

Original Article

Institutional Determinants of Male Partner Involvement in Antenatal Care at Anti-Stock Theft Unit of Gilgil Ward in Nakuru County 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 (ASTU) in Gilgil ward of Nakuru County.

Design: Cross-sectional descriptive research design.

Subjects: Simple random sampling was used to sample 334 participants from a population of 2582. Data was gathered using self- administered questionnaires, 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%) respondents indicated female workers dominate facilities. Participants who accompanied the partners during first ANC visit (88.9%) indicated being 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. The 90% of the participants who accompanied the partners during the first ANC visit cited 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-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. 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 incorporating 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, despite the efforts, participation is traditionally low particularly in developing countries (Straughen JK, Caldwell CH, Young AA et al.,2013) 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. World Health Organization (WHO) Global estimate 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. 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 queueing 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 paternal maternal health care needs knowledge and attitude towards antenatal clinics staff (Azuh D., Fayomi O.,and Ajayi L et al., 2015). 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 mostly focused on women. Many men express unacceptable views concerning female care workers reactions towards men accompanying pregnant women to antenatal clinics (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 own or co-pressing health needs, due to ANC clinic female gender negative reactions and dominancy Essendi, H., S. Mills, and J.C. Fotso (2011). Records review from selected Health facilities showed few male partner clinic attendances based mostly on invitation for PMTC testing and management. However Gilgil Anti-Stock-Theft-Unit revealed none male attendants in neither.

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.

Ethical consideration: Approval was sought from Jomo Kenyatta University of Agriculture and Technology (JKUAT) school of Nursing research committee, Ethical review committee JKUAT, National Commission for Science Technology and Innovation and from recommended County and Su-County Directors and officers. Participants gave voluntary informed written consent. Right to terminate participation was allowed. Subjects' anonymity and confidentiality was maintained and data treated with utmost confidentiality

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. Lower than a half (62.6%) had one child and (62.9%) one wife depicting those respondents had pre opportunity to experience the partner's antenatal status.

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 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: Relationship between gender and accompanying partner during first ANC visit Chi-Square Tests of independence. To test the hypothesis that there is no significant 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.

Table 5: Relationship between health workers reactions and accompanying partner Cross tabulation 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 tests of independence on Relationship between health workers reactions and accompanying partner during first ANC visit. 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.

Table 1: Demographic Characteristics. Descriptive Analysis

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 gender preference

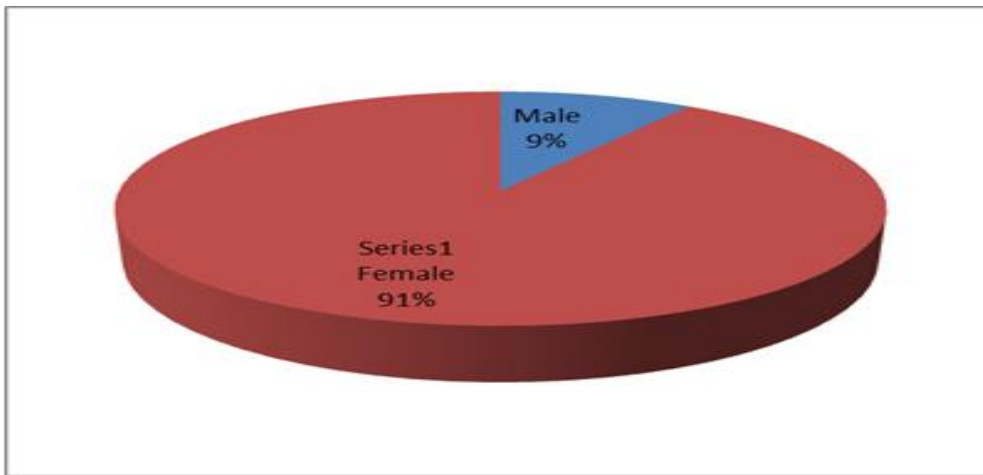


Figure 1 above shows majority (91%) of the respondents indicated female workers and only 9% opined males as the preferred care providers.

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
Total	334	100

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

		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%
		90.9%	9.1%	100.0%
No	% within	Did you accompany your partner during her first ANC visit		
		52.6%	11.1%	39.3%
		% within	Which health personnel are you comfortable with	

	% of Total	35.7%	3.6%	39.3%
Total	% within Did you accompany your partner during her first ANC visit	67.9%	32.1%	100.0%
	% within Which health personnel are you comfortable with	100%	100%	100%
	% of Total	67.9%	32.1%	100%

Table 4: Chi-Square Tests of independence on relationship between Gender and accompanying partner during first ANC visit

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

		Health workers reactions to couples at antenatal clinic can be rated as					
		Good/friendly/Kind	Approachable	Ignorant/rude/cruel	Wanting response/	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%	35.3%	5.9%	5.9%	100%
	No	% 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%
Did you accompany your partner during her first ANC visit	Yes	% within Did you accompany your partner during her first ANC visit	9.1%	27.3%	9.1%	54.5%	100%
	No	% 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%

	% within Health workers reactions to couples at antenatal clinic can be rated as	10%	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%	100.0%
	% within Health workers reactions to couples at antenatal clinic can be rated as	100%	100%	100%	100.0%	100.0%
	% of Total	35.7%	32.1%	7.1%	25%	100.0%

Table 6 Chi-square tests of independence on Relationship between health workers reactions and accompanying partner.

	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

On descriptive analysis, (91%) of the respondents indicated care facilities are mostly dominated by female workers whom they do not prefer for the partners ANC. 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. Of the (88.9%) participants who accompanied the partners during first ANC visit indicated being comfortable with female health personnel while those who did not accompany the partners, (90.9%) indicated not being comfortable with them. Chi square tests of independence was $p=0.036$.

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) assessment study on level of male involvement 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 which is 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 couples by health professionals is off-

putting for men and discourage them from visits. Chi square tests of independence was ($p=0.017$).

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

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