

WHAT ARE THE CULTURAL AND ECONOMIC FACTORS INFLUENCING MALE INVOLVEMENT IN ANTENATAL CARE AMONG CLIENTS ATTENDING ANTENATAL CLINIC AT NEBBI GENERAL HOSPITAL, NEBBI DISTRICT?

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ABSTRACT

Background

Antenatal care (ANC) is crucial for both maternal and fetal health; however, male involvement in ANC remains low globally. Despite efforts to encourage male participation, studies indicate low levels of involvement across Africa, including Uganda. This study aims to identify factors influencing male involvement in ANC at Nebbi General Hospital.

Methods

The study employed a cross-sectional quantitative approach using purposive sampling to collect data from pregnant women and their partners attending the antenatal clinic, with a final sample size of 37 participants, and data analysis was conducted using SPSS version 20.0

Results and discussions

There was 100% response rate with 37 participants, with alcohol consumption, work hours, and satisfaction with services as key determinants of male involvement.

Conclusion

Various cultural and economic factors significantly influence male participation in antenatal care (ANC), affecting maternal and child health outcomes.

Recommendation

To improve male involvement in ANC, the Ministry of Health should implement educational programs targeting men, particularly those with lower levels of education.

Nursing implications

Nurses should educate expectant mothers and their male partners on being culturally sensitive in providing ANC services to accommodate diverse backgrounds.

KEY WORDS: Antenatal care, Male involvement, Nebbi General Hospital.

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BACKGROUND

Antenatal care (ANC) is critical for the health and development of the fetus because it establishes a connection between the mother and her family and the healthcare system, potentially increasing the likelihood that a skilled attendant will be used at birth and promoting good health throughout the life cycle (Annie, 2021). ANC from a qualified health provider is essential to screen pregnancy and decrease the danger of morbidity for mother and baby during pregnancy, delivery, and the postnatal period (WHO, 2015).

The idea of male involvement in maternal well-being is currently being upheld as a basic component of World Health Organization (WHO) activity for making pregnancy more secure (Manda-Taylor et al., 2017). Traditionally, ANC has been perceived as a responsibility primarily for women, with male partners often marginalized from the process. However, there is an increasing recognition of the importance of involving men in ANC to enhance maternal and child health outcomes (Kirui, 2021).

Like in most other African nations, family planning, getting pregnant, and giving birth have traditionally been seen as

matters entirely about women in South Africa (Annie, 2021). However, social and sexual domination by males can seriously increase a woman's chance of infection and unintended pregnancy. Additionally, throughout a pregnancy, a man's sexual behavior can have an impact on the health of both the mother and the unborn child (Kirui, 2021)

Globally, men continue to have a low level of involvement in mother and child health in both developed and developing nations, though the World Health Organization advocates for male involvement in ANC as a crucial component of a comprehensive approach to maternal and child healthcare (Nyasiro S et al, 2019).

Similarly, in Africa, there appears to be a similar trend of low male involvement, for instance, in Ethiopia, 25% of expectant mothers have their husband accompany them for ANC (Mamo et al., 2017). In Tanzania, it was also observed that there is a low proportion of male engagement of 56.9% (Kabanga et al., 2019). In addition, reports from Kenya show that male involvement is at 34.1% (Muia et al., 2022). According to MoH (2020), maternal mortality ratio in Uganda remains high with 336 maternal deaths per 100,000 live births, Infant mortality is 43 deaths per 1000 live births, with 42% of the mortality occurring during the neonatal period of which most of them is as a result of low involvement of males who could assist in many ways (Babughirana, 2020). However, there is an increasing number of initiatives and programmatic efforts to come up with strategies that encourage male involvement in safe motherhood (Yargagwa & Leonardi-Bee, 2015). In Malawi and Uganda, women who were accompanied by their spouses were given priority in service provision as a strategy to encourage and support male participation in utilization of ANC services (Atuahene et al., 2017).

This trend of low male involvement, according to Byamugisha, et al. (2017), has been attributed to different factors which have been identified in other studies as: Health-facility factors, Cultural factors, and Socio-Economic factors.

According to Auma et al. (2023), a study was carried out in the Palabek Refugee Settlement, Lamwo district, Northern Uganda, to evaluate the factors associated with male involvement in ANC. The prevalence of male participation in ANC was 39%.

Anecdotal information at Nebbi district hospital shows there is low male involvement in antenatal care services, where only 09 males attended the ANC services at Nebbi general hospital in the financial year 2022-2023. However, there is generally limited information to explain the poor involvement of males in ANC services. Therefore, the study aims to identify cultural and economic factors influencing male involvement in antenatal care among clients attending the antenatal clinic at Nebbi General Hospital, Nebbi district.

METHODOLOGY

Introduction

This chapter focuses on the study design and rationale, study setting and rationale, study population, sample size determination, sampling procedure, inclusion criteria, definitions of variables, research instrument, data collection procedures, data management, data analysis, ethical considerations, limitations of the study, and dissemination of results.

Study design and rationale

This study was a cross-sectional study using a quantitative approach to determine factors influencing male involvement in antenatal care among clients attending the antenatal clinic at Nebbi General Hospital, Nebbi district. The selected design was optimal for data collection at a specific moment in time since the data was collected at a specific point.

Study setting and rationale

The study was conducted among clients attending the antenatal clinic at Nebbi General Hospital, Nebbi district. The hospital offers many health care services, including immunization, child health services, HIV/AIDS management services, general patient management, surgery, laboratory services, nutrition services, antenatal, maternity, and post-natal services, EMTCT program, as well as RCT services, among many others.

The hospital is located in the central business district of the town of Nebbi, in Nebbi District, in the West Nile sub-region, in Northern Uganda, about 78 kilometers (48 mi) southeast of Arua Regional Referral Hospital. 5 staff usually run ANC unit and it operates from Monday to Friday with a total of 4 examination beds used for examination of the mothers. The study setting is chosen because it is easily accessible to the researcher and has the specific population.

Study population

The study was conducted among pregnant women and their partners attending antenatal clinic at Nebbi general hospital, Nebbi district at the time of study.

Sample size determination

The sample size was determined using single proportion formula of Fischers et al as follows; -

$$n = (Z_{\alpha/2})^2 P (1-P)/e^2$$

Where;

n = sample size needed

$Z_{\alpha/2}$ = level of statistically significant at 95% confidence interval (standard value 1.96)

P = proportion of males involved in ANC services i.e. 10%

e = maximum acceptable marginal error- 5% (0.05)

Therefore; $n_0 = 1.96^2 (0.1) (1-0.1) / (0.05)^2$

$$= 138.3$$

$n_0 = 139$ participants

Using the finite population factor for sample size adjustment by Glenn D. Israel 1994

$$n = \frac{n_0 \times N}{n_0 + (N-1)}$$

Where; - N = total number of clients attending ANC in a day = 50

$$n = \frac{139 \times 50}{139 + (50-1)} = 36.96$$

$n = 37$ participants

Therefore, the study participants were 37. This is above the minimum number expected by UNMEB and representative of the entire population.

Sampling procedure

Purposive sampling is a non-probability sampling technique where researchers intentionally select participants or cases available at the facility at the time of study. This was chosen since Nebbi Hospital is a high-volume facility, which serves clients from both rural and urban settings.

Inclusion criteria

All the pregnant women and their partners attending antenatal clinic at Nebbi general hospital, Nebbi district at the time of study who consented to take part.

Exclusion criteria

Ill patients who could not participate in the study, insane clients and those who refused to consent to the study and clients under 18 years

Definition of Variables

Dependent variable

The dependent variable is the outcome or response variable that is being observed or measured

The dependent variable was male involvement in Antenatal Care

Independent variable

Independent variable is a variable that is manipulated or controlled by the researcher

The independent variable was the factors influencing i.e. socio-demographic, cultural, economic, health facility factors etc.

Research instrument

Self-administered structured questionnaires were distributed to gather data on the factors linked to male involvement among clients attending ANC at Nebbi General Hospital, Nebbi district. The questionnaire was composed of cultural and economic factors.

A pilot study was conducted on 5 respondents in a single day at Jupangira H/C II to ensure the reliability and validity of the tool. Errors and ambiguous questions were identified and corrected with the help of the supervisor.

Data collection procedure

Following approval, an introductory letter was obtained from the principal of the Jerusalem School of Nursing and Midwifery. The letter was then taken to the Medical Superintendent of Nebbi General Hospital. Subsequently, he introduced the researcher to the ANC ward in charge, who, in turn, introduced the researcher to the respondents. The purpose of the research was clearly explained to the respondents before they consented and filled out the questionnaires. Data collection spanned approximately four (4) days, during which a total of 10 respondents were obtained per day.

Data management

All study participants were given a unique identification number that was recorded in the questionnaire. The hard copies of the interview transcripts were kept under lock and key, and the data were accessible only to the researcher. The questionnaires were carefully examined to verify the precision and thoroughness of the gathered information. Following that, the data were input, encoded, and refined using Statistical Package for Social Sciences (SPSS) version 20.0.

Data analysis

Statistical Package for Social Sciences (SPSS) version 20 was used to conduct the analysis. Descriptive statistics were used in univariate analysis to describe independent variables, which were displayed as frequencies and percentages, such as age, education level, marital status, occupation, parity, and address. Through cross-tabulation, bivariate analysis will investigate relationships between dependent and independent variables. Testing was done on categorical data (binary, ordinal, or nominal) using Fischer's exact test or Chi-Square (X^2). The following numerical (continuous) variables—mode, mean, range, variance, and standard deviation—were evaluated for indicators of central tendencies. Text, tables, and graphs were used to present the findings.

Ethical consideration

Approval

Approval for the study was obtained from the Research and Ethics Committee. Furthermore, authorization was requested from the administrators, i.e., MS Nebbi General Hospital. To formalize this procedure, an official letter issued by the institution was provided to the MS Nebbi General Hospital before the initiation of data collection.

Consent

A written informed consent form, delineating the research's objectives, potential advantages, associated risks, and the rights of the participants, was verbally explained to all respondents. Subsequently, participants were requested to express their consent after confirming their comprehension and willingness to participate in the study. Consent was indicated through a written signature or a thumbprint, particularly for individuals who faced challenges in writing.

Privacy

To ensure privacy, interviews with respondents were conducted in a confidential and secure environment, inaccessible to others. Additionally, all information and data collected were entered into SPSS and promptly secured with a password, enhancing confidentiality and safeguarding the privacy of the participants.

Confidentiality

The data collection was carried out by the researcher personally, and the gathered information was stored in a location with restricted access. Participant confidentiality was upheld by using initials instead of full names in all records. Access to the collected data was restricted to the

research team alone, ensuring the confidentiality of participant information.

Limitations of the study

There was information bias arising from the sensitivity of the information, as participants opted to withhold certain details. To address this concern, counseling was implemented to build rapport and encourage openness among participants.

Additionally, financial constraints posed challenges to the research process, given the associated expenses such as transportation to the study site and the purchase of necessary supplies. These limitations had the potential to disrupt the smooth execution of the research.

Dissemination of results

The findings of the study were compiled, and each copy was sent to various recipients. Specifically, copies were forwarded to the Uganda Nurses and Midwives Examinations Board. Another copy was provided to the Jerusalem school of nursing and midwifery to contribute to the enhancement of the school library. The administration of Nebbi General Hospital received a copy to facilitate actions in accordance with the study's recommendations. Additionally, the researcher retained a copy for personal ownership and future reference.

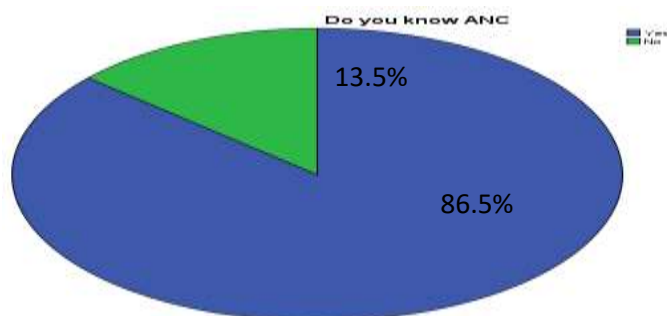
RESULTS

Introduction

This chapter describes the results, which include cultural & economic factors influencing male involvement in antenatal care among clients attending antenatal clinic at Nebbi general hospital, Nebbi district. A response rate of 100 % was obtained with a total enrolment of 37.

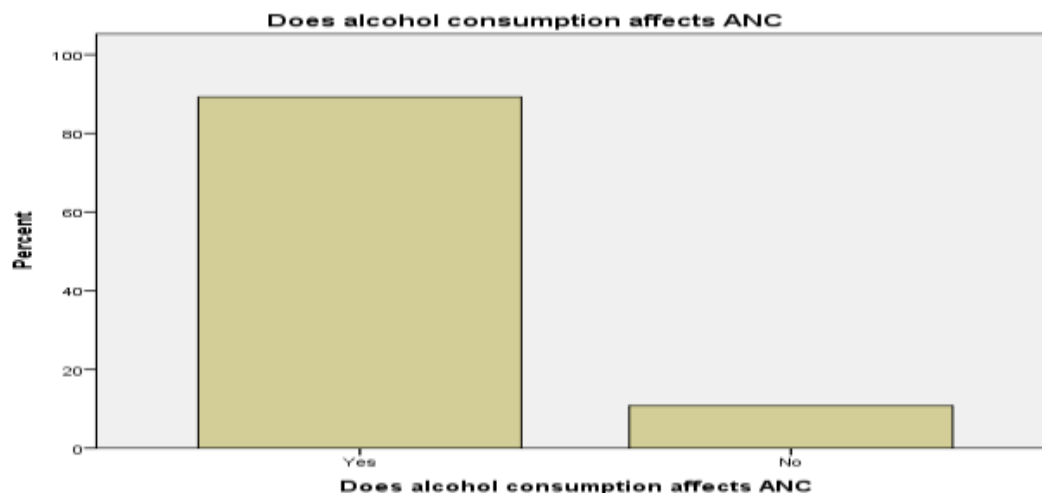
Cultural and economic factors of the respondents

Figure 1 showing knowledge of respondents about ANC



A significant majority of respondents (86.5%, 32) were aware of ANC (Antenatal Care), while a minority (13.5%, 5) were not.

Table 2 showing whether alcohol consumption affects male involvement in ANC



Majority 89.2% (33) of respondents believed that alcohol consumption affects ANC (Antenatal Care), while 10.8% (4) did not.

Table 1 showing working hours of the respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
less than 6 hours	25	67.6	67.6	67.6
more than 6 hours	12	32.4	32.4	100.0
Total	37	100.0	100.0	

A majority of respondents (67.6%, 25) worked less than 6 hours, while 32.4% (12) worked more than 6 hours.

Table 1 showing sources of income of the respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Salary	7	18.9	18.9	18.9
Farming	18	48.6	48.6	67.6
Business	12	32.4	32.4	100.0
Total	37	100.0	100.0	

A significant proportion (48.6%, 18) of respondents earned their income from farming, followed by 32.4% (12) from business, and 18.9% (7) from salary.

Table 3 showing whether violence affects male involvement among the respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	31	83.8	83.8	83.8
No	5	13.5	13.5	97.3
11	1	2.7	2.7	100.0
Total	37	100.0	100.0	

A significant majority of respondents (83.8%, 31) believed that violence can affect male involvement, while a minority (13.5%, 5) did not.

DISCUSSION

Introduction

This chapter presents the discussion of findings, conclusions, and recommendations of the study that were obtained after data analysis and implications for nursing practice.

Cultural and economic factors of the respondents

A majority of respondents (67.6%, 25) work less than 6 hours, while 32.4% (12) work more than 6 hours. Research from Tanzania, conducted by Mapunda et al. (2022), revealed that men being excessively busy at work adversely affected male participation in antenatal care (ANC). Similarly, a study in Kenya demonstrated that men faced challenges in actively participating in ANC when burdened with work-related commitments. These findings highlight the significant impact of work schedules on men's involvement in ANC, as men who worked for longer hours were less likely to participate in ANC compared to their counterparts.

The majority (89.2%, 33) of respondents believe that alcohol consumption affects Antenatal Care (ANC), while 10.8% (4) do not. Alcohol consumption has emerged as a significant contributing factor to men's reluctance to participate in antenatal care (ANC), with implications beyond just healthcare. Excessive daily alcohol intake by male partners has been linked to an increased risk of engaging in physical violence against women. This correlation is supported by Karamagi's findings, which highlighted that alcohol played a role in 54% of instances of lifetime partner violence and 14% of cases involving physical violence in Uganda. These findings underscore the multifaceted impact of alcohol consumption on maternal health and well-being. Addressing alcohol consumption among male partners is crucial for not only promoting their involvement in ANC but also for reducing the risk of intimate partner violence, ultimately contributing to improved maternal and child health outcomes.

CONCLUSION

Socio-demographic factors such as family size, education level, residence, age, and religious affiliation significantly influence male participation. Cultural and economic factors like work schedules and alcohol consumption act as

barriers. Health facility factors such as space adequacy, health worker gender, and ANC discussion opportunities influence male involvement. Understanding and addressing these factors are crucial for promoting male participation in ANC and improving maternal and child health outcomes.

RECOMMENDATION

The hospital should address work-related barriers by providing flexible ANC clinic hours to accommodate men's work schedules, especially for those who work long hours, and offer weekend or evening ANC clinics to make it easier for working men to participate.

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LIST OF ABBREVIATIONS

ANC: Antenatal Care

WHO: World Health Organization

MoH: Ministry of Health

RCT: Reproductive and Child Health

SPSS: Statistical Package for Social Sciences

HIV: Human Immunodeficiency Virus

EMTCT: Elimination of Mother-to-Child Transmission

UNMEB: Uganda Nurses and Midwives Examinations

Board

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The study was not funded.

CONFLICT OF INTEREST

No conflict of interest has been declared.

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