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Level of Male Involvement in Home Based Care for People Living with HIV and AIDS in Nyando District, Western Kenya

Abuki M.A., Ochieng B. M., Kaseje D.C.O.
*aliceabuki@yahoo.com
Great Lakes University of Kisumu

Abstract
Kenya's HIV prevalence is estimated at 7% (KDHS, 2003) and (28.6%) in Nyando District. With the increasing number of PLWHAs, Home Based Care (HBC) has been implemented to relieve the health facilities. This has resulted to great burden of care to family members especially the women in addition to their daily responsibilities in the home. Previous studies have reported low male involvement and high burden of care of the sick at home on women without quantifying the areas of HBC that men are not involved in. This study was conducted to determine the level of male involvement in the provision of HBC services to PLWHAs in Nyando District of Western Kenya.This was a descriptive and exploratory study which employed quantitative methods. Purposive sampling was used to identify the study respondents who were men heads of households living with PLWHAs.This study established the level of male involvement in all the 4 HBC services outlined in the home based care policy for Kenya.Counselling and psychological care (60.7%), Nursing care 931.4%), Social support (26.4%) and Clinical care (19.3%).Men are not main caregivers of PLWHAs in their households, majority (85%) provide some form of HBC services. Men provide HBC services for the PLWHAs depending on type of care, gender of PLWHAs and familial relationship. Male involvement is important in reducing the burden of women as main caregivers for the PLWHAs.
Key words; Male-involvement, Home-based-care, HIV/AIDS, People-living-with-HIV-and AIDS

1.1 Introduction

HIV/AIDS has emerged as a global pandemic. Globally, an estimated number of 38.6 million people were living with HIV/AIDS by the end of 2005 with two thirds in Sub Saharan Africa (UNAIDS, 2006). The Kenya Demographic and Health Survey (KDHS, 2008/2009) found a prevalence rate of 9 % in adult women and 5 % in adult men. According to Nyando District development plan, the HIV prevalence of Nyando District is 26.8% which is a clear indication that it is higher than the national prevalence.

As HIV/AIDS remains an incurable infection, Kenya has now entered an era in which there is new hope in treating and caring for people with AIDS. Recent studies have shown that the health system is being overstretched by the number of AIDS patients therefore Home Based Care (HBC) services have been implemented as an intervention to relieve the health system (UNAIDS, 2002). Home Based Care has also emerged as an effective method of providing cost-effective, compassionate care to those infected by HIV/AIDS. The magnitude of HIV/AIDS crisis has inevitably meant that the family and the community have had to become involved in most care programs for the People Living with HIV and AIDS (PLWHAs) (Dyk,2005). With the increasing number of HIV patients, the provision of HBC services required in the home has increased (WHO, 1999) and the burden of caring for ill family members especially the PLWHAs is made to rest with women and girls (NACC, 2002).

The devastating scope and nature of HIV transmission in Kenya motivated Kenya AIDS NGOs Consortium (KANCO) to re-examine existing HIV/AIDS interventions in Kenya particularly those on prevention care, and support. Despite numerous national and regional responses to the pandemic, there are inadequate considerations of role of men in its prevention, care and support since the first infection was detected two decades ago (KANCO, 2006). There is general low participation of men in Home Based Care activities in Kenya (KANCO, 2006) and the level of male involvement in HBC for PLWHAs in Nyando had not been established

1.2 Research Question

What is the level of male involvement in the provision of Home Based Care services for PLWHAs in Nyando District of Western Kenya?

1.3 Broad objective

To determine the level of male involvement in provision of Home Based Care services for PLWHAs in Nyando District of Western Kenya

1.3.1 Specific objectives

The Specific objectives for this study were;

1. To determine the knowledge and attitude of men with regards to HBC services for PLWHAs

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2. To determine the level of male involvement in provision of HBC services for PLWHAs

2.1 Research Methodology

2.1.1 Study Design

This study used descriptive, exploratory and cross sectional designs. The study employed both quantitative and qualitative methods of data collection.

2.1.2 Study Population

The study population consisted of male Heads of Households (HHH) that were living with PLWHAs in Nyando district.

2.1.3 Sampling Design

Purposive sampling was used to identify the study area, Nyando District as the HIV prevalence was higher than the nation. Through the register of PLWHAs accessing the Patient Support Center (PSC) for their treatment at Nyando Sub-district hospital, the researcher was able to have the list of PLWHAs. Having identified the PLWHAs, the trained HBC caregivers for Nyando sub-district hospital conducted household visits to further narrow down the list to those that were headed by men. A total of 120 men who were found living with PLWHAs were then enlisted as the study respondents. For purposes of including male heads of households who were living with PLWHAs but did not attend PSC, snow balling was used to identify them. The final number of study respondents who participated in the quantitative community survey was 140, while for qualitative data, key informant interviews and focus group discussions were conducted.

Ethical considerations and confidentiality were observed during data collection.

3.1 Study findings

3.1.1 Introduction

This section presents the findings of the study according to the study objectives. It presents the level of male involvement in provision of HBC for PLWHAs as well as their knowledge and attitude with regards to HBC services (n=140). The HBC services assessed on include; nursing care, clinical care, counseling and social support.

3.1.2 Knowledge and attitude

3.1.2.1 Knowledge on HBC services by men

This study revealed that most men(84%) know what HBC is, out of the (84%), 69.3% of the respondents reported knowing nursing care, 41.4% clinical care, 25% counseling while 6.4% reported knowing social support with p = 0.00 level of significance. The HBC services for PLWHA were categorized according to the Home Based Care Policy of Kenya.

3.1.2.2 Knowledge on the benefits of HBC by men

Most of the respondents (69.3%) reported knowing reduction of health care costs as benefit to the PLWHA and the family of the PLWHA respectively. Other benefits mentioned included maintain a sense of belonging, promotes awareness about HIV prevention, care and support of the PLWHA and helps community to understand, correct misconceptions and reduce stigma related to HIV.

3.1.2.3 Source of knowledge on HBC by men

Only (3%) respondents reported to have been trained in HBC services, majority of the trainees were always women. The trainings were being conducted by the Government of Kenya (Ministry of Health), Local Non Governmental Organizations (NGOs) and Faith Based Organizations (FBOs).Those who reported to have known HBC and its services with regards to PLWHAs but had no trainings had been informed by CHWs who had been trained on HBC by the Ministry of Health and were providing care to the PLWHAs in the community.

A key informant reported that men are reluctant about knowing what HBC entails as well as do not wish to be trained on HBC because their fellow men will ridicule them by laughing at them since they perceive taking care of the sick as the work of women. The men are also keen on keeping their pride in the community.

3.1.2.4 Attitude of men towards provision of HBC to PLWHAs

Study findings revealed that a higher proportion of the respondents (62.1%) reported nursing care as the most difficult HBC service to provide to PLWHAs while others were clinical care (20.7%),the two variables had a high level of significance of p = 0.00.While social support (13.6%) and the less mentioned was counseling (3.6%.)

Out of the (62.1%) who mentioned nursing care, (22 %) said that it was due to inadequate HBC knowledge and skills, (24%) lack of materials, (6%) fear of being infected. Respondents who reported clinical care as difficult HBC service to provide (69%) attributed it to inadequate HBC knowledge and skills while (20%) reported that

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men are too busy to do HBC. Out of those respondents who mentioned social support as the difficult service to provide to the PLWHAs 63% attributed it to inadequate finances.

3.1.3 Level of involvement in provision of HBC for PLWHAs

3.1.3.1 Level of male involvement in HBC provision for PLWHAs

Study findings revealed that the most provided form of care was counseling (60.7%) while the least reported HBC service reported as provided to PLWHA was clinical care (19.3%) and (15%) of the men did not provide any HBC services. This shows that most men prefer to offer counseling to PLWHA as compared to the other HBC services. *Figure 1 below* summarizes the HBC services provided to PLWHA by the respondents. The respondents also reported that most of the main caregivers of the PLWHAs to be females (83.6%). A percentage of 45.3 of the females were mothers, 16.2% were daughters, 12% sisters, 18.8% co-wives and 1.7% grandmothers to the PLWHAs.

3.1.3.2 Number of HBC services provided to PLWHAs by men

Findings revealed that most of the respondents (40%) were providing 1 HBC service, while (38%) of the respondents were providing 2, (6%) of the respondents were providing 3 and (1%) of the respondents were providing 4 HBC services. (15%) of the respondents were not providing any of the HBC services to the PLWHAs that they were assessed on. (*See figure 2 below)*

3.1.3.3 Number of HBC services provided by gender of PLWHAs

Study found out that the number of female and male PLWHAs decreases and increases respectively as the number of HBC services provided by the respondents' increases from 0 to 4. A peculiar finding was that the number of PLWHAs who received all the 4 HBC services were all male PLWHAs. (*See figure 3)*

3.1.3.4 Type of HBC service provided by Gender of PLWHAs

With regards to gender of the PLWHAs, (62.1%) were females and (37.9%) males. The study findings revealed that the respondents preferred to provide nursing care (63.6%) and clinical care (51.9%) to the male patients as compared to the female patients (36.4%) and (48.1%) respectively with a significance level of $p = 0.02$. The results also showed that the respondents preferred to provide social support to women PLWHAs (67.6%) than men PLWHAs (32.4%) as a HBC service. Among those PLWHAs who were not provided with any of the HBC services, majority were women PLWHAs 76.2%. (*Figure 4 below)* shows the distribution of HBC services provided by the respondents to both female and male PLWHAs.

3.1.3.5 Reasons for low male involvement in HBC provision for PLWHAs.

The findings revealed that men are not actively involved in HBC for PLWHA because (69.3%) of the respondents reported that few men are involved. Focused group discussants reported that men rarely participate in the actual provision of HBC services but are the ones who make decisions on when it is appropriate to take a sick person to hospital and take care of the health care costs both at home and hospital if need be. A man discussant reported that women also do want to be touched by a man if they are sick which contributes to men not being involved in HBC.

The reasons for few men being involved in HBC as reported by the respondents were as follows. The highest reported reason by men was lack of HBC knowledge and skills (59%), (48%) said that it is the duty of women to care for the sick while the lowest was that men do not have any reason (6%) for not being involved. The scientific test performed revealed that there was a strong relationship between the variables with a of significance level of P value = 0.01. Other reasons were most of the men are drunkards, men are not gentle so they cannot take care of the sick well and they also do not have the heart of caring.

4.1 Discussion

4.1.1 Attitude of men in provision of HBC for PLWHAs

Traditions and cultural expectation of being a male dictate the type of HBC services that the men could offer, as well as the sex of PLWHAs. Qualitative findings revealed that traditionally, men are not allowed to see the nakedness of a woman except for their wives and also some women do not want to be touched by men especially private parts which makes it difficult for men to do some of the HBC services to PLWHA. These findings agrees with those of Kgware (2006) whose study in South Africa found out that it is against their culture for a man to take care of a woman who is not kin.

The findings show that men prefer to provide nursing and clinical care to male PLWHAs as compared to female PLWHAs whom they provide more social support and counseling. This shows that the gender of the PLWHAs and type of care influences the involvement of men in providing HBC services.

This study established that the main caregivers of the PLWHAs are women (83.6%). This is consistent with a study conducted by Akintola (2005) in Uganda which established that 4.8% of the caregivers were men while the majority was women 95.2%. This study found out that the majority of the main caregivers of PLWHAs were

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mothers, sisters and co-wives of the PLWHAs which is similar to Akintola's study that found out that the majority of caregivers to be sisters and mothers of the PLWHAs. This indicates that the burden of care giving for PLWHAs falls on the women in addition to their daily duties as mothers and workers in households.

4.1.2 Knowledge of HBC by men

This study revealed that most men know what HBC is (84%), the HBC services and are knowledgeable on the HBC benefits to the PLWHAs. The men reported knowing reduction of health care costs as benefit of HBC to both the PLWHAs and the family of the PLWHA. The other benefits reported include for comfort of the PLWHAs, helps family of PLWHAs to accept condition of PLWHAs and it promotes awareness about prevention, care and support of PLWHAs. These findings disagree with those of Kipp *et al* (2006) and Kavuma *et al* (2004) who carried out studies in Uganda and found that lack of knowledge on benefits of HBC as one of the key factor that prevents men from providing HBC services to the sick at home.

These study findings revealed that even if men at the household level know about HBC, its benefits and the HBC services for the PLWHAs, it does not necessarily mean they obtained it through training, it is evident that most of the men 97% have not been trained on HBC which means training was not their source of knowledge.

Majority of the men (69%) said that men involvement in HBC provision for PLWHAs was not acceptable as they fear being ridiculed by other men for doing women's work since they have traditionally defined roles like breadwinning the family while women are to care for the children and sick at home. These findings agree with those of a study conducted by Aggleton and Warwick (1998) in Tanzania who found out that identified gender roles and fear of loosing respect form peers as a deterrent to male involvement in HBC. However, findings of this study disagree with Aggleton's and Warwick's who found out that society considers nursing as a low status, menial and female duty.

The HBC service that most men (62.1%) reported as difficult to provide was nursing care with a P value of 0.00 and they stated the reasons being; inadequate HBC knowledge and skills, fear of infection, men are too busy, HBC is best done by women and cultural issues related to care giving. Among those who reported clinical care (69%) as the most difficult attributed it to inadequate HBC knowledge and skills while others reported that men are too busy to provide HBC services for PLWHAs. This may be due to the fact that women are traditionally expected to do HBC services that are related to nurturing or because they fear being laughed at for doing women's work by peers as reported. These findings concur with those of Kgware (2006) who carried out a study in South Africa and found out that stigma associated with what friends would say about being a male career.

Findings suggest that men are rarely involved in providing HBC for PLWHAs but make decisions on when it is appropriate to take the sick to hospital and take care of health care costs. The study also found out that some women who are sick contribute to male non involvement in HBC provision because they do not want men to see or touch their private parts. This is key in that even if men are willing to care for the sick, they may not be welcomed to do so.

4.1.3 Level of male involvement in HBC provision

This study established the level of male involvement in various HBC services that they were assessed on as opposed to other studies like Kgware (2006) and Akintola (2005) that reported low male involvement and high burden of care of the sick at home on women without specifying the areas of HBC that men are not involved in. Their studies were based on proportion of male and female involvement to come up with the conclusion of low male involvement in HBC for PLWHAs.

All the men were more likely to provide counseling (60.7%) as a HBC service to PLWHA while others (15%) were not providing any HBC service at all. Social support, clinical care and nursing care as HBC services were lowly provided by the men to the PLWHAs. This shows that men have HBC services that they prefer to offer to PLWHAs than others in relation to their attitude and expectation of male roles in the society traditionally.

Study findings show that most of the men were providing 1 HBC service for PLWHAs out of the four HBC services they were assessed on while some of the men were not providing any of the 4 HBC services they were assessed on. The gender of the PLWHA influenced the number of HBC services provided by the men, as the number of HBC services provided by the men increased the number of the female and male PLWHAs decreased and increased respectively.

The findings of this study indicate that majority of men are involved in the provision of HBC services to the PLWHAs but partially which implies that they are not the main caregivers.

5.1 Conclusions and Recommendations

5.1.2 Conclusion

Despite knowledge among men on HBC services for PLWHAs and its benefits, majority of the men provide a few or none of the HBC services because they are breadwinners, have inadequate HBC knowledge and skills,

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traditionally it is the work of women to care for the sick, fear of infection, fear of being laughed at by other men among other reasons.

The greater involvement of men and boys in delivering HBC in the community is a crucial response in alleviating the burden of care on women and girls. The increased involvement of men will mean 'more hands to do the work'. Additionally, a number of male patients report anecdotally that they prefer being cared for by someone of the same sex, this is largely driven by the personal nature of the care like bathing and discussions about sexual practices, condom use etc. Many male PLWHAs enthusiastically welcome the idea of male community caregivers.

5.1.3 Recommendations

Recommendations

1. The Government of Kenya should review the HBC policy so as to include strategies that will increase male participation in care and support services for PLWHAs.
2. Ministry of health to develop simple and appropriate Information, Education and Communication materials to create awareness on the importance of male involvement in HBC provision to PLWHAs

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Figure 1. Type of HBC services provided by men

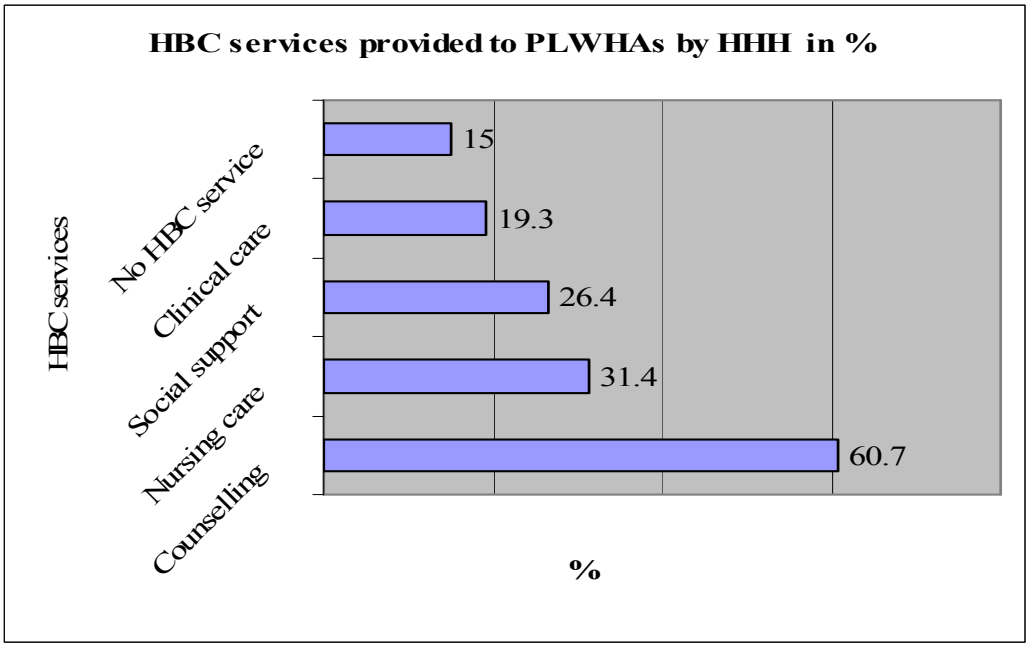

Figure 2. Number of HBC services offered by the men to PLWHAs

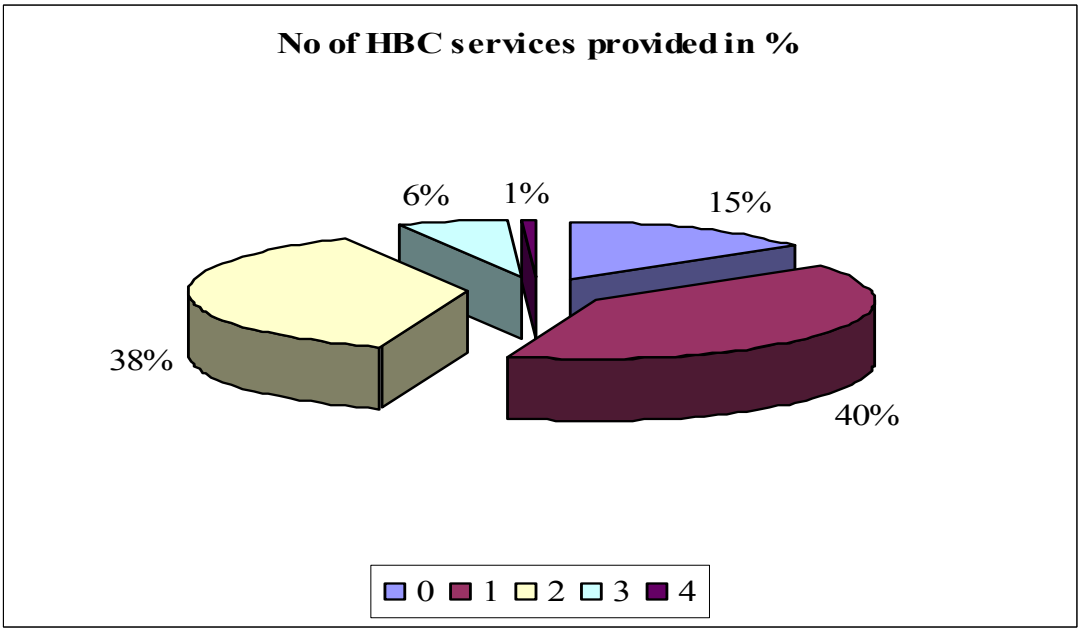

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Figure 3. Number of HBC services provided by gender of PLWHAs

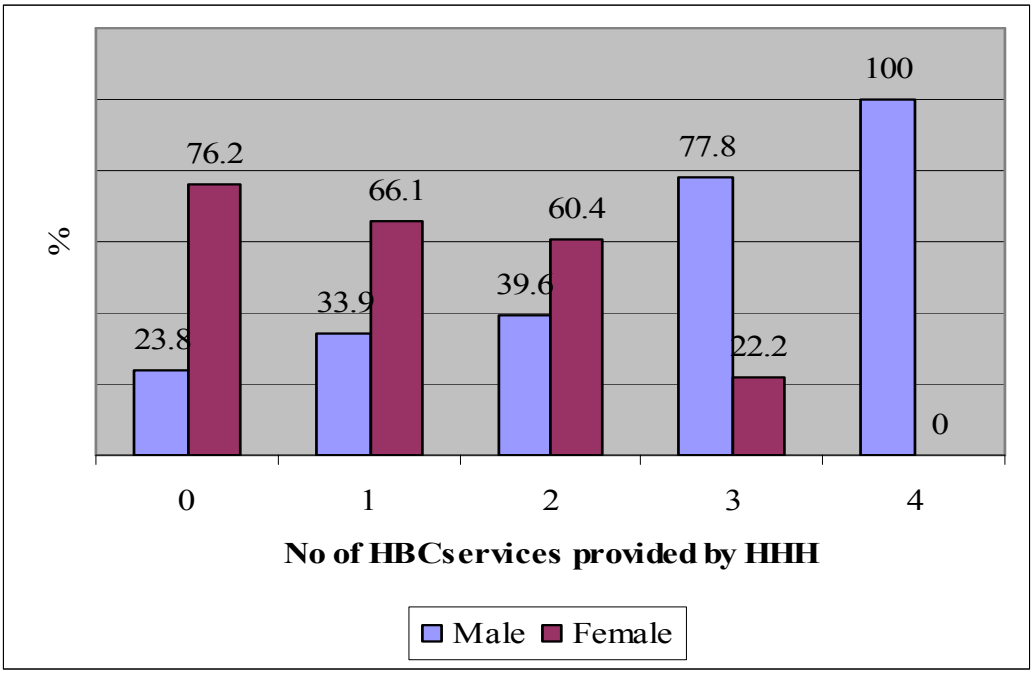
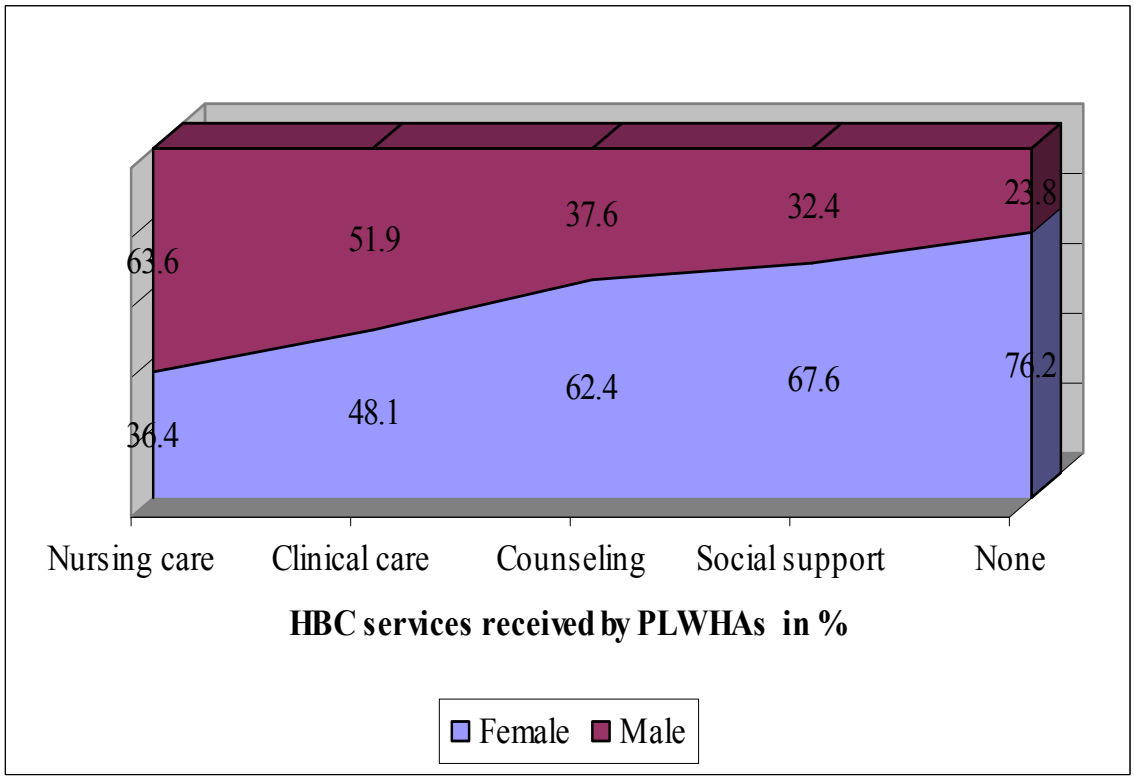


Figure 4. Type of HBC services provided by gender of PLWHAs



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