FACTORS HINDERING MALE INVOLVEMENT IN BIRTH PREPAREDENESS AMONG MOTHERS ATTENDING MATERNITYWARD AT KIU-TH BUSHENYI DISTRICT

BY

ASIIMWE BRIGHT

N16/U011/DNE/008

A RESEARCH REPORT SUBMITTED UGANDA NURSES AND MIDWIVES EXAMINATIONS BOARD FOR PARTIAL FULFILMENT OF THERE REQUIREMENT OF DIPLOMA IN NURSING-EXTENSION

SEPTEMBER, 2017

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ABSTRACT

In Uganda male involvement in birth preparedness is a complex process of social and behavioral change that requires men to play a more responsible role in child birth preparation. It not only implies to failure of men to attend ANC with their spouses but also refers to the need to change men's attitude and behavior towards women's health, to make them more supportive of women using health care services and sharing child-bearing activities, (Jansen I, 2009).

The objectives of the study were, to find out the social cultural factors, the economic factors and the health service factors that hinder male involvement in birth preparedness among mothers attending maternity ward at KIU-TH.

The study was conducted in maternity ward, Kampala International University Teaching Hospital-Ishaka town. It was a descriptive and cross sectional in which quantitative methods of data collection was used. A simple random sampling procedure was used in which a respondent was picked. Papers written on **yes** and **no** were put in a bucket, respondents allowed to pick one each; whoever picked yes was selected up to a number of 50 respondents.

The study found out that, it is not cultural for men to accompany his wife to the hospital, although it was raised by the least number of respondents at 2(5.6%).

The study found out that the majority of the husbands 69.4% remained at home looking for money to cater for any other needs after delivery and this hindered them from being involved in some birth preparedness events and this is common in many societies because it is men who usually provide to the family. 3(8.3%) the respondents said that their husbands felt that there is no waiting space for male attendants on maternity ward. Males have numerous excuses for not being involved in birth preparedness which should be addressed if safe motherhood is to be attained.

The study concludes that, it is not cultural for men to actively get involved in birth preparedness specifically accompanying their wives to the hospital. Lastly the study concludes that, lack of waiting space for male attendants in maternity ward is one of the challenges that needs to be addressed.

Signature…… Date……

Asiimwe Bright

N16/U011/DNE/008

Contact address:asiimwebright@yahoomail.com

DECLARATION

I Asiimwe Bright, hereby declare that to the best of my knowledge, this is my own work and has not been submitted to any other nursing school for a similar award.

Signature……

Date……

ASIIMWE BRIGHT

APPROVAL

I hereby affirm that this research report entitled “factors hindering male involvement in birth preparedness among mothers attending maternity ward at KIUTH Bushenyi district. It is therefore submitted with my approval for partial fulfillment of requirement of diploma in nursing science of Kampala international university

Signature……

Date……

MR. TURYASINGURA JOHNAN

Sign……Date……

MRS……..

Dean school of nursing, Kampala international university

DEDICATION

I dedicate this work to my dearest family, my siblings and more so to mention my mum. Your support has been paramount; my friends thank you for truthfully being there for me, and any other person who stood by me during the stay at KIU. Above all, hadn't been God I couldn't have been able to be what am today.

ACKNOWLEDGEMENT

Above all, I thank the Almighty God for the knowledge, wisdom, courage, health and determination He has given me.

My sincere appreciation goes to my academic supervisor Mr.Turyasingura JOHNAN for the supportive criticism and guidance throughout the research process. This encouragement has enabled me to produce quality work.

I appreciate the efforts made by my family through their financial and spiritual support, I have managed to reach this far. I thank all my friends who sacrificed their time and wisdom to advise and share with me viable knowledge throughout the course of my study.

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LIST OF ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

EMTCT: Elimination of Mother to Child Transmission of HIV/AIDS

IPT: Intermittent Preventive Treatment

IUCD: Intra Uterine Contraceptive Device

MDG'S: Millennium Development Goals

MMR: Maternal Mortality Ratio

PHC: Primary Health Care

RCH: Reproductive and Child Health

SPSS: Statistical Package for Social Sciences

SSA: Sub-Saharan Africa

TBAs: Traditional Birth Attendants

UNICEF: United Nations International Children Emergency Fund

VCT: Voluntary Counseling and Testing

WHO: World Health Organization

OPERATIONAL DEFINITION.

Antiretroviral drugs- used in the treatment of HIV infection

Family planning - choosing the number of children in a family and the length of time between their births

Immunization –a method of stimulating resistance in the human body to specific diseases using micro-organisms that have been modified or killed

Male Involvement/Participation - Incorporating men in the birth preparation services which include counseling and testing, family planning, labor and delivery etc.

Maternal health: refers to health of a woman during delivery, childbirth and postpartum period.

Postpartum (postnatal) period –period immediately after child and extending for about six weeks

Prevention of Mother to Child Transmission - Interventions given by the health providers to the antenatal mother who is HIV positive e.g. provision of ARV/ART, infant feeding options, sero-status disclosure to the partner and adherence counseling

Recent delivered women. In this study mean women who had a deliver within the period of 2 years during the period of data collection.

Skilled attendants: refer to people with midwifery skills (midwives, doctors and nurses with additional midwifery education) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage or refer obstetric complication

CHAPTER ONE:

1.0 Introduction

This chapter presents background of the study, problem statement, study objectives, study questions and justification of the study.

1.1 Background of the Study

Birth preparedness is advance planning and preparation for delivery. Birth preparedness helps to ensure that women can reach professional delivery care when Labour begins and can also help reduce the delays that occur when women experience obstetric complications. (Weber M, 2008).

Globally, an estimated 585,000 women die as a result of pregnancy and childbirth and perhaps 15 times as many suffer injury or infection. Most of these deaths and disabilities happen to women of developing countries, where pregnancy and child birth are leading causes of death, and where the risk of death is 50 to 100 times greater than in developed countries and this is accelerated by men reluctance in seeking early maternal health and child preparation in many cultural societies especially Africa and Asia (WHO, 2010).

In Sub-Saharan Africa male involvement in the antenatal care (ANC) clearly goes against prevailing gender norms in many cultural settings. This according to a study by Weber M in (2008) in west and central Africa released by University of California, indicated that, delivery preparations were seen by men as “women’s work”. Men saw the antenatal clinic as women’s space, and the definition and organization of the

program as fundamentally female oriented (Weber M, 2008). Predictably, men thought that delivery and child birth preparation activities fell outside their area of responsibility. Consequently, men perceived that attending the labor ward would be "unmanly, (Weber M, 2008).

In Tanzania, as in most other East African countries, birth preparedness, antenatal care and family planning have long been regarded as exclusively women's affairs. Men generally do not accompany their partners for delivery, antenatal or postnatal care services and are not expected to attend the labor or birth of their children. A study on husband and maternal matters (2012) in Mwanza town northern Tanzania indicated that only 21% of the 700 women seeking ANC services at different clinics had been accompanied by their husbands and a follow up study indicated a reduced 13% of men who were present at delivery time in labor room.(Carter, M, 2012)

In Uganda male involvement in birth preparedness is a complex process of social and behavioral change that requires men to play a more responsible role in child birth preparation. It not only implies to failure of men to attend ANC with their spouses but also refers to the need to change men's attitude and behavior towards women's health, to make them more supportive of women using health care services and sharing child-bearing activities, (Jansen I, 2009).

A study in Bushenyi indicated that, there are different factors which have been identified in other studies as barriers to male involvement in the ANC and birth preparation, they include: nurses' misconduct to men in labor ward, social cultural

beliefs that delivery is a women's undertaking, lack of finances and lack of knowledge of what he is required of while in the hospital, (Nichols et al, 2012).

1.2Problem statement

The 2010 World Health Organization report indicated that more than half a million women were dying each year from the complications of pregnancy and childbirth, in which 99% of these deaths occurring in the developing world. Besides this, for every 100,000 live births, 240 women died during pregnancy, childbirth, or the postpartum period in which are mostly from developed countries (WHO, 2010)

In sub-Saharan Africa, pregnancy and childbirth continue to be viewed as solely a woman's issue. A male companion at antenatal care is rare and in many communities, it is unthinkable to find male companions accompanying a woman to the labor room during delivery (Longhurst, 2011).

In Uganda according to studies conducted by Byamugisha et al (2011) on pregnant mother in Kabale south western Uganda , they showed that one of the factors affecting antenatal care, was (15.5%) husband's disapproval for antenatal attendance, and only 21% of pregnant mother were accompanied by their husbands for delivery. Although some studies have been done on factors hindering male involvement in birth preparedness, no such a study has been done at KIUTH so findings from study will bridge this information.

1.3 Purpose of the study

1.3.1 Broad objective

To determine the factors hindering male involvement in birth preparedness among mothers attending maternity ward at KIUTH

1.3.2 Specific objectives

1. To find out the social cultural factors hindering male involvement in birth preparedness among mothers attending maternity ward at KIUTH
2. To identify the economic factors hindering male involvement in birth preparedness among mothers attending maternity ward at KIUTH
3. To establish the health service factors that hinder male involvement in birth preparedness among mothers attending maternity ward at KIUTH.

1.4 Research questions

1. What are the social cultural factors hindering male involvement in birth preparedness among mothers attending maternity ward at KIUTH
2. What are the economic factors hindering male involvement in birth preparedness among mothers attending maternity ward at KIUTH
3. What are the health service factors that hinder male involvement in birth preparedness among mothers attending maternity ward at KIUTH

1.5 Justification

1.5.1 Nursing practice

The findings of this study will help nurses to know and understand behavior and practices of men towards birth preparedness such that they can help them to guide them on importance of having men involved in birth preparedness.

1.5.2 Nursing education

The findings of the study may help school of nursing sciences to broaden knowledge both for students and tutors on the male involvement in birth preparedness such that they can integrate such knowledge in other related studies.

1.5.3 Nursing Research

This research shall provide different scope of information and data which can be used as reference when conducting further research

1.5.4 Nursing Management.

The research finding will help the faculty administration in partnership with local administration to work out the possible solutions to challenges affecting men and hinder ring their involvement in birth preparedness.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction.

This chapter reviews information from related studies by other scholars; it is in line with specific objectives of the study which are to find out the social cultural factors hindering male involvement in birth preparedness, to identify the economic factors hindering male involvement in birth preparedness and to establish the health service factors that hinder male involvement in birth preparedness among mothers attending maternity ward at KIUTH.

2.1.0 Social and cultural factors hindering male involvement in birth preparedness

Social scientists have made significant strides in shedding light on the basic social and cultural structures and processes that hinder men from being involved in birth preparedness. Social and cultural factors influence health by affecting exposure and vulnerability to disease, risk-taking behaviors, the effectiveness of health promotion efforts and access to, availability of, and quality of maternal health care. Social and cultural factors also play a role in shaping perceptions of and responses to health problems and the impact of poor health on individuals' lives and well-being, (Rempel L, 2014)

2.1.1 Young Age and marital status:

Most studies reported that a man being young and not cohabiting with his wife were associated with low male involvement in accompanying the partner for delivery and

other required preparations prior to delivery (Davis-Floyed, 2014). A study on effects of fathers' attendance to labor and delivery on the experience of childbirth in Kinshasa showed that male involvement was 1.2 times higher among men who were 25 years or older than those below, in the same study monogamous partners and cohabiting men were twice and 1.6 times respectively more likely to be involved in birth preparations for their partner. In contrast, (Gungor, 2007), reported that Cameroonian men in polygamous relationships showed higher involvement in delivery and seeking ANC services than their monogamous counterparts.

2.1.2 low Education level:

A study in Kabale south western Uganda found that men who had not attended at least secondary level or more were twice less involved in seeking maternal health care services and accompanying their partners for delivery as compared to those with tertiary and university education levels. (Byamugisha et al, 2011). This was not confirmed in a study in Kinshasa where the level of education of pregnant women or their male partner did not influence male participation in birth preparedness (Thachuck et al, 2014)

2.1.3 Profession

In Uganda, taxi drivers and "Bodaboda" riders (motorbike taxi riders) were less likely to participate in birth preparedness accompanying their partners for delivery than men with other professions such as farmers or construction workers. In the same study it was indicated that Ugandan men having only an occasional job were less

likely to participate in MCH services, (Seale C et al, 2008). Another study from Rwanda reported that men with a well-paid job were more likely to participate in PMTCT interventions compared to those not well paid, (Denzin et al, 2010).

2.1.4 Culture:

In several studies cultural standards were identified as barriers for male involvement. Several studies have reported negative perceptions towards men attending ANC services and being involved in birth preparedness. In one report, men who accompanied their wives for delivery were perceived as being dominated by their wives or weaklings by their peers. Frequently men perceive that seeking delivery services are designed and reserved for women, thus are embarrassed to find themselves in such "female" places, (Dellman , T, 2014). Some men believe it is not good to follow your wife to the delivery clinic even though she exposed her privacy to you at home and that male participation in seeking delivery services is superfluous and that delivery is "a woman's responsibility" (Byamugisha et al. 2011).

2.1.5 Male attitudes and beliefs

Fear of receiving a HIV positive result and confidentiality concerns prevent some men from seeking maternal and delivery services. In many studies men were mentioned being concerned about HIV-associated stigma and disclosure in which women who had not been tested previously during ANC screening have to be tested with their partners before delivery (Locock, L, 2009). Men may be afraid of HIV status disclosure in a health system facility, in the context of weak health system. In

another study, women said that engaging their partners in PMTCT would be particularly challenging if men were unaware of their status, refused to be tested, or were in denial about their HIV status (Kahn RP, 2008). There also seems to be a gap in knowledge related to discordance. Some men questioned the need for testing if their partners had already been tested, believing that they would have the same test results as their partners. Men also feared discordance because of the anger and bitterness it could cause in the relationship, (Rosenblatt et al, 2007).

2.1.6 Female attitudes and considerations:

Gender-based violence is another cause of low male involvement in birth preparedness. Victims of gender based violence may be afraid to ask their partner to be tested for HIV, (Zipp et al, 2012). Several studies also have showed that women at ANC clinics and maternity wards fear violence from their partners who attend with them. These women feared how their partners would react after the discovery of a positive HIV test result which may lead to abandonment, loss of economic support, fear of stigmatization, rejection, discrimination, violence, upsetting family members, and avoiding accusations of infidelity. This instigated women to seek delivery services alone without their male partners, (Steer P.J, 2008).

2.1.7 Alcohol use:

In a study by Enkin m et al 2013 in Uganda**,** Alcohol use was identified as another factor for non-participation of men in seeking delivery services for their partners. Daily overconsumption of alcohol by male partners maybe particularly implicated as

a catalytic event for physical violence towards women. In similar regard, Martin reported alcohol as one of reasons for 54% of lifetime partner's violence and 14% of domestic violence in Uganda.(Martin K.A, 2013).

2.1.8 Communication:

Studies done in Mwanza Tanzania, indicated that poor communication between men and their female partners was associated with poor male involvement birth preparedness at 14 % of male participation. On the other hand, good couple communication was associated with a higher 53% percent of male involvement in seeking maternal health and consequently accompanying their partners for delivery, (Carter, M, 2012). In a related study in Kenya with focus on involvement of men in antenatal, perinatal and postnatal care, Men showed their readiness to provide support to their female partners in core PMTCT interventions which include counseling and testing, use of prophylaxis antiretroviral drugs and choice of baby's feeding options (Kenya Demographic Health Survey in 2009).

2.2 Economic factors hindering male involvement in birth preparedness.

2.2.1Financial constraints:

Financial constraints of clients and health facilities have been identified as impacting health services uptake and male participation. A Ugandan study reported that some health providers charged extra beyond the official delivery fees to bridge their own financial gaps while other authors have identified low health providers' salaries as

limiting factors for male involvement in birth preparedness especially accompanying their spouses to the health facility for delivery, (Byamugish et al 2011)

A qualitative study conducted in western Kenya by Jenkins found that the distance that the male partners have to travel to the clinics for participating in the education, blood tests and counseling, obtaining maternity kits, the costs of the transport to the clinics and the amount of time per appointment at the clinic before actual delivery were identified as barriers to male involvement in birth preparedness. Access or logistical challenges on the part of men prevented them from being involved in delivery preparations. Men talked about their perceived principal responsibilities as providers. Thus, time spent in the hospitals and away from work or other income generating activities was clearly perceived as a barrier to their participation in delivery and birth preparations program. Distance, the cost of transport and the hospital operation hours were also mentioned with some frequency (Jenki S.R, 2011).

2.3 Health services factors hindering male involvement in birth preparedness

2.3.1 Behavior and language use by health workers:

Byamugisha et al, (2011) reported that harsh, critical language directed at Ugandan women from skilled health professionals was a barrier to male participation. Harsh treatment of men by health providers discouraged them from returning or participating in other birth preparation activities. Furthermore, some providers did not allow men access to delivery settings. Men mentioned the negative attitudes of staff members: “Staff members’ lack of common courtesy, their “rough handling” of

pregnant women and health-care workers not allowing men to enter the delivery rooms.

In a related study by Erikson, (2016) men experienced healthcare workers who were reluctant to encourage male attendance in antenatal care at all, felt unwelcome and disrespected and thought it was clear that services were designed without taking their particular needs into consideration. The charging of unofficial user fees was another barrier cited, the lack of integration of services was mentioned as discouraging men from getting tested, since they felt they would be "exposed" through special clinics or opening hours.

2.3.2 Venue and space constraints:

A study by Berry in 2008 cited lack of space to accommodate male partners in hospital delivery rooms or ANC clinics as a hindrance for male involvement in birth preparedness. Clinics and maternity delivery rooms are often unable to concurrently accommodate a delivering woman and her partner because of a lack of space. Gender specific services to address uniquely male issues do not exist. Targeted interventions for men, such as tailored messages, specific health education sessions, and innovative strategies to identify male friendly venues would be valuable for increasing male involvement, (Berry L.M, 2008).

2.3.4 Waiting time:

According to a study caesarean birth by Bryant in Kenyatta hospital in Kenya in 2007, frequently women had to wait for a long time before they are assessed,

examined or receiving ANC services because of burdensome administrative procedures which result in poor patient/client throughout the health facilities. Men, who are in the paid workforce, are often not in a position to spend virtually the entire day participating and waiting for all that.

2.3.5 Quality of care:

In a study in Malawi, it was shown that essential services were often not provided as clients expected. Health service providers are often overworked stressed getting burn-outs and have to work in an infrastructure with severely limited resources. In such context, the quality of services is compromised and taking care of participating male partners is considered an additional burden, (Declerq, E et al 2016)

2.3.6 Dominance by female staff:

Most maternity wards and clinics are dominated by female staff and patients, which can be off-putting for men. At the male health centers positive men form support groups and both reactive and non-reactive men are counseled on the importance of accompanying their partners for antenatal visits. The men also receive education on issues that are usually taboo for men such as the importance of exclusive breastfeeding for seropositive mothers. The female dominated service delivery setting, discourages some men from their involvement in birth preparedness. (Gungor I and Beji N, 2007)

CHAPTER THREE:

METHODOLOGY

3.1 Introduction

This chapter describes the methods that are to be used in the study. This consists of a study area, study design, study population, sample size determination, sampling procedure, definition of variables, data collection procedure, quality control, data management, data, analysis, ethical considerations, limitations of the study, and dissemination of results.

3.2 Study Design and rationale

The design was a descriptive and cross sectional in which quantitative methods of data collection was used. The design was used because detailed subjective data is needed to find out the factors hindering male involvement in child preparedness

3.3 Study area and rationale

The study was conducted in maternity ward, Kampala International University Teaching Hospital-Ishaka town, Bushenyi district in western Uganda. KIU-TH is a private hospital with specialized clinics including the ANC/MCH among others. It also comprises of inpatient departments like the surgical, medical, pediatrics and private wards. It is located approximately 100ms north of the junction of the Ntungamo-Kasese Road with the Mbarara-Ishaka Road. Its location is approximately 77 kilometers (48 miles), by road, west of Mbarara, the largest city in the sub-region.

This location lies approximately 360 kilometers (224 miles), by road, southwest of Kampala, the capital of Uganda and the largest city in that country. The coordinates of Ishaka-Bushenyi Municipality are: 0° 32' 40.00"N, 30° 8' 16.00"E (Latitude:-0.544445; Longitude: 30.137778). KIUTH was chosen because it provides a number of maternal health services like ANC, MCH, family planning and delivery services in which men have not fully been involved in seeking these maternal services with their spouses.

3.4 Study Population and rationale

The study included mothers admitted in maternity ward for delivery and this population was selected because they have direct interaction with their spouses in terms of birth preparedness. It is estimated that KIU registers two hundred to four hundred deliveries a year.

3.4.1 Sample size Determination

The sample size was determined using Fishers *et al*., (2003) formula .The formula was used to estimate the smallest possible categorical sample size for the women of child producing age who were either pregnant or have already given birth but whose husbands were alive. It was given in an expression as;

$$n = \frac{z^2 p\,(1-p)}{d^2}$$

Where d = margin of error

n= minimum sample size

z=standard normal deviation set at 95% confidential level corresponding to 1.96

p= Existing prevalence 3.4% of men that participate in birth preparedness in south western Uganda, (UDHS 2010)

Therefore taking

p = 3.4 % = 0.034

z = 1.96

1-p = 0.966

d= 5% = 0.05

Thus $n = \frac{(1.96)^2 X 0.034 X (1-0.034)}{(0.05)^2}$

n=50.4694

Therefore 50 respondents will be recruited in the study.

3.4.2 Sampling procedure and rationale

A simple random sampling procedure was used in which a respondent was picked at random, papers written on **yes** and **no** were put in a bucket , respondents allowed to pick one each ,whoever picked yes was selected and the process repeated up to when

a number of 50 respondents was obtained. The method was used because it is easier to carry out in the stipulated time framework and it avoids bias in the study.

3.4.3 Inclusion and exclusion

3.4.3.1 Inclusion criteria

The study included mothers who were brought to KIUTH maternity ward for delivery and who consented to take part in the study.

3.4.3.2 Exclusion criteria

Mothers who came in as emergencies and needed emergency care were excluded from the study.

Mothers who declined to consent for the study were excluded from the study.

Mothers whose husbands died during pregnancy period were not included in the study.

3.5.0 Definition of variable

This includes both dependent and independent variables.

3.5.1 Dependent variables

The dependent variable for this study were factors hindering male involvement in birth preparedness

3.5.2 Independent variable

Independent variables was birth preparedness

3.6 Data collection tool/research instruments

A semi-structured questionnaire was used.

The questionnaire included both structured and non-structured questions, These questions were both open and closed ended to enable respondents to exhaust every question that will be paused

Also writing materials both pencils & pens was used in the study.

3.7 Data collection procedure

Data collection followed after consent from the mothers brought to the KIUTH for delivery. This was collected using a questionnaire. Responses of the respondents were filled into the questionnaire by the researcher and research assistants, This method was used because it will allowed accurate recording of responses from both illiterate and literate respondents.

3.7.1 Data management

Questions in the tools (questionnaire and key informants interview guide) were pre-coded to help the researcher to get uniform qualified data, coding frames were met, facilitated by the codes given to responses given in the tool (questionnaire). This made the process of presentation and analysis easy.

The research instruments were checked for errors and omissions in order to ensure consistency, completeness and accuracy in filling the interview guide . This was done in the field before going the next the respondent. Questions that were not well answered well filled were written in a note book in consideration with the information.

3.7.2 Data analysis and presentation

Data was analyzed manually coding frame was made for each question, Respondents responses were tallied counting frequencies and computed into percentages using a manual calculator will be done.

The data was presented using variant tables , pie-chart s, line graphs, and put in representative figures to ease the process of interpretation of findings.

3.8 Ethical considerations

This research proposal was approved by my supervisor. The researcher sought permission from the research committee after approval.

The dean school of nursing then issued out an introductory letter to the researcher.

The introductory letter was then presented to the local council two, who will then introduce the researcher to the local council ones , And the local council one introduced the researcher to the respondents.

The researcher then explained the importance of the research and its objectives to the respondents. The researcher sought consent from the respondents and request them to participate in the interview in order to collect data from them .

The researcher ensured the respondents maximum confidentiality of the results. And the researcher promised not to reveal any information after tallying the questionnaire

3.9 Study limitations

The researcher anticipates the following limitations

The study relied on participants answers and respondents may not fully reveal some information, However this may be overcome by fully explaining the objectives of the study to the participants as well as ensuring confidentiality of the data to be collected.

Inadequate funds to facilitate the study's activities and this was addressed by soliciting funds from relatives, friends, and well-wishers and the researcher will reduce on un necessary expenditures.

The study interfered with the researchers revision for final examinations and this was overcame by extending on the revision timetable and to minimize the researchers leisure time.

3.10 Dissemination of results

On completion of the report , it was disseminated to the Uganda Nurses and Midwives Examination Board for the award of diploma in nursing science.

Another copy of the study findings was submitted to Kampala international university school of nursing for future reference.

Lastly, a copy remained with the researcher for reference and finally administration of KIUTH.

CHAPTER FOUR: RESULTS

4.0 Introduction

This chapter contains the results of the study; it is presented in tables, pie charts and bar graphs.

4.1 Mothers' bio demographic characteristics

Table 1; showing bio demographic characteristics of the participants.

N=50

Feature	**Group**	**frequency**	**Percentage (%)**
Age	Below 20 years	3	6
	20 to 30 years	30	60
	Above 30 years	17	34
Marital status	Married	42	84
	In a relationship	7	14
	Divorced	1	2
No. of pregnancies	First pregnancy	12	24
	2^{nd} to 4^{th} pregnancy	32	64
	More than 4^{th} pregnancy	6	12

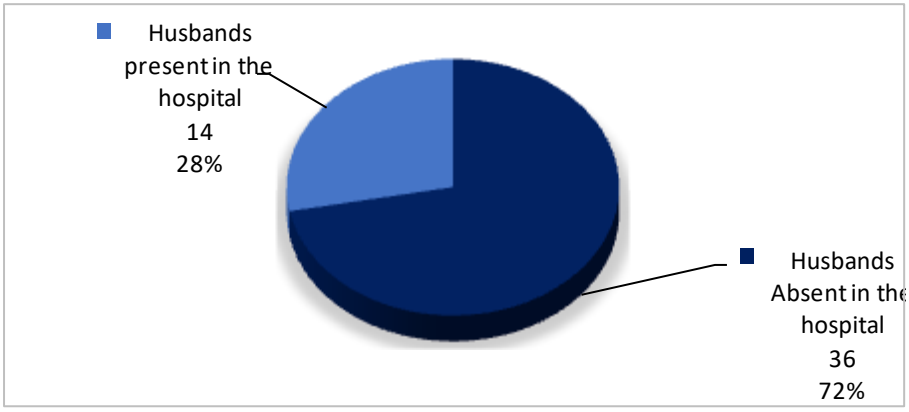
From table 1, above out of the 50 mothers who took part in the study, at least 3 (6%) were below 20 years, 30 (60%) were between twenty to thirty years while 17(34%)

were above 30 years, also to note is that 42(84%) were married, 7(14%) in a relationship while only 1(2%) had been divorced.

Furthermore 12(24%) mothers had their first pregnancy, 32(64%) had their pregnancy as either the second, third or fourth while 6(12%) had had more than four pregnancies before.

4.2 Number of mothers whose husbands fully participated in birth preparedness and delivery

Figure 1; showing the proportion of mothers whose husbands were fully involved in birth preparedness and had accompanied them to the hospital for delivery.



n=5O

From the figure one, above 14(28) of the mothers had been accompanied to the hospital by their husbands while the majority 36(72%) had not been accompanied to the hospital by their husbands.

4.3 Social Cultural Factors Hindering Male Involvement in Birth Preparedness

4.3.1 Demographic characteristics of men who declined to accompany their spouses for delivery as reported by mothers.

A table 2; showing demographic characteristics of men as reported by mothers, who didn't accompany their wives for delivery to the hospital. n=36

Characteristic	Category	frequency	Percentage(%)
Age	Below 30 years	5	13.9
	30 to 40 years	21	58.3
	Above 40 years	10	27.8
Occupation	Business	21	58.3
	Peasant	9	25
	Casual worker	6	16.7
Education	Primary	10	27.8
	Secondary	19	52.8
	Tertiary	7	19.4

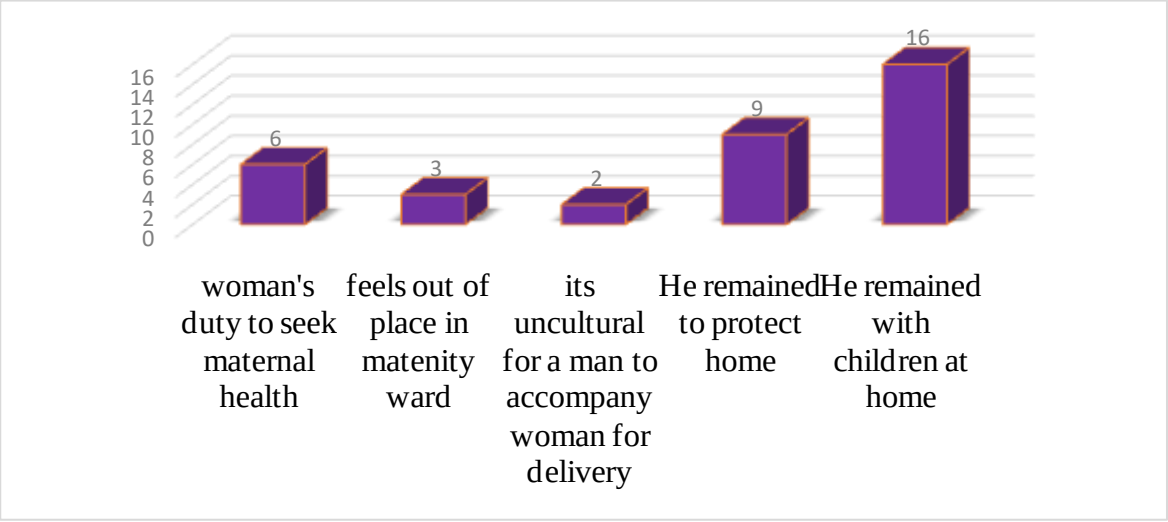
According to the mothers who participated in the study and their husbands had not accompanied them to the hospital, 5(13.9%) mothers said their husbands were below 30 years, 21(58.3%) were between 30 to 40 years while 10(27.8%) said that their husbands were more than 40 years old.

When asked about their husbands source of income, 21(58.3%) of the mothers said that their husbands owned different businesses in town, 9 (25%) said that their husbands were peasant farmers while 6 (16.7%) said that their husbands were casual workers. Concerning their husbands education, 10 (27.8%) mothers said that their husbands studied completed primary level, 19(52.8%) said that their husbands completed secondary education while 7(19.4%) mothers said their husbands had studied up to tertiary level of education.

4.3.2 Mothers response of social cultural reasons hindering their partners involvement in birth preparedness

Figure 2, showing mothers' response on social cultural factor why their husbands had not accompanied them to the hospital.

n=36

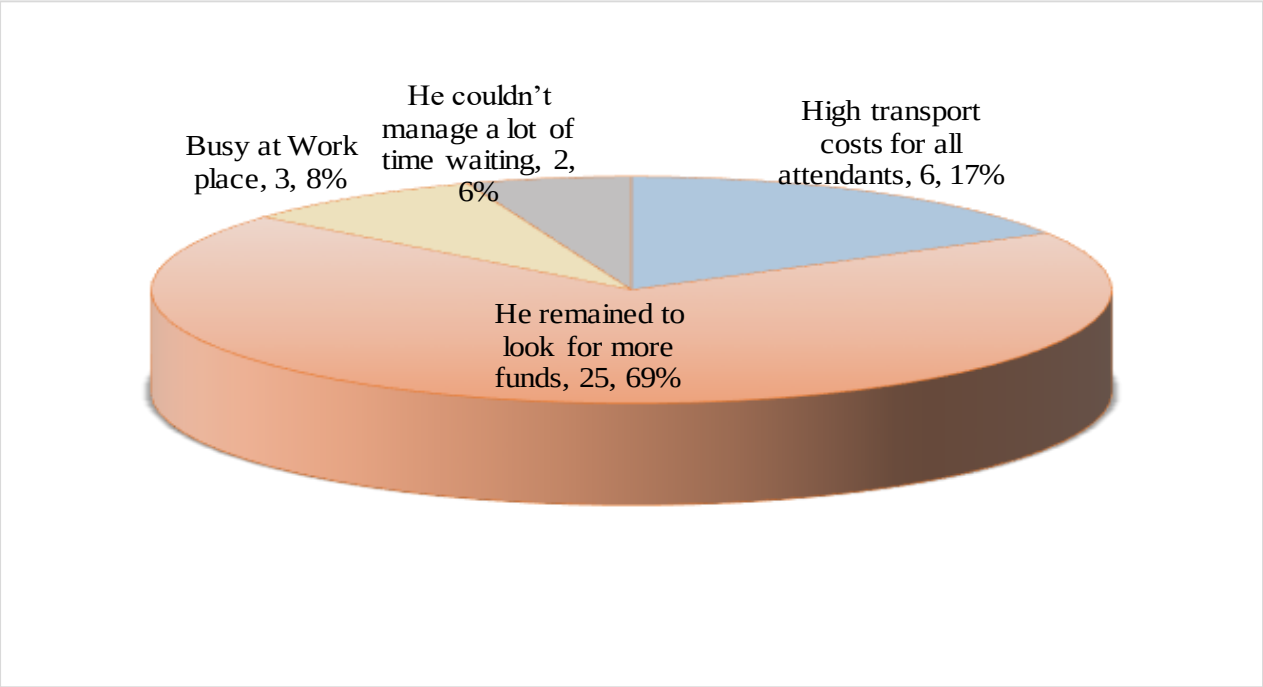


From the figure 2, above regarding social cultural factors that hindered their spouses from fully participating in birth preparedness , 6(16.7%) of the mothers said that their husbands know it is the duty of the woman to seek maternal health services including giving birth, 3(8.3%) of the mothers said, their husbands would feel out of place being in maternity ward, 2(5.6%) said that it was not cultural for a man to accompany their wives to the hospital when, she had her mother in law, and sister in laws who could do that, 9(25%) of the mothers said their chose to remain at home keeping their property including animal rearing which they said were of necessity to look after when their wives were away at the hospital to give birth and lastly the majority

16(44.4%) said their husbands didn't come and were not always accompanying them to seek delivery care services because they would remain home taking care of the their children since their mother was away.

4.4 Economic Factors Hindering Male Involvement In Birth Preparation

Figure 3, showing economic associated reasons why their husbands had not accompanied them to the hospital for deliver. **n=36**



When asked about the economic reasons limiting their husbands from fully participating in birth preparedness, 25(69.4%) said their husbands always remained at home when the mothers were seeking delivery services because they were looking for more funds for delivery they were unable to accompany them, 6(16.7%) of the

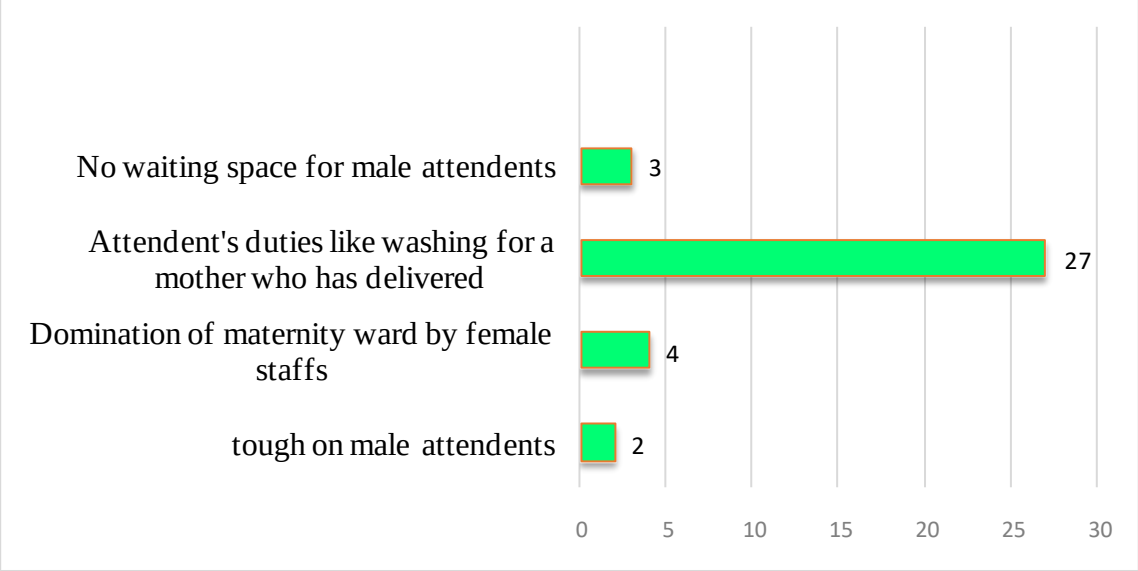
mothers said that their husbands remained home because of high transport costs that would be required for the husband, the mother and the attendant to the mother, so their husbands chose to remain home to have costs reduced.

Furthermore on the economic reasons limiting male participation in birth preparedness 3(8.3%) of the mothers said that their husbands were busy with work at their places of worker while 2(5.5%), of the mothers said their husbands would not manage the waiting time for delivery and after that other associated services.

4.5 Health Service Related Factors Hindering Male Involvement In Birth Preparedness

Figure 4, showing mothers' response on hospital related factors why their husbands had not.

Accompanied them to the hospital, n=36



From the figure 4, above concerning any hospital related reasons hindering male involvement in birth preparedness, 3(8.3%) said that their husbands feel that there is no waiting space for male attendants in maternity ward, the majority mothers 27(75%) said that the husbands didn't accompany them to the hospital due to the duties associated with it such as washing for the mother delivery, calling on the health workers where need be among others. 4(11.1%) said that their husbands were not fully involved in birth preparedness because right away from ANC visits to maternity ward there dominancy of female which makes them uncomfortable to consult from them and lastly at least two mothers said that their husbands declined to fully get involved in their birth preparedness and even not accompanying them for delivery because the health workers were tough especially to male attendants.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter contains the discussion of results order of their presentation in chapter four and specific objectives of the study

5.2 Demographic Characteristics of Participants

Out of the 50 mothers who took part in the study, at least 3 (6%) were below 20 years, 30 at 60% were between twenty to thirty years while 17(34%) were above 30 years, the majority of mothers being of between 20 to 30 years is correlative to the fact that this is the youthful reproductive age in which many mothers give birth. Also noted that 42(84%) were married, 7(14%) in a relationship while only 1(2%) had been divorced. Furthermore 12(24%) mothers had their first pregnancy, 32(64%) had their pregnancy as either the second, third or fourth while 6(12%) had had more than four pregnancies before and the majority of the mothers who took part in the study had at least given birth to a previous pregnancy but not more than four, they made (64%) of all mothers. From the study the majority 42 (84%) were married, married women usually encourage their husbands to accompany them or assist in birth preparedness? This study finding is in agreement with a study by Davis-Floyed, R , (2014) who said that a man being young and cohabiting with his wife, were associated with low male involvement in accompanying the partner for delivery and other required preparations prior to delivery.

5.3 proportion of mothers whose husbands were fully involved in birth preparedness and had accompanied them to the hospital for delivery.

Out of the fifty mothers who were recruited into the study, 14(28%) of the mothers had been accompanied to the hospital by their husbands while the majority 36(72%) had not been accompanied to the hospital by their husbands. This study therefore shows that the majority of husbands (72%) are not fully involved in birth preparedness. The study findings are in agreement with a study by Byamugisha et al (2011) conducted in Kabale south western Uganda in which only 21% of pregnant mother were accompanied by their husbands for delivery

5.4 Social Cultural Factors Hindering Male Involvement In Birth Preparedness.

5.4.1 Demographic characteristics of men as reported by mothers, who didn't accompany their wives for delivery to the hospital.

According to the mothers who participated in the study and their husbands had not accompanied them to the hospital, 5(13.9%) mothers said their husbands were below 30 years, 21(58.3%) were between 30 to 40 years while 10(27.8%) said that their husbands were more than 40 years old, the majority of males (58.3%) were between 30 to 40 years, this is usually the age of full time working in men because they are energetic and anxious to earn more, this makes them to have no time for being involved in birth preparedness for their wives. These study findings are in agreement with findings by Davis-Floyed R (2014), in his study on effects of fathers attendance to labor and delivery on the experience of childbirth in Kinshasa showed that male

involvement was 1.2 times higher among men who were 25 years or older than those below. In the same study, monogamous partners and cohabiting men were twice and 1.6 times respectively more likely to be involved in birth preparations for their partner

When asked about their husbands source of income, 21(58.3%) of the mothers said that their husbands owned different businesses in town, 9 (25%) said that their husbands were peasant farmers while 6 (16.7%) said that their husbands were casual workers. Most of the husbands were business owners who are usually busy with no time to accompany their spouses for birth preparedness. These findings agree with those from Seale C et al, (2008) in his study which indicated that Ugandan men having only an occasional job were less likely to participate in MCH services. Another study by Denzin N et al, (2010) from Rwanda reported that men with a well-paid job were more likely to participate in PMTCT interventions compared to those not well paid.

Concerning their husbands education, 10 (27.8%) mothers said that their husbands studied and completed primary level, 19(52.8%) said that their husbands completed secondary education while 7(19.4%) mothers said their husbands had studied up to tertiary level of education. Unlike findings from Byamugisha et al, (2011) in his study in Kabale south western Uganda which found out that men who had not attended at least secondary level or more were twice less involved in seeking maternal health care services and accompanying their partners for delivery as compared to those with tertiary and university education levels.

5.4.2 Mothers' response on social cultural factor why their husbands had not accompanied them to the hospital

Regarding social cultural factors that hindered their spouses from fully participating in birth preparedness, 6(16.7%) of the mothers said that their husbands know it is the duty of the woman to seek maternal health services including giving birth. 3(8.3%) of the mothers said, their husbands would feel out of place being in maternity ward and 2(5.6%) said that it was not cultural for a man to accompany his wife to the hospital when she had her mother in law and sister in laws who could do that. 9(25%) of the mothers said they chose to remain at home keeping their property including animal rearing which they said were of necessity to look after when their wives were away at the hospital to give birth. Lastly the majority 16(44.4%) said their husbands didn't come and were not always accompanying them to seek delivery care services because they would remain home taking care of their children since their mother was away. Men can advance a number of reasons for not accompanying their partners and being less involved in birth preparedness because in many African cultures, it is perceived as 'unmanly' for the males to be involved in seeking 'woman' services. This finding is in agreement with a study by Dellman, T (2014) who reported that several studies have advanced negative perceptions towards men attending ANC services and being involved in birth preparedness. In one report, men who accompanied their wives for delivery were perceived as being dominated by their wives or weaklings by their peers. Frequently men perceive that seeking

delivery services are designed and reserved for women, thus are embarrassed to find themselves in such “female” places,

5.5 Economic Factors Hindering Male Involvement In Birth Preparedness.

When asked about the economic reasons limiting their husbands from fully participating in birth preparedness, 25(69.4%) said their husbands always remained at home when the mothers were seeking delivery services because they were looking for more funds for delivery they were unable to accompany them, 6(16.7%) of the mothers said that their husbands remained home because of high transport costs that would be required for the husband, the mother and the attendant to the mother, so their husbands chose to remain home to have costs reduced.

Furthermore, on the economic reasons limiting male participation in birth preparedness 3(8.3%) of the mothers said that their husbands were busy at their places of work, while 2(5.5%) of the mothers said their husbands would not manage the waiting time for delivery and other associated services. The majority of the husbands 25(69.4%) remained at home looking for money to cater for any needs that may arise after delivery, this hinders them from being involved in birth preparedness and this is common in many societies because it is men who usually provide to the family. This is in agreement with a study by Jenkin S.R (2011) conducted in western Kenya in which he found out that the distance that the male partners have to travel to the clinics for participating in the education, blood tests and counseling, obtaining maternity kits, the costs of the transport to the clinics and the amount of time per

appointment at the clinic before actual delivery were identified as barriers to male involvement in birth preparedness.

5.6 Health Service Related Factors Hindering Male Involvement In Birth Preparedness,

Concerning any hospital related reasons hindering male involvement in birth preparedness, 3(8.3%) said that their husbands say there is no waiting space for male attendants in maternity ward, the majority of mothers 27(75%) said that the husbands didn't accompany them to the hospital due to the duties associated with it such as washing for the mother after delivery, calling on the health workers where necessary, among others. 4(11.1%) said that their husbands were not fully involved in birth preparedness because right away from ANC visits to maternity ward, there was dominancy of females which made them uncomfortable to consult from them. Lastly, at least two mothers said that their husbands declined to fully get involved in birth preparedness and even not accompanying them for delivery because the health workers were tough especially to male attendants. Maternity ward at KIUTH does not have a provision for male attendants, all the attendants are with mothers who have delivered or awaiting to deliver, and this upsets some men thus declining to be involved in birth preparedness. This study finding is in agreement with a study by Berry (2008) where he cited that lack of space to accommodate male partners in hospital delivery rooms or ANC clinics was a hindrance for male involvement in birth preparedness. Clinics and maternity delivery rooms are often unable to concurrently accommodate a delivering woman and her partner because of a lack of space. Gender

specific services to address uniquely male issues do not exist. Targeted interventions for men, such as tailored messages, specific health education sessions, and innovative strategies to identify male friendly venues would be valuable for increasing male involvement.

5.7 Conclusion

The study concludes that, it is not cultural for men to actively get involved in birth preparedness specifically accompanying their wives to the hospital; although it was raised by the least number of respondents at 2(5.6%).This has remained a challenge which should be addressed.

The study also concludes that, majority of the husbands 69.4% remained at home looking for money to cater for any needs that may arise after delivery and this hinders them from being involved in birth preparedness and this is common in many societies because it is men who usually provide to the family

Lastly the study concludes that, one of the challenges that have hindered male involvement in birth preparedness, was raised by 3(8.3%) the respondents who said that their husbands felt that there is no waiting space for male attendants in maternity ward so became reluctant in being involved in birth preparedness.

5.8 Recommendations

The government should encourage males through public media centers to participate fully in birth preparedness

Mothers who attend ANC services should be encouraged to always attend with their husbands from where they can be health educated about a need for being involved in birth preparedness.

More male staff should be incorporated in maternity ward and MCH clinics to encourage males to be involved in birth preparedness.

Hospitals should not charge delivery costs since men use it as an excuse not to participate in birth preparedness.

5.9 Implication to Nursing

The findings from this study will guide nurses to understand why men are less involved in birth preparedness. This will help to advise them on the benefits of male participation in birth preparedness so as to achieve safe motherhood as well as making the work of nurses less tiresome.

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APPENDIX 1: CONSENT FORM

I am Asiimwe bright a student nurse at Kampala international university undertaking diploma in nursing – extension. I hereby carryout a research on factors hindering male involvement in birth preparedness. This is part of fulfillment for the a ward of diploma in nursing sciences and you are kindly being requested to participate in this study , because your contribution to this topic will be of great importance.

Confidentiality: Your contributions will be highly considered confidential. Do not write your name and phone numbers on this questionnaire. This information to be generated will give a considerable meaning to the purpose of the study. This information on this form has been read clearly and comprehended to be generated to the best of my knowledge I therefore agree to be part of the study and responsible participant who conducted the informed consent discussion

I……. satisfy that to the best of my understanding I have been explained the importance of the study and I agree to participate.

APPENDIX 2: QUESTIONNAIRE

Section A: Demographic information of participations

1. **Age in years:**

   Below 20 years

   21 to 30 years

   31 to 40 years

   Above 40 years

2. Marital status:

a) In relationship

b) Married

c) Others specify……..

3. **Occupation status**:

a) Self-employed (Business)

b) Employed

c) Housewife

d) Others specify…….

4. **Religious affiliation:**

a) Christian

b) Muslim

c) SDA

Others (specify) …….

5**. Educational level:**

a) Primary

b) Secondary

d) Post-secondary

) Others…….

ABOUT YOUR HASBAND

6. **Occupation status**:

a) Self-employed (Business)

b) Employed

c) Peasant

d) Casual worker

e) Others specify…….

7. Age

Below 20 years

21 to 30 years

31 to 40 years

Above 40 years

8**. Educational level:**

a) Primary

b) Secondary

d) Post-secondary) Others…….

Section B: Obstetric histories and ANC visit

9. Number of pregnancies ……..

10. Parity ……..

11. Number of children …….

12. Gestational age of the current pregnancy (in weeks): ……..

13. Gestational age in weeks at first ANC visit ……..

14. How many times have you attended ANC during this pregnancy?

SECTION C: MEN INVOLVEMENT IN BIRTH PREPAREDNESS

15. Has your husband accompanied you for delivery
    a) Yes (if yes, go to 23)
    b) No
16. Are there any social or cultural associated reasons for his not coming
    a) Yes
    b) No
17. If no (16 above) go to question 18 and if yes which factors are they?
        a) He feels out of place being at delivery room
        b) He says it's a woman's duty to seek maternal care
        c) It's not cultural for a man to accompany wife for delivery
        d) Any other specify……..

18. What are other reasons for your husband not accompanying for your delivery

    a) He remained with other children

    b) I came with other attendant and was costly for all of us to come

    c) He remained home to look for delivery money and other costs

    d) Others , give at least three

    .....

    ……..

    …….

19. Are there any health centre based factors that could have discouraged your husband from coming with you?

    a) Yes

    b) no

20. If yes, what are some of the reasons?

    a) He can't manage taking care of you, after delivery

    b) He says health workers are tough on male attendants

    c) He feels neglected and out of place when with female attendants in maternity ward.

    d) Dominancy by female staff in maternity ward discourages him from attending

    e) Mention any other (at least 3)

    ……

    …….

……

21. Would you have wished your husband to accompany you for delivery?

    a) Yes

    b) No

22. Has your husband been accompanying you for your ANC visits

    a) Yes

    b) No

23. Who makes decision for where to deliver from?

    a) Wife

    b) Husband

    c) Close family member.

24. What preparations did your husband make as you came for delivery?

    a) transport means

    b) Called on our relative to accompany me

    c) Came with me to hospital

THANK YOU FOR ACCEPTING TO BE PART OF THIS STUDY

APPENDIX 3: THE INTRODUCTORY LETTER

KAMPALA INTERNATIONAL UNIVERSITY
WESTERN CAMPUS
EXPLORING THE HEIGHTS

School of Nursing Sciences,
P.O.BOX 71 Bushenyi, Ishaka
Tel: +256 (0) 701 975572
E-mail: akabanyoro@gmail.com
Website:http://www.kiu.ac.ug

Office of the Dean - School of Nursing Sciences

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: ASIIMWE BRIGHT- DNS/E/4741/161/DU

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science and he is in his final academic year.

He is recommended to carry out his data collection as a partial fulfillment for the award of the Diploma in Nursing Science.

His topic is **FACTORS HINDERING MALE INVOLVEMENT IN BIRTH PREPAREDNESS AMONG MOTHERS ATTENDING MATERNITY WARD AT KIU-TH BUSHENYI DISTRICT.**

Any assistance rendered to him will be highly appreciated.

Thank you in advance for the positive response.

31 AUG 2017
DEAN SCH.

Nabaliisa Sarah
RESEARCH COORDINATOR

Naked and allowed

06 OCT 2017
SPNO

APPENDIX 4: A MAP OF UGANDA SHOWING THE LOCATION OF STUDY AREA, BUSHENYI DISTRICT.

LOCATION OF STUDY AREA ON UGANDAN MAP

APPENDIX 5: A MAP OF ISHAKA TOWN SHOWING LOCATION OF KIUTH (STUDY AREA)