

**KNOWLEDGE AND PARTICIPATION OF MEN IN ANTENATAL CARE  
IN THE CATCHMENT AREA OF KALULUSHI TOWNSHIP CLINIC IN  
KALULUSHI DISTRICT**

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## LIST OF ABBREVIATIONS

<b>AIDS</b>	:	Acquired Immuno Deficiency Syndrome
<b>ANC</b>	:	Antenatal care
<b>ART</b>	:	Anti Retro- viral Therapy
<b>AWARE</b>	:	Action for West Africa Region
<b>DHMT</b>	:	District Management Team
<b>FSH</b>	:	Society for Family Health
<b>GMPs</b>	:	Growth Monitoring and Promoters
<b>HIV</b>	:	Human Immuno-deficiency Virus
<b>HMIS</b>	:	Health Management Information System
<b>IEC</b>	:	Information Education and Communication
<b>ICPD</b>	:	International Conference of Population Development
<b>ICRW</b>	:	International Centre for Research on Women
<b>JOICFP</b>	:	Japanese Organisation for International Co-operation in Family Planning
<b>KGC</b>	:	Kalulushi Government Clinic
<b>KMHC</b>	:	Kalulushi Main Health Centre
<b>KTSC</b>	:	Kalulushi Township Clinic
<b>MAP</b>	:	Men as partners
<b>MCH</b>	:	Maternal Child and Health
<b>MOH</b>	:	Ministry of Health
<b>MTCT</b>	:	Mother to Child Transmission of HIV
<b>NHCs</b>	:	Neighbourhood Health Committees
<b>PEPFAR</b>	:	President's Emergency Plan For AIDS Relief
<b>PMTCT</b>	:	Prevention of Mother To Child Transmission of HIV
<b>RH</b>	:	Reproductive Health

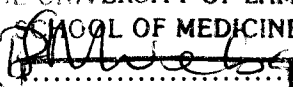
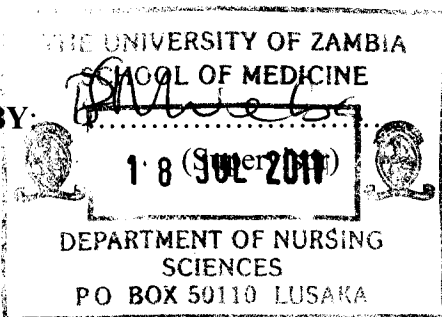
<b>SMAG</b>	:	Safe Motherhood Action Group
<b>STI</b>	:	Sexually Transmission Infections
<b>TBAs</b>	:	Traditional Birth Attendants
<b>UNFPA</b>	:	United Nations Fund Population Agency
<b>UNZA</b>	:	University of Zambia
<b>VCT</b>	:	Voluntary Counseling and Testing
<b>WHO</b>	:	World Health Organisation
<b>ZDHS</b>	:	Zambia Demographic and Health Survey
<b>ZEPH</b>	:	Zambia Education Publishing House
<b>ZPCT</b>	:	Zambia Prevention of HIV, Care and Treatment

## DECLARATION

I Idah Namusokwe Kasimbo hereby declare that the work presented in this dissertation is my own, original work undertaken in partial fulfillment of Bachelor of Science Degree in Nursing and has not been presented either wholly or in part, for any other Degree and is not being currently submitted for any other Degree.

SIGNED:.....  
(Candidate)


DATE..... 6/06/11.....

APPROVED BY:.....  


DATE:..... 11/07/11.....

## STATEMENT

I hereby certify that this study is entirely the result of my own labour and independent investigations. The various resources that I am indebted to are clearly indicated in the text and references.

SIGNED..........

DATE:.....6/06/11.....



## **DEDICATION**

This research study is dedicated to the memory of my late brothers Jeff Simusokwe, Hector Simusokwe and Stephen Simusokwe: To my parents Mr. Stephen S and Margaret Simusokwe, my brothers David Simusokwe, Golden Simusokwe, Brown Simusokwe and my sisters Mrs. Maureen Mazimba, Mrs. Medina Siame and Mary Namusokwe. My husband Mr. Thomas Kasimbo and our children – Nzabuka, Kaziya, Mukanzala and Moono,

## ABSTRACT

The purpose of this study was to establish Knowledge and Participation of men in Antenatal care (ANC) in Kalulushi District. It has been observed that very few pregnant women at KTSC in Kalulushi District, are escorted for ANC by their partners. On the contrary, WHO standards stipulate that all women are supposed to be escorted for antenatal care by their partners. The hypothesis of the study was that there was an association between knowledge and participation of men in antenatal care (ANC). Men participation in ANC contributes to the positive health outcomes of the mother and baby. This was declared in the 1994 International Conference of Population Development (ICPD).

A non-interventional descriptive research design was used because it provided for the description of knowledge, participation in ANC and barriers to non participation of men in ANC. A pilot study was conducted on five respondents at KGC whose characteristics of respondents were the same as the ones for KTSC where the actual study was conducted. Purposive sampling method was used to select fifty respondents since few men attended the clinic where the study was conducted. Collection of data was done by use of structured interview schedule. The data was analysed manually by use of scientific calculator and a data master sheet. Presentation of data was done by use of frequency tables, pie charts and cross tabulations.

All the respondents 50 (100%) had high knowledge on men participation in ANC, and 40% were aged between 29 and 35 years old. The study also revealed that 82% respondents were married while 72% had attained the secondary level of education. 16% of respondents had high participation in ANC while 84% had low participation. 14% of the respondents indicated inadequate space at ANC as a barrier for non participation of men in ANC while 42% pointed out cultural hindrances. KDHMT should therefore enact a policy to encourage men to participate in ANC and also to increase space at MCH. This will improve accessibility of men participation at ANC and contribute to positive health outcomes of the pregnancies in the catchment area. Information should be made available to all men at all levels of health care.

## **CHAPTER ONE**

### **1.0 INTRODUCTION**

#### **1.1 BACKGROUND INFORMATION**

Millions of pregnancies occur worldwide and every pregnant woman requires antenatal care. Antenatal care refers to the care that is given to a pregnant woman from the time that conception is confirmed until the beginning of labour (Fraser et al, 2008). Traditionally antenatal care was provided exclusively by the midwife and Traditional Birth Attendants (TBAs). Currently, a midwife is involved in the provision of centred hospital approach in the care to the pregnant woman and her family. Advances in obstetric care have further shown that spouse participation is of vital importance.

During the 1994 International Conference on Population and Development (ICPD) Programme of Action in Cairo, it was agreed by 179 countries and emphasised that all men should participate in the antenatal care of their partners as they constitute an important asset in efforts to improve women's health. The conference encouraged a 'couple' approach rather than focusing separately on men and women (Drennan, 1998).

According to the ICPD (1994), it was recognized that partners are legitimate targets for sexual and reproductive health promotion. This recognition was born out of the experience of many health promoting agencies in the 1980s and 1990s who realized that without working with men, positive change in supporting women during pregnancy which enables them to have a healthy, safe and fulfilling sexual life, would be very difficult or impossible (Sternberg and John Hubley 2004). Partners are expected to participate in ANC of their spouses during pregnancy by providing baby clothes and other requirements. Partners are referred to as spouses because in Zambia, only heterosexual relationships are allowed.

The important role that partners play in women's reproductive health is becoming increasingly recognized as a new strategy for improving maternal and child health (UNFPA, 2000; Mullany et al, 2006). More attention is being focused on how to incorporate men into reproductive health education interventions. Educational interventions for pregnancy health have traditionally been

inadequate in addressing a woman's degree of influence within the household on health-related decisions, particularly as compared with her partner. Partner participation in provision of support during pregnancy plays a role in ensuring good pregnancy care as well as improving reproductive and sexual health (Population Council, 2002). Partners often act as gatekeepers to their wives' and family's health-seeking behaviours and utilization of health services (Pelon et al, 1999). Men can act as supportive caretakers and promoters of family health as well (Carter, 2002).

National Gender Policy document (2000) recommended that spouses should be allowed to participate in providing care to their partners during pregnancy. However, this recommendation was not adopted by the Ministry of Health. Later, Zambia through the Reproductive Health Policy, (2005), took part in the ICPD programme action in which it was declared that all men required participating in the care of their partners during pregnancy. After this Conference, the Ministry of Health adopted partner participation in ANC. The implementation process was expected to begin soon after the adoption.

In Kalulushi, strategies to increase male participation in supporting women during pregnancy, aim to engage men in different ways such as health education at each ANC session, at the places of work, churches, social clubs, and community gatherings. Strategies that are being done to overcome the barriers to men participation in ANC include community sensitization on the importance of partner participation in ANC, by the Traditional Birth Attendants (TBAs), Growth Monitoring Promoters (GMPs) and Neighbourhood Health Committees (NHCs).

TBAs are community volunteers who conduct antenatal care on women in the community as well as deliveries. Men are expected to attend health education sessions, ensure provision of baby clothes and report to the TBA if the partner has a problem such as abdominal pains during pregnancy. Furthermore, if the woman is in labour, her partner is expected to prepare the area on which the TBA is supposed to conduct the delivery. He is expected to prepare water and soap for her partner to bath after delivery and for the TBA to wash her hands after conducting the delivery. If the TBA encounters a problem during her care which requires referral to the health facility, the man should ensure availability of transport to avoid complications such as neonatal

or maternal death. GMPs are community volunteers who weigh children at children's clinic or outreach post and give advice on good nutrition. The roles of men in GMP are to ensure provision of nutritious food to their children to prevent malnutrition. During the growth monitoring sessions, the GMPs conduct cooking demonstrations and teach about the affordable well balanced meals. Men are expected to provide financial support to buy foods which constitute balanced meals in order for their children to grow well.

NHCs are community volunteers who ensure good health in the community through health education on prevention of communicable diseases and to whom other community volunteers such as TBAs and GMPs report. Roles of men in the work of NHCs are to prevent disease in ways such as treating drinking water with chlorine to prevent diarrheal diseases or boiling drinking water. Other roles of men in ANC are to give encouragement to their partners for uptake of Voluntary Counseling and Testing (VCT) and Mother to Child Transmission of HIV (MTCT) (Msuya et al, 2006). NHCs also teach about prevention of malaria in the community which benefits the pregnant women to avoid placental parasitaemia which would lead to prematurity and low birth weight as a result of malaria (MOH, 2006).

Midwives train women that are identified by the community as TBAs and provide refresher courses thereafter to maintain their competence and contribute to prevention of neonatal and maternal complications. Midwives also provide logistics to TBAs such as gloves, cotton wool, cord ties, mackintoshes, soap, tilley lamps and bicycles to make work easy for the TBAs. Midwives offer training to the GMPs, provide registers and logistics for cooking demonstrations as well as encouraging men to take their children for children's clinic. This has worked well because in the past men never used to be found at Children's clinic but now they take their children for children's clinic (KTSC Children's clinic register, 2010). Nurses have also been involved in training malaria agents among the NHCs and they have been supplied with health education materials on prevention of malaria, supply of insecticide treated mosquito nets and net retreatment kits.

## 1.2 STATEMENT OF THE PROBLEM

Despite all of the efforts made, partner participation in antenatal care is still low in Zambia. Studies have shown that men participation is about five percent or less (Benkele, 2007). At Kalulushi Township clinic (KTSC) in Kalulushi district, out of 586 pregnant women who attended antenatal clinic from January to June 2010, only 6 (one percent) escorted their partners for ANC. Furthermore, men participation in ANC has continued to decrease. Table 1.1 shows a decrease from 1 (0.2 percent) in January to 0 (0 percent) in June 2010 (KTSC 2010 ANC Register) in men participation.

Table 1.1 **First ANC attendance with male participation for the year 2010 at KTSC**

Month	Target for first ANC	First ANC attendance	Men participation at ANC
Jan	105	94 (90%)	1 (0.2%)
Feb	105	84 (80%)	0 (0%)
Mar	105	120 (114%)	1 (0.2%)
April	105	99 (94%)	3 (0.5%)
May	105	74 (70%)	1 (0.2%)
Jun	105	115 (110%)	0 (0%)
<b>Total</b>	<b>630</b>	<b>586 (93%)</b>	<b>6 (1%)</b>

Source: KTSC 2010 ANC Register

Participation of men in ANC activities such as health education on the importance of ANC will bring about prevention of maternal complications and maternal deaths. Consequences of lack of men participation in ANC are inadequate birth preparedness such as failure to acquire baby clothes, failure to prepare money for transport to travel to the health facility to attend ANC or for delivery. If logistics such as transport money are prepared in advance, delivery complications and subsequent maternal deaths would be avoided because the woman would not arrive late for delivery at the health centre. Other consequences are inadequate maternal nutrition and stress where the man fails to give emotional support to his partner. According to Escribe et al (2007), statistics in Valencia Province in Spain showed a prevalence of 10.3% of

pregnancy depression and the prevalence was higher (95%) among those with marital dissatisfaction. It has been observed that maternal deaths in the catchment area of KTSC have increased from 0 percent in 2009 to 1 (0.08 percent) in 2010. Therefore, participation of men in ANC will contribute to the decrease of maternal deaths because they would have understood the ways of preventing maternal complications which lead to maternal deaths.

### **1.3 ANALYSIS OF INFLUENCING FACTORS**

#### **1.3.1 FACTORS CONTRIBUTING TO LOW PARTICIPATION OF MEN IN ANC**

There are several factors which may contribute to low participation of men towards supporting their partners during pregnancy. These factors may include health seeking behaviours, health care provider factors, institutional and community factors.

##### **1.3.1.1 Community factors**

###### **1.3.1.1.1 Cultural and Traditional beliefs**

Cultural beliefs are influenced by one's traditions and for some men, escorting their partners for antenatal care or being involved in the care of their partners during pregnancy is considered a taboo. Women also would not want to involve their partners in issues of antenatal care because of the way they are initiated at the time of marriage. They are taught not to disclose anything about their pregnancy to their partners. Traditional beliefs have great influence on men failing to escort their women to antenatal clinic. Traditionally men are not supposed to listen to talks about their partners' antenatal care issues otherwise it would be considered a taboo if a man is found where such talks are conducted. Men also state that they feel uncomfortable to be in a place where discussions on women and pregnancy are discussed.

###### **1.3.1.1.2 Educational level**

The illiterate men are not enlightened on the importance of giving support to their partners during pregnancy. They lack the understanding because of low educational attainment. The educated men are more likely to participate in ANC because they understand the importance since they can listen to the radio or read and participate in discussions on reproductive issues.

There is need for the health care providers to sensitise the community on men participation in antenatal care, by health education at ANC and through the NHCs and TBAs.

#### **1.3.1.1.3 Social Factors**

The Influence from the community leads to some men failing to escort their partners for ANC for fear of being laughed at by friends in the community because it is believed that a man who escorts his partner for antenatal care is a weakling (Byamugisha et al, 2010). Zambian men are perceived to be jealousy when they escort their partners for ANC.

#### **1.3.1.2 Health care provider's factors**

##### **1.3.1.2.1 Lack of information on men participation in ANC**

Most of the health care providers may be uncomfortable to discuss reproductive health issues. The DHMT may not have offered training to the health care providers and would not have issued the key messages on the importance of men participation in ANC as a result, they may also lack information on reproductive health issues as they apply to men.

##### **1.3.1.2.2 Health workers attitudes**

Most of the health workers may feel that antenatal care information is only supposed to be for women alone and men are just supposed to be told by their partners. When a man is found around where they are conducting ANC he would be ridiculed to stay away. These negative issues would not make men want to participate in ANC activities.

##### **1.3.1.2.3 Community sensitisation**

In health facilities, there may not be policies to guide the health care providers, therefore, if health care providers do not have guidance, it may be difficult for them to give the NHCs the key messages in order for them to sensitise the community on reproductive health issues which would encourage men participation in ANC. Unavailability of posters and brochures to distribute to the community would also lead to non dissemination of the key messages to the community. If community sensitization programmes are not conducted through the radio and television, there would not be community sensitization to encourage men participation in ANC.



### **1.3.1.3 Institutional factors**

#### **1.3.1.3.1 Long waiting time**

In most cases antenatal care activities take long because of so many procedures that are carried out such as PMTCT procedure and abdominal palpation. Long waiting time is also as a result of a lot of women attending ANC at a given session. In this case some men are not ready to wait for long hours because they have other personal issues to attend to.

### **1.3.1.4 Infrastructure factors**

#### **1.3.1.4.1 Inadequate infrastructure**

Inadequate space at the health facility makes it difficult to accommodate men while the others are being attended to. This inadequate infrastructure does not provide privacy which is essential when discussing reproductive health issues.

### **1.3.1.5 Health seeking behaviour factors**

#### **1.3.1.5.1 HIV positive status**

Some men may have taken the HIV test already after realizing that they have been having sexual activities with other women. If they have tested HIV positive, they would not want their partners to know. Hence they would not want to participate in ANC especially if they know that they may be asked to take a test for fear of problems in the home.

#### **1.3.1.5.2 Busy work schedule**

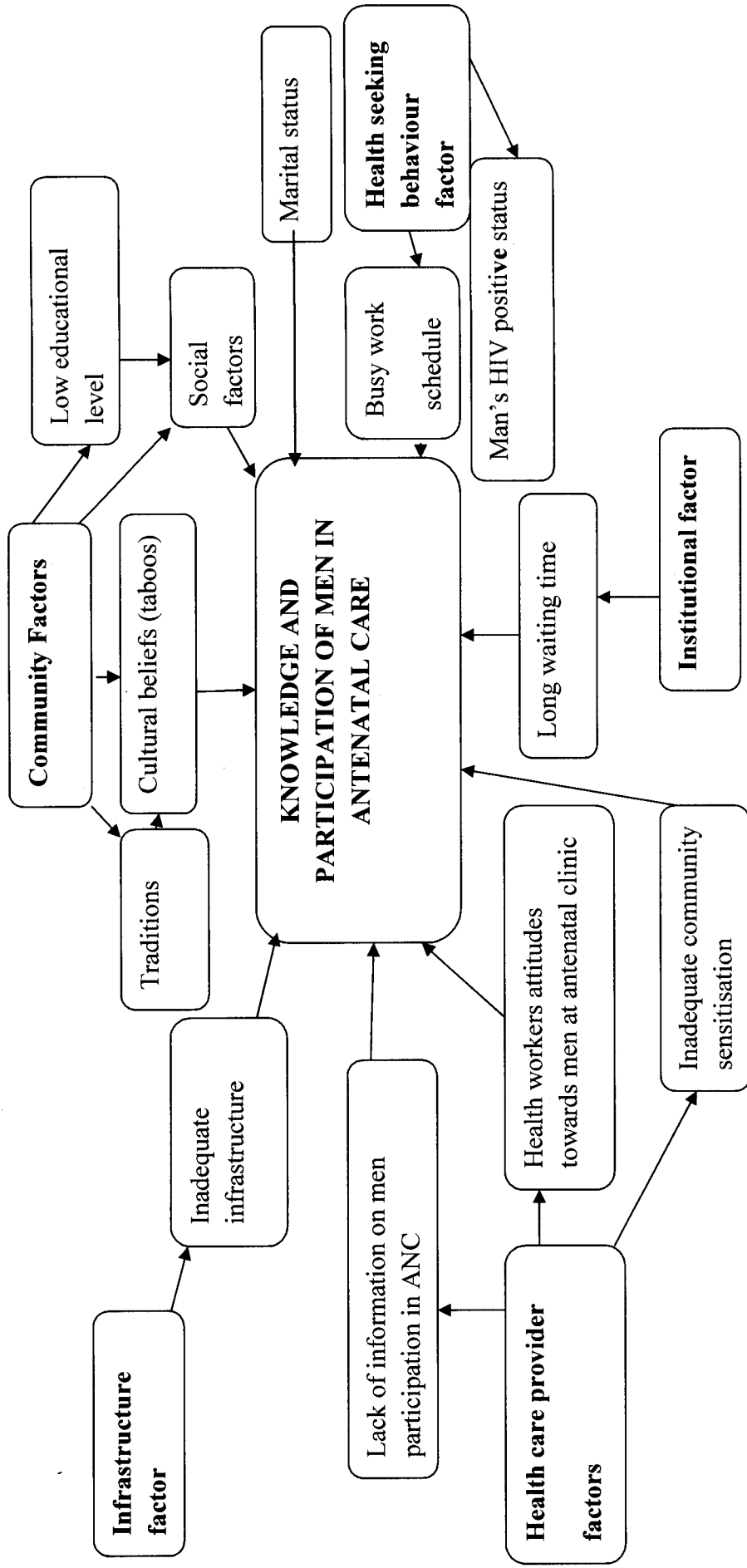
Some men work long hours and it is difficult for them to get permission from the place of work, so they would not manage to accompany their partners for ANC. Others especially the ones that are self employed, would not want to leave their businesses unattended to for fear of making a loss which would not make it possible to provide for their families. This includes preparation for the baby being expected.

#### **1.3.1.6 Marital status**

Some women are made pregnant by married men and these men would not want other people to know about such relationships. So they may not want to escort such a partner for ANC because it would bring problems in the matrimonial home. Some of the problems may include a woman wanting a divorce or it may lead to a man battering his wife if confronted over the issue. His partner may suffer inadequate birth preparedness because the man may be afraid or not be able to provide the resources required for his partner. The man may lose respect by the community members such as in the church and workplace as a result of the extra marital affair.

**FIGURE 1.1**

**1.3.2 PROBLEM ANALYSIS**



## **1.4 JUSTIFICATION**

According to the Reproductive Health (RH) policy, (2005) men are required to participate in Reproductive Health programmes such as antenatal care in order to achieve the healthy pregnancy outcomes. There is no evidence of any research study conducted in Kalulushi district on establishing knowledge and participation of men in ANC. Therefore, this study explores the knowledge and participation of men in ANC in the catchment area of KTSC.

The possible results are to reveal the reasons why men do not participate in ANC.

The findings will be used to enhance education on the importance of partner participation which will ultimately result into adequate birth preparedness, avoid maternal and neonatal complications and also improve postnatal attendances because women will receive maximum support from their partners.

## **1.5 RESEARCH OBJECTIVES**

### **1.5.1 General Objective**

To determine knowledge and participation of men in antenatal care

### **1.5.2 Specific Objectives**

1.5.2.1 To assess the knowledge of men on the importance of supporting their partners during pregnancy.

1.5.2.2 To determine participation of men in ANC.

1.5.2.3 To identify barriers to non-participation of men in ANC

1.5.2.3 To establish association between knowledge and participation of men in ANC.

## 1.6 HYPOTHESIS

1.6.1 There is an association between knowledge and participation of men in ANC

## 1.7. CONCEPTUAL DEFINITIONS

1.7.1 **Ante-natal care:** Care given to pregnant women from the time of conception until delivery (Ngoma, 2003).

1.7.2 **Men participation:** Men taking part in ANC (Oxford Mini School, Dictionary, 2007). In

this study, male involvement and men participation will be used interchangeably.

1.7.3 **Partner:** A person of the opposite sex whom a woman has sexual relationship with  
(Oxford Mini School, Dictionary, 2007)

1.7.4 **Spouse:** A person's husband or wife (Oxford Mini School, Dictionary, 2007)

1.7.5 **Knowledge:** All the information and facts that one knows about ANC (Gillard, 2003)

1.7.6 **Women:** An adult female human being (Gillard, 2003).

1.7.7 **Culture:** The customs, institutions and achievements of particular nation, people or group  
(pearl, 2002).

1.7.8 **Belief:** Acceptance as true or existing of any fact or statement in ANC (Oxford Mini School, Dictionary, 2007).

1.7.9 **Support:** To give help or encouragement to participate in ANC (Oxford Mini school, Dictionary, 2007).

1.7.10 **Men:** An adult human male (Pearlsal, 2002).

1.7.11 **Attitude** A settled way of thinking or feeling (Pearlsal, 2002).

## 1.8 VARIABLES AND CUT-OFF POINTS

### 1.8.1 Independent variable

This is a variable which is hypothesised to be the cause of something (Polit and Beck, 2006). The independent variable for this study is knowledge.

### 1.8.2 Dependent variable

This is a variable which depends on the independent variable or that is hypothesised to depend on or be caused by another variable (Polit and Beck, 2006). Dependent variable for this study is men participation in ANC.

## 1.8 VARIABLES AND CUT-OFF POINTS

Table 1.2: Variables cut off points and indicators

NO	VARIABLE	INDICATOR	CUT-OFF POINT	QUESTION NUMBERS
1	<b>Dependent:</b> Men participation in ANC	<ul style="list-style-type: none"> <li>- If one scores 6 and above on questions on men participation in ANC</li> <li>- If one scores 0 – 5 on questions on men participation in ANC</li> </ul>	<ul style="list-style-type: none"> <li>- High participation</li> <li>- Low participation</li> </ul>	13, 14, 15, 16, 17, 18
2	<b>Independent:</b> Knowledge	<ul style="list-style-type: none"> <li>- If one scores 3 on knowledge questions</li> <li>- If one scores 0 – 2 on knowledge questions</li> </ul>	<ul style="list-style-type: none"> <li>- High knowledge</li> <li>- Low knowledge</li> </ul>	9, 10, 11,

## **CHAPTER TWO**

### **2.0. LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The literature review will be presented under the overview of men participation in antenatal care, men support during pregnancy, knowledge on the importance of men participation in ANC and barriers to non participation of men in ANC. According to Basavanthappa (2007), literature review is defined as a broad, comprehensive in depth, systematic and critical review of scholarly publications, unpublished scholarly print materials, audio visual materials and personal communications. The purposes of literature review are to generate research questions, to find out the conceptual of theoretical traditions within the methods of inquiry which are used in earlier work and this includes the successes and short comings. This literature review will therefore, focus on the studies that have been done from the global, regional and national perspectives. In this case, the variables are men participation in ANC, knowledge of men on ANC participation and barriers to non participation of men in ANC.

#### **2.2 OVERVIEW OF MEN PARTICIPATION IN ANTENATAL CARE**

At the International Conference of Population Development (ICPD) of 1994, “the Reproductive Health (RH) field is paying more attention to men’s roles in women’s RH” (Phishare, 2010). Men’s support, such as provision of transport to avoid delay in reaching the health facility for delivery shows improvement in birth preparedness which avoids maternal neonatal complications which may lead to maternal deaths.

The important role that men partners play in women's reproductive health is becoming increasingly recognized. More attention is now focused on how to incorporate men into reproductive health education interventions. According to Mullany (2006), “men participation in reproductive health decisions and practice, has been shown to be considerable, educational interventions for pregnancy health, have traditionally been inadequate in addressing a woman's degree of influence within the household on health-

related decisions, particularly as compared with her partner". In the Zambian context, men in homes take a lead in decision making even if their partners can provide information on the importance of their participation in ANC from the lessons learnt at ANC by their partners. This has led to little influence by women in homes concerning health related decisions.

Zambian Reproductive Health Policy (2005) emphasises that men are expected to be involved in the care of women during pregnancy. This clearly indicates that men participation in ANC is important in achieving healthy pregnancy. According to Population Council (2004), a study was conducted on the impact of providing antenatal education to prospective fathers in India, in which it was found that there was a significantly higher frequency of antenatal clinic visits and lower perinatal mortality among the women whose husbands received antenatal care health education. It was also found that an intervention during prenatal consultations to increase men's participation in their partners' ANC increased couples' discussion on the healthier ways of spacing pregnancies. A study conducted in Jamaica by Care et al (2004) revealed that fathers' who had knowledge on men participation in ANC, their children had higher self-esteem, higher educational achievement, and were more successful in life. Knowledge on the importance of men participation in ANC also contributed to greater equality between men and women.

According to Stewart et al (2009), a study conducted at Nairobi City Council in Kenya, showed that men played an important role in the prevention of HIV as well as uptake of VCT and PMTCT. This helped couples to prevent transmission of HIV virus to the unborn baby and after delivery because they learnt about child optional feeding. This shows that introduction of VCT and PMTCT activities in ANC would increase men participation. A study carried out in Katutura Hospital in Windhoek in Namibia revealed healthy pregnancy outcomes through men participation in ANC. This study indicated that knowledge on male participation in PMTCT leads to positive implications for reducing stigma, improving partner HIV testing, and increased uptake of antiretroviral therapy as well as improving safe infant feeding. Through male participation in PMTCT, babies of HIV parents can be born HIV free and live a healthy life (Thulkanam, 2011). This shows that participation of men in PMTCT would increase the chances of babies being born free of HIV. This would also



provide for optional feeding of the infant since both the woman and her partner would be knowledgeable about the HIV preventive measures during pregnancy, delivery and during the breastfeeding period.

### **2.3 MEN PARTICIPATION IN ANC**

In a study conducted by Pande and Barua (2005) on husbands' participation in maternal care in Maharashtra in Western India, it was revealed that half the husbands accompanied their wives for routine antenatal care to the health facility while some of them felt responsible for routine care and treatment of problems neglecting the area of escorting their wives for ANC. Another study was conducted in Parner and Ahmednagar rural districts which are situated in Maharashtra state in western India. This study revealed that failure of men to escort their wives for ANC was based on the belief that maternity issues were a women's affair, bad staff attitudes and poor health facility conditions leading to long waiting times.

Another study was carried out in Tasikmalaya and Indramayu Districts in West Java Indonesia, in which it was noted that there was an increase of men supporting their wives during pregnancy by accompanying them for ANC visits, with the efforts of UNFPA-Indonesia, supported by Asia Regional Project through effective behaviour change communication strategies (Hique, 2008). In this study, many women were observed to receive ANC from trained health personnel as a result of increased support by their husbands. Another study was conducted in Kathimandu, Nepal. According to Britta et al (2004), in this study, it was shown that there were high levels of involvement of husbands accompanying their wives for ANC at health facilities, where women discussed pregnancy health related issues with their husbands. Looking at the above studies carried out at international level, it shows that all men are supposed to participate in the support of their partners during pregnancy to achieve healthy pregnancy outcomes.

In a study conducted by Nkuoh et al (2010) in Cameroun, it was noted that men's participation in ANC/PMTCT was affected by sociocultural barriers centered in tribal beliefs and traditional gender roles. The barriers identified included the belief that pregnancy was a "women's affair"; the belief that a man's role is primarily to provide financial

support for the woman's care and the man's perception that he will be viewed as jealousy by the community if he accompanies his pregnant wife to the health facility for ANC. This study simply shows that men are not aware about their importance in supporting their women during pregnancy.

In another study conducted by Byamugisha et al (2010) in Mbale district in Uganda, it was found that there was low men participation in ANC by accompanying their partners for ANC at health facilities. This was attributed to the men's low education levels. Furthermore, the Barriers to male involvement in ANC activities such as the PMTCT programme were related to the poor health system, socio-economic factors and cultural beliefs. This study is a clear indication that low men participation in ANC is as a result of lack or awareness on the importance that men are required to participate in the care of their partners during pregnancy.

In another study conducted in Zimbabwe by Marindo and Weiss (2003), men participation was encouraged in ANC on the basis of promotion of equitable relationship power among couples by inclusion of programmes that incorporated both males and females. The implications of the findings were that a combination of activities such as couple counseling and IEC were needed in order to positively influence relationship power which leads to HIV/STI risk reduction during pregnancy and thereafter. This study indicates that the services offered in MCH units in Health Facilities should be user friendly by men such as giving IEC to couples other than group IEC.

A study conducted by WHO (2010) in ANC sites such as Ndola DHMT in Zambia, where MOH were concerned with ensuring partners of syphilis-positive pregnant women received notification that they were syphilis-exposed, revealed that the issuing of partner notification slips to the women at ANC to go and give their partners, encouraged men to participate in ANC by taking syphilis and HIV testing. This also increased the chance of men accessing counseling services and treatment. This shows that distribution of invitation slips through women at ANC would increase men participation in ANC.

Another study was carried out on men participation in ANC, in Keemba, Zambia, which revealed a success in persuasion of men to get involved in supporting women during pregnancy in PMTCT by working with male community leaders and talking to men directly. More than half of the male partners of women who tested for HIV at the antenatal clinic had also received the testing (Horizons, 2001). This implies that if men are well sensitized on the importance of their participation in ANC, they can contribute successfully to the healthy outcomes of pregnancy. Another study was conducted under MOH (2005), at Chembe Rural Health Centre in Mansa district in Luapula Province of Zambia. The study revealed that 75% of the clients who were attending ANC were accompanied by their partners as a result of sensitisation by the local Safe Motherhood Action Group (SMAG) under the United States Presidential Emergency Plan for AIDS Relief (PEPFAR). This shows that sensitisation of men on the importance of their participation in ANC would increase men participation in ANC.

#### **2.4 KNOWLEDGE ON THE IMPORTANCE OF MALE PARTICIPATION IN ANC**

A study conducted by Mullany et al (2006), on the impact of including husbands in antenatal health education services on maternal health practices in urban Nepal in Asia showed that an antenatal health education intervention involving husbands, increased postpartum care utilisation among women compared with women who received antenatal health education alone and women who did not receive any education. This shows that if men were empowered with the knowledge on supporting women during pregnancy, they can successfully contribute to the prevention of maternal complications.

In a different study carried out in Indonesia from 2004 – 2007, by the Japanese Organisation for International Co-operation in Family Planning (JOICFP), in collaboration with the UNFPA country offices of the model operation countries, it was revealed that the message on the importance of involving men in ANC, which was conveyed from influential people for community men through radio programmes, religious gatherings, and other community meetings, stimulated the participation of men by escorting their partners for ANC. Therefore, imparting knowledge by using various media to sensitise men in the community, can contribute to men participating in the care of their partners during pregnancy.

From the African perspective, a study which was carried out in rural Southern Malawi by Aarno et al (2009) on men participation in ANC, with an inclination on HIV counseling and testing; exploring men's perceptions, the main findings were that men were largely unaware of available antenatal HIV testing and counseling services, and perceived it as overall problematic to attend female-oriented health care. In a study conducted by Byamugisha et al (2006), at Mbale Regional Referral Hospital in 2003, it was noted that there were low levels of knowledge on the importance of male participation in ANC due to structural and cultural barriers to men's participation in the programmes such as PMTCT.

In this view, it's important to carry out community sensitization of men about the benefits of antenatal care and PMTCT and improving client - health care relationship in order to improve men participation and hence mitigate the effect of socio-economic and cultural influences. A study conducted by Sekandi et al (2010), revealed high men participation in ANC in Gulu District in Northern Uganda. The high men participation in ANC attendance was attributed to obtaining health information from health facility workers on the importance of attending ANC. This implies that high attendance of ANC by male partners can be achieved by obtaining knowledge on the benefits of men participation in ANC.

## **2.5 BARRIERS TO PARTICIPATION IN ANC**

In a study conducted in Australia by David (2006), it was revealed that it was embarrassing to a woman as well as the Doctor conducting delivery and this was considered a barrier to men participation in ANC. Other barriers which were found during this study were that, the fear and anxiety of men when present during the delivery process of their partners made delivery difficult because the women in labour also became anxious. These barriers lead to low men participation in ANC. In such instances, community requires awareness through sensitisation that the birth process is a normal phenomenon and there is no need to be embarrassed about it. It further requires the moral support of the partner. Men like women, also need explanation and reassurance to avoid fear and anxiety during the labour process. This would improve men participation in ANC.

Another study conducted in Eastern Uganda revealed that barriers to male participation in the PMTCT programme were related to the poor health system, to socio-economic factors and to cultural beliefs (Tylleskar et al, 2010). This is an indication that poor operational system in health centres such as inadequate space at ANC which demeans the privacy of clients contributes to low participation of men in ANC. Inadequate finances only enable a woman to travel to the health centre hence disadvantaging men to participate in ANC. Similarly, cultural factors regard men to be weak, if they accompany their partners for ANC. Lack of privacy at the health centres is another barrier due to overcrowding. If privacy was facilitated men would be attracted to participate in ANC services. Inaccessibility of health centres due to long distances to both women and men is another barrier.

Furthermore, lack of community sensitization is another barrier. According to Mthembu et al (2004), a study was conducted in kwaZulu Natal Province at Prince Mshezeni Memorial Hospital, Ilembe Health Region and Department of Health kwaZulu Natal, in South Africa. The study revealed barriers to men participation in ANC. These were logistical and cultural problems where women themselves and health care providers did not want men to participate in ANC because they considered ANC as an issue for women only. This contributed to low participation of men in ANC. Therefore, health care providers need training on the importance of men participation in ANC and intensive community sensitisation is required in order to create awareness among community members with the view to dispel cultural beliefs which do not allow participation of men in ANC. Another study which was carried out at Chipata Health Centre in Chipata District in Zambia, by Benkele (2007), indicated low male participation in PMTCT which is a component of ANC activities. This shows that there are barriers which hinder male participation in ANC such as fear of being laughed at by their friends as weakling if they get involved in ANC.

## **CHAPTER THREE**

### **3.0 RESEARCH METHODOLOGY**

#### **3.1 Research design**

A research design is a structure, plan and strategy of investigations of answering the research question. It is the overall plan or blue-print used to select or carry out the research plan (Basavanthappa, 2007). A descriptive research design provides an accurate portrayal or account of characteristics of a particular individual, situation or group (Burns and Groove, 2005). In this study a non-interventional descriptive research design was used to establish knowledge and participation of men in supporting their partners during pregnancy.

#### **3.2 Research Setting**

Research setting is the location of conducting research, such as a natural, partially controlled, or highly controlled setting (Burns and Groove, 2005). The study was conducted in Kalulushi District which is situated on the Copperbelt Province of Zambia. The District is 445 km from the capital city of Lusaka and has three main townships namely Kalulushi Central, Chambishi Township and Chibuluma. The peri-urban areas include Chati, Kite, Mindolo Farm College and Lukoshi. In between the rural Health Centres are settlements and squatter areas.

Kalulushi District has 10 Health Centres and two Health Posts. They all provide curative, preventive and promotive health services. There is no District Hospital. The only Hospital in the District belongs to a mining company called Chibuluma South Mines. The first level referral services are either accessed at the mentioned mine hospital or Kitwe Central Hospital which is 15 km from Kalulushi. There are also two private clinics run by Chambishi Mines. PMTCT services are now provided in 6 Health Centres within Kalulushi. The District has a total population of 94,010 with an average population density of 81 people per square kilometer. The annual growth rate stands at 1.9 percent according to Kalulushi DHMT Action Plan, (2010). Kalulushi Township Clinic which shares Kalulushi Central catchment population with Kalulushi Government clinic and Kalulushi Main Health

Centre has a population of 23,341 and expected pregnancies of 1,261(5.4 percent), Kalulushi DHMT Action Plan, (2010).

The study setting was conveniently selected and was easily accessible to facilitate limited financial resources. Men of different religious, cultural, educational backgrounds and social economic status who were above the age of 20 – 49 years were included in the study. These were picked from Kalulushi Township Clinic which is situated in the urban area of the District. The Health Centre offers Out-Patients Department, MCH, Dental Health services and Psychosocial Counseling.

### **3.3 Study Population**

A study population is a total category of persons or subjects that meet the criteria for the research study or any set of persons, objects or measurements having an observable characteristic in common (Basavanthappa, 2006). The study populations for this study were men aged 20 – 49 years and were living in peri-urban or urban areas of the catchment area of Kalulushi Township Clinic.

#### **3.3.1 Target population**

Target population is the entire set of individuals who meet the sampling criteria (Burns and Groove, 2005). The target population was the men aged 20 – 49 years living in Kalulushi Central area of Kalulushi District.

#### **3.3.2 Accessible population**

Accessible population is a portion of the target population to which the researcher has reasonable access (Burns and Groove, 2005). The accessible population were the men aged 20 – 49 years and are living in KTSC catchment area of Kalulushi District receiving care at KTSC Out-Patient Department.

### **3.4 SAMPLE SELECTION**

This is the selection of a group of people, events, behaviours or other elements with which to conduct a study (Burns and Groove, 2005). Selection was by Purposive sampling because not many men attended Out-Patients Department from which the study was conducted.

#### **3.4.1 Study site**

Kalulushi Township Clinic was selected for the study because it was easily accessed and minimal resources were required. Purposive sampling was used in this study to select respondents. Purposive or judgmental sampling is defined by Polit and Beck (2008) as a non probability sampling in which the researcher selects participants based on personal judgment about which ones will be most informative.

#### **3.4.2. Respondents**

Selection was done in a way that participants in a sample represented as nearly as possible the characteristics of the entire population. Ten participants for the actual study were selected per day from Monday to Friday every week for four weeks using the purposive sampling because; few men attended Out-Patient's Department. This was done until fifty study participants were selected. In this method of selection, men who were between 20 – 49 years old were targeted.

#### **3.4.3 Eligibility Criteria**

Polit & Beck (2008) define eligibility criteria as the one used to designate the specific attributes of the target population and to select participants for the study. Eligible participants in this study were men aged 20 - 49 years and they were those who were receiving health services at KTSC.



#### 3.4.4 Inclusion criteria

“Inclusion sampling criteria is sampling requirement identified by the researcher that must be present for the element or subject to be included in the sample” (Burns and Groove, 2005; 738). The subjects that were included in the sampling frame were the men that were aged 20 - 49 years. The criteria of men who participated in the study were those who were attending the clinic and had children.

#### 3.4.5 Exclusion criteria

“Exclusion sampling criteria is sampling requirements identified by the researcher that eliminate or exclude an element or subject from being in a sample. Exclusion criteria are exceptions to the inclusion sampling criteria.” (Burns and Groove, 2005; 736). All the men that were attending the clinic and had no children, men who were below 20 years and those above 49 years old were not included in the study.

### 3.5 SAMPLE SIZE

Sample size is the selected group of people or elements included in a study (Burns and Groove, 2005). A sample of 50 men was included in the study as a minimum requirement due to limited financial resources and time.

### 3.6 OPERATIONAL DEFINITIONS

**3.6.1 Knowledge:** The ability of men having information on the importance of being involved

in the care of their partners during pregnancy.

**3.6.2 Male participation:** Males taking part in antenatal care programmes.

### 3.7 DATA COLLECTION TOOL

“An interview schedule is a questionnaire that is read to the respondent” (Basavanthappa, 2006). The interview schedule was used in this study and it had both open ended and closed ended questions. It was divided into three sections (A, B and C). There were seven

questions in section A which covered demographic data and they were all closed ended questions. Section B covered three closed ended questions which sought knowledge on men participation in ANC. Section C covered six closed ended and two open ended questions which sought to elicit men participation in ANC. This data collection tool was chosen because it was easier to administer and served time.

### **3.8 DATA COLLECTION TECHNIQUE**

“Data collection technique is the actual method on how the data is collected” (Polit and Beck, 2006). Data collection tool enables systematic collection of information from study participants. The respondent was greeted and permission was sought from him to participate in the study, after which he was lead to a separate room for privacy. A chair was offered to him and each question in the interview schedule was read to him and the responses were documented. The respondent was then thanked and assured of confidentiality. In this study, data was collected from the respondent by use of the semi structured interview schedule (Appendix1) in a face-to-face interaction between the interviewer and the interviewee.

The interviews were conducted in a private place to provide confidentiality. The purpose and benefits were explained to the respondent. The respondent was also assured of confidentiality and that he was required to participate voluntarily. He was also told that he was free to stop at any point in time if he so wished. The written consent was then obtained. Upon obtaining the written consent, the respondent was asked questions using the structured interview schedule while probing where answers were not clear. After completing the whole interview, the respondent was thanked for participating in the study. He was then assured of confidentiality and all the responses were documented. The completed questionnaires were kept in a separate envelope and marked ‘answered questionnaires’ to avoid unauthorized access to the information. Five respondents were sampled for the pilot study because 10% of the actual study sample is the standard for the pilot study.

### **3.8.1 Validity**

Validity is the degree to which an instrument measures what it intends to measure (Polit and Beck, 2008). Validity can either be internal or external. Other types include statistical conclusion and construct validity.

#### **3.8.1.1 Internal Validity**

Internal validity refers to interpretation of findings within the study, experiment or data collected. It is the degree to which the researcher is able to accomplish the study. It seeks to find out if the effect of the dependent variable observed was actually due to action of the independent variable. Therefore, the same questions were asked to all respondents so as to prevent biasness.

#### **3.8.1.2. External Validity**

“External validity is concerned with generalization beyond the study, relating to the findings” (Polit and Beck, 2008). Validity was ensured by covering all the important variables under study in the questionnaires. Questions were clearly constructed, simplified, concise and brief.

In this study, validity was measured by conducting a pilot study at Kalulushi Government Clinic. Current sources of literature were consulted on the subject under study and evaluation of the content of the instrument was done. The instrument was pre- tested to determine if desired information would be collected. This was to assist in eliminating unnecessary questions, and amendments were done accordingly. To ensure internal validity of the data collection tool, all respondents were asked the same questions and to ensure external validity in the study, the sample consisted of respondents from different social, economic, political and religious backgrounds

### **3.8.2 Reliability**

“Reliability refers to the accuracy or inaccuracy rate in the measurement device” (Basavanthappa, 2007). Reliability is therefore, the extent to which an instrument yields the same results on repeated measures. It is concerned with consistency, accuracy, precision, stability, equivalency and homogeneity. Reliability includes the stability of measure, internal consistency and conformability of neutrality.

#### **3.8.2.1 Stability of a Measure**

Stability of a measure refers to the extent to which the same results are obtained on repeated administration of the instrument (Burns and Groove, 2009). It is usually referred to as test-retest reliability. The estimation of reliability focuses on the instrument’s susceptibility to extraneous factors from one administration to the next. Assessments of the stability of a measuring tool are derived through procedures that evaluate test-retest reliability. Therefore, the same tool was used on a sample of individuals in a pilot study before conducting the main study. The pilot study was conducted objectively. The instrument obtained similar results in both the pilot study and the main study.

#### **3.8.2.2 Internal Consistency Homogeneity**

In terms of reliability of an instrument, homogeneity is defined as “the degree to which the sub parts are internally consistent, or are measuring the same critical attribute” (Burns and Groove, 2009). The questionnaire was prepared in such a way that it had sections with different questions measuring the same characteristics.

#### **3.8.2.3 Conformability of neutrality**

Conformability of neutrality was ensured. “Conformability is the extent to which the findings are a function of the respondents’ opinions and conditions of the research and not of any other biases”, (Burns & Groove, 2009). In this study conformability reflected on the responses as stated by the respondents themselves without influence and opinions because the questions were read as they were on the questionnaire.

The results from the pilot study were used as base line data to test reliability. The same questionnaire was used throughout the study and biases were eliminated because same questions were asked to all the respondents. Amendments to the instruments were made and this helped in eliminating biases and minimized errors during data collection. Reliability was upheld in this study by ensuring a good interpretation of the questions so that the respondents could have a clear understanding.

### **3.9 PILOT STUDY**

Pilot study is defined as a smaller version of a proposed study conducted to define the methodology (Basavanthappa, 2007). A pilot study was done at Kalulushi Government Clinic whose subjects had similar characteristics as the population in which the actual study was conducted. Simple random sampling which is a probability sampling technique was used to select respondents for the pilot study where there were men who were attending Anti-retro viral therapy clinic. Fishbowl technique without replacement was used. Selection of the subjects was done by using lottery method. A numbered list of all units in the study population (eligible subjects) was made. Numbers were cut, folded and put in a box, and then the box was shaken vigorously. After that, a slip was drawn and the number was noted, this was put back in the box. The same procedure was repeated until ten slips were drawn. The main reasons for conducting the pilot study was to detect any errors in the interview schedule for the main study, assess the appropriateness and clarity of the questions and test the feasibility, validity, and reliability of the questionnaire. It provided for rephrasing some questions which were unclear to the respondents

### **3.10 ETHICAL AND CULTURAL CONSIDERATIONS**

Ethics is defined as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants (Polit and Beck, 2006). Ethical considerations involve an understanding of the ethical codes and guidelines for protecting the rights of the research participants (Basavanthappa, 2007). A research should have deep concern for human welfare and sensitivity for the rights of research participants. When a research is conducted on human

beings as subjects, great care is exercised to ensure that their rights are protected. The ethical principles include; respect for persons (autonomy- self determination), beneficence and non-maleficence, justice, confidentiality and anonymity.

### **3.10.1 Right to self –determination**

This is the right to decide to take part in the study or not. None of the respondents will be forced to be part of the study. A written consent is obtained. Those who decide to participate have the right to withdraw from the study at any time without any penalty. The respondents have the right of choice.

### **3.10.2 Beneficence**

This means doing good and avoiding harm to the participants. It involves protecting the participants from discomfort and physical, emotional, spiritual, economical and social harm. This was upheld by ensuring that respondents were interviewed in their own appropriate time. No abusive or offensive language was used to prevent emotional harm.

### **3.10.3 Permission**

Before conducting this study, written permission was obtained from the University of Zambia - Nursing Sciences Department, District Health Office – Kalulushi, Kalulushi Government clinic and KTSC. This was to uphold the ethical consideration before any research can be undertaken. It is also important to get permission from the participants because their privacy is being invaded during the collection of data for the research.

### **3.10.3 Confidentiality**

Confidentiality is one of the most important aspects in research. This is so because a lot of important information is collected from the respondents. This includes invading their private lives, so participants need to be assured of confidentiality. An explanation was done to the participants to assure them of confidentiality, unless the information was required for legal purposes or by authorities.

#### 3.10.4 **Consent**

Consent is very vital in research. It acts as a legal agreement between the researcher and the respondent. It is important to obtain consent from the respondents because it serves as authority to interview the respondents. However, the consent does not mean the respondent has lost their rights. Respondents participate freely in the study when they know that their rights and freedoms are respected.

## **CHAPTER FOUR**

### **4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS**

#### **4.1 DATA ANALYSIS**

Data analysis is the systematic organisation and synthesis of research data, and the testing of research hypothesis using those data (Polit and Beck, 2005). Both qualitative and quantitative data were analysed.

##### **4.1.1 Quantitative Data**

The analysis was done manually using the data master sheet which was categorized into Demographic data, data on knowledge and men participation in ANC and closed ended questions were used. The interview schedules were given serial numbers from 1 – 50. After collecting the data, it was edited, verified, checked for completeness, accuracy, uniformity, consistency and coded. This was done so while at the Health Centre and kept safely in the envelope to also maintain confidentiality. Data was then entered on the data master sheet for manual analysis with the help of the scientific calculator.

##### **4.1.2 Qualitative Data**

Qualitative data is the information collected in the course of study that is narrative (Polit and Beck, 2008). In this study, there were two open ended questions (17 & 18) under the variable 'Men participation in ANC,' where respondents were required to give suggestions on how health workers could improve on reception of men at ANC clinic and suggestions to encourage men to attend ANC with their partners such as Nurses greeting men on arrival at ANC. Content analysis was used where similar responses were grouped together and were coded. Under suggestions on how health workers could improve on reception of men at ANC clinic, respondents reported that men needed to be greeted, allowed into the ANC room and given seats, and this accounted for forty three respondents. The second category was where respondents gave suggestions that provision of magazines on ANC and watching television on ANC activities would improve reception of men at ANC, and this accounted



for seven respondents. Consequently, under the suggestions to encourage men to attend ANC (question 18), responses were grouped into three categories. The first category was creation of awareness on the importance of men attending ANC through sensitisation and this accounted for twenty seven respondents. The second category was that men needed to find time from their busy schedules to participate in ANC and this accounted for eight respondents. The third category alluded to the point that space at ANC clinic was inadequate to accommodate couples and this was represented by fifteen respondents.

#### **4.2 PRESENTATION OF FINDINGS**

Presentation of findings involves display of the results of the data collected (Polit and Beck, 2008). The findings of the study are presented using seven (7) frequency tables, two (2) pie charts and fifteen (15) cross tabulations. Frequency tables give summary of the study results thus ensures understanding of the findings by the reader. Pie charts are used for easy interpretation of findings by the reader and cross tabulations help to show relationships among variables. Cross tabulations help the reader to draw meaningful inferences. Findings in this study are presented in five sections; Section A: Demographic data, Section B: Knowledge of men participation in ANC, Section C: Participation of men in ANC, Section D: Relationship between knowledge and participation of men in ANC. Section E: Barriers to non participation of men in ANC and Section F: Suggestions to improve participation of men in ANC.

#### 4.2.1 DEMOGRAPHIC DATA

The following variables were chosen in this section; age, marital status, education, religious denomination, tribe, number of children and occupation. These were chosen because they were thought to have influence on knowledge in relation to male participation in ANC.

Table 4.1. Socio-demographic characteristics of the sample (N=50)

VARIABLE	FREQUENCY	PERCENTAGE %
<b>AGE</b>		
27 – 28	7	14
29 – 35	20	40
36 - 42	15	30
43 – 49	8	16
<b>Total</b>	<b>50</b>	<b>100</b>
<b>MARITAL STATUS</b>		
Never married	3	6
Married	41	82
Divorced	5	10
Widowed	1	2
Separated	0	0
<b>Total</b>	<b>50</b>	<b>100</b>
<b>EDUCATION</b>		
None	0	0
Primary	7	14
Secondary	36	72
Tertiary	7	14
<b>Total</b>	<b>50</b>	<b>100</b>
<b>DENOMINATION</b>		
None	0	0
Catholic	19	38
SDA	11	22
Zion	0	0
UCZ	8	16
PAOG	7	14
Jehovah's witnesses	5	10
<b>Total</b>	<b>50</b>	<b>100</b>

Table 4.1 continues on next page

Table 4.1 continues

VARIABLE	FREQUENCY	PERCENTAGE %
<b>TRIBE</b>		
Bemba	19	38
Lamba	13	26
Mambwe	5	10
Toka-leya	7	14
Tumbuka	5	10
Nsenga	1	12
<b>Total</b>	<b>50</b>	<b>100</b>
<b>NUMBER OF CHILDREN</b>		
None	0	0
1 – 4	41	82
5 – 8	9	18
Above 8	0	0
<b>Total</b>	<b>50</b>	<b>100</b>
<b>OCUPATION</b>		
Not employed	4	8
Self employed	25	50
Employed	21	42
<b>Total</b>	<b>50</b>	<b>100</b>

Data presented shows that 20(40%) of the respondents were aged between 29 – 35 years and 41 (82%) were married. Most of the respondents 36 (72%) had attained the secondary level of education. More than a quarter of the respondents 19(38%) were Catholics and 19 (38%) were Bemba. 41 (82%) had 1 – 4 children while 25 (50%) were self employed.

#### 4.2.2 SECTION B: KNOWLEDGE ON MEN PARTICIPATION IN ANC

Data on knowledge was presented under the following; ways of support, types of support, activities at ANC and level of knowledge on men participation in ANC.

Table 4.2. Knowledge on the ways of men support towards their partners during pregnancy

(N=50)

<b>KNOWLEDGE ON MEN PARTICIPATION IN ANC</b>	<b>FREQUENCY</b>	<b>PERCENTAGE %</b>
Men buying baby clothes and other requirements	24	48
Men escorting partners for ANC	6	12
Men providing transport for partner to go for ANC	16	32
Men participating actively in ANC lessons	4	8
<b>Total</b>	<b>50</b>	<b>100</b>

Almost half of the respondents 24 (48%) indicated that buying baby clothes and other requirements is men support, while 6 (12%) pointed out that escorting partners for ANC was men support. 16 (32%) indicated that men support is providing transport for partners to go for ANC and 4 (eight percent) indicated that men participating actively in ANC lessons is men support.

**Table 4.3. Knowledge of men on the type of support given to their partners during pregnancy (N=50)**

<b>TYPE OF MEN SUPPORT</b>	<b>FREQUENCY</b>	<b>PERCENTAGE %</b>
Physical support such as bathing partner	14	28
Emotional support such as being with the partner most of the times at home	6	12
Social support such as providing essential food stuff during pregnancy	30	60
<b>Total</b>	<b>50</b>	<b>100</b>

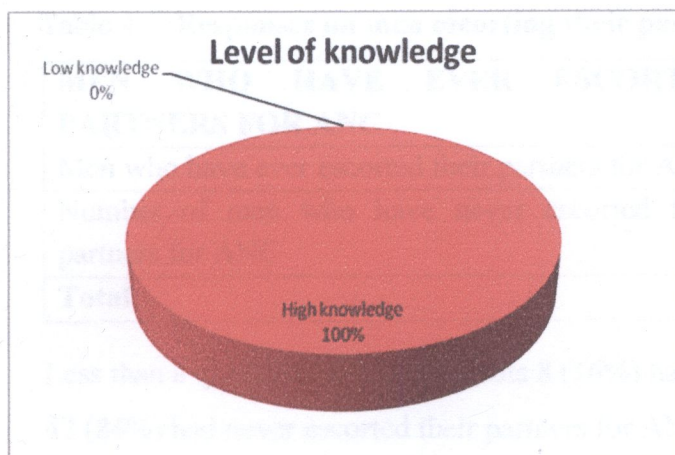
Table 4.3 shows that 30 (60%) respondents pointed out that the type of support that men can give social support such as providing essential food stuff during pregnancy while 6 (12%) pointed out that men can give emotional support such as being with the partner most of the times at home.

**Table 4.4. Knowledge on activities that men can participate in at ANC (N=50)**

<b>ACTIVITIES MEN PARTICIPATE IN AT ANC</b>	<b>FREQUENCY</b>	<b>PERCENTAGE %</b>
Attending ANC lessons	6	12
Taking an HIV test in PMTCT	25	50
Attending couple counseling sessions	15	30
Witnessing physical examination on their partners	4	8
<b>Total</b>	<b>50</b>	<b>100</b>

Less than a quarter of the respondents 6(12%) knew that attending ANC lessons was the activity that men can be involved in at ANC. Half of the respondents 25 (50%) knew that taking an HIV test in Prevention of Mother to Child Transmission of HIV at (PMTCT) was the activity to participate in while 15 (30%) knew that the activity men could participate in is attending couple counseling sessions. 4 (8 percent) indicated that the activities that men can participate in, is witnessing physical examination on their partners.

Figure 4.1. Level of knowledge on men participation in ANC



50 (100%) of the respondents had high knowledge on men participation in ANC.

#### 4.2.3 SECTION C: MEN PARTICIPATION IN ANC

The following variables were chosen in this section; Reasons why men don't attend ANC, responses on men escorting their partners for ANC, frequency of men escorting their partners for ANC, responses on men's waiting time at ANC and how men are supposed to be received at ANC. the overall participation was 8 (16%). Eight cross tabulations will be shown later in tables.

Table 4.5. Reasons why some men don't attend ANC (N=50)

REASONS WHY MEN DON'T ATTEND ANC	FREQUENCY	PERCENTAGE %
Men don't know they are supposed to attend	16	32
Men have busy schedules	7	14
Traditional beliefs do not allow attending ANC	10	20
Space at ANC clinic is inadequate	14	28
Married men avoid attending ANC with girl friends to avoid marital problems	3	6
<b>Total</b>	<b>50</b>	<b>100</b>

More than a quarter of the respondents 16 (32%) stated that men don't attend ANC because they do not know that they are supposed to attend while few 3 (six percent) indicated that failure of married men to attend ANC was because their partners were girl friends and they would want to

avoid marital problems.

Table 4.6. Responses on men escorting their partners for ANC (N=50)

MEN WHO HAVE EVER ESCORTED PARTNERS FOR ANC	FREQUENCY	PERCENTAGE %
Men who have ever escorted their partners for ANC	8	16
Number of men who have never escorted their partners for ANC	42	84
<b>Total</b>	<b>50</b>	<b>100</b>

Less than a quarter of the respondents 8 (16%) had escorted their partners before for ANC while 42 (84%) had never escorted their partners for ANC

Figure 4.2 : Distribution of times of men escorting their partners for ANC (N=8)

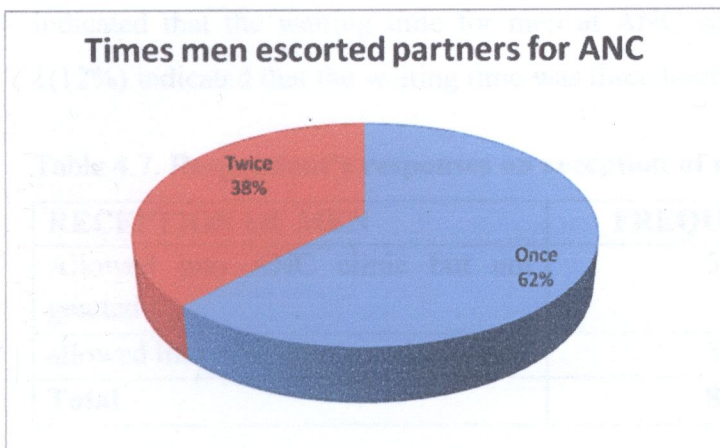


Figure 4.2 shows the times that men escorted their partners during pregnancy. Out of the eight respondents who escorted their partners for ANC, 5 (62%) escorted their partners only once and 3 (38%) escorted their partners twice.

Figure 4. 3: Distribution of the responses on men's waiting time at ANC (N=8)

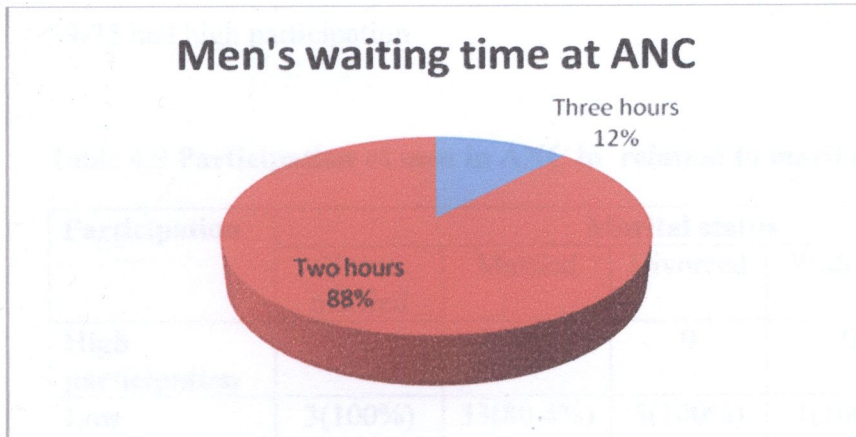


Figure 4. 3 shows the men's waiting time at ANC. Out of the eight respondents, 7 (88%) indicated that the waiting time for men at ANC was two hours while only one respondent (12%) indicated that the waiting time was three hours.

Table 4.7. Respondent's responses on reception of men at ANC (N=8)

RECEPTION OF MEN	FREQUENCY	PERCENTAGE %
Allowed into ANC clinic but not greeted	3	38
allowed into ANC clinic and greeted	5	62
<b>Total</b>	<b>8</b>	<b>100</b>

Table 4.7 shows that 5 (62%) reported that the reception of men at ANC by health workers was good in that they were allowed into the ANC clinic though not greeted while 3 (38%) said that the reception of men at ANC was fair because they were allowed into the ANC clinic, greeted and given seats.

Table 4.8 Participation of men in ANC in relation to age (n=50)

Participation	Age				Total
	22 - 28	29 - 35	36 - 42	43 - 49	
High participation	0	5 (25%)	2(13.3%)	1(12.5%)	8(16%)
Low participation	7 (100%)	15(75%)	13(86.7%)	7(87.5%)	42(84%)
<b>Total</b>	<b>7 (100%)</b>	<b>20(100%)</b>	<b>15(100)</b>	<b>8(100)</b>	<b>50(100%)</b>



None of the respondents aged 22 -28 years old had high participation while 25% of those aged 29-35 had high participation

**Table 4.9 Participation of men in ANC in relation to marital status (n=50)**

Participation	Marital status					Total
	Never married	Married	Divorced	Widowed	Separated	
<b>High participation</b>	0	8(19.5)	0	0	0	8(16%)
<b>Low participation</b>	3(100%)	33(80.4%)	5(100%)	1(100%)	0	42(84%)
<b>Total</b>	<b>3(100%)</b>	<b>41(100%)</b>	<b>5(100%)</b>	<b>1(100%)</b>	<b>0</b>	<b>50(100%)</b>

None of the single respondents (never married, divorced, widowed and separated) had high participation in ANC while 19% of the married had high participation

**Table 4.10. Participation of men in ANC in relation to level of education (n=50)**

Participation	Education level				Total
	Not educated	Primary	Secondary	Tertiary	
<b>High participation</b>	0	0	7(19.4%)	1(14.3%)	8(16%)
<b>Low participation</b>	0	7(100%)	29(80.6%)	6(85.7%)	42(84%)
<b>Total</b>	<b>0</b>	<b>7(100%)</b>	<b>36(100%)</b>	<b>7(100%)</b>	<b>50(100%)</b>

None of the respondents who were not educated and the ones who attained the primary level of education had high participation in ANC while 19.4% of the ones who attained secondary level of education had high participation.

Table 4.11. Participation of men in ANC in relation to denomination (n=50)

Participation	Denomination						Total
	Catholic	SDA	Zion	UCZ	PAOG	Jehovah's Witnesses	
High participation	2(10.5%)	2(18.2%)	0	2(25%)	0	1(20%)	7(14%)
Low participation	17(89.5%)	9(81.8%)	0	6(75%)	7(100%)	4(80%)	43(86%)
Total	19(100%)	11(100%)	0	8(100%)	7(100%)	5(100%)	50(100%)

None of the respondents who belonged to Zion and PAOG churches had high participation while 25% who belonged to UCZ church had high participation.

Table 4.12. Participation of men in ANC in relation to tribe (n=50)

Participation	Tribe						Total
	Bemba	Lamba	Mambwe	Toka leya	Tumbuka	Nsenga	
High participation	3(15.8%)	2(15.4%)	1(20%)	2(28.6%)	0	0	8(16%)
Low participation	16(84.2%)	11(84.6%)	4(80%)	5(71.4%)	5(100%)	1(100%)	42(84%)
Total	19(100%)	13(100%)	5(100%)	7(100%)	5(100%)	1(100%)	50(100%)

None of the respondents who were Tumbuka and Nsenga by tribe had high participation in ANC while 28.6% respondents who were Toka leya had high participation.

Table 4.13. Participation of men in ANC in relation to the number of children (n=50)

Participation	Number of children				Total
	No child	1 - 4	5 - 8	Above 8	
High participation	0	7(17.1%)	1(11.1%)	0	8(16%)
Low participation	0	34(82.9%)	8(88.9%)	0	42(84%)
Total	0	41(100%)	9(100%)	0	5(100%)

None of the respondents who had no children and the ones who had eight children and above had high participation in ANC while 17.1% of the respondents who had 1 – 4 children had high participation.

**Table 4.14. Participation of men in ANC in relation to occupation (n=50)**

Participation	Occupation			Total
	Not employed	Self employed	Employed	
<b>High participation</b>	0	5(20%)	3(14.3%)	8(16%)
<b>Low participation</b>	4(100%)	20(80%)	18(85.7%)	42(84%)
<b>Total</b>	<b>4(100%)</b>	<b>25(100%)</b>	<b>21(100%)</b>	<b>50(100%)</b>

None of the respondents who were not employed had high participation in ANC while 20% of the ones who were self employed had high participation.

#### 2.2.4 SECTION D: RELATIONSHIP BETWEEN KNOWLEDGE AND PARTICIPATION

Section D shows the relationship between knowledge and participation of men in ANC. This is so because knowledge is thought to have influence on men participation in ANC.

**Table 4.15. Knowledge in relation to participation of men in ANC (n=50)**

KNOWLEDGE	PARTICIPATION IN ANC		
	High participation	Low participation	Total
<b>High knowledge</b>	8 (16%)	42 (84%)	50 (100%)
<b>Low knowledge</b>	0	0	0
<b>Total</b>	<b>8 (16%)</b>	<b>42 (84%)</b>	<b>50 (100%)</b>

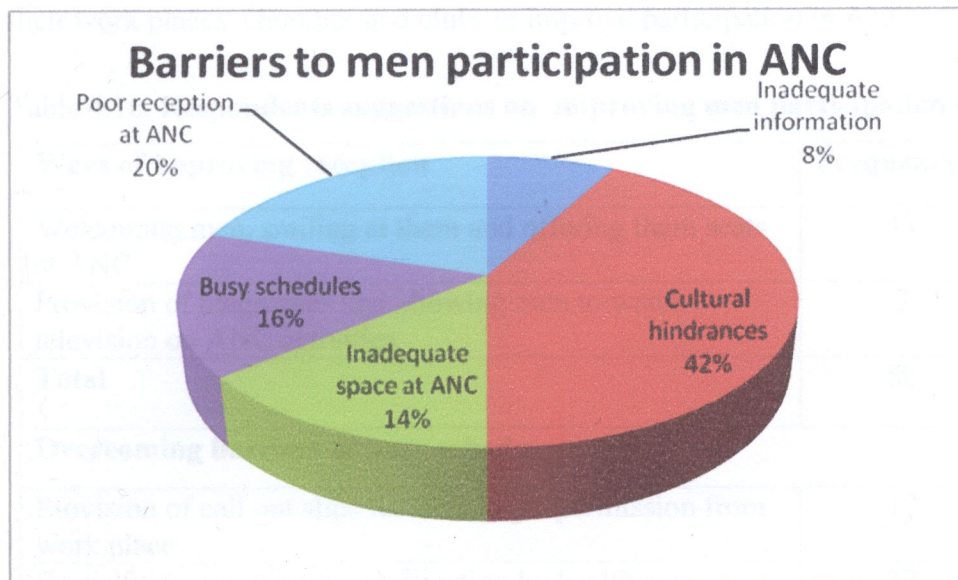
All the respondents (100%) had high knowledge on men participation in ANC. 84% had low participation while 16% had high participation at ANC.

#### 4.2.5. SECTION E: BARRIERS TO NON PARTICIPATION OF MEN IN ANC

Following the views of respondents, qualitative data analysis was applied to the findings in section E. In this study, there were two open ended questions (17 & 18) where respondents were expected to mention the barriers to non participation of men in ANC and give suggestions on how to improve men participation in ANC. Content analysis was used where similar responses were grouped together and were coded. Barriers that were mentioned by respondents were; poor reception of clients at ANC by health care providers and this accounted for ten (10) respondents. The second barrier was busy schedules by men which accounted for eight (8) respondents. The third one was

inadequate space at ANC clinic to accommodate women and their spouses for ANC activities. This accounted for seven (7) respondents. The fourth one was inadequate information about the importance of men participation at ANC which accounted for four (4) respondents and the fifth one was cultural hindrances which accounted for twenty one (21) respondents.

Figure 4.4 **Distribution of Barriers to non participation of men in ANC (n=50)**



Slightly less than half of the respondents (42%) pointed out cultural hindrances to be the cause of non participation of men in ANC while four percent indicated inadequate space as the barrier to men participation in ANC.

#### 4.2.6 SECTION F: SUGGESTIONS ON IMPROVEMENT OF MEN PARTICIPATION IN ANC (N=50)

This section presents the suggestions that were made by the respondents on the ways of improving men participation in ANC. This was done under qualitative question number eighteen (18). Forty three (43) Respondents suggested that men needed to be welcomed, smiled at and given seats into the ANC room. The second category was where respondents gave suggestions that provision of magazines and watching television on ANC activities would improve reception of men at ANC, and this accounted for seven (7) respondents. Under busy schedule as a barrier, twenty seven (27) respondents suggested that men should plan their schedules to attend ANC activities. Health care

providers need to intensify community sensitisation on the importance of men participation in ANC. Seventeen (17) respondents suggested that women needed to be given call out slips for their spouses to get permission from the place of work and six (6) of them suggested that men needed to plan and find time to attend ANC. Under inadequate space at ANC, seven (7) respondents suggested that the space needed to be increased through renovations to accommodate women and their spouses for ANC activities and 43 respondents suggested giving health education to men in their work places, churches and clubs to improve participation in ANC.

**Table 4.16. Respondents suggestions on improving men participation in ANC (n=50)**

<b>Ways of improving reception</b>	<b>Frequency</b>	<b>Percentage</b>
Welcoming men, smiling at them and offering them seats at ANC	43	86%
Provision of magazines and allowing men to watch television on ANC activities	7	14%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b>Overcoming barriers of busy schedule</b>		
Provision of call out slips for men to get permission from work place	17	34%
Intensifying community sensitization by health care providers	27	54%
Men should plan and find time to attend ANC	6	12%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b>Overcoming barriers of inadequate space at ANC and cultural hindrances</b>		
Increasing space through renovations	7	14%
Health education at men's work places and churches and clubs	43	86%
<b>Total</b>	<b>50</b>	<b>100%</b>

More than three quarters of the respondents (86%) suggested that welcoming men, smiling at them and offering them seats at ANC and also giving health education at men's work places and churches and clubs could improve men participation in ANC while 12% suggested that men should plan and find time to attend ANC as a remedy to improving men participation in ANC.

## CHAPTER FIVE

### 5.0 DISCUSSION OF FINDINGS AND IMPLICATIONS FOR THE HEALTH CARE SYSTEM.

#### 5.1 CHARACTERISTICS OF THE SAMPLE

This section discusses the characteristics of the sample that were included in the study. The study included fifty men aged between 20 - 49 years old, the mean age was 36 (**table 4.1**). The results in this study are in contrast with the ones in ZDHS (2007) where the age range was in the range of 15 - 49 years. The contrast could be due to the large sample in the ZDHS report. Majority of the respondents (41, 82%) were married. This is contrary to ZDHS (2007) in which 52% of men in this age group are married, ten percent of the respondents were divorced. This finding is in contrast with the ZDHS finding where 4% of men aged 20 – 49 are divorced.

The study also revealed that 36 (72%) of the respondents had reached secondary level of education (**table 4.1**). This is in contrast with ZDHS (2007) findings where 42% of the men had secondary level of education. 7 (14%) of them had attained primary level of education. This is in contrast with the ZDHS (2007) findings in which 46% of the men attained primary level of education. The respondents who had tertiary level of education in this study were 7 (14%) which is in contrast with the findings of ZDHS report in which men who attained tertiary level of education were 96%. It was noted that all of the respondents were Christians and most of them were catholic 19 (38%) (**table 4.1**). The findings of the study are in contrast with the ZDHS (2007) report where most of the men (75%) were Christians and protestant by denomination with a small percentage of Muslims (0.5%).

Majority of the respondents 19 (38%) were Bemba and this could be because Bemba is the language which is mostly used in Kalulushi in spite of it being a Lamba land (**table 4.1**).

More than three quarters of the respondents 41 (82%) had 1 – 4 children, (**table 4.1**). According to ZDHS (2007), it was reported that the average number of living children for men and women aged 15 – 49 years was five. Half of the respondents 25 (50%) were self

employed and 21 (42%) were employed (**table 4.1**) This is in contrast with ZDHS in which 76 % of the men were in employment. Few respondents 4 (eight percent) were not employed.

### 5.2.1 KNOWLEDGE OF MEN PARTICIPATION IN ANC

This section discusses the knowledge on men participation in ANC. Knowledge is defined as a state of knowing about a particular fact or situation (Mayor, 2006). It is important for an individual to be well equipped with knowledge about the activity that is expected to be performed before participating in it.

Knowledge on birth preparedness in this study also included buying clothes for the mother and baby. The results of the study revealed that 24 (48%) of the respondents had learnt that buying baby clothes and other requirements was the form of support that men could give to their partners during pregnancy. This is in line with the study conducted on married respondents by Iliyasu et al, (2007) in Ungogo Community in Northern Nigeria. The study revealed that more than three quarters of the respondents (77.1%) provided money for transport to go to the health facility for ANC, delivery and medication for the partner according to the knowledge that they acquired.

The respondents were asked to state if male participation in ANC health education was a form of support to their partners. Only 4 (eight percent) of the respondents knew that men participating actively in ANC health education was a form of support that could be given to their partners in ANC (**table 4.2**). This is in line with the finding of the study conducted by Becker et al (2004) in Katmandu Nepal in which men who were knowledgeable and actively participated in health education done at the ANC of their partners.

More than half of the respondents 30 (60%) stated that men should give social support such as providing essential food stuff during pregnancy to avoid maternal complications such as maternal malnutrition and intra-uterine growth retardation. (**table 4.3**). Giving social support such as providing adequate complementary feeding; adequate diets for women, and avoiding food taboos during and after pregnancy, prevent malnutrition and growth retardation, (WHO/UNICEF, 2006). The respondents knew that anemia is prevented especially where

provision of food which is rich in iron is concerned. This is in line with the contents of the document called *Sociable Robot Systems for Real-World Problems* which was prepared by Kidd and Breazeal (2005). This document involves social interactions in order to satisfy the goal and motivation of an individual. The social support encompasses the feeling of caring, loving and belonging for a pregnant woman.

Few respondents 6 (12%) knew that it was important to give emotional support such as being with the partner most of the times at home (**table 4.3**). However, respondents mostly favoured support such as providing essential food stuff during pregnancy because most of the men knew that they are supposed to spend more time looking for resources such as finances and food for the family other than spending more time at home with their partners. This is contrary to the study carried out by Locock et al (2006), where men and women believed that managing the pregnancy was the sole responsibility of the woman, and this belief was reinforced by men's perception on who has the sole responsibility of the pregnant woman.

Half of the respondents 25 (50%) portrayed more knowledge on taking an HIV test in PMTCT as activities that men can participate in at ANC than just witnessing physical examination on their partners. This is because men feel it is more important to take part in prevention of transmission of HIV to the unborn baby as they would take precautions if they know their positive HIV status. This is in line with a study conducted by Katzi et al (2009), at a Nairobi clinic in Kenya, in which 87% of men who escorted their partners for ANC, knew the benefits of PMTCT and wanted to have an HIV test or health information with the reason of preventing mother to child transmission of HIV.

According to this study, participation of men in ANC was low, however the findings showed that the level of knowledge by respondents was 100%. This is because respondents were able to explain the important of men's participation in ANC. This is contrary to the study conducted by Sinkala et al (2003), in Mambwe District in Zambia which revealed that men who knew about PMTCT were more likely to participate in PMTCT/ ANC. This could be due to increased awareness on men participation in ANC through a variety of information dissemination media such as fliers, magazines church announcements and through the radio.



### 5.2.2. MEN PARTICIPATION IN ANC

This section discusses men participation in ANC. Participation of men in ANC was elicited from men between the ages of 20 – 49 years. This was done through questions in section B of the questionnaire (**Appendix 1**).

Figure 4.2 shows the times that men escorted their partners during pregnancy. Out of the eight respondents who escorted their partners for ANC, 5 (62%) escorted their partners only once and 3 (38 %) escorted their partners twice . The percentage of respondents was low on the second time of escorting the partners because of the long waiting time experienced during the first visit. **Figure 4.3** shows the men's waiting time at ANC. Out of the eight responses, 7 (88%) indicated that the waiting time for men at ANC was two hours while 1 (12%) indicated that the waiting time was three hours. The standard according to the Ministry of Health facility performance assessment tool, is one hour (MOH, 2006). So two hours for the majority 7 (88%) of the respondents which was as good as the minority 1 (12%) was long waiting time for the respondents and this could lead to low male participation in ANC. In the Zambian situation, long waiting times at ANC are attributed to inadequate staffing in MCH units .

According to the reception of men at ANC, 5 (62%) reported that the reception by health workers was good because they were allowed into the ANC clinic though not greeted while 3 (38%) stated that the reception at ANC was fair because they were allowed into the ANC clinic, greeted and given seats. The implication of the good reception would encourage men to participate in ANC. This is contrary to the study carried out in Mbale district in Uganda in which respondents indicated that Medical Personnel handling pregnant mothers were very rough especially when it involved examination of the abdomen (Tumwine et al, 2010).

The findings of this study show that none of the respondents aged 22 -28 years old had high participation while 25% of those aged 29 – 35 had high participation in ANC (**table 4.8**). The high participation of the respondents who were between 29 - 35 years could be due to the fact that most of the men in this age group would be married, actively involved in child

bearing and are likely to escort their partners for ANC. This is contrary to ZDHS (2007) where the percentage in the same age group was seven percent.

None of the single respondents (never married, divorced, widowed and separated) had high participation in ANC while 19% of the married respondents had high participation (**table 4.9**). The high participation of the married respondents could be due to the fact that their partners were more likely to fall pregnant and they would be escorted for ANC. The percentage of high participation in this study is contrary to the findings of the study conducted by MoH (2005) at Chembe Rural Health Centre in Mansa District Luapula Province Zambia which revealed 75% participation of men in ANC. This could be due to intensified community sensitization on the importance of men participation done by the Safe Motherhood Action Group (SMAG) in Chembe area.

None of the respondents who were not educated and those who attained the primary level of education, had high participation in ANC while 19.4% of the respondents who attained the secondary level of education had high participation (**table 4.10**). This could be attributed to the fact that the respondents who had reached the secondary level had better understanding and were more likely to participate in ANC than the ones who just attained the primary education or those who were not educated at all. This is in line with the results of the study which was carried out in Mbale district in Uganda (Byamugisha et al, 2010) which revealed that, on logistic regression, the respondents who had attained secondary education or higher were twice more knowledgeable and likely to have a high men participation index in ANC.

None of the respondents who had no child and those who had eight children and above had high participation in ANC while 17.1% of the respondents who had 1 – 4 children had high participation in ANC (**table 4.13**). The respondents who had children between 1 - 4 were more likely to participate in ANC because their partners were still in the active period of child bearing. This is consistent with the findings of the study conducted by Ekeus and Christenson (2003) in Sweden which revealed that the fewer number of children has some impact on encouragement men to participate in pregnancy and child birth care of their partners.

None of the respondents who were not employed had high participation in ANC while 20% of the ones who were self employed had high participation (**table 4.14**). Low level of participation by the respondents who were not employed could be attributed to socio-cultural factors such as inadequate funds to enable both the man and his partner to travel to the health centre for ANC. this is consistent with the study conducted by Byamugisha et al (2010) in Uganda which some respondents indicated that they did not have enough money for transport for them to travel to the clinic for ANC with their partners.

More than three quarters of the respondents 42 (84%) exhibited low participation in ANC while less than a quarter 8 (16%) had high participation (**4.15**). This could be due to the socio-cultural norms of Zambia where men are not expected to participate in antenatal care which is regarded as women's activities. On the contrary, a study conducted by Mullany et al (2004) at Prasuti Griha Maternity Hospital in Katmandu in Nepal revealed that 40% of the women who attended ANC were accompanied by their husbands. The disparity could be as a result of the women communicating with their partners on the importance of men participation in ANC.

The overall participation of men in ANC was 8 (16%). This could be due to poor attitudes by men because the findings in this study have shown that all (100%) of men had high knowledge levels. (**figure 4.1**)

The hypothesis that inadequate information or low knowledge on the importance of men participation in ANC negatively affects men participation in ANC is rejected because the results show that all respondents had high knowledge.

### **5.2.3 BARRIERS TO NON PARTICIPATION OF MEN IN ANC**

This section discusses barriers to non participation of men in ANC and it consists of information from chapter four.

Less than a quarter 7 (16%) of the respondents had busy schedules (**figure 4.4**). This could be because most of the people in Kalulushi Township Clinic catchment area run their small businesses and fear to make losses. This was in line with the findings of the study which was conducted by Tumwine et al (2010) in Eastern Uganda. In this study, the barrier of men's

busy schedules was pointed out in which the reasons given were that they needed to make ends meet in order to provide for their families.

Less than a quarter of the respondents 21 (42%) stated that men do not attend ANC because the traditional beliefs do not favour the practice. This could be attributed to cultural beliefs that ANC activities are for women and men are not supposed to participate. This is in line with the study carried out at Mbingo Baptist Hospital in Mbingo Village in Cameroun by Nkuoh et al (2004). This study revealed that men would not want to accompany their partners for ANC of cultural norms which regarded pregnancy as a women's affair.

Less than a quarter of the respondents 7 (14%) stated that the reason for failure of men to attend ANC was because of small space at ANC clinic. This is true because not all women are accommodated at once into the ANC room because of inadequate space and this is evidenced by observation. It is also in line with the study conducted by Becker et al (2009), in Katmandu in Nepal in which health care providers attributed obstacles of non participation of men in ANC to inadequate space and manpower.

Less than a quarter 10 (20%) of the respondents pointed out poor reception as a barrier to non participation of men in ANC. This could be because there are no enough benches at KTSC to offer all ANC clients. This is contrary to the study by Tumwine et al (2010) in Eastern Uganda which revealed that poor reception at ANC was due to the rudeness of Midwives.

Few respondents 3 (6%) could not participate in ANC because their pregnant partners were girl friends and they feared marital repercussions if they did so. This is in agreement with the findings of the study conducted in kwaZulu Natal in South Africa by Segurado and Paiva, (2007) which revealed that some men could not participate in ANC as a result of multiple partners and they would not want to be seen by others.

### **5.2.3 KNOWLEDGE OF MEN IN RELATION TO ANC PARTICIPATION**

This section discusses knowledge of men participation in ANC. Knowledge is one factor that contributes to the men's participation in ANC. The findings of the study shows that all the respondents 50 (100%) had high knowledge on the importance of men participation in ANC with the majority 42 (84%) having low participation and the minority 8 (16%) having high participation in ANC (**table 4.15**). The low participation of men in ANC was in line with the findings of the study conducted in Nairobi Kenya which revealed low male partner participation (15%) in antenatal VCT (Byamugisha et al, 2010)

### **5.3 IMPLICATIONS TO HEALTH CARE SYSTEM**

The study has shown that there is high knowledge on men participation in ANC but participation is low. Therefore, it is important that MOH and health care providers intensify sensitization on the importance of men participation in ANC.

#### **5.3.1 Practice**

According to the findings of this research study, 50 (100%) of the respondents had high knowledge on men participation at ANC. However it is important for the nursing staff and other health workers including the community based volunteers to intensify Information Education and Communication (IEC) to the community on men participation at ANC. This puts a challenge on health care providers to take up the responsibility to disseminate messages of men participation in ANC. This implies that there is need to revamp the Reproductive Health (RH) Male Motivators to assist in effective dissemination of health messages on men participation in ANC. This group of RH Motivators should be trained in order to competently encourage men to participate in ANC by men. Only 8 (16%) of the respondents had high participation while the majority 42 (84%) had low participation. This implies that outreach activities on community sensitisation is required to ensure that men get fully involved in antenatal care issues of women in conformity with ICPD which emphasized full male participation in ANC.

### **5.3.2 Nursing Administration**

Respondents gave various reasons why they could not participate in ANC, and these ranged from busy schedules, inadequate space at ANC clinic, long waiting time and not knowing that men should attend ANC. It is therefore important to deal with the challenges such as improving staffing to shorten the long waiting time in order to motivate clients to attend ANC. MCH unit should be renovated to increase space at ANC clinic and involve men by giving letters through their partners to get permission from their work places so that they can attend ANC

### **5.3.3 Nursing Education**

Health care providers should continue getting education on the importance of incorporating men in antenatal care through partners such as Zambia Prevention Care and Treatment of HIV (ZPCT), who are the District Partner in men participation in ANC. Nurses should also receive education on how to conduct outreach sessions on making men understand the importance of participating in ANC and they should also learn how to work with the Community Based Volunteers (CBAs) such as Peer Educators and Neighbourhood Health Committees (NHCs) in reaching all men in the community.

### **5.3.4 Research**

Involving men in ANC would contribute to the healthy outcomes of pregnancy and reduce maternal complications such as maternal malnutrition and anemia. Men need to be involved because they play an important role in decision making which would affect the health of the pregnant woman because they may delay in seeking ANC services. 42 (84%) of the respondents had low participation against only 8 (16%) who participated at ANC; hence the need to carry out a research at a wider scale and on the attitude towards participation of men in ANC since in this study, respondents exhibited high knowledge with low participation.

### **5.3.5 CONCLUSION**

The study sought to establish knowledge and participation of men in ANC in Kalulushi Township Clinic catchment area in Kalulushi District. Valuable information such as inadequate space at MCH unit was yielded which if used, could assist in improving men participation in ANC. The study showed that all the respondents 50 (100%) had high knowledge on the importance of men participation in ANC. However, in spite of high knowledge, only 8 (16%) had high participation in ANC and the majority 42 (84%) did not participate at all. 20 (40%) were aged between 29 - 35 years while 7 (14%) were aged between 43 - 49 years and 22 - 28 years. 41 (82%) were married and 36 (72%) of the respondents had reached the secondary level of education.

The findings of the study show that there is still need to sensitise men in order for them to understand the importance of participating in the care of their partners. Their education does not have much effect on their participation in ANC although the knowledge is high. Therefore, the need for more dissemination of information on the programme of men participation in ANC cannot be over emphasized. Furthermore, the other significant findings of the study were that, space at ANC clinic was not adequate to accommodate men and women at any given ANC session which was compounded by long waiting time. Therefore, if the 5<sup>th</sup> Millennium Development Goal which hinges on improving maternal health is to be achieved, such issues must be addressed.

### **5.4 RECOMMENDATIONS**

Men participation in the care of their partners during pregnancy is an important strategy in improving maternal health. In order to succeed in this programme, concerted efforts are required by all Co-operating Partners.

#### **5.4.1 To Ministry of Health**

Ministry of Health (MoH) should consider reviewing the Nurse's Establishment for Kalulushi Township Clinic and increase on the number of posting of Nurses and Midwives. This will make an improvement on men participation in ANC because it will reduce on the

long waiting time. MoH should also increase the District funding in order to enable the District to make an improvement to the existing infrastructure by increasing the space where ANC activities are carried out to make it conducive for men participation. MoH should also spear head the dissemination of messages through various media such as television, radio and printed media on the importance of male participation in ANC. Formulation of posters, brochures, pamphlets and magazines should be done by MoH and sent to the District in order for the District to distribute to the community as a way of disseminating information on the importance of men participation in ANC. Training of Nurses should also be initiated by MoH on what package to offer men when they participate in ANC.

#### **5.4.2 To Kalulushi DHMT**

DHMT should ensure dissemination of key messages to KTSC catchment area through the clinic by distributing posters, brochures and pamphlets on importance of men participation in ANC. Workshops should be held for clinic staff on how to incorporate the package of men participation in ANC. DHMT should also initiate community volunteers training on how to effectively involve men in ANC through the clinic staff. The District should also lobby for more funds from MoH and Partners to make renovations to the MCH unit at KTSC in order to increase space to accommodate men and women at ANC clinic and also provide adequate working space for staff. DHMT should also formulate a form to give to the women attending ANC for them to give their partners so that they can present to their employers to be granted permission to attend ANC. Provision of transport should be done to the clinic by DHMT for the staff to conduct information dissemination to schools and outreach areas. A monitoring check list should be formulated to go along side with the performance assessment tool to evaluate how well the information is being disseminated to the community. Finally, the DHMT should carry out a similar study in all Health Centres of the District in order to obtain more accurate information and be able to generalize the findings to the whole entire District.



### **5.4.3 To Kalulushi Township Clinic**

The clinic should allocate adequate staff to MCH unit in order to cut down on the long waiting time at ANC and this will encourage men participation. Distribution of posters, brochures, and pamphlets on key messages concerning importance of men participation should be done by the clinic staff to the community and community based volunteers. Dissemination of information should also be done during Health Centre Committee meetings (HCC) on men participation in ANC. The District Health Education Focal person, should facilitate dissemination of information also through drama performances in schools and community and also announcements in churches. Marriage counselors should also be given the key messages so that they incorporate men participation in ANC when teaching couples. The clinic in charge together with other staff should retrain the Male Reproductive Health Motivators in order for them to reach out to the men in the community and work places on the importance of their participation in ANC. Staff at ANC clinic should portray positive attitudes by welcoming people to the clinic with a smile and showing them where to go.

### **5.5 DISSEMINATION OF FINDINGS**

Dissemination of findings is a systematic plan of how the research findings will be communicated. The study findings will be disseminated by making copies of the study and giving a copy to each of the following; University of Zambia (UNZA) Department of Nursing Sciences, UNZA Medical Library, Ministry of Health, ZPCT, WHO and Society for Family Health (FSH). Dissemination of the findings will also be given in a form of a workshop at Kalulushi DHMT. This will also be given to the staff that are directly involved in caring for the pregnant women at the Clinic.

### **5.6 LIMITATIONS OF THE STUDY**

The limitation of the study was that the sample size (50) was too small to be representative of the whole population of Kalulushi Township Clinic catchment area. Time was also not adequate in which to collect data. Finances were also not adequate for printing. Random

sampling proved to be inappropriate during collection of data because men who came to the Clinic were not many at any given time, so purposive sampling was used.

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**THE UNIVERSITY OF ZAMBIA**  
**SCHOOL OF MEDICINE**  
**DEPARTMENT OF NURSING SCIENCES**

**APPENDIX I: INTERVIEW SCHEDULE**

**INTERVIEW SCHEDULE**

**TOPIC: KNOWLEDGE AND PARTICIPATION OF MEN IN ANTENATAL CARE  
AT KALULUSHI TOWNSHIP CLINIC IN KALULUSHI DISTRICT**

**SERIAL NUMBER:**

**NAME OF THE DISTRICT:**

\_\_\_\_\_

**NAME OF CLINIC:**

\_\_\_\_\_

**DATE OF INTERVIEW:**

\_\_\_\_\_

**INSTRUCTIONS**

1. Introduce yourself to the interviewee.
2. Explain the purpose of the interview.
3. Get written consent from the interviewee.
4. Assure the interviewee of confidentiality and anonymity.
5. Do not write the name of the respondent on the schedule to ensure anonymity.
6. Tick or write

**SECTION A**

**DEMOGRAPHIC DATA**

1. How old were you on your last birth day?

2. What is your marital status?

a. Never married

b. Married

c. Divorced

d. Widowed

e. Separated

3. What is your highest educational level?

a. None

b. Primary

c. Secondary

d. Tertiary

4. What is your religious denomination?

a. None

b. Catholic

c. Seventh Day Adventist

d. Zionists

e. Other (Specify) \_\_\_\_\_

5. What tribe are you?

a. Bemba

b. Lamba

c. Mambwe

d. Toka leya

e. Other (Specify) \_\_\_\_\_


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6. How many children do you have?

a. None

b. 1 - 4

c. 5 - 8

d. Above 8


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7. What is your occupation?

a. Not employed

b. Self employed

c. Employed


--

**SECTION B: KNOWLEDGE ON MALE PARTICIPATION IN ANC**

9. What do you understand by men support towards their partners during pregnancy?

(Tick the correct answer)

a. Men buying baby clothes and other requirements

b. Men escorting their partners

for ANC

c. Men providing money for

transport to their partners to go for ANC

d. Men actively participating in antenatal care

Lessons

10. What type of support can men give to their partners during pregnancy?

(Tick the correct answer)

a. Men can give physical support such as bathing the partner

b. Men can give emotional support such as being with his partner at

home most of the time.

c. Men can give social support such as providing essential food stuffs

for good nutrition

11. What activities do you think men can participate in at antenatal care

(Tick the correct answers)

a. Attending ANC lessons

b. Taking HIV test to Prevent Mother To

Child Transmission of HIV (PMTCT)

c. Attending couple counselling sessions

d. Witnessing physical examination done on their

partners by health workers

**SECTION C**

**MEN PARTICIPATION IN ANC**

12. Are men participating in ANC?

a. Yes

b. No

13. Why don't some men attend antenatal clinic? (Tick the correct answer)

a. They don't know that they are supposed to attend ANC clinic

b. They have a busy schedule

c. Traditional beliefs do not allow men to attend ANC clinic

d. The space at ANC clinic is too small to accommodate men and women

e. Married men would not want to attend ANC with a girl friend for  
fear of causing problems in a home

14. Have you ever escorted your partner for ANC?

a. Yes

b. No

15. If the answer to question 14 is yes, then how many times have you escorted  
your partner? (Tick the correct answer)

a. Once

b. Twice

c. Three times

15. If you have ever attended ANC clinic, how much time did you spend at your last visit?

(Tick the correct answer)

- a. 0 – 60 minutes
- b. 61 – 120 minutes
- c. 121 – 180 minutes
- d. 181 minutes and above


16. How well were you received by staff at ANC clinic?

- a. Poorly (not allowed into ANC clinic)
- b. Fairly (allowed into ANC clinic but not greeted)
- c. Good (allowed into ANC clinic and greeted)
- d. Very good (allowed into ANC clinic, greeted and  
Given seats)


17. What do you consider as barriers to non participation of men in ANC?

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18. What suggestions would you give to improve men participation in ANC?

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## APPENDIX II: INFORMATION SHEET

Dear participant,

My name is Idah N. Kasimbo. I am a 4<sup>th</sup> year student in the University of Zambia, School of Medicine where I am pursuing a Bachelor of Science Degree in Nursing in the Department of Nursing Sciences.

I am required to undertake a research project in partial fulfilment of the degree of BSc Nursing. **My study topic is knowledge and participation of men in ANC.** The main objective is to establish the men's views towards supporting their partners during pregnancy.

You have been selected to participate in this study and I would like to inform you that participation in this study is voluntary and you are free to withdraw at any time of the study if you so wish. You will be expected to answer questions about male participation in ANC. Any information you provide will be kept confidential and the name will not be written on the interview schedule. Neither monetary gain nor direct benefits will be obtained from this study. The information which you will give, will help with better understanding of low participation of men in supporting their spouses during pregnancy. It will further help Health Planners and other organisations to find strategies of promoting the programme of male participation in Reproductive Health.

For any questions, you are free to contact the following:

1. The Chairman  
Research Ethics Committee  
University of Zambia  
School of Medicine  
P.O.Box 50110  
**LUSAKA**



2. The Head of Department

University of Zambia

School of Medicine

Department of Nursing Sciences

P.O. Box 50110

Tel no. 252641

**LUSAKA**

Tel no. 252641

3. Idah N. Kasimbo

University of Zambia

School of Medicine

Department of Nursing Sciences

**LUSAKA**

**APPENDIX III: CONSENT FORM**

I..... hereby called the participant understands the guidelines of this study and I am willing/ not willing to take part in it.

Dated .....day of .....2010.

Signature/thumb print of respondent.....

Signature of interviewer.....Date.....

Witness.....Date.....

## APPENDIX IV

### RESEARCH WORK SCHEDULE

TASK TO BE PERFORMED	RESPONSIBLE PERSON	DATES	DAYS ASSIGNED
Literature review	Continuous	Continuous	Continuous
Development and finalisation of research proposal	Researcher	10 <sup>th</sup> June to 28 <sup>th</sup> September 2010	78
Clearance from school	Researcher	11 <sup>th</sup> October 2010	1 day
Pilot study	Researcher	14 <sup>th</sup> to 15 <sup>th</sup> October 2010	2 days
Amendments to the data collection tool	Researcher	18 <sup>th</sup> to 19 <sup>th</sup> October	2 days
Data collection (actual study)	Researcher	20 <sup>th</sup> October to 8 <sup>th</sup> November 2010	15 days
Data analysis	Researcher	15 <sup>th</sup> November 2010 to 31 <sup>st</sup> January 2011	56 days
Report writing	Researcher	31 <sup>st</sup> January to 28 <sup>th</sup> February 2010	20 days
Submission of draft research report to DNS	Researcher	28 <sup>th</sup> February to 15 <sup>th</sup> March 2011	10 days
Submission of report	Researcher	15 <sup>th</sup> to 29 <sup>th</sup> March 2011	16 days
Dissemination of research findings	Researcher	06 <sup>th</sup> April 2011	6 days
Monitoring research project	Continuous	❖ Continuous	Continuous

# APPENDIX V: GANTT CHART

MONTHS	JUNE				JULY				AUG				SEPT				OCT				NOV				DEC				JAN				FEB				MAR				APR																																																			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4																																																
No. of weeks per month	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4																																								
Task to be performed	Person responsible																																																																																											
Literature review	Researcher																																																																																											
Development proposal	Researcher																																																																																											
Clearance from school	Researcher																																																																																											
Pilot study	Researcher																																																																																											
Amendments to the data collection tool	Researcher																																																																																											
Data collection	Researcher																																																																																											
Data analysis	Researcher																																																																																											
Report writing	Researcher																																																																																											
Submission of draft research report to DNS	Researcher																																																																																											
Submission of report	Researcher																																																																																											
Dissemination of findings	Researcher																																																																																											
Monitoring research project	Continuous																																																																																											

## APPENDIX VI: BUDGET

SER. No.	ITEM DESCRIPTION	UNIT COST	QUANTITY	TOTAL COST
1	<b>Stationery Requirements</b>	35,000.00	3	105,000.00
	Reams of Typing Paper	1,500.00	10	15,000.00
	Pens	75,000.00	1	75,000.00
	Scientific Calculator	30,000.00	1	30,000.00
	Stapler	10,000.00	1 box	10,000.00
	Staple Wires	1,500.00	5	7,500.00
	Filing Clips	1,500.00	5	7,500.00
	Folders	25,000.00	1 box	25,000.00
	Markers	5,000.00	2	10,000.00
	Note Books	30,000.00	2	60,000.00
	Research Bags			
		<b>SUB-TOTAL</b>		
2	<b>Field work and Travel Expenses</b>	50,000.00	19 days	950,000.00
	Transport	50,000.00	19 days	950,000.00
	Meal Allowance	50,000.00	5days	250,000.00
	Meal allowance for research assistant			
	<b>SUB-TOTAL</b>			<b>2,950,000.00</b>
3	<b>Secretarial Services</b>	300x5000	300 pages	1,500,000.00
	Typing Questionnaires, Interview Schedules and Photocopying	3,500.00	10 pages	35,000.00
	Research Proposal Typing	3,500.00	120 pages x	2,252,000.00
	Report Typing & photocopying	100,000.00	6 copies	600,000.00
	Binding the Report			
	<b>SUB-TOTAL</b>			<b>4,387,000.00</b>

	<b>DISSEMINATION WORKSHOP</b>	250,000.00	1	250,000.00
	Venue hire	150,000.00	1	150,000.00
	LCD hire	10,000.00	20	200,000.00
	Refreshments			
	<b>SUB-TOTAL</b>			<b>600,000.00</b>
	<b>TOTAL FOR ALL ACTIVITIES</b>	-	-	<b>7,482,000.00</b>
4	Total Contingency (10%)			<b>748,200.00</b>
	<b>GRAND TOTAL</b>			<b>8,230,200.00</b>

## BUDGET JUSTIFICATION

Funds for administrative, operational and secretarial services will be required in order to successfully and professionally conduct the study as shown below.

### Stationary

During the study the above listed stationary will be required for collection of data, documentation, ensure security and promote confidentiality. Interview schedules and informed consent forms will be prepared using the same stationary. Note books will be needed for record keeping during data collection and analysis. The scientific calculator will be used for data analysis while the bag will be used for easy carrying of interview schedules and other necessary items during data collection.

### Personnel

The study site is located away from the usual residence of the researcher and it requires booking a taxi to and from the study setting. Consequently, lunch allowance will be needed for the days a pilot study will be done and for the whole entire period of data collection which makes up 19 days. This budget will include the expenses for the Research Assistant as well. The Assistant

will be trained in order that he knows what is to be done to reduce on mistakes which may lead to wasting resources.

### **Secretarial services**

Secretarial services will be paid for so that the findings are presented in a professional manner and well bound to keep the information secure. Typing, printing and photocopying of the research proposal will require funds.

### **Contingency**

A standard of 10% of the total cost for carrying out the study will be required in case of any unforeseen expenditure.

The University of Zambia  
School of Medicine  
Department of Nursing Sciences  
P.O. Box 50110  
**LUSAKA**

10<sup>th</sup> October, 2010

The Provincial Medical Officer  
Provincial Medical Office  
Copper Belt Province  
P.O. Box 70032  
**NDOLA**

19/10/10  
Approved  
Safu

Approved  
A. M. M. M.

UFS: The District Medical Officer  
Kalulushi District Health Office  
P.O. Box 260001

**KALULUSHI**

Dear Sir/Madam,

**RE: PERMISSION TO CONDUCT A RESEARCH STUDY IN KALULUSHI DISTRICT**

I am a fourth year student pursuing a Bachelor of Science Degree in Nursing at the University of Zambia. I am required to carry out a research project in partial fulfilment of my course and the topic is knowledge and participation of men in antenatal care in Kalulushi District.

I therefore wish to request for permission to conduct a pilot study with five (5) men at Kalulushi Government Clinic from 14<sup>th</sup> to 15<sup>th</sup> October and thereafter, conduct the main study at Kalulushi Township Clinic.

Attached are the copies of the interview schedule and informed consent forms.

Thanking you in anticipation.

Yours faithfully,

  
**Idah Namusokwe Kasimbo**

**4<sup>th</sup> Year BSc N student**

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