Factors Influencing Male Partner’s Knowledge on Their Role during Antenatal Care in Mangu, Nakuru County

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ABSTRACT

Male participation is key in the implementation and use of Antenatal Care (ANC) amenities. Over the years, there has been a slight increase in male participation in reproductive health. This study aimed to establish males’ knowledge regarding their role in ANC. The study design was cross-sectional. The study population consisted of males with female partners aged 18-49 years who live in Mangu town, Nakuru County, Kenya, and have had a full-term delivery within the past 5 years. A sample of 73 respondents was recruited for the study. Structured questionnaires were used to collect data. The collected data were analyzed using descriptive statistics. Majority of the respondents (45.2%) were between ages 31-40 years. The main source of credible knowledge on ANC were health care providers, 71.2% of the respondents who escorted their female partners to ANC clinics waited outside the consultation room as their female partners sought medical attention hence, they either had little or completely no knowledge on ANC. Male's knowledge of ANC is influenced by age, type of family (monogamy or polygamy), level of education and caregiver’s attitude. Male partners should be provided with targeted education regarding their role in the ANC continuum.

Keywords: Antenatal care, maternal care, polygamous, reproductive health.

I. INTRODUCTION

Antenatal care (ANC) is defined as healthcare expectant women receive from conception to the onset of labor. It aims to achieve a good outcome for both the mother and the baby and also prevent any complications that may occur during pregnancy, labor, delivery, or during the post-partum period [1]. Since the mid-1990, increased recognition of the need to include men in maternal and child healthcare programs has been observed. Men play an important role as partners, husbands, and fathers but in reproductive health, men have termed it to be a women's affair and crucial decisions on reproductive health are left for women to decide on their own [2]. Focused Antenatal Care (FANC) is a minimum of four comprehensive individualized antenatal visits. Each of the four has definite variables for assessing the client, caring, and educating the client. These variables ensure the prevention or early detection and swift control of complications [1].

World health organizations (WHO) recently released new guidelines regarding antenatal care. This was compelled by the persistently high maternal deaths across the globe, especially in developing countries. Such countries experience maternal death 14 times more than developed countries. Deaths and diseases related to pregnancy remain to be far too high. In 2015, 303,000 women were estimated to have died from pregnancy-related causes. In addition, 2.7 million babies also died during the first month of gestation while 2.6 million babies were stillborn during the same year. The WHO recommended the increase of ANC from the current 4 to 8 fundamental visits throughout one pregnancy. The first antenatal visit should be initiated at less than 12 weeks of gestation. Subsequent visits at 20, 26, 30, 34, 36, 38, and 40 weeks of gestation. The primary objective of this new model is to provide pregnant women with personalized care during every visit. Globally, only 64% of pregnant women receive ANC more than three times throughout their pregnancy [3]. In the past, men have not been seen to participate in the provision of reproductive health for their wives. As such, there has been a low rate of involvement of men in the provision of ANC. Recent data regarding male partner involvement in the antenatal clinic by region in Kenya is as follows: Nairobi 5.2%, Eastern 6%, Nyanza 6.4% Central 3%, Western 5.3%, Rift valley 4.6%, Coast 3.4%, Western 5.3%, and North Eastern 2% bringing the average male involvement in Kenya at 5.1 % [4].

During ANC, the place of child delivery and costs to be incurred have to be planned and allocated. Furthermore,
blood donors in preparation for delivery, surrogate decision-maker in case of emergencies are also required. This is to ensure prompt managing of any complications that might arise during the delivery process. Other healthcare services given during ANC are managing obstetric complications and infectious conditions such as STIs and HIV. ANC frontiers also educate mothers on healthy behaviors during breastfeeding, postnatal care, and strategies for pregnancy spacing [4].

The role of male partners during the antenatal period is to provide emotional support system for their spouses, decision making, participate in the preparation of the arrival of the newborn, provide company on the antenatal hospital visits, provide financial support, to attain education on prevention of complications, identification of complications and ensure stable access to the health care facility [5]. However, research in South Asia concluded that men have little knowledge concerning maternal health that has been frustrating for them [6]. In low-income countries men do not accompany their partners unless there are complications during the pregnancy, those who accompany them to health care facilities wait outside as their partners undergo consultations with health caregivers thus men are unaware of disease prevention, complications, and health promotion strategies discussed during these sessions. Health care workers also disregard men because they only regard pregnant women as the only beneficiaries of maternal health programs, these further alienate males from participating in antenatal programs [7].

Decreasing maternal death is at the top of the global agenda and has been for over the past 20 years. A transformative new agenda for maternal health has been formulated as part of the sustainable development goals to build onto the impetus generated by the 5th-millennium developmental goal (MDG 5). These agenda aim to reduce maternal death rate to less than 70 per 100,000 live births by 2030. Despite attempts by the ministry of health to get male partners to be involved in antenatal care, very few men get to be involved yet they can play a crucial role of being decision-makers, a source of financial support, and an emotional support system for their spouses. This study aimed to evaluate the factors that influence male partners' knowledge of their role during ANC among people living in Mangu.

The demographic features of respondents that were assessed included: age, marital status, means of transport, education level, occupation, average monthly income, and religion. The cultural characteristics that were assessed included: male accompaniment as a taboo, how a man is considered when they attend ANC, the decision to visit an ANC, time of accompaniment, female partner asking for accompaniment, the role of men during pregnancy, taking care of their pregnant women, and ANC being beneficial to men. Facility-based characteristics that were assessed included: distance to the nearest health facility, time taken in a health care facility, female dominance in health care facilities, accompaniment to ANC, expression of concerns, affordability of ANC services, the attitude of health caregivers when men attend ANC, and favorability of health facility working hours.

II. METHODOLOGY

A. Study Location

The study was conducted in Mangu town that is located in Menengai westward that is in Nakuru County. The area has an approximate population of 27,881 people and is approximately 118.70 square kilometers. Mangu is a growing town where most of the population depends on farming and livestock keeping. There are a few schools in Mangu so are the health facilities that provide standard care.

B. Study Design

A cross-sectional design was used for this study. It ensures data can be collected in its natural settings. It is also relatively cheaper, quicker and the results can be extrapolated to the larger population [8].

C. Sample Size Determination

This study targeted male partners to women of their reproductive age (18-49 years) who live in Mangu town that had a full-term delivery within the past 5 years. The sampling technique used was simple random sampling. It ensures that each unit of the sample has an equal probability to be chosen [8].

The formula of Fishers, 1991 was used to determine sample size with a prevalence rate of 5%.

\[
N = \frac{1.96^2 \times 0.05(1-0.05)}{0.05^2}
\]

(1)

Where;

- \(N\) = Desired minimal sample size.
- \(Z\) = Standard normal deviation = 1.96 (from the tailed normal table).
- \(P\) = Prevalence rate
- \(M\) = the desired degree of accuracy @ 95% confidence level= 0.05

Sample size = 73

D. Data Collection

Standardized Questionnaires were used to collect data from participants.

E. Piloting

The pilot study was conducted at Rafiki, before the actual study in Mangu. This was aimed at validating the study instruments and methods before the actual data collection process.

III. DATA ANALYSIS

Descriptive statistics were used to analyze data. Measure of the mean, frequencies, and percentages were then determined. Tables, pie charts, and bar graphs were used to present the analyzed data.
A total of 73 respondents were recruited in the study. All of them were males who have female partners within their reproductive age (18-45 years).

### RESULTS

A total of 73 respondents were recruited in the study. All of them were males who have female partners within their reproductive age (18-45 years).

### IV. DISCUSSION

#### A. Demographic Factors

Majority of the males recruited in the study were between 30 – 40 years. This could be associated with experience since most of the men above 30 years have more than one
child and have acquired experience through the subsequent pregnancies. Those less than 30 years are most likely to be first-time fathers and have limited knowledge on pregnancy and ANC. These findings are similar to a study done by Ok [9] at Kenyatta National Hospital (KNH) on factors influencing male involvement in antenatal care which revealed that majority of men who accompanied their spouses to ANC visits were above 25 years [9]. Another research on the involvement of men in ANC, birth preparedness, exclusive breastfeeding, and immunization concluded that majority of males who escorted their partners were older [10].

Majority of the males recruited for the study were married. The African communities regard marriage as a way of ensuring future generations. In polygamous families, there is only 1 husband with many wives to take care of as compared to monogamous families hence polygamous men were rarely involved in ANC services and as a result have very little knowledge on ANC. This finding is similar to those of a study where 50 men were recruited and those who were polygamous reported that their involvement in ANC is limited by unhealthy competition among co-wives. Wives had to be treated in the same way to avoid conflicts, as a result, men distanced themselves in ANC and had limited knowledge on ANC [11].

All the participants in the study had primary or above primary school education which gives knowledge and reasons behind practices, unlike culture which is based on beliefs and varies from one community to another. This parallels another research study conducted in Uganda which revealed that men who were educated beyond primary school level were more likely to get involved in maternal health processes twice as much as those with education less than primary school level [12].

About 8.2% of the total respondents could not afford a quicker means of transportation. Their female partners had to walk for long distances to the nearest health facilities. Men would look for casual jobs to support their families and therefore rarely accompanied their female partners to the ANC appointments. Interestingly, the rest of the men who could afford some means of transportation considered themselves to have participated enough in ANC and cared less about attending. Another qualitative study conducted in Ghana reported that when it came to ANC, the role of men is to provide a means of transport. Attendance of the appointments were perceived to be exclusive for their female [11].

Most of the men involved in the study had informal employment which is frequently linked with increased attendance of ANC with their spouses. This is attributed to the availability of more time for the male counterparts to spend with their partners as compared with those who had formal employment who have less time away from their jobs. A study conducted on 286 manual workers revealed that 64% attended antenatal clinics with their spouses [13]. Most men know the importance of accompanying their female partners to ANC but a majority are restrained by their formal engagements.

Extreme poverty is living on less than 1.90 dollars a day, moderate poverty is living on less than 3.10 dollars a day [14]. Current foreign exchange on 15th July 2019 states that US1$ is equal to 103.11 Kenyan shillings. Majority of the respondents earned less than 5,000 Kshs a month and fell in the extreme poverty group yet they are the main breadwinners for their families. The little amount of money that families had only catered for their basic needs and accompaniment to an ANC is considered a luxury that they cannot afford hence men have little or no knowledge of their role during ANC.

Most of the respondents were Christians who are allowed by their religious beliefs to marry one wife. This promoted male participation in ANC, unlike other religions which allow men to marry many wives which hindered men from attending ANC to maintain peace within their homes.

B. Cultural Beliefs

Men testified that it was not considered a taboo to escort their female partners to ANC according to their different cultures. This can be related to the level of education among men living in Mangu. Educated men are more knowledgeable and understanding about the ANC services and can make logical and competent positive decisions including fulfilling their role in ANC. This differs from findings of a study conducted in Zambia which revealed that it was wrong for men to be seen escorting their partners to ANC according to their culture [15].

Most respondents perceived themselves to be emotionally mature when they accompanied their female partners to ANC. This encourages participation in ANC hence, they acquire knowledge such as early identification of danger signs during pregnancy, the importance of hospital deliveries, and the consideration of a birth plan. Some of the respondents felt dominated by their wives if they accompanied them to ANC. These findings are consistent with that of the study done by [11] which documented those men who attend ANC with their wives were perceived to have weak masculinity [11].

Most of the respondents reported that the decision to visit an ANC clinic was made by both male and female partners. This could be due to the large percentage of the respondents being married hence decisions concerning reproductive health were made by both parties. Some of the respondents said that female partners had the discretion of deciding when and where to attend an ANC appointment. This could be due to empowerment and extensive campaigns for females to attend at least four focused ANC visits in Kenya which has led to the majority of the community to regard ANC as a women's beneficiary program. Furthermore, victims of domestic violence were afraid to ask their male partner to escort them to ANC [16]. Women at ANC clinics fear the violence from their male partners who attend ANC clinics with them hence they decided to visit ANC on their own to avoid family conflicts [16].

Majority of the men said that they considered accompanying their female partners to ANC clinics all the time. This could be due to female partners requesting to be escorted to ANC or it could be due to exposure to information on the importance of accompanying their female partners. Out of the men who accompanied their partners, majority reported that they wait outside the doctor's office when their female partners are being attended to. The male partners have no contact with health care
providers who are the main source of information concerning ANC hence men have little or no knowledge regarding ANC. This is supported by a study done in low-income countries that revealed that men don’t escort their female partners unless there are complications during the pregnancy, those who accompany them to health care facilities wait outside as their partners undergo consultations with health caregivers thus men are unaware of disease prevention, complications and health promotion strategies discussed during these sessions [7].

According to the respondents, their female partners had asked for accompaniment to ANC. This is because women have been informed by their health care providers on the importance of accompaniment especially those who have complications during pregnancy. A large percentage of men accompanied their female partners when asked to. This could be related to most of the men having informal employment hence they had ample time to escort their female partners to the clinic or because they felt like a significant part of the pregnancy when they were requested to be present for ANC with their female partners.

Most of the respondents said they had a role to play during pregnancy and this is similar to a study done by [17] which reported that husbands provided support such as fetching water, bringing nutritious foods, arranging and accompanying their wives at antenatal visits, they also provided advice to their female partners not to carry heavy loads and also provided money for transport and medical cost [17]. Most of the men said it was the duty of both the male and the female partner to take care of the pregnant mother while the rest said it was the responsibility of the male partner alone, others said it was the duty of the in-laws, herself or other females in the society. This differs from findings of a study conducted in Western Kenya which implied that culture is an obstacle to male participation in ANC in that men refrain from pregnancy and childbirth as it is traditionally regarded as the responsibility of the mother-in-law or the co-wives. Males participating in ANC and delivery are generally regarded to as weak [18].

Most of the males’ benefit when they attend ANC. The most effective way of passing correct information to males is through qualified health care workers. Attending ANC and accompanying their female partners to the doctor's room is the most effective way to acquire knowledge on ANC. According to [2], inviting men to escort their female partners to the clinic is considered an important strategy because they acquire necessary knowledge which in turn leads to a reduction in maternal morbidity and mortality. Furthermore, men were actively involved in the preparation of a birth plan and are sensitized to obstetric emergencies hence decreasing maternal deaths due to delays in access to medical attention. An increase in male participation has also increased the number of hospital deliveries worldwide leading to prompt interventions to complications during childbirth thus decreasing the maternal mortality rate [2].

C. Facility-Based Factors

Majority of the respondents had a health care facility within 3 kms from their homes. Some had the nearest health facility being more than 6 kms from their homes. This was not favorable for men to attend the clinic with their female partners due to transportation costs they would incur which would have been used for other family needs. Most men preferred to offer transportation facilitation to their female partners and discuss the hospital findings at home which was not as effective as accompanying them to ANC. Female partners had the discretion of withholding vital information either knowingly or unknowingly.

Time taken for healthcare providers to attend to the male & female partners during ANC visits range between 20 to 40 minutes. These was largely dependent on the health care facility that one would attend, the length of the queues in health care facilities and the time a health care worker would spend on one patient. Most of the private sectors are adequately staffed but have expensive services. Those attending private clinics or hospitals are few and attended to very fast. Those who attend ANC in the public sector which is understaffed and has pocket-friendly services tend to congest leading to long queues thus most people took more time to be attended to.

A large percentage of the respondents appreciated that facilities offering ANC were dominated by female staff and they were comfortable with it since their female partners had an easy time expressing themselves to other female health care workers. Others said that if there were male health care workers, they would have an easy time when they attend ANC and they would easily express their concerns thus increasing their knowledge in ANC. This is supported by another research study conducted in sub-Saharan Africa which documented that maternity care and ANC are considered by the public population as a field meant for female health workers. This is because traditionally the profession of nursing was predominantly taken by women. The majority of men, therefore, find it difficult and uncomfortable to seek healthcare services with their spouses but can do if a male health care worker is present [19].

Most male respondents who attended ANC with their female partners and accompanied them to the consultation room express their concerns to health care workers. The majority of the health care workers emphasize accompaniment when the female partner is having complications during the pregnancy. A study done in Machakos county in Kenya also revealed that men do not consider attendance of ANC appointments beneficial especially if their female partners are in good health. Thus, the need to express their concerns in maternal health is determined by the health of the female partner instead of it being a requirement during pregnancy. This attitude has developed from health care workers who emphasize male participation and accompaniment in mothers having complications as compared to those who do not have complications [20].

Most of the male respondents reported that ANC services were relatively affordable because the services are free in public hospitals and health care workers (HCW) did not impose any extra charges in ANC clinics. Some reported that services were expensive. Particularly Laboratory and ultrasound tests where one had to cater for their cost. A study done in Uganda opposes these results as it states that some health care providers charged extra ANC fees to bridge their financial gaps thereby limiting male participation in ANC [12].
Majority of the men reported that health caregivers were friendly and accorded them priority when they attended ANC with their female partners. Others said they were harsh. These varied from one health caregiver to another. The mannerism of ANC provision by HCW at the clinics either limits or encourages them to attend ANC. Men who do not escort their spouses have been ignored by HCWs when they attended ANC. However, when health care workers give priority to those escorted by their male partners, they become more willing to attend and participate in ANC.[18]

Most of the males stated that health care centers were opened in good time, health care workers take considerable time during lunch hours and tea breaks, and closed the facility in good time. Others disputed this and said the majority of the health care centers are opened late, majority of the health care workers extend their lunch and tea breaks. This was not favorable for men to attend ANC and therefore preferred that their female partners went alone as they work to provide for their families. This difference was due to the surrounding health facilities around Mangu in that some were private and others were public.

V. CONCLUSION

In conclusion, males' knowledge of ANC is determined by:

i. Age; those who were older than 30 years were knowledgeable and understood their role in pregnancy compared to their younger counterparts.

ii. Type of family; polygamous men were rarely involved in ANC to avoid unhealthy competition among their wives hence they had little or no knowledge of ANC.

iii. The level of education also influenced males' knowledge of ANC. The higher the level of education the higher the level of knowledge men had on their role during ANC. Educated men were less likely to be influenced by cultural practices and easily understood the importance of attending ANC with their female partners.

iv. The main source of credible knowledge on ANC are the trained health caregivers.

v. Long hospital queues, late opening hours, long lunch and tea breaks in health care facilities discouraged men from attending ANC while reasonable tea and lunch break hours and good opening hours promoted male attendance to ANC hence, they acquired knowledge on ANC.

vi. A friendly caregiver’s approach builds a man's confidence and encourages him to continuously attend ANC with their female partners while a harsh approach discourages and distances them from ANC.

VI. RECOMMENDATIONS

i. Attractive social media advertisements should be used to sensitize and create cognizance of the significance of male participation in ANC.

ii. Higher educational centers like Universities, Colleges, and youth services should have informative sessions and debates on male involvement in reproductive health. This will not only increase males' knowledge and understanding of ANC but will also enlighten females on the role of their male partners during pregnancy.

iii. Providing reasonable means of transport to hospitals, helping with household chores is very important during pregnancy.

iv. Male partner participation during doctor's consultation is even better since it increases males' knowledge and understanding of ANC.

v. Health caregivers should be friendly, use modest language and be easy to relate with this will create a conducive environment that encourages male participation.

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CONFLICT OF INTEREST

Authors declare that they do not have any conflict of interest.

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