

ABSTRACT

Background:

Male participation in prevention of mother to child prevention of HIV (PMTCT) programmes is likely to increase the female uptake of PMTCT services. Unfortunately men's involvement in this intervention is low. Despite the fact that Thika level 5 hospital has been implementing a PMTCT program, men have not been actively involved. This study was a cross sectional study which was carried out to determine factors influencing men's involvement in PMTCT at Thika level 5 hospital in Thika sub county of Kenya. The factors studied were grouped as knowledge level, health facility factors, proportion of male involvement and socio demographic characteristics.

Methods:

All men above the age of 18yrs and below the age of 65 yrs who were coming to outpatient clinics at Thika hospital were recruited using simple random sampling method and the data was collected through a semi structured self administered questionnaire which was both quantitative and qualitative in nature to men at outpatient clinic centre in Thika hospital.

Data collected was sorted manually and the questionnaires numbered. During processing, the data was summarized on the data master sheet and the processed data was analyzed using SPSS. The information obtained was presented in tables, bar charts and pie charts, while the results were presented in narrative summary form typed in MS word.

The major findings were:

The rate of male involvement in PMTCT activities was unacceptably low with only 30.3% of the entire sampled study participants receiving medication and teachings on PMTCT at Thika hospital. Knowledge level factor was positively associated with the level of men's involvement in the PMTCT, health facility factors; distance was negatively associated with men's involvement in PMTCT, while

privacy was positively associated with the level of men's involvement. Among the demographic characteristics age and income levels were positively associated with an increase level of involvement while educational level, residence, occupation and religion were negatively associated with the level of men's involvement.

Conclusions: There is a great need to ensure that PMTCT care services are provided at convenient hours, in a comprehensive non-fragmented manner, with privacy and respect and responsive to men's need and preferences through strengthening mechanisms to evaluate the quality of services, incorporating both the clients and the providers.