

Male involvement in antenatal care in Agege local government area, Lagos state, Nigeria

*Bamidele, J.¹, Odeyemi K.², Sodeinde, K.³

Abstract

Background: Male involvement in antenatal care (ANC) though beneficial remains a global challenge. This study aimed to assess male involvement in ANC among men in Agege Local Government Area of Lagos State Nigeria.

Methods: A cross-sectional study, carried out between April and November 2017, among 420 men whose partners had at least one birth in the last 5 years, using interviewer-administered questionnaires. Male involvement was graded as good with minimum 50% score. Associations between male involvement and categorical variables were assessed using the chi-square test with the level of significance set at $P < 0.05$

Results: Mean age of the respondents was 43.80 ± 11.42 years. Many (58.6%) had good involvement in antenatal care. Male involvement was statistically significant with age, educational status, occupation and income with p value of 0.004, 0.024, < 0.001 and 0.04 respectively.

Conclusion: Age, education, occupation and income were significantly associated with male involvement. Young males should be encouraged to pursue formal education and vocational opportunities.

Keywords: Male involvement, antenatal care, complications, delivery

*Corresponding author

Bamidele, J.

ORCID-NO: <http://orcid.org/0000-0003-1852-7540>

Email: fisayobamidele7@gmail.com

¹Department of Community Medicine and Primary Care, Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria.

²Department of Community Health and Primary Care, College of Medicine, University of Lagos, Nigeria

³Department of Community Medicine, Babcock University, Ilishan, Nigeria.

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Implication masculine dans les soins prénatals dans la zone de gouvernement local d'Agege, état de Lagos, Nigéria

*Bamidele, J.¹, Odeyemi K.², Sodeinde, K.³

Résumé

Contexte général de l'étude : Bien que bénéfique, la participation des hommes aux soins prénatals (CPN) reste un défi mondial. Cette étude visait à évaluer la participation des hommes aux soins prénatals chez les hommes de la zone de gouvernement local d'Agege dans l'état de Lagos au Nigéria.

Méthode de l'étude : Une étude transversale, réalisée entre avril et novembre 2017, auprès de 420 hommes dont les partenaires ont eu au moins une naissance au cours des 5 dernières années, à l'aide de questionnaires administrés par des enquêteurs. L'implication des hommes a été jugée bonne avec un score minimum de 50 %. Les associations entre l'implication masculine et les variables catégorielles ont été évaluées à l'aide du test du chi carré avec le niveau de signification fixé à $P < 0,05$

Résultat de l'étude : L'âge moyen des répondants était de $43,80 \pm 11,42$ ans. Beaucoup (58,6%) avaient une bonne implication dans les soins prénatals. L'implication des hommes était statistiquement significative avec l'âge, le niveau d'éducation, la profession et le revenu avec une valeur p de 0,004, 0,024, $< 0,001$ et 0,04 respectivement.

Conclusion : L'âge, l'éducation, la profession et le revenu étaient significativement associés à l'implication des hommes. Les jeunes hommes devraient être encouragés à poursuivre une éducation formelle et des opportunités professionnelles.

Mots-clés : Implication masculine, soins prénatals, complications, accouchement

*Corresponding author

Bamidele, J.

ORCID-NO: <http://orcid.org/0000-0003-1852-7540>

Email: fisayobamidele7@gmail.com

¹Department of Community Medicine and Primary Care, Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria.

²Department of Community Health and Primary Care, College of Medicine, University of Lagos, Nigeria

³Department of Community Medicine, Babcock University, Ilishan, Nigeria.

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INTRODUCTION

Male involvement in maternity care describes the different ways in which men participate in reproductive health issues, behaviours, and right. It is a vital strategy for improving maternal health (1). In maternal care delivery, men play multiple roles either as partners, husbands, fathers or male siblings to pregnant women (2). One of the ways by which maternal deaths can be avoided is through the support of men in the health-seeking behaviour of their pregnant partners such as attendance at antenatal clinics. Male partner involvement could also have a strong bearing on the time a pregnant woman registers for antenatal care and the frequency of her antenatal care visits which may affect the eventual outcome of the pregnancy (3),

Male participation in antenatal care and delivery care remains a challenge globally to the safety of pregnant women (4). In 2017, approximately 295,000 women died while pregnant, during or after childbirth with majority of the deaths occurring in low resource countries and most could have been prevented (5). Male involvement improves maternal health service utilisation and contributes to reduction of maternal mortality.(6) Over 99% of all maternal deaths occur in under-developed countries with about 50% of such deaths being reported in Sub-Saharan Africa (7,8).

Antenatal care (ANC) in Africa is generally regarded as a female domain. Often, men are least expected to visit antenatal clinics with their wives (9,10). *Despite this*, in a lot of developing countries, most men maintain a significant role in decision making in households. This role is highly influential in the women's choice for health-seeking behaviour and their eventual choice in health related issues. Such roles include financial support, nutritional support, domestic support, emotional support, etc. They also assist the women in birth preparedness and complication readiness (11,12).

In Sub-Saharan Africa, approximately 69% of women who are pregnant visit antenatal clinics at least once, and 44% receive at least four ANC visits and the full package of key interventions (13). Women utilizing health services, in contexts where men determine whether and under what conditions their spouses will use health services (14,15), can prove problematic particularly in households where men underestimate the importance of antenatal care (13,16).

In Nigeria, there is a paucity of data on men's involvement in antenatal care, especially

from the men's perspective. The aim of the study was to assess male involvement in ANC in Agege Local Government Area of Lagos State, Nigeria.

MATERIALS AND METHODS

Study area, study design and population, sample size estimation

This research is a cross-sectional descriptive study carried out in Agege Local Government Area of Lagos State (LGA), Nigeria. Agege LGA consists of seven (7) electoral wards namely: Isale Oja, Awori-Oniwaya, Kwakwa-uku, Dopemu, Keke, Sango, and Atobaje. The Local Government has an approximate total area of about 18sq.metres with a projected population of 635,900 for the year 2016 (17).

The main occupations of the indigenes are agriculture, livestock rearing, and commerce, although the geographical farmlands traditionally owned by the people have given way to houses for accommodation, by and large, farming which is outside the immediate urban developing areas is still being practiced (18). The minimum sample size was determined using the Cochran formula (19) $n = Z^2pq/d^2$ for the determination of sample size for descriptive studies. A standard normal deviate of 1.96, 95% confidence interval, and a prevalence of 0.46 representing good male involvement in antenatal care in a related Nigerian study (20) were inputted into the formula to give a minimum sample size of 381.7. Controlling for a 10% attrition rate, a total of 420 participants were interviewed.

Sampling method, data collection tools and techniques, study measures

The study population was adult males (18 years and above) whose partner had at least one birth in the last 5 years and who were residing in the study area. A multistage probability sampling method was used to select participants. The first stage was to select three out of the seven wards within the Local Government Area using a simple random method (ballot). The selected wards were Dopemu, Keke, and Isale Oja. The second stage involved the selection of streets also by simple random sampling (ballot). Fourteen streets were selected from each ward. The third stage was the selection of houses from the streets using a simple random sampling method (ballot system). Ten houses were selected on each street. The next stage was the selection of households. In a house with a single household, the household was selected. But in houses with multiple households, one household was selected using a

simple random sampling method. Eligible respondent was then picked from each of the selected households. All adult males (18 years and above) residing in the area whose wife/partner had a delivery within the preceding 5 years were enrolled in the study. Data were elicited with a pretested semi-structured interviewer-administered questionnaire after duly obtaining consent from the participants. The questionnaire was designed following review of relevant literature and sought information on the respondents' sociodemographic data, male involvement in antenatal care and factors affecting male involvement.

Data Analysis

Data collected was entered into Epi info version 7 and analysed after crosschecking for errors and cleaning. Data was summarized using mean, standard deviation and proportions. Results were presented as tables. Chi-square was used to test for statistically significant associations between categorical variables and the level of significance was set at 0.05.

The dependent variable was male involvement. Male involvement was categorized as good or poor based on the aggregate scores computed from items in the questionnaire. Every correct answer was allocated the score "1" while incorrect answer was allocated the score "0". Those who had 50% or more were categorized as good while those with less than 50% were categorized as poor. The independent variables were the sociodemographic variables.

Ethical Considerations: Ethical approval for the study was obtained from the Human Research and Ethics Committee of the Lagos University Teaching Hospital ADM/DCST/HREC/APP/1727.

RESULTS

A total of 420 respondents participated in this study. The response rate was 100%.

Table 1 shows the socio-demographic characteristics of the respondents. The mean age of the respondents was 43.80 ± 11.42 . Most of them 357(85%) were married. A large number 307(86.0%) were in a monogamous marriage. About half of the respondents 215(51.2%) had secondary education as their highest academic achievement, while 11(2.6%) had no formal education. Many of the respondents 225(53.6%) practiced Islam, 189(45%) were Christians and only 6(1.4%) were traditionalists. Majority

311(74%) were Yoruba. A total of 240(57.1%) were unskilled workers. Majority 289(68.8%) had monthly income within the range of 18,000 - <100,000 naira, and a large number of the respondents 276(65.7%) had less than 3 children.

Among the respondents, 242(57.6%) had ever followed their wives/partners to antenatal care clinics. This is shown in Table 2. Also, 220(52.4%) have ever given their wives/partner money for antenatal care. Only 72(17.1%) have ever donated blood for wife/partner in preparation for delivery. Two hundred and seventy-seven (66.0%) have ever arranged transport for the wife/partner's delivery. Overall, 246(58.6%) of the respondents had good male involvement.

Table 3 shows reasons why the respondents accompanied or did not accompany their partners to ANC clinic. Out of all the respondents who followed their wives/partners to the ANC clinic, 173(41.2%) of the respondents who followed their wives/partners to antenatal care clinics did so because of free HIV counselling and testing. For those who did not follow their wives to the ANC clinic, being busy at work 83(19.8%) was the commonest reason that was given for not doing so.

Table 4 shows bivariate relationship between respondents' sociodemographic characteristics and male involvement in antenatal care. Male involvement is significantly associated with age group, educational status, occupation, and income. Younger husbands/partners were shown to have good involvement in antenatal care. Also, those with formal education showed good involvement in antenatal care.

DISCUSSION

Male involvement in antenatal care is an important aspect of maternity care that contributes to the reduction in maternal mortality which is still quite high in developing countries hence the need for this study to assess the involvement of males in antenatal care (6). Male involvement specifies the various level of participation of men in maternity care.(1) Men have been recognized to play a vital role in women's well-being and productivity by international (21) and national (22) movements. Male participation directly correlates with better maternal health outcomes in under-developed countries (23).

In considering all the components of male involvement, this study revealed that 59% of the respondents had a good level of

involvement. The level of involvement in this current study was higher than what was found in a study done in Osun State, Southwest Nigeria (20), where only 46.4% were shown to have a good level of involvement. The finding in this study was also higher than what was found in a similar study done in Northern Nigeria (14) where only 32.1% had good involvement and also in Nepal,(24) where 40.0% were involved. Good male involvement in this study may be because almost all the participants had some level of formal education. Male education is documented to be a predictor of their involvement in maternity care (14).

This study identified free HIV counselling and testing for partners as the major reason why many of the participants visited antenatal clinics with their wives/partners. This is similar to what was found in a study carried out among males in Uganda (25). This could be as result of the fact that many men used the opportunity to know where they and their family stand with respect to HIV without having to make any payments whatsoever. This could also be because of the level of awareness that is available concerning HIV thus making the men interested in knowing where they stand as regards the HIV infection.

One of the factors associated with male involvement in this study is age. Other African studies have also found age to be significantly associated with male involvement (14,26). More respondents who were middle aged were more likely to be involved in antenatal care. This finding shows that unlike the elderly who are set in their beliefs about antenatal care being an entirely female domain, the middle-aged group are more involved with issues relating to antenatal care.

In this study, it was found that education was significantly associated with male involvement in antenatal care. This finding was in consonance with what was reported in Northern Nigeria that formal education was an independent predictor of male involvement in maternity care (14). This finding may be because educated men are more likely to be privy to information on maternal health care services (26). This may, subsequently, increase men's confidence in the available maternal health services in the various health facilities thereby making them more active in maternal care. Other related studies have also shown a direct correlation between educational status of men and their involvement in antenatal care (27,28).

This study showed that the occupation of

the respondent was associated with the level of male involvement. This is in agreement with other studies which also found an association between participants' profession and male involvement in antenatal care (25,29). Respondents who were employed were more likely to be involved in antenatal care with those in unskilled employments being more involved than others. This finding could be because of certain degree of flexibility that is common with unskilled labour. This would allow for the man to make out time to get involved in the antenatal care of the pregnant partner.

This current study found an association between monthly earnings and male involvement in antenatal care. This finding is similar to what was found in a similar Ugandan study where a direct association was reported between monthly income and male involvement in antenatal care (25). The finding from this study could mean that the more money a man earns the more willing, he is to spend money on issues relating to antenatal care and maternal health.

Men whose partners have had at least a child birth not later than 5 years were selected through probability sampling method. This ensured that participants were representative of the men living in the study area and that they were still able to recall the events that surrounded the last birth their wives/partners had. However, this study had some limitations. The absence of multivariate analysis did not allow predictors of male involvement to be assessed. Moreover, employing qualitative methods of data collection would have elicited more detailed information about the involvement of the men in antenatal care and reasons for male involvement or the absence of it. Future areas of research may include predictors of male involvement in antenatal care and the relationship between male involvement and maternal and pregnancy outcomes.

CONCLUSION

More than half of the respondents had good involvement in antenatal care. Age, educational status and occupation were seen to be associated with male involvement from this study. Encouraging and making provisions for young males to pursue formal education in addition to creating vocational opportunities for men may lead to increased male involvement in ANC.

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Conflicts of Interest: The authors have declared no conflict of interest

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Table 1: Socio-demographic characteristics of respondents

Variable (N=420)	Frequency (N=420)	Percent (%)
Age Group		
21-30yrs	62	14.8
31-40yrs	132	31.4
41-50yrs	124	29.5
51-60yrs	73	17.4
>60yrs	29	6.9
Mean age 43.80 +/- 11.42		
Marital Status		
Single	12	2.9
Married	357	85.0
Divorced	21	5.0
Separated	26	6.2
Widowed	4	0.9
Type of Marriage		
Monogamous	307	73.1
Polygamous	50	11.9
Not in a marital union	63	15.0
Educational Status		
No formal Education	11	2.6
Primary Education	80	19.0
Secondary Education	215	51.2
Tertiary Education	106	25.2
Others	8	1.9
Religion		
Christianity	189	45.0
Islam	225	53.6
Traditional	6	1.4
Ethnicity		
Yoruba	311	74.0
Igbo	65	15.5
Hausa	37	8.8
Others	7	1.7
Occupation		
Unemployed	31	7.4
Unskilled	240	57.1
Skilled	107	25.5
Professional	42	10.0
Monthly Income (naira)		
<18,000	45	10.7
18,000 - <100,000	289	68.8
=100,000	86	20.5
Number of Children		
< 3	276	65.7
4-6	111	26.4
7-9	33	7.9

Table 2: Male Involvement in Antenatal care

Variable (N=420)	Frequency	Percent (%)
Wife/partner ever attended Antenatal care clinic		
Yes	334	79.5
No	86	20.5
Where wife/partner received Antenatal care for the last child N=334		
Health Facility	320	95.8
Home	7	2.1
Traditional Birth Attendant	7	2.1
Wife/partner misses Antenatal care appointments		
Yes	161	48.2
No	173	51.8
If Yes, how often N=161		
Rarely (1 out of 4 times)	129	80.1
Occasionally (2 out of 4 times)	26	16.1
Frequently (3 out of 4 times)	6	3.7
Allow your wife/partner to attend Antenatal care clinics		
Yes	327	77.9
No	93	22.1
Ever followed your wife/partner to Antenatal clinic		
Yes	242	57.6
No	178	42.4
Ever given your wife or partner money for Antenatal care		
Yes	220	52.4
No	200	47.6
Ever donated blood for wife/partner in preparation for delivery		
Yes	72	17.1
No	348	82.9
Will follow your wife/partner to Antenatal clinic next pregnancy		
Yes	153	36.4
No	267	63.6
Where wife/partnered deliver last-child		
Health Facility	323	76.9
Home	17	4.0
Traditional Birth Attendant	71	16.9
Others	9	2.1
Ever arranged transport for wife/partner's delivery		
Yes	277	66.0
No	143	34.0
Ever saved money for delivery		
Yes	236	56.2
No	184	43.8
Ever stayed with wife/partner during delivery		
Yes	174	41.4
No	246	58.6
Ever decided on the place of delivery		
Yes	203	48.3
No	217	51.7

Male involvement score: 58.6% of the respondents had good male involvement.

Table 3: Reasons for accompanying/not accompanying wife to antenatal care clinic

Variable	Frequency	Percent(%)
Reasons for following wife to Antenatal Clinic N=242		
Free HIV counselling and testing	173	41.2
Free malaria test	31	7.4
Free mosquito nets	7	1.7
Weight monitoring	8	1.9
Free BP check	23	5.5
Others	49	11.7
Reasons for not following wife to Antenatal Care Clinic N=178		
Female role	53	12.6
Busy at work	83	19.8
Health care worker's attitude	8	1.9
Long waiting time	29	6.9
Lack of confidence in the service	3	0.7
Not allowed access by the facility	2	0.5

Multiple responses allowed.

Table 4: Factors associated with male involvement in antenatal care

Variable	Male involvement		X ²	P value
	Good n(%) N=246	Poor n(%) N=174		
N=420				
Age Group				
21-30 years	34(13.8)	28(16.1)		
31-40 years	61(24.8)	71(40.8)		
41-50 years	81(32.9)	43(24.7)		
51-60 years	52(21.1)	21(12.1)		
>60 years	18(7.3)	11(6.3)	15.964	0.003
Type of marriage N=357				
Monogamous	169(83.7)	138(89.0)		
Polygamous	33(16.3)	17(11.0)	2.401	0.121
Educational status				
No formal education	3(1.2)	8(4.6)		
Primary education	46(18.7)	34(19.5)		
Secondary education	118(48.0)	97(55.7)		
Tertiary education	73(29.7)	33(19.0)		
Others	6(2.4)	2(1.1)	11.205	0.024
Occupation				
Unemployed	24(9.8)	7(4.0)		
Unskilled	115(46.7)	125(71.8)		
Skilled	80(32.5)	27(15.5)		
Professional	27(11.0)	15(8.6)	27.897	<0.001
Income				
<18,000	19(7.7)	26(14.9)		
18,000 - <100,000	179(72.8)	110(63.2)		
=100,000	48(19.5)	38(21.8)	6.576	0.04