MALE PARTICIPATION IN pMTCT OF HIV: PERSPECTIVES OF MEN, WOMEN AND HEALTH CARE PROVIDERS IN TRANS-NZOIA COUNTY

BY

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ABSTRACT

Introduction: The HIV/AIDS epidemic remains a significant global problem, particularly in sub-Saharan Africa where more than 60% of all new HIV infections occur in women, infants and young children (WHO, UNAIDS, 2009). The World Health Organization (2007), reported that women represent the population with the fastest increase in HIV infection rates. This increases the risk of MTCT of HIV. Male participation in pMTCT programmes is limited yet they play a crucial role in mitigating HIV/AIDS impact especially in the context of the family and the provision of comprehensive HIV/AIDS care.

Study setting: The study was carried out in Trans-Nzoia County.

Study significance: The patriarchal nature in most of African societies including Kenya bestows men great power in decision-making in the family including on health issues. This is likely to influence women's access and utilization of health care especially ANC services. Based on this premise, male participation in pMTCT of HIV is vital in decreasing the spread of HIV. Therefore it is important for health care providers to understand factors influencing male participation in pMTCT of HIV.

Objectives: To determine the level of male participation and identify factors that influence their participation in pMTCT of HIV program; To describe the perceptions of men, women and health care providers regarding male participation in pMTCT of HIV in Trans-Nzoia County.

Study Design: Both exploratory (qualitative) and cross-sectional.

Sampling: The study area was stratified whereby the three districts constituting Trans-Nzoia County formed the strata. The sample size (n=140) was determined using Fisher's formula (z^2pq/d^2) and proportionately distributed. Systematic sampling was used to select the individual study participants in each stratum. Focus group discussion participants (n=42) and Key informants (n=12) were purposively selected.

Data collection: Qualitative data was collected using an interview guide. The data was taperecorded and field notes taken. Quantitative data was collected using an interviewer-administered semi structured questionnaire.

Data analysis & Presentation: Qualitative data was transcribed and categorized into themes and presented in illustrative quotes. Univariate and bivariate analysis was done and appropriate inferential statistics applied. The data was presented in tables, graphs, charts and narrative forms. **Results:** Among the 140 participants, only 39% had participated in pMTCT as partners, depicting the level of male participation. Most of the respondents (69.3%) were knowledgeable on pMTCT, with no significant variation in the level of knowledge among both genders (p= 0.921). Analysis of the level of participation by gender (p=0.435) & knowledge(p=0.144) revealed no statistically significant association between the variables. Females were more likely to agree that men should accompany their partner to ANC/pMTCT clinic for HIV CT than the males (p=0.047), while males were more likely to agree that HCPs do not ensure confidentiality than their female counterparts (p=0.018). Overall, socio-cultural factors had significant influence (95.7%), while programmatic factors had a 'moderate' influence (57.1%) on male participation in pMTCT. Stigma, time constraints and negative staff attitudes were cited as some of the factors contributing to low male participation. Most of the respondents had positive self-value perceptions and attitude regarding male participation in pMTCT of HIV.

Conclusions & Recommendations: Socio-cultural and programmatic factors influence male participation in pMTCT of HIV. There was no significant variation between men's and women's perspectives on male participation in pMTCT. Men play a significant role in pMTCT of HIV and reproductive health in general. Therefore, policy makers in the MoH and other stakeholders in pMTCT and/or HIV/AIDS programmes need to recognize the critical role of men in pMTCT of HIV in order to devise feasible strategies in incorporating the male partner for the success of such programmes.