Abstract

Introduction/background

Globally, Mother to Child Transmission is one of the biggest channels through which HIV is transmitted to children below five years. Ministry of Health (MoH) Uganda has advocated for male involvement in order to scale up the uptake of PMTCT services. Men play a big in the uptake of PMTCT services (Burke et al. 2004). Unfortunately men's active involvement in this intervention is low (Nkouh, GN et al., 2011). The study sought to establish the contribution of male involvement in the uptake of PMTCT services.

Objectives

The main objective of the study was to establish the factors contributing to the low level of male involvement in the uptake of PMTCT services.

Specific objectives

- 1. To establish the roles played by male partners in the in the uptake of PMTCT services at Mengo Hospital.
- 2. To investigate reasons as to why mothers do not take up PMTCT services at Mengo Hospital.
- 3. To identify the health facility/system factors that influence the uptake of PMTCT services by mothers at Mengo hospital.
- 4. To assess the contribution of community factors in the uptake of PMTCT services by mothers at Mengo Hospital.

Methodology: A Cross-sectional study conducted among 206 HIV positive women aged 18-49 years and attending the PMTCT clinic at Mengo Hospital. Simple random and purposive techniques were used to select the study participants and key informants respectively. Data was collected using interviewer administered questionnaires and key informant interviews, entered, cleaned and analyzed using the STATA and SPSS package. Data is presented in tables and pie charts followed by a narrative of the findings.

Results:

The study established that Uptake of PMTCT services among the respondents was good (69.9%).

Current roles played by the male spouses in the uptake of PMTCT services were in form of giving financial support 89%.

The study established that majority of the HIV positive women sought PMTCT services because they were referred by the health workers, they wanted to produce a baby free from HIV, or they were being forced by their spouses.

The study established that fear of stigma was high among the HIV positive women seeking PMTCT services.

Conclusion: Male involvement in PMTCT services was through giving financial support to their partners.

Recommendations: There is need to conduct further studies to ascertain the role of male involvement in the uptake of PMTCT services in private and public health settings.

Father to father peer mentors attached to every health facility and communities are needed in order to scale up male involvement in the uptake of PMTCT services.