

CULTURAL AND ECONOMIC FACTORS INFLUENCING MALE INVOLVEMENT IN ANTENATAL CARE AMONG CLIENTS ATTENDING ANTENATAL CLINIC AT NEBBI GENERAL HOSPITAL, NEBBI DISTRICT CROSS-SECTIONAL STUDY.

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ABSTRACT

Background

Antenatal care (ANC) is crucial for maternal and fetal health, yet 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 conducted using SPSS version 20.0

Results

There was a 100% response rate with 37 participants, 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, especially those with lower education.

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

Keywords: *Antenatal care, Male involvement, Nebbi General Hospital.*

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BACKGROUND OF THE STUDY

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 screening pregnancy and decreasing the danger of morbidity for the mother and baby during pregnancy, delivery, and 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 expectants have their husband accompany them for ANC (Mamo et al., 2017). In Tanzania, it 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), the 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 are 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 the 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 that 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

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 the 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 can be easily accessible by the researcher and has a specific population.

Study population

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

Sample size determination

The sample size was determined using a single proportion formula of Fischer 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)

$$\text{Therefore; } n_0 = \frac{1.962 (0.1) (1-0.1)}{(0.05)^2} = 138.3$$

n₀ = 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

Page | 3 All the pregnant women and their partners attending the 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 research, and clients under 18 years old.

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

An 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 on 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 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 was 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 inputted, 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 was 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 (X²). 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 pursued by 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.

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RESULTS

This chapter describes the results, which include cultural & economic factors influencing male involvement in antenatal care among clients attending the 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

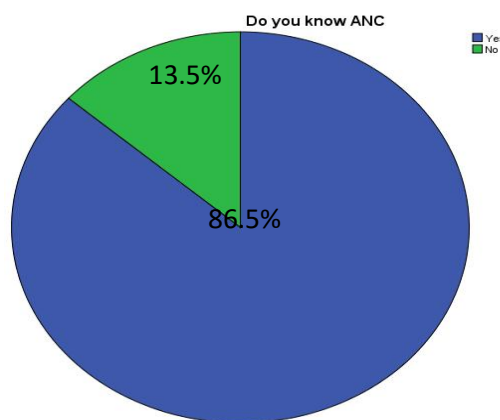
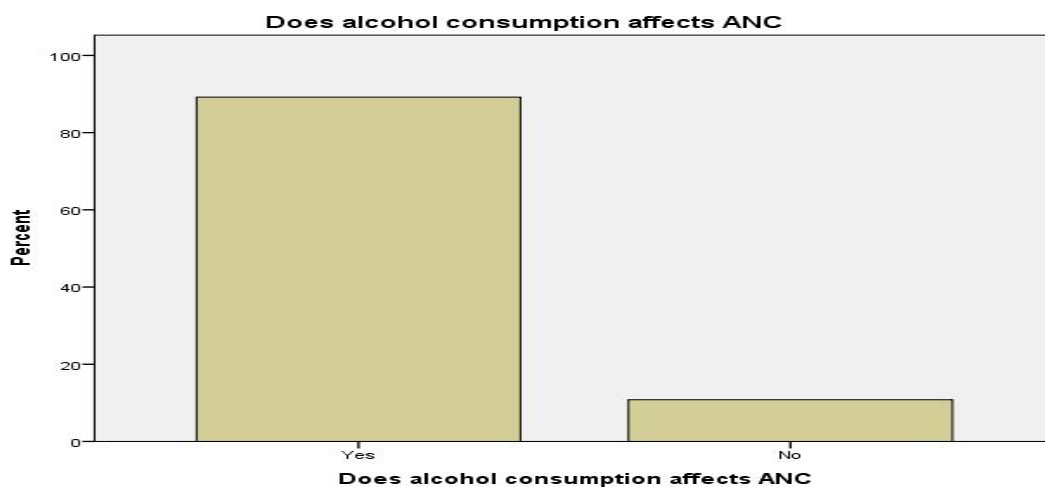


Figure 1 shows the knowledge of respondents about the ANC.

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

Figure 2: showing whether alcohol consumption affects male involvement in ANC



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

Table 1: showing the 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 2: 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

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 where 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.

AUTHOR BIOGRAPHY

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Atim Miria is Adero Teddy's research supervisor and a tutor of Midwifery at the Jerusalem Institute of Health Sciences.

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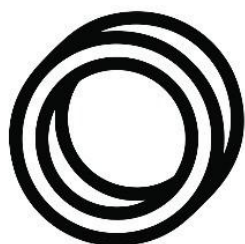
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