCT

The knowledge and awareness of respondents about mother to child transmission of HIV is shown in Table 2, All respondents 100% (n=409) knew that HIV can be transmitted from infected mothers to child. Of these respondents (n=409), 78%% knew that mother with HIV can pass the virus to her baby during pregnancy, 21% (n=86) said no and 1% (n=4) were not sure. Almost all respondents 99.5 % (n=407) knew that HIV positive woman could transmit the Virus to her baby during labor and delivery, where as 0.5% (n=2) respondents said no. similarly, 99.5 % of respondents (n=407) knew that HIV positive woman could transmit the virus to her baby during breast feeding. Concerning way to prevent MTCT of HIV, all respondents100% (n=409) knew that the way to prevent HIV from mother to child. Of these, majority of the respondents 69.2%(n= 283) mentioned that the exact means of prevention that was HIV testing of the pregnant mother & her partner as well as taking appropriate measure based on their status is a means to prevent . However, the rest 30.8%of respondents could mentioned the partial means of prevention that was HIV testing of pregnant mother only and taking appropriate measure based on her status is a way to prevent MTCT of HIV. Regarding to awareness of PMTCT program, all respondents heard about the program and knew that the existence of PMTCT service at Goba hospital. Concerning HIV testing and counselling of women at PMTCT/ANC, almost all of respondents 99 %(n=405) knew that women were counseled and tested for HIV at PMTCT clinics and very few respondents 1% (n=4) did not know.

Table 2: Knowledge and awareness of husbands/partners about mother to child transmission of HIV, Goba Woreda, Bale Zone, South-East Ethiopia, October, 2014.

Variables		Number	Percent
HIV can be transmitted from Infected mother to child during pregnancy	Yes	319	78.0
	No	86	21
	I don't Know	4	1.0
During Labour and delivery	Yes	407	99.5
	No	2	0.5
During Breast feeding	Yes	407	99.5
	No	2	0.5
Is there ways to prevent MTC transmission of HIV	Yes	409	100
	No	0	0
Heard About PMTCT program	Yes	409	100
	No	0	0
Is PMTCT service offered at Goba Hospital	Yes	409	100
	No	0	0
At PMTCT/ANC , are pregnant women counseled & tested	Yes	405	99.0
	No	4	1.0

As shown in figure 1, the composite measure of respondents' knowledge was measured by the total number of correct answers to four item questions on knowledge about MTCT of HIV. These are questions related to knowledge on transmission of HIV from infected mother to child, transmission of HIV during pregnancy from mother to her child, possibility of HIV transmission during delivery and HIV transmission through breast feeding. For those who answered four questions were thought as having adequate knowledge and for those who answered three and below but more than one answer was thought as having in adequate knowledge. Based on this

parameter, 77% of the respondents had adequate knowledge whereas 23% of them had in adequate knowledge about MTCT of HIV.

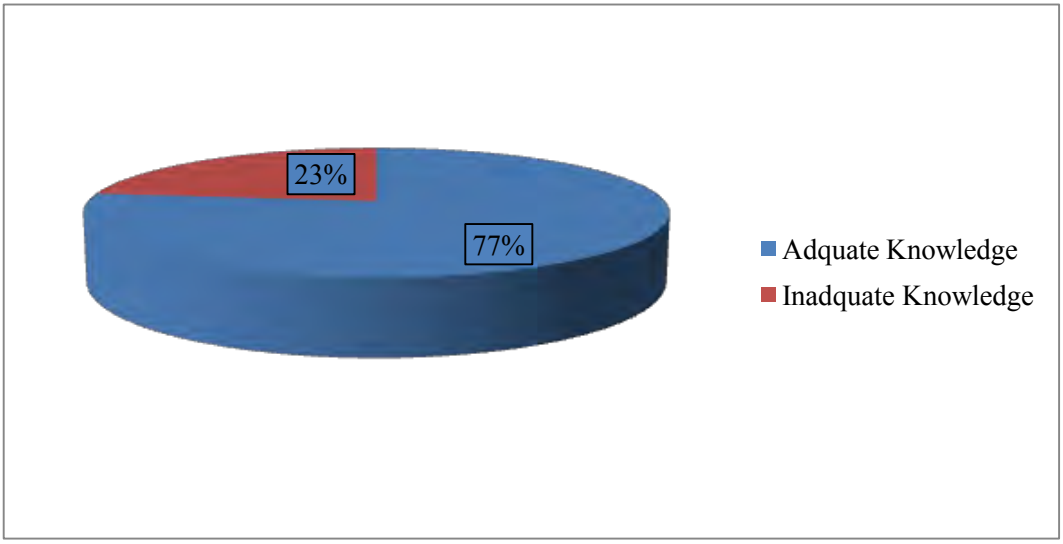

Figure 2: Distribution on composite level of PMTCT knowledge among respondents, Bale Zone, Goba Woreda, South-East Ethiopia, October, 2014.

5.1.4. Male experience in PMTCT/ANC clinic

As shown in table 3, Overall, 22.7% (n=93) partners were tested for HIV at ANC and majority of them 77.3 %(n=316) have never counseled and tested for HIV with their wife at ANC in their last pregnancy. Being busy 59.8 %(n=189) was the major reason for male not being tested for HIV at Antenatal clinic. Proxy testing that their partner's HIV status was similar for their own status was the second reason for not being tested which was 20.6 % (n=65). Others were fear of being tested, neglecting importance and away for work accounted for 6.3 % (n=20), 4.4% (n=14) and 8.8% (n=28) respectively for not being tested.

Among those who participated in HIV testing and counseling at ANC (n=93), 71 %(n=66) were participated because of letter of invitation sent by health worker and mother support group and the rest 29 %(n=27) was due to their own decision. All of them 100 %(n=93) reported that they had taken their test result on time. Of these, 100 % (n=93) male reported that they had shared (disclosed) their HIV test results with their spouses. Of the respondents, 100% of them (n=409) knew that the benefits of couple HIV testing at antenatal care.

Table 3: Practices of partner testing for prevention of Mother to child transmission of HIV infection, Goba Woreda, Bale Zone, South-East Ethiopia, October, 2014.

Variables	Responses	Frequency	Percent
Counseled and test with your wife at last pregnancy?	Yes	93	22.7
	No	316	77.3
If No, what were the reasons?	I am busy	217	68.7
	Proxy testing	65	20.6
	Fear of being tested	20	6.3
	Not necessary	14	4.4
Do you think that partner testing has benefit? (for not being tested)	Yes	316	100
	No	0	0
Reasons for being tested at ANC clinic among tested partner	Own decision	27	29
	Through letter of invitation	66	71
Do you think that partner testing has benefit (for those being tested)	Yes	93	100
	No	0	0
Received the result among tested	Yes	93	100
	No	0	0
Disclosed the result to your wife	Yes	93	100
	No	0	0

5.1.5. Socio cultural factors related to Partner testing

As shown in table 4, Majority (98.5%) of respondents thought that Pregnancy issue is not women affairs only however about 1.5 %(n=6) of respondents perceived that pregnancy is women Affairs. Only 4.9 %(n=20) respondents perceived that ANC clinic serve only for women. With regard to HIV testing and counseling, majority of the respondents 99 %(n=405) agreed that women should never get permission from her husband to get HIV testing where as only 1% (n=4) of respondents thought that women should get permission from their male partners before undergoing HIV test for PMTCT. Concerning to couple communication, 95.6 %(n=391)male reported that their wife had shared (disclosed) their HIV test results to them during their last

pregnancy while the rest 4.4%(n=18) of male did not know their spouse HIV status during their last pregnancy.

Table 4: Socio cultural factors affecting Partner testing, Goba Woreda Bale Zone, South-East Ethiopia, October, 2014.

Variables	Responses	Frequency	Percent
Pregnancy is women issue only	Yes	6	1.5
	No	403	98.5
ANC clinics serve only women	Yes	20	4.9
	No	389	95.1
No need of husband permission for a mother to be tested	Yes	405	99
	No	4	1.0
Are you told by your wife of her being tested for HIV during last pregnancy	Yes	391	95.6
	No	18	4.4

5.1.6. Programmatic factors for service user among male partner

As shown in table 5, 100 % (n=93) of male service users said that the room was inadequate. 95.7 % (n=89) and 97.8 % (n=91) of service users mentioned that the health worker keep the privacy and treat the client very well respectively. About 95.7 % (n=89) of service users stated that the room for ANC was inconvenient for HIV testing and counseling and only 4.3 % (n=4) felt service duration was too long. Concerning service satisfaction, Majority of the respondents 97.8 %(n= 91) stated that they were satisfied with their overall service they got, and 68.8 % (n=64) said ANC working hour suitable for male.

Table 5: Distribution of male service users concerning Programmatic factors, Goba Woreda, Bale Zone, South-East Ethiopia, October, 2014.

Variables	Responses	Frequency	Percent
Is room adequate for counseling	Yes	0	0.00
	No	93	100
Keeping the privacy of the client	Yes	89	95.7
	No	4	4.3
Handling client very well	Yes	91	97.8
	No	2	2.2.
Convince of ANC clinic for male	Yes	4	4.3
	No	89	95.7
Waiting long time	No	89	95.7
	Yes	4	4.3
Overall satisfaction with service	Yes	91	97.8
	No	2	2.2
ANC working hour suitable for male	Yes	64	68.8
	No	29	31.2

5.1.7. Opinion on HIV testing laws

As shown in table 6, majority of the respondents 83% (n=326) thought that endorsement (issuance) of law that obligate male partner to participate (undergo HIV test) at PMTCT/ANC clinic could increase their participation and 90.6% (n=356) felt that legal permission of Partner notification by health professionals increases male participation.

Table 6: Distribution of males' opinion on HIV testing Law related factors, Goba Woreda, Bale Zone, South-East Ethiopia, October, 2014.

Variables	Responses	Frequency	Percent
Do you think Legal enforcement of partner testing at ANC increase male participation	Yes	326	83.0
	No	67	17.0
Do you think legal permission of Partner notification by Health professionals increase male participation	Yes	356	90.6
	No	37	9.4

5.1.8. Factors Associated with partner testing

In order to identify factors associated with partner testing, Logistic regression with enter method was used with 95%CI and P-value of Less than 5% all variables were regardless of their significance in binary logistic regression entered to multiple logistic regressions and finally independent predictors of partner testing were identified (Table 7).

In binary regression; duration of marriage less than five years were more likely to be tested compared to those with duration of marriage greater than 10 years[COR=3.3, 95%CI:1.46-3.90, p=0.002]

Those partners who had adequate knowledge on transmission of HIV/AIDS from mother to child during pregnancy, labour and delivery and breast feeding were more likely to be tested compared to those who had inadequate knowledge about [COR=2.1, 95%CI:1.12-4.02, p=0.021]

Those partners who had no formal education and completed grade 7-12 were less likely to be tested compared to those who had completed higher education [COR=0.2, 95%CI: 0.05-0.50, p=0.001], [COR=0.3, 95%CI: 0.56-0.49, p=0.000] respectively.

Those partners who said legal enforcement were necessary to increase male participation in PMTCT were less likely to be tested compared to those who had said legal enforcement is not necessary to increase the male/partner participation in PMTCT [COR=0.3, 95%CI: 0.17-0.51, p=0.000]

Regarding endorsement of law on partner notification by health professionals about the HIV status of individual, those who responded affirmatively appeared to be 3.8 times tested than their counter parts [COR=3.8, 95%CI: 1.15-12.79, p=0.029].

As shown in table 7, In multiple logistic regression, those partners at age group of 18-29 were 5.4 times more likely to be tested compared to those at age group of 40-54[AOR=5.4, 95%CI: 1.66-17.85, p=0.005]

Duration of marriage less than five years were 5.6 times more likely to be tested compared to duration of marriage greater than 10 years [AOR=5.6, 95%CI: 1.83-17.30, p=0.03]

Having no formal education were less likely to be tested compared to those who had completed the higher education [AOR=0.1, 95%CI: 0.023-0.050, p=0.004] and those partner at grade 1-6 and 7-12 were also less likely to be tested compare to those who had completed higher educational level with [AOR=0.3, 95%CI:0.10-0.99, p=0.049], [AOR=0.09, 95%CI: 0.032-0.24, p=0.000] respectively.

Those who had said legal enforcement is necessary were less likely to be tested compare to their counter parts with [AOR=0.14, 95%CI: 0.07-0.32, p=0.00]

Those partners who said partner notification by health professionals should be permitted were more likely to be tested compared to their counter parts [AOR=8.4, 95%CI: 1.92-37.12, p=0.005]

Table 7: Association between partner testing and its associated factors, Goba Woreda, Bale Zone, South-East Ethiopia, October, 2014.

Variables	Category	COR(95%CI)	P.value	AOR(95%CI)	P.value
Age	40-54	1		1	
	15-29	2.1(0.98-4.39)	0.54	**5.4(1.66-17.85)**	0.005
	30-39	1.2(0.59-2.42)	0.60	2.4(0.93-6.27)	0.07
Occupation	Others[]	1		1	
	Governmental employee	1.62(0.81-3.23)	0.17	0.8(0.240-2.99)	0.796
	Private	1.27(0.65-2.48)	0.484	0.5(0.23-1.26)	0.154
	Merchant	0.69(0.34-1.42)	0.315	1.2(0.44-3.14)	0.753
Duration of marriage	>10 years	1		1	
	<5yrs duration	**3.3(1.55-3.90)**	0.002	**5.6(1.83-17.30)**	0.03
	5-10 years	1.4(0.64-2.95)	0.42	1.5(0.55- 3.97)	0.447
Educational status	Higher education	1		1	
	No formal education	**0.2(0.05-0.50)**	0.001	**0.1(0.023-0.50)**	0.004
	Grade 1-6	0.7(0.36-1.30)	0.22	**0.3(0.10-0.99)**	0.049
	Grade 7-12	**0.3(0.56-0.49)**	0.00	**.09(0.032-0.24)**	0.000
Monthly Income	>2001ETB	1		1	
	<500ETB	**0.4(0.18-0.94)**	0.34	1.7(0.38- 7.85)	0.480
	500-1000ETB	0.7(0.32-1.50)	0.35	2.6(0.72-9.70)	0.142
	1001-2000ETB	0.8(0.35-1.95)	0.66	1.6(0.50-5.09)	0.425
Knowledge status	Inadequate knowledge	1		1	
	Knowledgeable	0.004(0.001-0.027)	0.000	1.1(0.47-2.54)	0.846
Pregnancy is women affair	No	1		1	
	yes	**7.1(1.27-39.12)**	0.25	.596(0.07-5.37)	0.644
legal enforcement	No	Ref 1			
	Yes	**0.3(0.17-0.51)**	0.000	**0.14(0.07-0.32)**	0.00
Partner Notification	No	1		1	
	Yes	**3.8(1.15-12.79)**	0.29	**8.4(1.92-37.12)**	0.005
ANC is for female only	No	1		1	
	Yes	0.4(0.08-1.59)	0.181	0.16(0.23-1.08)	0.06
Where you told by your wife	No	1		1	
	Yes	5.2(0.69-39.84)	0.110	0.95(0.103-8.69)	0.961
Permission	No	1		1	
	Yes	0.3(0.04-2.09)	0.219	0.9(0.11-8.86)	0.996

5.2. Results of qualitative study

Focus group discussion participants in both the mother support group and the PMTCT service providers group have identified the following barriers to partner testing at ANC and expressed their opinion on the need for partner notification and legal enforcement to increase male participation in PMTCT program. Identified barriers to male involvement in PMTCT services are classified as information or awareness, individual factors, community or cultural, health system and policy issue related factors.

5.2.1. Information or awerance barriers

According to the respondents in both FGDs, males' involvement was limited in the PMTCT program due to inadequate knowledge and lack of information about the program. Even male partner do not know their task in the service. In addition, men would have misconception about HIV test result.

FGD among the service provider participants viewed that, the awareness and knowledge of the partners on PMTCT program is inadequate.

> *"Much has been done to raise the awareness of male partner about PMTCT/ANC service and their importance of male participation on the program but there is still inadequate knowledge on PMTCT program among male partner."*(Delivery service provider I)

The mother support group discussants stated their view on the importance of male involvement in the PMTCT program is neglected,

> *"Most men do not realize the importance of the program despite its benefits is significant."* (MSG I)

Most of the service providers FGD discussant agreed that proxy testing is a reason for low male involvement,

> *"There is misconception by men that their partner's HIV status was a proxy for their own status I think this misconception could arise as a result of inadequate knowledge."* (ANC service provider I)

Majority of the MSG discussants revealed the presence misconception among the male partners on the importance of partner testing during ANC.

> *"Certain male partner said to us why should I get tested? Since I am ok"* (MSG II)

5.2.2. Individual Factors

The FGD in both groups identified the presence of individual factors that hinder male partners not to be participated in the program; like fear of being tested, being busy and neglecting the importance of the service are the common barriers shared among the majority of the FGD discussants.

5.2.2.1. Fear of being tested

The mother support group and service providers FGD discussant reported fear of being tested and positive result is a reason for men not to be tested,

> *"Sometimes men refused to come to antenatal clinic because of fear of being tested and become HIV positive."* (MSG II)

> *"Male partners are afraid of if their HIV test result becomes postive that is why they did not accompany their spouse at ANC clinic…."* (Delivery service provider II)

5.2.2.2. Being busy and away For work

The other barrier to male partner testing at ANC which was identified by the majority of the FGD participants was "partner being busy and away for work".

> *"Majority of women claimed that their partners are busy when we asked them to bring their partner."*(ANC service provider I)

> *"…. Certain group of women tell to us that their partner were away for work when they were asked to bring their partner."* (MSG III)

5.2.2. 3. Ignoring the benefits

Ignoring the benefits obtained from partner HIV testing at ANC was the other individual reason for low partner testing which was identified by both the service provider and the MSG FGD participants.

One of the ART service providers reported that,

> *"Male usually Undermining the importance of the service to their family…. by men is the reason for not being participated in the program."* (ART service provider I)

The mother support groups FGD findings also identified ignoring the benefits is the common norm contributing to low partner testing at ANC,

> *"…in my opinion ignoring the benefits of HIV testing by men is the reason for males not involved in the program, for instance, I am one of the MSG working in this hospital and became HIV postive three years ago… but my husband is still not volunteer to know his HIV status because of ignoring its benefits and by now we have separated our bed."* (FGD IV)

5.2.3. Community or cultural

Certain cultural barriers to low partner testing which were identified by the majority of the FGD participants include; considering pregnancy as a women issue only, absence of open discussion on sexual issue between partners and feeling ashamed by male partner to visit ANC clinic.

> *"Certain male partners feel shame on attending ANC clinic along with their partners."*
>
> (MSG VI)

> *"Personally, I feel that lack of clear communication between partners on reproductive issue is the tradition in the community and is the reason for male not to participate in the program."* (ART service provider II)

> *"Rarely, certain groups of men are considering pregnancy and delivery as a women's domain."* (Delivery service provider II)

5.2.4. Health system and policy issue

FGDs participants reported that health care system and policy are others barriers that made male not to be participated. These are inadequate number of ANC health worker, inadequate room for HIV testing and counseling and even the current ANC set up is also inconvenient for male.

Others, barriers are lack of mechanism of tracing male partner, neglecting MSG activities and problem related to working hours. Further, absence of independent male ANC unit, and absence of male support group were identified barriers by participants

One of the ANC service providers said,

> *"The ANC room doesn't have adequate space for HIV testing and counseling."*

One of mother support group said, "The set up is not convenient for male to keep their privacy since the room offered other MCH services."

One of the ANC service providers said,

> *"There is no mechanism to trace male partner who refused to participate in the program after inviting men through letter, even we are not sure whether the letter has reached for male partner or not. We only depend up on female partner's responses."*

One of the delivery health service providers said,

> *"Mother support groups have significant role in increasing service uptake by encouraging male to visit ANC clinic along with his wife but their role is neglected by concerned body. They are working without salary. This issue needs attention. Really, I can say that they are the back bone for PMTCT program in this hospital."*

One of the mother support groups said,

> *"It would have been very nice if the hospital had had male support group in ANC clinic, I think absence of these may affect service uptake by male partner."*

5.2.5. Perception of FGD participants on partner notification

Focus group discussion participants' stated their perception on the need for partner notification (disclosure of one's' HIV status to others partner without one's permission) and legal enforcement of male partner to use VCT services as follow: when looking at the perception of FGD participants views on partner notification, majority of them commented that it has negative impact on service up-take by both partners; specially for female partners and they suggested that it can result in family separation, gender based violence and stigma instead of increasing the service uptake.

One of the ART service providers said that,

> *"My worry is that it may cause break down of family relationships…, because the other partner may lose trust if the results of one becomes discordant."* (ART service provider II)

One of the mother support groups said that,

> *"It may decrease service uptake by mothers, for instance, mothers may say that why should I go to ANC clinic if the health worker disclose my HIV status to my partner without my permission?...."* (MSG V)

An ANC service provider forwarded her concern by saying that;

> *"If partner notification is allowed it may increase stigma and emotional stress in both groups."* (ANC service provider I)

A discussant among the MSG claimed her fear to partner notification by saying that,

> *"It may lead to domestic violence since the women whose HIV status is disclosed to her partner may be blamed as if she brought the virus to her husband."* (MSG IV)

One of the delivery service providers argued on the process of the disclosure by stating that,

> *"Instead of disclosing ones' HIV status by third parties like the health providers, it is better the women should take responsibility to disclose her status to her partner… in order to protect their unborn child from getting infected with HIV."* (Delivery service provider II)

5.2.6. Perception of FGD participants to Legal enforcement

Concerning the opinions forwarded by the FGD participants on the need for legal enforcement of male partner's to be involved in PMTCT programs. Most of the discussants suggested that the endorsement of legal enforcement would increase the utilization of the PMTCT services both by the male as well as the female partners since the law works for both partners. However some of the FGD participants gave alternative suggestion like the need to strengthen the previous

strategies which could promote the active involvement of male partners while telling their worry to the immediate endorsement of such laws for increasing the service uptake.

Alternative legal endorsement was claim by one of the ANC service providers,

> *"Personally, I would like a moral law to be endorsed than punishable law that is men and women take their responsibility to use available PMTCT service in order to get HIV free child. If this is so the service uptake can be increased."* (ANC service provider I)

The discussants of the MSG group showed their agreement and emphasized on the need for legal endorsement of partner HIV testing at ANC,

> *"The hard task that we are facing currently is disclosing the HIV status of children... Child is the future citizen of the nation and we should save guard them against HIV… For instance, since I had known my HIV status, I got one HIV free child using available PMTCT services…. So, I think if serious action is not taken by government, the number of children born with HIV will increase among non service users. Personally, I would like the law should be endorsed." (MSG III)*

"In my opinion, if the legally enforced *law is endorsed it can increase the participation of both spouses in using PMTCT services since the law works for both of them."* (MSG IV)

Some of the health service providers in the FGD raised their concerns to the need for endorsing legal enforcement to utilize PMTCT services by male partners at ANC clinic. One of the ART service providers argued against the endorsement, while high lighting the need to strengthen existing strategies,

> *"It is better to strengthen the previous strategy than ever that promotes PMTCT services uptake before the law is endorsed since it may have negative consequences that affects the service uptake."* (ART service provider II)

One of the delivery service providers said;

> *"Government and community should discuss this issue seriously and search a better solution for increasing services uptake from perspective of child right."* (Delivery service provider I)

6. Discussion

This study was intended to assess the magnitude of partner testing and associated factors in Bale zone, Goba Town. Out of the total study participants 97.3 %(409) of them participated in the study. Of these 22.7 %(93) partners were tested for HIV at ANC along with their spouses. This figure is almost consistent to the national partner testing rate for the year 2012 that was 20 %. But, it is a bit higher than the finding of St.Luke hospital at woliso where the partner testing was 17% for the year 2011. Another, cross-sectional study conducted in East Gojam Zone in 2011 has also identified 15.7% women were accompanied by their male partners to the health centers for HIV testing at antenatal (5, 16, 17). The discrepancy of partner testing between St. Luke hospital and east Gojam zone and this study could be due to time variation as both studies were done four years back. Whereas, this finding is greater than the findings from studies done in Uganda in which only 5% of men accompanied their spouses to the antenatal clinic for HIV testing and counselling (15). Despite the fact that the partner testing rate is not satisfactory that much for study area the difference could arise from study conducted at Uganda due to implementation of invitation letter to attract male partner to the service and using mother support group (MSG) in the program.

In this study, it has been found that a number of factors to be associated with male participation in the PMTCT programme at antenatal clinic. These included ages, duration of marriage and educational status. For instance, those men 15-29 years were 5.4 times more likely to get tested compared to 40-54 years of age. this finding is not consistent to study conducted by Tshibumbo in Zambia that indicated an increase in age has a positive influence on men's willingness to get involved in PMTCT (18), and this variation could be explained as a result of cultural difference.

Concerning the duration of marriage, those who were less than five years of marital relationship were 5.6 times more likely to be tested when compared to the duration of marriage greater than 10 years. This is also in line with the study conducted by Tshibumbo in Zambia that suggested a longer duration of relationship between men and women may have a negative influence on the men's involvement in PMTCT (18). This could be as long as two partners stay together for long period of time their frankness between them is getting lower. However, this issue requires further research.

Pertaining to the educational status; male having no formal education was 90% less likely to be tested as compared to those who had completed the higher education. This finding is also consistent with the study conducted at Uganda, which states men who had attained secondary education were1.9 times more likely to have a high male involvement index than those who had primary or no formal education (15).

In this study male involvement in PMTCT was also determined by individual factors; out of the total respondents, 77.3 % have never counseled and tested for HIV with their wife at ANC in their last pregnancy. This figure is slightly lower than the findings reported by the study conducted in East Gojam zone 84.7% and Cameroon 82% of men have not participated in antenatal care to undergo HIV testing(14,17).

Being busy was the major reason for male not to be tested for HIV at antenatal clinic. This barrier was also reported by FGD participants. Similarly, this finding was explained by study conducted in Tanzania by Yohana Boniphac 2009 (20). Another reason for men not being tested in this study was Proxy testing that considering their partner's HIV status was similar for their own status. The FGD participants also reiterated the above observation. This finding is concurrent with the study done by Maryce R in Ethiopia (21). In addition, this was supported by systematic review done by Frederic Morfaw and his friends (19). The misconception by men could arise from less access to detailed information of HIV/AIDS message. Such problem will have to be overcome by extensive and broad based IEC.

Further barriers identified in this study were fear of being tested, neglecting importance and away for work. This is also stated by FGD participants. Similar findings were also reported by the study conducted in different parts of Africa (19, 20, 21). Surprisingly, all non tested respondents knew that the benefits of couple testing at ANC clinic. This could be due to the reason that men are reluctant to learn their HIV status and not giving attention for the coming child.

Among respondents participated in PMTCT program, majority of them were involved in the program because of letter of invitation is sent by health worker and mother support group. However, a few numbers of respondents were participated due to their own decision. Finding from systematic review on challenge and success on male involvement in PMTCT in Sub

Saharan Africa also showed that a 30% increase in male partner counselling and testing when men sent a letter of invitation to participate in the program (7). This implies that letter of invitation has contribution to promote male participation in the PMTCT program. Regarding to couple communication, 95.6 % (n=391) of male reported that their wife had shared (disclosed) their HIV test results to them during their last pregnancy. Another, majority of the respondents (99%) agreed that women should never get permission from husband to get HIV testing. This finding is quite different from study conducted by Tshimibu in Zambia that showed 669% of male partner thought that women should get permission from their partner before undergoing HIV test (18). The difference could be due to cultural difference. Unlike of other study, there were not cultural barriers found in this study (15).

Concerning perception of service among service users, almost all service users stated that the health workers kept their privacy (confidentiality), treated them very well and did not make them to wait long. And this finding showed similarity to that of a study conducted in Uganda which confirmed nearly all respondents (98%) were satisfied with the `actual service they received (28). Though, almost all respondents claimed that the antenatal care room for HIV counseling and testing is inadequate and inconvenient. These results were correspondingly substantiated by FGD participants. The problem is also cited by study conducted at Uganda and other parts of Africa (15, 25, 28).

With respect to public health law, majority of the respondents supported obligatory law is necessary for male partner to participate in the program. Surprisingly, those who had said legal enforcement is necessary were less likely to be tested compare to their counter parts. These imply that those partners who were not tested may need external pressure. This issue requires careful attention and further study. These finding is also supported by FGD participants. They mentioned that obligatory law could increase male participation in the program since the law equally works for both male and female partner. In contrast, a few participants stated that before the law is endorsed, others measure should be taken to involve male partner in the PMTCT program actively.

In addition, greater part of respondents felt that legal permission of partner notification by health professionals increase male participation. Surprisingly those partners who said partner notification by health professionals should be permitted were 8.4 times more likely to be tested

compared to their counter parts. On the contrary, the FGD participants reported that partner notification is not good for both partner to participate in the program, and they commented that it has negative impact on service uptake by both partner specially for female partners and may lead to family separation, gender based violence and stigma instead of increasing service uptake. There is a need to carry out further research to assess these issues.

7. Conclusion and recommendation

7.1. Conclusions

The level of partner testing in the study area is 22.7%, and majority of men did not accompany their spouses to the antenatal clinic. Several factors have been identified for male not attending PMTCT services. These were lack of adequate knowledge on the program, individual factors such as being busy, proxy testing, fear of HIV test results, neglecting the importance and away for work were the reason for male not attending PMTCT services with their wives at ANC clinics. Others identified barriers were health system factors such as: lack of adequate room for HIV testing and counselling, the inconvenient set up for male and lack of partner tracing mechanism in the facility. Further, absence of legally enforced law for couples to utilize available ANC services was the reason for low involvement of male in the program.

7.2. Recommendation

- Strengthen and continue the previous activities than ever such as using letter of invitation and mother support groups. Besides, design strategy that helps for partner tracing mechanism.

- Intensify coordinated and targeted IEC program to convince male partner in order to utilize PMTCT service and develop strategy for community mobilization and support of the program. Like, promote couple counselling and raising awareness through BCC among the community

- Develop a new strategy for promoting male participation in the program like introduction of male support group, creating male ANC clinic, offer weekend couples counseling at ANC clinic, the use of peer educators for mobilizing male participation and structural improvement in health care system.

- Couple HIV testing laws should be revised to get HIV free generation so that men should be enforced to utilize the ANC service along with spouse through endorsement of law that obligate male partner to participate (undergo HIV test)at PMTCT/ANC clinic.

8. Strength and limitation

8.1. Strength of the study

- This study used mixed method approach to triangulate the findings
- Men interviewed than women
- The sample size was large enough with precision of 3%.
- The cost and time spent in locating and getting the respondents' house

8.2. Limitation of the study

- The study setting was institution based.
- Like any cross sectional study it fails to show causal relationship
- Data collection was carried out by female health professional as interviewers that might maximize social desirability bias

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10. Annexes

Annex 1: participant information sheet and consent form

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This questioner is prepared to assess male involvement in prevention of mother to child transmission of HIV in the context of partner testing and associated factors at ANC in Goba town, Bale zone, and Oromia region, south east of Ethiopia.

Good morning/afternoon. My name is _____ and I am working _____. We are studying on male involvement in PMTCT program at ANC in context of partner testing and associated factors.

As part of our studies there are some questions related to Prevention of Mother-To-Child Transmission of HIV and Maternal and Child Health that I would like you to respond to only if you wish to do so. I assure you that the information you provide are kept confidential. Your name would not be written on the questionnaire to ensure your confidentiality. Make sure that, there should be no harm caused because you are involved in this study. You have full right to decline to the interview partly or totally. In case you consent for the interview, I need you to provide me your honest answer to the questions you want to respond as this would help us to come up with genuine conclusions and recommendations that would potentially help Ministry of Health of Ethiopia and health facilities improve these services

Consent

I have fully understood its contents and I have agreed to participate in this research project.

Yes----------

No----------

Thank you for giving us your consent.

NAME OF DATA COLLECTER---------- SIGN----------DATE----------

Annex 2: Questionnaire

Instruction: - Circle the responses for questions with alternatives and write for open ended questions on the space provided.

Section 1.Sociodemographic Information

S.no.	Questions	Alternative responses	Code	Skip
101	What is your age?	_____Year		
102	For how long have you been in marriage with Your wife?	_____Years		
103	To which Religion do you belong?	1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Other		
104	Educational statuses	1. Illiterate 2. Read and write 3. Grade 1-6 4. Grade 7-12 5. Higher education		
105	Occupational statuses	1. Farming 2. Gov't. employee 3. Private employee 4. Merchant 5. Other specify……		
106	What is your ethnicity?	1. Oromo 2. Amhara 3. Tigrae 4. Guragie 5. Other (specify)_____		
107	Economic status (Monthly income)	1. 150ETB 2. 151-500ETB 3. 501-1000ETB 4. 1000-2000ETB 5. >2000ETB		

Section II: Knowledge and awareness on HIV/PMTCT

Instruction: for the statements assessing knowledge and awareness on HIV/PMTCT, please answer "yes" if you agree , "No" if you disagree or "don't know" if uncertain.

S.no.	Questions	Alternatives responses	Code	Skip
108	HIV can be transmitted from infected mother to child?	1. Yes 2. No. 3. Don't know		
109	HIV can be transmitted from infected mother to child during pregnancy?	1. Yes 2. No. 3. Don't know		
110	HIV can be transmitted from infected mother to child during labor and delivery?	1. Yes 2. No. 3. Don't know		
111	HIV can be transmitted from infected mother to child during breast feeding after birth?	1. Yes 2. No. 98. Don't know		
112	Is there a way to prevent HIV from mother to child?	1. Yes 2. No. 3. Don't know		
114	Have you ever heard about a program called Prevention of Mother-To-Child Transmission (PMTCT) of HIV?	1. Yes 2. No.		
115	If you heard, where does the PMTCT service are offered? (write down the options in the space)	_____ _____ _____ _____		
116	Are PMTCT services offered at Goba Hospital?	1. Yes 2. No. 3. Don't know		

117	At the PMTCT clinics, are pregnant women counseled and tested for HIV?	1. Yes 2. No. 3. Don't know		

Section III: Level of male participation in PMTCT/Experience of male on HIV counseling and testing

Instruction: for the questions assessing level of male participation in PMTCT, please answer "yes" if you agree , "No" if you disagree

S.no.	Questions	Alternative responses	Code	Skip
118	Were you counseled and tested for HIV with your wife at ANC in her last pregnancy?	1. Yes 2. No 3. Don't know If, yes skip to 122		
119	If the answer to question number one is no, could you tell me your reason for not testing? (Do not read the alternatives and More than one response is possible)	A. Fear of being tested B. Being busy C. Proxy testing D. Neglecting importance E. Fear of stigma F. Away because of work G. Not my concern H. Others……		
120	Do you think partner testing has benefits?	1. Yes 2. No 3. Don't know		
121	If the answer is yes for question number 120 ,explain the benefits in the space	_____ _____ _____		

		_____ _____		
122	If the answer to question number 118 is yes who were you invited to attend ANC?	A. I myself B. My wife C. Health worker through letter of invitation D. Specify if other-------		
123	Do you think partner testing has benefits?	1. Yes 2. No → Q#125 3. Don't know		
125	I do not want to know your results, have you received your HIV test results at that time?	1. Yes 2. No → Q#127 3. Don't know		
126	If yes, were you disclosed your result to your wife?	1. Yes 2. No 3. Don't know		

Section IV: Socio-cultural belief about PMTCT

This is answered by those who were not tested.

<u>Instruction:</u> for the following statements related to socio-cultural belief about PMTCT, please express your opinion by stating "YES", OR "NO"

S.no.	Questions	Alternatives responses	Code	Skip
127	Pregnancy is the domain of women/ women's affairs?	1. Yes 2. No 3. Don't know		

128	ANC clinic is a place where the service given only for women	1. Yes 2. No 3. Don't know		
129	A pregnant woman can be tested for HIV without the permission of her husband/partner?	1. Yes 2. No 3. Don't know		
130	Were you told by your wife for her being tested during her last pregnancy?	1. Yes 2. No 3. Don't know		

Section V: PROGRAMATIC FACTORS

This is only answered by male who were counseled and tested with his wife at ANC their opinion on PMTCT program

Instruction: for the following statements related to PMTCT programmatic factors, please express your opinion by stating "YES", OR "NO and for some questions state your reason for saying NO.

S.no.	Questions	Alternative responses	Code	Skip
131	Is the room adequate for counseling?	1. Yes 2. No 3. Don't know		
132	Is anyone not allowed to the room other than health worker to ensure privacy?	1. Yes 2. No 3. Don't know		
133	Is the health worker in the unit handling their clients very well?	1. Yes 2. No 3. Don't know		Q#135

134	If no specify your reason, (write in the space_)	_____ _____ _____		
135	Is the place where ANC service given suitable for male?	1. Yes → Q#137 2. No 3. Don't know		
136	If no specify your reason- (write the answers on the space)	_____ _____ _____		
137	Was the health worker in the unit making you to stay long time?	1. Yes 2. No → Q#139 3. Don't know		
138	If the answer is yes, Do not worry, roughly how long did you stay to get your test result? (write on the space)	_____ _____ _____ _____ _____		
139	Did you happy with service you get from ANC unit?	1. Yes → Q#141 2. No 3. Don't know		
140	If no specify your reason (write the answers on the space)	_____ _____ _____		
141	Is working hour of ANC clinic suitable for male?	1. Yes 2. No 3. Don't know		
142	If no specify your reason----------	_____		

	(write the answers on the space)	_____ _____		

Section VI: Public Health law related factors

Instruction: for the following statements health law related factors to PMTCT program in the context of child right, please express your opinion by stating "YES", OR "NO and for some questions, state your reason for saying NO

S.no.	Questions	Alternatives responses	Code	Skip
143	Do you agree if there is a legal enforcement for partner testing at ANC clinic?	1. Yes 2. No 3. Don't know		
144	Do you agree if a health worker in ANC disclose HIV status of his/her spouse without consent of the original partner?	1. yes 2. no 3 .Don't know		

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Annex 3: Focus group discussion guides

3.1. FGD participants and site

Place: Meda walabu Health Science College Hall

Date----------

Name of Moderator----------

Names of note taker……..

PARTICIPANT FOR FGD

Site	MSG	PMTCT STAFF	TOTALFGDS
MWHSC	6	6	2 Groups

NB. MSG- Mother Support Group

Sites from which PMTCT staff members selected

DEPARTMENT	NUMBER
ANC	2
L&D	2
ART	2

ANNEX 3.2. Information sheet for the qualitative FGD

Good morning/afternoon. My name is _____ and I am working _____. We are studying on male involvement in PMTCT program at ANC in context of partner testing and associated factors.

As part of our studies, we've asked you here to discuss the problems that communities face in relation to partner testing at ANC. Our discussion should last for about _____ minutes. I will be helping to guide the discussion and make sure everybody has a chance to speak. This is my friend_____. S/he will be making notes during the discussion so that we do not forget any of the points discussed. Although s/he will be recording the points raised, s/he will not write down any names, so whatever you say will be confidential.

Please remember, you are the experts and we are here to learn from you. Please don't tell us what you think we might want to hear. Tell us your views, whatever they are.

Before we go further, we should all introduce ourselves. Please tell us your name and where you live.

Now we have introduced ourselves, let me explain the ground-rules. They are very simple.

Please don't interrupt anyone and try to give everyone a chance to speak. Are there other rules we would like to add?

Before we start our questions let me explain the objective of the study. The objective of the study is;

- To explore your opinion on barriers for male partner testing at ANC
- To explore your opinion on the need for confidentiality between couple on their HIV status and legal enforcement for couples to use available PMTCT service

Focus group discussion guide for MSG/ PMTCT Service Providers

1. Do you know about PMTCT program? yes/no
2. If the answer is yes, where does the services given at

3. What is the importance of PMTCT program? Particularly, who is the beneficiary of the program
4. Does PMTCT program include HIV testing? yes/no

   4.1 If the answer is yes, who should take HIV test?
5. Do you think male partner should undergo HIV testing with his wife at ANC
6. If your answer is yes, what is the importance of requiring male partner to undergo HIV testing at ANC?

NB-In existing situation (as many research indicated) participation of male partner who undergo HIV test at ANC is low.

7. What is the reason for low participation of male partner?

NB-In current situation professional ethics of health and law obligates medical professional to keep HIV status of a person as confidential (secrets) and not disclose to any one without his\her consent.

8. Do you think the existence of this confidentiality law has an impact on low participating of male partner who get HIV testing at PMTCT program? Yes/no why?
9. Do you think legal permission of partner notification of a person's HIV status can bring change on participation of male partner that undergo HIV test at ANC? Yes/no why?
10. Do you think low participation of male that undergo HIV test has played its own contribution for transmission of HIV from mother to child? Yes/no
11. If your answer is yes, can issuance of law which obligates the couple particularly male partner to undergo HIV test at PMTCT program solve the problem? Yes/no why?
12. Finally, what would you suggest for getting more men to test and how to improve the acceptability of the services to save voiceless child.

Thank you!

Annex 4: Amaharic version questioner

አዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ትምህርት ቤት መጠየቅ

ይህ መጠይቅ የተዘጋጀው በጎባ ከተማ ለሚኖሩ እድሜያቸው ከ18 ዓመት በላይ ለሆኑ ያገቡ ወንዶች ሲሆን የጥናቱ አላማ ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል (PMet) ፕሮግራም ላይ የወንዶችን ተሳትፎ ለመዳሰስ የተዘጋጀ ነው፡፡

ፍቃድ (Consent)

እንደምን ዋሉ / አደሩ እኔ ስሜ ---------- ይባላል እዚህ የተገኘሁት በአዲስ አበባ ዩኒቨርሲቲ ትብብር ያገቡ ወንዶች በ PMTCT ፕሮግራም ላይ ያላቸውን ተሳትፎ ለመቃኘት ነው፡፡

አሁን አንዳንድ ጥያቄዎችን እጠይቆዎታለሁ የሚሰጡት መልስ ሚስጥራዊነቱ የተጠበቀ ነው ስሞዎሙ በወረቀቱ ላይ አይጻፍም የትኛውም ጥያቄ ያለመመለስ ወይም በማንኛውም ጊዜ ቃለ መጠየቁን ማቋረጥ ትችላለህ ሆኖም የምትሰጣቸው በጎ ምላሾች ለፕሮግራሙ መሳካት አስተዋፃ ስለሚያደርጉ እነዚህን ጥያቄዎች እንደምትመልስልን ተስፋ እናደርጋለን፡፡

በጥናቱ ለመሳተፍ ተስማምቻለሁ፡፡

አዎ ----------አይ ----------

ቃለ መጠይቁን መጀመር እችላለሁ

አዎ---------- አይ ----------

ፍቃድዎን በማግታችን እናመሰግናለን፡፡

ለመጀመሪያ ሰብሳቢዎች መመሪያ

የመልስ ሰጪው መልስ መሰረት በማድረግ ተገቢውን መልስ ይክበቡ እንዲሁም ምላሽ የሚያስፈልጋቸውን በተጠቀሰው ቦታ ላይ ያስፍሩ

ክፈል አንድ፡- ማህበራዊ ሁኔታዎች

101. እድሜ ----------ዓመት

102. ከባለቤትዎ ጋር በጋብቻ ምን ያህል ጊዜ ቆይታችዋል

-------- አመት

103. የትምህርት ደረጃ

1. ያልተማረ-------- 2. ማንበብና መጻፍ የሚችል --- 3. አንደኛ ደረጃ (1-6) -- 4. ከፍተኛ ሁለተኛ ደረጃ (7-10)

5. 12+

104. ብሔር

1. ኦርሞ---- 2. አማራ--- 3. ጉራጌ--- 4. ትግሬ----5. ሌሎች (ይግለጹ) ----------

105. ሀይማኖት

1. ሙስሊም ---- 2. ኦርቶዶክስ --- 3. ፕሮቴስታንት --- 4. ካቶሊክ------- 5. ሌሎች (ይግለጹ) ----------

106. የስራ አይነት

1. ግብርና ---- 2. የመንግስት ሰራተኛ -- 3. የግልተቀጣሪ -- 4. ነጋዴ -- 5. ሌሎች (ይግለፁ)----------

107. የወር ገቢ ----------ብር

ክፍል ሁለት፡- ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል ፕሮግራም ላይ ያለ ግንዛቤ ና እውቀት

በኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል ፕሮግራም ላይ ያልዎትን ግንዛቤና እውቀት አባኮዎትን ከሚከተሉት አረፍተነገሮች ጋር ከተስማሙ " አዎ" ካልተስማሙ "አይደለም" ወይም እርግጠኛ ካልሆኑ "አላውቅም " በማለት እንድትመልሱልን እንጠይቃለን፡፡

108. ኤች አይ ቪ ከ እናት ወደ ልጅ ሊተላለፍ ይችላል

1. አዎ--- 2. አይ ደለም ------3. አላውቅም---------114

109. ኤች አይ ቪ በእርግዝና ጊዜ ኤች አይ ቪ ካለባት እናት ወደ ፅንሱ (ልጅ) ሊተላለፍ ይችላ

1. አዎ----- 2. አይደለም------ 3. አላውቅም

110. ኤች አይ ቪ በወሊድ ጊዜ ከእናት ወደ ልጅ ሊተላለፍ ይችላል ::

1. አዎ ------2. አይደለም ------ 3. አላውቅም

111. ኤች አይ ቪ ጡት በማጣባት ጊዜ ከእናት ወደ ልጅ ይተላለፋ

1. አዎ-------- 2. አይደለም----------3. አላውቅም

112. ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ መከላከል የሚቻልበት መንገድ ይኖራ ወይ

1. አዎ---------- 2. አይደለም ---------- 3. አላውቅም

113. አዎ ከሆነ መልስ ፣ እንዴት መከላከል ይቻላል?

(መልሱን በባዶ ቦታው ላይ ያስፍሩ)

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114. ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል አገልግሎት (PMTCT)ስለሚባል ፕሮግራም ሰምተው ያውቃሉ ወይ

1. አዎ---------- 2. አላውቅም

115. አዎ ከሆነ መልሰዎት አገልግሎቱ የት ነው የሚሰጠው?(ሀሳብዎትን በባዶ ቦታ ላይ ይግለጽ)

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116. ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል አገልግሎት በነበ ሆስፒታል ይሰጣል ወይ ?

1. አዎ 2. አይደለም አላውቅም

117. በኤች አይ ቪ ከ እናት ወደ ልጅ እንዳይተላለፍ የመከላከል አገልግሎት ላይ እርጉዝ (ነፍሰጡር) ሴቶች የኤች አይ ቪ (HIV) የምክርና ምርመራ ያደርጋሉ ወይ

1. አዎ 2. አይደለም 3. አላውቅም

ክፍል ሶስት የወንዶች ተሳትፎ መጠን በኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል አገልግት ላይ

መመሪያ፡- ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል አገልግሎት ላይ የወንዶችን ተሳትፎ ለመገምገም ለሚጠየቁት ጥያቄዎች አዎ አይደለም ወይም አላውቅም በማለት እባኮትን ይመልሱልን

118. ባለቤትህ ነፍሰጡር በነበረችበት ጊዜ የኤች አይ ቪ የምክርና የምርመራ አገልግሎት በቅድመ ወሊድ በሚሰጥበት ቦታ ላይ አድርገዋል::

1. አዎ- -----122----------2. አይደለም

119. መልሶዎት አላደረኩም ከሆነ ኤች አይ ቪ ያልተመረመሩበትን ምክንያ ሊገልጹልን ይችላሉ ወይ?

1. መመርመር ስለፈራሁ------- 2. ጊዜ ስላልነበረኝ-3. ባለቤቴ ስለተመረመረች ውጤቷ ስለሚገልፀኝ (Proxy testing)

4. አስፈላጊነቱ አይታየኝም --5. ያገሉኛል ብየ ስለምፈራ--- 6. ለስራ ወጣ ብየ ስለነበር ---7. ሌላ ካለ ይግለፁ----------

120. የባልና የሚስት መመርመር በእርግዝና ወቅት ጥቅም አለው ብለው ያስባሉ ወይ?

1. አዎ 2. አይደለም ---- 3. አላውቅም

121. መልስዎ አዎ ከሆነ የመመርመር ጥቅሞቹን በባዶ ቦታ ላይ ይግለጹልን

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121. ለጥያቄ ተራቁጥር 118 መልሶ አዎ ከሆነ በቅድመ ወሊድ ክትትል በሚደረግበት ቦታ እንዲሰተፉ ማነው የጋበዞት?

1. እኔው እራሴ--------2. ባለቤቴ--------- 3. የህክምና ባለሞያ በደብዳቤ ጋብዞኝ

4. ሌላ ካለ ይግለጹ----------

123. የባልና የሚስት መመርመር በእርግዝና ወቅት ጥቅም አለው ብለው ያስባሉ ወይ ?

1. አዎ ----- 2. አይደለም ----------3. አላውቅም

124. መልስዎ አዎ ከሆነ የመመርመር ጥቅሞችን በባዶ ቦታ ላይ ይግለፁልን

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125. የኤች አይ ቪ የምርመራ ውጤትከን በግዜው ወስደካል (አውቀሃል) ወይ

1. አዎ 2. አይደለም

126. አዎ ከሆነ መልሶ ፣ የምርመራ ውጤትከን ለባለቤትህ አሳውቀሀል ወይ

1. አዎ ---------2. አይ

ክፍል አራት፡- ስለ ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል አገልገሎት ላይ ያለው መህበራዊና ባህላዊ አመለካከቶች ለመቃኘት ሲሆን ይህንን መጠይቅ የሚመልሱት ያልተመረመሩት ናቸው::

መመሪያ፡- መልሶዎትን አዎ ወይምአይደለም በማለት ይመልሱልን

127. እርግዝና የሴቶች ጉዳይ ነው? (ሴቶችን ብቻ ነው የሚመለከተው)

1. አዎ--------2. አይደለም----------3. አላውቅም

128. የቅድመ ወሊድ አገልግሎት የሚሰጠው ለሴቶች ብቻ ነው ወይንም አገልግሎቱ ሴቶችን ብቻ የሚመለከት ነው

1. አዎ---------- 2. አይደለም----------3. አላውቅም

129. ነፍሰጡር ሴት ያለባለቤትዎ ፍቃድ የኤች አይቪ ምርመራ ማድረግ ትችላለች

1. አዎ---------- 2. አይደለም----------3. አላውቅም

130.ባለቤትህ በእርግዝናዋ ወቅት የኤች አይ ቪ ምርመራ እንዳደረገች ነግረሃለች ወይ

1. አዎ ---------2. አይ------- 3. አላስታውስም

ክፍል አምስት፡- ስለ ፕሮግራሙ በተመለከተ

ይህንን መጠይቅ የሚመልሱት ወንዶች ከሚስቶቻቸው ጋር በቅድመ ወሊድ አገልግሎት (ANC) ግዜ የኤች አይ ቪ ምርመራ ያደረጉት ብቻ የሚመለከት ነው፡፡

131. አገልግሎት በሚሰጥበት ክፍል ለ ኤች አይ ቪ የምክርና የምርመራ አገልግሎት ስፍራው በቂ ነው

1. አዎ----------2.አይ

132. የግለሰቡን ሚስጥር ለመጠበቅ ከህክምና ባለሞያ ውጪ ሌላ ሰው እንዳይገባ ይከለከላል ወይ

1. አዎ---------- 2. አይ

133. የህክምና ባለሞያው ባለጉዳዮችን በደንብ ያስተናግዳሉ ወይ

1. አዎ ------135----------2. አይ

134. አይደለም ከሆነ መልሶ ምክንያቱ በባዶ ቦታ ይገለጹ

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135. የቅድመ ወሊድ የሚሰጥበት ቦታ ለወንዶችም ነው ወይ ?

1. አዎ -----137---------- 2. አይ

136. መልሶ አይደለም ከሆነ ምክኒያቱን በባዶ ቦታው ላይ ይግለፁ?

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137. የሕክምና ባለሞያው በአገልግሎቱ ቦታው ላይ ብዙ ያቆያሉ ወይ?

1. አዎ ---------- 2. አይ -------- 139

138. አሆ ከሆነ መልሶዎት በዓመት ምን ያህል ጊዜ ቆያችሁ የምርመራ ውጤትህን ለመውሰድ

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139. በቅድመ ወሊድ አገልግሎት ወቅት ባገኙት አገልግሎት ደስተኛ ናቸው ወይ

1. አዎ ----------140---------- 2. አይደለም

140. መልሶ አይደለም ከሆነ ምክንያቱን በባዶ ቦታ ላይ ይግለጹልን

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141. የቅድመ ወሊድ አገልግሎት የሚሰጥበት የስራ ሰአት ለወንዶች ምቹ ነው ወይ?

1. አዎ---------- 2. አይ

142. መልሶ አይደለም ከሆነ ምክንያቱም ምንድነው::

ክፍል ስድስት ስለ ሕብረተሰብ የጤና ህግ በተመለከተ

143 . የትዳር አጋሮች PMTCT ፕሮግራም በቅድመ ወሊድ ክሊኒክ እንዲጠቀሙ የሚያስገድድ ህግ በወጣ ትስማማለክ

1. አዎ

2. አይደለም

3. አላውቅም

144. የሕክምና ባለሞያ የአንዳንድን ግለሰብ የኤች አይ ቪ ምርመራ ውጤት ያለግለሰቡ ፍቃድ ለትዳር አጋሩ መግለጥ የሚያስችለው በህግ ቢፈቀድ ተስማማለክ

1. አዎ

2. አይደለም

3. አላውቅም

Annex 5: Amaharic Version Focus Group discussion guide

መጠይቅ

ይህ መጠይቅ የተዘጋጀዉ ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል ፕሮግራም ላይ ለሚሰሩ የጎባ ሆስፒታል ባለሞያዎችና ለአመቻች አናቶች የተዘጋጀ የመጠይቅ መመርያ ነዉ::

1. ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል አገልግሎት ስለሚባል አገልግሎት ያዉቃሉ
2. አገልግሎቱ የት ስፍራ ነዉ የሚሰጠዉ? የአገልግሎቱ ጠቀሜታ ምንድን ነዉ? በተለይ በአገልግሎቱ ተጠቃሚ ማንነዉ ብለዉ ያስባሉ?
3. ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላለፍ የመከላከል አገልግሎት ፕሮግራም የኤች አይ ቪ ምርመራን ያካትታል? የሚመረመረዉ ማን ነዉ?
4. መዚህ ፕሮገራም ላይ ባልና ሚስት ሁለቱም በጋራ መመርመር አለባቸዉ ብለዉ ያስባሉ?
5. አሁን ባለዉ ተጨባጭ ሁኔታ የቅድመ ወሊድ ክትትል አገልግሎት በሚሰጥበት ቦታ የወንዶች ተሳትፎ በኤች አይ ቪ ምርመራ አነስተኛ ነዉ:: ይህ የሆነበት ምክንያት ምንድን ነዉ ብለዉ ያስባሉ?
6. አሁን ባለዉ የህክምና ስነምግባር ደንብና ህግ መሰረት የህክምና ባለሞያ የአንድን ግለሰብ የኤች አይ ቪ ምርመራ ዉጤት ያለግለሰቡ ፍቃድ መነገር የለበትም ይላል፡ ይህ መሆኑ በ PMTCT ፕሮግራም ላይ ጥንዶች የሚያደርጉት ተሳትፎ ላይ ተጽእኖ አለዉ ብለዉ ያስባሉ? ካሰቡስ ለምን? ካላሰቡስ ለምን?
7. የህክምና ባለሞያ የአንድን ግለሰብ የኤች አይ ቪ ምርመራ ዉጤት ያለ ግለሰቡ ፍቃድ ለትዳር አጋሩ መግለጽ የሚያስችለዉ ህግ ቢፈቀድ ወንዶች በፕሮግራሙ ላይ የሚያደርጉት ተሳትፎ ላይ አስተዋጽኦ ይኖረዋል ብለዉ ያስባሉ ? አዎ ካሉ ለምን? አይ ካሉስ ለምን?
8. ኤች አይ ቪ ከእናት ወደልጅ እንዳይተላለፍ የመከላከል ፕሮግራም ላይ የትዳር አጋሮች ተሳትፎ አነስተኛ መሆን ኤች አይ ቪ ከእናት ወደልጅ እንዲተላለፍ አስተዋጽኦ አድርገል ብለዉ ያስባሉ ? መልስዎ አዎ ከሆነ የትዳር አጋሮችን እንዲመረመሩ የሚያስገድድ ህግ ቢዮጣ ተሳትፎአቸዉ የጨምራል ብለዉ ያስባሉ? አዎ ካሉ ለምን? አይ ካሉ ለምን ?
9. በመጨረሻ ጥንዶች በፕሮግራሙ ላይ ያላቸዉ ተሳትፎ እንዲጨምርና የፕሮግራሙ ተቀባይነት እንሪጎለብት ምን መደረግ አለበት ብለዉ ያስባሉ ?