www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

**UNIVERSITY FOR DEVELOPMENT STUDIES**

# SOCIO-CULTURAL DETERMINANTS OF MALE PARTNERS' PARTICIPATION IN ANTENATAL CARE SERVICES IN THE WA MUNICIPALITY OF THE UPPER WEST REGION, GHANA

BALANJIMA IBRAHIM

2019

www.udsspace.uds.edu.gh

**UNIVERSITY FOR DEVELOPMENT STUDIES**

# SOCIO-CULTURAL DETERMINANTS OF MALE PARTNERS' PARTICIPATION IN ANTENATAL CARE SERVICES IN THE WA MUNICIPALITY OF THE UPPER WEST REGION, GHANA

UNIVERSITY FOR DEVELOPMENT STUDIES

BALANJIMA IBRAHIM

(MPHIL COMMUNITY HEALTH AND DEVELOPMENT)

(UDS/CHD/0251/16)

A THESIS SUBMITTED TO THE DEPARTMENT OF PUBLIC HEALTH, SCHOOL OF ALLIED HEALTH SCIENCES, UNIVERSITY FOR DEVELOPMENT STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF PHILOSOPHY IN COMMUNITY HEALTH AND DEVELOPMENT

NOVEMBER, 2019

www.udsspace.uds.edu.gh

# DECLARATION

**Student**

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this University or elsewhere:

Candidate's signature: ……………………………….Date: ……………………

Name: BALANJIMA IBRAHIM

**Supervisor**

I hereby declare that the preparation and presentation of this thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University for Development Studies.

UNIVERSITY FOR DEVELOPMENT STUDIES

Supervisor's signature: ……………………………….Date: ………………….

Name: DR. VIDA NYAGRE YAKONG

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

## ABSTRACT

This study was carried out to investigate socio–cultural factors that influence male partner's participation in antenatal care and its impact on maternal health care.

Qualitative method was employed to explore socio-cultural determinants of male partners' participation in antenatal care services in the Wa municipality of the Upper West Region. A total of 15 male partners were purposively selected from communities in the Wa Municipality. Thematic content analysis was employed for data analysis. The study findings showed that social factors, cultural issues, perception on antenatal care and male partners' previous experiences have an influence on the number of male partners that visit health facility with their partners for antenatal care services. In conclusion, some men in the Wa Municipality frown upon colleagues visiting the health care facility with their wives to access maternal health services with many saying those who engage in accompanying their wives to ANC are too much in love with their wives and are weak men for that matter. To make matters worse, the few men that actually visit the clinics find themselves in a male unfriendly environment with many saying they get intimidated and isolated by the female dominant environment. It will be very prudent to provide a more friendly and acceptable male environment in their facilities which will enhance the comfort of the male partners and increase their participation.

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

## ACKNOWLEDGEMENT

Special acknowledgement first of all goes to my supervisor, Dr. Vida Nyagre Yakong for her guidance, advises, patience and above all providing me with reference materials that enabled me to successfully complete this study. She has really been a mother and I thank her for that.

I will like to also express my profound gratitude to the programme coordinator for the Mphil in Community Health and Development, Mr. Akwasi Boakye-Yiadom for all the efforts he put in place to ensure that I complete this programme successfully.

Special thanks go to the Wa Municipal Director of Health Services and her staff for allowing me to undertake this study in the municipality. The support of madam Fati Basuglo cannot be overlooked, she played a tireless role in helping me recruit my study participants, I am most grateful.

The principal of Community Health Nurses' Training College, Madam Comfort Kona played various roles from the beginning of my program through to the end and I say thank you.

I am most grateful to my friend Mr. Lakpab Jonathan for his enormous contributions, support and guidance, which made this work successful.

Finally, I am extremely grateful to Global Nursing Citizens, University of British Columbia, Okanagan, Kelowna, Canada for supporting me financially through Dr, Vida Nyagre Yakong.

www.udsspace.uds.edu.gh

# DEDICATION

I dedicate this work to my children, Balanjima Mafaazat and Balanjima Ahmed.

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

## TABLE OF CONTENTS

DECLARATION .......... I

ABSTRACT .......... II

ACKNOWLEDGEMENT .......... III

DEDICATION .......... IV

TABLE OF CONTENTS .......... V

LIST OF TABLES .......... X

LIST OF ABBREVIATIONS/ACRONYMS .......... XI

OPERATIONAL DEFINITION OF TERMS .......... XIII

CHAPTER ONE .......... 1

1.1 Background .......... 1

1.2 Problem Statement .......... 9

1.3 Main Objective .......... 11

1.4 Specific Objectives .......... 11

1.5 Research Questions .......... 11

1.6 Significance of the Study .......... 11

1.7. Conceptual Framework /Model .......... 13

LITERATURE REVIEW .......... 15

2.0 Introduction .......... 15

2.1. Literature Search .......... 16

www.udsspace.uds.edu.gh

2.2 Social factors influencing male partners' participation in antenatal care . 16

2.3 Cultural factors affecting male partners' participation in antenatal care .. 25

2.4 Male Partners' Previous Experiences during Antenatal Care Visits......... 31

2.5 Male partners perception of antenatal care ............................................... 35

2.6 Summary of the literature review ........................................................... 44

CHAPTER THREE ........................................................................................ 45

METHODOLOGY ......................................................................................... 45

3.0. Introduction............................................................................................. 45

3.1. Study setting/study area .......................................................................... 45

3.2. Location and Size...................................................................................... 45

3.3. Population Size and Distribution ............................................................ 46

3.4. Health Infrastructure ............................................................................... 47

3.5. Transportation systems. ........................................................................... 49

3.6. Economic activities in the municipality .................................................. 50

3.7. Research Design......................................................................................... 50

3.8. Study population ....................................................................................... 50

3.9. Inclusion criteria ....................................................................................... 50

3.1.0 Sample size ............................................................................................. 51

3.1.1. Sampling technique.................................................................................. 51

3.1.2. Data Collection Procedure ....................................................................... 52

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

3.1.3. Tool for data collection ........ 53

3.1.4. Methodological rigor ........ 54

3.1.5. Data Analysis ........ 56

3.1.6. Data Management ........ 57

3.1.7. Ethical Consideration ........ 58

3.1.8. Confidentiality ........ 60

3.1.9. Limitation of the study ........ 60

3.2.0. Plans for Dissemination of Results ........ 60

CHAPTER FOUR ........ 61

FINDINGS ........ 61

4.0 Introduction ........ 61

4.1 Description of Sample ........ 62

4.2 Overview of Thematic Finding ........ 63

4.3 Social Factors influencing male partners participation in antenatal care (ANC) ........ 64

4.3.1. Too Busy/Work schedules ........ 64

4.3.2 Being labeled as a weakling ........ 66

4.3.3 Shyness from the society ........ 70

4.3.4. Lack of Transport Services ........ 73

4.3.5. Influence from friends, society and groups ........ 75

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

4.4 Cultural Factors influencing male partners participation in antenatal care (ANC) ... 78

4.4.1 Traditional gender roles ... 79

4.4.2 Tribal beliefs ... 81

4.4.3 Religious beliefs ... 82

4.5 Perception on antenatal care ... 82

4.5.1. Knowledge of ANC ... 83

4.5.2 ANC should be made compulsory ... 85

4.5.3 Male participation in ANC is a good idea ... 88

4.6 Male Partners' Previous Experiences during Antenatal Care ... 92

4.6.1. Non-involvement of men ... 92

4.6.2. Timely ANC services ... 94

CHAPTER FIVE ... 96

DISCUSSION OF FINDINGS ... 96

5.0 Introduction ... 96

5.1. Social factors influencing male partners participation in antenatal care (ANC) ... 97

5.2. Cultural factors influencing male partners participation in antenatal care (ANC) ... 101

5.3. Perception of male partners on antenatal care (ANC) ... 104

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

5.4. Male partners' previous experiences during antenatal care at health facility ........ 106

CHAPTER SIX ........ 108

SUMMARY, CONCLUSION AND RECOMMENDATIONS ........ 108

6.0 Introduction ........ 109

6.1 Summary ........ 109

6.2. Conclusion ........ 110

6.3 Recommendations ........ 113

REFERENCES ........ 115

APPENDIX 1 ........ 131

Consent Form ........ 131

APPENDIX 2 ........ 135

Questionnaire ........ 135

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

# LIST OF TABLES

**Table** 1**:** Population distribution of Wa Municipal…………………………...46

**Table 2:** Health Infrastructure breakdown of Wa Municipal………………....47

**Table 3:** Distribution of Community Based Agents…………………………48

**Table 4:** Demographic characteristics of respondents………………………..62

**Table 5:** Main themes and sub-themes of the study…………………………..63

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

## LIST OF ABBREVIATIONS/ACRONYMS

| | |
|---|---|
| ANC: | Antenatal Clinic |
| AHCT: | Antenatal Clinic –Based HIV Testing |
| CHN: | Community Health Nurse |
| CBSV: | Community –based Surveillance Volunteers |
| CHPS: | Community- based Health Planning and Services |
| GHS: | Ghana Health Service |
| GSS: | Ghana Statistical Service |
| GDHS: | Ghana Demographic Health Survey |
| HIV: | Human Immunodeficiency Virus |
| ICPD: | International Conference on Population and Development |
| IPPF: | International Planned Parenthood Federation |
| MMR: | Maternal Mortality Ratio |
| MHD: | Municipal Health Directorate |
| MOH: | Ministry of Health |
| PMTC: | Prevention of Mother to Child transmission |
| PNC: | Postnatal Care |

www.udsspace.uds.edu.gh

| | |
|---|---|
| SDGs: | Sustainable Development Goals |
| UN: | United Nation |
| UNDP: | United Nation Development Programme |
| UNFPA: | United Nations Population Fund |
| UNICEF: | United Nation International Children and Emergency Fund |
| USAID: | United States Agency for International Development |
| UWR: | Upper West Region |
| WHO: | World Health Organization |

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

## OPERATIONAL DEFINITION OF TERMS

**Male partner participation**: Male partner involvement in reproductive health requires men to actively participate in female reproductive health matters. It does not only implies contraceptive acceptance but also refers to the need to change men's attitude and behavior towards women's health, to make them more supportive of women using health care services and sharing child-bearing activities .

**Male participation:** refers to men taking part in the care of their pregnant women or partners during pregnancy especially attending antenatal care. Thus, supporting the women in taking decisions and helping them with reproductive activities that will improve their health and that of the unborn child.

**Antenatal care:** Is the care given by trained health personnel to a pregnant women. It aims at assessing the mother and fetus in order to detect possible complications o that immediate actions can be taken. Pregnant women are expected to make at least four plus (4+) routine before delivery.

**Maternal Health:** is the state of health of women during pregnancy, childbirth and the period after delivery.

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

# CHAPTER ONE

## 1.1 Background

Maternal health care of women especially pregnancy outcomes can be greatly improved if male partners are involved in the health care of their female partners.

Men in many areas around the world take crucial decisions which center on the health care of women and children and due to this vital role men play, innovative ways are being found to get more men involved (Assaf, Shireen & Moonzwe, 2018). When males take interest and take part in antenatal care, it will be a giant step towards the realization of regular antenatal care attendance by expectant mothers, which in effect will help ensure safe delivery of the child. The significance of the male was noted as the head of the house and has strong influence on decision making in his family (Kakamega, Jepkosgei, & Kiptoo, 2017). For improved self-care of the pregnant woman and her extensive use of skilled care during pregnancy through to time of labor and after labor, many interventions are being recommended to help get more men involved (WHO, 2015b)

The idea of getting more male partners involved in the antenatal care services was encouraged when world leaders met in 1994 in Egypt (Cairo Conference) to deliberate the course to improve human lives. Participants of the conference were of the view that a paradigm shift from programs which concentrated on population policy to programmes that will look at human lives was needed. To achieve this, focus was to be in the following areas: improving the lives of individuals and increasing respect for their human rights (UNFPA, 2004).

www.udsspace.uds.edu.gh

Activities geared towards ensuring that men perform their duties as parents, put up behaviors that encourage maternal and child health as well as engage in family planning activities in order to prevent sexually transmitted diseases and unwanted pregnancies were deemed to be activities that more men were urged and encouraged to take up and be actively involved in (UNFPA, 2004).

UNIVERSITY FOR DEVELOPMENT STUDIES

Many organizations working on maternal health through different assessment tools have recognized and accepted the important role men play in scaling up access and utilization of maternal health services (Tobergte & Curtis, 2013). Men are key decision makers in times of preparing for birth and the actions that need to be taken in emergency situations. In most African settings (patriarchal communities), where men hold primary power and dominate in leadership the influence men have especially over their wives is even more pronounced to a level that some of the men choose the type of health care services women and children should receive.

Male partners are usually the dominant force and determine the health seeking behaviors for the family especially in the African settings. For expectant mothers to regularly attend and have all the services of the antenatal care, the involvement of the man is very pivotal. Usually the male partners will have to first of all agree for the expectant mother to go the health facility. Also, the male partners may have to provide means of transportation for the pregnant woman to be able to attend ANC. Non -attendance of the expectant mother to ANC will mean she will miss certain basic health care services such as deworming, Prevention of Mother To

www.udsspace.uds.edu.gh

Child Transmission of HIV (PMTCT), regular weighing, intermittent preventive treatment and counselling on nutrition of the pregnant women which are known activities when undertaken routinely by the pregnant woman will facilitate the safety and wellbeing of the mother and child during pregnancy and delivery (UNAIDS, 2012). It was noticed from UNAIDS report that males not taking active part in ANC services has led to pregnant women not patronizing Prevention of Mother to Child Transmission of HIV (PMTCT )services which ultimately has led to an increased in the number of HIV cases transmitted from infected mothers to newly born babies during pregnancy (UNAIDS, 2012).

UNIVERSITY FOR DEVELOPMENT STUDIES

The health of the expectant mother is viewed as a shared responsibility of both parents in many areas of the world making most male partners to want to be part of the care of their wives and the unborn babies. This is seen in a study that was done in Sweden and it found that most Swedish men view pregnancy as a shared experience and want to be part of the process (Fenwick, 2012).

Maternal deaths worldwide have dropped by 47% since the year 1990 (WHO, 2015a). The number of pregnancy-related deaths decreased by 43% annually, thus from 532,000 to 303,000 in 1990 and 2015 respectively (WHO, UNICEF, UNFPA, 2015)

99% (302,000) of the world maternal deaths recorded in 2015 occurred in developing regions with approximately 66% (201,000) recorded in sub-Saharan Africa. Southern Asia followed sub-Saharan Africa with 66,000 maternal deaths (WHO, 2015).

www.udsspace.uds.edu.gh

Across all Sustainable Development Goals (SDG) regions, maternal mortality ratio (MMR) reduced between 1990 and 2015, although the magnitude of the reduction varied substantially between these regions. Eastern Asia (72%) recorded the highest reduction over the period. In 2015, India and Nigeria reported more than one third of all maternal deaths recorded in the world with Nigeria registering 58,000 (19%) maternal deaths and India registering 45,000 maternal deaths representing 15%. (WHO, UNICEF, UNFPA, 2015)

Developing regions recorded a maternal mortality ratio (MMR) of 239/ 100,000 live birth in 2015 where as developed regions recorded 12/100,000 live births.

This trend clearly indicates that maternal mortality ratio (MMR) in developing countries is higher than that in the developed countries. Also, It has been observed that adolescent girls of 15 years old and below stand a higher risk of experiencing maternal deaths especially in developing countries due to complications in pregnancy and childbirth (Abawi, 2015).

UNIVERSITY FOR DEVELOPMENT STUDIES

Again, maternal mortality rates are still high despite several interventions put in place by the international community and local governments to reduce this phenomenon thereby intensifying the call for more male partners' involvement. World Health Organisation and its affiliate bodies in 2013, revealed that deaths of women from pregnancy and child birth related causes worldwide stood at an estimated Two Hundred and Ninety-Two Thousand (292,000) (WHO, UNICEF, UNFPA, World Bank, & United Nations Population Division, 2014). World leaders in a global summit in the year 2000, declared Millennium Development Goal five (MDG5) now Sustainable Development Goal 3 to target and reduce

www.udsspace.uds.edu.gh

maternal mortality rate by 75% whilst working to attain worldwide access to reproductive health for all by the end of year 2015. According to the 2013 Maternal Mortality Report developed by the WHO, about two hundred and nine per hundred thousand live births (209 per100, 000 live births was recorded as maternal deaths worldwide. Many of these deaths occurred in developing countries which are mostly classified as low- income countries (World Health Organization, 2014). In the estimates, high income countries recorded low maternal mortality ratio of 12.1/ 100,000 live births while low income countries recorded maternal mortality ratio of 232.8/100,000 live births (WHO et al., 2014).

UNIVERSITY FOR DEVELOPMENT STUDIES

It was observed that Sub-Saharan Africa recorded the most maternal mortality ratio of 510 /100,000 live births, whiles southern Asia recorded about 310/ 100 000 live births over the same period of time. These statistics indicate a wide discrepancy in maternal health within the various sub regions with Sub-Saharan Africa and parts of Asia experiencing the high maternal deaths. In most parts of Africa especially in developing countries, addressing women's health concerns remains a major challenge (Lawoyin, Olusheyi, & Adewole, 2010)

Ghana's maternal mortality rate has decreased from 418 per 100,000 live birth in 2003 to 293 per 100,000 live births in 2013 (World Health Organization, 2014). This evaluation by WHO clearly shows that Ghana has made some great improvement over the years in reducing maternal mortality, but much effort still needs to be put in place to achieve the SDG 3.1.

There was an increase of 955 maternal deaths in 2016 over that recorded in 2015 (926 maternal deaths). Health facilities under the Christian Health Association of Ghana (CHAG) contributed 15% of these deaths, teaching hospitals in Ghana contributed 24% and health facilities under Ghana Health Service (GHS) reported 61% of all maternal deaths (GHS, 2016)

UNIVERSITY FOR DEVELOPMENT STUDIES

For many years, maternal health issues are seen, perceived and treated purely as matters affecting only women so you do not see many men taking interest in such issues. In view of their not being represented much in maternal health issues and the fact that they are crucial in planning and making resources available for healthcare services, present serious concerns for the health status of women, especially in low income countries where many women depend on their husbands (Lawoyin et al., 2010). Men have taken no special interest in reproductive health issues of women and therefore do not get themselves involved. The exclusion of these men especially during antenatal care visits highlights the fact that some of the men do not appreciate the health risk of pregnant women.

The behavior, beliefs and attitudes of men towards their pregnant women go a long way to influence the women's or baby's health. Few women are seeking maternal health care services because their husbands or male partners have excluded themselves from these services which can worsen the health situation of these women and children. Globally, there is an increase recognition that involving men in policies concerning reproductive health services brings great benefits to men and women (Nungari, 2014)

UNIVERSITY FOR DEVELOPMENT STUDIES

Males participating in antenatal care (ANC) is clearly seen to violate existing gender norms. Matters of reproductive health was seen by men to be the work of women (Reece, Hollub, Nangami, & Lane, 2010). Men consequently have the perception that they would be deemed to be weak men when they attend antenatal care with their women. Family planning activities, care during pregnancy and issues of childbirth have been classified as activities solely for women in South Africa ( Adelekan, Omoregie, & Edoni, 2014) . Generally, most men do not go with their female partners for family planning, antenatal or postnatal care services and above all it is also normal for them not to be present during delivery. Women are at high risk of getting unwanted pregnancies and other infections in societies where male dominate and where sexual relationships are determined by the men (USAID, 2010).

Access to reproductive health services by men in South Africa is a problem of logistics and culture. Rarely, reproductive health services are made available to men as they attempt to access health care for sexually transmitted infections (STIs) in the private sector because male condoms which are mostly used by these male partners can be gotten from clinics without getting into contact with health care providers (Saiqa & Monica, 2005). Women dominate in the use of reproductive health services which has made these services unfriendly for men. In many areas in Sub-Saharan Africa (SSA), male involvement in antenatal care (ANC) works against prevailing gender norms (Lochting, 2010).

When men notice that their women are pregnant, it is always accompanied by mixed feeling such as excitement, love, worry and confusion and throughout the

www.udsspace.uds.edu.gh

period of pregnancy to birth of the child, they try to find ways to combine these fellings and accept the reality of becoming fathers. However, many programs have yielded positive results in getting more men to participate during these periods (Kulunya, Sundby, Chirwa, Malata, & Malura, 2012)

Several reasons such as social, economic, cultural and health systems could partly be reasons why men will chose to attend antenatal care or not and it is therefore important to identify these hindering factors and address them appropriately

According to Byamugisha, Tumwine, Semiyaga and Tylleskär (2010) many factors serve as obstacles to male involvement in ANC. They are categorized into Social, economic, cultural and health facility factors. Policy makers, program planners and program implementer's inability to include men in promotion of maternal health programs has serious effects on the success of those programs and the health of women.

UNIVERSITY FOR DEVELOPMENT STUDIES

In terms of the logical barriers, some men indicated that they were not having means of transport to take their wives for health appointments. They also face seasonal challenges where agriculture and food security take precedence (UNFPA, Herrmann, Guzman, & Schensul, 2012).

In order to bring about a significant reduction in delays in obstetric care and improve birth outcomes, it is advocated that many initiatives and strategies should target raising awareness of men in recognizing emergency obstetric conditions, preparing for birth and getting prepared for emergencies. It is believe that when male are involved, they will support their wives to make effective use of these emergency obstetric services (Kakaire, Kaye, & Osinde, 2011)

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

**1.2 Problem Statement**

Male involvement in maternal health care describes a behavior as well as social change required for men to take up more roles in maternal health care with the sole aim of safeguarding the health of women and children (Kululanga, Sundby, Malata, & Chirwa, 2012). A report from UNFPA in 2012 noted that socially, the support men give to their partners at time of pregnancy and after childbirth could produce better health outcomes including healthy live births. (UNFPA et al., 2012).

Issues that have to do with pregnancy and childbirth are generally seen as solely woman's responsibility in Africa. It is viewed as strange to find male companions accompanying their women to the antenatal care unit, it therefore becomes rare to find male companions at the various antenatal care unit in many communities (Kariuki & Seruwagi, 2016). In Africa, men are more socially and economically empowered which make them have control over their female partners. This places them in a position to choose the time and conditions for sexual relations, household size and whether their partners will consume available health care services (Kariuki & Seruwagi, 2016). Male partner involvement is critical to improving maternal health and reducing maternal morbidity and mortality. Male partners in most African settings are the bread winners and the ones who take decisions for the home. They are expected to provide the basic needs such as food, shelter, security

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

and transportation of the home especially that of the pregnant women and also make choices that will improve the health of their spouses especially during pregnancy, delivery and after delivery (post-partum period). However, it has been established through a study by Saiqa & Monica, 2005 that many male partners are not get involved in the antenatal care issues of their partners

A report by Ampim (2013) showed that male support for maternal healthcare in Ghana is low compelling women to combine the activities of motherhood and competing in the labor market with men. A study in Nkwanta South District by Mitchell (2012) shows that male involvement in maternal health is largely low.

Several socio-demographic factors such as partner's education, type of marriage, number of children the couples have, distance to the health facility, attitude of health workers, customs, uncomplimentary health policies and gender roles account for the low male involvement in maternal and child health programs in Anomabo in the Central Region of Ghana (Craymah, Oppong, & Tuoyire, 2017). Findings from a research conducted in the Upper West Region indicated that less than a quarter of male partners studied ever accompanied their wives for antenatal care or postnatal care services in a health facility unless during labor or when there are complications during pregnancy even though most of these men know the significance of expert care during pregnancy and childbirth as well as the benefits that come with their involvement (Ganle & Dery, 2015)

Data on male involvement in antenatal care in Wa municipality recorded a decrease from 1,793 in 2012 to 1467 in 2016 (MHD, 2016). A wide range of factors may be contributing to this phenomenal drop in male partner's involvement

in antenatal care services. To find out some of the factors accounting for this, this study is set out to establish the socio-cultural determinants of male participation in antenatal care services in the Wa municipality.

### 1.3 Main Objective

To investigate the socio-cultural determinants of male partners' participation in antenatal care (ANC) services.

### 1.4 Specific Objectives

1. To examine social factors that influence male partners' participation in antenatal care
2. To examine cultural factors that influence male partners' participation in antenatal care
3. To explore male partners' previous experiences during antenatal care (ANC)
4. To assess male partners perceptions on antenatal care (ANC)

UNIVERSITY FOR DEVELOPMENT STUDIES

### 1.5 Research Questions

1. What social factors influence male partner's participation in antenatal care?
2. What cultural factors influence male partner's participation in antenatal care?
3. What are the previous experiences of male partner's during antenatal care (ANC)?
4. What are the perceptions of male partner's toward antenatal care (ANC)?

### 1.6 Significance of the Study

www.udsspace.uds.edu.gh

Policies which aim at getting more men involved in maternal health services should focus on increasing their level of consciousness about emergency obstetric care, birth preparedness and putting measures in place to deal with complications that may arise. The involvement of men increase the support and use of these services (Bhatta, 2013).

Men are of the view that attending the antenatal clinic will not be beneficial to them therefore making it all women affair, whereas they have the capacity to guarantee the safety of women in their reproductive age in the various communities.

UNIVERSITY FOR DEVELOPMENT STUDIES

It is important to get the support of all especially male partners who are key decisions makers in the home involved in all issue related to the maternal health of their partners. This study was set out to investigate socio-cultural determinants of male partners' participation in Antenatal care services in the Wa municipality of the upper West Region, Ghana.

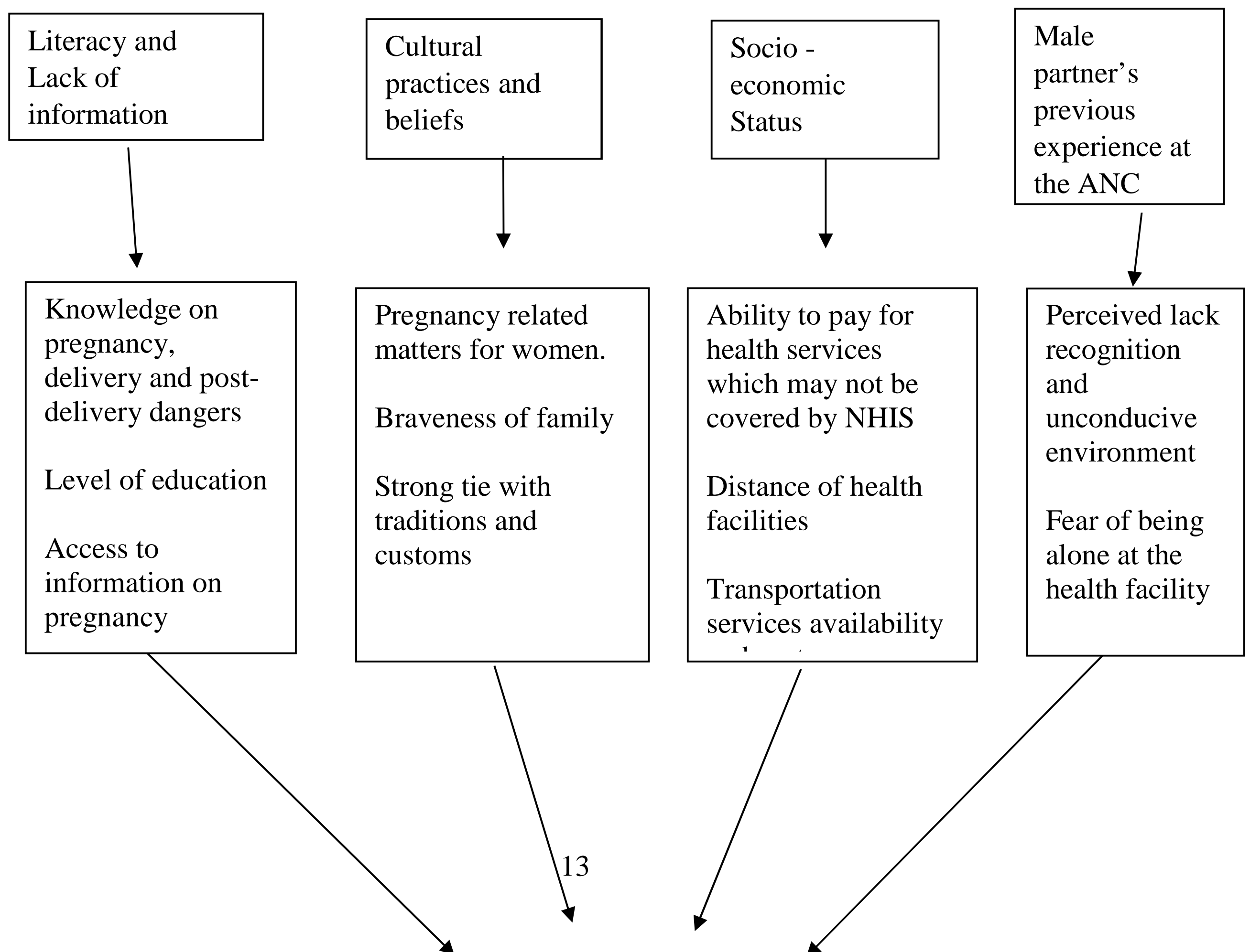
Understanding and addressing the socio-cultural factors affecting male partners' involvement in antenatal care (ANC) will pave the way for increasing their participation in maternal health leading to improved maternal health outcomes. This study will provide a path for understanding the diverse socio-cultural factors that affect male partner's involvement in antenatal care and its impact on maternal health care.

It will also facilitate the design of programs and strategies for improving maternal health through effective male partners' participation in antenatal care to reduce complications during labor and after birth (post-partum)

UNIVERSITY FOR DEVELOPMENT STUDIES

### 1.7. Conceptual Framework /Model

**Figure 1:** Conceptual framework of factors leading to male partners' involvement in antenatal care.



**Male partners' involvement in ANC**

**Source**: Adapted from Devasenapathy, George, Ghosh, Archna, Himanshu, Alagh, Zodpey (2014).

This model explains the factors that lead to male partners' involvement in antenatal care. There are four constructs in the model; literacy and ignorance, cultural practices and beliefs, socio- economic status and previous experiences of male partners at antenatal care.

UNIVERSITY FOR DEVELOPMENT STUDIES

The level of education affects the literacy level of male partners which influences their knowledge and access to information during pregnancy, delivery and post-delivery periods. Male partner's educational level helps them to understand pregnancy, its complications and what needs to be done during pregnancy and determines whether they will be involved in antenatal care or not.

Cultural practices, beliefs and traditional underpinnings relate to male partners' involvement in antenatal care, strong tie with customs and traditions where pregnancy related matters are seen to be the preserve of women. The braveness of the family (been manly) also affects male partners' involvement in antenatal care.

Socio-economic status of male partners, such as friends, family and groups or associations, the ability of the man to pay for services which may not be coved by

www.udsspace.uds.edu.gh

national health insurance scheme, the distance to the health facility and availability transportations service influence male partners' involvement in antenatal care.

Finally, male partner's previous experience at antenatal care determines whether they will subsequently attend antenatal care with their partners or encourage their friends and colleague male partners to accompany their female partners to antenatal care unit. Perceived lack of recognition, the unconducive antenatal care environment for male partners and the fear of being alone at the facility are factors which affect male partner involvement in antenatal care.

UNIVERSITY FOR DEVELOPMENT STUDIES

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Introduction

This literature review looks at some studies done in this area and their significance to this study in particular. The related literature that has been reviewed focuses on socio –cultural factors that influence male partners' participation in antenatal care (ANC) and its impact on maternal health. Several factors including social factors, cultural factors, financial factors and factors related to the health systems influence male partners' participation in issues of maternal health which is geared towards improving maternal health and reducing maternal mortality to the barest minimum.

There are publications in the areas of the causes of maternal deaths, interventions available to reducing maternal mortality, progress towards maternal mortality reduction, trends in maternal mortality among others. These publications have helped in the tracking of maternal mortality and maternal health worldwide. Also,

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

it has helped in determining which particular location, regional areas or specific countries where maternal mortality persist and for distributions of logistics in order to help fight this phenomenon and for the attainment of SDG3.

The literature reviewed was organized under the following headings:

1. Social factors that influence male partners participation in antenatal care
2. Cultural factors that influence male partners participation in antenatal care
3. Male partners' previous experiences during antenatal care visits
4. Male partners perception on antenatal care (ANC)

**2.1. Literature Search**

Literature related to male partners involvement in antenatal care was reviewed on journals, articles, reports, fact sheets, books and other research findings using search engines which included; Google Scholar, Pubmed and Hinari. Major phrases used for the search were: 'male involvement in maternal health care', 'male partners' involvement in antenatal care', 'the role of male partners' in antenatal care', 'factors affecting male partners' involvement in antenatal care', 'previous experiences of male partners and their involvement in antenatal care', and 'male partners' perception of antenatal care'. Search results were read thoroughly and relevant information was used as the reviewed literature for the study.

**2.2 Social factors influencing male partners' participation in antenatal care**

In most African settings, men are seen as a dominant force on matters related to maternal health. The male gender has control over their female partners and mostly

UNIVERSITY FOR DEVELOPMENT STUDIES

males have to take the decision on reproduction and maternal health issues (Thapa, 2012)

When it comes to decision making on some of these issues, women have very little say on what happens and has to obey the instructions of the men. All of these are as a result of the way society places value on the female and their male counterpart. Women are seen to be subject to their male partners and there are limitations set on what to do and how to deal with their wives. The standards set are to be adhered to always and any man seen going contrary to these standards is seen as a deviant and is treated as such. Again, there are several social factors that prevent male participation in activities related to maternal health especially with regards to antenatal care globally and especially Africa and Ghana for that matter (Olugbenga-bello, Asekun-olarinmoye, Adewole, Adeleye, & Olarewaju, 2013)

Decision making on the utilization of ANC is influenced by the roles men and women play in our societies. The men are solely responsible for making decisions as to whether their pregnant wives will attend antenatal clinic or even utilize skilled birth attendance during the delivery or not. If a male partner does not permit the wife to attend a clinic she will never go there in the first place and also it is he who will determine whether he will accompany the woman to the ANC or not. Men should however recognize and appreciate their involvement in ANC attendance, present themselves at delivery room during labor and ensure that postnatal care services are well observed. Britta (2005) indicated that, of the women who attend ANC for the first time, 12 (40%) of their husbands

www.udsspace.uds.edu.gh

accompanied them to the facility and lower husband accompaniment to ANC gave women more power over decision making, hence lower overall male involvement.

Low involvement of men in maternal health issues could again be attributed to their restriction by health personnel from having contact with their wives especially during labor and ANC services. This makes them feel marginalized (Muia, Olenja, Kimani, & Leonard, 2000). This implies that male participation in health care of their wives during pregnancy end at the door step of various ANC centers where they seek ANC services. They are usually not allowed to be present with their wives during the process of the antenatal care where they will see and appreciate the care rendered to these women. There are times where most of the health facilities do not share information on antenatal care, counseling and other maternal related information with men who come to ANC with their wives, meanwhile this information could be beneficial to the male as well. To ignore or not permitting men in these process is to ignore the important role they play in the women maternal health choices.

UNIVERSITY FOR DEVELOPMENT STUDIES

Male involvement in women decision to attend antenatal care has been reported in some studies around Africa. In a study conducted in Kano Nigeria, 17.2 % (15) of women did not attend antenatal care regularly because their husbands were unsupportive (Adamu & Salihu, 2002). A study by Nyane (2007) in Uganda, revealed a drop in the number of ANC attendance after mothers were requested to come with their partners for the next ANC service. This could be as a result of their partners' dislike of the idea of going to the clinic and therefore the only way out is to stop her from going there.

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

In a study done in Kenya at of Kenyatta National Hospital, Nairobi, it was realized that men had concerns about stigma associated with disclosure of HIV status. In this context the men had issues with HIV status disclosure in a health facility, as they assume that health systems were very weak and their status could be known in their communities. This made it difficult for them to go with their partners for antenatal care (Nungari, 2014).

Concerns about the confidentiality and being afraid to receive HIV positive results prevent some men from attending for ANC (Nungari, 2014). The inclusion of testing for HIV at antenatal care clinics in other to minimize the transmission of HIV infection from mother to child is a source of worry to most men who would have wish to go with their partners to the antenatal care. In most of the situation the men had issues with disclosure and subsequently the stigma that is attached to it.

In the same study (Nungari, 2014), mothers expressed disagreement with the involvement of their spouse during Prevention of Mother to Child Transmission of HIV (PMTCT) session if the males were not aware of their HIV status, did not present themselves for test or refuse to accept their HIV status. There also seems to be disagreement among some men who have raised concerns on testing partners who have already tested for HIV. This they believe would give the same results as their partners and expressed their fears on the problems it could cause in the relationship.

Nyondo-Mipando et al., (2016) revealed in a demographic and behavioral characteristics study of males that, when women were told to invite their spouses for Prevention of Mother to Child Transmission of HIV (PMTCT) services, only

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

109 (23%) had their partners with them to the clinic, following an intervention in Blantyre, Malawi. Majority of the women (307) (66.5%) could not come back to the clinic with their partners. Even though majority of males welcomed the intervention, some could not come with their partners for various reasons such as work load and lack of interest in escorting their partners for the services. The study therefore concluded that demographic features may not influence their decision to be involved in PMTCT services (Nyondo-Mipando, Chimwaza, & Muula, 2016). A study in northern Tanzania indicated that, very few male partners turned out for VCT for HIV with a great percentage (40%) attending the health facility after delivery which is suggestive that they are only particular about seeing their women deliver than the things they have to do before the delivery (Msuya, Mbizvo, Hussain, & Uriyo, 2008). Women who were HIV-seropositive and accompanied by their partners to the clinic were more likely to use HIV prophylaxis, avoid breastfeeding and adhere to the infant feeding method selected compared to the women whose partners did not attend (Msuya et al., 2008). In a study by Medley et al., 2012, it was observed that majority of male partners attended at least one skilled ANC. Factors that independently were associated with higher ANC attendance included knowledge and awareness of ANC services, information on health was easily gotten from health workers and whether the spouse had skilled attendance at last childbirth (Medley, Mugerwa, & Sweat, 2012).

In a study to increase male partner attendance to Antenatal Care and HIV Testing Services in Mbeya, written and verbal invitations of male partners to ANC were given and the results indicated that 30 (30.9%) out of 97 who were assigned

invitation letters returned to the ANC with their male partners which means inviting male partners using official means to ANC yielded much results. The other group who were not given invitation letters saw few 28 (27.5%) returned with their partners. Aborigo et al., (2018) observed that men as family heads who in most settings control the family resources, decide the health seeking behavior and treatment for the pregnant woman. Men also act as final authorities in determining the ways by which pregnant women seek medical care. Aside these, men have no further duty during antenatal care, hence joining their partners to antenatal care clinic is unnecessary (Aborigo, Reidpath, Oduro, & Allotey, 2018).

UNIVERSITY FOR DEVELOPMENT STUDIES

A study conducted in Anomabo in the central region of Ghana revealed that, of the number of men who are involved in maternal health care services, 35 (35%) of them accompanied their partners to the ANC, 43 (43%) observe their partner's delivery, whiles 20 (20%) participated well in postnatal care services. This observation as made by Craymah et al., (2017) in Anomabo on male involvement was influenced by social factors such as partner's level of education, the number of children and the number of wives. Others factors included how far the health facility was from their homes, health workers attitude and cultural beliefs (Craymah et al., 2017)

An observational study in Gambia on men participation in women health revealed that Gambian husbands in rural Gambia displayed high desire in their involvement in maternal health, however their view that issues to do with pregnancy and delivery were in the domain of women relaxes their efforts in that direction (Lowe, 2017)

UNIVERSITY FOR DEVELOPMENT STUDIES

A study by Jennings et al., (2014) on women's empowerment and male involvement in antenatal care in selected African Countries showed that, in majority of the countries, there were positive associations in women's composite empowerment and economic empowerment and male involvement in Burkina Faso and Uganda. In Malawi, substantial negative associations were observed in the odds of male attending ANC and women's composite and economic empowerment scores. No major differences were observed in Burundi, Mozambique, Rwanda, Senegal and Zimbabwe (Jennings et al., 2014)

Ganle & Dery (2015), revealed in a qualitative study in Ghana that, despite recognition of the benefits of expert care during pregnancy and child birth, most of the male partners were not involved in issues of maternal health. The only time men get involved in maternal health activities is when their partners get complications (Ganle & Dery, 2015)

Studies conducted in Lesotho and Uganda identified barriers such as traditional gender roles, fear of losing respect from their peers, lack of communication skills, lack of knowledge and strong perceptions of men (IPPF, 2010). A study Sham-Una (2015) found that attempts to reach men were very limited and have not yet been given high priority neither by the local governments, donor agencies, NGO's, researchers nor the health authorities. The study concluded further that men generally do not escort their wives to ANC, postnatal care and are not to be present during the delivery of their children

Promotion of different interest among men and their partners is influenced by multiple partner relationships. Ratcliffe, Hill, & Walraven (2000) noted that men

www.udsspace.uds.edu.gh

who have more than one sexual partners have a challenge in attending to the reproductive and health needs of his women.

Engagement of men in long working hours makes it more difficult for most men to make time to join their partners attend ANC services. This was given as one of the reasons for men's inability to participate in ANC care services. (Bulut & Molzan, 1995)

In Uganda, commercial taxi drivers and commercial motorbike riders called

"Bodaboda" were less likely to participate in ANC services compared to men in other professions such as farming or construction (Nungari, 2014)

UNIVERSITY FOR DEVELOPMENT STUDIES

When many people are engaged in an activity, it makes that activity less stigmatizing and thus presents a more comfortable situation for those who may want to also engage in that activity. In the case of male partner involvement, it was shown that a lot of male partners do not usually get involved in maternal health care services because they consider those activities as solely for women or it will be unmanly. Therefore, a man who wants to accompany his pregnant wife to the ANC might be discouraged from doing so if no other man in the community attends ANC (Tweheyo, Konde-lule, Tumwesigye, & Sekandi, 2010).

Pivotal role is played by men in taking key family decision on pregnancy, delivery child birth, general maternal and child health as well as safeguarding the life and future of the family. During the late stage of pregnancy and the early stages after delivery, health problems, maternal mortality and disabilities concerns are common due to hemorrhage, sepsis and obstructed or delayed labor and therefore the

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

involvement of these men is crucial in tackling these challenges. Martin et al., (2007) revealed in a study carried out among 5404 women with their partners that, women whose partners were involved in their pregnancy health care, were more likely to be part of ANC attendance during the first trimester of their pregnancy. They concluded that male involvement leads to better comprehension of maternal and obstetrical emergency. (Martin, Mcnamara, Millot, Halleh, & Hair, 2007).

The age of the partners also affect male partner's involvement in antenatal care activities. A study conducted in Nigeria found that men within the ages of 20-39 years of age were more likely to join their wives to the health facilities for ANC as compared to the older men. Also it was revealed that educated and legally married men were 1.2 times higher to be involve in the antenatal care of their spouse (Olugbenga-bello et al., 2013). In contrast, Nkuoh, Cmmh, Meyer, Tih and Nkfusai (2010) reported that men who are in polygamous relationships in Cameroon demonstrated higher involvement. Men who were older with higher levels of education were found to be more likely to assist their partners in making a birth preparedness plan (Kakaire et al., 2011). Male partners' level of education can influence their involvement in ANC. It places those with some level of education at an advantageous position to be well informed about maternal health care issue than their colleagues who may not have any form of education.

Byamugisha et al., 2011, found that men who completed 8 or more years of education were more likely to be involved in ANC than men who have less than 8 years of education. This was contrary to similar study done in Kinshasa in which

the level of education of pregnant women and their male partners did not influence male participation in ANC attendance (Byamugisha et al., 2011).

A survey conducted by Doe (2013) in Ablekuma South District of Ghana to assess the level of male participation in maternity care indicated that couple living with other family members negatively affected the level of male involvement whilst higher level of education and the couple living together had a positive influence on the level of male involvement.

UNIVERSITY FOR DEVELOPMENT STUDIES

Similarly, a descriptive study conducted in Oyo State, Nigeria reported that there is a serious link between men's level of education and their participation in antenatal care (Opeyemi, Olabisi, & Oluwaseyi, 2014).

The type of work of male partners is one factor that affects male partners accompanying their partners to ANC. Male partners are mostly the bread winners of the homes and have to work to earn income to fend for the family and if the work happens to be very engaging or the work is not one's personal business, he may find it difficult to leave work to accompany his partner to ANC. Another study conducted in Wakiso District in Uganda observed that men who were skillful and those who were employed in the government and private sector were most likely not going to go with their partners for antenatal care (Kariuki & Seruwagi, 2016a).

**2.3 Cultural factors affecting male partners' participation in antenatal care**

Cultural factors play a significant role in non -involvement of male partners in antenatal care services in most communities and societies. There are always negative perceptions on the male partners who usually go with their partners for

www.udsspace.uds.edu.gh

ANC services. In most African countries , men hold the view that ANC services are designed and reserved for women with many saying they feel embarrassed to see themselves in such female dominated places where maternal health issues such as family planning, pregnancy and childbirth have long been regarded entirely for women (Mullick, Kunene, & Wanjiru, 2005).

UNIVERSITY FOR DEVELOPMENT STUDIES

Even though female partners expose their privacy to their male partners for which these men do not feel shy about, some men held the belief that, male participation in ANC services is unnecessary indicating that it is not a good practice to follow their wives to the antenatal clinic because ANC is strictly the woman's responsibility but other women do not want to be seen attending ANC with their male partners (Byamugisha et al., 2010). A study conducted in Kenya disclosed that some men trust traditional healers and will patronize their services instead of attending hospitals and clinics. Therefore attending ANC was a problem (Reece et al., 2010). If the clinic where ANC services are carried out is far from male partners' homes, means of transportation as well as cost of transportation poses as a challenge and may be a barrier to most men not to be involved in ANC.

A study conducted in western Kenya by Reece et al (2010) using qualitative methods found that the distance that the male partners have to cover in order to get to the clinic, cost of transportation, the time they will spend in conducting various blood tests and counselling sessions were identified as obstacles to male involvement.

www.udsspace.uds.edu.gh

Men saw themselves as key providers for the home and explained that time spent at clinics and away from work or other income generating activities was clearly a barrier to their participation in ANC services (Reece et al., 2010).

A cross-sectional study aimed at assessing male attendance and associated factors that affect male partners' antenatal visits in Bale Zone in Ethopia revealed that male partner involvement was 253 (41.4%). Many of the respondents 357 (58.6%) were not escorted by their partners during ANC services. some of the reasons they gave for not being accompanied by their male partner included: their husbands working in different towns 138 (37.1%), it is not the custom to be accompanied by their husbands 104 (17.1%) and it is women's matter 83 (13.6%) (Kassahun, Worku, Nigussie, & Ganfurie, 2018)

UNIVERSITY FOR DEVELOPMENT STUDIES

An investigation into the acceptability and likings among men and women for male involvement in antenatal care in Johannesburg, South Africa found that few representing 14% (n=21/146) of women with  present partners reported that their male partners had attended an ANC visit with them in their current state of pregnancy and 20% (n =29/147) of men recorded previous ANC attendance with a partner (Yende, Rie, West, Bassett, & Schwartz, 2017)

Close associates, relatives and friends have an impact on male partner involvement in ANC. Some friends and relatives discourage their male friends from attending ANC with their female partners whilst others may encourage them. But mostly the final decision to attend or not to attend solely lies with the male partners involved. females relatives such as mothers and mother in-laws play influential role in

determining the level of male involvement in ANC (Mullany, Becker, & Hindin, 2007).

Men assume roles as partners, community leaders and health providers which can affect women's access to prenatal care and postnatal care services and determine the obstetric outcomes of these women. In some male-controlled settings, women are not permitted by their husbands or fathers to leave their homes to obtain health care unless they are accompanied by family members who are males and in some cases they only allow their females to be attended to by female health care providers. A study in rural Guatemala which seeks to explore husbands' involvement in maternal health using individual interviews and focus group discussions reported similar finding which suggested that women are often not allowed to be seen with a male health worker and other cultural factors negatively affected male participation in antenatal care services (Greene, Manisha, Deirdre, Akinrinola, & Susheela, 2003).

UNIVERSITY FOR DEVELOPMENT STUDIES

A mixed method aimed at assessing the use of antenatal care in two rural districts of Upper West Region of Ghana found that most (n = 57, 71.3%) of the expectant mothers attended their first antenatal care late. Traditional norms greatly influenced this delay with most of them (n = 57, 71.3%) attending the ANC alone. Similarly, cultural factors related to perceptions about pregnancy, gender-based roles and responsibilities, concerns that ANC would result in giving birth to a heavy baby and the perception that delivering in the health facility was culturally inappropriate affected the use of ANC service during pregnancy by pregnant women (Sumankuuro, Crockett, & Wang, 2017)

There are usually several barriers hampering the efforts of getting many men involved in ANC services. Some of these barriers can be related to the service such as attitudes of health professionals, the clinic environment not being conducive enough to make men comfortable when they visit with their partners but other barriers could be from the individual men.

A qualitative study done in the Lusaka Province of Zambia found that the involvement of men in the program, period of delivery, affection and care they have for their wives were the factors that encouraged them. The factors that prevented them included: the way the facilities were arranged and working habits of the staff and fear of stigmatization. The fear of losing one's love one, socio-economic conditions and lack of incentives were reported to be some of the inhibiting factors (Auvinen, Kylmä, Välimäki, Bweupe, & Suominen, 2015)

A research was conducted in Cameron on obstacles to men's participation in antenatal in the prevention of mother-to-child transmission of HIV indicated that men's participation in ANC in prevention of mother-to-child transmission was affected by socio-cultural barriers which centered on tribal beliefs and traditional gender roles. The barriers identified included the belief that the issues to do with pregnancy were solely for women, beliefs that a man's primary duty is to provide financial support for the care of the woman, the perception that the man will be viewed as being jealous by members of the community if he accompanies his pregnant wife to the clinic (Godlove, Nkuoh, Dorothy & Meyer, 2010)

A study conducted in Chorkor, an inner-city fishing community in Ghana revealed that many 242 (94.5%) adult men knew the importance of antenatal care services.

UNIVERSITY FOR DEVELOPMENT STUDIES

However, despite this level of knowledge of these men, few 114 (44.5%) of them ever escorted their wives or partners to the health care facility to access skilled delivery services. Attitudes of health workers, long waiting time and socio-cultural beliefs were some of the reasons for the low men involvement in the community (Atuahene, Arde-acquah, Atuahene, Adjuik, & Ganle, 2017).

A qualitative study by Adika, Chutiyami, Dathini, Adamu, & Chutiyami (2017) to explore partners' perception on factors that contributed to the death of their wives in Accra, Ghana establish that the cultural factors mainly accounting for the deaths of their wives included accessing health care service from untrained birth attendants and the use of traditional preparations or concoctions to aid delivery process.

UNIVERSITY FOR DEVELOPMENT STUDIES

In Gambia, a study establish that women mostly initiate the process to attend antenatal care, but men ultimately make the decision as to whether their partners should go or not to go for ANC. Men have the power to make decisions and they do this taking into consideration factors such as religious obligations, cultural and traditional factors and the economic dimension where men are the providers of the house and custodians of monies for the house. TBAs, mothers, mother's in-laws and elderly female relatives in the communities had considerable influenced on women's decision to pursue delivery care (Helleve, 2010).

In Gobabis district of Namibia, Men‘s participation in the Mother-to-Child Transmission of HIV plus (MTCT-plus) programme was affected by lack of trust for health workers and cultural practices, HIV related stigma, unfavorable environment at the antenatal care clinics, time wasted by men and work -related

www.udsspace.uds.edu.gh

constraints and having more sexual partners. This led to the shift of roles and responsibility of taking care of their partners to the biological parents of the woman (Kwenda, 2012)

Chris (2015) in an explorative study on the factors affecting male involvement in antenatal care (ANC) and postnatal care (PNC) services in Kabwe urban and Chamuka rural areas of Zambia pointed to socio-economic factors, cultural factors, health-related factors and place of residence of the respondents as factors affecting male involvement in maternal health services. It also discovered that factors that affected male involvement in rural areas are different from the factors that male partners in urban area experience.

UNIVERSITY FOR DEVELOPMENT STUDIES

A cross-sectional survey on the factors that determine male involvement in the prevention of mother-to-child transmission of HIV programme in Eastern Uganda indicated that only 18 (4.7%) out a total of 387 men attended ANC with their female partners but most of the men 377 (97%) out of 387 provided financial support to their wives to attend antenatal care. poor health system, low socio-economic conditions and cultural beliefs were some of the barriers to male involvement in Prevention of Mother to Child Transmission of HIV (PMTCT) programme (Byamugisha et al., 2010). Health workers poor handling of pregnant women and their rude attitudes towards pregnant women, health workers not allowing men to enter the antenatal clinic with their pregnant women and charging illegal fees were some of the health service -related factors identified by male partners for their lack of involvement.

**2.4 Male Partners' Previous Experiences during Antenatal Care Visits**

UNIVERSITY FOR DEVELOPMENT STUDIES

Male partners' previous experiences during antenatal care at health facility will determine whether they will continue to accompany their partners for ANC services and encourage their friends and other male partners to escort their partners to the clinic or not. The experiences of male partners at the clinics to some extend are some of the reasons why male involvement in antenatal care is not encouraging. The manner in which the male partners are received at the health facilities play a crucial role in their decision to go with the spouse at the next visit of the antenatal clinic. Male participation in ANC services is much of a problem where just a handful of males are willing to accompany and actually accompany their partners to the health facilities for ANC and this is made worse if they are not handled well at the facility. Also if they do not realize the benefits of the attending the ANC they may see it to be time wasting (Vermeulen et al., 2016).

In a study which employed mixed methods of data collection to explore prospects of male involvement during pregnancy in Magu district of Tanzania, results revealed that Male involvement in antenatal care in Magu District was low. Although men acknowledged the importance of antenatal care for pregnant women, most husbands did not show a positive attitude towards their involvement. A key obstacle to low male involvement in antenatal care in the district was the undesirable experiences of men during their previous visits to the health facilities (Vermeulen et al., 2016). This implies that if male partners are not handled well or are not satisfied with services provided at the ANC unit, it can affect their attendance subsequently.

UNIVERSITY FOR DEVELOPMENT STUDIES

A study involving the use of qualitative and quantitative study designs in Nairobi city County on the challenges faced by men working in the banking sector with regards to their involvement in the pregnancy and postpartum care of their pregnant women showed that though most of the men acknowledged the significance of their involvement, they chose to isolate themselves or stay off issues regarding pregnancy and child birth. Key barriers enumerated were fear of being ridicule by peers, Lack of information on how to be involved resulting in unclear roles and health services factors such as overcrowding in hospitals resulting in lack of space for male partners to be in health facilities and hectic work schedules (Kimotho, 2016)

A cross sectional study which sought to understand the experiences of male partners' as they attempt to get themselves involved in the health care of their female partners during pregnancy and childbirth in Mulago Hospital, Uganda found that the health system restricts male involvement in childbirth. In the study, it was discovered that men have no specific roles during childbirth, their exclusion and isolation in the hospital environment as well as the unwelcoming, intimidating and unaccommodating atmosphere of the health facilities accounted for their non-attendance to ANC (Kaye, Kakaire, & Nakimuli, 2014). Another study in Ilorin in Nigeria which examined male partner's role during pregnancy, labor and delivery hopes of pregnant women revealed that a very high percentage 417 (82.4%) of male partners desire to company their partners during antenatal clinic visits, many of the male partners also attended previous delivery and high number of the women were satisfied with the experience of having the male partners expressing

www.udsspace.uds.edu.gh

their desires and actually attending the clinic with them to seek maternal health services (Adeniran et al., 2015). It observed that most men were satisfied with the outcome at the health facilities and most of them were actually involved in some of the activities at the clinics.

UNIVERSITY FOR DEVELOPMENT STUDIES

In South Africa, a qualitative study on men observed that men had varying perceptions of their roles during the prenatal period. Significantly, all the men agreed that their partners should be given support during pregnancy. Some advocated for increased sharing of the workload and others advocated for the option of bringing her to the clinic and waiting in line but not attending the actual antenatal care appointment (Matseke, Ruiter, Rodriguez, Setswe, & Sifunda, 2017)

Again, a study on ways by which men's sense of responsibility can be leveraged and other factors affecting male involvement in antenatal services in Kinshasa, DRC observed that reception given to male partners by clinic staffs was the most facilitating factor for male attendance. Men also felt they made the women pregnant so health workers wanting to test them for HIV was not facilitating their involvement in antenatal care with their partners (Gill, Ditekemena, Loando, Ilunga, & Temmerman, 2017).

A quantitative study on Prevention of Mother to Child Transmission of HIV (PMTCT) at Old-Mulago Hospital, Uganda indicated that Antenatal Clinic-Based HIV testing (AHCT) acceptance was high 213 (99.8%), most respondents 173 (81%) were satisfied with their overall AHCT experience and 156 (71%) were satisfied with service setting with significant factors for this satisfaction being cleanliness/hygiene and service duration (Drasiku, 2010).

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

**2.5 Male partners perception of antenatal care**

The perception of male partners on antenatal care can influence the extent to which they participate in ANC. A positive perception of ANC will lead to a positive attitude of male partners towards their involvement in ANC and vice versa. Mostly, men perceive maternal health care services as solely for women and therefore perceive men who are involved in this as mingling with the affairs of women and are usually described in many societies as not being man enough (Vermeulen et al., 2016). Other factors such as knowledge of male partners on ANC services may have a direct influence on how they perceive their partners involvement in ANC.

Case studies from Maligita and Kibibi, Uganda showed that childbirth was purely women affair and had nothing to do with men (Singh, Lample, & Earnest, 2014). In the same study findings further showed that the men were of the belief that matters that has to do with pregnancy and childbirth were matters that were in the domain of women. Involvement was strictly limited to traditional gender roles with men providing funds as their main duty. The women were particularly concerned about receiving more support from their husbands through planning, attendance to antenatal care and their presence in the area of birth (Singh et al., 2014)

An evaluation of male partners' views of antenatal classes in a National Health Service Hospital indicated that most of the male partners were having positive feelings about their participation in antenatal classes and hope to be in the same class with their partners. The presence of male partners to support their wives during childbirth was a positive experience to them (Shia, 2013)

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

Examining the views and perspectives of opinion leaders can be one of the major means to understanding the reasons for the low male involvement in maternal health. A study on the perspectives of opinion leaders and causes of men's resistance to assume more proactive roles during pregnancy and their lasting influence in the decision making process during emergency situations revealed that men are leaders of the family, control resources, consult fortune-tellers to determine the type of health care to seek or the type of treatment to give to the pregnant women. Men also serve as the final authority in deciding where the pregnant women should seek health care and when pregnant women should seek the health care. Men view attending antenatal clinics with their partners as unnecessary and therefore have no expectation of any role to play during antenatal care (Aborigo et al., 2018)

In an orderly review of barriers and facilitators across 24 peer reviewed studies in sub-Saharan Africa aimed at identifying male involvement in prevention of mother to child transmission of HIV showed that barriers to male involvement were largely at the level of society, challenges in the health system and the individuals involved, the perception of society that antenatal care (ANC) and Prevention of Mother to Child Transmission of HIV (PMTCT) services are activities for women and the notion that it was offensive for men to be involved, Long waiting time during ANC and health workers being unfriendly to male partners at PMTC services were identified as obstacles to male involvement (Morfaw et al., 2013).

After the introduction of a male involvement program in Zambia, A qualitative study was conducted in Nangoma Hospital and its catchment area in Mumbwa

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

District. Results indicated that most participants in Zambia (men and women) demonstrated inadequate knowledge of activities that are carried out at antenatal care clinics. Results further revealed that all participants view involvement of men in health care as not being part of the roles of males and saw it as not culturally acceptable for men to be present during maternal health care services of women. Long waiting time which is a factor related to the health system was seen by most participants as factors that impacted negatively on men's participation (Nguni, 2013)

A cross-sectional descriptive study aimed at examining men's perception, attitude and involvement in maternal care in Atelewo community, Osun State in Nigeria found that many of the participants have poor knowledge and a higher number of respondents also demonstrated good attitude towards maternal health care. In relation to the involvement of men in maternal health care of their wives, a quarter of the respondents in the study have ever followed their wives to the clinic for family planning services, antenatal care services and to the delivery room. That is, the level of awareness of men on maternal health was high but their roles in rendering care to their wives was poor and only few of them exhibited positive attitudes towards maternal health care (Olugbenga-Bello, Adenike, Asekun-Olarinmoye et al., 2013).

Understanding the perspectives of men with regards to their involvement in ANC is one giant effort towards getting them to be more involved. It was for this among other reasons that a study was carried out to explore the views of men on the use of antenatal and delivery care services in rural western Kenya. Overall, it revealed

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

that men held positive views about their involvement in antenatal and delivery care. They considered themselves as decision makers and as part of their role they often encourage or even force their wives to attend antenatal or delivery care. Many men assigned various reasons why it was beneficial to accompany their wives to antenatal care clinic but few accompany their partners and only do so when there are complications. The key cultural barriers identified were the belief that the role of pregnancy was for females and the male's role was to provide the needs of the house and their wives, negative attitudes of health workers towards men's participation and the unfriendly environment in which antenatal care services are carried out (Kwambai et al., 2013)

A study on male partner involvement in the prevention of mother to child transmission of HIV at Fantale District, Ethiopia revealed that Only 83 out 272 (30.5%) of the study participants were escorted by their male partners to ANC. Pregnant mothers who live in urban areas were more likely to be accompanied to the antenatal care unit by their partners on Antenatal care compared to pregnant women living in the rural areas. Also, It found that mothers who are not holding negative cultural beliefs about their partner accompanying them to antenatal care were more likely to involve their partners compared to mothers having negative cultural beliefs (Lemma, 2017).

Findings from a study on male involvement in maternal health care as a basis for the utilization of trained birth attendants in Kenya indicated that majority 496 (68%) of women whose husbands accompanied them to at least one ANC made use of the services of trained birth attendants during delivery. Women who were

UNIVERSITY FOR DEVELOPMENT STUDIES

accompanied by their husbands to at least one ANC had a higher chance of seeking the services of skilled birth attendants than women who attended ANC without their husbands. On men's perception variable, half 362 (49.5%) of the women whose husbands have positive view about ANC were attended to by trained birth attendants compared to husbands who have negative perceptions of ANC (Mangeni, Mwangi, Mbugua, & Mukthar, 2013)

A study to investigate individuals, community members and health workers' perception on male involvement in maternal health care in Mwanza district in southern Malawi showed that some of the participants see male involvement as a foreign concept because they expressed a lack of understanding in in the linkage between male partners involvement in maternal health care services and reduction in maternal mortality. Study participants expressed the view that issues to do with pregnancy and childbirth are for women, getting women to the hospital and providing financial and material resources were some of the helpful roles men do play (Kululanga et al., 2012)

Bougangue & Ling (2017) in their research on male involvement in maternal health care through Community- based Health Planning and Services in Awutu-Senya West District of Ghana shows that some men were directly involved in playing roles that were presumed to be for females whilst other men request the services of their female relatives and co-wives to perform the roles that they think are meant for females. The males showed interest in maternal health care but were more involved in works that they traditionally considered to be for them.

www.udsspace.uds.edu.gh

Furthermore, study findings from Machakos County in Kenya showed that men consider health facilities as places for women which generally provide female services (Ongweny-Kidero, 2014). Men get discouraged to actively participate in these critical services due to the unconducive setups in most of the health facilities. Also, the perceptions of men towards these services are shaped by their lack of information, lack of sensitization, lack of awareness and the undesirable attitude of some health care providers.

UNIVERSITY FOR DEVELOPMENT STUDIES

Tweheyo et al., (2010) found that closeness to health facilities and information on antenatal services from health workers determines male attendance to antenatal clinic. In order to increase male attendance to ANC, it was suggested that the knowledge of men should be increased through empowerment.

Nkuoh et al., 2010 observed in their study that men were unwilling to attend antenatal clinics because they classified the clinic as a place for female.

In addition, some men in Tanzania consider it inappropriate to take instructions from women. Women are not able to communicate effectively to their partners about the health care instructions given to them at the clinic which resulted in lack of knowledge and support of men for antenatal care (Falnes et al., 2011)

Findings from a study in Bangladesh showed that men were not inspired and encouraged to participate in reproductive health services. Other factors identified were poor communication between husbands and wives which makes it difficult for men to appreciate reproductive problems of women, the reproductive health needs of men not being addressed adequately, men feeling uncomfortable to visit

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

clinics with their wives because of cultural beliefs and the discomfort of discussing reproductive health issues with health service providers (Helleve, 2010)

In Khayelitsha, a study to determine obstacles to male partners' attendance to ANC and ways of overcoming these obstacles revealed that men would attend if invited and pregnant women were eager to invite their male partners. obstacles to male participation was due to lack of awareness and the unfriendly nature of the healthcare facility (Mohlala, Gregson, & Boily, 2012)

In Uganda, the belief by most men was that women should consult them before going for HIV testing to make it easy for the disclosure of results and prevent undesirable consequences. Another study on male involvement in antenatal HIV counseling and testing found that men were largely ignorant about available antenatal HIV testing and counseling services. Overall, they see it as a problem to attend to a facility dominated by females. Most men supported provision of HIV testing during antenatal care but suggested that husbands should participate in the process by assisting their wives if they are found to be HIV positive, remaining faithful during pregnancy and improving communication between the husband and wife during pregnancy.(Aarnio, Olsson, Chimbiri, & Kulmala, 2009)

According to Nanjala & Wamalwa (2012), almost half of the men 183 (48.2%) indicated that their peers will ridicule them and view them as being under the control of their wives if they are seen accompanying their wives to the health facility. There are many people in society who condemn husband's efforts to get involved in pregnancy issues. The few men who try to be involved are ridiculed and given names (Medley et al., 2012)

Generally, knowledge about antenatal care services, preparing for birth and recognizing danger signs in pregnancy increases the chances of men being involved in issues related to their partners' pregnancy (Mullany et al., 2007)

A qualitative study on involving men in maternity care and health service delivery issues in South Africa revealed that men showed interest and were prepared to get involved in counseling activities and matters of pregnancy. This clearly revealed a good perception from these men. Although some men accompany their partners to the clinic, they usually wait outside which makes them not to know what was done or said at the clinics. However, they agreed that their involvement in counselling activities would enable them acquire this information (Mullick et al., 2005).

UNIVERSITY FOR DEVELOPMENT STUDIES

Also, a study in Osogbo, Nigeria found that many of the participants had heard of Prevention of Mother to Child Transmission of HIV (PMTCT). Majority of men acknowledge that it was good to accompany their wives to antenatal Care (ANC) but few have done that. Obstacles relating to culture and standards set by society were the principal barriers listed when it comes to male involvement in Prevention of Mother to Child Transmission of HIV (PMTCT) programme ( Adelekan, Edoni, & Olaleye, 2014)

Dutki (2010), in a qualitative study which focused mainly on perception of rural community on male involvement in Prevention of Mother to Child Transmission of HIV (PMTC) program observed that the male partners knew the testing requirements at the ANC. However, their decision not to attend ANC- based PMTC program were mostly influenced by lack of direct benefits to them, clinics

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

rendering women-focused services only, having several sexual partners and the existence of traditional healers.

A qualitative study on the opinions of male partners on their involvement in maternal health care services in South Africa revealed that matters relating to maternal health are considered to be in the domain of women, cultural issues, male partners' occupation and male partners not willing to take part in issues related to the health of women contributed to low male involvement (Nesane, Maputle, & Shilubane, 2016).

In developing countries, men are the key decision makers, they determine the women's access to maternal health services. It is becoming clear to many men that their participation in issues of maternal health can improve maternal health outcomes of women even though some are still doubtful. On the basis of this, an investigation on the effect of male involvement on maternal health outcomes of women was undertaken in developing countries and findings indicated that male involvement during pregnancy and after pregnancy seemed to have more benefits than male involvement during delivery. (Yargawa & Leonardi-Bee, 2015). A study by Forbes, Wynter, Wade, Zeleke, & Fisher (2018) confirmed these findings that women whose partners attended ANC were more likely to conduct urine and blood tests and advised on pregnancy complications as compared to women who attended alone.

A cross-sectional study in West Mamprusi Municipality of northern region of Ghana on male partner involvement in birth preparedness and utilization of antenatal care services discovered that majority of the participants had visited

www.udsspace.uds.edu.gh

health facilities for antenatal care. It further showed that among those who visited antenatal care, majority did not go with their partners due to the perception that pregnancy and delivery issues are women affairs (Yidana, Ziblim, & Yamusah, 2018).

UNIVERSITY FOR DEVELOPMENT STUDIES

**2.6 Summary of the literature review**

Many male partners saw the relevance of accompanying their pregnant female partners to the ANC, however, attending the antenatal clinic with their partners still remained a big problem across some part of the world, Africa and Ghana. Many reasons have been attributed by these male partners for this phenomenon.

UNIVERSITY FOR DEVELOPMENT STUDIES

# CHAPTER THREE

# METHODOLOGY

## 3.0. Introduction

This chapter provides information about the research design used in the study. It gives detail description of the research method used to answer the research questions that had been posed in the introduction. The chapter also provides information about the research setting, population under study and its characteristics, the sample size and sampling technique as well as methods for data collection. It ends with the methodology adopted in analyzing the data, quality control measures and the ethical consideration and standards that were ensured during the study period.

## 3.1. Study setting/study area

The study was conducted in the Wa municipality of the Upper West region of Ghana. Wa Municipality is among the eleven Districts and Municipalities in the Upper West region. There were nine districts in the region during the 2010 Population and Housing Census but the Wa district was elevated to a municipality status in 2004 with a legislative instrument (LI) 1800 in line with the policy of decentralization. The Wa Municipal Assembly performs deliberative, executive and legislative functions as part of its mandate under section ten (10) of the local government act 1993 (Act 426) (MHD, 2016)

## 3.2. Location and Size

The Wa municipality is demarcated by administrative boundaries with Nadowli district to the north, Wa East district to the east and West and Wa West district to the south. The Wa municipality is the capital of the Upper West region and falls within latitudes 1º40'N to 2º45'N and longitudes 9º32'W to 10º20'W. The Wa municipality covers a total land area of about 579.86 square kilometers which translate to about 6.4% of the Upper West region. The Municipal Assembly is clothed with administrative and political power to see to the implementation of programs in line with national policies for the betterment of the lives of the people in the municipality (MHD, 2016)

UNIVERSITY FOR DEVELOPMENT STUDIES

### 3.3. Population Size and Distribution

The Wa Municipality has a total population of 123,744 and is divided into six (6) sub-municipalities. The breakdown of the population according to the sub-municipalities are indicated in the table below:

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

**Table 1: Population distribution of Wa Municipal**

| **Sub Municipal** | **Total population** | **< 1 year (4%)** | **< 5 years (18.5%)** | **WIFA (24%** | **Expected pregnancies (4%)** | **Adolescents 10-24yrs** |
|---|---|---|---|---|---|---|
| Bamahu | 10,630 | 425 | 1,966 | 2,551 | 425 | 3,476 |
| Busa | 9,564 | 383 | 1,769 | 2,295 | 383 | 3,127 |
| Charia | 9,912 | 396 | 1,834 | 2,379 | 396 | 3,241 |
| Charingu | 11,633 | 465 | 2,152 | 2,792 | 465 | 3,804 |
| Kambali | 16,461 | 658 | 3,045 | 3,951 | 658 | 5,383 |
| Wa Central | 65,545 | 2,622 | 12,126 | 15,731 | 2,622 | 21,433 |
| Wa Municipal | **123,744** | **4,950** | **22,893** | **29,699** | **4,950** | **40,464** |

**Source: Wa Municipal Health Directorate**

### 3.4. Health Infrastructure

The Municipality has been divided into six (6) sub- municipalities with government health facilities including CHPS zones and private health facilities as summarized below:

**Table 2: Health infrastructure breakdown of Wa Municipal**

| No. | Type of Facility | Number |
|---|---|---|
| 1. | Health Centres | 6 |
| 2. | Functional/ CHPS Zones | 26 |
| 3. | Clinics | 4 |
| 4. | Completed CHPS Compounds | 15 |
| 5. | Adolescent Health centre | 1 |
| 6. | Private Health Facilities | 5 |

UNIVERSITY FOR DEVELOPMENT STUDIES

**Source: Wa Municipal Health Directorate**

The Municipality also has 264 Community Based Agents who help the sub municipal staff to carry out community based activities as follows.

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

**Table 3: Distribution of Community Based Agents in Wa Municipal**

| SUB-MUNICIPALITY | NO. OF COMMUNITY BASED AGENTS |
|---|---|
| Bamahu | 36 |
| Busa | 28 |
| Charia | 26 |
| Charingu | 30 |
| Kambali | 40 |
| Wa -Central - | 104 |

**Source: Wa Municipal Health Directorate**

### 3.5. Transportation systems.

The road network in the Wa Municipality can be categorized into major and minor roads. The major roads are the tarred roads in the municipality. Such roads include the Wa – Kumasi road and the road network within Wa town. The minor roads are the untarred roads such as the Wa –Busa, Wa – Funsi, Wa – Wechau road. The Municipality has about 190km length of trunk road. The total length of feeder roads in the Municipality is 360.75km of which 185.90km is engineered; 71.80km is partially engineered whilst 103.05 is non-engineered road.

www.udsspace.uds.edu.gh

The major means of transportation in Wa municipality is by motto bikes and motto tricycles (motorking) which are mostly used in carrying goods and passengers to and from markets and nearby villages.

### 3.6. Economic activities in the municipality

Most of the people are engaged in trading and other private businesses such as buying and selling goods such as building materials and food stuff. There is also farming in the nearby villages of the municipality.

### 3.7. Research Design

Qualitative method was employed for the study using basic descriptive design to explore socio–cultural determinants of partner's participation in antenatal care (ANC) services. This method was employed because the emphasis of this study was to examine the behavior of male partners. Qualitative methods can help produce deeper understanding of the issue and also best suited for situations where there is the need for deeper understanding of human experiences, feeling, attitudes and behaviors and the meaning participants assign to such phenomenon that is being investigated (Vaismoradi, Hannele, & Bondas, 2013)

UNIVERSITY FOR DEVELOPMENT STUDIES

### 3.8. Study population

The study participants were men who were married and their partners were either pregnant or have given birth before and they were living within Wa municipality.

### 3.9. Inclusion criteria

Male partners included in the study were:

1. Men who were married and their pregnant wives have attended antenatal care during pregnancy
2. Men whose wives or partners had delivered in the past one year.
3. Men who are married and can speak English language or Waali/Dagaare

UNIVERSITY FOR DEVELOPMENT STUDIES

### 3.1.0 Sample size

A total of 15 male partners were recruited and interviewed in Wa municipality. The participants were selected from different sections covering the following areas within the municipality: Wapaani, Wa Zongo, Konta, Bamahu, Dobile, Dokpong and Beli.

In qualitative studies, saturation is very important during data collection to determine the number of participants that are needed for the study of a particular phenomenon. Saturation is the point at which participants keep repeating the same information as of previous data collected, hence there is no new information being added, at that point the researcher stop interviewing more participants (Polit & Beck, 2014). In this study, by the time the 15th participant was interviewed, the information was repetitive which was suggestive of saturation so the researcher stopped further recruitment of study participants.

### 3.1.1. Sampling technique

Purposive sampling technique was used to select participants who met the inclusion criteria. The respondents were recruited from different suburbs of the municipality to account for the differences in characteristics and it covered the following areas: Wapaani, Wa Zongo Konta, Bamahu, Dobile, Dokpong and Beli.

www.udsspace.uds.edu.gh

These communities were selected based on report from the Municipality that they have low male partners involvement in the antenatal care.

### 3.1.2. Data Collection Procedure

I first visited some of the health facilities in the various suburbs of the municipality to inform the facility in-charges about my study and also solicited for their support in identifying my target population. Some of the in-charges called me to come and meet some of the target population that had visited their facilities. I went and assessed them and those who fit into the inclusion criteria were interviewed after their consent were sought.

UNIVERSITY FOR DEVELOPMENT STUDIES

In some communities I visited, community based surveillance volunteers (CBSVs) and some Community Health Nurses (CHNs) assisted me in in identifying my target population. All those identified were assessed to ensure that they fit into the inclusion criteria for the study, we took time to explain the purpose of the research, the benefits they stand to gain from the study and sought their consent to participate in the study. The information sheet was explained to them and copies were distributed to those who could read. A day and time was scheduled for the interview to be conducted for those who could not participate immediately but interviews were conducted for those who were ready to participate immediately.

In some instances, some of the respondents assisted the researcher in identifying their colleagues and friends who fit into the inclusion criteria. In such situations, some of them directed the researcher to the houses of the male partners where the researcher spoke to them about the study, solicited their consent and interviewed those who agreed to participate in the study. However, for those who could not

www.udsspace.uds.edu.gh

participate immediately, a day and time was scheduled for me to come and interview them. The interview was held within the settings of the participants and was audio recorded after obtaining permission from them.

During the process of the interview, participants were encouraged to talk and express their views freely without any interruption or interference. They were given the liberty to express their views, they were only interrupted when it became necessary as this was only done to redirect the participants to focus on the main subject being discussed and also to seek clarifications on answers that were not clear enough or answers that were not well understood.

UNIVERSITY FOR DEVELOPMENT STUDIES

**3.1.3. Tool for data collection**

A semi-structured interview guide was used for data collection. The interview guide was developed by the researcher based on the objectives of the study. The interview guide was divided into two main sections. Section A covered the demographic data of the respondents whilst section B was made up of guiding questions on socio-cultural factors affecting male partners' involvement in antenatal care.

The interview guide was pretested to ascertain the clarity of the interview guide with regards to its ability to obtain information that answered the research questions. The pretest also helped to determine the acceptability of the interview guide and approximate the time required for each interview. Two respondents with characteristics similar to the study population were selected in a community called Kunbehe in Wa municipal for pretesting but they did not form part of the actual study population. Data from the two pretested interviews were transcribed

www.udsspace.uds.edu.gh

verbatim to get an insight into what to expect in the main study. The necessary adjustments were made and a final version of the interview guide was adopted accordingly for the study.

With permission from the participants, the interviews were audio-recorded which could be played back for proper understanding. A field diary note pad was also used to write down some main points and moments such a mannerisms, facial expressions which could not be captured on the audio during the interview.

UNIVERSITY FOR DEVELOPMENT STUDIES

**3.1.4. Methodological rigor**

Rigor is an essential component in qualitative research when evaluating the findings of the study. Rigor in qualitative studies has to do with the quality, trustworthiness or the validity of the result of a study (Polit & Beck, 2014). Lincoln and Guba (1995) suggested five criteria to ensuring trust and quality of a qualitative study as discussed below:

**Credibility**

Refers to the confidence in the truth value of the data that was generated and the interpretation of the data. In other to establish confidence in the findings, there was face to face interview with the participants to ensure that at least participants were able to express their views about the phenomenon. The interviews were audio taped and verbatim transcription was done with saturated data. Also comprehensive field notes were kept. All these were done to ensure that the study finding were credible.

**Dependability**

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

Refers to the stability of the data over time and conditions. This indicates whether the findings of the study will yield the same result if it were repeated in the same or similar participants in the same or similar conditions. To ensure dependability of the study, throughout the process of the study the researcher carefully documented the entire process. Also the researcher used data and method triangulation. With data triangulation, different individuals and communities in the study setting were used and method triangulation involved face to face interview, field diary notes and observation during the data collection period indicates consistence in the data and its dependability.

**Confirmability**

It is the accuracy and relevance of the data collected. It has to do with the fact that the data represent the information provided by the participants and the interpretation of those data are not imagined by the researcher and therefore can be verified by an independent auditor. To ensure this, there was careful documentation throughout the study. Also audit trails are kept intact for verification purposes.

**Transferability**

This has to do with the study findings being applicable in other settings. For the findings of a study to be transferable onto others, the researcher ensured rich description of the phenomenon studied. To achieve this, during data collection process, the researcher kept comprehensive field notes and ensure saturation of the data.

**Authenticity**

www.udsspace.uds.edu.gh

Refers to the degree to which researchers impartially and truly shows a range of different realities of the participants. Authenticity is shown in a study when it carries the participants' lives as they are living it. Authenticity allows findings to portray the feelings, mood, and experiences of participants in the phenomenon being understudied. To ensure authenticity of the study, the researcher maintained reflective strategies throughout the study period. Also, during data collection audio tape and verbatim transcription were used and in the analysis, thick vivid description and impactful evocative writing method were employed to bring out or show live participants mood, feeling and perceptions about the phenomenon.

UNIVERSITY FOR DEVELOPMENT STUDIES

**3.1.5. Data Analysis**

Data analysis is a process of scrutinizing, cleaning, converting and displaying data with the goal of uncovering information that is useful, generating suggestions, drawing incisive conclusions and soliciting support for decision making Thorne (2008) advocates that a researcher employs a flexible approach to analysis of data in order to make a better meaning out of information gathered from the participants. In this study, the data were analyzed based on thematic content analysis. This method of data analysis technique employs inductive analysis which generates categories to support the main themes. This approach was suitable for the study because it helped the researcher to discover meaning of specific group of data and ideas within the context of the study.

The data from the participants were analyzed to identify the sub-themes within the narratives provided by the participants to support the main themes. This was done from the start of the data collection and continued throughout the data collection

UNIVERSITY FOR DEVELOPMENT STUDIES

process. After everyday interview session, the researcher transcribed the data for the day before another interview session. All the data collected was transcribed from the audio-tape and typed into a personal computer. After the transcription, each transcribed interview was read through while listening to the corresponding tape to ensure that all that the participant was saying was the exact information captured in the transcript. This was done to ensure that all the information given by the participants was captured in verbatim transcription. It also ensured that the expressions used by participants are better understood before proceeding to the data to generate the sub-themes.

Continuing from the data transcription, there was the need to form sub-themes to support the main themes. Hence essential phrases, sentences or paragraphs which were very important were highlighted and assigned labels. This process was done repeatedly until all the data were examined and the sub-themes formed under the various main themes in the framework. The themes and their supporting passages were continually revised during the process of the data analysis. All the sub-themes were scrutinized to ascertain their suitability within the assigned theme. Respondents were identified using their voice numbers as captured in the audio recorder presented as “Voice Number”. Also, Information from respondents was presented using quotation marks.

**3.1.6. Data Management**

Data management is the process of keeping the information from the participant safe to prevent loss or third person other than the supervisors of the study from

accessing the information. The data collected from the participants included audio tape recording, field notes and transcripts.

The audio recordings were copied onto a personal computer and were also store in an external hard drive. Recorded interviews were also transcribed verbatim by typing into a personal computer using Microsoft word document. Errors and omissions were checked in the transcribed document by playing back the recorded interview to make sure that the transcribed documents were exactly as the recording. Each of the transcribed documents was labeled with the participant voice identification numbers and saved in the computer with a password. Also hard copies of the data were made and kept in safe place and all soft copies of the data were also sent into a personal email. All these were done to ensure safety, prevent loss and unauthorized individual from accessing the data.

UNIVERSITY FOR DEVELOPMENT STUDIES

**3.1.7. Ethical Consideration**

In order to ensure that all these ethical considerations were strictly adhered to and in order to assure the participants in the study of their safety and protection during the study, a letter of introduction was obtained from the department of Community Health at the University for Development Studies to the Wa Municipal Director of Health Services. The director's consent was sought and permission was given which paved the way for the commencement of the study in the Municipality.

Furthermore, ethical considerations have to do with the concerns of the adverse effects or harm that participants may face whiles participating in the study. To address these ethical concerns, three key ethical principles namely: beneficence,

www.udsspace.uds.edu.gh

impartiality and respect for human dignity as illustrated by the Belmont Report were taken into consideration during the study (Polit & Beck, 2014)

**Beneficence:** is a duty to minimize harm and maximize the benefit of the study to the participants, community or society as a whole. Harm and discomfort with humans in research include physical injury, stress, loss of social support and loss of time and wages. In other to address this issue, interviews were conducted in the homes, work places of participants, health facilities and at times convenient to them. The length of the interview was discussed with each participant, but they were made aware that incase the time for the interview elapses they can decide to stop the interview. Additionally the researcher explained to them the importance of the study and how it stands to benefit them and the society with regards to preventing maternal deaths in their communities and the municipality as a whole.

UNIVERSITY FOR DEVELOPMENT STUDIES

**Respect for human dignity:** This includes the right to freedom and full disclosure. The researcher made sure that the participants were informed about everything they needed to know about the research and were given the free will to decide whether they wanted to be part of the study or not. Inclusion into the study was the sole right of the participant and there was no form of coercion whatsoever for the participants to be part of the study. Also before the participant decides to join the study or not, they were told everything that was involved in the research process and nothing was hidden from them, thus ensuring full disclosure of what the research is about to the participants.

**Justice:** this refers to participants' right to fair treatment and their right to privacy. With the right to impartial treatment, each of the participants was given the same

level of information before the recruitment process. The selection was not based on social class. Also, they were assured of safety of the information they were giving out and for the purpose of the research only. They were also made to decide on where they wanted the interview to be conducted.

### 3.1.8. Confidentiality

Confidentiality was maintained and participants were assured of confidentiality for information given out to be used purposely for the research and were given assurance that the information they give will not get into the hands of any third party except for reporting and the supervisors only. Participant's right to withdraw from participating was observed and respected throughout the study and those who were willing to participate were the only participants used for the study. Participants were informed of their right not to respond to any question if they were not comfortable answering them.

UNIVERSITY FOR DEVELOPMENT STUDIES

### 3.1.9. Limitation of the study

Most of the participants that were recruited could only speak Dagare/Waali. There was the need for the data to be translated into English and written out. As a result of the translation of the data and to ensure that what participants said was what was captured, the recordings were played backed several times to ensure accurate transcription. This prolonged the data transcription period. But in all, the transcription was done for analyses to continue and all the fifteen interviews were transcribed.

### 3.2.0. Plans for Dissemination of Results

www.udsspace.uds.edu.gh

The findings of this study will be made available to the Wa municipal health directorate and other relevant stakeholders who work in the area of maternal and child health. It will also be shared with Global Nursing Citizens, University of British Columbia, Okanagan, Kelowna, Canada. Presentation of the findings of this study will be done in the field of academia to the University for Development Studies, department of Public Health, School of Allied Health, Tamale and the University for Development Studies library.

UNIVERSITY FOR DEVELOPMENT STUDIES

Finally, in consultation with and guidance from my supervisor, this study will be published in a reputable journal.

# CHAPTER FOUR

# FINDINGS

## 4.0 Introduction

The chapter is in two parts, the first part deals with the narrative summary of the characteristics of participants while the second part presents detailed description of the findings from the participants.

Participants were interviewed and captured as voice numbers in the voice recorder. The Voice numbering captured as "Voice number" started with voice number 013 representing the first participant, voice number 015 representing the second participant, voice number 17 representing the third participant and then followed an ordered pattern from voice number 20 representing the fourth participant through to voice number 032 as the last participant. Expressions from the participants were used to emphasize male partner's views on the issues raised.

Quotes were cited in relation to participant's identification codes in order to maintain privacy of the participants. Also, gestures, facial expressions and other non-verbal actions of each participant were captured and reported accordingly.

### 4.1 Description of Sample

The fifteen (15) participants who were all males and 14 of them were married and their female partners have been pregnant before as described earlier on were recruited into the study. One of the participant was divorced but the wife had been pregnant and given birth before the divorce. All the participants were Ghanaians living with their wives in the Municipality. Further demographic description of the study population is indicated below:

UNIVERSITY FOR DEVELOPMENT STUDIES

**Table 4: Demographic characteristics of respondents**

| DEMOGRAPHIC VARIABLE | NUMBER |
|---|---|
| **AGE (years)** | |
| 25-40 | 8 |
| 41-60 | 1 |
| unknown | 6 |
| **NUMBER OF WIVES** | |
| One (1) | 8 |
| Two (2) | 6 |
| Three (3) | 1 |
| **RELIGION** | |
| Christians | 7 |

www.udsspace.uds.edu.gh

| Muslims | 8 |
|---|---|
| **EDUCATIONAL STATUS** | |
| No formal education (illiterate) | 5 |
| Junior High School | 3 |
| Senior High School | 2 |
| Tertiary education | 5 |
| **DURATION OF MARRIAGE** | **Ranges from a minimum of 2 years to a maximum of 33 years** |

### 4.2 Overview of Thematic Finding

The interview with male partners came out with four main themes. These themes were; social factors, cultural factors, perception on antenatal care and male partners' previous experiences during antenatal care at health facilities. The sub-themes generated from the coding and categorization from the data is presented below.

**Table 5: Main themes and Sub-Themes of the study**

| No. | Main Themes | Sub-Themes |
|---|---|---|
| 1 | Social factors influencing male partners participation in antenatal care (ANC) | ▪ Being labeled as a weakling |
| | | ▪ Too busy /work schedules |
| | | ▪ Shyness from the society |
| | | ▪ Cost of Transportation Services |
| | | ▪ Influence by family, friends and groups |
| 2 | Cultural factors influencing male | ▪ Tribal beliefs |

UNIVERSITY FOR DEVELOPMENT STUDIES

| | partners participation in antenatal care (ANC) | ▪ Religious beliefs |
|---|---|---|
| | | ▪ Traditional gender roles |
| 3 | Perception on antenatal care | ▪ Knowledge of ANC |
| | | ▪ ANC is a good idea |
| | | ▪ ANC should be encouraged |
| | | ▪ ANC Should be made compulsory |
| 4 | Male partners' previous experiences during antenatal care | ▪ Non -involvement of men during ANC |
| | | ▪ Timely ANC services |

UNIVERSITY FOR DEVELOPMENT STUDIES

**4.3 Social Factors influencing male partners participation in antenatal care (ANC)**

Social factors illustrate perception on how society place value on the male gender and how this influences their decision to go with their wives to the health facilities for antenatal care services in the course of pregnancy. It was found after the interviews that perception on social factors covers three sub-themes which are: being too busy, shyness and work schedules.

**4.3.1. Too Busy/Work schedules**

Most of the participants interviewed indicated that they were too busy. All the male partners who were interviewed were from areas and communities (suburbs) within Wa Municipality. Accessing health facilities did not pose any greater challenge to these male partners but because they will have to care

www.udsspace.uds.edu.gh

for the family, they have to work extra to earn income in order to fend for the family they are not able to accompany their partners to antenatal care (ANC). In some other instances too, the male partners often talk about their work schedules, which usually are not conducive for them to be able to go with their partners to the health facilities. Some of them held the view that, their work schedule time does not permit them to send their wives for ANC and as a result, they are unable to send them.

UNIVERSITY FOR DEVELOPMENT STUDIES

A 28 years old male partners who works with a government institution shared his view on how work schedule is a hindrance to him to accompany the wife for ANC during pregnancy and has this to say:

> *My opinion, to make it compulsory might not help because you don't know the kind of work the person is doing and you don't also know how the person may struggle to get permission from the work place to attend this ANC. So it will be very difficult to make it compulsory, and the nurses don't work at weekends so it will be very difficult otherwise if they would be a way out to make it compulsory that will be very good.* ***Voice Number 032***

In the same vein, another forty (40) years old participant agrees to the fact that there is the need to accompany a pregnant woman for ANC, but the challenge would be who will look for food for the house that day hence the challenge to male participation in the ANC. He has this to say:

*It would have been good to accompany her to the ANC but you (the man is working to bring food to the house, then you (the man) would be following your woman to the ANC. As you can see, if you go and come home and there is no food in the house to eat, you would both starve and that won't be good.* ***Voice Number 024***

A mason, who has been married for six years (6) with two children described work as being a hindrance to male involvement. He has this to say:

*Masons, carpenters and any government workers do not have the time. They go to their work places so your work place will determine whether you will accompany your wives to the clinic, let's take it that you are a laborer and they give you work to do and you say you are sending your wife to the clinic they can't wait for you, by the time you will come back they will replace you. So those are some of the things that will not allow you to always accompany her to the clinic.* ***Voice Number 019***

UNIVERSITY FOR DEVELOPMENT STUDIES

### 4.3.2 Being labeled as a weakling

In a typical African society, men are seen as the dominant force and are seen to be the sole decision makers in the society. Societies in this part of the country often frown upon men who are often seen to be having soft spot for their women or treat women with caution. These men are usually labeled as being women or they are seen as weak men and controlled by their wives. Here, societies expect the male partners to dominate their female counterparts and take every decision for them. The men are not supposed to be following their wives everywhere they go but are

www.udsspace.uds.edu.gh

only to decide where they go and the limit to which they go. Hence in this situation men who are always seen constantly going with their wives to the health facilities for antenatal care are seen to be weaklings who allow their wives control them. Even in situation where the male partners have every opportunity to accompany their partners to the health facility, some of them refuse to attend because of the tag of being called a weakling.

UNIVERSITY FOR DEVELOPMENT STUDIES

On been called a weakling in the society, if one send the pregnant wife who is not seriously sick to the health facility to seek health care, you are considered a weakling. This is what one of the participants has to say;

> *Yes there are a lot, like a man assisting his wife in the kitchen they think that you are weak, helping your wife to fetch water, you are weak, accompanying your wife to ANC, they think you are weak even when your wife is about delivering and you go there people will still consider that you are a weak man. Is virtually ignorance, is not weak men who are accompanying their wives to the ANC.* ***Voice Number 024***

Another participant has this to say when it comes to being labeled as a weakling when one accompanies the pregnant wife for ANC in the community;

> *Some people see those men who accompany the women to ANC as a useless thing they are engaged in. whilst some are there if they are not doing it, then they are having extra marital affairs, and some are there if they are not constantly with the woman, the woman can*

UNIVERSITY FOR DEVELOPMENT STUDIES

> *cheat on them (the men). The man will not want the woman to know he is having extra marital affairs and the women will not also want the man to know she is also having extra marital affairs, so constantly, you will see them always together watching each other which is positive to this topic of male involvement in ANC. I don't even see this to be a problem. You can accompany her to fetch water, wash things together, cook and eat together, the Akans are doing it, is only our place here that we see it to be a problem. But when you are doing it you will hear people saying a whole lot of things such as you love your wife too much and this makes it difficult and brings shyness to a lot of men.* ***Voice Number 029***

On the same issue, another participant shared his view on how the community members will call you names to the extent of referring to you as being controlled by your wife when one (Male partner) tries to help in the form of going with her for ANC or helping her with the house chores;

> *They always say my wife is controlling me or that I am pampering her. Some of the men will even say their wives are more beautiful than my wife and they are not showing her off but I am showing off my wife. Sometimes they even take it to the woman and therefore it is better you cut off such things (accompanying her) and all of you will be free. They know that they can't force you to stop so they will start to called you names like you are a weak man and your wife is controlling you. It is because there are no laws concerning male*

www.udsspace.uds.edu.gh

> *involvement, if there are laws concerning male partner involvement such that those who are not engaged in it, the law will catch up with them and they are punished, the rest seeing will have no alternative then to also accompany their partners to ANC.* ***Voice Number 022***

On the other hand some of the participants were in agreement to the fact that men who accompany their partners are doing the right thing and are of the view that this should be encouraged instead of saying that those who are doing are weak men. One of the participants has this to say with regards to being called a weakling for accompanying the wife for ANC;

UNIVERSITY FOR DEVELOPMENT STUDIES

> *Those who think like that are not normal, because what you are doing you like it, and even going to church, you can hold your wife's hands and you walk together to church, pray and come back home. You know, when she is in this state, she is sick, so you are supposed to be walking with her regularly so that there can be proper circulation of blood and more so anything can happen to her at any time.* ***Voice Number 029***

Another participant has this to say:

> *I don't agree, it is not weak men who accompany their partners for ANC just as I mention when the woman is pregnant, indirectly or directly the man is also affected. Until the woman delivers safely you are not also safe. So it is good that the man should also be part of the journey of the pregnancy.* ***Voice Number 18***

UNIVERSITY FOR DEVELOPMENT STUDIES

### 4.3.3 Shyness from the society

In many Ghanaian societies, the segregation of men and women is visibly seen in many context. In many situations, where men are gathered, women are not supposed to be found there unless they are invited. Also where women are gathered, men are not supposed to be seen in those places and men who are often seen in places where women are gathered are often referred to as women and not worthy to mingled with men. This usually create a huge problem where men often do not want to be seen among the women, especially situations where the purpose of the gathering is viewed as addressing women issues. A lot of men have problems with escorting their partners to the health facilities because of the notion that ANC is meant for women and even though some of the men go with their partners to the health facilities. They shared their thought on the impact of being there with lot of shyness which in turn make other men not to go with their partners to the ANC. This is what one of the participants has to say in the case of shyness each time he goes with the partner to ANC;

> *There is an element of shyness. Not going there as such but when you are there, because a man in the midst of females, that one you won't find it easy, had it been that every husband accompany the wife there, you will see a lot of men there. If you are few who accompany your wives there and there are a lot of females around, definitely there will be some kind of shyness. But in my case I was not deterred by a man finding himself in the midst of women, you don't find it easy at all.* ***Voice Number 030***

Another participant has this to share on why there is shyness from a female dominated place (ANC) and why it makes it hard for most men to go with their partners to the health facility for ANC services:

> *Some feel shy. They feel shy to appear there. Shy of the general public, people will be saying that this man, that is the wife he is moving with or that this man he likes following women, and wrong accusations. All the time that he is always following his wife. They use it to tease you just to scare you especially your auntie children, those that are your play mates. They usually say that as far as they know you, any time your wife is pregnant, from day one you follow her all the time. What kind of man are you? Are you a dog?* ***Voice Number 025***

UNIVERSITY FOR DEVELOPMENT STUDIES

A thirty seven (37) years old man and a Christian who visited the ANC department with wife had this to say on the side of shyness at the ANC;

> *Most men feel shy to be in the mist of women. Initially when I went, I was also feeling shy. When she delivered I accompanied her to the clinic again. I was shy because initially when I went I was the only man among several women. That made me uncomfortable. It was when the nurses started speaking, joking with me that I was relieved. I was there and about 15minutes another man came and added and I was somehow relieved, if you are in the mist of several*

www.udsspace.uds.edu.gh

*women naturally you will feel uncomfortable.* ***Voice Number 018***

One of the participants think that there is no shyness in accompanying one's pregnant wife to the health facility for ANC, but the challenge is he not being able to meet some of her demands during the process.

> *Dagaabas say if your father dies and you are going for the funeral but have no money, it is better you had not gone. Because, if strangers come to greet you, you cannot buy water for them. When you are going with your wife and the woman says you should buy something for her or she is thirsty and you don't have anything on you, you will always feel disappointed. It is better that whatever you have you can use it to manage the house whilst she goes and come.*
>
> ***Voice Number 025***

UNIVERSITY FOR DEVELOPMENT STUDIES

Some of the participants also share the opinion that some male partners are not faithful to their partners and may not want to be seen walking with them.

> *There is no shyness in accompanying your wife to ANC. When you see those men who do not want to accompany their wives to ANC, it is because they are not faithful to their wives because they don't want to walk with their wives for people to know these are their wives because if you people are always walking and later you want to approach any lady they will say you have wives.*
>
> ***Voice Number 019***

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

### 4.3.4. Lack of Transport Services

Another reason why male partners usually do not go with their wives for antenatal care stems from the cost of transport services to unavailability of transport. From the interviews, participants bemoaned the difficulties they have with regards to means of transportation such as motor bike, bicycles or car to escort their partners to the health facility for ANC services. According to some of the participants interviewed, buying of fuel is always a challenge to them and even some of them do not have their own means of transport which implies they may have to go and beg a friend who has means of transport to send them to the health facility. Also, in certain situations participants may need a car to send their partners to the health facility and there are no available means of transportation for them. In this situation the man will have no option than to allow only the woman to go for the ANC under difficult situations.

A participant shared his experiences under the circumstance of non-availability of means of transportation for ANC:

> *Sometimes it is very difficult my brother, things are not the way you see them. There are no cars I mean no taxi you can easily get from here to the clinic. Here, it is only motor bikes and bicycles and some of us do not have them so your wife will even understand if you cannot go with her to the clinic. These are some of the things that make us not accompany them to the clinic not that we don't know the importance of these things.* ***Voice Number 032***

UNIVERSITY FOR DEVELOPMENT STUDIES

A participant age 35 years and a Muslim has this to say on the issue of lack of transportation;

> *For me I cannot tell for others but some have problems with means of transport. They don't live with their wives but live somewhere from their wives. For some they are too old and some will not do it for any reason and some even say they feel shy to accompany their wives to ANC.* ***Voice Number 020***

Another participant was asked about the impact of the cost of transportation services on antenatal, he narrated the situation as:

> *There are no cars or taxis at our place here that will you get and easily go with your wife to the health facility and come back as early as possible. Sometimes you may have to use a motor bike which most of us do not have and you and your partner will have to walk to the clinic and you know it is sometimes very difficult so you will rather let her alone go than the two of you walk to that clinic.* ***Voice Number 026***

This is what a participant with one child has to say on the unavailability of transport services which makes it challenging for them to go with their partners to the health facilities during ANC.

> *Here, there is no car you can get to carry someone to the health facility quickly apart from the bicycle and motorbike. If they need a car you have to call or go to town before you can get one to*

> *come and carry the person to the clinic. If you are to use a car to carry you and your partner to the health facility, it will take a lot of time before you will get the car.* ***Voice Number 025***

Similarly, another participant shared his opinion on the unavailability situation on transportation and its impact on male participation during antenatal care at health facilities and has this to say:

> *Here cars come once in a while, it is not regular like that in Wa town where you have many taxis and when you just move out you can get one and enter and go to wherever you want to go and come back. So you see that you and your partner cannot go together because you cannot afford a motor bike and you cannot also be hiring car (taxi) like that, so it is better for you to allow her alone to go there. You can give some small money for her to buy something on the way.* ***Voice Number 022***

UNIVERSITY FOR DEVELOPMENT STUDIES

**4.3.5. Influence from friends, society and groups**

We live in a society where friends, actions of people in society and groups' people belong to have a great influence in what we do or will do in future. Mostly the views and actions of these people influence our actions positively or negatively though it usually depends on the individuals involved. When it comes to male partner involvement in ANC, the views of friends, relatives, close associates and groups played vital roles in males accompanying their female partners (wives) to ANC. Most males interviewed accepted that friends influence their decisions not to accompany their partner to the ANC, they were being labeled, threatened to be

www.udsspace.uds.edu.gh

removed from various groups and even families if they continue to accompany their partners to the ANC. Few however expressed the view that they have been encouraged by friends and groups to continue to accompany their partners to ANC.

This is what a participant with three (3) children have to say about the influence of friends and groups

> *For me sitting here, even if I carry my pregnant woman to the ANC I prefer to walk and chat with her to the clinic but some of my friends will try to discourage you but sometimes others will influence but not everybody can be influenced especially me. Some of the groups also discourage men from accompanying their partners, if the groups are not in support of what you are doing, then you will have problems with the group.* ***Voice Number 020***

UNIVERSITY FOR DEVELOPMENT STUDIES

A participant who felt strongly that friends and groups influence men not to attend ANC with their partners put it like this:

> *Most male friends influence their colleague not to accompany their wives to ANC. If it were not to be so, by now a lot of us would have been accompanying our wives. That one is more (influence not to attend). Almost all the groups in this village will not encourage their members to accompany their wives to ANC. The groups always agree on an issue, so if the group disagree on something and*

> *you go ahead to do that thing, it will be difficult to come back and sit with the group. The deception is always too much. For families they can influence mostly negatively because supposing your brother or uncle ask you to do something and later realize that you could not do it with the reason that you have accompanied your wife to ANC, they will say that they gave birth before you and that your wife is controlling you "laughing".* ***Voice Number 022***

UNIVERSITY FOR DEVELOPMENT STUDIES

Another participant puts it this way with regards to the family's influence on male partners attending ANC:

> *For the family, once they are from the north here, they will rather discourage you than to encourage you, because once none of my senior brothers have ever done that, they will discourage you. They will say, look at you, you have allowed your woman to control you, whatever she says you will just be following and doing it.* ***Voice Number 032***

A retired civil servant with two wives and seven (7) children thinks that the influence of friends' actions will challenge the males who are not engaged in the habit of sending the female partners to ANC to also do so based on the positive results that they will be seeing. He expressed it as:

> *Yea, assuming I frequently send my woman there and you don't and we are neighbors, friends and relatives, after birth you can see the children, one will be fat and heathy and the other is not, I will take*

> *an observational view and asked, ah how come? Your woman may also ask my woman why my child is more heathy and mine every small time, sickness or malaria, then the woman will then say it is better your husband follows you to the clinic so that if you go to buy drugs or having problems with anything, then the two of you will put your head's together. So it is upon conversations between co-tenants, friends, family members and what have you.* ***Voice Number 025***

UNIVERSITY FOR DEVELOPMENT STUDIES

Finally, a participant with a 1 year old baby held a strong opinion that, the kind of friends or people who make up the group that you may belong to will determine whether they will influence you positively by encouraging you to attend the ANC with your partner or they will influence you negatively by discouraging you not to attend ANC with your partner.

*He puts it this way:*

> *Like you have a friend or a family member who is working at the health sector, they always keep advising people on accompanying their wives to ANC, like my case, my friend is a nurse and the first time when my wife brought up this issue of accompanying her to ANC, I have to consult her and she advised me and I picked it from there and I didn't regret at all.* ***Voice Number 030***

### 4.4 Cultural Factors influencing male partners participation in antenatal care (ANC)

Cultural practices and beliefs have a great deal of influence on pregnancy and how it is usually managed in the society. In the area of culture, traditional and religious beliefs especially in the Northern part of the country, it is usually very dominant and it influences attitudes and actions in the three northern regions. From the interviews, it emerged that tribal beliefs, traditions handed down from past generations as well as religious beliefs influence male partner's decision to go with their partners to the health facilities for ANC services. It was realized that some of the participants were of the view that, mostly in the time past that use to be the norm where customs, traditions and beliefs will prevent them from going with the pregnant women to the health facilities. According to them, those days health facilities were not many as it is now and also a lot of things have changed so those things are no longer happening now. Others too still believe that even though times have changed, there are still some areas where husbands are restrained from participating in ANC at the health facilities with their wives

UNIVERSITY FOR DEVELOPMENT STUDIES

#### 4.4.1 Traditional gender roles

Voice No. 019 a father of two (2) children shared his thoughts on tradition, whether it still influences male participation in ANC activities at the health facility:

> *Our grandfathers didn't know how to accompany their wives to the ANC. Even with some when the woman is Pregnant they usually don't care depending on where the person is living. Some of the traditions are such that, when you are the one killing animals for sacrifices in the house they don't want to get close to their pregnant*

www.udsspace.uds.edu.gh

> *wives because they don't want to be associated with dirt because they consider the woman to be dirty,. They only go close to their wives when they are to have an affair (sex).* ***Voice Number 019***

Voice No. 020, a father of three (3) children and a Muslim who have experienced attending ANC services at health facility narrated that:

> *Many people don't follow their wives to ANC because they believe traditionally is not right. Some of the people in this area are into local medicine and do their own things, so they cannot accompany their woman to the ANC which is against the practice of their medicine.* ***Voice Number 020***

UNIVERSITY FOR DEVELOPMENT STUDIES

A married man with two wives had this to say on tradition and its effects on male partner involvement in ANC services:

> *Those days, there were no hospital and clinics, our grandparents use to manage the pregnancies at home with the use of herbs and other methods. Which use to help and due to that it is still affecting a lot of men today with regards to getting involve in pregnancy issues because our grandmothers were the ones involved.*
>
> ***Voice Number 027***

A participant who is a Muslim revealed that because of their religious faith which does not encourage men mingling with women, it becomes very difficult for them to accompany their wives to the health facilities and more to the point, to sit

amongst the women till they finish whatever they are doing at the ANC. He has this to share:

> *Those things do not work, because as I sit here, I married my wife and we delivered 5 children without us knowing ANC. There is a colored gentlemen who just came and passed here, he was the one they started ANC with but the world is now changing and we must change with it. So this my current wife has been attending ANC, so you sit there and don't change and see. It is important that we change as the world is changing now, but for now she is going for*
>
> *ANC but I am not going with her for now.* ***Voice Number 021***

UNIVERSITY FOR DEVELOPMENT STUDIES

**4.4.2 Tribal beliefs**

Similarly, another participant shared his opinion on traditional values and its impact on male participation in antenatal care at the health facilities and had this to say:

> *We northerners, we belong to the extended family system not the nuclear family system, you know nuclear families they do these kind of things because they don't have companions to help them in a lot of things but extended family, mockery alone can prevent the men from accompanying their wives, "laughing" the beliefs that we have in the society, they think that women are for themselves and it is just left with the man to be the bread winner of the house, he shouldn't involve himself in all those kind of things which is not supposed to*

*be the idea. They will mock at you because they will say that you love the lady too much.* ***Voice Number 025***

### 4.4.3 Religious beliefs

A 35 year old man who believes that religion as a cultural factor contributes immensely to whether male partners accompany their pregnant women to ANC or not and expressed it this way:

*In our environment for instance, some of the religious beliefs perceive and is practiced in a way that men don't mix with women but in the ANC, when you go with your wife, there is no seat for men so where the women are sitting, you have to go and sit there.*

***Voice Number 030***

One of the participants had this to say on religious influences on male participation in antenatal cares services at health facilities:

*The culture too is a factor, initially I mentioned that, the religion sometimes discourages men from accompanying their wives. I think culture is also part because our culture does not encourage you to accompany your wife always, they think that the woman is riding you especially the northern culture. It doesn't encourage that. When always you are with your wife they think that your wife is ridding you so it doesn't encourage men to always go with their partners to the for ANC.* ***Voice Number 018***

UNIVERSITY FOR DEVELOPMENT STUDIES

## 4.5 Perception on antenatal care

www.udsspace.uds.edu.gh

Experiences of male partners who accompany their wives for antenatal care services at the health facility leave lasting impression in the mind of the males and influence their decision to subsequently visit the ANC with their wives. In this regard, four sub-themes emerged which deals with the expressions of men toward antenatal care. The sub-themes that emerged were; Fair Knowledge of ANC, ANC should be made compulsory, ANC is good idea and ANC should be encouraged with male partners support.

UNIVERSITY FOR DEVELOPMENT STUDIES

#### 4.5.1. Knowledge of ANC

Almost all participants have some knowledge on what ANC was. All of the respondents from the interviews were able to say that it is care usually given to pregnant women during their visits to the clinic or hospital. Most of them could however not tell specifically the kind of care these pregnant women usually receive when they visit the ANC.

Here is what one of the participants has to say about his understanding or knowledge of ANC:

> *The care given when a woman is pregnant, that is regular attendance to the clinic so that health workers can check the health of the mother and the child.* ***Voice Number 013***

Another participant expressed his knowledge on ANC this way:

> *For me ANC is when a woman is pregnant they (expectant mothers) will usually come to tell you the husband that the nurses*

*always ask them to come for ANC. When she goes and comes back and you ask her what the nurses did to her, she is not always able to explain everything for us to know what they did for her. When it is like that, it is difficult to know what they do there. All what we know is that if a woman is pregnant she has to go and they will check her at the ANC.* ***Voice Number 015***

A Muslim participant who has been married to two (2) wives for 30 years with 7 children had this to say as his knowledge of ANC.

*As for me I don't know anything about antenatal because is women issue, they have been going and coming. I have never accompanied any of them to the ANC. When they come, they tell me what usually transpired there, the nurse will check and feel the baby to see how it is lying in the womb and at times they will ask her to go to the laboratory for some check-ups.* ***Voice Number 027***

UNIVERSITY FOR DEVELOPMENT STUDIES

Another participants had this to say:

*"Laughing" they have been saying the women should attend ANC and they let us also know during meetings that the pregnant woma n should eat nutritious diet, also that we shouldn't force them to do tedious/Strenuous work. They also let them know the time that they should come for check-up even if it is not the schedule time the woman can go and they will check her. There are times if the man is not able to accompany the woman to the ANC and it requires the*

www.udsspace.uds.edu.gh

*presence of the man, they will send for you, you can either go alone or with your wife and they will tell you whatever they need to tell you. I have not been able to accompany my wife to the ANC, even though the nurses have been asking us to do that but if she goes and there is a problem and they call me I usually go but I have never gone with her to the ANC.* ***Voice Number 022***

UNIVERSITY FOR DEVELOPMENT STUDIES

**4.5.2 ANC should be made compulsory**

After the analysis of the data, it emerged that most of the participants were of the view that ANC should be made compulsory for all male partners to participate without fail. To most of the participants men stand the chance to gain a lot when they attend antenatal care clinic with their wives. To some of them it will enable the male partners to learn at first hand the information that are given to their wives during ANC. Also some of them suggested that it will even help the man to plan what to do during pregnancy if there is any problem since he will get the right information from the health workers. Some of the participants even argue that it will be appropriate to pass a law that will make it compulsory on every male partner to accompany his pregnant wife to the health facility for antenatal care. Others too were of the opinion that while it is good that men go with their wives for ANC, it should not be made compulsory.

One of the participant's opinion was that male partners participation in antenatal care process is very important and was of the view that it should be made compulsory to ensure that every male partner is part of it and has this to say;

www.udsspace.uds.edu.gh

*Yes, once you know marriage is compulsory, male partners attending ANC should be compulsory too and then there should be a levy to be charged against any man who refuses to accompany the wife there. If you are given a fine you will make time to go there. Assuming you have got GHc 10.00 only with you and the levy or fine is that GHc 10.00, with national approval so that whoever refuses to accompany the wife to ANC will be fined GHC20. 00 or three (3) months imprisonment, because of this thing they will have to ran to that place.* ***Voice Number 023***

Another participant also shared his thought on making male partners participation in ANC compulsory and has this to say;

*It is just supposed to be like that, if they (the health authority) had made it compulsory so that if any man refuses to send their partners to ANC, they should send the woman to go and call their partners before they attend to them. If this is done a lot of the men will be compelled to accompany their partners to the ANC even though some will still refuse. In some cases, it being compulsory will still not work, supposing you and your wife have a quarrel or a problem at home and the next day she is going for ANC, will you go? Or she comes back and call you, I don't think you will go. God forbid, but it is just good for men to accompany their partners to ANC.* ***Voice Number 028***



UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

A participants who thinks that use of force or making the male participation in the antenatal care compulsory will not solve the problem shared his view on what he thinks can be done to get more men on board;

> *Using force may not solve the problem but some persuasions may also seem to be force. If they announce that there are some gifts that will be given to those who will accompany their partners regularly to the ANC, it will attract a lot of the men. They can persuade us to accompany our wives. They can threaten us that if we don't accompany our wives to the ANC, they will send them back to come and call us, or the can say they have something for males and their wives at the clinic, this will send the men there.* ***Voice Number 022***

UNIVERSITY FOR DEVELOPMENT STUDIES

A 35 year old participants also believes that making male partner participation compulsory will not be the best. Looking at the nature of the work some men are engaged in, it is very demanding and may not be convenient to the man.

> *That one I don't think it will be laudable because looking at some people work nature if you make it compulsory and the husband cannot attend the woman alone attends and you decide not to check her, what is the health status? If you return her what will be the end result? The education must come first before making it compulsory. Some people, looking at their work nature they just cannot go, so I think what they can do is that, to get somebody to help them, but*

> *that one is not always the best because there are certain things they can't disclose to the family member or your brother. If not I would have suggested that if you are not able to go you can delegate somebody like your brother to go on your behalf.* ***Voice Number 024***

A 32 year old wielder and fabricator thinks that, when you give women small chance they abuse it and therefore thinks making ANC compulsory will not help. He puts it this way:

> *My just opinion is that, you know ladies when you give them a yard to walk, they will take another step. Due to that when they make it compulsory and the kind of advises they will be giving there, the ladies will take advantage of that, you understand? They will make it look like the man should always, it is compulsory to always be by their side. When they (the men) are not even having the chance to attend one day, it will be something else but I will encourage every man if he is having the chance to accompany their wives to the ANC, it is a nice idea. But I disagree with the compulsory nature of it, they will take more advantage, you know women.*
>
> ***Voice Number 25***

UNIVERSITY FOR DEVELOPMENT STUDIES

### 4.5.3 Male participation in ANC is a good idea

On the issue of what the participants make of the antenatal care and male participation, almost all those who took part in the study were of the view that

www.udsspace.uds.edu.gh

male partners' participation in ANC services was a good idea and that has improve d the lives of mothers significantly and their unborn babies because of the services the pregnant women receive. Some of the participants think that during pregnancy, psychologically the woman is sick until she delivers. Some of them feel like moving with her or accompanying her to wherever she goes will serve as a motivation which they believe that one alone is a form of medicine to her. To some of them there is nothing wrong when one accompanies the life partner to the clinic. Apart from the education, the psychological effect of being with the partner is enormous. Apart from the psychological effects, the man also stand to benefit from learning how to take care of the woman and assisting her in even taking her routine medication. Most of the participants also recounted how the ANC has helped in improving maternal health and were encouraging the wives who were pregnant to go for the antenatal care services. On the issue of the psychological impact of male participation in ANC one of the participant shared his opinion as;

> *It is good, I agree perfectly because when the woman is pregnant, I think equally the man is in one way or the other also pregnant. Psychologically, when you go those teachings will help encourage the man to help the woman to carry out all those advises and give the woman safe delivery and also keep the health of the mother and the child. So it is good, I will suggest it should be compulsory so that when the woman is going for antenatal care, the man should equally accompany the woman so that those teachings will help*

UNIVERSITY FOR DEVELOPMENT STUDIES

*both of them.* ***Voice Number 018***

Similarly another participant also shared the importance of male participation during antenatal care but for lack of time and work schedules which always make things difficult for him to be going with the wife as;

> *My view is that, it is good for a lot of us to be involved, but due to the nature of the job, the time and other schedules it is difficult. Otherwise the pain alone the woman always go through it is not easy. If you go, the things that the nurses will explain to you, maybe you don't understand certain things but due to the explanation you will understand why when a woman becomes pregnant, a lot of them, small thing they will become annoy and sick.. I and you know, I was not aware of some these things till elderly people explained this to me and the nurses, so to me it is the nature of men's work or they are busy. If the person gets time it is always good that we should escort them to the place (ANC).* ***Voice Number 032***

UNIVERSITY FOR DEVELOPMENT STUDIES

Another participant also shared his view on the need for male participation in the ANC services at the health facilities as;

> *It is a good thing for male partners to go, is just because we the men do not have time if not it is very good. Because when you go, you will also observe how things are being done there. They are not going to cut your head over there and it is also your wife, so they can't chase you away, they (the nurses) upon seeing you (the man) they will even be happy and they will say there is true love between*

> *you the couple. Even you and the nurses will even become free and if there is any problem the nurses can call you and tell you or even ask you to bring her to the clinic.* ***Voice Number 028***

A participant also mentioned that ANC should be encouraged with male partners support for the pregnant women.

> *It is a very good thing, because she can be going alone and accidently falls down and maybe she may not be having a phone to make a call and something bad can happen to her. But if the man accompany her and something is happening you can help her out, or one day she may be in labor at night in the house and because you have being accompanying her to the ANC, you can help her out because you will know exactly what to do.* ***Voice Number 029***

UNIVERSITY FOR DEVELOPMENT STUDIES

A 35 year old man with 3 children expressed his view on male partners accompanying their partners to ANC as:

> *It is very good because some of the women when they visit the ANC, they tell them certain things to do and not to do and sometimes they return and do the things they were asked not to do and there are times when they come and tell their husband what the nurses asked them not to do their husband usually think they are not telling the truth and will not believe them but when you also go you will hear everything from the nurses and things become easy.*
>
> ***Voice Number 020***

UNIVERSITY FOR DEVELOPMENT STUDIES

### 4.6 Male Partners' Previous Experiences during Antenatal Care

The other theme to look at was the male partners' previous experiences during antenatal care services in the various health facilities within the area of study. This seeks to find out what the few male partners who happen to accompany their female partners feel like when they went to the health facilities. It was also to find out what they experiences at the health facilities were and whether it is worth going there. Two sub-themes emerged from this theme which was non - involvement of male partners and timely services.

#### 4.6.1. Non-involvement of men

Male participation in the in the ANC services in the country is much of a problem where just a handful of males are willing and actually accompany their partners to the health facilities for ANC. The situation is bad in the three northern regions of the countries where traditions and culture has a great influence on how males treat their female counterparts with lot of discriminations. It is expected that health care providers will treat male partners who accompany their wives with much respect and involve them whenever they show up at the health facilities. But this is not the case as most of the participants who went with their partners mentioned that they were not involved in the activities throughout the care process. Some of the participants even mentioned that at least each time they visited the health facility, the health workers should check their blood pressure which will serve as a motivation for them and others to come. Others also think the grouping or allowing the males partners to sit among the pregnant women in the various health facilities is not the best option hence they therefore suggested that, there should be

arrangement where the men can sit separately from the women at the health facilities. This is what one of the participant mentioned in regard to non-involvement of male partners when it comes ANC at the health facilities;

> *Besides ANC services, the doctors or nurses should find a way to educating the men. They only talk of the wife issue to the husband but they don't educate the men as such. If a man is not doing it and he went there once and there is a counseling unit that they will sit with him and to tell him things to do and the importance of coming with the wife, I think that will keep the person in that habit. Because I know some people will go there once but because this motivational thing is not there, after going there once, they are not be motivated. If you are not the kind of man who has the patience to go and sit there waiting for your wife to do all these things you will think it is time wasting but if all these things are there to keep you engaged, before you realize they would checked your wife and you will go home together but to go and sit there quietly waiting for her, it is always difficult.* ***Voice Number 026***

UNIVERSITY FOR DEVELOPMENT STUDIES

One of the participants, Voice No. 027 during the interview has this to say on how the male partner's motivation will impact positively on the male participation in antenatal cares services at health facilities:

> *The men also need motivation, like we earlier said, if the man accompanies the wife there and went and sat there without doing anything, he will say it is waste of time. But if he goes there and the*

UNIVERSITY FOR DEVELOPMENT STUDIES

> *y are able to engage him in either, they attend to him in a way to check his weight, Blood pressure and some other few things, I think that will always motivate them to go and if that happens and he goes outside and say oh the ANC they have introduced things when you go there the people checked you that will also encourage those who are not doing it to also come.* ***Voice Number 027***

Voice No. 024 a father of three (3) children and a Muslim who have experienced attending ANC services at health facility and shared his opinion on the separation of men from the pregnant women and engaging them as:

> *I have a little problem with how it is done by putting the few men who go there with the women, but if it is done in a way so that when they go there they can have access to their own seat so that they will be separated. I think that will help or encourage them to go there. Some have the belief it is not good to mix with female when you go there but I think if you go to the ANC, they can have access to a place to sit and do your own things while they attend to your wife I think it will help.* ***Voice Number 024***

**4.6.2. Timely ANC services**

Most of the participants who visited the health facilities with their partners during antenatal care were of the view that the ANC process was not time wasting at all. In some instances it will have been expected that the male partners will have complaints of time consuming as a reason why they do not want to go there. Most the participants interviewed said each time they went there with their partners they

were the first to be seen which serve as a motivation to continue to go there. This confirmed what this participant shared during the interviews;

> *When I accompanied her I wanted to go and see because they say that when you the man accompanies your wife to the clinic because of you the man they always attend for you fast and you will return and that if not, a lot of men always impregnate the woman and they do not turn their attention on them. That was why I follow her there. The first day I went they told me I have done well and I didn't keep long there because they took care of her on time though some women were there when we went. I was satisfied with the time they spent in attending to us. I think that was because I accompanied her to the clinic they were happy and they attended to us on time.* ***Voice Number 019***

UNIVERSITY FOR DEVELOPMENT STUDIES

One of the participant also shared his view on treatment he receives whenever he goes with the wife for the ANC services as;

> *For ANC, if you have a wife, those days and these days are not the same, unless you and your woman go together to the clinic and when you go together, they will check the woman on time but when you (the man) does not go, let us suppose I go with my wife and another person does not go with the wife, me that has gone with my wife, the nurse will feel pity on me and attend to us quickly and we go back home.* ***Voice Number 028***

Another participant who also shared his view on time management whenever he

accompanies the wife to the health facility for ANC has this to say;

> *Eii, no!! no!! no!!!, they didn't waste my time at all, you think bringing life to the world is easy?. Is ok, you could be there for the whole day, if you know why you are there you won't be bothered about time aah.* ***Voice Number 025***

With regards to time duration at the antenatal care services, this participant shared his opinion as;

> *I think because I was with my woman that gave me an advantage be cause they were several women there but because I was with my partner that advantage was there. The queue was too long but the in -charge has to call us separately and gave us that attention.* ***Voice Number 018***

UNIVERSITY FOR DEVELOPMENT STUDIES

# CHAPTER FIVE

# DISCUSSION OF FINDINGS

## 5.0 Introduction

The discussion of these findings will help broaden the understanding of the situation concerning male involvement in antenatal care services in Wa Municipality and its environs. This discussion will be based on the research

www.udsspace.uds.edu.gh

objectives as an attempt to provide answers to the key research questions raised. The available literature was used in the analysis of the opinions of the participants on male participation in antenatal care of pregnant women in the study. The discussions centered on Social factors, Cultural factors, Perception on antenatal care and Male partners' previous experiences during antenatal care at health facility. The findings of the study presented below were similar to most studies done in this field. The main rationale for this study was to investigate the socio-cultural factors affecting male involvement in antenatal care services with particular focus on how practical male involvement in maternal health services have been adhered to and practiced in the Wa municipality.

UNIVERSITY FOR DEVELOPMENT STUDIES

### 5.1. Social factors influencing male partners participation in antenatal care (ANC)

Social factors illustrate perception on how society place value on the male gender and how that influences their decision to go with their wives to the health facilities during pregnancy for antenatal care. The study revealed several social factors associated with men escorting their partners for antenatal care services at the various health facilities in the municipality. The discussion on social factors covered the following areas: too busy/work schedules, being labeled as a weakling, cost of transport services and shyness from the society

The findings revealed that accessing health facilities was not a challenge to most of the participants, but most of the participants claimed to be too busy or they have a tight work scheduled. All the male partners who were interviewed were from Wa Municipality area and surrounding communities from the Municipality.

Accessing health facilities do not pose any greater challenge to these males partners but because they will have to care for the family or provide the needs of family they have to work extra to earn enough income in order to fend for the family. In some other instances too, the male partners talked about their work schedules which is usually not conducive for them to be able to accompany their partners to the health facilities. It was revealed from the study that even though most of the male partners were prepared to accompany their wives to the various health facilities for antenatal care; they are so busy at work site that they will barely have the time to go with them. Some of the participants put it this way that, "not that we are not willing or ready to go with them but the time is not there, you have to go to work very early and sometimes when you ask for permission they will not grant you".

UNIVERSITY FOR DEVELOPMENT STUDIES

After the first contact with the health facility, making subsequent visits was highly affected by the above factors. Men who have attended the health facility with their partners tend to share their experiences with their fellow men during conversations and this can discourage other men from attending the facility especially if they are negative experiences. During the interviews, even those who had never been to the health facility with their partners spoke passionately about the issue of being too busy and tight work schedule. Byamugisha et al. (2011) also found similar factors to be barriers to male participation in maternity care. Men are not likely to accompany their partners to the ANC because they feel it is not their primary duty. Again, if the time they spend at the health facility is too long and a waste of their working hours which can affect their work and responsibility of providing financial

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

resources to address the needs of the family. In consonance, studies have found that men are not present during maternity care was often related to the work that they do. It is similar to the finding from this study which indicated the some of the male partners were prepared to go with their partners to the clinics but because of work they are not able to go (Mullany, Becker, & Hindin 2007) and (Kariuki & Seruwagi, 2016)

In this study, lack of transportation and cost of transportation services to the health care facility coupled with lack of money was considered as a challenge to male partners' involvement in antenatal care at health facilities. This finding is consistent with other study finding in Uganda (Tweheyo, Konde-Lule, Tumwesigye & Sekandi, 2010). Thaddeus & Maine (1994) indicated that long distance to a health facility is one of the most important factor men consider in deciding not to pursue modern health care services even when it is needed. Apart from distance to the health facilities, lack of transportation services from the communities to the health centers was what participants mentioned as another hindrance to male non -involvement in antenatal care process. Exavery et al., (2014) reported similar study finding that lack of transportation services hinders expectant mothers' delivery in the health facilities and hence increase the number of pregnant women who deliver at home. These findings were in line with the findings from this study that most male partners did not go with their wives to the health facilities due to lack of transportation services from their communities to the health facilities. To them as a result of where their communities are located, there are no cars (taxis) or Lorries do not pass there and getting means of transport to

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

carry the two of them to the clinics is a big problem. Even though most of the male partners wished they go with their wives the lack of transportation services had made them to stay back while making available the provisions necessary for the woman to go for antenatal care.

Another finding from this study was the fear of being labeled as a weakling by friends or family members for accompanying one's partner for antenatal care. It is believed that men are not supposed to be following their wives everywhere they go but are only to decide where the women go and the limit to which they go. It was revealed that men who are always seen constantly going with their partners to the health facilities for antenatal care are seen to be weak men who allow their wives to control them. Even in situations where the male partners have every opportunity to escort their partners to the health facility some of them will not because of the tag of being called a weakling.

Also, another finding from this study was the issue of shyness. Some of the participants interviewed were of the opinion that where men are gathered women are not supposed to be found or seen there unless otherwise they are invited. Likewise, where women are gathered men are not expected to be in those places and men who are often seen where women are gathered are often referred to as women, "women person or women lover" and not worthy to be counted as men. From their narration, this usually create a huge problem where men often do not want to be seen among the women, especially situations where the gathering is viewed as women gathering or mainly addressing women issues. To the participants, most men have issues with accompanying their partners to the health

facilities because of the notion that ANC is meant for women. Though some of the men go with their partners to the health facilities, they shared their thoughts on the impact of being there with lots of shyness which in turn makes others not to go with their partners to the ANC. One participant even said your aunties' children or your play mates will be teasing at you for accompanying your partner to ANC and this brings shyness, he put it this way "They use it to tease you just to scare you especially your aunties' children, those that are your play mates. That as far as we know you, when your wife is pregnant from day one you follow her. What kind of man are you? Are you a dog?" This result is similar to a study conducted in Accra which found that most of the male partners suggested that at the ANC, there should be a separation of the women from the men. It was shown that most men are usually not comfortable sitting among women, therefore suggested that separation (Roseline, 2013). Similarly, Nanjala and Wamalwa (2012) in their study found many of the men (48.2%) expressing the view that they will be mocked by their colleagues and considered as being ruled by their wives if they were seen visiting the health facility with their wives. But this usually may not be the case, but a mere perception that someone is saying something negative about them. However, this may be possible in very small communities not in larger communities and cities where people do not know what others do because of their busy work schedules.

UNIVERSITY FOR DEVELOPMENT STUDIES

**5.2. Cultural factors influencing male partners participation in antenatal care (ANC)**

The findings from this study established that cultural practices and traditional beliefs have great influence on pregnancy and how it is usually managed in the

www.udsspace.uds.edu.gh

society. Most of the participants shared their opinion that, cultural and traditional beliefs are very dominant especially in the Northern part of the Ghana which have a great influence on their attitudes and actions they take with regards to male involvement. From the interviews, it emerged that cultural practices influence male partner's decision to go with their partners to the health facilities. Some of the participants were of the view that mostly in the time past there use to be the norm where customs, traditions and beliefs will prevent them from going with the pregnant women to the health facilities for ANC and other health services, women especially old ladies were mostly involved in the care of women during pregnancy and after delivery. According to them, those days health facilities were not many as it is now and also a lot of things have changed now. Others too still believe that even though things have changed and there are still some areas where husbands are retrained from participation in ANC at the health facilities with their wives.

UNIVERSITY FOR DEVELOPMENT STUDIES

This is similar to a study finding by Mullick and his colleagues that more of the male participants in their study considered antenatal care as a woman's issue and considered checking on the health card as the only responsibility to confirm if the wife actually went to the facility for antenatal care (Mullick, Kunene, Wanjiru 2005).

Age of male partners, whether young or old may have an impact on the cultural practices they exhibit towards male involvement in ANC. From the background information of the participants, some (6) of the participants were in their thirties which may suggest that they are quite young leading to many not really taking

UNIVERSITY FOR DEVELOPMENT STUDIES

cultural issues seriously so they ignore them or some too know the cultural dynamics concerning male partners involvement in their placess but do not put them into practice.

Another issue worth considering as a cultural issue that may affect male partner's participation in ANC is polygamy. Whether one marries one or more wives may be influenced by so many factors such as the family one finds himself, including religious reasons where some of the respondents said Islam does not allow men and women to mix in many areas. For instance, many Muslims see polygamy as a practice that has been handed over from Islamic generations to generations and therefore support it but most Christians will also say it is not a culture for Christians. A male who is married to two or more wives may have a difficulty in accompanying his wives to ANC because if he happens to accompany one to ANC, the others wives will expect him to do same for them in future and if such a man is not able to accomplish such task expected of him, it creates problems between him and the other wives and lead to disunity in the house. Most men who are in polygamous marriages even if they can accompany their pregnant women to ANC will prefer not to go for fear of not being able to do it for the other wives which will bring problems. This idea is supported by similar studies conducted by Craymah, Oppong & Tuoyire, 2017) which found that male involvement in antenatal care and delivery was affected by type of marriage (whether polygamous or monogamous marriage) and number of children.

Another study by Ratcliffe (2001), indicated that men who have many wives put them a situation where they have different ambitions and interests which

negatively affect the likelihood of making positive decisions regarding maternal health care of his wives.

Finally, (Lowe, 2017), also supported this view that male partner involvement in polygamous marriages is more complicated especially as wives exhibit rivalry among each other. In contrast, Nkuoh et al. (2010), reported that men who married more than one wife in Cameroon showed higher involvement.

UNIVERSITY FOR DEVELOPMENT STUDIES

**5.3. Perception of male partners on antenatal care (ANC)**

One major findings from the study was that male involvement in the antenatal care should be made compulsory and also the suggestion that male participation in antenatal care was a good idea which should be encouraged. Most of the participants were of the view that ANC should be made compulsory for all male partners to participate without fail. To some of the participants, men stand the chance to gain a lot when they accompany their wives to the antenatal clinic for care. Some of them too think it will enable the male partners to learn at first hand the information that are given to their wives during ANC. Other participants were of the view that it will even help the man to plan as to what to do during pregnancy if there is any problem since he will get the right information from the health workers. Some of the participants even argued that it will be appropriate to pass a law that will make it compulsory for every male partner to accompany his pregnant wife to the health facility for antenatal care. Others too were of the opinion that while it is good that men go with their wives for ANC, it should not be made compulsory.

www.udsspace.uds.edu.gh

The study findings also shows that male participation at ANC services was a good idea and will significantly improve the lives of pregnant women and their unborn babies. Some of the participants held the view that during pregnancy, psychologically the woman is sick until she delivers. Some of them feel like moving with her or accompanying her to wherever she goes will serve as a motivation to her. Most of the participants also recounted how the ANC has helped in improving maternal health and were encouraging their wives who were pregnant to go for the antenatal care services.

In today's culturally dynamic settings, it is crucial for health workers to adopt innovative ways of getting more men to participate in antenatal care services. Discovering the key issues that facilitate male involvement in maternal health care services ensure the effective use of these innovative strategies to get them involved. Evidence from the interviews showed that most of the participants were in favor of their wives attending ANC and felt that it could be useful to accompany them even though they were not practicing it.

UNIVERSITY FOR DEVELOPMENT STUDIES

Knowledge or understanding of ANC also have an influence in male partners' attendance to ANC. This is because from the finding, all the participants have some knowledge of what ANC was, making them think they already know what is done at the facility when the women visit there, so it does not arouse their curiosity to go**.** Contrary, studies have pointed out that more men are likely to attend antenatal care if they have adequate knowledge about antenatal care services, if they are able to recognize danger signs of pregnancy and prepare adequately for birth. (Kakaire et al., 2011; Tweheyo et al., 2010)

UNIVERSITY FOR DEVELOPMENT STUDIES

### 5.4. Male partners' previous experiences during antenatal care at health facility

Male partners' previous experiences during antenatal care at health facility was another major finding from the study. The experiences of male partners at the clinics to some extent are some of the reasons male involvement in antenatal care is not encouraging. The study findings revealed some level of non-involvement of men in the activities of the antenatal care (ANC) in the study setting. The participants mentioned that they expect the health care providers to treat male partners who accompany their wives to antenatal care with much respect and involve them whenever they show up with their wives at the health facilities. To them this is not the case as most of the participants who went with their partners mentioned that they were not involved in the care process.

According to some of the participants they expected that at least each time they visited the health facility, the health workers should check their blood pressure, weight or take their temperature which will serve as motivation for them and others to come. Also, the grouping or combination of the males with that of the females at the ANC is a source of worry to most men which prevent them from attending ANC with their partners. To most of the participants the lack of separate seats for them to sit at the health facility is much of a problem which hinder their going to the clinics. Some of the participants were of the view that there should be proper sitting arrangement where the men can sit separately from the women at the health facilities to make them comfortable and also allow them to freely discuss other issues as men. Others were also of the opinion that, in Islamic religion it is not

www.udsspace.uds.edu.gh

allowed for men to sit with women especially when they are not even their wives. Separate chairs are supposed to be made available for those who will not be comfortable sitting with the pregnant women because the presence of the males may equally not make some of the pregnant women feel comfortable and this can affect the subsequent attendance of both the male partners and the pregnant women. This is similar to findings of a study conducted in Nepal which found out that if men are to accompany their partners to the clinic, the health facilities must make provision for them and make them feel welcome (Mullany, Lakhey, Shrestha, Becker & Hindin 2009). A study which explored fathers' encounters with pregnancy and childbirth at the health facility, Steen et al., (2012) reported that some men felt unwanted when they succeeded in making time to attend antenatal clinic. They said they were treated as spectators. When men feel that their presence is a nuisance, they are unlikely to repeat the visit or encourage their colleagues to visit the ANC. Friendly staff attitudes inspire men to accompany their partners and be involved in their maternity care.

UNIVERSITY FOR DEVELOPMENT STUDIES

From the interviews it was found that most of the participants who visited the health facilities with their partners during antenatal care were of the view that the ANC process was relatively not time wasting at all. Most of the participants who visited the health facilities with their partners mentioned that they did not waste time at all at the clinics. According to some of them they were attended to first whenever they went there with their wives. The findings of this study disagree with the findings of many studies that have reported time wasting at the health facility as one of the factors accounting for low male involvement in antenatal care. A study done in

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

Zambia suggested that it is possible that if the time spent at the health facility were reduced it will result in increased male accompanying the wife and child for postnatal care. This is because many men have long working hours and long waiting time makes it hard for them to use their time to attend maternal health services (Chris, 2015). This finding from Zambia disagrees with this finding which indicated that men who attend the clinic with their partners mentioned that they were seen as early as possible. Again, a study done in Malawi observed that during antenatal care, women with their partners were attended to first before the other mothers. Kululanga, Sundby and Chirwa, (2011) in their study in Malawi found this as one of the strategies used by health facilities to improve male involvement. There was however concern that this incentive may work when there are few men attending clinics but as the number increases, this may not be practical. Findings from this study suggests that even though men who accompanied their partners to the clinics were seen first in almost all the health centers in the municipality, the male partners' involvement in the antenatal care and maternal health care in general was still not encouraging and this could be attributed to other factors mentioned earlier other than delays at the antenatal care clinics.

# CHAPTER SIX

## SUMMARY, CONCLUSION AND RECOMMENDATIONS

UNIVERSITY FOR DEVELOPMENT STUDIES

## 6.0 Introduction

The outline of this chapter focuses on the summary, conclusion and recommendations of the study that were presented in the previous chapters.

## 6.1 Summary

The study employed qualitative approach to find out the socio-cultural factors that influence male partners' participation in Antenatal care and its impact on maternal health in Wa municipality of the Upper West Region. Seven communities were selected with a total of 15 participants recruited purposively for the study and interviewed using semi structured interview guide. Male partners shared their views on their knowledge of antenatal care, previous experiences during antenatal care, their perception of antenatal care, social and cultural factors that influence their participation in antenatal care during the interviews. The interviews were transcribed verbatim and thematic content analyses revealed four main themes and fourteen subthemes;

On social factors that impact on male partners' participation in ANC, It found that, most male partners fear being labeled as weak men and because of this negative tag many male partners' feel shy to accompany their pregnant women to ANC. Many male partners attributed their inability to accompany their pregnant women to ANC to their busy work schedules, cost of transportation and influence of friends, family especially the external family and groups though a few male partners indicated that they will not be influenced by their friends, family or groups in accompanying their partners to ANC and also indicated that they were not shy to accompany their partners to ANC.

www.udsspace.uds.edu.gh

Only a few male partners mention traditional gender roles, tribal and religious beliefs as cultural factors that hinder their participation in antenatal care. Most men did not see any cultural hindrance to their participation.

Almost all the participants held positive perception of male partners accompanying their partners to antenatal care. All have fair knowledge of ANC, all indicated that male partners attending ANC with their pregnant women was a good idea and should be encouraged. More of the respondents suggested it should be made compulsory on all male partners to escort their pregnant women to the Antenatal care and proposed some measures such as fines and sending messages to the men but a few disagreed with the idea of making it compulsory saying the use of force cannot work but rather persuasions and educating male partners on the benefits of male partner involvement will help in getting male partners to accompany their partners to antenatal care

Finally, all the male partners who have accompanied their pregnant partners to antenatal care before said they were given timely ANC services but they felt isolated because they were not involved in any activity at the ANC clinic.

UNIVERSITY FOR DEVELOPMENT STUDIES

### 6.2. Conclusion

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

Although a high proportion of male partners in the Wa Municipality were aware of antenatal care services, the number of male partners who actually accompany their partners for ANC in the area was remarkably low. Men are prepared to be involved in the antenatal care of their pregnant partners and it is possible to get more male partners to accompany their pregnant partners to the health facilities but a host of challenges exist which have to be addressed. Other salient factors highlighted in the study known to affect male involvement were; lack of transportation services to health center and cost of transportation to the health center, being labeled as a weakling, shyness and lack of privacy at clinics. Male involvement in maternal care will greatly improve maternal and neonatal health and also positively affect men's need for reproductive health.

The existing gender role and norms remarkably influence male participation in maternal health care. The gender roles and norms are also mirrored in maternal health delivery system in the health facilities in the Wa municipality where maternal health services are female focused. This poses a mammoth challenge to the health providers as regards to male involvement in antenatal care. However, improvement in male partner involvement in antenatal care is possible if the challenges are quickly surmounted. The notion that maternal health care in only for females needed to be dispelled so as to create a foundation for equal access to services for both men and women. In addition, health education on pregnancy and child birth needs to be given to both men and women so make them knowledgeable which will facilitate their involvement in issues pertaining to maternal health services.

www.udsspace.uds.edu.gh

Society also frowned upon a man visiting maternal health services with his wife saying that he was very possessive of the wife and a weakling for that matter. To make matters worse, the men who actually visit the clinics find themselves in a male unfriendly environment, thus they get intimidated by the dominant female environment. It will be very prudent for health care providers to provide a more friendly and acceptable male environment in their facilities which will enhance the comfort of the male partners and increase their participation.

These critical issues brought to the fore as a result of this research will help formulate policies that will remove barriers to male partners' participation in antenatal care and maternal health care in general and translate into greater use of health services by women. Ultimately, this should result in improved maternal health and reduction in maternal mortality and accelerate the achievement of the Sustainable Development Goal 3.

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

## 6.3 Recommendations

- The District Health Management Team in partnership with the community leaders should organize educational campaigns within the communities to educate community members, especially men on the importance of male involvement in ANC and issues that have to do with maternal health of women. Such campaigns can also deal with some of the negative socio-cultural norms and attitude which act as barriers to male involvement in antenatal care.

- At the community level, educational programmes that seek to demystify negative perceptions about male involvement in ANC and improve understanding of the benefits of male participation in ANC should be instituted by district and municipal public health directorates

- Communities within the Wa Municipality should establish father support groups through the community health officers, CBSVs and the chiefs to educate and encourage their fellow men on the need to accompany their partners to antenatal care.

- Health facilities should streamline their maternal health activities at the clinics to make them more conducive for males. Ample space and privacy must be provided, separate seats should be made available for males who accompany the partners instead of making them sit in the midst of the pregnant women which is usually discomforting for most of the men.

UNIVERSITY FOR DEVELOPMENT STUDIES

- As a way of motivating the men who attend the health facilities with their partners, the health workers should provide some basic health services such as taking some of the vital signs. This will go long way to motivate more men to go with their partners and it will also change their thinking that ANC is solely for the pregnant woman.

- Health facilities must devise strategies to invite men for antenatal clinics. This could be achieved by issuing invitation letters from the health care to the male partners whenever the expectant mother comes to the clinic for antenatal services. Health care providers must be trained in interpersonal skills and encouraged to have a friendlier attitude towards their clients and their partners.

- Considering the social and cultural diversity in the country, more research should be conducted in this important area to help in the design of culturally appropriate male friendly services throughout the country.

- Those tasked with the responsibility to develop health programmes should adopt develop innovative approaches to get more males involved in reproductive health at various levels. The government, non-governmental organizations (NGOs), and other stakeholders could focus on creating awareness through mass-media health education campaigns targeting men, emphasizing mainly men’s role in ensuring and facilitating their wives’ use of maternal health services.

UNIVERSITY FOR DEVELOPMENT STUDIES

## REFERENCES


Aarnio, P., Olsson, P., Chimbiri, A., & Kulmala, T. (2009). Male involvement in antenatal HIV counseling and testing : exploring men ' s perceptions in rural Malawi, *21*(12). https://doi.org/10.1080/09540120902903719

Abawi, K. (2015). Measuring Maternal Mortality PRB. *World Health Organization. Maternal Mortality Fact Sheet*, (December), 1–6. Retrieved from http://r4d.dfid.gov.uk/FactSheet

Aborigo, R. A., Reidpath, D. D., Oduro, A. R., & Allotey, P. (2018). Male involvement in maternal health : perspectives of opinion leaders. *BMC Pregnancy and Childbirth*, 1–10. https://doi.org/10.1186/s12884-017-1641-9

Adamu, Y. M., & Salihu, H. M. (2002). Barriers to the use of antenatal and obstetric care services in rural Kano , Nigeria. *Journal of Obstetrics and Gynaecology (2002)*, *22*(6), 600–603. https://doi.org/10.1080/0144361021000020349

Adelekan, A. L., Edoni, E. R., & Olaleye, O. S. (2014). Married Men Perceptions and Barriers to Participation in the Prevention of Mother-to-Child HIV Transmission Care in Osogbo, Nigeria. *Journal of Sexually Transmitted Diseases*, *2014*, 1–6. https://doi.org/10.1155/2014/680962

Adelekan, A., Omoregie, P., & Edoni, E. (2014). Male Involvement in Family Planning: Challenges and Way Forward,. *International Journal of Population Research*, *2014*, e416457. https://doi.org/10.1155/2014/416457,

www.udsspace.uds.edu.gh

Adeniran, A. S., Aboyeji, A. P., Fawole, A. A., Olayinka, R., Adesina, K. T., & Adeniran, P. I. (2015). Male Partner's Role during Pregnancy, Labour and Delivery: Expectations of Pregnant women in Nigeria. *International Journal of Health Sciences, Qassim University*, *9*(3).

Adika, D. M., Chutiyami, M., Dathini, H., Adamu, H., & Chutiyami, M. (2017). Maternal mortality in Ghana : an exploration of partners ' perception about factors that contributed to their wife's death. *International Journal of Community Medicine and Public Health*, *4*(11), 4018–4024.

Ampim, G. A. (2013). *Men's Involvement in Maternal Healthcare in Accra, Ghana: From Household to Delivery Room*. *Masters Thesis*. Universitas Bergensis, Bergen, Norway.

Assaf, Shireen & Moonzwe, D. L. (2018). Does men ' s involvement improve the Health outcomes of their Partners and children ? DHS Analytical Studies. *DHS Analytical Studies No. 64*, *64*(July).

Atuahene, M. D., Arde-acquah, S., Atuahene, N. F., Adjuik, M., & Ganle, J. K. (2017). Inclusion of men in maternal and safe motherhood services in inner-city communities in Ghana : evidence from a descriptive cross-sectional survey. *BMC Pregnancy and Childbirth*, 1–10. https://doi.org/10.1186/s12884-017-1590-3

Auvinen, J., Kylmä, J., Välimäki, M., Bweupe, M., & Suominen, T. (2015). Luba-Kasai Men and the Prevention of Mother to Child Transmission (PMTCT) of HIV program in Lusaka. *Health Promotion International*, *30*(3), 637–646.

UNIVERSITY FOR DEVELOPMENT STUDIES

https://doi.org/10.1093/heapro/dat088

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

Bougangue, B., & Ling, H. K. (2017). Male involvement in maternal healthcare through Community- based Health Planning and Services : the views of the men in rural Ghana. *BMC Public Health*, 1–10. https://doi.org/10.1186/s12889-017-4680-2

Britta, C. . (2005). Barriers to and attitudes towards promoting husband's involvement in maternal health in Katmandu, Nepal. *Social Science & Medicine*, (62(11).

Bulut, & Molzan, T. (1995). Bringing fathers into the picture; postpartum family planning. *Journal of Women's Health Care*.

Byamugisha, R., Åstrøm, A. N., Ndeezi, G., Karamagi, C. A. S., Tylleskär, T., & Tumwine, J. K. (2011). Male partner antenatal attendance and HIV testing in eastern Uganda : a randomized facility-based intervention trial. *Journal of the International AIDS Society*, *14*(1), 43. https://doi.org/10.1186/1758-2652-14-43

Byamugisha, R., Tumwine, J. K., Semiyaga, N., & Tylleskär, T. (2010). Determinants of male involvement in the prevention of mother-to-child transmission of HIV programme in Eastern Uganda : a cross-sectional survey. *Reproductive Health*, 1–9. Retrieved from http://www.reproductive-health-

UNIVERSITY FOR DEVELOPMENT STUDIES

UNIVERSITY FOR DEVELOPMENT STUDIES

journal.com

Chris, M. N. (2015). Factors affecting male involvement in antenatal care (ANC) and postnatal care (PNC services in Zambia: a case of Kabwe urban and Chamuka rural areas in Central Province. *Masters Thesis, University of Zambia, Zambia.*

Craymah, J. P., Oppong, R. K., & Tuoyire, D. A. (2017). Male Involvement in Maternal Health Care at Anomabo, Central Region, Ghana. *International Journal of Reproductive Medicine*, *2017*. Retrieved from https://doi.org/10.1155/2017/2929013

Doe, R. D. (2013). Male partner involvement in maternal care in Ablekuma South district, Accra, Ghana. *Masters Thesis, University of Ghana, Ghana.*, (July).

Drasiku, A. (2010). Acceptability and satisfaction of male partners with antenatal clinic-based HIV testing for PMTCT at Old-Mulago Hospital, Uganda.

Dutki, M. (2010). Male Involvement in the Prevention of Mother to Child Transmission of HIV (PMTCT) Program in Kayunga District, Uganda. *A Programmatic Activity Report*, (March 2010), 42.

Exavery, A., Kanté, A. M., Njozi, M., Tani, K., Doctor, H. V, Hingora, A., & Phillips, J. F. (2014). Access to institutional delivery care and reasons for home delivery in three districts of Tanzania. *International Journal for Equity in Health*, *13*(48), 1–11. Retrieved from http://www.equityhealthj.com

Falnes, E. ., Moland, K. ., T, T., de Paoli, M. ., Msuya, S. ., & Engebretsen, I. .

www.udsspace.uds.edu.gh

(2011). "It is her responsibility": partner involvement in prevention of mother to child transmission of HIV programmes, northern Tanzania. *Journal of International AIDS Soc*, 14:21.

Fenwick, B. & J. (2012). A Hermeneutic Review of Father Involvement in Pregnancy, Childbirth & Infancy. Retrieved from www.expoo.be

Forbes, F., Wynter, K., Wade, C., Zeleke, B. M., & Fisher, J. (2018). Male partner attendance at antenatal care and adherence to antenatal care guidelines: Secondary analysis of 2011 Ethiopian demographic and health survey data. *BMC Pregnancy and Childbirth*, *18*(1), 1–11. https://doi.org/10.1186/s12884-018-1775-4

Ganle, J. K., & Dery, I. (2015). ' What men don ' t know can hurt women ' s health ' : a qualitative study of the barriers to and opportunities for men ' s involvement in maternal healthcare in Ghana. *Reproductive Health*, 1–13. https://doi.org/10.1186/s12978-015-0083-y

GHS. (2016). Annual Report, (June).

Gill, M. M., Ditekemena, J., Loando, A., Ilunga, V., & Temmerman, M. (2017). " The co-authors of pregnancy " : leveraging men ' s sense of responsibility and other factors for male involvement in antenatal services in Kinshasa , DRC. *BMC Pregnancy and Childbirth*, *17*(409), 1–10. https://doi.org/10.1186/s12884-017-1587-y

Godlove N. Nkuoh, Dorothy J. Meyer, P. M. T. and J. N. (2010). Barriers to Men's Participation in Antenatal and Prevention of Mother-to-Child HIV

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

Transmission Care in Cameroon, Africa. Retrieved from https://b.3cdn.net/glaser/5ac8d8dc8a5faa97c1

Greene, M., Manisha, M., Deirdre, W., Akinrinola, B., & Susheela, S. (2003). Involving men in Reproductive Health: Contributions to Development. Background paper to report Public choices, Private Decisions: Sexual and Reproductive Health and Millennium Development Goals. *UN Millennium Project*, 10–16.

Helleve, A. (2010). *Men's involvement in care and support during pregnancy and childbirth*. University of Oslo, Finland.

IPPF. (2010). IPPF Framework for comprehensive sexuality education. London, United Kingdom. Retrieved from www.ippf.org

Jennings, L., Na, M., Cherewick, M., Hindin, M., Mullany, B., & Ahmed, S. (2014). Women ' s empowerment and male involvement in antenatal care : analyses of Demographic and Health Surveys ( DHS ) in selected African countries. *BMC Pregnancy and Childbirth*, *14*(1), 1–11. https://doi.org/10.1186/1471-2393-14-297

Kakaire, O., Kaye, D. K., & Osinde, M. O. (2011). Male involvement in birth preparedness and complication readiness for emergency obstetric referrals in rural Uganda. *Reproductive Health*, *8*(12), 1–7. Retrieved from http://www.reproductive-health-journal.com

Kakamega, Jepkosgei, S., & Kiptoo, M. (2017). Male Partner Involvement In Antenatal Care Services In Mumias East and West Sub-Counties, Kakamega

UNIVERSITY FOR DEVELOPMENT STUDIES

County, Kenya. *IOSR Journal of Nursing and Health Science*, *6*(4), 37–46. https://doi.org/10.9790/1959-0604033746

Kariuki, K. F., & Seruwagi, G. K. (2016a). Determinants of Male Partner Involvement in Antenatal Care in Wakiso District, Uganda. *British Journal of Medicine & Medical Research*.

Kariuki, K. F., & Seruwagi, G. K. (2016b). Determinants of Male Partner Involvement in Antenatal Care in Wakiso District , Uganda. *British Journal of Medicine & Medical Research*, *18*(7). https://doi.org/10.9734/BJMMR/2016/28056

Kassahun, F., Worku, C., Nigussie, A., & Ganfurie, G. (2018). Prevalence of male attendance and associated factors at their partners ' antenatal visits among antenatal care attendees in Bale Zone , South East Ethiopia. *International Journal of Nursing and Midwifery*, *10*(September), 109–120. https://doi.org/10.5897/IJNM2018.0323

Kaye, D. K., Kakaire, O., & Nakimuli, A. (2014). Male involvement during pregnancy and childbirth: Men's perceptions, practices and experiences during the care for women who developed childbirth complications in Mulago Hospital, Uganda. *BMC Pregnancy and Childbirth*, (February). https://doi.org/10.1186/1471-2393-14-54

Kimotho, L. W. (2016). Barriers to male involvement in pregnancy and postpartum care in Nairobi City County, Kenya. *Masters Thesis, University of Nairobi, Kenya*.

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

Kululanga, L. I., Sundby, J., Malata, A., & Chirwa, E. (2012). Male Involvement in Maternity Health Care in Malawi. *African Journal of Reproductive Health*, *16*(March), 145–158.

Kulunya, L. I., Sundby, J., Chirwa, E., Malata, A., & Malura, A. (2012). Barriers to Husbands' Involvement in maternal health care in a Rural setting in Malawi: A qualitative study. *Journal of Research in Nursing and Midwifery*, *1 (1)*, 1–10.

Kwambai, T. K., Dellicour, S., Desai, M., Ameh, C. A., Person, B., Achieng, F., … Ter Kuile, F. O. (2013). Perspectives of men on antenatal and delivery care service utilisation in rural western Kenya: a qualitative study. *BMC Pregnancy Childbirth*, *13*, 134. https://doi.org/10.1186/1471-2393-13-134

Kwenda, F. (2012). Factors influencing male partner involvement in the mother-child transmiion of HIV plus (MTCT-plus) programme in Gobabis District, Namibia: a qualitative study. *Masters Thesis, University of Western Cape, South Africa.*, (November).

Lawoyin, T. O., Olusheyi, L. O. C., & Adewole, D. A. (2010). Men's perception of maternal mortality in Nigeria. *Journal of Public Health Policy*, *28*(3), 299–318. https://doi.org/10.1057/palgrave.jphp.3200143

Lemma, E. and H. G. (2017). Male Partner Involvement on Prevention of Mother to Child Transmission of HIV and Associated Factors among Pregnant Mothers Attending Antenatal at Fantale District, Ethopia. *Journal of Women's Health Care*, *6*(2). https://doi.org/10.4172/2167-0420.1000362

Lincoln, Y. S., & Guba, E. G. (1995). Energing criteria for quality in qualitative and interpretive, Qualitative Inquiry., *1*, 275–289.

Lochting, L. I. (2010). The Price to Pay for Maternal Health care in Rural Gambia. *Institute of General Practice and Community Medicine,Section for International Health*.

Lowe, M. (2017). Social and cultural barriers to husbands' involvement in maternal health in rural Gambia. *Pan African Medical Journal*, *27*, 1–7. https://doi.org/10.11604/pamj.2017.27.255.11378

Mangeni, J. N., Mwangi, A., Mbugua, S., & Mukthar, V. (2013). Male Involvement in Maternal Health Care Skilled Birth Attendants in Kenya, (February).

Martin, M. T., Mcnamara, M. J., Millot, A. S., Halleh, T., & Hair, E. C. (2007). The effect of father involvement during pregnancy and receipt of prenatal care and maternal smoking. *Maternal and Child Journal*, (11), 595–602.

Matseke, M. G., Ruiter, R. A. C., Rodriguez, V. J., Setswe, G., & Sifunda, S. (2017). Factors Associated with Male Partner Involvement in Programs for the Prevention of Mother-to-Child Transmission of HIV in Rural South Africa. *International Journal of Environmental Research and Public Health*, 1–15. https://doi.org/10.3390/ijerph14111333

Medley, A. M. Y. M., Mugerwa, G. W., & Sweat, M. (2012). Ugandan Men's attitudes toward their partner's participation in Antenatal HIV Testing. *Health Care for Women International*, *33*(4), 359–374.

UNIVERSITY FOR DEVELOPMENT STUDIES

https://doi.org/10.1080/07399332.2012.655392

MHD. (2016). Ghana Health Service Annual Report for Wa Municipal. Wa: Wa Municipal Health Directorate.

Mitchell, G. T. (2012). *Male Involvement in maternal health decision- making in Nkwanta South District, Ghana*. *Masters Thesis*. University of Ghana, Ghana.

Mohlala, B. K. F., Gregson, S., & Boily, M. (2012). Barriers to involvement of men in ANC and VCT in Khayelitsha , South Africa, *24*(8), 972–978.

Morfaw, F., Mbuagbaw, L., Thabane, L., Rodrigues, C., Wunderlich, A., Nana, P., & Kunda, J. (2013). Male involvement in prevention programs of Mother to Child Transmission of HIV : a systematic review to identify barriers and facilitators. *Systematic Reviews*, *2*(1), 1. https://doi.org/10.1186/2046-4053-2-5

Msuya, S., Mbizvo, E., Hussain, A., & Uriyo, J. (2008). Low male partner participation in antenatal HIV counselling and testing in northern Tanzania : Implications for preventive programs. *ReseachGate*, (August). https://doi.org/10.1080/09540120701687059

Muia, E., Olenja, J., Kimani, V., & Leonard, A. (2000). Integrating men into the reproductive health equation: Acceptability and feasibility in Kenya. *The Robert Hebert Program on Critical Issues in Reproductive Health, Population Council*.

Mullany, B. C., Becker, S., & Hindin, M. J. (2007). The impact of including

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

husbands in antenatal health education services on maternal health practices in urban Nepal : results from a randomized controlled trial. *Health Education Research*, *22*(2), 166–176. https://doi.org/10.1093/her/cyl060

Mullick, S., Kunene, B., & Wanjiru, M. (2005). Involving men in maternity care : health service delivery issues. *Gender, Culture and Rights*.

Nanjala, M., & Wamalwa, D. (2012). Determinants of Male Partner Involvement in Promoting Deliveries by Skilled Attendants in Busia , Kenya. *Global Journal of Health Science*, *4*(2), 60–67. https://doi.org/10.5539/gjhs.v4n2p60

Nesane, K., Maputle, S. M., & Shilubane, H. (2016). Male partners' views of involvement in maternal health care services at Makhado Municipality clinics, Limpopo Province, South Africa. *African Journal of Primary Health Care and Family Medicine*, *8*(2), 1–5. https://doi.org/10.4102/phcfm.v8i2.929

Nguni, C. (2013). *Exploration and description of barriers to male participation in antenatal and prevention of mother-to-child transmission of HIV (pmtct) services in Mumbwa district, Zambia*. *Masters Thesis*. University of Western cape, South Africa. Retrieved from http://etd.uwc.ac.za/xmlui/handle/11394/3918

Nkuoh, G. N., Cmmh, D., Meyer, D. J., Tih, P. M., & Nkfusai, J. (2010). Barriers to Men ' s Participation in Antenatal and Prevention of Mother-to-Child HIV Transmission Care in Cameroon , Africa. *Journal of Midwifery & Women's Health*, *55*(4), 363–369. https://doi.org/10.1016/j.jmwh.2010.02.009

Nungari, G. M. (2014). Factors influencing male participation in antenatal care in

UNIVERSITY FOR DEVELOPMENT STUDIES

UNIVERSITY FOR DEVELOPMENT STUDIES

Kenya: a case of Kenyatta National Hospital, Nairobi, Kenya. *Masters Thesis, University of Nairobi, Kenya*.

Nyondo-Mipando, A. L., Chimwaza, A. F., & Muula, A. S. (2016). A descriptive study on demographic and behavioral characteristics of males and their responses to a male involvement intervention in Blantyre, Malawi. *Pan African Medical Journal*, *25*(January 2017). https://doi.org/10.11604/pamj.2016.25.229.10014

Olugbenga-bello, Adenike. Asekun-olarinmoye, E. O., Adewole, A. O., Adeleye, A., & Olarewaju, S. O. (2013). Perception, attitude and involvement of men in maternal health care in a Nigerian community, Nigeria. *Journal of Public Health and Epidemiology*, *5*(June), 262–270. https://doi.org/10.5897/JPHE2013.0505

Ongweny-kidero, E. A. (2014). Exploring male attitudes on involvement in antenatal care: the case of prevention of mother-to-child transmission of HIV in Athi river sub-location of Mavoko constituency, Machakos County, Kenya.

Opeyemi, A., Olabisi, A., & Oluwaseyi, I. (2014). Attitude and Practice of Males towards Antenatal Care in Saki West Local Government Area of Oyo State , Nigeria. *Advances in Life Science and Technology*, *22*, 1–6.

Polit, F. D., & Beck, C. . T. (2014). *Resource Manual for generating Nursing reearch: Generating and Assesssing Evidence for Nursing Practice* (9th ed.). china: Lippincott Williams & Wilkins.

Ratcliffe, A. ., Hill, A. ., & Walraven, G. (2000). Separate lives, different interests:

www.udsspace.uds.edu.gh

male and female reproduction in the Gambia. *Bull World Health Organisation.*, (78(5)), 570–579.

Reece, M., Hollub, A., Nangami, M., & Lane, K. (2010). Assessing male spousal engagement with prevention of mother-to-child transmission (PMTCT) programs in western Kenya. *Journal of Social, Behavioral, and Health Sciences*, *22 (6)*(AIDS Care), 743–750.

Saiqa, M. B., & Monica, W. (2005). Involving men in maternity care: health service delivery issues. *Reproductive Health.*

Sham-Una. (2015). *Factors influencing male participation in antenatal care in the Kumasi Metropolis, Ghana.* Kwame Nkrumah University of Science and Technology, Kumasi.

Shia, N. (2013). An Evaluation of Male Partners ' Perceptions of Antenatal Classes in a National Health Service Hospital : Implications for Service Provision in London. *Journal of Perinatal Education*, *22*(1), 30–38.

Singh, D., Lample, M., & Earnest, J. (2014). The involvement of men in maternal health care: Cross-sectional, pilot case studies from Maligita and Kibibi, Uganda. *Reproductive Health*, *11*(1). https://doi.org/10.1186/1742-4755-11-68

Sumankuuro, J., Crockett, J., & Wang, S. (2017). The use of antenatal care in two rural districts of Upper West Region , Ghana. *Maternal and Neonatal Healthcare*, *12*(12), 1–19.

UNIVERSITY FOR DEVELOPMENT STUDIES

Thapa, D. K. (2012). *Women's autonomy and husband's involvement in maternal health in Nepal*. Wageningen University, Netherlands.

Thorne, S. (2008). Interpretative description. Walnut, Creet, Califonia: Left Coast Press.

Tobergte, D. R., & Curtis, S. (2013). *Malaysia Human Development Report 2013*. *Journal of Chemical Information and Modeling* (Vol. 53). https://doi.org/10.1017/CBO9781107415324.004

Tweheyo, R., Konde-lule, J., Tumwesigye, N. M., & Sekandi, J. N. (2010). Male partner attendance of skilled antenatal care in peri-urban Gulu district , Northern Uganda. *BMC Pregnancy and Childbirth*, *10*(53). Retrieved from http://www.biomedcentral.com/1471-2393/10/53

UNAIDS. (2012). *Global Report on AIDS Epidemic*. *MSF Access to Essential Medicines*. Retrieved from papers2://publication/uuid/4467B415-2E9B-472A-89EF-B30E692EFE5C

UNIVERSITY FOR DEVELOPMENT STUDIES

UNFPA. (2004). Investing in people: National progress in implementing the ICPD Program of action 1994-2004.

UNFPA, Herrmann, M., Guzman, J. M., & Schensul, D. (2012). Population Matters for Sustainable Development, 32.

USAID. (2010). Agency Sustainability Plan, 1–24.

Vaismoradi, M., Hannele, T., & Bondas, T. (2013). Content analysis and thematic analysis : Implications for conducting a qualitative descriptive study. *Nursing*

*and Health Sciences*, 398–405. https://doi.org/10.1111/nhs.12048

Vermeulen, E., Miltenburg, A. S., Barras, J., Maselle, N., Elteren, M. Van, & Roosmalen, J. Van. (2016). Opportunities for male involvement during pregnancy in Magu District , Tanzania. *BMC Pregnancy and Childbirth*, *16*(66), 1–9. https://doi.org/10.1186/s12884-016-0853-8

WHO, UNICEF, UNFPA, W. B. G. and U. N. P. D. (2015). Trends in Maternal Mortality : 1990 to 2015: Estimates Developed by WHO,UNICEF,UNFPA, The World Bank and the United Nations Population Divisions. *Who /Rhr/15.23*, *32*(5), 1–55. https://doi.org/ISBN 978 92 4 150363 1

WHO. (2015a). Maternal mortality fact sheet. Geneva, Switzerland.

WHO. (2015b). WHO recommendation on male involvement interventions for maternal and neonatal health. *Reproductive Health Library*, (May), 1–9.

WHO, UNICEF, UNFPA, World Bank, & United Nations Population Division. (2014). Trends in maternal mortality: 1990 to 2013 estimates.

World Health Organization. (2014). Global, regional, and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*, *384*, 980–1004.

Yargawa, J., & Leonardi-Bee, J. (2015). Male involvement and maternal health outcomes: Systematic review and meta-analysis. *Journal of Epidemiology and Community Health*, *69*(6), 604–612. https://doi.org/10.1136/jech-2014-204784

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

Yende, N., Rie, A. Van, West, N. S., Bassett, J., & Schwartz, S. R. (2017). Acceptability and Preferences among Men and Women for Male Involvement in Antenatal Care. *Journal of Pregnancy*, *2017*.

Yidana, A., Ziblim, S., & Yamusah, B. (2018). Male Partner Involvement in Birth Preparedness and Utilization of Antenatal Care Services : A study in the West Mamprusi Municipality of Northern Ghana. *World Journal of Public Health*, *3*(3), 69–75. https://doi.org/10.11648/j.wjph.20180303.11

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

## APPENDIX 1

**Consent Form**

**Department of Public Health**

**School of Allied Health Sciences**

**University for Development Studies**

**Information on Study for Participants**

Title of Research: SOCIO-CULTURAL DETERMINANTS OF MALE PARTNERS' PARTICIPATION IN ANTENATAL CARE SERVICES IN THE WA MUNICIPALITY OF THE UPPER WEST REGION, GHANA

**Investigator:** BALANJIMA IBRAHIM

Contact: 0209018651/0242921646

Email: balanji2006@yahoo.com

UNIVERSITY FOR DEVELOPMENT STUDIES

**Introduction:**

I am a graduate student of the School of Allied Health Sciences, University for Development Studies conducting this study. This study forms part of the requirement for the completion of an MPhil degree in Community Health and Development. The study involves interviews with male partners whose female partners have ever been pregnant before are pregnant as at the time of conducting this study.

UNIVERSITY FOR DEVELOPMENT STUDIES

**Study Steps:**

With your permission, I will ask you questions about your involvement in the antenatal care of your partner. I will meet with you at least once, for about one hour. You do not have to answer all my questions—only those you are comfortable with sharing. I will record the conversations to make sure I correctly talk about your answers. I will record only voices, no images or pictures of you will be taken. But, you may ask me not to use the recorder if you do not feel comfortable. At some point in time I may follow up with you again if there is the need for you to clarify something for me.

**Possible Benefits:**

I cannot promise any gain to you, but supporting me in this study may help to improve the level of male involvement in antenatal care which can ultimately improve maternal health and prevent maternal mortality in Ghana.

**Possible Risks:**

Participation in this project may cause you some embarrassment when sharing your stories about experiences during antenatal care visits or reasons for your inability to accompany your partners to antenatal care. If you have questions or problems that need more help or support, I can discuss that with you or refer you to my supervisor for further talk.

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

**Confidentiality:**

Your identity will be kept secret. Any recordings or notes will be given a code number and/or nickname, and stored in a locked filing cabinet in a room at the University for Development Studies. Your name will be *only* on this consent form and on one list that links your name to your code number and/or false name. The consent form and list will be stored in a different locked filing cabinet at the university. Any computer files about this research will be kept on password-protected computers that only the research team can get to.

When I report the findings of this study, I will not tell anything about you that would allow others to figure out who you are. The information you provide will not identify you in any way. Some of your ideas may appear as direct quotes and be used in presentations, publications, public documents, and in teaching situations. At no time will your identity be revealed.

**Compensation**

They were offered Ten (10) Ghana Cedis to cater for their transport and lunch. However, some of them refused to take the money saying with the reason that it was their own way of contributing to improving maternal health in the Wa municipality.

**Contact for information about the study:**

www.udsspace.uds.edu.gh

You may ask any questions, at any time, about any part of this study. You can reach me by phone; see the top of page one for this information

**Consent:**

Joining this project is fully voluntary and you may turn down taking part, or may leave the study at any time without any effect on your relationship with me and the University for Development Studies or any other organization or service.

**Contact about the rights of research participants:**

The plan for this project has been checked to make sure it is safe and follows the rules of the Research Ethics Board of the University for Development Studies. The research has been reviewed by the Ethics Committee of the School of Allied Health Sciences and approved. For questions about your rights and ethical conduct of research, contact the Research Ethics Committee Office of the School of Allied Health Sciences on Tamale Campus, Dungu

UNIVERSITY FOR DEVELOPMENT STUDIES

Consenting

I have read the foregoing or it has been read to me. I have had the opportunity to ask questions and any questions I have asked have been answered to my satisfaction. I therefore consent voluntarily to participate in this study.

Signed: …………………………………..

Thumbprint…………………………………..

Witness: ……………………………………

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

## APPENDIX 2

**Questionnaire**

SOCIO-CULTURAL DETERMINANTS OF MALE PARTNERS' PARTICIPATION IN ANTENATAL CARE SERVICES IN THE WA MUNICIPALITY OF THE UPPER WEST REGION, GHANA

**Questionnaire for Demographic Data**

Please answer the questions appropriately and sincerely as possible and be assured that any information you give will be highly confidential

Use a Tick where appropriate

1. Age: { }

2. Religion

   a. Christianity { }

   b. Islam { }

   c. Traditionalist { }

   d. Others specify ……………………………………..

3. Highest level of education:

   a. No education { }

www.udsspace.uds.edu.gh

b. Primary { }

c. Secondary { }

d. Tertiary { }

e. Other specify ……………………………………….

UNIVERSITY FOR DEVELOPMENT STUDIES

4. What do you do for a living? …………………………………………….

5. Marital status:

Married { }

In a relationship { }

Widow

Single

(Specify) ………………………………………………………..

6. How many wives or female partners do you have? ………………………

7. How long have you been married? ……………………………..

8. Do you have children?

Yes { }

No { }

9. If yes, how many? ………………………………………….

**Interview Guide**

10. What do you know about antenatal care?

11. How many times have you attended antenatal clinic? ………………………….

12. What informed your decision to accompany your partner to the Antenatal clinic? (probe)

www.udsspace.uds.edu.gh

13. Please describe how you felt when you accompanied your partner to the ANC

14. How were you received at the ANC?

15. Please, tell me more about the time you spent at the ANC? (Probe)

16. What is your view about male partners attending ANC with their partners? (Probe)

7. What do you perceive as the reason why some male partners do not accompany their partners to ANC? (Probe)

18. What is your view about male partners attending ANC with their partners? (Probe) IS IT IMPORTANT?

19. What is your view regarding making male participation in ANC being made compulsory? (Probe)

20. How does society view and react to you accompanying your partner to the ANC?

21. What can be done to positively influence society's view on men who accompany their partners for ANC?

22. How did the ideas of friends', family members and social groups influence your action of accompanying your partner for ANC?

23. What does your culture say about male partners accompanying their partners to ANC?

24. What in your view are some of the cultural practices that hinder male partners' involvement in antenatal care?

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

25. Some people think that weak people go to ANC and this therefore do not encourage male partners to accompany their female partner to ANC. What is your opinion on this?

26. What is your view regarding people who say that women who attend ANC with their male partners perceive problems in the future?

27. What can be done about some of the cultural practices that hinder male partners' involvement in ANC?

28. Give suggestions on how to make the clinic environment more conducive and welcoming to the male partners.

29. What strategies can we use to encourage other male partners to accompany their wives/partners to the ANC?

30. Is there anything that you would like to add?

THANK YOU

UNIVERSITY FOR DEVELOPMENT STUDIES