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Abstract

Purpose: Male participation in antenatal care (ANC) is important and contributes to better maternal and neonatal birth outcomes. Deaths among mothers remain a serious burden in the developing countries, including Nigeria. Lack of male involvement in pregnancy related care is one of the contributing factors. The purpose of this study is to assess the level of male participation in ANC. In most countries in the world, promotion of maternal and child health is perceived as women's role and men do not feel that they are responsible and see no reason to accompany their partners to Antenatal Care (ANC) clinics.

Methodology: Cross sectional descriptive survey was used in the study.

Findings: It was discovered that male partners do not fully participate in antenatal care due to many factors like low level of education, fear of being tested for HIV, culture and so on. Male partners/husbands are key support persons for many childbearing women and their involvement in pregnancy, childbirth and the postpartum/postnatal period has beneficial effects on a wide range of outcomes related to maternal and child health and family wellbeing. Male involvement in antenatal care (ANC) is among interventions to improve maternal health. Globally male involvement in ANC is low and varies in low-income and middle-income countries including Nigeria where most maternal deaths occur. In Sub-Saharan, men are chief decision makers and highly influence maternal health.

Unique Contribution to Theory Practice and Policy: It is therefore recommended that male should participate in ANC in order to encourage the wife in the course of pregnancy and promote psychological support.

Keywords: *Male Participation, Antenatal Care, Postpartum, Postnatal, Neonatal.*

INTRODUCTION

Maternal death remains a public health burden in the developing countries including Nigeria and the major causes are pregnancy related. Lack of male involvement in pregnancy related care is one of the contributing factors (Falade-Fatila & Adebayo, 2020). Despite the efforts to promote male involvement in maternal and child health, studies in low and middle income countries have reported that male participation is still low (Maluka & Peneza, 2018). A man is involved if he is “present, accessible, available, understanding and willing to learn about the pregnancy process and eager to provide emotional, physical and financial support to the woman carrying the child” (Alio, Lewis, Scarborough, Harris, Fiscella, 2018). The evidence highlights the positive association between male involvement and maternal health outcomes, especially those related to the utilization of services, preparation for childbirth, and nutrition (Tokhi, 2018). Findings revealed that women preferred to be accompanied by their partners to the clinics, especially on the first antenatal care visit. Men did not wish to be more actively involved in antenatal care and delivery.

World Health Organization estimated that 358,000 maternal deaths (800 deaths every day) occurred worldwide in 2008 as a result of pregnancy or childbirth complications, a 34% decline from the levels of 1990. Despite this decline, developing countries continued to account for 99% of the deaths. Sub-Saharan Africa and South Asia alone accounted for 87% of global maternal deaths. The situation is most dire for women in Sub-Saharan Africa, where one in every 160 women dies of pregnancy related causes during her lifetime, compared with only 1 in 3700 women in developed regions (Hogan, 2008; WHO, 2010; WHO, 2014).

Maternal mortality is much higher in developing countries compared to developed nations owing to lack of adequate medical care; high prevalence of infectious disease, higher total fertility rate and due to health care system difference. Countries with high maternal mortality ratio have less reliable vital statistics registry system; as a result level of maternal mortality is usually underestimated and little information is available regarding locally specific risk factors for maternal death (WHO, 2010; WHO, 2014).

Maternal mortality ratio (MMR) in several low-and-middle-income countries is alarming, with about 34% of global maternal deaths occurring in Nigeria and India alone (WHO, 2019). According to the World Health Organization (WHO), the MMR of Nigeria is 814 (per 100,000 live births) (WHO, 2019).

The lifetime risk of a Nigerian woman dying during pregnancy, childbirth, postpartum or post-abortion is 1 in 22, in contrast to the lifetime risk in developed countries estimated at 1 in 4900 (WHO, 2020). Current evidence suggests that the high rate of maternal and neonatal mortality in Nigeria is linked to the three forms of maternal delay proposed by Thaddeus and Marine (Okonofua et al., 2018; Yaya et al., 2018). These barriers include delay in making decision to seek maternal health care; delay in locating and arriving at a medical facility; and delay in receiving skilled pregnancy care when the woman gets to the health facility (WHO, 2020; Okonofua et al., 2018; Yaya et al., 2018).

Women perceived men as being breadwinners and their main role in pregnancy and child birth was to support their partners financially. The key factors which hindered male participation were

traditional gender roles at home, fear of HIV testing and unfavourable environment in health facilities (Maluka & Peneza, 2018). In this study, male partner participation entails a male partner or husband accompanying his wife or female partner to Antenatal Care (ANC), providing social economic support and ensuring that all recommendations made at ANC are observed to safeguard the wellbeing of the couple and the baby.

Male participation in utilization of reproductive health is likely to promote timely and proper antenatal care, encourage women to deliver under the care of a skilled attendant, and also help identify and seek health care in cases of post-partum complications. However, in most African societies, pregnancy, delivery and postnatal services has been erroneously classified as purely feminine issue by the society (Jelagat, Nyanchoka & Musili, 2021).

At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world. Approximately 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in developing regions (WHO, 2020). Promotion of maternal and child health is perceived as women's role and men do not feel that they are responsible and see no reason to accompany their partners to ANC visits (Chibwae, 2018). The meaningful engagement of male partners in antenatal care (ANC) can positively impact maternal and newborn health outcomes (Osaki et al., 2021). Although there is active promotion of male involvement during antenatal care, a small number of men follow their wives during antenatal care visits.

The belief that men should be involved in maternal care of their pregnant partners has gained momentum and has become important because of the realization that men's behaviour can significantly affect the health outcomes of the women and babies (Falade-Fatila & Adebayo, 2020). Various studies have emphasized how men's role can contribute to better outcomes of their pregnant wives (Falade-Fatila & Adebayo, 2020); in a study conducted in Ibadan titled "Male partners' involvement in pregnancy related care among married men in Ibadan, Nigeria" The importance of male to women's sexual and reproductive health promotion was officially recognized by International Conference on Population and Development. Increase male involvement may therefore improve maternal health and reduce maternal morbidity and mortality (Ibrahim et al., 2016). A systematic review of the impact of male involvement in the maternal health outcome of women in developing countries provided three broad categories indicating male involvement:

- Active participation in maternal care services such as support of the spouse by the husband during pregnancy, childbirth or postpartum.
- Financial support provided for pregnancy-related and childbirth expenses.
- Shared decision-making powers with wife on maternal health issues (Yargawa & Leonardi-Bee, 2015).

REASONS FOR PARTNER SUPPORT DURING PREGNANCY

Pregnancy is known to be associated with intense emotional changes. Studies have revealed the existence of distinctive emotional patterns in pregnant women, who often present non-clinical

symptoms of depression and/or stress. These reactions are more acute during the first and third trimesters, and somewhat less so during the second (Madhavanprabhakaran, D'Souza, Nairy, 2015).

Although these changes are commonly experienced, they make future mothers more vulnerable to major depressive disorder and stress (Obrochta, Chambers & Bandoli, 2020). In addition, these outcomes are closely related, in the sense that stress can contribute to the appearance of depressive problems (Gokoel et al., 2021). Accordingly, stress and depression should be jointly analysed within a single model of emotional health in pregnant women. It is of crucial importance to understand the consequences of this emotional pattern, not only for the interests of the expectant mother, but also because stress and depression may have a predictive capacity for the anthropometric parameters of the baby at birth (Mélançon et al., 2020) (Bellido-González et al., 2019).

To date, most studies of emotional health during pregnancy have focused on the mother. Indeed, there is still a certain resistance to the inclusion of the father in such studies, despite the significance of the partner in the relationship. According to the few studies that have included fathers in their analysis, it is clear that both parties experience stress and depression during pregnancy, although the prevalence and evolution of these problems during this time remains an open question. Indeed, many men believe that insufficient account is taken of their own emotional health during the pregnancy and that support and resources should be provided in this respect (Philpott et al., 2019).

The pivotal role of maternal support during pregnancy on infants' health as well as maternal health, especially postpartum mental health corroborates that health policy makers should put a premium on emotional support for mothers during pregnancy. This could be conducted by holding educational classes for expecting parents, which would culminate in remarkably more mutual understanding between couples. Subsequently, the mother would benefit not only from her husband's emotional support but also from his practical help, including child care activities. Therefore, health care providers are in exclusive position to educate communities regarding the significant role of family support in minimizing the postpartum complications, of specific the mental disorders (Najmeh Maharlovei 2016).

BARRIERS TO MALE PARTICIPATION DURING ANTENATAL CARE.

The reason for male noninvolvement is the belief that reproductive health issues are exclusively a concern of the women. In patriarchal societies, male partners generally do not accompany their partners to antenatal or postnatal care services and are not expected to be present during the birth of their children (Kwambai, Dellicour & Desai 2013). In a study carried out by (Secka 2019) reported that men who escorted their partners to clinics were sometimes subjected to gossip by their male counterparts, and interestingly, by women in the clinics who sought antenatal care; consequently, this may prompt the pregnant women to discourage their partners in participating to avoid embarrassment.

- Lack of facilities that encourage male participation in maternity care.

- Lack of knowledge on the role of the male partners during maternity care were identified as major barriers to male involvement in maternity care.
- Age of the male partner: younger spouses are more likely to attend antenatal care than the older men.
- Work schedule of the male partner: The barrier posed by work schedule could be a result of the nature of their jobs such as civil servants. The timing of the clinic and length of time spent in the clinic may discourage them or interfere with the timing of their work.
- Financial considerations.
- Negative treatment by health care workers.
- Long waiting times and long duration of antenatal care were the major deterrents to male involvement.
- Lack of information regarding maternal care services is noted to be a significant factor that impedes male active participation, hence the need for exhaustive education and radical awareness campaigns (Sharma S, Bhuvan KC, Khatri AJ 2018).
- Cultural belief: It is a predominant fact that most Nigerian men are reluctant to participate in the care of their partners during pregnancy and childbirth. This could be a result of cultural beliefs that issues surrounding pregnancy and labor are exclusively women matters.
- Fear for an HIV test: Some participants feared testing for HIV with their spouses thinking it could be a source of misunderstanding for the couple.
- The belief that presence of the husband would interfere with care: Some men thought that pregnant women would be uncomfortable if health workers attended to them in the presence of their husbands and that health workers would not be free to provide the services in the presence of men.
- Religion.
- Level of education.

THEORETICAL FRAMEWORK

The theory adopted for this study was Callista Roy's Adaptation theory, Roy stated in her theory that a person is a biopsychosocial being in constant interaction with an ever-changing environment. In order for the person to face that ever-changing world, he would have to use biological, psychological and social mechanisms. Adaptation is accentuated as a key concept to a person's positive reaction to environmental changes. A person's adaptation level, which may lead to a positive reaction, includes a zone, indicative of the stimulus range, which disturbs the balances and calls for a new adaptation. It suggests that a system is a set of units interrelated or interlinked together, in order to form a unity or a set. It holds that all systems have input and output data, as well as control and feedback processes, by considering, at the same time, living systems as more complex than mechanical systems.

According to Roy's model, human behaviour represents an adaptation to environmental and organic forces. The overall resultant of the individual reactions represents the organism's final state. According to Roy, the purpose of Nursing is to aid the person as he adapts to the occurring changes, his biological needs and to his self-perception (Roy, 1980).

CONCEPTUAL FRAMEWORK

The conceptual framework for the study was adapted from Doe (2013), conceptual framework of male partner involvement in maternity care. In the adapted model, a man's involvement in the ANC of his partner may be affected by his socio-demographic characteristics like age, educational level, occupation and religion. Marital status and whether or not they live together may also be important factors in determining the level of involvement. Cultural norms that segregate gender roles may not encourage men to take part in activities that are tagged as feminine. Other family members like mothers and mothers-in-law may be seen as the ones responsible for issues related to pregnancy and delivery and so men may be reluctant to get involved. Some taboos may prohibit male involvement in some aspects of maternity care. Factors within the health facility may or may not encourage male involvement in maternity care. Health facilities' readiness to accommodate men who accompany their partners, male friendliness of the services may influence male involvement.

The model is applicable to the study in the sense that, its underlying argument best explains the present study's focus of investigating women's perception about the factors associated with male involvement in ANC in Sekondi. Guided by the framework, the study will be able to find out women's perception regarding the major barriers to ANC. As prescribed by the conceptual framework, age, educational level, occupation, number of children, marital status, living together and religion will be considered as the socio-demographic characteristics of males that could influence their involvement in ANC. The socio-cultural factors considered in the study as influencing male involvement in ANC are beliefs, norm in the society, gender norms in the community and traditional approaches to ANC.

The health facility factors associated with ANC in the study are staff attitude, waiting time, provision made for men at antenatal clinic and men allowed in labour wards during delivery. The outcome variable (male involvement in ANC) was measured by five main variables. The variables are accompanying partner to health facility, discussing maternal health issues with partner, providing financial and physical support for partner and planning for emergency, delivery and postpartum care (Doe, 2013).

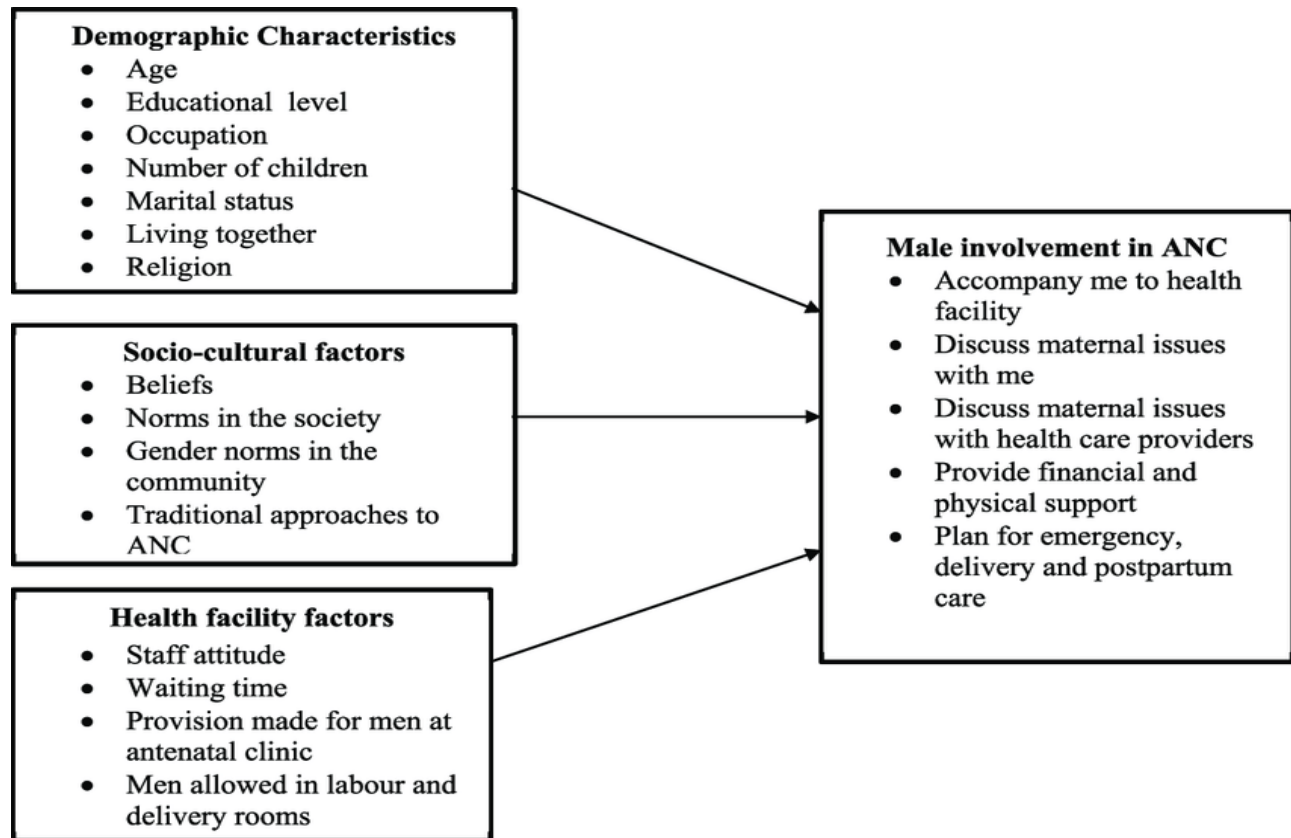


Figure 1: Conceptual framework.

FACTORS THAT PROMOTE MALE PARTICIPATION IN ANTENATAL CARE.

Male participation in reproductive health issues has been considered to be an effective and promising strategy to address the women's reproductive health problems since the 1990s (Zakaria et al., 2021). Men's education and attitude, knowledge and awareness, sociocultural factors, psychological factors, health system factors, and policies play important roles in male involvement in reproductive health. Programs on effective implementation of men involvement in reproductive health initiatives should address the barriers and challenges to men's supportive activities (Sharma, Bhuvan & Khatri, 2018).

Knowledge is an inevitable prerequisite for the forming of a favorable attitude and practicing recommended behavior in the health sector. This is why increasing knowledge is one of the primary goals of all health communication interventions. A learned person is better informed about his/her duties; for instance, wives who are knowledgeable about pregnancy and delivery-related complications expect to receive support from their husbands in family planning and antenatal care activities (Sharma, Bhuvan & Khatri, 2018).

MOTIVATIONS TO ATTEND ANTENATAL CARE

Antenatal care (ANC) satisfaction in Nigeria may be enhanced by improving responsiveness to clients, clinical care quality, ensuring equipment availability, optimizing easy access to medicines, and expanding free ANC services (Onyeajam et al., 2018).

In a study conducted at Koghum, Jos South, Plateau state, Nigeria, out of those that attended ANC, 187 (93.9%) attended for reasons essentially linked to for an assessment of foetal vitality and positioning, 8 (4.1%) for health problems, and 3 (1.5%) for general wellbeing. Out of those that did not attendance, 93 (47.0%) reported that they did not attend ANC due to the long distance from their homes (Okeke et al., 2019).

CONCLUSION

In conclusion, men's involvement in antenatal care (ANC) is intended to encourage husbands to support women's care and associated interventions, including prevention of mother-to-child transition from pregnancy to delivery, and throughout the postnatal period. Maternal deaths result from pregnancy, labour or postpartum complications but their incidences could be reduced when there are adequate birth plans by pregnant women, their partners, and relatives.

However, research conducted so far failed to compare male involvement in ANC in different geographical areas. Male involvement is critical for improving maternal and neonatal health indices in Nigeria. Regardless of men's positive attitudes; lack of male-friendly health infrastructure and inadequate understanding, by both community members and healthcare facility providers in relation to the role of men during pregnancy impede their attendance. Health promotion is needed to empower men with essential information for meaningful involvement in ANC services. Future interventions should address among others; cultural competence of providers in involving men accompanying their spouses in the ANC service model as well as creating couple-friendly reproductive health services. Involving men in maternal and child health (MCH) is critical, and therefore participatory and comprehensive approaches should be applied to encourage participation. Sensitization of communities is fundamental for increasing awareness of the significance of male involvement in MCH.

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