

Women's Perception Of Male's Support During Perinatal Period

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Abstract : Globally male involvement on maternal health services remains a challenge to effective health care. Maternal deaths arise from pregnancy, childbirth and postnatal complications and this can be reduced by involving men. Support of male involvement have been acknowledged in developed countries, however there still continues to be a challenge in creating a space for and engaging men in maternal health. In Kenya male support in perinatal care is one of the strategies for improving the maternal health and reducing maternal mortalities. This study explored socio demographic, cultural and health facility factors associated with male partner support. Data was collected using a pre tested structured questionnaire administered to 211 respondents. Four focus group discussions were conducted in groups of nine. Descriptive statistics was used to analyze socio demographic characteristics and inferential statistics using chi-square, odd ratio analysis using Statistical Package for Social Sciences (SPSS) version 21. Null hypothesis was tested at 5% significance level. The study showed that male participated by providing support. Improving the levels of education and income of male partners, addressing cultural beliefs and practices, and sensitizing men on complications associated with pregnancy and child birth can contribute significantly in enhancing male partner support in maternity care.

Keywords - support, perinatal, maternal health care

I. INTRODUCTION

Pregnancy and childbirth continue to be regarded as exclusively women's affairs in most African countries. The issue of maternal health has predominantly been seen and treated as a purely feminine matter over the years. Globally the burden of maternal health is one maternal death per minute and from this, developing countries accounts for 99% of maternal deaths while male in developing countries are chief decision makers and therefore influencing maternal health outcome (Story, 2012). In sub-Saharan Africa, pregnancy and childbirth continue to be viewed as solely a woman's issues most men have not succeeded in providing total and holistic care and support for their pregnant wives in three major aspects of optimum health which are; physical, emotional and socio-economical. Studies have however consistently demonstrated that male's support in prenatal care is the most essential factor in promoting the health of pregnant mothers and infants as well as reducing maternal and infant mortality during pregnancy, labour and delivery, thereby improving maternal health and reducing maternal mortality from pregnancy induced hypertension, abortion-related complications, post-partum hemorrhage, obstructed labour and puerperal psychosis, Kalulunga (2011).

As in many African countries, Kenyan men are socially and economically dominant and they exert a strong influence over their wives in determining the family size. However, they should also take individual responsibility as husbands and fathers to become involved in changing social attitudes including taking responsibility for reproductive health issues. In reality, male support has been slow, and the lack of progress is a likely contributor to the sub-optimal advancement towards the achievement of the United Nations Millennium Development Goal (MDG) number five: reduce maternal mortality by 75% between 1990 and 2015 (MDG, 2011).

Traditionally, maternal health issues have predominantly been seen and treated as a purely feminine matter as they are the ones who get pregnant and give birth. Although men's participation and support in maternal and child health (MCH) care services is low, they play a vital role in the safety of their female partners' pregnancy, childbirth and postnatal. Most cultures, especially in Africa, regard pregnancy and delivery as a female domain; therefore, men are often not expected to accompany their wives to the antenatal care (ANC) clinic or be present during delivery (Theuring *et al.*, 2009). Studies have consistently demonstrated that male's role in prenatal care is the most essential factor in promoting the health of pregnant mothers and reducing maternal and infant mortality during pregnancy and delivery periods, and this makes men critical partners in the improvement of maternal health and reduction of maternal mortality. Additionally, most researches on male's support in reproductive health in Africa have shown a significant improvement in pregnancy outcomes when women were supported by their husbands during the various stages of maternity, Nwokocha (2007)

This study therefore intends to investigate women's perceptions of male's support during perinatal period. The study targets women of child bearing age who have had one or more pregnancies because they are in the best position to report ways in which their husbands supported them during perinatal period and also the effect it had on the outcome of their pregnancies.

II. LITERATURE REVIEW

The level of male support in maternity care varies across communities and countries. There are various factors that could determine the level of male support. These could be socio-demographic, cultural or even the health facility related factors (Byamugisha *et al.*, 2011). Awareness of these factors is important for the formulation of policies and provision of services that encourage male involvement and remove barriers to their participation in maternity care. A longitudinal study conducted in the United States in 2002 with a sample size of 5404 women and their partners explored the effect of male support during pregnancy on receipt of prenatal care and maternal smoking. The findings of the study indicated that

women whose partners supported them in their pregnancy care were 1.5 times likely to attend prenatal care in the first trimester and smokers reduced smoking by 36% as opposed to those whose were not supported in their pregnancy care, Martin (2007).

A study in Malawi, found fathers perceiving themselves on the periphery of events in labor, but the good information from the midwife was significant in helping them to feel involved at the birth. (Longworth, 2010). Another study from Kenya on skilled birth attendant, revealed that where women are supported and accompanied by their male partners, they are more likely to consistently visit antenatal clinics (IRIN/Plus News, 2009). Few men usually accompany their wives on visits to antenatal clinics for fear of being ridiculed by peers.

A study done in Burkina Faso revealed that the traditional necessity for women to have the permission of husband or their relatives before leaving the home predominates (Some *et al.*, 2013). Further, a study conducted by the United Nations Population Fund (UNFPA) in Kenya found that husbands greatly influence women's decisions to use reproductive health services such as family planning (UNFPA 2009). With regard to maternity care, various studies emphasize how male's role can contribute to better outcomes for their pregnant wives (USAID, 2010)

Gungor and Kizilkaya Beij (2007) found in their study of 50 couples that even if "fathers' support in birth helped mothers to have more positive experiences in all aspects of childbirth. Women in labor have need for companionship, empathy and help. Women's childbirth experience have suggested four dimensions of the support that women want during labor namely; emotional support, informational support, physical support and advocacy Plantin *et al.*, (2011). In most families male partners are empowered financially to support their wives and are the main decision-makers in all issues including reproductive health (Kululanga *et al.*, 2011). They may use this opportunity to ensure that their pregnant wives seek maternity services or arrange for skilled care during delivery, if delivery takes place at home. For male partners to make the right decision for their wives regarding place of delivery and professional attention, they need to understand the importance of maternal health care.

III. METHODOLOGY

This is a descriptive survey design study aimed to determine women's perception of male's support during perinatal period. A total of 211 women of child bearing age (18 to 49) who must have had one pregnancy, who attended antenatal clinics from four selected hospitals were selected to participate in this study using random sampling technique. Focused group discussion and questionnaires were used to collect information. Questionnaires that assessed women perception of the importance of male support on health and general wellbeing of the women and ways by which they supported their wives during perinatal period was administered to women after ethical approval was given and verbal consent was gained from participants. Content validity of instrument was ensured by ensuring that items in the questionnaires were based on extensive review of literature. Reliability was affirmed by documenting all procedures carried out in the development and implementation of the study. Guidelines for the completion of the questionnaires were explained and participants were instructed to tick where appropriate. Completed questionnaires were collected and coded for analysis. Data was analyzed using descriptive statistics of tables with tables and percentages, and inferential statistics of Chi-square to test the hypotheses at 0.05 level of significance. Statistical Package of Social Science (SPSS 16.0 version) was used.

IV. RESULTS

A total of 211 respondents consented and participated in the study. From this, 41.7% of the respondents were between 20-24 years old.

Table 4.1: Demographic characteristic of the respondents

Variable		Female	
		N	%
Age	15-19	9	4.3
	20-24	88	41.7
	25-29	76	36.0
	30-34	21	10
	35-39	11	5.2
	40-44	4	1.9
	45-49	2	0.9
	Total	211	100.0
[$\bar{X} \pm SD (R)$]		[26.0 ± 4.83(27)]	
Education	No education	34	16.1
	Primary	123	58.3
	Secondary	42	19.9
	Tertiary	12	5.7
	Total	211	100.0
Variable		Female	
		Y	N
Type of Marriage	Monogamy	165	78.2
	Polygamy	46	21.8
Occupation	Unemployed	112	53.1

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	Self-employed	7	3.3
	Casual labour	66	31.3
	Employed private sector	16	7.6
	Employed government sector	10	4.7
	Total	211	100.0
Religion	Christian	160	75.8
	Muslim	51	24.2
	Total	211	100.0
Period of marriage	≤10 years	127	60.2
	>10 Years	84	39.8
	Total	211	100
Number of children	1	12	5.7
	2-4	187	88.6
	5-7	7	3.3
	Above 7	5	2.4
	Total	211	100.0

In relation to employment, 53.1% while 4.7% of respondents were employed by government. 31.3% of respondents are casual labourers while 3.3% of the respondents are self-employed.

Table 1: Male partner Support during pregnancy

		Male partner Support provided to the wife during her last pregnancy			
		provide funds for ANC	Reminded her of her ANC	Helped with household chores	No support
		No. (%)	No. (%)	No. (%)	No. (%)
age	15-34	141(66.8)	5	6(2.8)	50(23.7)
	35-49	6(2.8)	0	0	34(16.1)
Total		147(69.7)	5(2.4)	6(2.8)	84(39.8)
type of marriage	Monogamy	142(67.3%)	5	6(2.8)	41(19.4)
	Polygamy	5	0	0	43(20.4)
Total		147(69.7)	5(2.4)	6(2.8)	84(39.8)
living together with wife	Yes	131(62.1)	5(2.4)	5(2.4)	72(34.1)
	No	16(7.6)	0	1	12(5.7)
Total		147(69.7)	5(2.4)	6(2.8)	84(39.8)
Education	Education	119(56.4)	5	6	50(23.7)
	No education	28(13.3)	0	0	34(16.1)
Total		147(69.7)	5(2.4)	6(2.8)	84(39.8)
Occupation	Employed	91(42.7)	5(2.4)	6(2.8)	50(23.7)
	Unemployed	56(26.5)	0	0	34(16.1)
Total		147(69.7)	5(2.4)	6(2.8)	84(39.8)

Majority (69.7%) of the respondents provide funds for ANC compared to helping with household chores and reminding the woman about her ANC. Table 1 shows majority of the respondents aged between 15 and 34 provide funds compared to those who are between 35 and 49. The results also shows that majority (62.3%) of the respondents in monogamous family provide funds compared to those who are in polygamous family. From the table 4.9, above it indicates that those with education and are employed provide support compared to those who have no education and are unemployed.

Table 2: Male partner Support during labour and delivery

Variable	Male partner Support during labour and delivery			
	provided funds for transport	stayed with her during labour	Helped with household chores while she was away	No support

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		NO. (%)	NO. (%)	NO. (%)	NO. (%)
age	15-34	127 (60.2)	5	6	50
	35-49	6	0	0	17
Total		133(63)	5(2.4)	6(2.8)	67(31.8)
type of marriage	Monogamy	128(60.7)	5	6	29
	Polygamy	5	0	0	38
Total		133(63)	5(2.4)	6	67(31.8)
Education	Education	119 (56.4)	5	6	17
	No education	14	0	0	50
Total		133(63)	5(2.4)	6	67(31.8)
Occupation	Employed	89	5	6	50
	Unemployed	44	0	0	17
Total		133(63)	5(2.4)	6	67(31.8)

This is the support that male partners offer to their wives after delivery and it revealed that majority (71%) mainly provide food compared to any other kind of support as seen in table below (Table 2).

Table 3: Male partner support during postnatal

Variable		Male partner support provided during the postnatal period			
		provide funds for her upkeep	provided food	helped with household chore	No support
		NO. (%)	NO. (%)	NO. (%)	NO. (%)
age	15-34	7	133	12	36
	35-49	0	17	0	6
Total		7(3.3)	150(71)	12(5.7)	42(19.9)
type of marriage	Monogamy	7	109	10	42
	Polygamy	0	41	2	0
Total		7(3.3)	150(71)	12(5.7)	42(19.9)
Education	Education	7	129	12	32
	No education	0	21	0	10
Total		7(3.3)	150(71)	12(5.7)	42(19.9)
Occupation	Employed	7	131	12	0
	Unemployed	0	19	0	42
Total		7(3.3)	150(71)	12(5.7)	42(19.9)

Table 3 reveals that majority (71%) of the respondents provided food during the postnatal period. The results also showed that the respondents aged between 35 and 49 together with those who are unemployed with no education never helped in household chores. Minority (3.3%) of the male respondents provided funds for the upkeep of the woman.

Table 4: Male partner support provided during perinatal period

		support given during				Chi-square	df	p-value	Odd ratio
		Preg-nancy	Labour	delivery	postnatal				
age of respondents	15-34	116	13	65	8	34.040	1	0.001	0.362
	35-49	34	2	4	0				

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Total		150	15	69	8				
type of marriage of the respondents	monogamy	137	15	36	6	21.848	1	0.001	0.125
	polygamy	13	0	33	2				
Total		150	15	69	8				
living together with wife	Yes	127	13	66	7	0.521	1	0.001	1.367
	No	23	2	3	1				
Total		150	15	69	8				
Education	Education	108	13	51	8	47.919	1	0.001	0.333
	No education	42	2	18	0				
Total		150	15	69	8				
occupation	Employed	85	11	48	8	113.152	1	0.001	0.200
	Unemployed	65	4	21	0				
Total		150	15	69	8				

To determine whether there was association between male partner support and socio demographic characteristics of male partners. Results revealed that age, type of marriage, living together, education and occupation of the respondents ($P= 0.001$) influences the male partner to participate in terms of support during pregnancy, labor and delivery and postnatal but with variations to the extent of support. From the analysis of odd ratio as shown below, the study showed that living together is more likely to make the man participate in support during pregnancy, labour and delivery and during the postnatal period than age, type of marriage, education and occupation.

V. DISCUSSION

Results revealed that women from selected hospitals considered husbands' support during pregnancy, labour and delivery important. Some of the effects of husbands support described by the women are provided funds and assisting in household chores. This is similar to the findings of Nwokocha, who said that most research in the field of male involvement in reproductive health in Africa has shown a significant improvement in pregnancy outcomes when women were supported by their husbands during pregnancy, labour and delivery. Additionally, the author noted that husbands' support in prenatal care is the most essential factor in promoting the health of expectant mothers which if lacking, leads to a rise in maternal mortality from pregnancy induced hypertension, abortion-related complications, post-partum hemorrhage, obstructed labour and puerperal psychosis.

Women described their husbands' support to be manifested in many ways. Majority of the study participants were encouraged by their husbands' to accompany them antenatal clinic on time, some were financially supported by their husbands, Moreover, the husbands also engaged in assisting with house chores.

VI. CONCLUSION

The findings of this study offer a better understanding about the importance of husbands' support and danger of lack of support during prenatal period. The perception that some women may have that their pregnancy is theirs and theirs alone should be addressed and the women made to understand that no matter how strong they are, they still need the assistance of their spouses to encourage them, reduce their physical stress and also give them emotional security. It is therefore important that nurses encourage men to be more involved in the care of their wives during prenatal.

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