

TITLE

Acceptability of woman-delivered HIV self-testing to the male partner: a qualitative study of antenatal clinic-linked participants in Blantyre, Malawi

PRESENTER

Augustine Talumba Choko

AUTHORS

A.T. Choko^{1,2}, M. Kumwenda^{1,3}, K. Fielding², E. Corbett^{1,4}, J. Chikovore⁵, N. Desmond^{6,7}

INSTITUTIONS

¹Malawi Liverpool Wellcome Trust Clinical Research Programme, TB/HIV, Blantyre, Malawi, ²London School of Hygiene & Tropical Medicine, Infectious Disease Epidemiology, London, United Kingdom, ³University of Malawi, College of Medicine, Helse-Nord TB Initiative, Blantyre, Malawi, ⁴London School of Hygiene & Tropical Medicine, Clinical Research, London, United Kingdom, ⁵Human Sciences Research Council, Pretoria, South Africa, ⁶Liverpool School of Tropical Medicine, Clinical Sciences, United Kingdom, ⁷Malawi Liverpool Wellcome Trust Clinical Research Programme, Social Science, Blantyre, Malawi

Background: High rates of HIV transmission within established sexual relationships in Africa call for high uptake HIV testing strategies that reach both partners. HIV self-test (HIVST) kits enable novel strategies, including partner-delivered kits to encourage testing as a couple at home. We explored the acceptability of using antenatal clinics (ANCs) as recruitment points, building on strong PMCTC programmes in Malawi. We sought the views of women attending ANC and their male partners concerning partner-delivered HIVST kits, either alone or with different approaches aimed at encouraging subsequent linkage into care or prevention.

Methods: A formative qualitative study to inform the design of a trial including five focus group discussions (2 men only; 2 women only; and 1 mixed gender) was done with a total of 36 participants. Thematic content analysis was used to interpret the data.

Results: Providing HIVST kits to pregnant women to deliver to their male partners was highly acceptable to both women and men. Several men strongly preferred this approach to any alternative, as this allowed testing to fit into lifestyles that are characterised by extreme day-to-day economic pressures, including need to raise money each day for food. Both men and women disagreed that introducing woman-delivered HIVST would provoke intimate partner violence (IPV), stating that pregnant women should be culturally “immune” from IPV. Most men stated a preference to self-test alone, ideally followed by the opportunity to re-self-test as a couple.

Regarding interventions for optimising linkage, both men and women felt that fixed financial incentives of ~ USD\$2 would increase linkage. However, there were concerns: potential negative consequences included a perceived undue reward for having multiple pregnant partners if financial incentives were too high. A lottery incentive was considered overly disappointing for those who receive nothing towards their evening meal in this extremely poor setting. Phone call reminders were preferred to short messaging service (SMS), given the frequency of “junk” SMSs in this setting.

Conclusions: Partner-delivered HIVST through antenatal clinic was acceptable to both men and women. Feedback on additional linkage enablers will be used to alter pre-planned trial arms. Lottery-based interventions may not be as effective in settings with extreme poverty.