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Research Article

Factors Hindering Male Participation in Prevention of Mother-to-Child Transmission of HIV (PMTCT) at National Council of Churches of Kenya (NCCK) Huruma Clinic, Nairobi

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Abstract

Mother-to-child transmission (MTCT) occurs when a pregnant woman with Human immunodeficiency Virus (HIV) passes the virus to her baby either during pregnancy, labour and delivery or breastfeeding period. Vertical transmission during pregnancy is between 20-25%. Globally, about 330,000 children were newly infected with HIV in 2011. It is estimate that more than 90% of these infections were through mother-to-child transmission. According to statistics, 1,400,00 – 1,800,000 people were living with HIV and AIDS by the end of 2007. Male involvement in prevention of mother-to-child transmission of HIV still remains a major challenge. This was facility based descriptive cross-sectional study which was aimed at assessing the factors hindering male participation in Prevention of Mother-to-Child Transmission of HIV (PMTCT) at National Council of Churches of Kenya (NCCK) Huruma clinic in Nairobi. The factors studied were demographic characteristics, knowledge and awareness of prevention of mother-to-child transmission of HIV and socio-cultural influence on male participation in PMTCT. Systematic random sampling method was used to obtain a sample population of 122 antenatal mothers. The data was collected between October and November 2012 using a structured and semi-structured questionnaire. Data was validated, cleaned, coded and entered in the computer. Data analysis was done using the statistical package for social sciences (SPSS). The results of the study showed that majority of the respondents, 77.87% (n=95), were between the age of 20 to 39 years with the least, 16.39% (n=20) aged between 40-49 years. There were low levels of knowledge and awareness on PMTCT among male partners. Socio-cultural factors were seen to contribute to low male involvement in PMTCT. The study recommends creation of awareness and also formulation of health messages which target men and are culture sensitive.

Keywords

PMTCT, Male Involvement, HIV, Pregnancy, Hindering

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1. Introduction

Mother-to-child transmission (MTCT) occurs when a pregnant woman with Human immunodeficiency Virus (HIV) passes the virus to her baby either pregnancy, labour and delivery or breastfeeding period. Vertical transmission during pregnancy is between 20-25%. Globally, about 330,000 children were newly infected with HIV in 2011. It is estimate that more than 90% of these infections were through mother-to-child transmission with more than 90% of them occurring in sub-Saharan Africa. According to statistics, 1,400,00 – 1,800,000 people were living with HIV and AIDS by the end of 2007. Men can play important role in the success of reproductive health services and be of great help in prevention of sexually transmitted infections including HIV [1, 2]. Male partner involvement in the prevention of mother –to-child transmission of HIV (PMTCT) services reduces the risk of vertical transmission and infant mortality by more than 40% compared to no involvement [3].

While HIV prevention strategies have been put in place and worked, PMTCT Programmes form an important component in fight against HIV. The involvement of men in these programmes make them feel honoured and respected and has been associated with an increase in uptake of PMTCT interventions by women. However male involvement still remains one of a major challenge which the program implementers have to overcome [4]. Traditionally, in Africa men are the heads of the family and decision makers and their involvement in PMTCT is important if the program must succeed. Cultural norms have been found to influence male participation with men preferring to receive information about PMTCT from fellow men who were their peers or older and, in a gender, specific group [5]. "The medical recommendations of PMTCT programs are often difficult for women to implement as they are overshadowed by community norms, values, and beliefs. A woman's decision to participate fully in a PMTCT program is influenced by the opinions of her partner and other family and community members, as well as by her perceptions and fears of possible negative reactions by others" [6]. It is believed that the uptake of PMTCT by women would improve with the involvement of male partners. Benefits of involving men in women's reproductive health services and PMTCT in particular are well recognized and have been advocated by many [1, 2]. The increased risk of HIV during pregnancy may be due to the woman's or her partner's sexual behavior, making it important to involve men in PMTCT. According to a report by UNICEF, in 2018, nearly 69,500 women and their HIV exposed children needed PMTCT services. With Kenya having missed meeting the target of less than 5% at the end of 2015, the 2018 estimates showed PMTCT rates having reduced from 14% to 11.5% between 2014 and 2017, with notable differences in progress towards the elimination of mother to child transmission of HIV across the different counties [7]. In Kenya, it is estimated that ¾ of sexual partners among HIV uninfected pregnant women HIV status are unknown [8]. Approximately 14% of pregnant women who acquire HIV infection in the antenatal period, have an additional risk of transmission the virus to her infant through breast feeding and the number may reach 29% for mothers who acquire HIV in the postnatal period [9]. In Tanzania, Men feel not important as part of PMTCT players and considered themselves marginalized by PMTCT programmes [5]. Studies have shown that Men give better support to their spouses when they are engaged, informed and involved from the beginning of antenatal services through couple counseling. Men ignorance on PMTCT is highly notable with very few being aware of their female partners testing during antenatal period. This may be attributed to inadequate access to information regarding PMTCT services [9, 10]. Lack of clarity on the roles and expectations of men in PMTCT is one of the main barriers to male involvement [11]. Until now very little success has been reported with regard to male involvement especially in Kenya and the reasons for low involvement need to be explored. This study is aimed at finding out some of the reasons behind this low involvement at National Council of Churches of Kenya (NCCK) Huruma Community clinic.

2. Materials and Methods

2.1. Type and Period of Study

This was a descriptive cross-sectional study carried out in June 2013 to 6th April 2015. It was aimed at assessing factors hindering male participation in PMTCT services at NCCK Huruma clinic. The study adopted quantitative methods of data collection.

2.2. Setting of the Study

The study was done at NCCK Huruma clinic which is a faith-based institution. Huruma is a low-income residential estate located northeast of Nairobi, the capital city of Kenya. It serves people in informal settlements of Kariobangi, Mathare and Pangani among others. It serves an average of 1048 antenatal mothers annually.

2.3. Inclusion and Exclusion Criteria

All partners of pregnant women seeking ANC services at Huruma clinic who were in the reproductive age of between 18-49 years who agreed willingly to participate in the study. Sick partners of Pregnant women between 18-49 years seeking ANC services at the health facility that were sick and unable to respond to the interview were excluded from the study.

2.4. Sampling

Partners of Pregnant mothers attending ANC services

were selected at random using systematic random sampling technique until the desired sample size of 122 participants was achieved. The researcher on a daily basis visited the clinic and recruit participants to the study.

2.5. Data Collection and Tools

Exit interviews were done to collect information from the participants on the factors hinder male participation in PMTCT. Structured and semi-structured questionnaires were used to collect information. Pretesting of the study instrument was done at Makadara Health center before commencement of the study to ensure its reliability.

2.6. Data Processing and Analysis

Data was validated, then cleaned and coded. Analyzing of data was done using statistical package for social sciences (SPSS). Summarized data was presented in tables, pie charts and bar graphs. Descriptive statistics were used during discussion of the findings.

2.7. Ethical Considerations

Participants were explained the purpose and the objectives of the study, how confidentiality was to be upheld, the benefits and risks of participating in this study. Informed consent was obtained from the participants by signing a consent form indicating their acceptance to participate in the study. The study was approval by Jomo Kenyata University of Agriculture Science and Technology (JKUAT) research and ethical committee. Permission to collect data was also sought from NCCK Huruma community clinic administration.

3. Results

A total of 122 Males partners of pregnant women were recruited to the study from Huruma NCCK clinic.

3.1. Socio Demographic Characteristics of the Respondents

3.1.1. Age of the Respondents

Majority of the respondents, 77.87% (n=95), were within the age category of between 20 to 39 years. 43.44% (n=53) were between the age of 20-29 years., 34.43% (n=42) aged 30-39 year and 16.39% (n=20) were between 40 to 49 years.

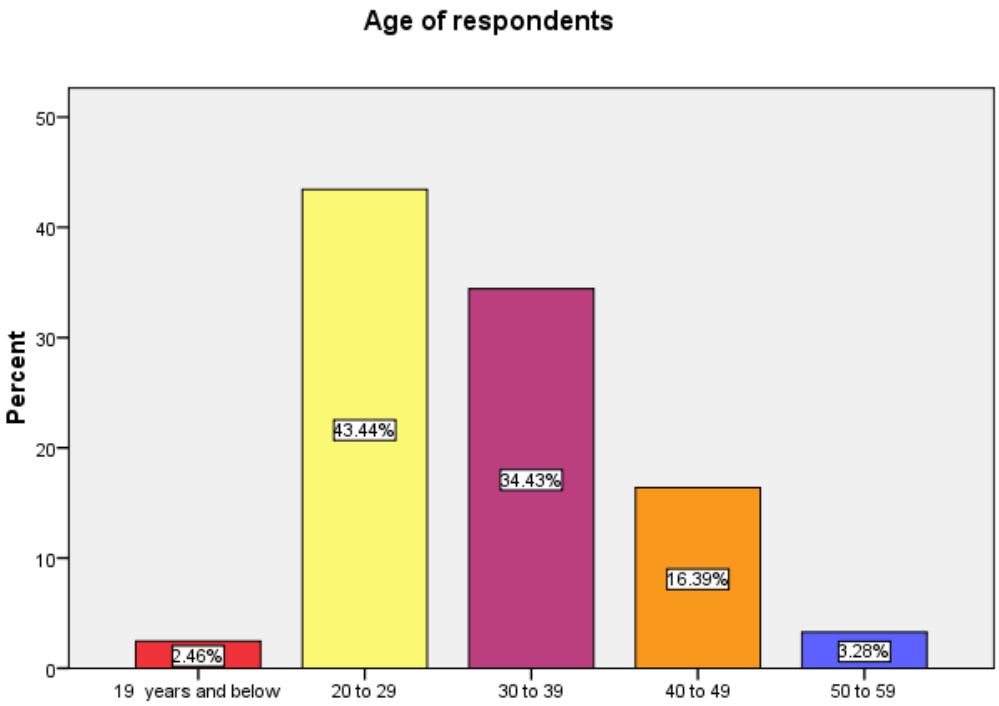

Figure 1. *Age of the respondents.*

3.1.2. Education Level of Respondents

Only 0.8% (n=1) of the respondents had not attended school, 9.84% (n=12) did not complete primary school, 14.75% (n=18) completed primary school, 7.38% (n=9) did not complete secondary school, with 36.7% (n=44) and 19.67% (n=24) having completed secondary school and college/university respectively.

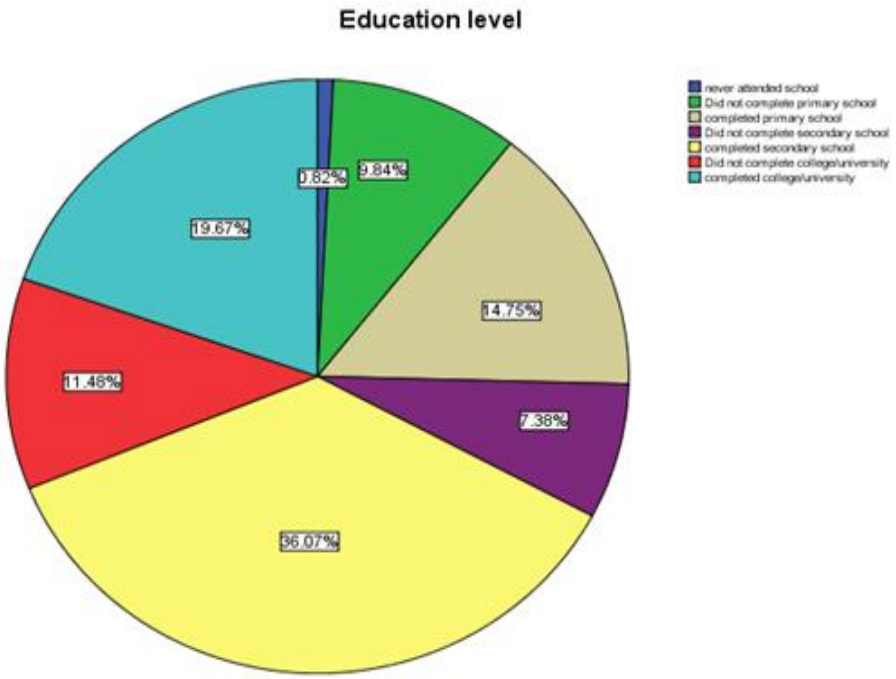

Figure 2. *Education level of the respondents.*

3.2. Knowledge and Awareness on PMTCT

3.2.1. Knowledge on MTCT

The level of knowledge of males on mother to child transmission of HIV during Pregnancy 39.34% (n=48) had the knowledge, 26.23% (n=32) did not have the right knowledge while 34.43% (n=42) did not have any knowledge.

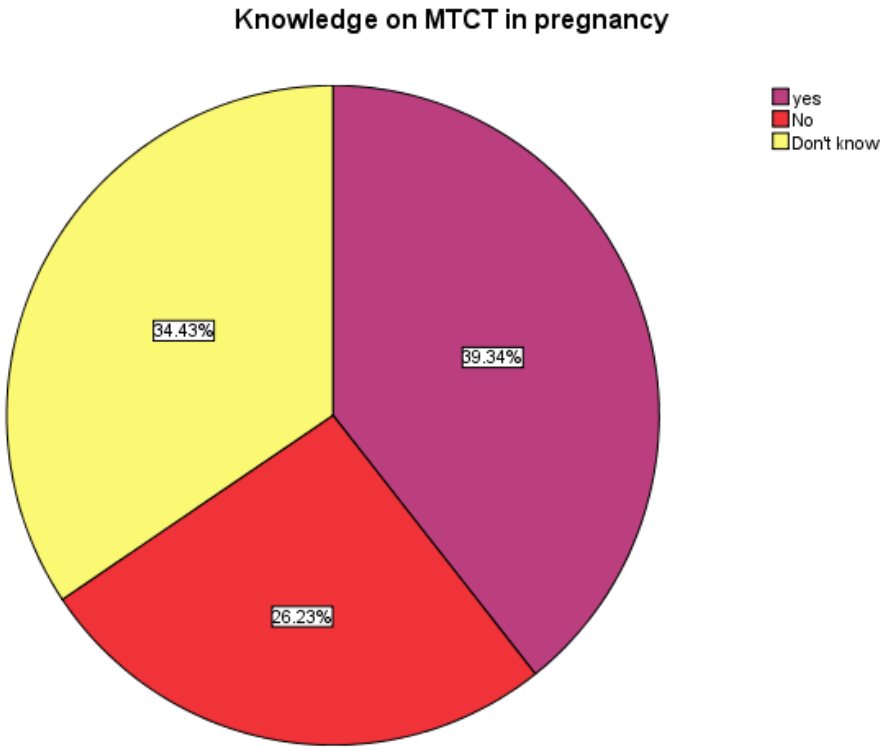

Figure 3. *Knowledge and awareness on MTCT.*

3.2.2. Knowledge on MTCT

Majority of the respondents, 50.82% (n=62) knew that an HIV positive mother could transmit the virus to the baby during breastfeeding.14.75% (n=18) said “No” whereas 34.43% (n=42) had no knowledge at all.

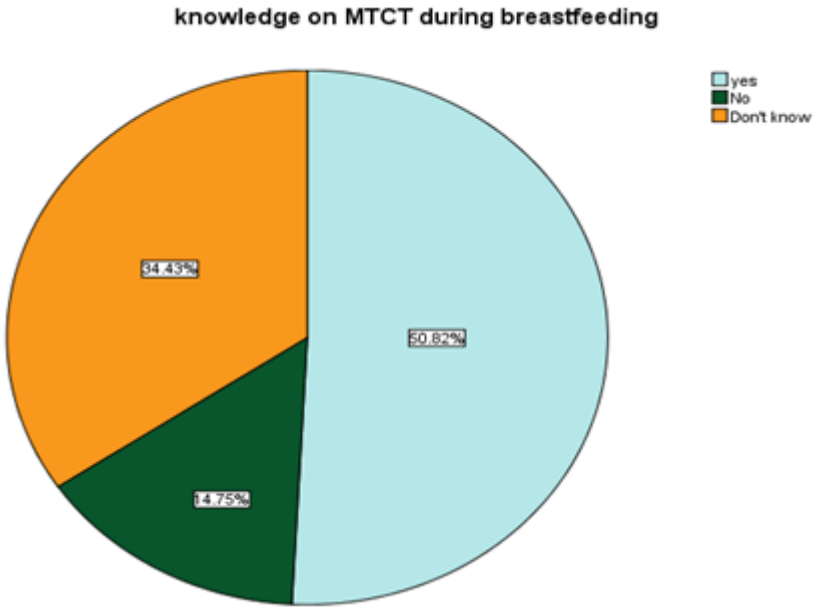

Figure 4. *Knowledge on MTCT during breast feeding.*

3.2.3. Knowledge on ARV Use in PMTCT

The study results shows that more than half, 50.8% (n-=62) of the respondent did not have any knowledge on reduction of HIV transmission from the mother to the child by giving baby through the use of ARV’S, 16% (n=20) had wrong information (no) while 32.8% (n=40) had the knowledge.

Table 1. *Knowledge on ARV use in PMTCT.*

Response on ARV use	Frequency	Percent	Valid percent	Cumulative Percent
Had knowledge	40	32.8	32.8	32.8
Wrong information	20	16.4	16.4	49.2
No knowledge	62	50.8	50.8	100.0
Total	122	100.0	100	

3.3. Socio-Cultural Factors

3.3.1. Perception on Men Accompanying Their Wives to ANC

The results indicated that 5.7% (n=7) strongly disagreed that weak men accompany their wives to the antenatal clinic, 22.1% (n=27) agreed that weak men accompany their wives to ANC, while 5.7% (n=7) were undecided. Those who disagreed were 33.6% (n=41), and 32.8% (n=41) strongly disagreed.

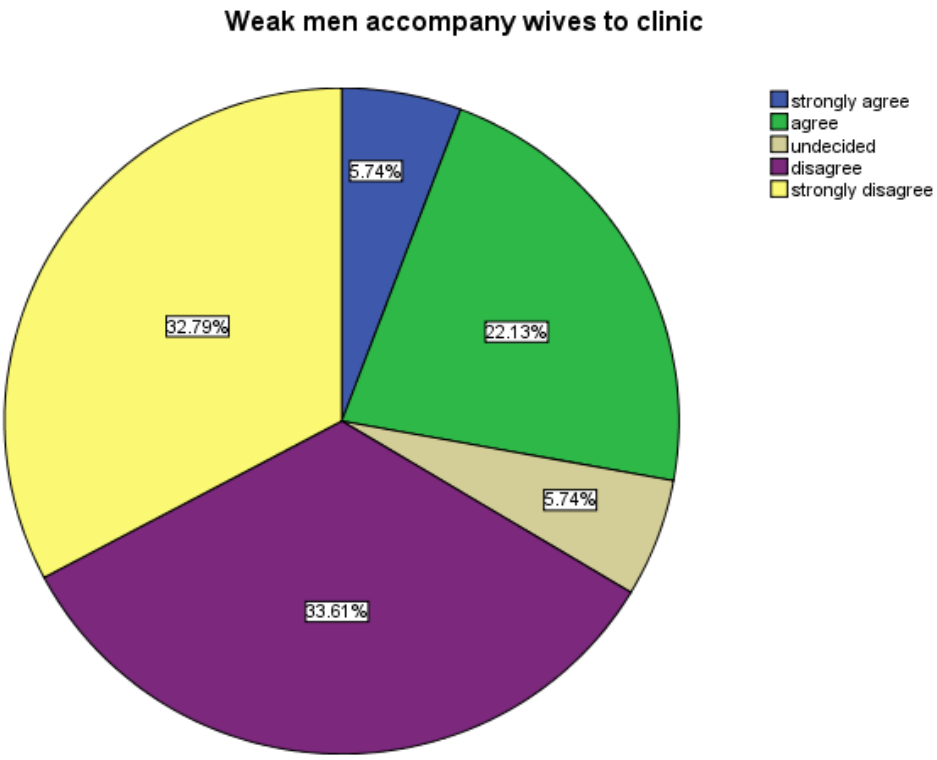

Figure 5. *Perception on men accompanying their wives to ANC.*

3.3.2. Perception on Men ANC Attendance

Regarding the issue of antenatal care being a service for pregnant women only, majority of the respondents "agreed" that ANC clinics were for women only, 20.49 (n=25) "strongly agreed", 26.23 (n=32) "agreed", 1.64% (n=2) While the undecided were 31.97% (n=39) disagreed and 19.67% (n=24) strongly disagreed.

Table 2. *ANC services are for pregnant women only.*

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	25	20.5	20.5	20.5
Agree	32	26.2	26.2	46.7
Undecided	2	1.6	1.6	48.4
Disagree	39	32.0	32.0	80.3
strongly agree	24	19.7	19.7	100.0
Total	122	100.0	100.0	

3.3.3. HIV Positive Antenatal Women and Divorce

Among the interviewed men, 7.38% of the respondents strongly agreed that wives who are HIV positive cheat on their husbands and therefore should be divorced, 27.87% agreed that HIV positive wives should be divorced, whereas 19.67% were undecided with 21.31% disagreeing and 23.77% strongly disagreeing.

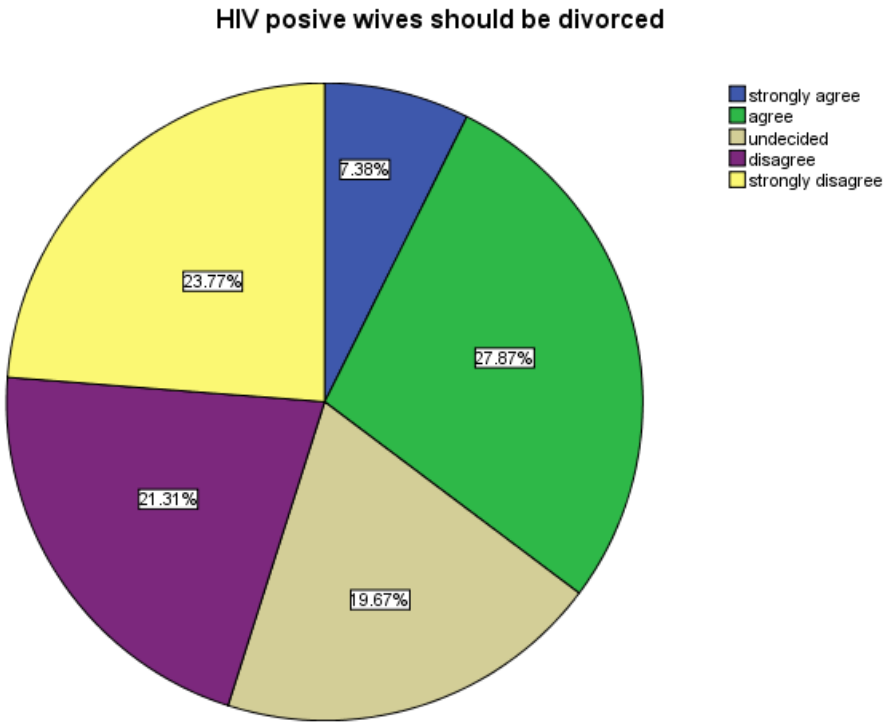

Figure 6. *Divorce HIV positive women.*

4. Discussion

The results on age suggests that an increase in age may have a positive influence on men's willingness to be involved in PMTCT. These findings are similar to those in Kenya, which found that women whose husbands were aged 25 years and above were more likely to participate in PMTCT [11]. Increase in the level of education may not have a positive influence on men's participation in PMTCT. This is supported by the total percentage of those with secondary and college/university education. The findings disagree with those from Zambia [12] which found out that increase in level of education had a positive influence on men's involvement in PMTCT.

The findings reveal that the level of knowledge among respondents on PMTCT was low (39.34%) had knowledge on MTCT of HIV during pregnancy as opposed to 60.66% who had no knowledge at all. This is also seen on knowledge on interventions of PMTCT, where 39.39% had knowledge on MTCT through breastfeeding whereas 60.61% had no knowledge. Only 30.33% of the respondents were aware or knew that PMTCT services were offered at NCCK Huruma clinic.

These findings suggest that low levels of knowledge and awareness about PMTCT may have some influence on male participation in the programme. The findings are similar to those which found out that when men are informed and involved from the beginning, they provide a better support for their female partners [13]; which is also in accordance with the theory of DOI which postulates that the adoption of programmes by recipients is influenced by knowledge and awareness [14].

On HIV testing during ANC, majority of the respondents 83.6% (n=102), were for the opinion that women should seek permission before they are tested for HIV in PMTCT. These findings are similar to those on the study on barriers to implementation of PMTCT programmes in Rwanda found that 72% of rural women were for the opinion that husbands should be consulted before testing for HIV in PMTCT [15]. Burke et also found out that there were similar thoughts among men who believe women should seek permission in Ivory Coast [5]. Opinions given by the respondents reveal that 57% were for the opinion that ANC clinics are for women only, with 64% disagreeing. According to the results on men accompanying their partners to the clinic, majority 33.6% (n=41) disagreeing and 32.8% (n=40) strongly disagreeing; they felt that those men who accompanied their partners to the clinic were not weak. (total 66.4%). Majority of the respondents did not support use of condoms with their partners to reduce transmission of HIV. Few support divorce of wives found to be HIV positive.

These findings may suggest that strong socio-cultural beliefs and opinions may have a negative influence on men's participation in PMTCT programmes.

5. Conclusions

The factors hindering male participation in prevention of Mother-to-Child Transmission of HIV established by the

study include; age, level of education, knowledge of PMTCT and social cultural factors.

Age of male partners was noted to have some influence on their participation in PMTCT services. Males who were 25 years of age and above were seen to attend PMTCT services with their spouses as opposed to males below the age of 25 years. The level of education was not found to influence male participation in PMTCT. However, the study reveals that male participation was to a greater extent influenced by their awareness and knowledge on PMTCT services. Men were not aware of PMTCT services and also majority had no knowledge on use of ARVs in prevention of HIV transmission during pregnancy and breastfeeding period. Socio-cultural factors were also noted to influence male participation in PMTCT programmes. Majority of men were for the opinion that ANC services were for pregnant women alone.

The study recommends creation of awareness on PMTCT and also formulation of health messages which target men and are culture sensitive.

Abbreviations

ANC	Antenatal Clinic
AIDS	Acquired Immunodeficiency Virus
DOI	Diffusion of Innovation Theory
HIV	Human Immunodeficiency Virus
JKUAT	Jomo Kenyatta University of Agriculture and Technology
MTCT	Mother to Child Transmission
NCCK	National Council of Churches of Kenya
PMTCT	Prevention of Mother-to-Child Transmission
UNICEF	United Nation's International Children's Fund

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Conflicts of Interest

The authors declare no conflicts of interest.

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