

Assessment of Male Partner Involvement in the Uptake of PMTCT Services Among Pregnant Women Accessing Care in Karu, Nasarawa State

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ABSTRACT

Introduction/Background: The prevention of mother-to-child transmission (PMTCT) of HIV remains a critical public health strategy for achieving the global target of eliminating new HIV infections among children. Despite significant progress, male partner involvement in PMTCT services continues to be suboptimal in many parts of Nigeria, including Karu, Nasarawa State. Male participation plays an essential role in improving maternal adherence, reducing stigma, and enhancing PMTCT outcomes. This study therefore assessed the level of male partner involvement in PMTCT services and identified factors influencing or hindering their participation among pregnant women in Karu Local Government Area.

Methodology: A descriptive cross-sectional study design was employed, involving 192 pregnant women attending antenatal clinics in selected health facilities in Karu LGA. Data were collected using a structured, interviewer-administered questionnaire and analyzed using descriptive statistics, chi-square tests, and binary logistic regression at a significance level of $p < 0.05$.

Results: Findings revealed that 67.7% of respondents reported that their partners accompanied them to antenatal care (ANC) visits, while 49.5% attended PMTCT counselling sessions. Only 57.3% of partners consented to HIV testing, and 75.5% discussed ANC or PMTCT issues with their spouses. Chi-square analysis showed significant associations between male involvement and marital status ($p = 0.02$), educational level ($p = 0.01$), and occupation ($p = 0.05$). Logistic regression identified secondary/tertiary education (AOR = 2.45), employment (AOR = 1.86), good knowledge of PMTCT (AOR = 2.98), effective spousal communication (AOR = 3.42), and favourable health facility environment (AOR = 2.12) as positive predictors of male involvement, while high perceived barriers (AOR = 0.42) negatively influenced participation. The major barriers identified included time and work constraints (70.8%), long waiting times (77.1%), sociocultural beliefs that PMTCT is for women only (65.1%), and fear of stigma and HIV testing (61.5%).

Conclusion and Recommendations: The study concluded that male partner involvement in PMTCT services in Karu LGA is moderate, with participation constrained by socio-cultural norms, occupational pressures, and health system barriers. Key predictors of involvement were education level, employment status, knowledge of PMTCT, and spousal communication. The study recommends strengthening health education campaigns, implementing male-friendly facility policies, and promoting community-based interventions to enhance male engagement in PMTCT programs. Additionally, reducing waiting times, encouraging couple communication, and addressing gender-related misconceptions will further improve male participation and contribute to the elimination of mother-to-child transmission of HIV in the study area.

Keywords: Male Involvement, PMTCT, HIV, Pregnant Women, Maternal Health

