

Low knowledge and awareness of the male partners in maternal and child well-being programmes as a drawback to their participation in the programmes in Kiambu County, Kenya

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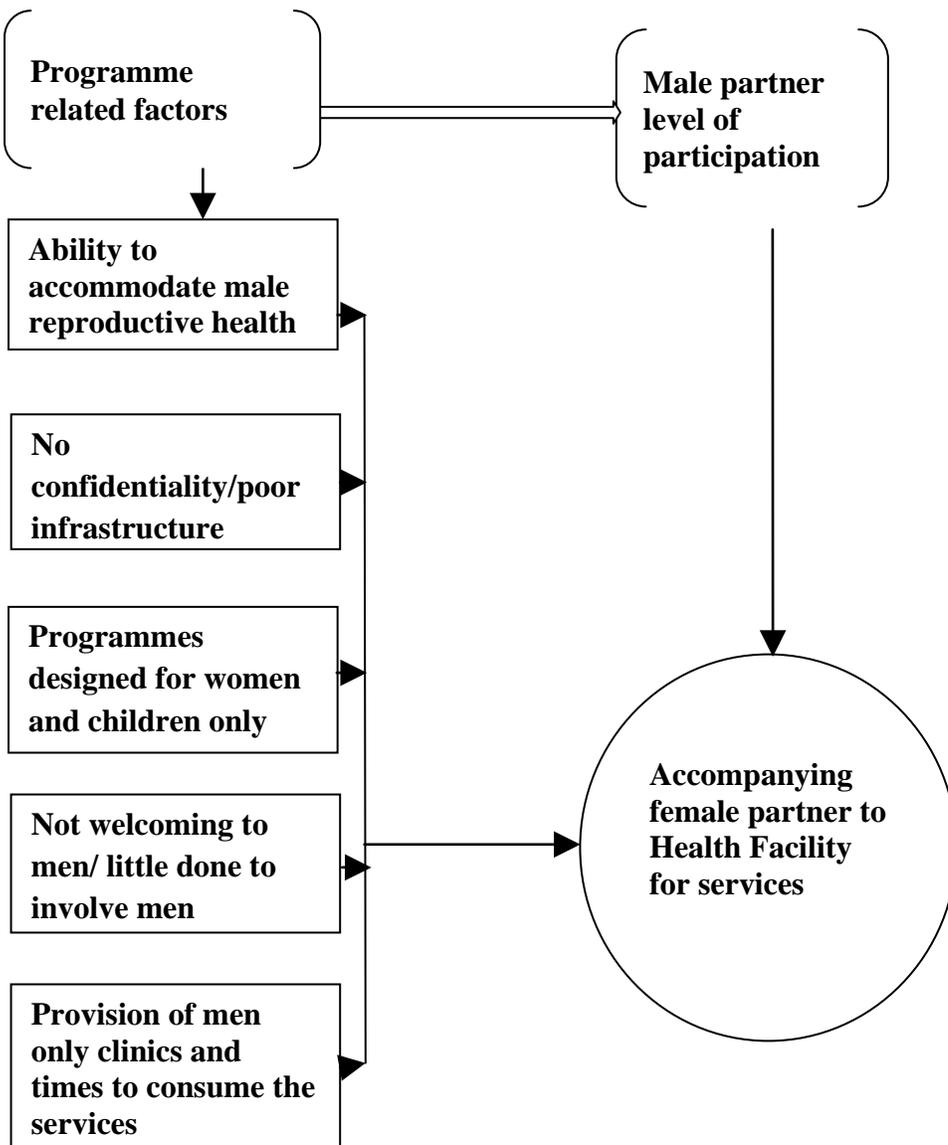
Abstract- Globally, high maternal and infant morbidity and mortality rates have more often than not been associated with the low consumption of services offered within the maternal and child well-being programmes. Inability of the mothers to register for the programmes has partially been implied on the low support accorded to them by their male partners. Male partner participation in the programmes is on the other hand associated with increased consumption of the services and the subsequent reduction in maternal and infant morbidity and mortality rates. Most of these phenomena is reported in developing countries most of which are located in Sub-Saharan Africa. In Kenya, only 47% of mothers receive the recommended (WHO) services during pregnancy and delivery. This has been associated with high maternal and infant morbidity and mortality rates. In Kiambu County, Kenya, where this study was carried out, low male-partner participation in the programmes was identified as a major challenge to successful implementation of the programmes by the County Government. Many factors could be implied for low male partner participation however this study sought to establish if male partners' knowledge and awareness in the programmes and of their role in the programmes had a significant influence on their level of participation in the programmes in Kiambu County, Kenya. The study adopted a cross sectional descriptive analytical design. The target population was males who were partners to females nursing babies aged five years and below. The study collected quantitative data from a sample of one hundred and forty two respondents. The study findings revealed that male partners who had knowledge and awareness in the programmes and in their role reported a higher level of participation in the programmes compared to those who did not. Male partners' knowledge and awareness in the programmes and in their role was found to have a significant negative effect on their level of participation. The study therefore recommends that the County government of Kiambu and the Kenya national government to endeavour to increase knowledge and create awareness to the male partners and the general population on the importance of male partner participation in the programmes. This will mainly be done through supporting their female partners who seek the services for themselves and the infants. This is likely to improve male partner level of participation leading to subsequent increase in level of consumption of the services by their female partners and the infants. This in turn may lead to reduced maternal and child morbidity and mortality rates in Kiambu County and at the National level.

Index Terms- Male-partner, level of participation, Knowledge, Awareness, Maternal and wellbeing programmes

I. INTRODUCTION

The emergence of HIV and AIDS pandemic created even a greater global need to involve male partners in preventing mother to child transmission of HIV [20]. Male involvement has been associated with 40% reduction in MTCT HIV as well as maternal and infant morbidity and mortality rates [21]. It is clear from earlier studies that there is improved uptake of maternal and antenatal care services by creating more awareness to the general public and especially to the male partners on the importance of the services and of their participation [9]. It is difficult to achieve success in these programmes without the male partners' understanding, consent and support especially in the patriarchal societies in Sub-Saharan Africa [5]. For example, it is difficult for the male partner to accept alternative feeding of their child or even support it if he does not understand its importance [4]. Creation of awareness to male partners on importance of supporting their female partners in consuming the services as well as their personal role in the programmes has led to a tremendous increase in the number of women and children who adhered to the programme up to 18 months after delivery [6]. Improvement in male partners' knowledge and awareness in maternal and child health interventions [8] as well as increase in his level of education was found to be a significant determinant of his level of involvement in maternal health programmes [7]. Male partners' involvement in maternal health programmes, had a high likelihood of improving reproductive health outcomes through attending VCT together [3], using condoms to prevent secondary infections during pregnancy and breast feeding [19], delivering at the HF [15] and increase of follow-up visiting during postnatal compared to those without male partner support a factors that emphasized the importance of male partners in promoting the uptake of MCW interventions by their female partners [12]. Lack of information was a significant determinant of male involvement in PMTCT programmes [19]. Level of knowledge on maternal health by male partners was cause of their low level of participation in the programmes [18] which meant that it was important to enlighten men on their roles in promoting maternal and child health [2]. Male partners' perception of maternal and child wellbeing clinics as not "male-friendly," is a narrow focus caused by lack of adequate information on the role of male partners in the programmes [17]. Most HIV and AIDS prevention programmes had overlooked married couples perceiving them to be at low risk making health care providers to pay little attention to encouraging couple VCT attendance [13]. Barriers to male involvement in reproductive health which included perceived side effects of female contraceptive methods, fear and concerns relating to vasectomy, concerns that women's use of contraceptives will lead to extramarital sexual relations as well as limited awareness regarding specific role of men in maternal and child wellbeing programmes which deterred their meaningful involvement in the programmes [11]. Men were generally found to have scanty knowledge in maternal and child wellbeing programmes especially VCT in terms of whom should be involved and why they should be involved. This was attributed to general lack of community awareness in maternal and child wellbeing programmes [5]. A low level of awareness on the programmes among male partners was a drawback to their level of involvement in HIV counseling and testing and their involvement with pregnant women during pregnancy [2]. Access to media is an important correlate of male level of involvement in MCW services because increase in their knowledge and awareness in maternal and child wellbeing programmes and of their role was found to have positive influence on their level of participation in the programmes [19]. Men's misconception that their female partner's HIV status is a proxy of theirs is caused by lack of knowledge on couple discordance in HIV status and was a drawback to their participation in Couple VCT [1]. Male-partners who had knowledge on how MTCT of HIV occurred and how it could be prevented recorded a higher involvement in PMTCT of HIV compared to those who did not have the knowledge [12].

Increase in levels of awareness among the males on importance of participation in maternal and child health led to increased levels of involvement in reproductive health and AIDS prevention in sub-Saharan Africa [13]. In order to improve male involvement in the maternal and child health programmes, barriers such as low awareness on the role of male partner and the unwelcoming attitude of Healthcare providers had to be changed [10]. Lack of information on the programmes was a limiting factor to male-partner active participation in maternal and child wellbeing services [3]. Men felt left out in matters of MCW because they lacked accessibility to information and only received second hand information through their female partner [1]. Men lacked understanding of the MCW programmes and even the roles they were expected to play in the programmes and as result they associated their participation to the traditional paternal attributes such as assuring family protection and financial support [1, 14]. They did not associate it with physical attendance to the clinics and mutual communication of related issues with their female partner [1]. Lack of awareness of the role male partner in antenatal clinics was a drawback to the active participation in the programmers [16]. There is need to create awareness to the general public and specifically to the male gender on their role in the programmes leading to beneficial effects of their participation such as reduced post-partum depression and improved utilization of maternal health services [14].



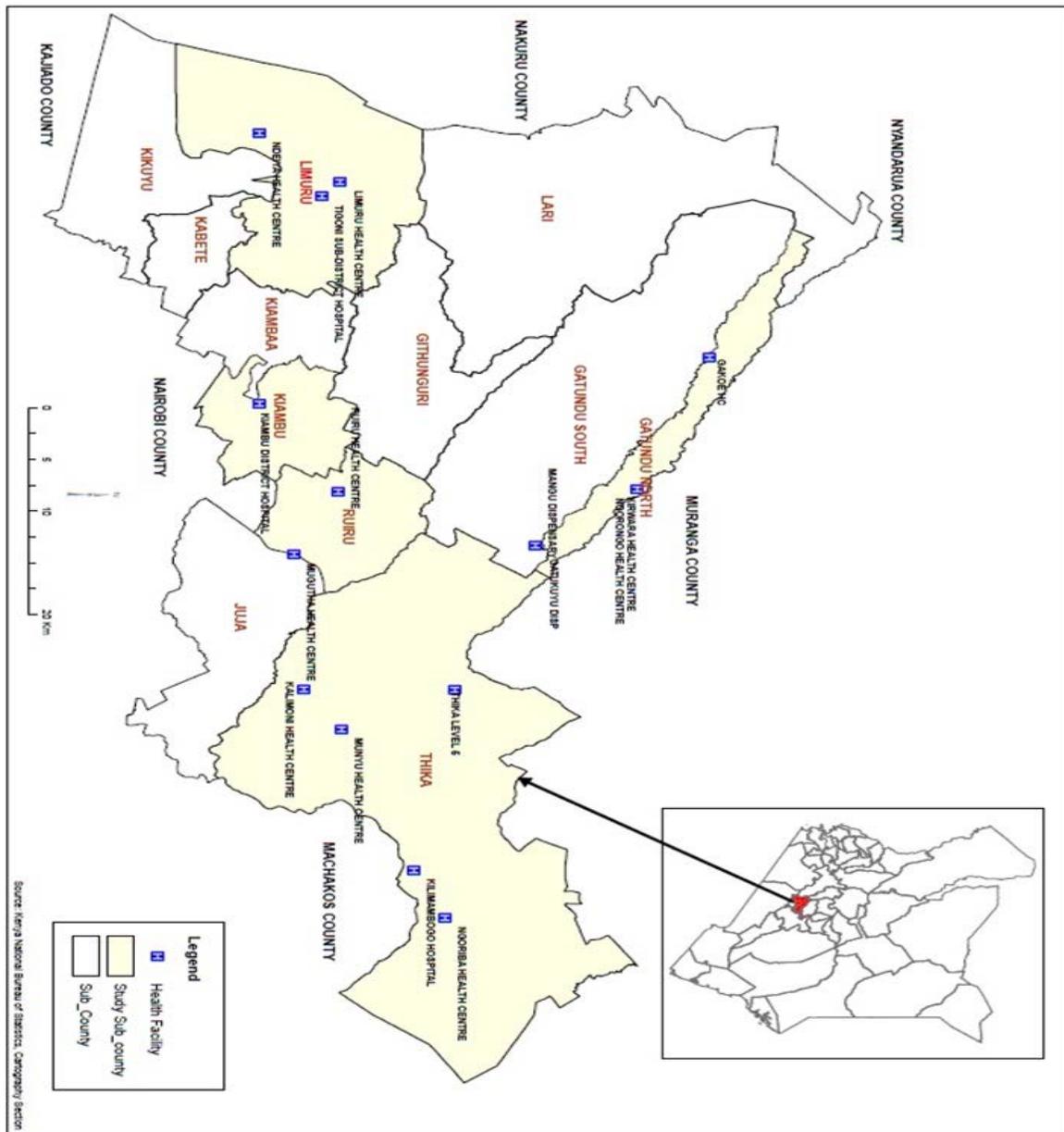


Figure 1. The Conceptual framework

Figure 2. Map of the study site

II. IDENTIFY, RESEARCH AND COLLECT IDEA

The study adopted an analytical cross-sectional design to enable it establish existing relationships between the outcome variable (male-partner's level of participation in maternal and child well-being programmes in Kiambu County) and the predictor variables (effect of male-partners' knowledge and awareness in the programmes).

The study collected both qualitative and quantitative data from the one hundred and forty two respondents. The study target population was male partners to female-partners who were consuming maternal and child well-being services in level four and five health facilities in Kiambu County at the time of study. Primary data were collected from one hundred and forty two respondents using

structured interview guides. More data were collected from the previous literature. Descriptive statistics (frequencies and percentages) were applied on the collected data to help in establishing relationships between outcome and predictor variables. Bi-variate cross tabulations were also used to determine relationships between the variables. The data was also subjected to Chi-square test to establish statistical significance of the relationships between the variables. The study further applied logistic regression analytical technique to help identify the linear combination between the variables. The correlation coefficient was used to determine the type of relationship between the predictor and the outcome variable.

III. WRITE DOWN YOUR STUDIES AND FINDINGS

The study findings show the relationship between male-partner’s knowledge and awareness in various MCW programmes and how this impacted on their level of participation in the programmes. The key findings revealed that male-partner’s knowledge of the programmes and of their role in the programmes were significant determinants of their level of participation. For instance the effects of male partners knowledge on; time within the pregnancy when a mother was expected to attend antenatal clinic had a significant influence indicated by a χ^2 value of 7.882, df1 (0.005) and R=0.236 (0.000). The role of male partners in the maternal and child wellbeing programmes had significant influence at χ^2 value of 11.224, df1 and a p value of 0.001 and R=0.281 (0.001), Table 1.

Table 4.51 Table 1. Effects of male partner’s knowledge on their role in MCW on their level of participation

Participation		Knowledge on role of male partner		Total
		Know	Don't Know	
Low participation	Count	42	36	78
	% within participation	53.8%	46.2%	100.0%
	% within knowledge on role of male partner	50.0%	62.1%	54.9%
	% of Total	29.6%	25.4%	54.9%
High Participation	Count	42	22	64
	% within participation	65.6%	34.4%	100.0%
	% within knowledge on role of male partner	50.0%	37.9%	45.1%
	% of Total	29.6%	15.5%	45.1%
Total	Count	84	58	142
	% within participation	59.2%	40.8%	100.0%
	% within knowledge on role of male partner	100.0%	100.0%	100.0%
	% of Total	59.2%	40.8%	100.0%

Male-partners’ knowledge on the need for couple’s VCT had significant influence at a χ^2 value of 8.801 df1 (0.003), effect of knowledge and awareness in couple discordance in HIV status had a significant influence at a χ^2 value of 41.243 df1 (0.000) while knowledge on importance of delivery at the HF had significant influence at a χ^2 value of 12.944 df1 (0.000). Results from the descriptive statistics as well as from the Chi-square test revealed a significant negative relationship between independent and the dependent variables. The Respondents who had low level of knowledge and awareness in the programmes and in their role were less likely to register a high level of participation compared to those who had a high level of knowledge and awareness.

Table 2. Summary model for knowledge and awareness

Model Summary	
-2 Log likelihood	169.84
Cox & Snell R Square	0.165
Nagelkerke R Square	0.221

Source: Author, 2015

Table 3. Logistic regression for dependent variable and male partner's knowledge and awareness

	B	S.E.	Wald	df	Sig.	Exp(B)
Meaning of MCW(1)	0.454	0.092	24.352	1	0.000	1.575
Time pregnancy (1)	1.073	0.445	5.814	1	0.016	2.924
Services availability(1)	0.792	0.344	5.301	1	0.021	2.208
MCW consumption(1)	0.328	0.145	5.117	1	0.024	1.388
MCW_HIV(1)	0.537	0.248	4.689	1	0.030	1.711
MCW importance(1)	0.612	0.212	8.334	1	0.004	1.844
Importance of male participation (1)	0.609	0.286	4.534	1	0.033	1.839
Importance of couple VCT(1)	0.536	0.176	9.275	1	0.002	1.709
Couple discordance in HIV status (1)	1.167	0.512	5.195	1	0.023	3.212
ARV MTCT(1)	0.272	0.402	0.458	1	0.499	1.313
Importance of delivery at HF(1)	0.126	0.441	0.082	1	0.775	1.134
Breast feeding(1)	0.19	0.441	0.186	1	0.667	1.209
Transmission BF(1)	0.875	0.225	15.123	1	0.000	2.399
Role of male(1)	0.545	0.178	9.375	1	0.002	1.725
Pregnancy prevention(1)	0.784	0.337	5.412	1	0.020	2.190
Transmission delivery(1)	0.857	0.323	7.040	1	0.008	2.356
Constant	1.696	0.601	7.963	1	0.005	5.452

Results for logistic regression test (Table 3) on the corrected data revealed that, male-partners who had low level of knowledge and awareness on the time of pregnancy their female partners was supposed to attend their first antenatal clinic were 2.924 times less likely to register a high level of participation in the programmes compared to those who had the knowledge. The male-partners who had low level of knowledge and awareness on the importance of male partner participation in the programmes were 1.839 times less likely to register a high level of participation in the programmes compared to those who had the knowledge. The study also revealed that male-partners who had low level of knowledge and awareness on the importance of delivering at the health facility were 1.134 times less likely to register a high level of participation in the programmes compared to those who had the knowledge. The study

revealed that male-partners who had low level of knowledge and awareness on the role of male partners in the MCW programmes were 1.725 times less likely to register a high level of participation in the programmes compared to those who had the knowledge. Male-partners who had low level of knowledge and awareness on prevention of mother to child transmission of HIV during pregnancy were 2.190 times less likely to register a high level of participation in the programmes compared to those who had the knowledge. The study findings also revealed that male-partners who had low level of knowledge and awareness on had low level of knowledge and awareness on prevention of mother to child transmission of HIV during delivery was 2.356 times less likely to register a high level of participation in the programmes compared to those who had the knowledge.

Discussion

The study findings suggest that it is difficult to achieve success in maternal and child health programmes without male-partners' knowledge of the programmes and of their role in the programmes].Creating awareness to the general public and to the men on importance of male participation in maternal and child programmes and of the need to support their female-partner is likely to lead to increased number of women and children who consumed the services and adhered to the programmes up to 18 months after delivery. Male-partners who accompanied their female-partners to the clinics expected to benefit through knowing their HIV status as well as protecting their infants from infection in case the mother was infected. Increasing knowledge and awareness to the male-partners on the perceived benefits of programmes could increase their participation. The findings showed that male-partners who had the correct knowledge about the programmes played a major role not only in reducing the partner's risk of acquiring HIV but also in uptake of ANC, VCT and MTCT prevention programmes. The study realized that male-partners who lacked or had inadequate knowledge and awareness on how MTCT of HIV takes place or may be prevented during breast-feeding may not support their female-partner in providing appropriate feeding for the infant. They ended up leaving the whole burden of seeking health care to their female-partners. The study also realised that male-partners who lacked or had inadequate knowledge and awareness on how MTCT of HIV takes place or how it may be prevented during breast-feeding did not support the female-partner in providing appropriate feeding for the infant. The findings of the study showed that male partners' knowledge on prevention of MTCT of HIV through various programmes influenced their level of participation in the programmes. The study found a positive and significant relationship between knowledge on importance of ARVs in preventing MTCT of HIV and overall male participation in the programmes. Male-partners with correct knowledge registered a higher participation in MCW programmes than those who did not have the knowledge. This is a challenge in prevention of MTCT of HIV because such male-partners may not seek to know their HIV especially when they are aware of their female-partners'. They perceive their female-partners' HIV status is a proxy of theirs. The study results imply that there is a positive and significant relationship between knowledge on couple discordance in HIV and overall male participation. Male-partners who had knowledge on couple discordance registered higher levels of participation than those who did not have the knowledge. If there is HIV discordance between such partners, then male partners are likely to infect the female-partners and the foetus during pregnancy and the infant during breast feeding. The study found that male-partners who had the correct knowledge on couple discordance in HIV were more likely to seek HIV testing even when their female partners' statuses were sero-negative. This explained the absence male-partners at the VCT centers because they perceived their female-partners HIV status represented theirs. The study further revealed that there is a significant relationship between male partners' knowledge on the importance of delivery at the HF in preventing MTCT of HIV and overall participation in the programmes. Male-partners who had this knowledge recorded a higher level of participation in encouraging their partner to deliver at the HF than those who did not have the knowledge. The study results imply a positive significant relationship between knowledge on prevention of MTCT of HIV and overall male participation in the programmes.

Conclusion

The study sought to examine the influence of male-partner's knowledge and awareness in maternal and child well-being programmes on his level of participation in maternal and child well-being programmes in the County.

The results indicated that male-partner's knowledge and awareness in the programmes and on their role in the programmes were significant determinants of his level of participation in the programmes. Specifically, male partner's knowledge and awareness in couple HIV discordance, their role in the MCW programmes; knowledge on MTCT of HIV and on how to prevent it had significant positive relationship with their level of participation. Male-partners who had the knowledge registered a lower percent of low level of participation compared to those who did not have the knowledge. These findings led to rejection of the null hypothesis that male-partner's knowledge and awareness in the programmes and in their role did not significantly influence their level of participation.

The study concludes that, there is need to identify priorities in reproductive healthcare provision putting into consideration male-partners' most pressing reproductive health needs. The programmes may pay attention to male-partners' goals, their routes of action and the culturally acceptable practices that can create positive impact. There is need to carefully consider the male-partners' acceptance of the intended health promotion interventions before their implementation in order to increase acceptability. Community specific channels such as peer educators and men leaders may be trained and supported to work with professional healthcare providers in all different phases of the programmes.

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APPENDIX

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