Male Partner Risk Behaviors Are Associated With Reactive Rapid HIV Antibody Tests Among Pregnant Mexican Women: Implications for Prevention of Vertical and Sexual HIV Transmission in Concentrated HIV Epidemics

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Mexico's policies on antenatal HIV testing are contradictory, and little is known about social and behavioral characteristics that increase pregnant Mexican women's risks of acquiring HIV. We analyzed the association between risk behaviors reported by pregnant women for themselves and their male partners, and women's rapid HIV antibody test results from a large national sample. Three quarters of pregnant women with a reactive test did not report risk behaviors for themselves and one third did not report risk behaviors for themselves or their male partners. In the retrospective case-control analysis, other than reporting multiple sexual partners, reactive pregnant women reported risk behaviors did not differ from nonreactive women's behaviors. However, reactive pregnant women were significantly more likely to have reported risk behaviors for male partners. Our findings support universal offer of antenatal HIV testing and suggest that HIV prevention for women should focus on reducing risk of HIV acquisition within stable relationships.

(Journal of the Association of Nurses in AIDS Care, 26, *420-431*) *Copyright © 2015 Association of Nurses in AIDS Care*

Key words: *HIV prevention, Mexico, prevention of mother-to-child transmission, pregnancy, risk behavior, women*

Contact with health services during pregnancy is a critical opportunity for women to learn their HIV status and, if they are living with HIV, to access medical care and treatment for their own health and to prevent vertical (mother-to-child) HIV transmission. Scaling up such access is an integral part of achieving the Millennium Development Goals of reducing HIV-related maternal and child mortality (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2011), but in 2012 only 38% of pregnant women in low and middle income countries were tested for HIV (World Health Orgination [WHO], United Nations Childrens Fund [UNICEF], & UNAIDS, 2013). Universal and voluntary provider-initiated testing and counseling has resulted in significantly higher antenatal HIV screening rates (Hensen et al., 2012). The systematic offer of provider-initiated HIV testing and counseling during antenatal care (ANC) may also contribute to HIV prevention as it has been shown to increase spousal communication about HIV (independent of whether a woman

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JOURNAL OF THE ASSOCIATION OF NURSES IN AIDS CARE, Vol. 26, No. 4, July/August 2015, 420-431
http://dx.doi.org/10.1016/j.jana.2014.09.004
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accepted or refused HIV testing or her test result) and that spousal communication resulted in higher rates of male HIV testing and postnatal condom use (Degrees-Du-Lou et al., 2009). However, while the World Health Organization (WHO, 2012) recommends universal provider-initiated testing and counseling in ANC in countries with generalized epidemics (>5% general population prevalence), clear guidance has not been established for countries with low level and concentrated epidemics (defined as <1% general population prevalence, with or without HIV prevalence >5% in certain subpopulations, respectively).

Mexico, a country with a concentrated HIV epidemic, has contradictory policies on antenatal HIV testing. Mexico's HIV legislation recommends universal offer of HIV testing for pregnant women (Secretary of Health, 2010), but the legislation that regulates prenatal care has stated that antenatal HIV testing should only be offered to "high risk women—those who have received blood transfusions, drug addicts, and prostitutes" (Secretary of Health, 1993, p. 8). Operational guidelines echo the prenatal care legislation, stating that antenatal HIV testing should be offered to high-risk women (Secretary of Health, 2012), without defining who these high-risk women are or how they are to be identified. More than 95% of pregnant women attend at least one ANC visit, and 85% attend four or more visits, but in 2012 only 59.8% of Mexican women who went to ANC were tested for HIV (National Center for the Prevention and Control of HIV/AIDS [CENSIDA], 2013; United Nations Statistics Division, 2011).

The selective rather than universal offer of antenatal HIV testing is premised on the idea that women who are at higher risk of HIV are distinguishable from other pregnant women, but very little is known about the social or behavioral characteristics associated with HIV infection among Mexican women from the general population or among pregnant women in Mexico. Low general population HIV prevalence (0.2%), high HIV prevalence among men who have sex with men (11%), male sex workers (15%), and injection drug users (5%), and the fact that almost all AIDS cases among Mexican women diagnosed during the past decade were due to heterosexual transmission, has caused various authors to posit that Mexican women are vulnerable to HIV infection because of their male partners' risk behaviors for acquiring HIV (Allen-Leigh & Torres-Pereda, 2009; CENSIDA, 2010; Kendall, 2009; UNAIDS, 2013). However, no empirical studies with large samples have been conducted to support this assertion. With regard to pregnant women, studies conducted at the Tijuana General Hospital, which serves the population without employer-based health insurance in a city where the HIV epidemic is driven by drug use, have associated HIV infection with women's drug use, incarceration, and commercial sex work, as well as with their male partners' drug use and history of incarceration (Viani et al., 2006; Viani, Araneta, & Spector, 2013). A study at a hospital in Central Mexico that offered HIV testing to pregnant women who reported risk behaviors for HIV acquisition identified only two pregnant women living with HIV and, in both cases, associated living with HIV with reporting risk-behaviors for the male partner (migration, tattoos, multiple partners; (Romero-Gutiérrez, De Luna-Ortega, Horna-López, & Ponce-Ponce de León, 2009). More information about the relationships between women's risk behaviors for HIV acquisition, their male partners' risk behaviors, and HIV status are needed to develop appropriate policy for HIV testing in ANC and to guide HIV prevention interventions for women of reproductive age.

Our paper analyzed the associations between risk behaviors for HIV acquisition reported by pregnant Mexican women for themselves and their male partners and women's reactive or nonreactive rapid HIV antibody test results from a large national convenience sample. Our study had two hypotheses: (a) Pregnant women with reactive and nonreactive antibody test results would not differ in their reported risk behaviors for HIV acquisition, and (b) pregnant women with reactive HIV antibody test results would be more likely to report risk behaviors for their male partners than women with nonreactive rapid HIV antibody test results. The findings are critical for resolving contradictions in Mexican legislation about whether the offer of antenatal HIV testing should be targeted or universal and to provide needed evidence for HIV prevention programming. Beyond Mexico, our analysis provides relevant insights for improving prevention of vertical and sexual HIV transmission in the concentrated HIV epidemics that predominate in Asia, the Americas, and Europe (UNAIDS, 2013).

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