Perceptions of Male Partner Involvement in Antenatal Care among Pregnant Women and Nurses at a Sub-county Referral Hospital in Kenya

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Summary

BACKGROUND

Men are important personalities in the family. They play great roles such as being breadwinners and decision- makers.They influence greatly on women's access to maternal health services. The study sought to gain an understanding of male involvement in that study area through focused group discussions among the pregnant women who attended the antenatal clinic.

AIM

To determine the perception of pregnant women and nurses on male partner involvement in antenatal care.

METHODOLOGY

The study was facility- based and adopted an exploratory qualitative approach. Three focus group discussions (FGDs) were conducted consisting of 6-8 participants each and lasting 20-30 minutes. Three key informant interviews (KIIs) were conducted among three nurses working at the antenatal clinic, each lasting for 20-30 minutes. The data was audio-recorded in Kiswahili and later transcribed verbatim then translated to English.

RESULTS

The following themes emerged from the FGDs: low male involvement, positive view of men involved and being busy at work as the main factor for non-accompaniment. The themes emerging from the KIIs were; positive attitude towards male involvement, long waiting time at the antenatal clinic as the main reason for low male involvement.

CONCLUSION

Most men were not involved in antenatal care. They cited unfriendly antenatal clinic environment such as crowded facilities with limited seats. Being busy at work and the long waiting hours at the centres was a major concern.

RECOMMENDATION

Motivate more men to participate in antenatal care by prioritizing couples attending the clinic. Educate both women and men on the need for male partner involvement in antenatal care.

Keywords: Male Partner Involvement, Male Partner Accompaniment

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Introduction

Antenatal care is defined as "timely, appropriate, evidenced-based actions related to health promotion, disease prevention, screening and treatment with targets to reduce complications from pregnancy and childbirth such as stillbirths and perinatal deaths" [1]. The World Health Organization (WHO) recommend that, pregnant women should attend at least eight antenatal visits during their pregnancy period [1].

However, globally, in most countries between 2015-2020, pregnant women attended only four antenatal clinic visits[[2]..

In most developing countries, male partners have a great role in decision-making on health at the family level [3]. Male partner involvement in antenatal care involves the participation in antenatal care services to improve maternal health outcomes [4]. This is in line with the WHO [1] report that emphasize the incorporation of male partners in antenatal care services to improve maternal and neonatal outcomes.

In sub-Saharan Africa, most studies have consistently shown a low male partner involvement in antenatal care. A study conducted in Southern Africa by Yende et al [5] reported only 14% male partner involvement. This study concluded that though male partner involvement in antenatal care was highly acceptable, was rarely practised. Similarly, Craymah et al. [6] in Ghana conducted a study showing inadequate (35%) male partner involvement in antenatal care. They concluded that interventions were required to improve the attendance of male partners in maternal health utilization. Studies conducted in East Africa have reported low male partner involvement in antenatal care [7,8]. The researchers recommended that continued sensitization, assurance and support by the health care workers would improve male partner attendance in antenatal care.

In Kenya, efforts have been made by different programs such as the National AIDS and STD Control Programme (NASCOP) to incorporate men in the elimination of mother to child transmission (EMTCT) of Human Immunodeficiency Virus (HIV) during the antenatal period. However, a study conducted in Kisumu by Oyugi et al.[9[reported that only 22% of the women were accompanied by their partners to the clinic. In Murang'a county, a paltry 1.9% of couples have ever attended PMTCT services together [10]. To the best of our knowledge, there are no documented studies on male partner involvement in Machakos County in Kenya. We, therefore, aimed to explore the perceptions of pregnant women and nurses on male partner involvement in antenatal care at Kangundo Level IV Hospital in Kenya.

MATERIALS AND METHODS

Study area, Design and Setting

This was a facility-based, exploratory, qualitative study carried out in the maternal and child health clinic of Kangundo Level IV Hospital situated in Kangundo sub-county in Machakos County, Kenya. The county covers an area of 6,043 Km2, is mostly semi-arid and has a population of 1,421,932 [11]. The facility is located at the furthest end of Kangundo road, about 60 kilometres east of the Nairobi city centre.

Participant Recruitment and Sampling

The participants were composed of pregnant women accompanied or not accompanied by male partners and nurses working in the antenatal clinic. Single mothers and those below the age of 18 years were excluded from the study.

The pregnant women meeting the inclusion criteria were purposively selected while three nurses working in the antenatal clinic at the time of data collection were interviewed as key informants.

Data Collection and Handling

Focus group discussions (FGDs) were used among pregnant women based on an FGD guide. A total of 3 FGDs were conducted consisting of 6-8 participants each and with each FGD lasting 20-30 minutes. The number of FGDs conducted was guided by data saturation. The data was audio-recorded in Kiswahili and later transcribed verbatim then translated to English.

Three key informant interviews were conducted among three nurses in the antenatal clinic using a KII guide. The KII was done one nurse at a time till data was saturated. Each interview lasted 20-30 minutes. The interviews were audio-recorded in English and later

transcribed verbatim. The data was collected in the month of June 2020.

Data Analysis

The data was organized by thematic analysis to identify major themes and develop a broad coding scheme based on the research objectives. We used N-Vivo 12.0. The codes were then refined and emerging themes were discussed. The resulting data was then presented as narratives.

Ethical Considerations

Permission to carry out the research was given by the Jomo Kenyatta University of Agriculture School of Nursing. The proposal was presented to the University of Eastern Africa Baraton, research and ethical committee for ethical clearance before conducting the study (Ref: IERC/16/06/2019). Written informed consent and permission to record the interviews were sought from each participant before data collection.

Results

Socio-demographic characteristics of the participants

A total of 24 participants were enrolled in the study. The participants' ages ranged between 20 to 39 years. Out of the 24 participants, 21(87.5%) participated in the focus group discussion while 3 (12.5%) participated in the key informant interviews.

Many participants (11; 45.8%) had attained a secondary level of education, 7 (29.2%) a college education and 6 (25%) a primary level of education. About 37.5% (9) of the participants had formal employment, 5 (20.8%) had informal employment, 6 (25%) were businesspersons and 4 (16.7%) were farmers.

Results of Focus Group Discussion

The three themes that emerged are as follows: low male partner involvement, reasons for low male involvement and Positive view of men who are involved.

Low male Partner Involvement

The findings show that most men do not accompany their wives at all for antenatal care services. Some of the participants had this to say:

“My husband has never accompanied me for the antenatal care services.’’
(Respondents 6 and 8, FGD 2)

"Mine has never come to the clinic. Even if you ask him to accompany you, he cannot" (Respondent 3, FGD 3)

Some of the pregnant women reported that their male partners were rarelly involved in antenatal care services.

"He came once when the pregnancy was four months"(Respondent 6, FGD 1)

"My husband has accompanied me twice to the clinic" (Respondent 3, FGD 1)

"We came together during the first antenatal clinic" (Respondent 5, FGD 3)

Reasons for low male Involvement

According to the participants, being busy at work was the main reason why male partners failed to accompany their female partners to the antenatal clinic. This was alluded to as follows:

"My husband is usually busy at work. He cannot accompany me to the antenatal clinic’’ (Respondent 6, FGD 1)

"They are the breadwinners so if we come with them, we will lose.’’
(Respondent 2, FGD 2)

"He can be responsible and loves you but there is no time for him to accompany you.’’ (Respondent 7, FGD 2)

Another reason for non-accompaniment cited by the participants included fear of attending the antenatal clinic. Some men feared coming to the antenatal clinic as quoted below:

“I don’t know what he fears at the antenatal clinic”
(Respondent 3, FGD 3)

"The problem is on HIV testing. My husband cannot come because he is afraid of HIV testing’’ (Respondent 3, FGD 2)

Positive View of Men who were Involved

An emerging theme from the focused group discussion was that men who accompanied their partners to the antenatal clinic were viewed as being responsible. This was reported below:

"Men who accompany their wives to the clinic are responsible since they have committements but skip to come" (Respondents 5, FGD 2 and 7, FGD 3)

Other pregnant women reported that male partners who accompanied their pregnant women to the antenatal clinic were viewed as being caring and loving.

"They love their wives" (Respondent 6, FGD 2)
"When a man comes to the clinic, he is seen as being caring and loving spending a day with you at the clinic and even pays for all the clinic costs" (Respondent 4, FGD 1)

Results of Key Informant Interviews

Three nurses in the facility participated in the key informant interviews conducted to explore the health facility factors affecting male involvement in antenatal care. The emerging themes were four as presented in the section below.

Positive attitude towards male involvement among the health workers

There was a positive attitude among the health care workers regarding male partner involvement in antenatal care. The health workers had this to say:

"I feel very happy when I see a woman accompanied by her partner because I see a man who loves his wife" (KI2)

"The few men I have interacted with at the antenatal clinic would really appreciate since I involved them in the entire process of the care" (K11)

The health care workers also encouraged the women to be accompanied by their partners since the services offered at the antenatal clinics target both women and men towards achieving positive maternal and neonatal outcomes.

"We encourage the partners to come and have the HIV testing together with theire wives" (KI1)

"From the waiting bay, we usually encouraged the women who were not accompanied to invite their husbands in the subsequent visits as they will be given priority as couples" (KI2)

Reasons for Low Male Partner Involvement

The main barrier identified by all the key informants in the study was the long waiting time at the antenatal clinic due to long queues. The healthcare workers said the following:

"...you will find long queues at the clinic and this discourages men from coming to the facility. Men are very impatient and prefer doing their things fast" (KI1, 12 and 13)

The other reason that emerged from the participants was the fear of HIV testing by the male partners. Key informants made the following remarks:

"HIV testing can hinder men from coming to the clinic "...Most of the time they fear HIV testing but when we test, we discover discordant couples" (KI1 and 12)

Prioritization as a Motivator for Male Involvement

An emerging theme from all the three key informants was the use of prioritization to motivate more men to participate in antenatal care. The health care workers reported that most of the time the antenatal clinics were very busy with long queues and men were usually very impatient.

Therefore, the healthcare providers give priority to the couples where men are involved, to encourage more male partner involvement in antenatal care. The healthcare workers had this to say,

"The issue of giving them priority when they come with their wives improved men's attendance to the Antenatal clinic" (KI1)

"…when couples come to the antenatal clinic, we motivate them by attending to them first" (KI3)

"We triage at the waiting bay to give priority to those accompanied by their male partners" (KI2)

Most of the men were breadwinners and spent most of their time at work, when they accompany their wives to the antenatal clinic and were not attended to very fast; they felt it was a waste of time. One of the ways to motivate them to attend the clinic despite their committed schedules was to fast-track their services.

"What makes most men not to attend the antenatal clinic is because they are busy generating income for the family, If we prioritize them, they can go back to work in good time" (KI3)

Health education on male Involvement Provided to Women

The findings from the study showed that every effort was made to inform women of the need and benefits for male partner involvement in antenatal care services and that health education was among the antenatal care services offered to the women on routine care. The health care workers reported as follows:

"…. they feel if a health care worker has not told their wives that a man is supposed to be part of the ANC, they assume they are not part of the pregnancy" (KI3)

"After we give health education, we usually encourage them to go and teach the people at home" (KI1)

The use of group antenatal care was a strategy made by the key informants to enhance more male partner involvement in antenatal care. One participant said:

"…. the group antenatal care, encourage partners to come in meetings so that we can learn together..." (KI1)

Another responded added this:

"In the group antenatal care, you will find that, each visit has targeted health education that benefits both the pregnant woman and the male partner" (KI3)

Discussion

The study sought to gain an understanding of male involvement in the study area through focused group discussions among the pregnant women who attended the antenatal clinic. In the present study, participants in both the focus group discussions and key informant interviews concur that most men were not involved in the antenatal care services.

These findings are similar to those of a qualitative study done in Zambia by [12] which reported that, antenatal clinic attendance was considered a woman's activity since the health care providers at the facility were mostly females. A Tanzanian based study conducted by [13] also reported a low male partner involvement in antenatal care re-counting that men were the breadwinners and that their main role in the pregnancy was to support their wives financially.

The similarity in these studies could be associated with the setting of African families which are mostly patriarchal in nature. In this setup, the father is seen as the leader and sole provider for the family. Moreover, men are not directly involved in reproductive health matters which they view as solely a women's responsibility.

According to a qualitative study by [14], male partners did not attend the antenatal clinic because their work schedules would not allow them to. They also cited an unfriendly antenatal clinic environment such as crowded areas with limited seats. An unfriendly environment is also reported in the present study where participants reported long waiting times at the antenatal clinic as the main reasons for low male partner' involvement; as well as being busy at work. The similarity in these themes can be centred on the nature of many African men as breadwinners and

who associate queuing at the clinic for antenatal care services as a waste of time. Contrarily, [15] through their study in Malawi revealed that socio-cultural beliefs, stigmatization of men involved and opportunity costs associated with attending antenatal care were the barriers to male partner involvement.

Interestingly, the current study revealed health care workers had a positive attitude towards male partner involvement and encouraged women to be accompanied by their partners in antenatal care. Nevertheless [16], in their study reported that, there was poor reception of men at antenatal clinics and a lack of emphasis on male partner involvement. This divergence could be because the two studies were carried out in different locations in Kenya and considered the perceptions of different populations. While the earlier study was conducted among married men giving their opinions regarding the attitude of the healthcare workers in the hospital, the current study was done among the healthcare workers themselves.

A key finding of the KIIs in the present study was that during the counselling sessions, efforts were made to educate the women on the need for male partner involvement in antenatal care. Similarly, in a study done in Ghana, participants in FGDs, IDIs and KIIs highlighted that health education was one of the factors proposed to encourage more men to participate in maternal healthcare [17]. In an earlier study done on the determinants of male involvement in the prevention of mother-to-child transmission of HIV Programme in Uganda, healthcare providers who were the key informants recommended that men needed to be sensitized about antenatal care and the benefits of being involved [18].

An emerging theme from the key informants in the present study was the use of prioritization to encourage more male partner involvement in antenatal care. Couples were attended first to encourage more women to be accompanied by their partners. Likewise, [12] found out that what motivated male partners to accompany their wives for antenatal care was the privilege of prioritization at the antenatal clinic. However, according to [19] employing men who accompanied their wives to the antenatal clinic was one of the strategies used to promote male partner involvement in antenatal care.

Conclusion

Participants in the focus group discussions agreed that most men were not involved in the antenatal clinic and that being busy at work was the main reason for their non-involvement. The main barrier identified by key informants in the study was the long waiting times due to long queues at the clinic.

Recommendations

There is a great need for prioritizing antenatal care to couples where men are involved and to increase the number of healthcare workers at the antenatal clinic to motivate more male partner participation.

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