FACTORS HINDERING THE MALE PARTNERS' INVOLVEMENNT IN ANTENATAL AND PERINATAL CARE

BY:

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DECLARATION

I ………………………………………. do hereby declare that this work is of my own effort and in case of any consultation the references are quoted. It has not been presented for any award in any college or university.

Researchers name ………………………………….   …………………………….

TARIQ ESMAIL ESSAJEE Signature date

Supervisors name ………………………………………..   ………………………

BARASA AMBROSE signature date

DEDICATION

I dedicate this document to my beloved Mother, Father, My Brother and Sisters who have been of great help to me both financially, spiritually and emotionally. More so who have endeavored to give me wisdom and encouragement throughout this period. Not forgetting my friends.

ACKNOWLEDGEMENT

I acknowledge Kampala International University – Western Campus for giving me the chance do a Bachelors of medicine and surgery. I would also pass my sincere gratitude to the faculty of clinical medicine and dentistry staff for the support during the training.

Special thanks to:…………………………………………………………

May God bless all of you.

LIST OF ABBEVIATION

AAFP – American Academy of family Physicians.

AMREF – African Medical Research and Foundation.

CDC – Centers for Disease Control and Prevention.

CPR – Cardio Pulmonary Resuscitation.

DHMI – District Health Management Team

IEC – Information Education Communication

MOH – Ministry of health.

NCIPC – National Center for Injury Prevention and Control.

NGOs – Non Government Organization.

WHO – World Health Organization

ANC – Antenatal Care

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CHAPTER ONE

1.1 Introduction

Antenatal care is one of the priority interventions in reproductive health in Uganda, which significantly contribute to the reduction of maternal and infant morbidity and mortality.
Antenatal care is a planned programmed management of pregnant women directed towards making pregnancy and labour a safe and satisfying experience, resulting into delivery of mature normal baby **(MOH report 2004).**

Perinatal care is the care of a pregnant mother during labour and after delivery with in the first seven days. From the moment of conception when the baby begins his existence the husband /partner is encouraged to begin to assume his responsibility as a father, a helpful, understanding and sympathetic husband can do much to make the pregnancy an experience that will contribute to the foundation of more enriched family life. Men possess little knowledge regarding reproductive health particularly pregnancy health. It seems here in Uganda maternal and child health education targets women only. In fact knowledge concerning fathering and father experience during pregnancy and child birth lags behind. (**Franser and Cooper 2003).**

Many pregnant friends and relatives have commented that culture of their partner largely influence their involvement and in many cases the father is not an intergral part of the pregnant process, it gives an impression that male partner involvement ceases at the time of conception. Pregnancy brings many changes in the health of the woman, such as acceptance of pregnancy, moving into maternal role, able to give birth and nurture infant, relationship with the infant and also body image changes. These changes have great impact on the mother and also her fetus. The psychological changes which happen right from the time of conception up to nine months, call for more supportive action from the male partner in the pregnancy process. **(Kizza et al 2007),**

According to the research article MOH 2007 report, antenatal attendance in Uganda is good, 94% of women at least attend once. This creates an opportunity for male partners getting involved in order for their wives to achieve positive outcome of pregnancy. But however men are never involved at all or very few get involved. Men who participate in the pregnancy process and birth of their babies also who continue to share the responsibility of the child raising at home find the rewards great. Their lives take a new dimension; their marriages are strengthened and become more meaningful**. (Kizza et al 2007**),

1.2 Problem Statement

Becoming a father is a major step in a man's life, yet is an experience usually treated as insignificant in comparison with that of becoming a mother. As a result the stress on the future fathers is not understood and men are not prepared for the impact of pregnancy.
According to Kitzinger (2003), antenatal and postnatal depression are significant predictors for parenting stress. Empowering male partners with knowledge concerning pregnancy process may increase women knowledge also, by promoting interaction and communication between the couple. Undesirable outcome of pregnancy like abortion, obstructed and prolonged labors could be reduced.

The study is to investigate the factors hindering the male partners' involvement in antenatal and perinatal care in Ishaka – Bushenyi municipality.

1.3 Justification of the Study.

Little information is available concerning this research topic yet the impact of non involvement of male partners in the pregnancy process and child birth leads to bad outcomes. It important this research is done, to avail information to MOH for future planning of interventions to enhance male partner involvement.

1.4 Research Questions

1. What are the causes of male partners' non involvement in antenatal and perinatal care?
2. What is the impact of non involvement of male partners on the pregnant/nursing mother?
3. Does lack of knowledge on the importance of involvement of male partners in antenatal and perinatal care contribute to undesirable outcome of pregnancy?

1.5 Study Objectives

General objective

To find out the factors that hinder male partners' involvement in antenatal and perinatal care in Ishaka town council.

Specific objectives

- To determine the husband's knowledge on the importance of antenatal and perinatal care.
- To determine the percentage of male partners involved in antenatal and perinatal care in Ishaka town council
- To establish some of the factors that hinder male partners' involvement in antenatal and perinatal care.
- To ascertain whether lack of knowledge on the importance of involvement of male partners in antenatal and perinatal care contribute to undesirable outcome of pregnancy.

1.6 Hypothesis

Involvement of male partner plays a big role in the prevention of undesirable outcome of pregnancy. Lack of knowledge on the importance of antenatal and perinatal involvement may be a contributing factor hindering partners' involvement in antenatal and perinatal care.

CHAPTER TWO

2.0 Literature review

Pregnancy can be a stressful event because of many changes that take place with in a woman and with the family. Pregnancy may tax the financial and physical resources of the family. Caplain (1968) estimated that 80% of women initially reject the idea of pregnancy, even women who planned pregnancy may respond at first with surprise and shock. Complete instant acceptance does not occur often. This may be due to uncertainty of getting what was desired, shock at major changes that will take place, potential economic hardships related to child bearing and rearing, potential impact on career goals and also a feeling of not being ready on the part of the woman or baby's father. **(Kitzinger S, 2007)**

A number of studies have been carried out by health professionals and researchers looking at father's involvement in pregnancy and the difference it can make to the pregnant woman and her husband/ partner. While findings in the areas of family planning and STI indicate the potential success of couple friendly reproductive services [inma.com], the influence of men during pregnancy remains unexplored. Men possess much decision making power, dynamic traditional avenues; maternal child health education only to women may have limited effectiveness. **(Clinton J, 2006).**

Jordan (1990) carried out a quantitative study to describe the experience of expectant father and new father-hood. The results of the study described the fathers as laboring to perceive the paternal role as relevant. He was one of the few researchers to focus on couvade experience by trimester. Couvade syndrome is an anthropological term designating a set of rituals or behavior in the certain culture that regulate paternal actions during child birth. The syndrome is commonly believed to be an expression of the father as identified with that of the mother to be. Usually the syndrome consists of bodily symptoms such as gastro-intestinal disorders, nausea and vomiting, backache, toothache,

syncope, fatigue, leg cramps and weight gain. Fathers must make a major style change during the child bearing cycle. **(Clinton 2006]**

May (1986) study the experience of 20 first expectant fathers in order to develop a theory that describes a typology of styles adopted by fathers during pregnancy. The theory explains involvement or non- involvement by men in pregnancy process or some where between the two. The varying levels of detachment and involvement characterize three styles. Observer's style, such a partner sees him self as a by-stander and this is the most detached style, it involves little decision making in the pregnancy. The second is the expressive style, the man sees him self as a full partner. The style allows more involvement in pregnancy. And the instrumental style; the man put emphasis on tasks to be accomplished and sees him self as a care taker or manager of pregnancy but the man tend to down play the emotional impact of the pregnancy and pride himself in carrying out traditional functions central to his role as fathers and husbands for example, keeping their wives on diet and making major purchases and decisions concerning the infant. An American obstetrician contributed to the modification of child birth education. Bradley felt not only that the father's presence was his right, but also his role as a labour coach was an appropriate one for him to play, helping his wife through the labour process. (**Bradley, 2006)**

Dragonas (2002) made a study of Greek fathers' participation in labour and care of the infant. He found out only 10% of the sample attended delivery, but the great number of the non attendees attributed this to official hospital policy. A child birth educator and well known anthropologist said labour pains is nothing to fear and working with it, a woman cope successfully and leap a great psychological rewards from her active participation. She promotes child classes to expectant parents these classes influence a woman's feeling of confidence and readiness as she approaches the birth and early parent hood. These classes aid the parents in their mutual appreciation of value of antenatal preparation and tend to promote the idea of sharing parent hood. **(Kitzunger, 2003).**

CHAPTER THREE

3.0 Methodology

3.1 Study area

The study was carried in Ishaka - Bushenyi municipality south-western Uganda.

Uganda is one of the developing countries in Africa, is a land locked country, lies along equator and is bordered by Sudan in the north, Congo in west, Tanzania in the south and Rwanda in south west. Bushenyi district in the south-western of Uganda is bordered by Kasese in the north, Kamwenge in the north east, Mbarara in the east, Runkungiri in the west and Ntungamo in the south. The district has a total land of 3949 square kilometer and a total population of 738355 (population and housing census, 2002). It is mainly inhabited by Banyankole. The district has five counties Bushenyi, Bunyaruguru, Ruhinda, and Sheema. Ishaka town council which was the area of study is in Igara County.

3.2 Study design

A quantitative cross sectional study was conducted where by the questionnaires will be availed to respondents to fill.

3.3 Sampling method

Convenience sampling method was used to obtain participants' responses by the use of questionnaire.

3.4 Sample size and sampling procedure

100 respondents were chosen, 50 women and 50 men to fill the questionnaires them selves. The questionnaires contained both open ended questions and closed questions. The participants were visited at their homes and who ever were present at home at the time of visit were requested to fill the questionnaire.

3.5 Data collection

Data was collected by the use of questionnaire and writing materials like pens, papers.

3.6 Inclusion criteria

For women respondents to participate in the study, they were permanent residents of Ishaka town council, currently pregnant or having a child. And for men must at least have fathered a child or currently having a pregnant wife.

3.7 Exclusion criteria

- ✓ Women who have never been pregnant,
- ✓ Men who have never fathered a child
- ✓ Non residents of Ishaka town council.

3.8 Pre-testing of the questionnaire

Questionnaires were given to few chosen individuals to assess the acceptability of data collection tool before administering the questionnaire to the participants with. Necessary adjustments were done to ensure adequate data collection.

3.9 Data Analysis

Data was collected, tallied and grouped in form of tables and pie charts as found applicable and appropriate. A scientific calculator was used for accuracy, typing was done by the computer to enable formatting and drawing of pie charts if found more appropriate.

3.10 Ethical consideration

The participants' confidence was obtained by informing them that the information obtained from them was to be treated with confidentiality and their consent was valued and given utmost respect. Also an introductory letter was obtained by the researcher from the administration of Kampala international university faculty of medicine and dentistry which was presented to the relevant authorities of the area of the study.

3.11 Limitations of the study

- Insufficient funds
- Transport to reach the participants
- Language barrier

CHAPTER FOUR

4.0 STUDY FINDINGS

4.1 INTRODUCTION

This chapter consists of results of data collection, which were analyzed in terms of tables, pie charts and bar graphs. It involved editing coding and tabulation of data.

4.2 AGE OF RESPONDENTS

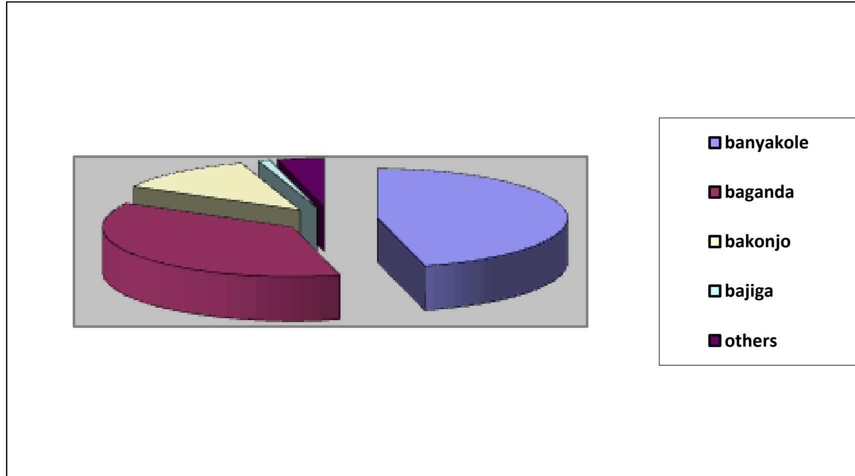
Table 1; Age distribution of the respondents

AGE IN YEARS	NUMBER OF RESPONDENTS	PERCENTAGE%
15-24	12	12
25-34	48	48
35-44	24	24
45-54	16	16
TOTAL	100	100

According to the table above, most of the respondents were aged between 25-34(48%), followed by the age range of 35-44(12%), age of between 45-54, (16%) of the total respondents, while the young partners within 15-24, (12%)

4.3 TRIBE OF RESPONDENTS

Figure 1; Tribe of the respondents



Most of respondents by tribe were Banyankole 23(46%) followed by Bagonjo 18 (36%), Baganda 6(12%), Bakiga 2(4%) and lastly others 1 (2%)

4.4 LEVEL OF EDUCATION

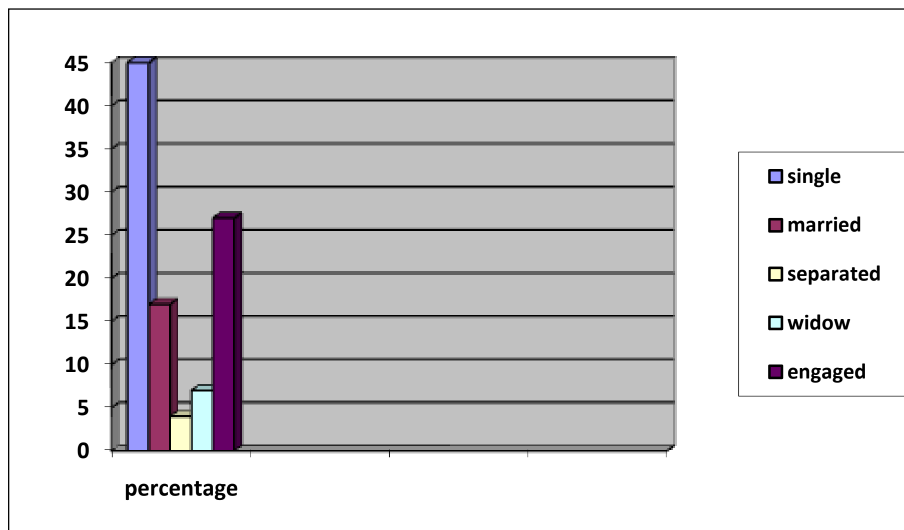
Table 2: level of education of the respondents

EDUCATION LEVEL	FREQUENCY	PERCENTAGE (%)
No formal education	4	4
Primary	12	12
Secondary	24	24
Tertiary	60	60
TOTAL	100	100

The table above shows that the majority of the respondents 60(60%) had tertiary status of education, 24(24%) who had the secondary school education, 24(24%) had at least a primary level of education and finally 4(4%), who never had any formal education.

4.5 MARITAL STATUS

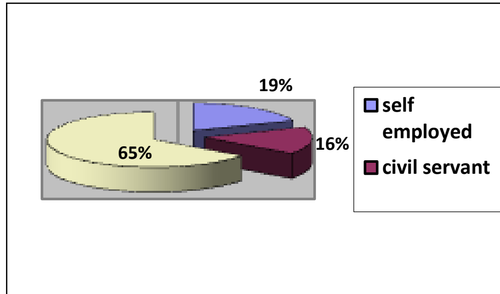
Fig. 2: Marital status of the respondents



From the findings, most of the respondents were single 46(46%) followed by the engaged respondents who were 18(18%), the third category were the married who were 16(16%), the other category was the widowed female who were 8(8%) and finally we had those who separated from their partners and they represented 4(4%).

4.6 OCCUPATION OF THE RESPONDENT

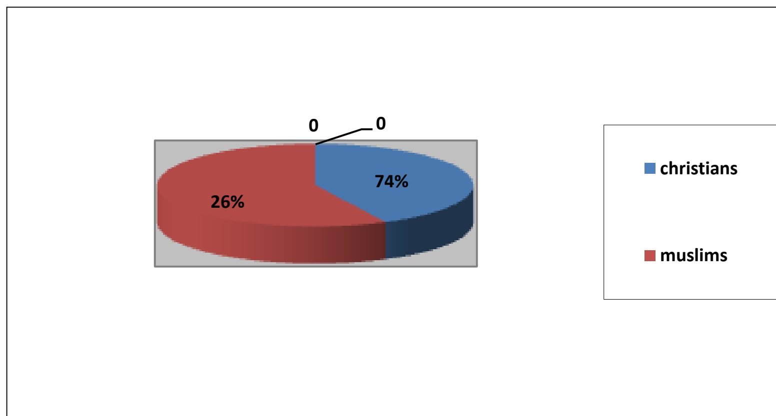
Fig. 3: respondent's occupation



Most of respondents peasants 64(64%) were students followed by the 18(18%), self employed and finally 18(18%) had civil servants who were interviewed.

4.7 RELIGION OF RESPONDENTS

Fig. 4 Respondent's religion



The majority of respondent by religion 74(74%) were Christians while the minority 26(26%) were Muslims.

PART B: KNOWLEDGE OF MALE PARTNERS INVOLVEMENT IN ANTENATAL AND PERINATAL CARE

Table 3: Respondents knowledge on male partners involvement in Antenatal and Perinatal care

Knowledge on antenatal care	**FREQUENCY**	**PERCENTAGE (%)**
Have knowledge	60	60
Have no knowledge	20	20
Have knowledge but can not afford	14	14
Have no knowledge but can afford	6	6
TOTAL	100	100

The table above shows the respondent knowledge on male partners involvement in Antenatal and Perinatal care, have knowledge 60(60 percent), have no knowledge 20(20 percent), have knowledge but cannot afford 14(14 percent), and finally have no knowledge but can afford 6(6 percent).

4.8 Attitude of Respondents on male involvement in Antenatal and Perinatal care.

Table 4: attitude of respondent

ATTITUDE	**FREQUENCY**	**PERCENTAGE (%)**
Positive attitude	64	64
Negative attitude	22	22
No response	18	18
Total	100	100

According to the table above 64(64 percent) had positive attitude towards male involvement in Antenatal and Perinatal care, 22(22 percent) had negative attitude towards and finally 18(18 percent) had no response.

Table 6. Accessibility and affordability of Antenatal and Perinatal care

Accessibility and affordability	**Frequency**	**Percentage**
Yes **No**	**68** **32**	**68** **32**
Total	**100**	**100**

According to the table above majority of respondent said that the vaccines are adequate and efficient 68 (68 percent) while minority 32(32 percent) said that the antenatal and Perinatal care is not accessible, affordable adequate and efficient.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSION AND RECOMMENDATION.

This chapter discusses the study finding. According to the study findings in chapter four respondents by age indicates that majority of respondents 42(42 percent) were between the ages of twenty five to 34 years of age because this is the age which is reproductively active and most of them have knowledge about importance of male partners involvement in Antenatal and Perinatal care and its advantages, then thirty five to 44 years were 24(24 percent) and lastly age of between fifteen and 24 who most of them are not married but also have knowledge on male involvement in antenatal and Perinatal care.

Most of respondents in terms of tribe were Banyankole 46(46 percent), because they are the habitants of the area of study, followed by Bagonjo 38(38 percent), Baganda 12(12 percent), Bakiga 4(4 percent) and lastly others 2(2 percent) Respondents by education level shows that most of respondents fifty eight(fifty eight percent) had tertiary education which shows that at least they have ever heard of or participated in male partner involvement in antenatal and Perinatal care, followed by 24(24 percent) who had secondary education, which shows that they had some knowledge on antenatal and Perinatal care, primary level of education were 12(12 percent) and finally without formal education were 6(6 percent) which means that they have no knowledge on male partners involvement in antenatal and Perinatal care.

Respondents by occupation shows that majority of respondents 64(sixty four percent) were peasants followed by self employed 18(18 percent) and 16(16 percent) were civil servants who have knowledge on antenatal and Perinatal care.

Respondents by religion shows that most of respondents 80(80 percent) were Christians, followed by 20(20 percent) of the respondent were Muslims, this shows that most of the

residents are Christians who are either involved directly or indirectly male partners involvement in antenatal ad Perinatal care

According to the knowledge of respondents it shows that 60(60 percent) had knowledge on antenatal and Perinatal care, followed by 20 (20 percent) how had no knowledge on antenatal and Perinatal care, 14 (14 percent) had knowledge on antenatal and Perinatal care but in one way or another they cannot afford the antenatal and Perinatal care process hence the male partners cannot take the responsibility. And finally 6 (6 percent) of the respondent had no knowledge on antenatal care but they can afford the antenatal and Perinatal care process but they can't be involved because they have no knowledge.

Finally most of respondents 64(64 percent) had positive attitude towards male partners involvement in antenatal and Perinatal care giving reason that it prevents the complication during and after delivery and pregnant mothers are immunized against immunisable killer diseases, while 22(22 percent) had negative attitude towards antenatal and Perinatal care saying that it makes them tired moving every time for check up and assessment, and 18 (18 percent) had no response.

On accessibility affordability, adequacy and efficiency most of respondents 68(68 percent) said that the antenatal and Perinatal care process is accessible, affordable adequate and efficient and it provide good services to pregnant mothers while 32(32 percent) said that the antenatal and Perinatal process are inadequate and insufficient hence hinders male partners from involving in both antenatal and Perinatal..

CONCLUSION

Majority of respondents more than 70 percent have knowledge on the importance of male partners involvement in antenatal and Perinatal care, its advantages and complications as a result of not attending antenatal and Perinatal care when pregnant. Because they said that during antenatal care they are told about complication during pregnancy and after delivery, prevention of this complications and control of these complications.

They mention some of the services provided as;

- ✓ Health education on personal hygiene, sexually transmitted infection, eating balanced food.
- ✓ Mothers are immunized.
- ✓ HIV testing and counseling.

But male partners are not involved due to hindering factors like;

1. Cultural beliefs
2. Financial implications
3. Negative attitude
4. Lack of time.

RECOMMENDATION.

- Government should encourage health education on causes and prevention of complications during and after deliver.
- Partners should take the antenatal and Perinatal care very seriously.
- Male partners should be encouraged to accompany there spouses deliver in the hospital

Eradicate poverty by the government

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QUESTIONNAIRE

Questionnaire on factors hindering partners' involvement in antenatal and perinatal care.

Dear sir/madam,

I am Tariq ESmail, a student of Kampala international University,conducting a research. I request you to give information about the study which will be strictly confidential and will not be shown to other person.

Your participation is voluntary and the information you give is confidential, hoping that this information will be used in the welfare of your family.

PART A

Demographic data

1) Gender (tick the appropriate)

Female ☐

Male ☐

2) Age (tick the appropriate)

18-28 ☐

29-38 ☐

39-49 ☐

3) Tribe (tick the appropriate)

Munyankole ☐

Mukonjo ☐

Mukiga ☐

Others specify……………………………………………….

4) Employment (tick the appropriate)

Civil servant ☐

Self employed ☐

Businessman ☐

Private ☐

5) Religion (tick the appropriate)

Moslem ☐

Catholic ☐

Protestant ☐

Born again ☐

SDA ☐

Others

specify……………………………………………………………………………………

6) Education level (tick the appropriate)

No formal education ☐

Primary school ☐

Secondary school ☐

Tertiary ☐

PART B FOR MEN ONLY

1) Have you ever fathered a child?

   Yes ☐

   No ☐

2) How many children do you have? ....

3) What can you tell me about your experience of being an expectant father?

   …………………………………………………………………………………………

   …………………………………………………………………………………………

4) Do you accompany your wife for antenatal visits?

   Yes ☐

   No ☐

5) If Yes, why?

…………………………………………………………………………………………

………………………………………………………………………………………

6) If No, why

…………………………………………………………………………………………

………………………………………………………………………………………

7) Do you accompany your wife when she is going to deliver?

Yes ☐

No ☐

8) If Yes, why?

…………………………………………………………………………………………

………………………………………………………………………………………

9) If No, why?

…………………………………………………………………………………………

………………………………………………………………………………………

10) Do you know the importance of antenatal and perinatal care?

Yes ☐

No ☐

If yes, what are they?

…………………………………………………………………………………………

……………………………………………………………………………………..

11) How do you feel attending your baby's birth?

…………………………………………………………………………………………

…………………………………………………………………………………………

12) Has your wife ever encountered any pregnancy related complication?

Yes ☐

No ☐

13) If yes, which one?

…………………………………………………………………………………………

…………………………………………………………………………………………

14) Do you assist your wife to do house work when she is pregnant and also after delivery?

Yes ☐

No ☐

15) If Yes why?

……………………………………………………………………………………………

……………………………………………………………………………………………

16) If No, why?

…………………………………………………………………………………………

…………………………………………………………………………………………

PART C FOR WOMEN ONLY

17) Have you ever been pregnant?

Yes ☐

No ☐

18) How many children do you have? ....

19) Does your husband accompany you for antenatal visits?

Yes ☐

No ☐

20) If Yes, why?

…………………………………………………………………………………………

…………………………………………………………………………………………

21) If No, why?

…………………………………………………………………………………………

…………………………………………………………………………………………

22) Who is usually present to attend to you in the hospital during the time you are giving birth.

Husband ☐

Mother ☐

Relative ☐

Mother in law ☐

Others ☐

(specify)……………………………………………………………………………

23) Have you had problems related to pregnancy and child birth?

Yes ☐

No ☐

24) If yes why? And what kind of problem did you get?

…………………………………………………………………………………………

……………………………………………………………………………………

25) Do you think it is good for your husband to be present during the time when you are giving birth or to accompany you for antenatal visits?

Yes ☐

No ☐

26) If yes why?

…………………………………………………………………………………………

…………………………………………………………………………………………

27) If no why?

…………………………………………………………………………………………

…………………………………………………………………………………………

28) Does your husband help you to do house work during pregnancy and child birth?

Yes ☐

No ☐

29) If yes why?

……………………………………………………………………………………………
…………………………………………………………………………………………

30) If no why?

……………………………………………………………………………………………
……………………………………………………………………………………………

THANK YOU!