

Original Article

Institutional Determinants of Male Partner Involvement in Antenatal Care at Anti-Stock Theft Unit, Kenya

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Abstract

Background: Male partner involvement in antenatal care is a crucial component in the optimization of maternal health. Uptake is low in developing countries since few men engage in care. Non-involvement is a global concern identified by researchers and needs addressing.

Objective: To identify institutional determinants of male partner involvement in antenatal care (ANC) at Anti-Stock- Theft- Unit in Gilgil ward of Nakuru County.

Design was Cross-sectional descriptive research design.

Subjects were 334 sampled from a population of 2582 through simple random sampling. Data was gathered using self- administered questionnaires, and then edited, coded, and organized with help of statistical Package of Social Sciences (SPSS) Microsoft excel computer. It was then analysed using descriptive and inferential statistics. Chi square and Fishers exact tests were performed to test the hypothesis. The information was presented using tables and percentages.

Results showed (91.0%) of the respondents indicated facilities are dominated by female workers. Of (88.9%) of the participants who accompanied the partners during first ANC visit indicated that they were comfortable with female health personnel while, (90.9%) who did not accompany the partners indicated that they were not comfortable with female health workers ($p=0.036$). Slightly less than half (44.6 %) of the subjects opined that health workers had wanting reactions. 90% of the participants who accompanied the partners during the first ANC visit indicated that health workers were good friendly and kind. However 85.7% of those who did not accompany the partners attributed it to health workers wanting responses $p=(2\text{-sided}) 0.017$.

Conclusions: Gender and health care workers were significant to male partner involvement in antenatal care.

Key words; maternal health, partner involvement institutional determinants, antenatal care.

Introduction

Antenatal care is provision of essential services to pregnant women to ensure safe pregnancy and improved health that benefit mother and child (Kakaire O., Kaye DK et al., 2016). It is one of the pillars of safe motherhood and a determinant of maternal health and therefore, male partner active participation is needed to ensure better maternal health (Kato-Wallace J, Barker G, et al, 2014). Efforts to improve women's health during

pregnancy by incorporate men in care began after Safe Motherhood Conference held in Nairobi Kenya in 1987. However related studies shows little evidence in reduction in maternal issues particularly in most African countries (Matiang'i, M., Mojola A. & Githae, 2013). Male partner involvement in maternal health reduces maternal morbidity and mortality (Abbas K., P., Sakoalia, C Mensah et al., 2012). However it is traditionally low and remains a challenge to effectively access

and utilize. Culturally, men participating in care are considered to be forced by witchcraft or sorcery (Azuh D., Fayomi O., and Ajayi L, 2015), dominated by the wife, or HIV positive. (Abbas K., P., Sakoalia, C Mensah et al., 2012) resulting to illnesses or deaths from preventable controllable and manageable causes.

Background

Male partner involvement in antenatal care is a crucial component in the optimization of maternal health and achievement of the third Universal Sustainable Development Goal. Participation of men in maternal health received global attention in Cairo International Conference on Population and Development in 1994, at Beijing Fourth Women Conference in 1995, in Nairobi safe motherhood Initiative (SMI) in 1987 and United States Agency for International Development. However despite the efforts, participation is traditionally low particularly in developing countries (Straughen JK, Caldwell CH, Young AA et al., 2013). According to Roth DM, Mbizvo MT (2010) efforts by health care providers to involve men in pregnancy are impaired since many men feel marginalized and inadequately informed as activities are focused on women. World Health Organization (WHO) Global estimates shows more than half a million women who die from pregnancy-related complications, 99% occurs in the less developed countries, (Aluisio A, Richardson BA, Bosire R 2011). In Sub-Saharan Africa (SSA) male partner involvement in the antenatal care (ANC) goes against prevailing gender norms in many countries. (Ditekemena J, Koole O, Engmann et al. 2012). In Malawi, pregnancy and maternal services are focused on as a women's domain particularly in the rural settings. Studies shows that Mozambique has the lowest Antenatal care service uptake despite availability of free maternal services. Most men express views that some of the reactions especially from female care givers towards men accompanying pregnant women to antenatal clinic are unacceptable (Matiang'i, M., Mojola A. & Githae, M 2013). In a literature review it has been found that in many occasions male partners may be afraid of disclosure about pressing health needs, due to ANC clinic female gender dominance Essendi, H., S. Mills, and J.C. Fotso (2011) Similarly South African study showed that a man becomes

impotent if he accompanies a pregnant woman for antenatal care (Durban, 2014). Western Kenya study showed that male partners trust gender based patterns and therefore couples do not attend ANC clinics together (Onyango MA, et al., 2010). Additionally norms in this region is that pregnancy is considered a female role. Accordingly, certain women too, do not like it to avoid men queuing for a long time which does not warrant the efforts compared to other male competing responsibilities (Byamugisha R. Anne N Astrem, et al., 2011). Other men admit that ANC is "a woman's responsibility" (Abbas K. P, Sakoalia, C Mensah et al et al., 2012). Study done at Kwale County showed that men are shaped by cultural beliefs, designated gender roles, poor maternal health needs knowledge and attitude towards antenatal clinics (Azuh D., Fayomi O., and Ajayi L et al., 2015). Further, some men strictly consult traditional authorities, elders and traditional birth attendant for antenatal care and ancestral blessings to avoid being outcasts (Kululanga Lucy, Kululanga Johanne Sundby 2012). Records review from selected Health facilities showed a few male partner clinic attendances were mostly invited for PMTC testing and management. However Gilgil Anti-Stock-Theft-Unit revealed no male attendants.

Ethical consideration: Approval was sought from Jomo Kenyatta University of Agriculture and Technology (JKUAT) school of Nursing, Ethical review committee JKUAT, National Commission for Science Technology and Innovation, County Commissioner, County Director of Health Services, Gilgil Medical Officer of Health, Officer Commanding police station Gilgil and Officer Commanding ASTU. Participants gave voluntary informed written consent. Right to terminate participation was allowed, subjects' anonymity and confidentiality was maintained and data treated with utmost confidentiality

Methodology: Descriptive cross-sectional study design was adopted and simple random sampling was used to select 334 participants from a target population of 2582. Data was collected using structured self-administered questionnaire then analyzed through descriptive and inferential statistics and presented using pie chart and tables.

Research Question: Which Institutional determinants influence male partner involvement in antenatal care at anti-stock theft unit in Gilgil ward of Nakuru County?

Hypothesis: There is no significant relationship between institutional determinants and male partner involvement in antenatal care at anti-stock theft unit in Gilgil Ward of Nakuru County.

Results

Institutional Determinants Descriptive Analysis

The results in Table 1, shows age range of the subjects was 40 years, majority (47.9%) between 20 and 30 years. (62.6%) had one child and at least (62.9%) one wife depicting those respondents had pre opportunity to experience the partner's antenatal status.

Table 1: Respondents Demographic Characteristics

Responses	Frequency	Percentages
Age in years		
20 - 30 years	160	47.9
31 - 40 years	90	26.9
41 - 50 years.	49	14.7
51 - 60 years.	35	10.5
Total	334	100
Number of Wives		
One	210	62.9
Two	90	26.9
Three	24	7.2
More than three	10	3
Total	334	100
Number of Children		
One	209	62.6
Two	25	7.5
Three	11	3.3
More than three	89	26.6
Total	334	100

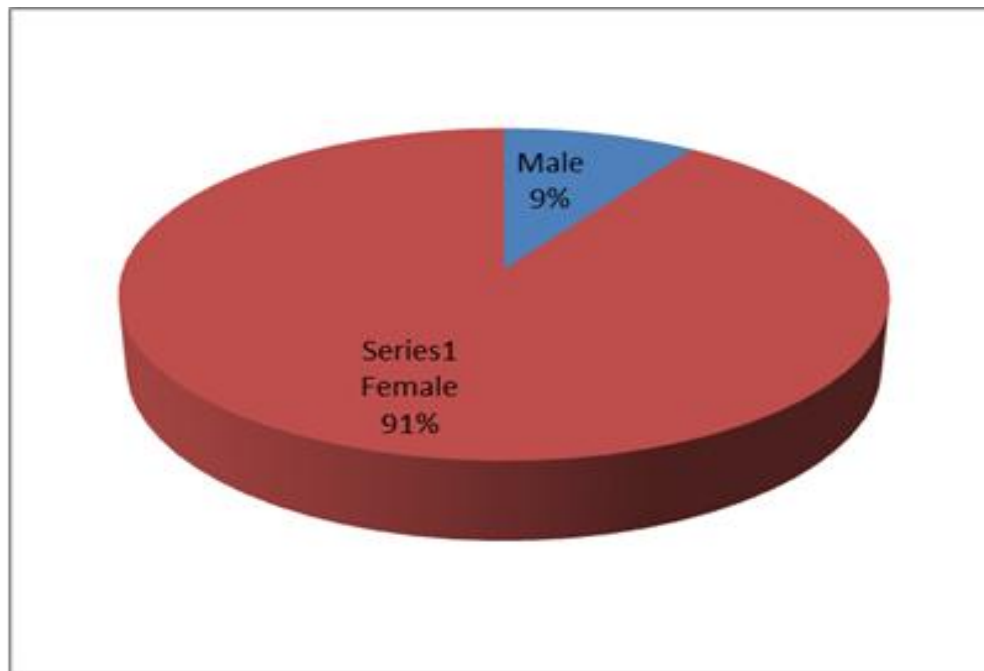
Figure 1: Health care workers distribution by gender

Figure 1 above shows majority (91.0%) of the respondents indicated that care facilities are mostly dominated by female workers and only 9% opined were males.

Table 2 Health workers reactions: Slightly less than half (44.6 %) of the subjects opined that health workers reactions are wanting while 27.5% felt health workers are not approachable 18.9% indicated that care workers ignore clients are rude and cruel. Only 9% cited care workers as good, kind and friendly.

As indicated in Table 3, (88.9%) of the participants who accompanied the partners during first ANC visit indicated that they were comfortable with female health personnel while those who did not accompany the partners ,(90.9%) indicated that they were not comfortable with female health personnel.

Table 4: Chi-Square Tests of independence on gender. To test the hypothesis that there is no

relationship between gender and male partner participating in antenatal care, a chi square test of independence was conducted. The p-value for the test was 0.036 which is less than 0.05.

Table 5: Cross tabulation - health workers reaction and accompanying partner. As indicated in Table 5, 90% of the participants who accompanied the partners during the first ANC visit indicated that health care workers were good friendly and kind. For those who did not accompany the partners during the first ANC visit, 85.7% indicated that, the health workers had a wanting response.

Table 6: Chi-square test of independence on health workers reactions. To test the hypothesis that there is no significant relationship between health workers reactions and male partner participating in antenatal care, a chi square test of independence was conducted. The p-value for the test was 0.017 which is less than 0.05.

Table 2: Health workers reactions

Responses	Frequency	Percentages
Good/friendly/kind	30	9
Not approachable	92	27.5
Ignore clients/rude/cruel	63	18.9
Wanting response	149	44.6%
	334	100

Table 3 Cross tabulation between gender and accompanying partner during first ANC visit.

		Which health personnel are you comfortable with		
		Male sex	Female sex	Total
Did you accompany your partner during her first ANC visit	Yes	% within Did you accompany your partner during her first ANC visit 52.9%	47.1%	100.0%
		% within Which health personnel are you comfortable with 47.4%	88.9%	60.7%
		% of Total 32.1%	28.6%	60.7%
	No	% within Did you accompany your partner during her first ANC visit 90.9%	9.1%	100.0%
		% within Which health personnel are you comfortable with 52.6%	11.1%	39.3%
	% of Total 35.7%	3.6%	39.3%	
		67.9%	32.1%	100.0%
Total		% within Did you accompany your partner during her first ANC visit		
		% within Which health personnel are you comfortable with 100.0%	100.0%	100.0%
		% of Total 67.9%	32.1%	100.0%

Table 4: Chi-Square Tests of independence on Gender

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig.\ (1-sided)
Pearson Chi-Square	4.414 ^a	1	.036		
Continuity Correction ^b	2.845	1	.092		
Likelihood Ratio	4.955	1	.026		
Fisher's Exact Test				.049	.042
Linear-by-Linear Association	4.256	1	.039		
N of Valid Cases ^b	334				

Table 5, Cross tabulation between health workers reaction and accompanying partner during first ANC visit

		Health workers reactions to couples at antenatal clinic can be rated as					
		Good/friendly/Kind	Approachable	Ignore clients/rude/cruel	Wanting response/others	Total	
Did you accompany your partner during first ANC visit	Yes	% within accompany partner during first ANC visit	52.9%	35.3%	5.9%	5.9%	100.0%
		% within Health workers reactions to couples at antenatal clinic can be rated as	90%	66.7%	50%	14.3%	60.7%
		% of Total	32.1%	21.4%	3.6%	3.6%	60.7%
No		% within accompany partner during first ANC visit	9.1%	27.3%	9.1%	54.5%	100.0%

	% within Health workers reactions to couples at 10% antenatal clinic can be rated as	33.3%	50%	85.7%	39.3%	
	% of Total	3.6%	10.7%	3.6%	21.4%	39.3%
Total	% within Did you accompany your partner during her first ANC visit	35.7%	32.1%	7.1%	25.0%	100.0%
	% within Health workers reactions to couples at 100.0% antenatal clinic can be rated as	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	35.7%	32.1%	7.1%	25.0%	100.0%

Table 6 Chi-square test of independence on health workers reactions

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.152 ^a	3	.017
Likelihood Ratio	11.047	3	.011
Linear-by-Linear Association	9.710	1	.002
N of Valid Cases	334		

Discussion

Over-whelming 91% of the respondents indicated that care facilities are mostly dominated by female workers. This concurs with Reece, (2010) Western Kenya. AIDS Care program statement which asserts that reproductive health programs have many female health workers meaning that women control ANC services more than men. (88.9%) of the participants who accompanied the partners during first ANC visit indicated that they were comfortable with female health personnel while those who did not accompany the partners ,(90.9%) indicated that they were not comfortable with female health workers $p= 0.036$.

Slightly less than half (44.6 %) of the subjects opined that health workers reactions was wanting This is supported by Nwakwuo GC, Oshonwoh FE: (2013) study on level of male involvement assessment in safe Motherhood in southern Nigeria. Participants who accompanied the partners during the first ANC visit 90% indicated that health care workers were good friendly and kind and was supported by Plantin L, Olukoya A (2011) scope study literature review which showed that there is positive health outcomes when paternal support or fathers are involvement in pregnancy. For those who did not accompany the partners during the first ANC visit, 85.7%

indicated that, the health workers had a wanting response. This revelation is supported by Byamugisha et.al (2010) that harsh language directed to women by health professionals is off-putting for men and discourage them from visits ($p= (2\text{-sided}) (0.017)$).

Conclusions: Gender and Health care workers reactions were significant to male partner involvement in antenatal care.

Acknowledgments: I appreciate JKUAT community, Gilgil station and ASTU police officers and my husband for funding my post-graduate studies.

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