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Factors Hindering Men Involvement in Antenatal Care Services at Ishaka Adventist Hospital, Bushenyi District.

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ABSTRACT

Globally, it is estimated that nearly 500,000 women die annually from causes related to pregnancy and child birth and 99% of these deaths occur in developing countries. Male involvement in the antenatal care services clearly goes against prevailing gender norms in many places in Sub-Saharan Africa. Despite instituting programme targeted at encouraging male partner participation in antenatal programmes. The purpose of the study was to investigate factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District. The study was conducted in Ishaka Adventist Hospital and descriptive cross-sectional design in nature and quantitative methods of data collection was used. Data collection took a period of two weeks. Most out of 56 respondents, 73% influencer of health seeking behavior of a pregnant woman was husband, 18% were mother, 5% influencer were mother-in-law and only 4% influencer were other (grandmother). 86% (48) "Yes" said their cultures support accompanying pregnant female for ANC meanwhile 14% (8) "No" said their cultures support does not. Many respondents 39.3% demanded that they should be given couple first priority, 28.6% said others (employ male nurse), 19.6% space for couple and only 12.5% health talk. The respondents suggested strategies to be used to encourage men accompany their wives/partner to ANC clinic majority with 37 (66%) who reported that through community sensitization followed by 12 (21%) supportive program and only 7 (13%) reported others (improve attitudes, involved village health team. Couple should be given first priority whenever they come for antenatal care services.

Keywords: antenatal care, child birth, Bushenyi District, pregnancy.

INTRODUCTION

Globally, it is estimated that nearly 500,000 women die annually from causes related to pregnancy and child birth and 99% of these deaths occur in developing countries [1]. According to professor Mahmoud Fathalla, "women are dying during pregnancy and child birth not only because of conditions that are difficult to manage, but women are dying because the society in which they live did not see it fit to invest what is needed to save their lives" [2]. Imperatively, Pregnancy and childbirth should be a pleasure of joy for the family and the community, but in most developing countries the reality of motherhood is often accompanied with difficult experiences yet women need to be supported by their male counterparts to abate the situation [3-13]. Nevertheless, this study qualitatively explored socio-cultural factors associated with men's involvement in care and support of women during pregnancy and childbirth [3]. In Congo and Malawi, studies have shown that low male partner involvement is one of the challenges to the success of the PMTCT programme in a country, as only less than 10% of male partners were reported to have accompanied their partners to ANC [14-15]. In Tanzania report also noted that very few men joined their partners for Antenatal care services like PMTCT or antenatal activities at five health clinics [16]. In the Eastern Province of South Africa and in Uganda, only 5% and 14.9% of male partners were reported to have accompanied their female

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partners to the antenatal care clinic visits [17-18]. Men play an important role in women's reproductive health matters such as ANC services, family planning among others. Furthermore the involvement of men in MCH creates an opportunity to address men's set of unmet reproductive health needs. Failure to realize the factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District has prompted the need to scale up involvement of men in reproductive health matters in this hospital.

METHODOLOGY

Study Design and Rationale

A descriptive cross-sectional study which employed quantitative method of data collection was used. The questionnaires were issued by a researcher to respondents to collect data on assessment of factors hindering men involvement in ANC services at IAH, Bushenyi district. Data collection took a period of two weeks. This design was chosen because of its proven applicability by other researchers in the same fields.

Study Setting

The study was conducted in IAH which is one of the hospitals in Uganda.

Study Population

The population is the entire group of persons or objects that is of interest to the researcher and which meet the criteria which the researcher wishes to investigate. In this study, the population of interest included all men whose pregnant women partners are attending antenatal care services in Antenatal clinic at IAH, Bushenyi district. A target population is the portion of the study population to which the researcher has reasonable access since studying the entire population is rarely possible [19]. The target population was all men whose pregnant female partners were attending antenatal care services in ANC clinic at IAH, Bushenyi district.

Sample Size Determination

The sample size of the study participants was determined using Fishers' formula (1990), which state that; $n = \left(\frac{Z^2 p q}{r^2} \right)$

Where; n =Desired sample size,

Z = Standard deviation at desired degree of accuracy at 1.96, confidence level of 95%.

p = Proportion of men whose pregnant women partners were attending antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district. Since there were no previous studies done to investigate factors hindering Men involvement in Antenatal care services, I estimated p to be 50% = 0.5, Implied that, $p = 0.5$

q = Standardize, $1.0 - p = 0.5$

r = the degree of error acceptable at 5%, $r = 0.05$

$$n = \left(\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} \right)$$

$$n = 384$$

According to Fishers' formula (1990), the sample size would be 384 of men whose pregnant women partners were attending antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district.

But the sample population to be study was less than 10,000. Therefore, N =Total number of men whose pregnant women partners were attended antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district. According to the ANC record December, 2016 revealed only 63 men accompanied their pregnant women to the clinic.

Therefore the target population, $nf < 10,000$

$$nf = \left(\frac{n}{1 + \frac{n}{N}} \right); \quad nf = \left(\frac{384}{1 + \frac{384}{63}} \right); \quad nf = 56 \text{ respondents}$$

Where; nf was sample size for N , population of men whose pregnant women partners were attended antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district, less than ($<$) 10,000.

n was sample size for N , population less than 10,000. The sample size of 56 respondents (men whose pregnant women partners were attended antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district)

Sampling Procedure

The purposive random sampling was used to select the participants. This was favorable in studying when respondents with the required features happen to be few.

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Each day about 3 men whose pregnant women partners were attending antenatal care services in Antenatal clinic who voluntarily accepts to participate in the study were asked to sign an informed consent form and therefore interviewed.

Inclusion Criteria

Only men whose pregnant women partners attended antenatal care services in Antenatal clinic who were willing to participate freely in the study, stable physically and mentally during the time of study participated in the study.

Data Collection Procedures

Data collections were by means of questionnaires developed by Researcher under supervision that was used as interview guide. The data were collected every morning from 9:00am up to mid-day. Each study respondent was requested to fill the questionnaire in English with the help of Researcher. And at every end of interviews, the respondent were thank for participating in the study. Then, next respondent also interviewed again, this would continue until the required numbers were obtained.

Data Analysis and Presentation

The collected data were analysed by relating the variables with the view of getting exact relationship underlying between the variables of interest. Descriptive analyses of the data were carried out to show response frequency and percentages using the computer software program Statistical Package for the Social Sciences (SPSS) version 17.0. Data were display in the form of pie charts, graphs and frequency distribution tables, and simple explanations to form the basis for discussion.

Ethical Considerations

A letter of introduction after ethical approval was obtained from the Research Coordinator School of Nursing sciences of KIU-WC which was addressed to the Medical director of IAH and in charge ANC clinic for permission to allow researcher carry out survey. Informed consent that included identification of the researcher, purpose, objectives, duration of the interview was explained to the respondents and obtains consent. Client’s rights, privacy and confidentiality were respected and the information handled was confidential.

RESULTS

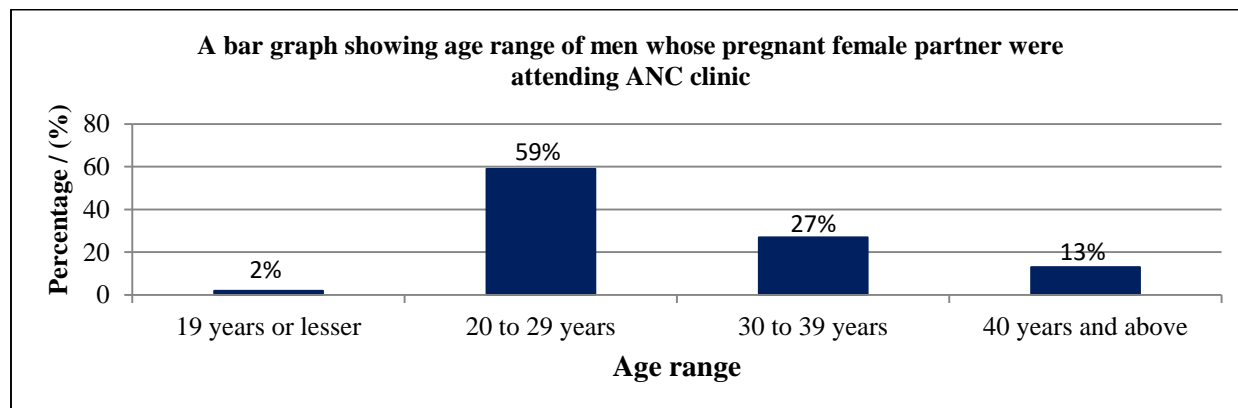


Figure 1: A bar graph showing age range of respondents, n=56

Figure 1 above show men whose pregnant female partners were attending ANC clinic had most with 59% age range 20 to 29 years, followed by 27% age range 30 to 39, 13% were age range 40 and above, while few with 2% were age 19 years or lesser.

Table 1: Show distribution of respondent according to tribe

Tribe	Frequency (n)	Percentage
Banyankole	48	85.7%
Bakiga	6	10.7%
Other (banyarwanda)	2	3.6%
Total	56	100.0%

Table 1 above, most respondents with 48 (85.7%) were Banyankole followed by bakiga with 6 (10.7%) while the least 2 (3.6%) were others (who were banyarwanda).

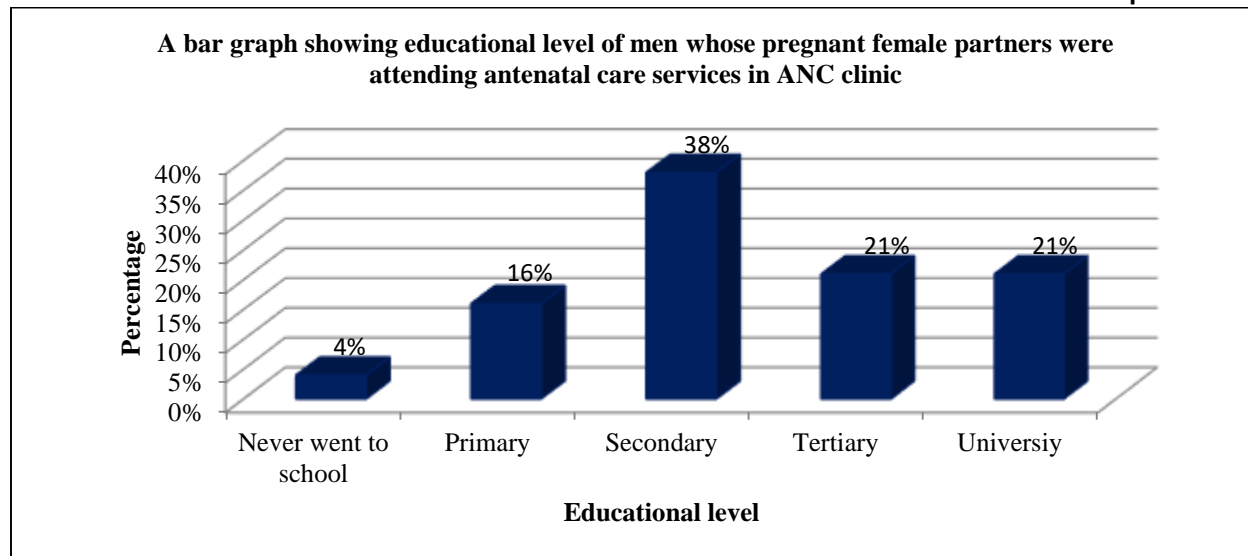


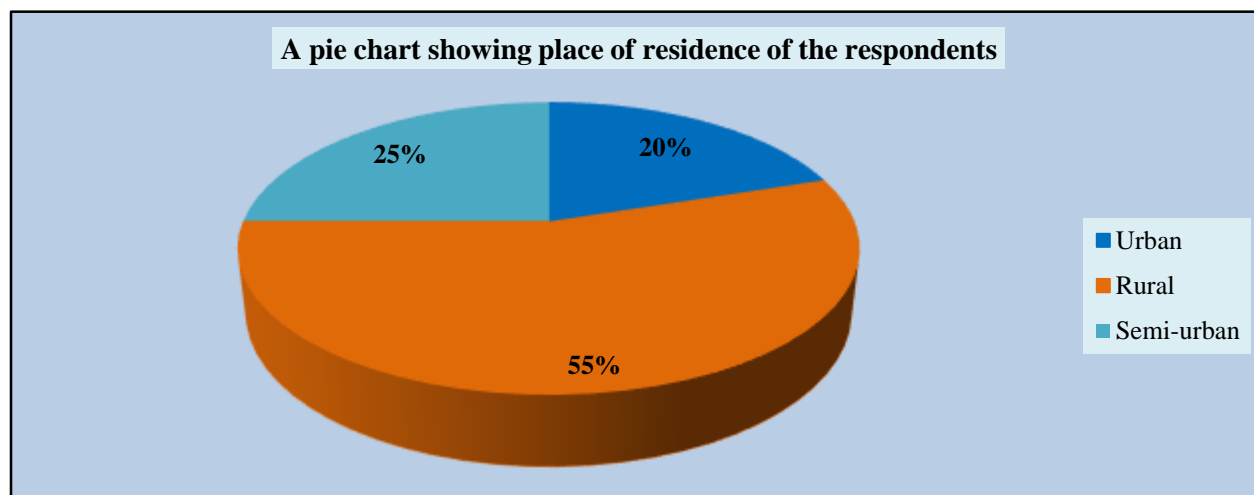
Figure 2: A bar graph showing distribution of respondent's educational level, n= 56

Figure 2 above reveals 38% of respondents had secondary education level while 21% went to tertiary, 21% university, 16% had primary level and 4% never went to school.

Table 2: Show the distribution according relationship with current partner

Variable	Frequency (n)	Percentage / (%)
Wife	41	73.2
Girlfriend and living together	3	5.4
Girlfriend and not living together	12	21.4
Total	56	100.0

Table 2 showed 73.2% of the respondents had their wives followed by 21.4% those with girlfriend and not living together, 5.4% those girlfriend and living together.



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Figure 3: A pie-chart showing place of residence of the respondents, n=56

Figure 3 above show 55% were from semi-urban area, 25% from rural and 20% from urban.

Table 3: Show respondents according to their religious affiliation

Religious	Frequency (n)	Percentage / (%)
Protestant	25	44.6
Catholic	16	28.6
Muslim	4	7.1
Seventh Day Adventist (SDA)	9	16.1
Other (born again)	2	3.6
Total	56	100.0

Table 3 shows that 25 (44.6%) of respondent were protestant, 16 (28.6%) Catholics while 9 (16.1%) SDA while 4 (7.1%) Muslim and few 2 (2.6%) other (born again).

Socio-Cultural Factors Hindering Men Involvement in ANC Services

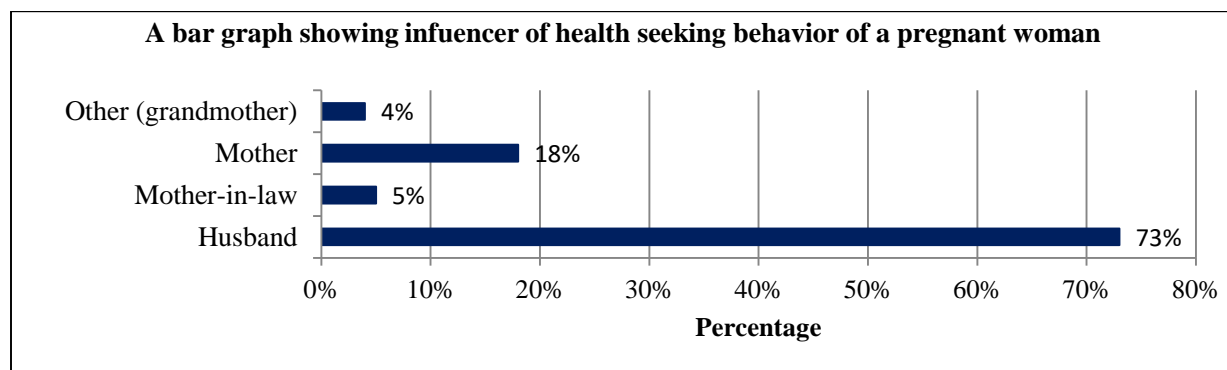


Figure 4: A bar graph show influencer to health seeking behavior of a pregnant woman in a community, n=56.

Figure 4 above, most 73% influencer was husband, 18% were mother, 5% influencer were mother-in-law and only 4% influencer were other (grandmother).

Table 4: Show whether men think pregnant women are safe to use herb

Variables	Frequency (n)	Percentage / (%)
Agreed	6	11
Disagreed	42	75
Not sure	8	14
Total	56	100

Table 4 reveal majority 42 (75%) respondents disagreed that pregnant women is not safe to use herbs 8 (14%) were not sure while only 6 (11%) who agreed.

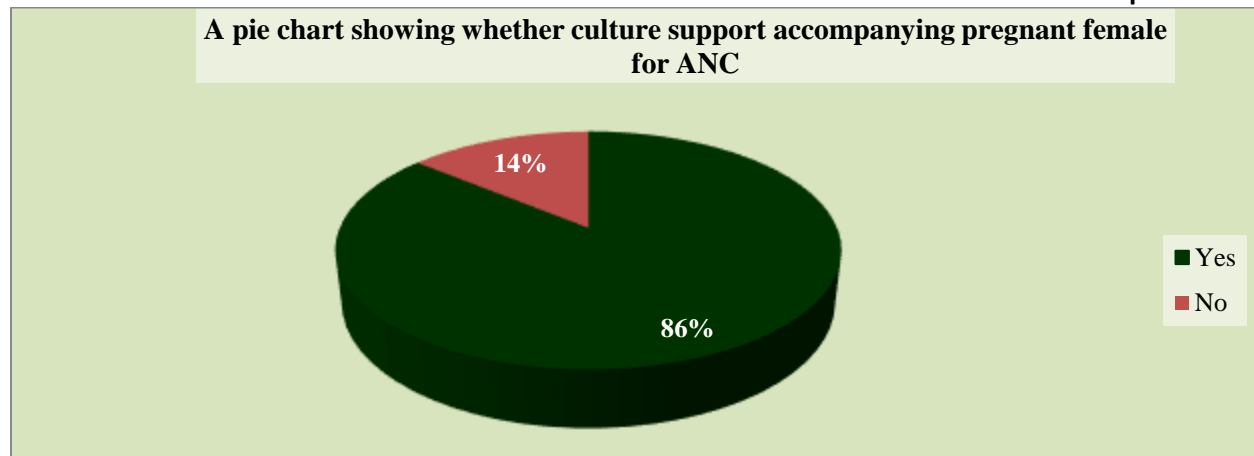


Figure 5: A pie chart showing whether culture support accompanying pregnant female partner for ANC, n=56

Out of 56 respondents on figure 5 above, 86% (48) “Yes” said their cultures support accompanying pregnant female for ANC meanwhile 14% (8) “No” said their cultures support does not.

Table 5: Show reason why cultures does not support accompanying pregnant women for ANC

Variables	Frequency (n)	Percentage
Woman’s affair	3	38%
Lowering man’s dignity	1	13%
Weak man control by woman	2	25%
Other (controlling woman)	2	25%
Total	8	100%

On table 5, most respondents with 38% (3) said its Woman’s affair followed by 25% (2) who said weak man control by woman, 25% (2) other (controlling woman) and only 13% (1) responded as lowering man’s dignity.

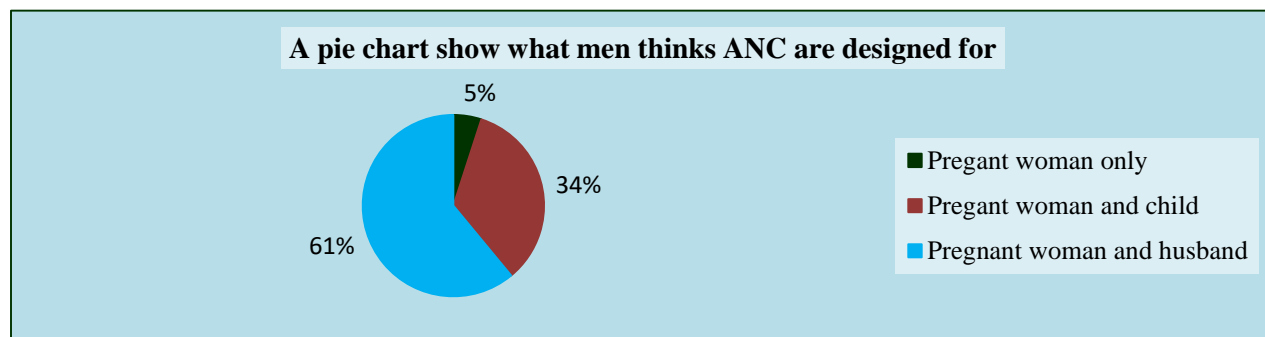


Figure 6: A pie chart showing what respondent thinks ANC are designed for, n=56

Figure 6 above, many men with 61% thinks ANC are designed for pregnant woman and husband while 34% designed for pregnant woman and child but least 5% said designed for pregnant woman only.

Table 6: Show opinion whether a man should accompanying his wife for ANC

Variables	Frequency (n)	Percentage
Agreed	51	91%
Disagreed	5	9%
Total	56	100%

The findings on table 6 shows most respondent 51 (91%) agreed that a man should accompany his wife for ANC while 5 (9%) disagreed.

The economic factors hindering men involvement in Antenatal care services

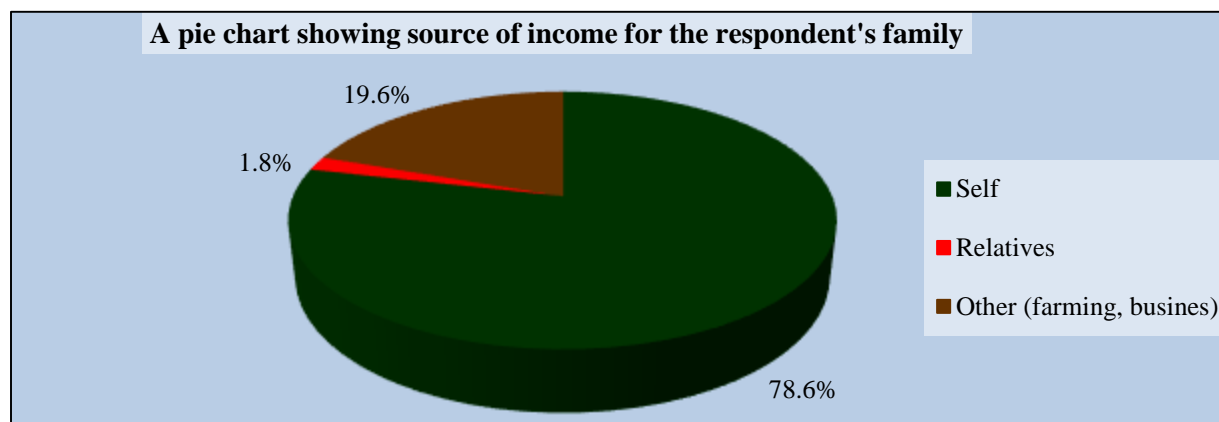


Figure 7: A pie chart showing source of income for the respondent’s family, n=56

The figure 7 above, majority 78.6% (44) of the respondents’ source of income were self meanwhile 19.6% (11) others (farming, business) and least with 1.8% (1) source of income from relative.

Table 7: Show cost spend to come to health facility

Cost	Frequency (n)	Percentage
No money	6	11%
1000 Ush	5	9%
2000 Ush	28	50%
Above 2000 Ush	17	30%
Total	56	100%

The table 7 above shows, majority 28 (50%) of the respondents spend 2000 Ush meanwhile 17 (30) above 2000 Ush, 6 (11%) spend no money and 5 (9%) 1000 Ush.

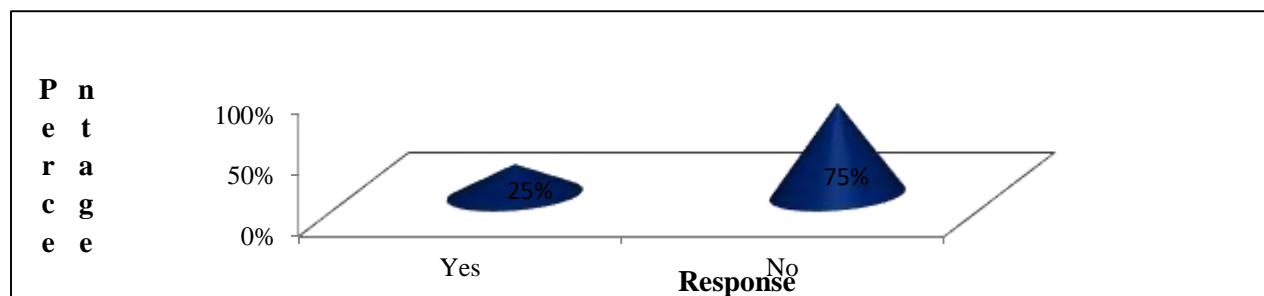


Figure 8: A bar graph showing respondents who were employed, n=56

Figure 8 above, majority of respondents 75% (42) “No” were not employed meanwhile 25% (14) “Yes” were employed.

Table 8: Show respondents’ type of employment

Variable	Frequency (n)	Percentage
Government	3	21.4%
Private job	9	64.3%
Cooperative organization	2	14.3%
Total	14	100.0%

Table 8 shows out of 14 employed respondents, 9 (64.3%) respondents had private job followed by 3 (21.4%) who had government employment and 2 (14.3%) had cooperative organization.

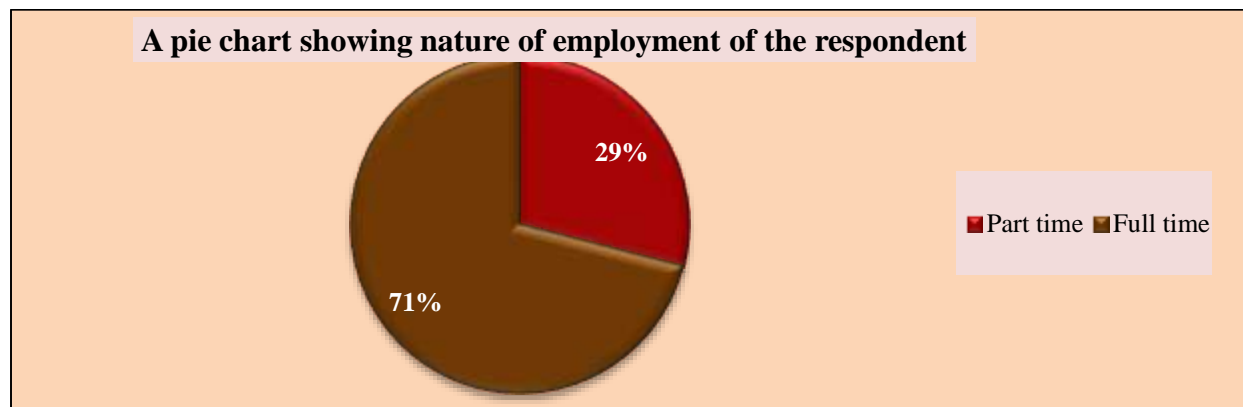


Figure 9: A pie chart showing whether part time or full time employment, n=14

Figure 9 above, majority of 14 respondents' 71% were full time while 29% were having part time employment.

Table 9: Show reason from men why they are afraid of allowing their pregnant women go for ANC

Variable	Frequency (n)	Percentage / (%)
Mistrust their women	7	12.5
Poor transport means	2	3.6
Long distance	25	44.5
Others (busy at work, no time, no need)	22	39.3
Total	56	100.0

Table 9 results showed 25 (44.5%) of respondents reported long distance, 22 (39.3%) were others (busy at work, no time, no need) meanwhile 7 (12.5%) and 2 (3.6%) reported mistrust of their women.

The strategies that can improve men involvement in Antenatal care services

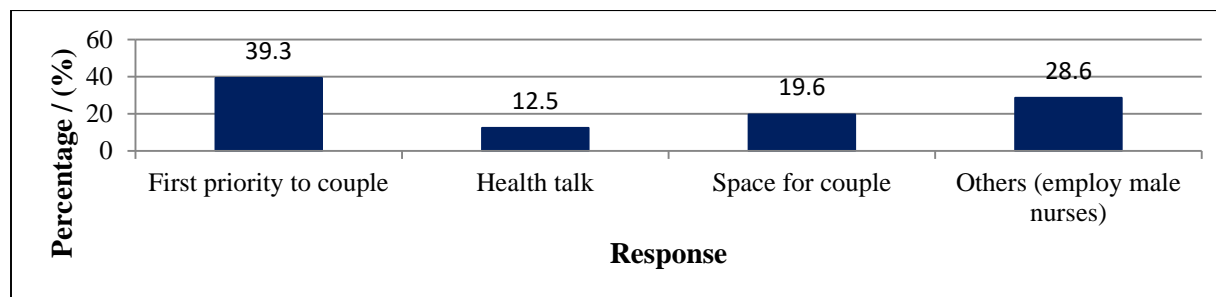


Figure 10: A bar showing suggestion on how to make ANC clinic conducive, n=56

Figure 10 above, many respondents 39.3% said they should be given first priority to couple, 28.6% said others (employ male nurse), 19.6% space for couple and only 12.5% health talk.

Table 10: Show strategies to be used to encourage men accompany their wives/partner to ANC clinic

Variable	Frequency (n)	Percentage
Community sensitization	37	66%
Supportive program	12	21%
Others (improve attitudes, involve village health team)	7	13%
Total	56	100%

The finding on Table 10 above, out of 56 respondent's majority with 37 (66%) who reported that through community sensitization followed by 12 (21%) supportive program and only 7 (13%) reported others (improve attitudes, involved village health team).

DISCUSSION

In this study, the majority of the respondents 85.7% were Banyankole followed by Bakiga with 10.7% while the least 3.6% were others. This is because the study was carried out in Ankole sub-region where there are many Banyankole tribe however due to migration many others were also present as seen on table 1 above. The study results from Figure 1 above showed majority of men whose pregnant female partners were attending ANC clinic had most with 59% age range 20 to 29 years, followed by 27% age range 30 to 39, 13% were age range 40 and above, while few with 2% were age 19 years or lesser. However, Figure 2 above revealed 38% of respondents had secondary education level while 21% went to tertiary, 21% were university graduate, 16% had primary level and 4% never went to school. 73.2% of the respondents had their wives followed by 21.4% those with girlfriend and not living together, 5.4% those girlfriends and living together as seen on table 2 above.

Most of respondents seen Figure 3 above showed majority with 55% were from semi-urban area, 25% from rural and 20% from urban. The findings from Table 3 revealed that 44.6% of respondent were protestant, 28.6% were Catholics while 16.1% were SDA meanwhile 7.1% were Muslim and few with 2.6% other (who said they were born again). The results in the Figure 4 above, most 73% influencer of health seeking behavior of a pregnant woman was husband, 18% were mother, 5% influencer were mother-in-law and only 4% influencer were other (grandmother). Meanwhile from Table 4 reveal majority 42 (75%) respondents disagreed that pregnant women is not safe to use herbs 8 (14%) were not sure while only 6 (11%) who agreed. Out of 56 respondents on figure 5 above, 86% (48) "Yes" said their cultures support accompanying pregnant female for ANC meanwhile 14% (8) "No" said their cultures support does not beside which of 8 who said their cultures does not support, on table 5, most respondents with 38% (3) said its Woman's affair followed by 25% (2) who said weak man control by woman, 25% (2) other (controlling woman) and only 13% (1) responded as lowering man's dignity. This finding agreed with Adeleke [20], in concussion with Ongweny-Kidero [21], who reported that social and cultural beliefs are reported as factors hindering men from actively participating in these ANC services for example PMTCT programmes in the Machacos county of Kenya.

Though ANC services are officially free of charge in almost all Sub-Saharan African countries, the indirect cost of transport and the loss of income while waiting for long hours at the clinic are so high that many males are deterred from attending. According to the results on table 7 above shows, majority 28 (50%) of the respondents spend 2000 Ush meanwhile 17 (30) above 2000 Ush, 6 (11%) spend no money and 5 (9%) 1000 Ush yet majority 78.6% (44) of the respondents' source of income were self meanwhile 19.6% (11) others (farming, business) and least with 1.8% (1) source of income from relative in agreement with Nkuoh *et al.* [22], finding; Kalembo *et al.* [23]; Ongweny-Kidero [21]. Figure 8 above, majority of the respondents 75% (42) "No" were not employed meanwhile 25% (14) "Yes" were employed. Similar views have also been cited in other studies in Africa (Maman, Moodley & Gloves, 2012; Godana & Atta, 2013), that the requirements of men's jobs make it difficult to accompany their wives to PMTCT appointments, particularly the perception that an extended amount of time would be consumed at the clinic.

Out of 56 employed respondents, 36 (64.3%) respondents had private job followed by 12 (21.4%) who had government employment and 8 (14.3%) had cooperative organization of 56 employed respondents' 71% were full time while 29% were having part time employment. Correspond to Ongweny-Kidero [21], found out that the reason why men feel that accompanying their female partners to hospital is a waste of time that would prevent them from attending to their means of a livelihood. They have jobs to do [20, 24]. However, Table 9 results showed 25 (44.5%) of respondents reported long distance, 22 (39.3%) were others (busy at work, no time, no need) meanwhile 7 (12.5%) and 2 (3.6%) reported mistrust of their women strongly in agreement with study done in South Africa and Uganda found out that distance, poor roads, undeveloped transport systems, and the cost of getting to the hospital prevented men from being involved in the PMTCT, since most of them have few resources to travel and live a distance from the clinic or a hospital [22-31].

Although very few studies on strategies that can improve men involvement in ANC services but prioritizing the couple in the antenatal clinics was cited as the best way forward to increasing the number of men involvement. This study results on Figure 10 above found out that many respondents 39.3% demanded that they should be given couple first priority, 28.6% said others (employ male nurse), 19.6% space for couple and only 12.5% health talk. Slightly contradict that of Gathuto [25], study results. Furthermore, finding on Table 10 above revealed out of 56 respondents on suggestion of strategies to be used to encourage men accompany their wives/partner to ANC clinic majority with 37 (66%) reported that through community sensitization followed by 12 (21%) supportive program

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and only 7 (13%) reported others (improve attitudes, involved village health team). The results concur with Gathuto [25], suggestions.

CONCLUSION

Thirty eight percent (38%) of respondents had secondary education level while 21% went to tertiary, 21% were university graduate, 16% had primary level and 4% never went to school. 73.2% of the respondents had their wives followed by 21.4% those with girlfriend and not living together, 5.4% those girlfriends and living together.

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