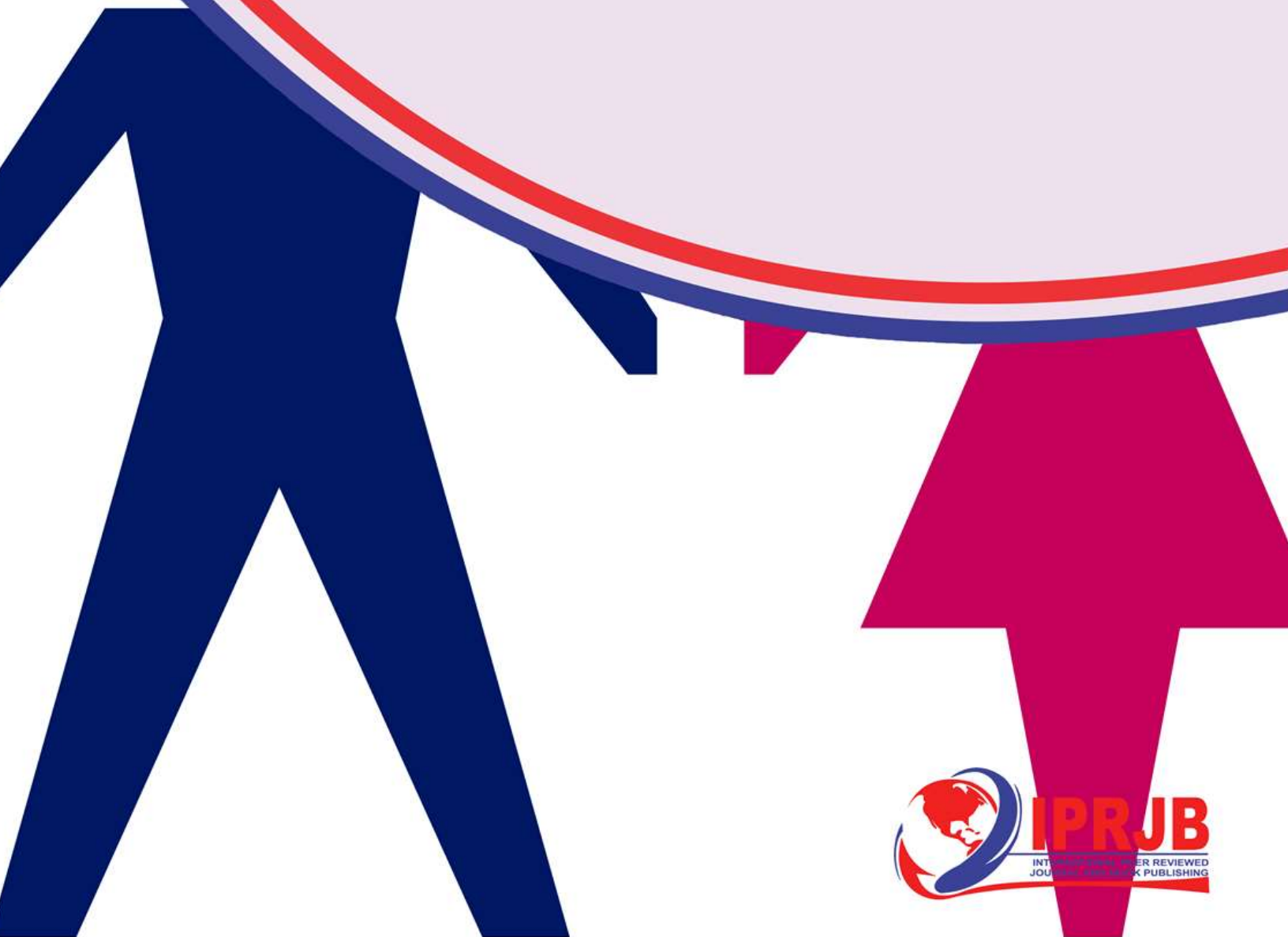
International Journal of
Gender Studies
(IJGS)

Influence of Social Cultural Factors on Male Involvement in Antenatal Care in Baringo County Referral Hospital Kenya

Paskalia Cherono



IPRJB

International Journal of Gender Studies
ISSN 2789-7672 (Online)
Vol.9, Issue 4. No.1, pp 1-19, 2024

www.iprjb.org

Influence of Social Cultural Factors on Male Involvement in Antenatal Care in Baringo County Referral Hospital Kenya

Paskalia Cherono
Department of Management Science

Article History

Received 12th July 2024

Received in Revised Form 15th August 2024

Accepted 10th September 2024

How to cite in APA format:

Cherono, P. (2024). Influence of Social Cultural Factors on Male Involvement in Antenatal Care in Baringo County Referral Hospital Kenya. *International Journal of Gender Studies*, *9*(4), 1–19. https://doi.org/10.47604/ijgs.2925

Abstract

Purpose: Male participation in the Antenatal Care is essential for realization of social, cultural factors. This study sought to analyze the factors influencing male involvement in the care of their expectant wives, collect views of mothers attending the clinics and men found there and come up with measures on how to enable both parents be responsible to the unborn.

Methodology: This research was guided by use of cross-sectional survey in which both qualitative and quantitative data was collected. Data was obtained by means of questionnaires, interview guides and observation schedules. Questionnaires were used to collect primary data. Secondary data was collected from documented information to support primary data. Systematic random sampling technique was used to select the sample from the target population of expectant mothers in the antenatal clinic at Baringo County Referral Hospitals to explore their views on why their husbands do not attend clinic appointments with them. The men who accompanied their wives were also engaged in an in-depth interview to examine their reasons for coming to the clinic. The researchers sampled 150 participants and 3 nurses. Data collection was done by the investigator assisted.

Findings: The data collected was processed, coded and analyzed using Statistical Package for Social sciences (SPSS). The findings of the research which were presented using tables were that; social cultural factors, and health related services influenced male participation in the antenatal clinic.

Unique Contribution to Theory, Practice and Policy: The researchers also found out that the clients were impressively aware of the services offered and other activities carried out in the clinic. The researchers however, concluded that there was need for the facility especially the clinic area to improve in terms of space and sitting arrangements to accommodate all mothers and their spouses comfortably and add more doctors to facilitate quick and quality services to the clients. The researchers also felt the need to advocate for policy formulation so.

Keywords: *Antenatal Care, Antenatal Clinic, Antiretroviral Drugs, Family Planning, Immunization, Participation, Postpartum*

INTRODUCTION

Antenatal care refers to care provided by skilled health care professionals to women during pregnancy. Prenatal care is a type of preventive care approach with the goal of providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child. During check-ups, women will receive medical information over pregnancy physiological, biological changes, and nutrition including vitamin requirements. Recommendations on management and healthy lifestyle changes are also made during regular check-ups. The availability of routine prenatal care has played a part in reducing maternal mortality rates and abortions as well as congenital defects and other preventable health problems.

Male involvement in reproductive health is a complex process of social and behavioral change that requires men to play a more responsible role in reproductive health. It not only implies contraceptive acceptance but also refers to the need to change men's attitude and behavior towards women's health, to make them more supportive of women using health care services and sharing child-bearing activities. Participation of men in reproductive health leads to better understanding between husband and wife, it reduces not only unwanted pregnancies but also reduces maternal and child mortality in connection with pregnancy and labor by being prepared in obstetric emergencies (Drennan, 1998). However, male dominance socially and in sexual relations can put women at serious risk of unwanted pregnancy and infection; in pregnancy, male sexual behavior can affect the health outcomes of both mother and baby. The issue of accessibility of reproductive health (RH) services to men in South Africa is a logistical and cultural problem. The exclusive use of services by women has, to a great extent, made RH services unfriendly for men. Male involvement in the antenatal care (ANC) clearly goes against prevailing gender norms in many places in Sub-Saharan Africa (SSA).

Reproductive health seeking was seen by men as "women's work". Men saw the antenatal clinic as women's space, and the definition and organization of the program as fundamentally female oriented (Reece, et al. 2010). Predictably, men thought that antenatal clinic activities fell outside their area of responsibility. Consequently, men perceived that attending the antenatal clinic would be "unmanly". According to Byamugisha, et al. (2010), there are different factors which have been identified in other studies as barriers to male involvement in the ANC and they include: Health-facility factors, Cultural factors and Socio-Economic factors. The failure to incorporate men in maternal health promotion, prevention and care programs by policy makers, program planners and implementers of maternal health services has had a serious impact on the health of women, and the success of programs (Greene, et al. 2002). Yet the huge majority of African women are still unaware of their fundamental rights to health and they continue to suffer from socio-cltural discrimination and unwanted pregnancies which are harmful to their health. Greater male involvements in maternal health programs may help reduce un-intended pregnancies and transmissions of sexually transmitted infections as well as improve child survival. Men tend to be too busy with their working schedule making them not attend the ANC with their wife's. Therefore, the researchers set out to look into analyzing the social cultural factors influencing male involvement in the antenatal clinic in Baringo County Referral Hospital for their unborn babies.

.

Statement of the Problem

Good care during pregnancy is important for the health of the mother and the development of the unborn baby. Pregnancy is a crucial time to promote healthy behavior and parenting skills. Good antenatal care links the woman and her family with the formal health system, increases the chance of using a skilled attendant at birth and contributes to good health through the life cycle. Inadequate care during this time breaks a critical link in the continuum of care, and affects both women and babies. Men have traditionally not been involved in the reproductive health care of their partners. Therefore, there has been a low and declining rate of male involvement in the antenatal clinic in the whole country which has been a worrying trend in the reproductive health department.

According to a National program report by NASCOP (2014), partner involvement in the antenatal clinic by region was as follows: Central 3%, Western 5.3%, Nairobi 5.2%, Rift valley 4.6%, Eastern 6%, Coast 3.4%, Nyanza 6.4% and North Eastern 2%. Therefore, the average male participation in Kenya being 5.1%. There could be various different factors influencing the male participation in antenatal clinic in the eight regions of the country.

Baringo County is part of the Rift Valley, which according to the NASCOP report of 2014 has 4.6% male involvement in antenatal care. According to data of 2022 obtained from the hospital, Baringo County has a population of 732363. Baringo County Referral Serves a population of 732363. Number of households 44129. Women of reproductive age (15-49) is 166778, estimated pregnancies is 24263, estimated deliveries 23557, estimated emergency caesarian sections is 677, estimated life births 23557. Estimated post abortion 3479. In the year 2022, there was somewhat constant trend in the average attendance of ANC clinic. An average of 500 expectant mothers per month visited the clinic of which 200 of them are new visits, revisits are about 300. A period of three months was therefore a representation of the annual ANC visits in the hospital. Given the above significant data and catchment area for Baringo County Referral Hospital, it is evident that by selecting this hospital as a research point, it is a true representative of the whole county of Baringo. Also most reviewed literature concentrated in the capital city hospitals and it is evident that most data recorded has not captured the rural settings of which Baringo county is a representative of the same. When men miss antenatal appointments; They do not accompany their partners for the consultations which means that they do not benefit from any information given by health providers regarding the health of mother and baby, or about their role in it.

The men are mostly absent during labour and delivery yet, there are evidsences suggesting that men's presence in the labor room shortens theperiod of labor and reduce the number of children ever born with low birth weight (Dudgeon, & Inhorn, 2004). The men also do not take up family planning methods leaving their wives to be the sole decision makers of their family size. They also skip testing for HIV with their expectant wives, which put both the mother and the unborn child at risk of HIV transmission and other STIs. The man could be in a discordant relationship making disclosure a problem thus leading to re-infections. This contributes to poor adherence on ARV drugs if the mother is HIV positive as she has no support of the husband. Partner notification and treatment for sexually transmitted infections have also remained problematic due to several factors, including poor power relations between men and women, lack of knowledge and men's interest in their partner's reproductive health, and poor couple communication. Thus, participation of men in reproductive health leads to better understanding between husband and wife, it not only reduces unwanted pregnancies but also reduces maternal and child mortality in connection with pregnancy and labor by being prepared in obstetric emergencies (Drennan, 1998). Therefore, the study seeks

to analyze the factors influencing male participation in the antenatal clinic so as to improve the antenatal care services for the family.

LITERATURE REVIEW

Theoretical Framework

Social Support Theory

The social support theory by (Cullen, 1994) was used in this study to inform male partners' participation in pregnancy-related care. Social Support is a middle-range theory that emphasizes connections and the interactions that occur within them. Across a wide range of social, behavioral, medical, and nursing fields, researchers have focused on the significance of social ties in promoting health and well-being. The term "social support" is frequently used in a wide sense to describe any method by which social relationships could improve health and well-being (Leahy-Warren, 2014). According to (Bartholomew Eldredge et al., 2011), the assistance given through social relationships and exchanges is referred to as social support and is a positive social interaction. There are four basic categories of social support: emotional (providing empathy, love, trust, and care), instrumental (providing practical aid and services), informational (providing counsel, suggestions, and knowledge), and assessment (providing feedback helpful for self-reflection and affirmation).

Male partner involvement can take the form of a supportive social interaction between two intimate partners who, jointly, need to make efforts and critical decisions for the health of the unborn child. A man who is married to a woman who is expecting and needs prenatal and postnatal care services can offer practical or emotional help. A male partner can support his female partner by encouraging her to attend and accompany her to antenatal care, helping to prepare and save money for delivery, setting up transportation to the delivery facility, supporting good nutrition, reducing workload during pregnancy, and offering emotional support (Bhatta, 2013); (Matseke et al., 2017); (Vermeulen et al.,2016).

This theory however, does no put into account the occupational status of the partners. Additionally, the theory does not answer the question of why married couples are not accompanying their partners to the ANC clinic despite being married,

Theory of Planned Behavior

The theory of planned behavior (TPB), developed by Azjen in 1985, contends that an individual's choice to engage in a certain behavior, such as engaging in antenatal care, can be influenced by their desire to do so. Male presence during childbirth has the potential to improve the use of maternal services while decreasing maternal and newborn mortality. The theory of planned behavior, which states that such intention is influenced by three domains:

1) Attitudes,

2) Perceptions of social approval (subjective norms), and

3) Feelings about control over the intended behavior, can be used to understand an individual's intention toward such male involvement (Moshi et al., 2019). The theory of planned behavior, which connects one's thoughts and behavior, can be used to understand how males participate in birth preparation. This theory contends that a person's beliefs have an impact on how involved they want to be during childbirth. The amount to which they feel capable of accompanying or being

accompanied during childbirth, as well as their attitude toward male involvement and how women perceive social expectations about male involvement (subjective norms), are also factors to consider (perceived behavior control). People are more likely to intend to engage in healthy behavior if they:

1) Have favorable attitudes about the behavior;

2) Think that the behavior is supported by community norms; and

3) Think they are capable of engaging in the behavior. When a person possesses all three of the aforementioned qualities, their intentions are stronger than when they possess only one. (Moshi et al., 2019) ;(Sommestad et al., 2015). This theory despite lacking in factoring in social, racial and regional influences to participation in the ANC clinic by the male spouses. The theory also assumes that all people are rational in thinking. However, this theory better addresses the issues of cultural, the economic and the awareness questions the researchers are trying to analyze. This therefore, according to the researchers, is the theory within which our research objectives are based.

Conceptual Framework

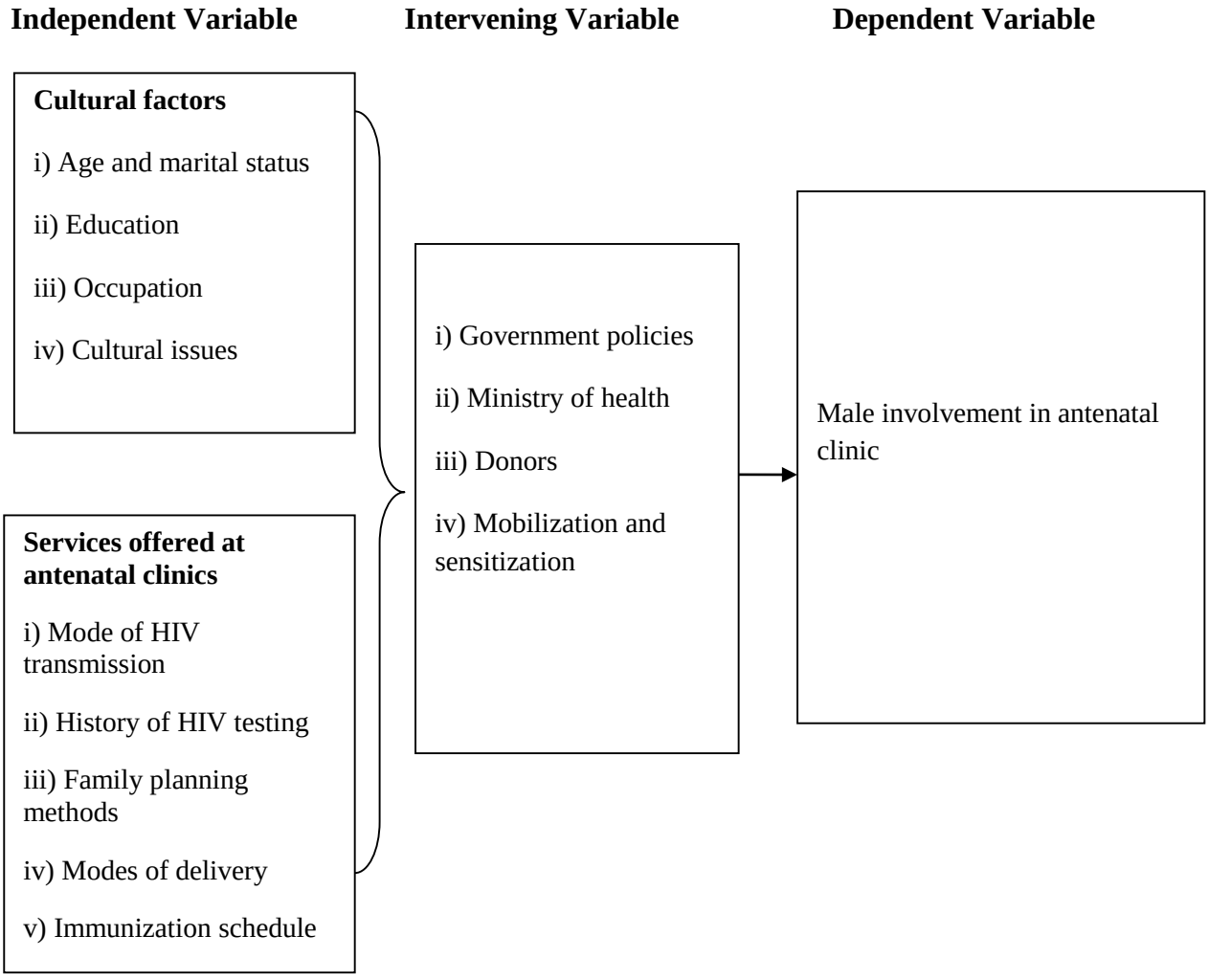


Figure 1: Conceptual Framework

Empirical Review

Social and Cultural Factors

Social scientists have made significant strides in shedding light on the basic social and cultural structures and process that influence healthcare. These factors influence health by affecting exposure and vulnerability to disease, risk-taking behaviors, the effectiveness of health promotion efforts and access to, availability of, and quality of health care. Social and cultural factors also play a role in shaping perceptions of and responses to health. In addition, such factors contribute to understanding societal and population processes such as current and changing rates of morbidity, survival, and mortality. (National institute of health, 2014)

According to a survey done in Mbale regional referral hospital in rural Eastern Uganda and other studies, the following factors were cited as the barriers to male participation.

Age and marital status: Most studies reported that older age and cohabiting were associated with male involvement. A group conducted a study in Kinshasa and found male involvement was 1.2 times higher among men whose female partners were 25 years or older.

Monogamous partners and cohabiting men were twice and 1.6 times respectively more likely to be involved. In contrast, Nkuoh et al. reported that Cameroonian men in polygamous relationships showed higher involvement.

Culture: In several studies cultural standards were identified as barriers for male involvement. Several studies have reported negative perceptions towards men attending ANC services. In one report, men who accompanied their wives to ANC services were perceived as being dominated by their wives or weaklings by their peers. Frequently men perceive that ANC services are designed and reserved for women, thus are embarrassed to find themselves in such “female” places.Some men believe it is not good to follow your wife to the antenatal clinic even though she exposed her privacy to you at home and that male participation in ANC services is superfluous and that ANC is “a woman’s responsibility” (Byamugisha et al. 2010). Certain women too, do not like to be seen with their male partner attending the ANC service. A study conducted in Kenya showed that certain male clients trust traditional healers but not hospitals and therefore do not attend ANC clinics.

Male attitudes and beliefs: Fear of receiving a HIV positive result and confidentiality concerns prevent some men from coming for ANC. In many studies men were mentioned being concerned about HIV-associated stigma and disclosure. Men may be afraid of HIV status disclosure in a health system facility, in the context of weak health system. In another study, women said that engaging their partners in PMTCT would be particularly challenging if men were unaware of their status, refused to be tested, or were in denial about their HIV status (Reece et al. 2010). There also seems to be a gap in knowledge related to discordance. Some men questioned the need for testing if their partners had already been tested, believing that they would have the same test results as their partners (Falnes et al. 2011). Men also feared discordance because of the anger and bitterness it could cause in the relationship.

Female attitudes and considerations: Gender-based violence is another cause of low male involvement. Victims of gender based violence may be afraid to ask their partner to be tested for HIV. Several studies also have showed that women at ANC clinics fear violence from their partners who attend ANC clinics with them. These women feared how their partners would react after the discovery of a positive HIV test result which may lead to abandonment, loss of economic support,

fear of stigmatization, rejection, discrimination, violence, upsetting family members, and avoiding accusations of infidelity (Medley et al. 2004).

Communication: Poor communication between men and their female partners was associated with poor male involvement. On the other hand, good couple communication was associated with high seropositive status disclosure and support between husband and wife. For instance, in this study the focus of involvement of men in antenatal care was on their readiness to provide support to their female partners in core PMTCT interventions which include counseling and testing, use of prophylaxis antiretroviral drugs and choice of baby's feeding options (Shaffer et al. 2000:1180).

Participation increases spousal communication about sexual risk and behavour change (Desgrees-du-Lou et al. 2009a). This becomes especially critical in discordant couples, where men's involvement in testing may enable the couple to address condom use, decrease sex with outside partners and thus help to prevent HIV and other STI transmission to the uninfected partner (Roth et al. 2001; Allen et al. 2003). Studies have also shown an association between men's involvement and contraceptive use (Becker, 1996; Sternberg and Hubley 2004).

Cultural Factors

These factors include marital status, education, communication, cultural beliefs and traditions. The men who are more educated have a high probability of attending the ANC probably because of exposure and awareness. More so, men in lower occupations are less likely to accompany their partners for antenatal appointments because they could lose their day's pay as expectant mothers spend so much time in the clinics, others complain of the distance of the health facility which consumes a lot of money on transport for two people. Men are also perceived as weakling or dominated by their wives if they accompanied them to the clinic. Some women do not want their husbands around as they fear the outcome of a HIV positive result which would lead to rejection, abandonment and financial deprivation or even domestic violence.

Research Gaps

Summary of the Literature Review and Knowledge Gap

Convincing men to attend the antenatal clinic with their partners is one of the gaps which were identified by this study while reviewing the past studies. All the independent variables are seen to influence the dependent variable and the outcomes of those studies will either be positively or negatively related. Literature review is important for any research to be undertaken because it gives the researcher a direction and instances of comparisons. Therefore, it was paramount for the researcher to review all the related literatures of the study under course.

Most of the available information regarding men and ANC relates to HIV testing and general PMTCT component. More research is needed regarding ways to involve men in the other services offered in the antenatal clinic like the family planning, immunization etc. There was hardly any mention of men's participation in birth-preparedness planning, the promotion of facility-based deliveries and HIV transmission. There was inadequate research on the role of routine antenatal syphilis screening in engaging men in a woman's pregnancy and the potential influence that STI screening could have in increasing testing coverage of male partners and identifying women at increased risk of HIV acquisition.

Men's use of women as proxies for their own testing suggested limitations in men understanding of the dynamics of transmission and sero-discordancy. Most of the available information about

men and antenatal care came from women and lessons from men who attend clinic. There was little information about men and couples who did not utilize these services.

Research on HIV risk management and prevention within couple relationships should be strengthened. In sub-Saharan Africa, there is still inadequate socio-behavioral knowledge of HIV prevention within the dynamics of couple relationships (Painter, 2001). This includes couple communication on sexual risk; the evolution of preventive behaviors over time (e.g. by 33 duration of relationship and time since VCT); and gender issues of negotiation and violence

(Desgrees-du-Lou and Gliemann, 2008). Research on the difference between couples who utilize services and those who do not would be useful. What is the relationship between couple quality, utilization and male involvement? Is couple connectedness a confounding factor between utilization and health or behavioral outcomes? These are some of the questions the researcher thought needed answers and probably by conducting another research to find out the outcomes.

Results

Health Providers Observation on Male participation in antenatal clinics The main observation of the health care providers is that very few men accompany their spouses to the ANC clinic. Several factors were identified as causing them not to accompany their spouses , for example long queue, lack of the knowledge on the importance of accompanying their spouses to the clinic and lack of motivation to accompany their spouses to the ANC clinic. The health care providers emphasized that there is need to involve men since they are the principal decision makers of the family. They are the ones who form the part and parcel of delivery plans. Services offered at the ANC clinic such as family planning methods demystifies the myths on family planning such as the rampant belief that a woman cannot conceive after using family planning method. The health care workers further suggested different ways of motivating men to attend ANC clinic such as rewarding them, prioritizing the accompanied couples, and the government to play a role in facilitating sensitization through media and formulation of policies that will ensure that men accompany their women to the clinic.

Discussions

The study sought to assess the socio-cultural factors influencing male participation and the findings indicated that the participants had the cultural mentality that antenatal clinics are women's places and men needed not interfere. This finding is in agreement with Byamugisha (2010), who reiterates that men frequently perceive ANC services to be designed and reserved for women, thus are embarrassed to find themselves in such "female" places. Some men believe it is not good to follow your wife to the antenatal clinic even though she exposed her privacy to you at home and that male participation in ANC services is superfluous and that ANC is "a woman's responsibility". Men above 30 yrs were the majority. Some men were employed whereas others were in their own businesses which is evidenced in the findings that they are quite busy making ends meet. In comparison to the literature, a previous qualitative studies study conducted in western Kenya by Reece(2010) found that the distance that the male partners have to travel to the clinics for participating in the education, blood tests and counseling, the costs of the transport to the clinics and the amount of time per appointment at the clinic were identified as barriers to male involvement. Access or logistical challenges on the part of men prevented them from participating in ANC. Men talked about their perceived principal responsibilities as providers. Thus, time spent at clinics and away from work or other income generating activities was clearly perceived as a

barrier to their participation in ANC program. Distance, the cost of transport and the clinic operation hours were also mentioned with some frequency (Reece et al. 2010).

The findings from the health services questions were intense. Mothers felt the health care providers were rude and harsh. In some cases ignored the clients. However, there are those who appreciated the fact that the clinic workload was heavy and that the health care providers tried a great deal to remain friendly and helpful despite the burn out. The findings established that there was dominance of the female staff in the clinic which should be improved if it is to encourage the men to come to the clinic. The main complaint was the congestion in the clinic which made men feel out of place and the long queues which wasted so much time in the clinic. The above finding concurs with the previous studies where Byamugisha et.al (2010), reported that harsh, critical language directed at Ugandan women from skilled health workers was a barrier to male participation. Harsh treatment of men by health providers discouraged them from returning or participating in antenatal activities. Furthermore, some providers did not allow men access to clinic settings. Men mentioned the negative attitudes of staff members: "Staff members' lack of common courtesy, their "rough handling" of pregnant women and health-care workers not allowing men to enter the antenatal clinic with their partners". On the question of awareness, it was quite encouraging to know that majority of the clients were keen on the services they receive and they knew where and when they are offered. Almost all said HIV counseling and testing was a key service in which their partners were also invited to accompany them and be tested together. Some participants mentioned the tetanus jab and the family planning methods which they preferred. This showed the health providers needed to intensify their health talks in the clinic to sensitize and inform all accordingly.

Studies have shown that men who are educated about reproductive health issues are more likely to support their partners in contraceptive use, use contraception themselves, and demonstrate greater responsibility for their children (Grady et al.1996). More importantly, women express great interest in wanting their partners to be involved in joint reproductive health decision-making. For example, a study in Ecuador surprisingly showed that 89% of women wanted their partner to accompany them on their next family planning visit and 94% would have liked their partner to be present during their family planning session (Roy & de Vargas Pinto, 1999; Mehta, 2002). The researchers therefore concludes that all the factors under investigation are indeed real and influences male participation in the antenatal clinic and a call for intense mobilization and sensitization of the importance of male participation to the public, the health providers, the government and the health policy advocates.

METHODOLOGY

Research Design

This study was guided by a cross-sectional survey research design. This design is ideal for such a study where sampling from a specific population is done at one point in time (Wiersma,1986). The design allowed collection of data to be done under natural setting, and was relatively quicker and cheaper to undertake and the results were easily inferred to the larger population. Its application allowed for collection of both qualitative and quantitative data from the antenatal clinic. A descriptive survey research seeks to obtain information that describes existing phenomena by asking individuals about their perceptions, attitude, behavior or values. The descriptive approach also allowed the findings of the study to be presented through simple statistics, tables, mean scores, percentages and frequency distributions (Mugenda & Mugenda, 2003). The study described the

practices, attitudes, beliefs, challenges and suggestions regarding the male participation in the antenatal clinic.

Sampling Technique

Ngechu (2004), defined a population as a well-defined or set of people, services, elements, and events, group of things or households that are being investigated. The targeted population was 1500 expectant mothers. This was derived from the number of mothers who visited the antenatal clinic at BaringoCounty Referral hospital from the month of November to January 2023 to explore their opinion on their husbands' attendance. Men who also accompanied their wives to the clinic were also engaged in an in-depth interview to examine their reasons for being in the clinic.

Sample Size

Cooper and Schindler (2000), state that the sample size is the selected element or sub-set of the population that is to be studied. To ensure that the sample accurately represents the population, they further recommended that the researcher must clearly define the characteristic of the population, determine the required sample size and choose the best method for selecting members of the sample from the larger population. The researcher sampled 150 participants and 3 nurses inorder to analyze the factors affecting male participation in antenatal clinics. Mugenda and Mugenda (2003), argue that for a sample to be representative enough, it should be atleast 10% of the target population. The researcher's sample size was 150 mothers and was selected using systematic random sampling technique. With the number of male involved being low (5.1%) nationally as reported by NASCOP (2014), the researcher used purposive sampling to select the men who accompanied their wives to the clinic for an in-depth interview during the time of study. This helped the researchers to explore men's view on antenatal clinic attendance with their partners.

Research Instruments

The researcher collected the data using open ended and closed ended questionnaires and one to one interview. The questionnaire was designed to collect qualitative and quantitative data whereas one to one interview was conducted using prepared schedules. The structured questionnaires were used to save time and money as well as to facilitate an easier analysis as they were in immediate usable form; while the unstructured questionnaire was used to encourage the respondent to give an in-depth and felt response without feeling held back in revealing of any information.

Data Collection Procedures

Data collection was done by the investigators assisted by three qualified nurses at BaringoCounty Referral hospital. Informed consent was administered to the men and women who met the criteria of the study. Those who agreed to participate in the study were enrolled after signing an informed consent form. The consenting process included, giving general information on the study, the risks and benefits associated with the study, confidentiality and the partaker's freedom to decline to participate in the study. The consenting clients were enrolled into the study and then interviewed using structured questionnaires. The questionnaires collected data on male involvement in the antenatal clinic. The investigators ensured that the data collected was of high quality by checking through the questionnaire immediately, where any missing or unclear responses to the questions was corrected by requesting the client for additional time to clarify the responses before the study participant left the hospital.

Data Analysis

The researchers edited coded and analyzed the data through the use of descriptive statistics such as measures of central tendency, frequencies and percentages. In addition to this, a spread sheet was used in the analysis of information and reporting of data. The researchers used tables to present the analyzed data.

FINDINGS

Factors that Make Men not Attend Clinic

Table 1: Illustrates Factors that Made Men not Attend the ANC Clinic

Factors	Frequency	% of Respondents
Being busy at work	18	41.9%
Peer pressure	1	2.3%
Taboo/culture	8	18.6%
Unfriendly service providers	1	2.3%
No privacy	1	2.3%
Not male friendly	6	14%
Fear of being tested for HIV	3	7%
Ignorance	5	11.6%
Total	**43**	**100%**

41.9%, which marked the highest percentage of the responses shows being busy at work as the major contributor to male not accompanying their partners to the clinic. Significantly also, culture/taboo contributed to 18.6% of male not accompanying their partners to the ANC clinic. 16.3% of the respondents indicated that men often complain of so much of the unfriendly nature and no privacy in the clinic where men's lavatories are also absent. This forces the few men who participate in the clinic to go seek for washrooms from other clinics. This has therefore been a contributor to men avoiding the clinic. Seven percent of respondents reported that fear of HIV test outcomes is also a factor as men want to test by proxy, where they assume that whatever HIV status their wives hold infers their status. Congestion/insufficient space, rude staff, financial constraints and selfishness are other factors that were cited as making the men not come to the clinic.

Suggestions to Improve Male Participation

When asked to give suggestions on how to improve male participation, 11.6% ofthe women said that there was need to educate men on the importance of antenatal care through media and mobilization, since many were too busy with their schedules (41.9%) and others was because of taboo or culture (18.6%) and unfriendly nature and privacy issues (16.3%) of the ANC clinic. To the health workers, they suggested that they improve on their public relation with the clients, and their members increased to avoid mothers being sent home unattended or the long queues which consumed so much time in the clinic. For men to increase in the clinic, it was also suggested by majority (26%) of the women for the clinic to consider a lounge for men with seats and entertainment to keep them busy as they waited to be called in for the necessary services they are required for.

Men's' Level of Awareness on the Services Offered in the Antenatal Clinic

Awareness of the Services Offered in the Antenatal Clinic

There are several services offered at the antenatal care. Most men were able to outline them. Over 85% of men responded that they were aware of most of the services offered at the antenatal clinic. A significant percentage of between 11% and 15% of the men respondents indicated that they were not aware of the services offered at the antenatal clinic. The most commonly known service was HIV counseling and testing (97%). This was perhaps because no mother can be attended to without having gone through this service. Men indicated that other investigations offered at the antenatal clinic which include urinalysis, blood pressure and blood group were least known.

The Table below showed men's responses on their knowledge on the services offered at ANC

Table 2: Men's Responses on Their Knowledge on the Services Offered at ANC

Category	Yes	%	No	%
Physical Examination	43	86%	7	14%
Counseling on Birth Plan	31	86%	5	145
Investigations such as P24, VDRL, blood group, urinalysis etc	29	85%	5	15%
Nutritional Guidance	33	89%	4	11%
Counseling on Dangers related to pregnancy and delivery	31	91%	3	9%
HIV Counseling and Testing	36	97%	1	3%

Men Uptake of HIV Testing at Antenatal Clinics

Less than half of the women (45.6 %) mentioned that they had tested for HIV. However, a significant percentage (30.4%) never tested with their partners as shown in Table below.

Only 17.4% tested with their partners and 6.5% never tested at all.

Table 3: Men Uptake of HIV Testing at Antenatal Clinics

Response	Frequency	% of Respondents
Have tested	21	45.6%
Never tested	8	6.5%
Tested with partner	3	17.4%
Never tested with the partner	14	30,4%
Total	**46**	**99.90%**

Importance of Men Accompanying Spouses to the Antenatal Clinic

Men's responses on the Importance of accompanying their partner to antenatal clinic were as presented in the Table below.

Table 4: Importance of Men Accompanying Spouses to the Antenatal Clinic

Importance of accompanying partner to ANC	Frequency	% of Respondents
Get information about/ progress pregnancy	23	57.5%
Improve partner communication	4	10%
Men to be part of pregnancy process	6	15%
Testing for HIV/knowing your status	7	17.5%
Total	**40**	**100%**

The 57.5% of the men said the importance was to know the progress of the pregnancy whereas only 10% viewed improvement of partner communication as a requirement. This data further confirms that testing together with the spouse for HIV was not a consideration for men accompanying partners to antenatal clinic. Surprisingly, only 15% of men mentioned that being part of the process is a reason for accompanying partners to ANC clinic

Health Providers Observation on Male Participation in Antenatal Clinics

The main observation of the health care providers is that very few men accompany their spouses to the ANC clinic. Several factors were identified as causing them not to accompany their spouses, for example long queue, lack of the knowledge on the importance of accompanying their spouses to the clinic and lack of motivation to accompany their spouses to the ANC clinic. The health care providers emphasized that there is need to involve men since they are the principal decision makers of the family. They are the ones who form the part and parcel of delivery plans. Services offered at the ANC clinic such as family planning methods demystifies the myths on family planning such as the rampant belief that a woman cannot conceive after using family planning method. The health care workers further suggested different ways of motivating men to attend ANC clinic such as rewarding them, prioritizing the accompanied couples, and the government to play a role in facilitating sensitization through media and formulation of policies that will ensure that men accompany their women to the clinic.

Discussions of the Findings

The study sought to assess the socio-cultural factors influencing male participation and the findings indicated that the level of education is crucial in the uptake of the antenatal services. Most participants had secondary and tertiary levels of education which indicated good understanding of few services provided if not all. The participants had the cultural mentality that antenatal clinics are women's places and men needed not interfere. This finding is in agreement with Byamugisha (2010), who reiterates that men frequently perceive ANC services to be designed and reserved for women, thus are embarrassed to find themselves in such "female" places. Some men believe it is not good to follow your wife to the antenatal clinic even though she exposed her privacy to you at home and that male participation in ANC services is superfluous and that ANC is "a woman's responsibility". Men above 30 yrs were the majority. Some men were employed whereas others were in their own businesses which are evidenced in the findings that they are quite busy making ends meet.

This was also indicated by majority of women who are unemployed who may be depending fully on their husband's income. Access or logistical challenges on the part of men prevented them from participating in ANC. Men talked about their perceived principal responsibilities as providers.

Thus, time spent at clinics and away from work or other income generating activities was clearly perceived as a barrier to their participation in ANC program distance, the cost of transport and the clinic operation hours were also mentioned with some frequency (Reece et al. 2010). The findings from the health services questions were intense. Mothers felt the health care providers were rude and harsh and, in some cases, ignored the clients. However, there are those who appreciated the fact that the clinic workload was heavy and that the health care providers tried a great deal to remain friendly and helpful despite the burn out. The findings established that there was dominance of the female staff in the clinic which should be improved if it is to encourage the men to come to the clinic. The main complaint was the congestion in the clinic which made men feel out of place and the long queues which wasted so much time in the clinic. The above finding concurs with the previous studies where Byamugisha et.al (2010), reported that harsh, critical language directed at Ugandan women from skilled health workers was a barrier to male participation. Harsh treatment of men by health providers discouraged them from returning or participating in antenatal activities. Furthermore, some providers did not allow men access to clinic settings. Men mentioned the negative attitudes of staff members: "Staff members' lack of common courtesy, their "rough handling" of pregnant women and health-care workers not allowing men to enter the antenatal clinic with their partners".

On the question of awareness, it was quite encouraging to know that majority of the clients were keen on the services they receive and they knew where and when they are offered. Almost all said HIV counseling and testing was a key service in which their partners were also invited to accompany them and be tested together. Some participants mentioned the tetanus jab and the family planning methods which they preferred. This showed the health providers needed to intensify their health talks in the clinic to sensitize and inform all accordingly. Studies have shown that men who are educated about reproductive health issues are more likely to support their partners in contraceptive use, use contraception themselves, and demonstrate greater responsibility for their children Grady et al.,(1996). More importantly, women express great interest in wanting their partners to be involved in joint reproductive health decision-making. For example, a study in Ecuador surprisingly showed that 89% of women wanted their partner to accompany them on their next family planning visit and 94% would have liked their partner to be present during their family planning session (Roy & de Vargas Pinto, 1999; Mehta, 2002).

The researchers therefore concludes that all the factors under investigation are indeed real and influences male participation in the antenatal clinic and a call for intense mobilization and sensitization of the importance of male participation to the public, the health providers, the government and the health policy advocates.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents the summary, conclusion and recommendations drawn from the findings of the study. The purpose of the study was to analyze the social cultural factors influencing male participation in antenatal care inBaringoCounty Referral Hospital. This was to help define the importance of the male participation in the reproductive health care and identify any gaps to be filled.

Table 5: Summary of Findings

Objectives	Main findings
To assess how the cultural factors influence male involvement	The study findings established that majority of the respondents had tertiary and secondary education. Very few indicated primary education. The participants cited the ANC as the women's affair and were mostly above 30 years of age. Education and age influenced participation of men in the clinic.
To assess the male partners' level of awareness on the services offered in the antenatal clinic	The study observed that the clients were conversant with few services offered in the clinic like counseling and testing. Therefore, there is need for the health providers to give intensive heath talks and sensitize clients on all the services they should receive in the clinic before delivery

Conclusions

The conclusions of this study are based on the assumptions that the respondents' responses can be generalized. The conclusion is that cultural issues affect male participation in the antenatal clinic. Both men and women need to keep off the belief that reproductive care is a woman's affair and that association with the pregnant wife is unmanly. The study concludes that there is little or no information being given to the public to enhance their knowledge on their general health the employers are not giving the men their paternal off-duty to attend the antenatal clinic when required to. Some due to the nature of their jobs may miss the day's pay or allowances and therefore forego the doctor's appointment. Some employers do not motivate their workers with an insurance cover so that the men do not feel financially pressed when needed to accompany their partners in the clinic. The researchers also concludes that the men generally do not see the need to go to the clinic hence many excuses. Thus, the need to sensitize the public on the importance of partner involvement in the ANC clinic. The study concludes that many health services keep men off the clinic. The staffs are few making them have burn-out and hence the arrogant and harsh language use as reported by the clients. This calls for more addition of personnel's who will help the services run fast avoiding taking so much time in the clinic. The health facilities have very few male personnel's and so a need to be gender sensitive while employing as they could be a motivator to the men. Space need be created because men stand for hours awaiting their partners to be served till the end The health care providers have not given enough talks to do with services offered and thus need for more refresher courses to the staffs and frequent health sensitization to the clients. The staff are overworked especially with the free maternal health care and do not have time to engage clients fully thus being labeled ignorant and arrogant to staffs.

Recommendations

The government could pass laws compelling fathers to be fully responsible for their unborn children by participating in the antenatal clinic services. Policies compelling the employers to release and facilitate the men from their tight schedules to attend ANC Clinic with their spouses be formulated and implemented. BaringoCounty Referral Hospital being a County Referral Hospital should employ more human resource personnel to the antenatal clinic given the maternity services are free thus high ratios of expectant mothers to health providers. More so, they should consider gender balance to avoid dominance of one gender over the other. The health providers

need be trained on public relations and continuous refresher courses to have a good workers' relationship and also know how to handle clients in their different nature. The staff also needs supervision counseling to vent out their burning issues an intense capacity building or mobilization campaign is important in the clinic and the country to educate people on the importance of their health. The male clients attending ANC clinic be motivated and be equipped with all information pertaining birth preparedness, labor signs, modes of delivery and family planning methods etc.

Suggested Areas for Further Research

This study has reviewed factors influencing male participation in the antenatal clinic, a case of Baringo County Referral hospital. These factors are not exhaustive and therefore the researchers recommend that further study should be carried out to establish more factors influencing male participation in other government and private hospitals Antenatal Clinics to find out if they differ. The researchers also recommend that further study of the same factors should be done using different methodologies to check whether the same findings will be valid.

REFERENCES

Aluisio, A. et al. (2011). Male antenatal attendance and HIV testing are associated with decreased infant HIV infection and increased HIV-free survival. Journal of Acquired Immune Deficiency Syndromes, 56(1):76–82

Becker, S. (1996). Couples and reproductive health: a review of couple studies. Studies in Family Planning, 27(6):291–306.

Bhatta, D.N. Involvement of males in antenatal care, birth preparedness, exclusive breast feeding and immunizations for children in Kathmandu, Nepal. BMC Pregnancy Childbirth 13, 14 (2013).

Byamugisha, Jimrex, Leyla Shamchiyeva, and Takaaki Kizu. Labour market transitions of young women and men in Uganda. Geneva, Switzerland: ILO, 2014

Byamugisha, R. et al. (2011). Male partner antenatal attendance and HIV testing in eastern Uganda: a randomized facility-based intervention trial. J Int AIDS Soc 2011, 14(1):43.

Couger, D. J. (1987). Motivators vs. De-motivators in the I S environment, J. Syst.Manage, 39 (6).

Cullen, Francis T., Wright, John Paul, and Chamlin, Mitchell B. (1999). Social support and social reform: A progressive crime control agenda. Crime & Delinquency, 45: 188- 207.

Desgrees-du-Lou et al. (2009a). Beneficial influece of offering prenatal counseling and testing on developing a HIV preventive attitude among couples. Abidjan, 2002–2005. AIDS and Behavior, 13(2):348–355.

Drennan, M. (1998). Reproductive health: new perspectives on men's participation Population Reports. Series J, No 46 Baltimore, Johns Hopkins School of Public Health, Population Information Program

Dudgeon, M. & Inhorn, M. (2004). Men's influences on women's reproductive health: Medical anthropological perspectives.Social Science and Medicine,59:1379– 1395.

Early, R. (2001). Men as a consumers of maternity services: a contradiction in terms. International journal of Consumer Studies 25:160-167.

Ekouevi, D. K. et al. (2004). Acceptability and uptake of a package to prevent mother-tochild transmission using rapid HIV testing in Abidjan, Côte d' Ivoire. AIDS 18(4):697-699

Elizabeth Glaser Pediatric Aids Foundation. (2009). Increasing male involvement in PMTCT services: A success story of Virginia Rural Health Centre in Zimbabwe, Harare, Zimbabwe

Falnes, E. F. et al. (2011:14-21). "It is her responsibility": partner involvement in prevention of mother to child transmission of HIV programs, northern Tanzania. Journal of the International AIDS Society

Farquhar, C. et al. (2004). Antenatal couple counseling increases uptake of interventions to prevent HIV transmission. Journal of Acquired Immune Deficiency Syndromes, 37:1620– 1626.

Grady, W. R. (1996). Men's perceptions of their roles and responsibilities regarding sex, contraception, and childrearing. Family Planning Perspectives, 28(5):221– 226.

Greene, M, E. (2000). Changing women and avoiding men. Stereo-types and reproductive health programs. IDS Bulletin 31(2):49-59

Kakaire, et al.(2011). Male involvement in birth preparedness and complication readiness for emergency obstetric referrals in rural Uganda. Reproductive Health

Larsson, E. C. et al. (2010, 10:769). Mistrust in marriage-Reasons why men do not accept couple testing during antenatal care- a qualitative study in eastern Uganda. BMC Public Health.

Mugenda, O. M. & Mugenda, A. G. (2003). Research Methods.Quantitative & Qualitative approaches. Nairobi: Press African Center for Technology Studies (ACTS)

NASCOP. (2016). Progress in Achieving Prevention from Mother to Child Transmission of HIV. BMC Pregnancy and Childbirth. 14(297).

National AIDS and STI Control Programme, Ministry of Health, Kenya.AIDS in Kenya, 7th ed. Nairobi: NASCOP; 2005. 73

Ngechu , M.(2004).Understanding the research processand methods. An introduction: Nairobi: Star bright Services.

Ntabona, A. B. (2002). Involving men in safe motherhood: the issues in:WHO. 2002. Programming for male involvement in reproductive health Report of the meeting of WHO Regional Advisers in Reproductive Health, WHO/PAHO, Washington DC, USA 5- 7 September 2001. Geneva: WHO: 54-57. (WHO/FCH/RHR/02.3).

Polit, D. F. & Beck, C. T. (2004). Nursing research: principles and methods. 7th Edn Philadelphia: Lippincott Williams & Wilkins.

Reece, M. et al. (2010). Assessing male spousal engagement with prevention of mother- tochild transmission programs in western Kenya.AIDS Care, 22(6):743-50.

Reichel, M. & Ramey, M. A. (Eds.). (1987). Conceptual Frameworks for Bibliographic Education: Theory to Practice. Littleton Colorado: Libraries Unlimited Inc.

Roy K, de Vargas Pinto E. (2002). Women's perceptions - providers' challenges: EMOPLAF clients on partner participation in reproductive health services. Population Council, Latin America and the Caribbean Operations Research and Technical Assistance in Family Planning and Reproductive Health. New York, (unpublished).

Schmitt, W. J. (2009, March 6). "Prenatal care fact sheet".U.S. Department of Health and Human Services

Somekh, B. and Cathy, L. (2005), Research Methods in the Social Sciences. London: Sage publications Inc.

Transforming Kenya: securing Kenya's prosperity 2013-2017, Jubilee Coalition Manifesto UNFPA. (2004:29). Investing in people: National progress in implementing the ICPD Program of Action 1994-2004.Special Report.

United Nations International Children's Emergency Fund. (2001). Stigma, HIV/AID and prevention of mother-to-child transmission: a pilot study in Zambia, India, Ukraine and Burkina Faso

Were, N. (2009). Rural finance should target women: The New Vision newspaper, Tuesday December, Pg 13

World Health Organization. (2007). The Interagency Task Team (IATT) on Prevention of HIV. Guidance on global scale-up of the prevention of mother to child transmission of HIV; Towards universal access for women, infants and young children and eliminating HIV and AIDS among children. Geneva, World Health Organization.