

ABSTRACT

Male Involvement (MI) in Maternal and Child Health (MCH) services such as pre-conception care, antenatal care (ANC), prevention of mother-to-child transmission (PMTCT) of HIV, skilled birth and management of birth complications, is an intervention that plays a crucial role in improving MCH outcomes. Increased utilization of MCH services is an essential package in reducing the risks associated with pregnancy and child bearing since mothers may develop serious life-threatening complications. However, MI survey done in Kenya estimates men's participation in reproductive health to be < 30% against the target of > 30% by Kenya PMTCT guidelines of 2016. This study therefore sought to assess men's knowledge in MCH, perceptions of MI in MCH services and attendance in MCH clinic in Suba Sub County Hospital. The specific objectives were to determine men's attendance in MCH clinic, men's knowledge in MCH services, men's perceptions of MI in MCH and to evaluate strategies from men to increase male involvement in MCH services. This cross-sectional study conducted in 2016 among 354 participants, assessed men's attendance, knowledge and perception of MI in MCH services. Both qualitative and quantitative data were collected. A pre-tested questionnaire was administered and Focus Group discussions and Key Informant Interviews were conducted to consented participants by the Community Health Volunteers. In bivariate analyses, odds ratios (OR) at 95% confidence intervals (CI) was used for the association between the proportion of men who accompanied their spouse (s) to the clinic, their demographics and knowledge. In multivariate analyses, adjusted odds ratios was used to calculate the independent variables that were associated with clinic attendance. Perceptions characteristics was calculated using Poisson regression. The response rate was 352/354 (99.4%) with men attendance to MCH services at 58/352 (16.3%). Health worker provider's attitude towards men (OR=0.5, 95%CI [0.3-0.8] p= 0.005), men's preferred time of attending MCH clinic (OR=6.7, 95%CI [1.1-43.5] p= 0.05), the frequency of men accompanying spouse to MCH clinic (OR=0.1, 95%CI [0.04-0.3] p= 0.001), duration taken to reach MCH clinic (OR=5.6, 95%CI [1.3-24.6] p= 0.023), use of family planning methods (OR=0.36, 95%CI [0.18-0.72] p= 0.004 and awareness about the methods used to reduce HIV mother to child transmission (OR=35, 95%CI [0.19-0.65] p= 0.01), were independently associated with men's attendance in the MCH clinics. Sensitization of men about reproductive health services by the relevant authorities in order to increase their awareness and knowledge to increase their involvement in MCH were among the suggested interventions. In conclusion, there was significantly low male involvement in MCH services (16.3% compared to the > 30% targets by Kenya PMTCT guidelines, 2012). Low MI was associated with men's knowledge in MCH services and perceptions of MI in Suba Sub-county. Enhance dissemination and awareness creation on the importance of MI in MCH services could improve male involvement.