Factors Hindering Male Involvement in Birth Preparedeness among Mothers Attending Antenatal Care at Ishaka Adventist Hospital in Bushenyi District

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ABSTRACT

Failure of males to involve themselves in birth preparedness programs for their pregnant spouses remains a major challenge hindering maximum positive pregnancy outcomes. The purpose of this study was to assess factors hindering male involvement in birth preparedness among mothers attending ANC at Ishaka Adventist Hospital. A quantitative cross-sectional study was carried out among 73 mothers at the ANC clinic who were selected by simple random sampling, assessed by questionnaire and data was analyzed by SPSS version 20.0. Results of the research study found 49(67.1%) of mothers reported that their husbands were aged between 25-45 years, 66(90.4%) were married to their husbands, 48(65.8%) were peasants, 40(54.8%) said that their husbands had attained secondary education. 71(97.3%) reported that it was allowed for men to participate in birth preparedness, 51(69.8%) lived with their husbands, and 47(64%) did not share ideas about pregnancy care with their husbands. 35(47.9%) came from distances of 3-5 kilometers, all 73(100%) mothers reported that there was no space designed for men at the ANC clinic and 34(46.6%) reported that the waiting time at the ANC clinic was more than 1 hour. The conclusion of the study found demographic factors that hindered male involvement were low age, low income level as well and low levels of formal education. Social cultural factors that hindered male involvement included not sharing birth preparedness with their wives whereas the health care factors included long waiting times and lack of space for men among others.

Keywords: Antenatal Care, Birth, Male, Mothers.

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Introduction

Globally, an estimated 2 million expecting mothers face birth preparedness costs and requirements single-handedly and without their spouse's support and they later develop complications and sometimes die due to lack of male partners these morbidity and mortality occur to women of developing countries including Uganda and the risk of death is 50 to 100 times greater than in developed countries and this is accelerated by the reluctance of men in prepare for early delivery and child preparation in many cultural societies especially in Africa and Asia.[1]

In Africa, male involvement in birth preparedness clearly goes against prevailing gender norms in many cultural settings where birth preparedness is seen by men as women's work and fundamentally female-oriented.[2]

In sub–Saharan Africa male involvement is still low, however, it has been found to be 1.2 times higher among men whose partners are 35 years or older but other factors affecting male involvement remain unknown.[3] In East Africa, in studies have found that men who participated in pregnancy and childbirth are regarded by their peers as weak

leading to the low turnout of men accompanying spouses to hospital visits.[4]

A study by Garshom[5] indicated that only 21% of the 700 women preparing to give birth at different clinics had been accompanied by their husbands and a follow-up study indicated a reduced 13% of men who were present at the delivery time in the labor room.[6]

In Uganda, male involvement in birth preparedness is a complex process of social and behavioral change that requires men to play a more responsible role in childbirth preparation and it does not only imply to failure of men to attend hospital deliveries with their spouses but also refers to the need to change men's attitude and behavior towards women's health, to make them more supportive of women during child-bearing activities.[7]

According to WHO[8], interventions to promote male involvement in birth preparedness among mothers attending ANC, Maternity, and Postnatal among others are recommended to facilitate and support improved self-care of the woman, improved home care practices for the woman and newborn, and improved use of skilled care during pregnancy, childbirth and postnatal period for women and newborn.[9-14]

Methodology

Study design

A quantitative descriptive cross-sectional study employed a quantitative method of data collection where only mothers who were at the facility during the time of the research study were involved. The study design was selected because it helped the researcher to get the required information from the study population in the shortest time possible thus saving time and financial resources.

Study Setting

The study was carried out in Ishaka Adventist Hospital (IAH) Bushenyi District.

Study Population

The study population of this research study was mothers that were attending ANC at IAH. These were selected because they are the ones that live with their spouses hence they could possibly know why their spouses (Males) do not get involved in birth preparedness.

Sample Size Determination

The sample size was determined by Sloven's 1960 method for calculating sample size as given in the formula expression below.

$$n = \frac{N}{1 + N(e)^2}$$

Where
n= sample size
e= margin error at 95% confidence level 0.05
N= total Population of the target population
N=The number of mothers attending IAH ANC clinic where according to ANC HMIS records, a total of 30 mothers attends ANC clinic per day for 3 days hence targeting 90 mothers in those 3 days of ANC in one week.

$$n = \frac{90}{1 + 90(0.05)^2}$$

n=73.4
Therefore 73 respondents were recruited in the study.

Sampling Procedure

A convenient sampling method was used in this study. The researcher went to the clinic daily explaining to mothers that were available at ANC clinic, those that were present at the time of data collection, and consented to take part in the study. This was helpful to the researcher since it realized the targeted population in the shortest time hence saving researchers time and financial resources.

Inclusion Criterion

The study included mothers who were attending the IAH ANC clinic that came without a husband accompanying them.

Mothers who consented to participate in the study.

Exclusion Criterion

Mothers who declined to consent to the study were excluded from the study.

Data collection tool/research instruments

A structured questionnaire was used. The questionnaire had three sections that is; A, B, and C where Sections A assessed demographic characteristics of males, Section B assessed social-cultural factors and Section C assessed Facility-related factors.

Data Collection Procedure

An introduction letter was obtained from the research ethics committee of KIU-SON and was presented to IAH for approval of carrying out the research study. The approval was obtained from Matron IAH. After obtaining approval.

Data collection followed after consent from the mothers came to the ANC clinic at Ishaka Adventist Hospital. This was collected using a researcher's administered questionnaire. Responses of the respondents were filled into the questionnaire by the researcher. This method was used because it allowed accurate recording of responses from both illiterate and literate respondents.

Data analysis and presentation

The data collected was tallied and grouped in the form of tables and analyzed using Microsoft Excel and Statistical Package for Social Science.

The data was presented using variant tables, pie-charts and representative figures to ease the process of interpretation of findings.

Ethical considerations

This research proposal was approved by my supervisor. The researcher then sought permission from the research committee after approval.

The research and ethics committee of the School of Nursing Kampala International University issued an introductory letter to the administration of Ishaka Adventist Hospital. There were no risks imposed on the respondents during this study.

The researcher sought consent from the respondents and requested them to participate in the interview in order to collect data from them.

The researcher ensured the respondent's maximum confidentiality of the results. And the researcher promised not to reveal any information after tallying the questionnaire.

Results

Character	Variable	Frequency (n)	Percent (%)
Husband's age(Years)	Below 25	10	13.9
	25-45	49	67.1
	Above 45	14	19
Marital status	Married	66	90.4
	Cohabiting	7	9.6

Occupation	Businessman	20	27.4
	Peasant	48	65.8
	Civil servant	5	6.8
Education level	Primary	25	34.2
	Secondary	40	54.8
	Tertiary	6	8.2
	None	2	2.7

Table 1: Showing the characteristics of study respondents (n=73).

Findings revealed most 49(67.1%) of mothers reported that their husbands were aged between 25-45 and the least 10(13.9%) of mothers reported that their husbands were aged below 25 years.

The study also revealed majority of 66(90.4%) mothers were married to their husbands and the least 7(9.6%) of mothers were cohabiting with their husbands.

It was also revealed that 48(65.8%) of mothers reported that nearly two-thirds 48(65.8%) of mothers were peasants whereas the least 5(6.8%) of mothers reported that their husbands were civil servants.

It was also found that more than half 40(54.8%) of mothers said that their husbands had attained secondary education compared to the least 2(2.7%) of mothers had not attained any level of formal education.

Character	Variable	Frequency (n)	Percent (%)
Men culturally allowed to participate in birth preparedness	Yes	71	97.3
	No	2	2.7
Taking care of pregnancy is responsibility of;	Man and women	45	61.6
	Woman alone	5	6.8
	Woman and mother in law	23	31.5
How women live with husbands	Full time	51	69.8
	Intermittently	17	23.3
	Live separate	5	6.8
Find mandatory couple testing of HIV at the clinic	Yes	35	47.9
	No	38	52.1

Table 2: Showing whether men are culturally allowed to participate in births preparedness, which is responsible to take care of pregnancy, whether women lived with their husbands and whether women found mandatory HIV testing (n=73).

Findings revealed most 71(97.3%) of mothers reported that it was allowed for men to participate in birth preparedness and the least 2(2.7%) reported that men were not allowed to take part in birth preparedness.

It was also found that the majority 45(61.6%) of mothers reported that it was both men's and women's responsibility to take care of pregnancy and childbirths whereas the least 5(6.8%) of mothers said that it was a woman's responsibility to take care of pregnancy and child births.

The study also found more than two thirds 51(69.8%) of mothers reported that they lived with their husbands and the least 5(6.8%) of mothers reported that they lived separate from their husbands.

Moreso, it was also revealed that 35(47.9%) of mothers who reported that they found mandatory testing for HIV at the clinic for mothers and their husbands at the facility whereas the least 38(52.1%) of mothers did not find mandatory testing for HIV at the facility.

Character	Variable	Frequency (n)	Percent (%)
Husbands had enough time out of daily schedules to accompany their wives	Has enough time	29	39.7
	Too busy to get time	44	60.3
Would feel free to come with Husbands	Yes	50	68.5
	No	23	31.5

Table 3: Showing whether husbands had enough time from their daily schedule to accompany their wives and whether women would be willing to be accompanied by their husbands (n=35).

Findings revealed most 44 (60.3%) of mothers reported that their husbands were too busy and hence did not have enough time to accompany their wives for ANC and other birth preparedness programs and the least 23(31.5%) of mothers reported that their husbands had enough time to accompany their wives to ANC and other birth preparedness programs.

Character	Variable	Frequency (n)	Percent (%)
Distance (Km) to the facility	0-2	30	41.1
	3-5	35	47.9
	>5 Km	8	11
Space designated for men at the Facility	Yes	00	00
	No	73	100
Waiting time at the facility	<30 minutes	7	9.6
	30-60 minutes	32	43.8
	More than 1 hour	34	46.6
Hear health education talks encouraging men to accompany their wives to ANC	Yes	6	8.2
	No	67	91.7

ANC and other birth preparedness at facility were offered by women only	Yes	71	97.3
	No	2	2.7
Quality of ANC services offered is Good	Yes	40	54.8
	No	33	45.2

Table 4: Showing health facility related factors hindering men from accompanying their wives for birth preparedness (n=73).

It was also found that all 73(100%) mothers reported that there was no space designed for men at the ANC clinic.

Findings also revealed more than a third 34(46.6%) of mothers reported that the waiting time at the ANC clinic was more than 1 hour whereas the least 7(9.6%) of mothers reported that they waited for less than 30 minutes.

The study findings also found majority 67(91.7%) of mothers who reported that they did not hear health education talks that encouraged men from their society to accompany their wives to ANC clinics and other birth preparedness programs whereas the least 6(8.2%) of mothers reported that they heard health education talks encouraging men to accompany their wives for ANC and other birth preparedness.

The study revealed most 71(97.3%) of mothers reported that ANC and other birth preparedness at the health facility were mostly given by women whereas the least 2(2.7%) of mothers said that these services were not mostly given by women. Findings revealed the majority of 40(54.8%) of mothers reported that the quality of ANC services was good whereas the least 33(45.2%) of mothers reported that ANC services were not good.

It was also found that most 46(63%) of mothers had ever witnessed a husband accompanying their wife at an ANC facility whereas the least 27(37%) of mothers had never seen a man that had accompanied their wife to ANC or even other birth preparedness services at the facility.

Discussion

Findings revealed most 49(67.1%) of mothers reported that their husbands were aged between 25-45 years. These being young could have been the ones with wives that are still sexually active and, hence are expected to accompany their wives for ANC and other birth preparedness services. These findings disagree with those of Dharma[15] in Nepal, which found men of higher age who had a high level of male involvement.

The study also revealed majority 66(90.4%) of mothers were married to their husbands. This implies that their husbands could know when their wives are going for ANC and other birth preparedness services ANC could accompany them to health facilities. These findings are contrary to those of Davis-Floyed[16] which found men cohabiting with their wives were associated with low male involvement in birth preparedness.

It was also revealed nearly two-thirds 48(65.8%) of mothers were peasants which could be due to the fact that most families in the country survive by subsistence living and hence could find challenges in meeting the ANC-related costs like transport which could hinder men from participating in ANC for their wives. These findings are contrary to those of Denzin et al.[17] in Rwanda which reported men with well-paid jobs who participate in birth preparedness than peasants.

It was also found that more than half 40(54.8%) of mothers said that their husbands had attained secondary education. This could be due to the influence of universal secondary education, these

men could know the value of male participation and are likely to accompany their wives for ANC and other related birth preparedness services. These findings agree with those of Olugbenga-Bello et al.[18] in a Nigerian who reported men who had secondary education that accompanied their wives at ANC.

Findings revealed most 71(97.3%) of mothers reported that it was allowed for men to participate in birth preparedness. This could be because it is deemed harmful hence it could result in men participating in ANC and other birth preparedness services. These findings are contrary to those of Kumbeni et al.[19] in Ghana and Malawi which found cultural values that regarded males going to ANC clinic as unacceptable and males that did so were regarded as weak. It was also found that the majority 45(61.6%) of mothers reported that it was both men's and women's responsibility to take care of pregnancy and childbirth. This could have been attained through community mobilization for men to participate in birth preparedness. These findings are contrary to those of Atuahene et al.[20] who found pregnancy care and labor preparedness regarded as a mother's entire role which hindered males from taking part.

Two-thirds 51(69.8%) of mothers reported that they lived with their husbands. This could be related to most having been married; hence they lived with their husbands and, therefore are likely to jointly plan ANC visits and could accompany their wives to ANC and other birth preparedness. These findings are similar to those of Bougangue and Ling[21] in rural Ghana which found men who live with their partners during pregnancy were more likely to accompany their partners to ANC clinics.

More so, it was also revealed that 21(60%) of mothers reported that they did not know whether their husbands would be willing to test for HIV.

Conclusion

Factors that hindered male involvement in accompanying their wives and other birth preparedness activities included demographic, social cultural, and health-related factors.

The demographic factors that hindered male involvement in accompanying their wives to ANC and other birth preparedness included peasants who could not meet ANC needs like transport to the facility and young age among most husbands. The social-cultural factors that hindered male involvement in ANC and other birth preparedness activities included most women being not sure whether their husbands would accept HIV testing at the ANC clinic, failure to share about pregnancy and birth preparedness, and most husbands being too busy and hence unable to spare time for accompanying their wives to ANC.

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