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Perceived Deterrents to Involvement in Maternity Care of Spouse and Seed of Solution among Men in Port Harcourt, Nigeria

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Abstract

Background and Aim: Men involvement in maternal health services globally has been associated with positive reproductive health outcomes, such as increase in the use of contraceptives, improved maternal health outcomes and increased uptake of interventions to prevent HIV transmission. The aim of this study was to determine the perceived deterrents to involvement in maternity care of Spouse and Seed of solution among men in Port Harcourt Metropolis.

Materials and Methods: This qualitative study involved in depth interviews (IDIs) with 11 husbands of women who had at least on child in Port Harcourt metropolis. The interview aimed at investigating perceived deterrents to involvement in Maternity Care of Spouse and Seed of Solution among men in Port Harcourt metropolis.

Results: The findings from this study have shown that poor awareness on participation, financial challenges, tight schedule of male partners, spousal conflict, government policies which includes hospital policies and health care

provider's attitude were perceived as deterrent to active spousal involvement. In order to get men to be involved, these deterrents must be addressed and tackled effectively.

Conclusion and Recommendations: The findings from this shows that majority of men have positive attitude towards male involvement in maternity care except for some perceived deterrents. I recommend awareness campaign must be enforced at all public places like markets, churches, mosques, Primary Health centers, male and female social groups. Television, radio jingles and all social media platform should be maximized in sensitization of entire public. Also, all key stake holders should be involved to encourage the uptake of men involvement in child birth.

NGOs should design and fund programs that catch men to be involved in maternity care.

The Government of Nigeria should create more jobs and put in full force paternity leave to ensure all men have time to be part of maternity care.

Keywords: Perception, Maternity Care, Maternal Mortality, Male Involvement, Complications, Awareness Campaign, Port Harcourt Metropolis, Nigeria

1. Introduction

A number of international instruments have acknowledged the critical role of men in increasing access to and utilization of maternal health services (UNFPA, 2017). This is because, men are major decision makers in birth preparedness and during emergency.

Vehvilainen-Julkunene *et al* (2014)^[22], narrated that men in developed countries have to a well-adjusted into this role unlike their counterpart in developing countries where male participation is still seeing it as a slap on a man's ego. Kwambali *et al* (2013)^[10], reported that many men in low resource countries do not escort their partners to the health facility during pregnancy unless there is a complication.

In Africa, many studies have explored male involvement in maternal health programs and their outcomes. Ganle *et al*, (2015) reported that although men in Kenya were aware of the benefits of their involvement in maternal health, but poor perception of male support role, the negative attitude of health workers and hostile antenatal care services reduced male involvement.

According to Kululanga *et al* (2011), using peers to encourage male involvement in Malawi was effective and sustainable. Tweheyo *et al* (2010) ^[20], in his study investigated perceived benefits of male attendance of antenatal care (ANC) in Uganda and found that knowledge of three or more antenatal care services, acquiring health information from facility health care providers, and a spouse having skilled attendance at last childbirth were all predictive of increased male attendance at ANC.

In a study carried out in Adamawa, Northern Nigeria, Yafeh *et al* (2016) reported poor male involvement in maternal health care. They ascertained that men who had formal education are more likely to be involved in their wives' maternal health care than those who have no formal education.

A study carried out in Ilorin, Nigeria by Abiodun *et al* (2014) observed that most pregnant women desired their spouse to be involved during pregnancy, labor and delivery. In their findings, most women suggested a private labor and delivery suites should be built as most hospitals have general rooms which could be the reason for refusal by health workers to let men in, knowing very well that the privacy of a woman in labor should be preserved.

Another study in Enugu done by Mbadugha *et al*, (2019) showed that most men had knowledge on their role in maternity care but most facilities do not encourage participation of men in maternity care. They also reported male partners' work schedule, and poor knowledge on the role of the male partners during maternity care as barriers major to male involvement in maternity care.

2. Materials and Methods

The study adopted Phenomenological qualitative study design to assess the Perception on male involvement in maternity care among men in Port Harcourt metropolis.

The study population comprised of spouses of women who are married, whose wives had utilized maternity care services and had fathered at least one child. It required men who were able to articulate and verbalize their lived experience.

Men who are not legally married, whose wife has not utilized maternity services and have not fathered at least one child, did not participate in the study.

Sample Size Determination

According Boyd (2001), 2 to 10 participants or research subjects are sufficient to reach saturation and Creswell (1998), recommends "long interviews with up to 10 people.

I intended to interview all the 25 men who were purposively selected but saturation point was reached at 10th and 11th Interviewees. I, therefore deemed it safe to use findings from the 11 interviewees for this study.

Having explored the process of in-depth interview, I carefully followed the process to carry out the interview. Firstly, I created rapport by commending their willingness to be part of the interview. The purpose of the research on

perception on male involvement in maternity care was explained to the Interviewees. They were assured of confidentiality as they were not required to tell me their name nor to write it on the consent form filled. Permission to record the interview was also obtained. Self-developed interview guides with questions framed from the three research objectives, were used as the instruments to collect data from the male partners. Data was collected, audio recorded and note-taking alongside by me. The words of caution by Easton, McComish and Greenberg (2000) that equipment failure and environmental conditions might seriously threaten the research undertaken, was borne in mind. The interview was carried out in English language and Pidgin (local dialect). I occasionally employed the use of prompts such as nodding and smiling, to encourage them to keep expressing their views. Also probes such as 'how were you involved,' were asked, when necessary, in order to obtain detailed insight. These In-depth interviews were on average between 18 and 40mins. A code was assigned to each interview, for example "Husband 1, offshore worker." At the end of the interview, I expressed how impressed I was at their openness and thank them for sharing their experience and perception. I also encouraged them to kick off the campaign on male involvement in maternity care in their sphere of influence.

3. Result

The findings relate to the research questions that guided the study which were: The interviewees perception on male involvement in maternity care, the deterrent to male involvement and their opinion on strategies to improve male involvement in maternity care. Interviewees were assured of confidentiality hence the use of Pseudo names and any statement that will reveal interviewee identity was removed from this report. F.g 4.1 represents the Six (6) final themes that emerged were: Supports, Couple relationship, tight schedule, Care giver attitude, government policies and Awareness. They were represented in the thematic analysis map with their subthemes. Each theme and its associated subthemes were represented by the same color. Codes from one theme was also found to have formed another theme.

3.1 Results and Analysis

3.1.1 Socio Demographic Characteristics

Age ranges of the interviewees

Table 1. Shows the socio-demographic characteristics Participants. The participants met in the field were aged from 30 years and above. A comparative majority were in their early 30s while those who were 40 years and above constituted the minority. All the Participants were married at the time of the study. The Participants have last child between 2019 and 2017. All the participants were Christians. Level of education among the participants ranged from Secondary to Tertiary Degree. Majority of the Participants are Businessmen while the others are Offshore Workers.

3.1.2 Study Findings

F. g 4.1 shows the extracts and the generating codes that explains what these husbands perceive as male involvement in maternity care.

Male Involvement

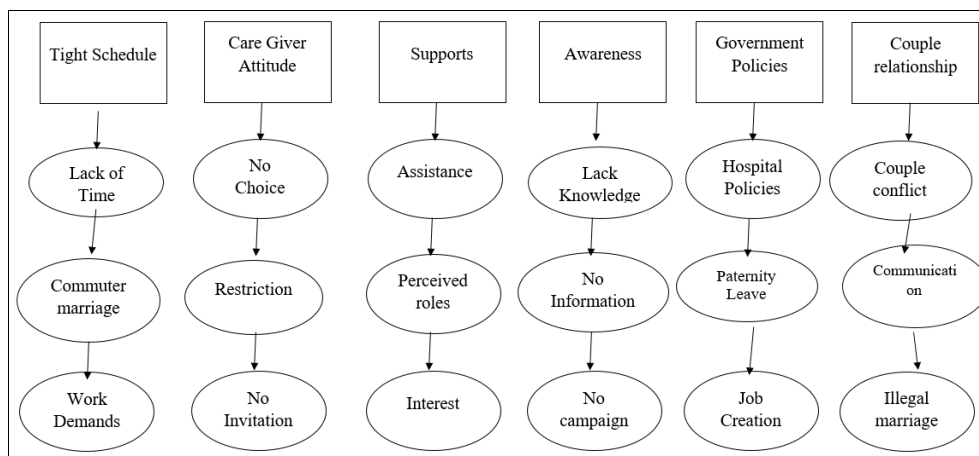


Fig 4.1: Thematic Analysis Map showing the final themes and sub-themes

3.1.3 Factors that may influence men’s participation in maternity care

Theme 1: Tight schedule

Sub-themes: Lack of time, no chance and work demand
Majority of the men, both Businessmen and off shore Workers verbalized interest to be at the class but time factor had been the challenge. Most of the maternity care services are offered during the active hours of the day, as well as work days of the week. The men verbalized that they cannot meet up with work demands if they participate in all maternity care services.

Subtheme 1: Lack of time

Majority of the men feel they do not have time to spend at the hospital. They have to work in order meet up with financial responsibilities during delivery.

When a man has a lot of bills to pay, you don’t sit down there how you will pay the bills. You have to hustle to meet up family responsibilities (Husband1, Businessman).

Subtheme 2: Commuter marriage

During interview, the interviewee stressed on his nature of work and how it will never give him time to participate in maternity care. On further probing, I found out that couple reside in different states because of work. This makes it difficult for him to see his family. He was in Port Harcourt during this interview because of Covid 19 lockdown.

...I would love to be part of her maternity but I’m not home. Husband 7 (Offshore worker).

Subtheme 3: Work demands

The researcher interviewed only 4 employed men offshore. Surprisingly, 3 out of 4 were actively involved in maternity care. They explained that most companies are strict with staff input during work hours. Most superiors are always on their neck to meet organizational goal. They would not want to hear a male staff took permission to be with wife during maternity care.

I make sure I leave the rig before her next scheduled antenatal visit. I have a Boss that understands what it means to look for a child for 4 years. Most men don’t have such privilege because their bosses would want to meet all work demands (Husband 2, offshore worker).

Theme 3

Awareness

Subthemes: No knowledge, no information and no campaign

Majority of the men stated that most men in the society are not aware that there is need for them to be actively involved during maternity care. They perceived it was due to poor awareness campaigns by Midwives and Government.

Subtheme 1: No knowledge

This statement by one of the husbands depicts poor knowledge of reasons for male involvement during antenatal. Most men do not have knowledge of maternity services that are rendered during antenatal care. This leads to poor attitude towards male involvement in maternity care.

Any man that follows his wife to antenatal wants to make sure Doctor does not exceed his boundary during Physical examination. (Husband5, Businessman).

Subtheme 2: No information

Majority of the husbands, regret that there is poor awareness on male involvement in Nigeria.

Most men out there don’t even know they should be part of child bearing process. Nobody talks to men about it... (Husband 3, Businessman).

Subtheme 3: No campaign

2 out of the 11 of the men have heard about safe motherhood but wonder why they never heard anything about government initiative or campaign that encourages men to get involved in maternity care.

...I know about some campaigns for women on exclusive Breast feeding and safe motherhood. I even recorded the exclusive breastfeeding song but who sings about men coming to antenatal with their wives? Nobody (Husband2, Offshore worker).

Theme 4: Couple relationship

Subthemes: Couple conflict, communication and illegal marriage

Subtheme 1: Couple conflict

Data analysed showed that when there is problem between husband and wife, it is difficult for a woman to get her

husband to go out with her to access maternity services. This also affects the woman's influence on her husband. She loses her power to get the man do what she wants.

When husband and wife are quarrelling, it is difficult for her to tell him to accompany her to the hospital (Husband4, Offshore worker).

Subtheme 2: Communication

The findings of this research acknowledged that communication is the key in every relationship. An interviewee has this to say,

...my wife comes home to gist me what was taught in antenatal, but some men get no such gist [Laughs]... They don't know what role to play...' (Husband 3, Businessman).

Subtheme 3: Illegal marriage

From my findings. Men who are not legally married to the woman will not be committed to taking care of her during maternity care. Likewise, men who are polygamous may find it difficult to support all the wives especially when they are pregnant at the same time.

A man can be that committed during pregnancy if he is legally married to a woman. Who goes to antenatal class with a side chic? [laughs] (Husband 7, Offshore).

Theme 2: Care giver attitude

Most maternity care is being rendered by Midwives but some of the Interviewees said that some male care givers attend to the women during physical examination and delivery. They feel that most men would not stand it.

Subtheme 1: No choice

I cannot stand outside the examination room knowing very well that Doctor is touching my wife where he is not supposed to. Most male Doctors cross their boundary in the name of Physical examination. (Husband5, Businessman).

Subtheme 2: Restriction

Health Care givers always give them the impression that they are interfering with their work.

Most times they were asked to stay outside the ward.

I was asked to stay outside even when I practically begged to be in the delivery room with my wife (Husband2, Offshore workers).

I was not allowed inside instead I was the errand boy... (Husband1, Businessman).

Subtheme 3: No invitation

Most men already see their presence in maternity service as interference. Majority of the husbands believe that if Care givers need them to be around, they will tell them to come. They feel it's only when there is complication that they are invited to come.

I know that if there is any problem, they will invite me to come and see Doctor. So, if I go when nobody said I

should come, I am an intruder (Husband3, Businessman).

Fear

Majority of the men said most men may not stand the shouting and the pains women pass through during child bearing. The fear of Pregnancy outcome keeps them away.

I cannot stand the shouts ...Again, if I follow her to delivery room, I won't be able to have sex with her after delivery. Fear of putting her through another pain won't allow me. (Husband 10, Businessman).

Opinion on strategies that can help improve male partner Involvement in child birth

The participants were asked to explain the strategies that would help improve involvement in maternity care. The following theme and subthemes emerged:

Theme 5: Government policies

All the interviewees were able to point out the role government could play to get men involved in maternity care. Looking at the campaign for safe motherhood, they believe such influence by government can get men to be involved in maternity care.

Subtheme 1: Health education

All the men stated that most men don't know anything about maternity care.

...men need to be educated and counselled for them to know the importance of them getting involved and the fact that the women and the unborn child need them to survive. (Husband 8, Offshore).

Hospital policies

Cost of accessing maternity care services

Most of the men complained that the cost of accessing maternity care in both government and private hospital in Port Harcourt is high. They appealed to the government to look into subsidizing cost of maternity care services.

It is easier for men abroad to leave their jobs and be with their wife during antenatal classes because their government has taken care of the hospital bill... (Husband 5, Businessman).

3 out of the 11 husbands pleaded with government to build special maternity department with private delivery suite. They believe this would create privacy and encourage men to be involved in maternity care.

...government should make it a law that all hospital should have a delivery suite instead of the normal general labor and delivery ward. (Husband 11, Businessman).

Subtheme 2: Paternity leave

Most companies will never allow men to stay away from work in order to participate in maternity care except government set up law that makes provision for paternity leave (Husband 7, offshore).

Subtheme 3: Job creation

Majority of the men suggested government should provide jobs and make policies to enable them take care of their families.

We hope government could create more jobs to enable men have source of income and be able to take care of their families (Husband 6, Businessman).

4. Discussion

This study finding showed that majority of the men are less actively involved in antenatal care. This concurs with report that some husbands that tried to come to antenatal clinic wait outside at the clinic while the woman participates in health talk and consultation by the health worker (Mullick, 2005).

Work commitments, including husbands working elsewhere, low job security and high unemployment can also prevent men from engaging in child birth was seen as one of the factors that hinders male involvement in maternity care Babirya *et al* (2011). 4 husbands out of 11 who were interviewed were employed (offshore workers). 3 out of the 4 husbands were actively involved in antenatal care, delivery and postnatal care. According to the Interviewees, they plan with their Bosses to schedule their off days during their wives Clinic appointment dates. This tends to negate work restriction as majorly the factor but interest to be actively involved in maternity care. 6 out of 7 husbands who were self-employed (Businessmen) were less actively involved in maternity care. They are in control of their time but couldn't allocate few minutes to be with their wives in antenatal class. The researcher views this to be an interest problem rather than time factor.

Majority of men agreed that there is poor awareness on male involvement in maternity care. This agrees with Mullick *et al* (2005), that there is need to target men for enlightenment programs about maternal health care, and to involve men in the design and implementation of maternal health services.

5. Conclusions

All interviewees concluded that poor awareness on male involvement in maternity care has contributed to men's low level of escorting their spouses during the process of child birth. Spousal conflict, financial responsibilities and attitude of Health care providers were also listed as deterrents to male involvement in maternity care. The study also concluded that some strategies such as awareness campaign through radios and televisions, good attitude towards men by Health care providers and Government policies that leads to job creation to empower most men finically should be put in place to improve male involvement in maternity care.

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