

Table 34: Respondent's age group in relation to time taken off from daily schedule to attend the wife's delivery (n=385)

Respondent's age group	Time off from daily schedule to attend the wife's delivery		
	Very likely/ likely	not sure unlikely very unlikely	Total
20-29	4.4% (17)	30.6% (118)	35.1% (135)
30-39	3.9% (15)	32.5% (125)	36.4% (140)
40-49	3.6% (14)	19% (73)	22.6% (87)
50-54	0.5% (1)	5.5% (21)	6% (23)
	3.6% (14)	40.5% (156)	100% (385)

Table 34 shows that 32.5% (125) of the respondents within the age group 30 -39 years stated that they were not sure/ unlikely/ very unlikely to take time off from daily schedule to attend the wife's delivery. 4.4% (17) of the respondents within the age group 20- 29 years reported that they were very likely/ likely to take time off from their daily schedule to attend their wife's delivery.

Table 35: Educational Level in relation to time taken off from daily schedule to attend the wife's delivery (n=385)

Educational level	Time taken off from daily schedule to attend the wife's delivery		
	Very likely likely	not sure Unlikely very unlikely	Total
Primary	0.3% (1)	0.8% (3)	1% (4)
Secondary	6.8% (26)	42.3% (163)	49.1% (189)
College	4.2% (16)	35.3% (136)	39.5% (152)
University	1.3% (5)	9.1% (35)	10.4% (40)
Total	12.5% (48)	87.5% (79)	100% (385)

Table 35 shows that 42.3% (163) of the respondents who had secondary school education and reported that they were not sure/ unlikely/ very unlikely to take time from their daily schedule to attend their wife’s delivery.

Table 36: Number of Children in relation to time taken off from daily schedule to attend the wife's delivery (n=385)

Number of Children	Time taken off from daily schedule to attend the wife's delivery		
	Very likely likely	not sure unlikely very unlikely	Total
None	1.3% (5)	12.2% (47)	13.5% (52)
1 to 4	10.4% (40)	72.7% (280)	83.1% (320)
5 to 8	0.8% (3)	2.6% (10)	3.4% (13)
Total	3.6% (14)	20.5% (79)	100% (385)

Table 36 shows that of the respondents who had 1 to 2 children 72.7% (280) were not sure/ unlikely/ likely to take time off from their daily schedule to attend to their wife's delivery.

Table 37: Employment in relation to time taken off from daily schedule to attend the wife's delivery (n=385)

Employment	Time taken off from daily schedule to attend the wife's delivery		
	Very likely likely	not sure unlikely very unlikely	Total
Un employed	0.3% (1)	5.7% (22)	6% (23)
Self employed	1.3% (5)	11.4% (44)	12.7% (49)
Employed	10.9% (42)	70.4% (271)	81.3% (313)
Total	12.5% (48)	87.5% (337)	100% (385)

Table 37 shows that 70.4% (271) of respondents who were employed reported that they were not sure /unlikely/ very unlikely to take time from their daily schedule to attend their wife's delivery.

Table 38: Family Income in relation to time taken off from daily schedule to attend the wife's delivery (n=385)

Family Income	Time taken off from daily schedule to attend the wife's delivery		
	Very likely likely	not sure unlikely very unlikely	Total
Below K 1m	4.2% (16)	21.1% (71)	22.6% (87)
K 1m to K2m	5.2% (20)	46% (177)	51.2% (197)
Above K2m	3.1% (12)	23.1% (89)	26.2% (101)
Total	12.5% (48)	87/5% 337	100% (385)

Table 38 shows that of the respondents with a family income of one to two million kwacha 46% (177) reported that they were not sure/ unlikely/ very unlikely to take time off from their daily schedule to attend to their wife’s delivery, and 5.2% (20) reported that they were very likely/ likely to take time from their daily schedule off to attend to their wife’s delivery. Pearson chi-Square = 3.796, df = 2, p-value = 0.150 (Not significant).

Table 39: supportive behaviour during delivery (n=385)

Variable	Frequency supportive behaviour preformed		
	Always/ frequently	Occasionally/ Rarely/ Never	Total
Supportive behaviour (Encouraging to maintain morale)	94.8% (365)	5.2% (20)	100% (385)
Supportive behaviour (Emphasizing behaviour according to professional advise given)	95.8% (369)	4.2% (16)	100% (385)
Supportive behaviour (Touching and soothing her to make her comfortable)	69.9% (269)	30.1% (116)	100% (385)
Supportive behaviour (I provide means of transport to attend antenatal clinic)	88.1% (339)	11.9% (46)	100% (385)

The table 39 shows the majority of respondents 95.8% (369) stated that they would always /frequently emphasize behaviour according to professional advice and 94.8% (365) reported that they would always/ frequently encourage their wives to maintain morale during delivery. Provision of means of transportation to the maternity center was the least (69.9%) reported supportive behaviour.

Table 40: Time taken off from daily schedule to attend the wife's delivery in relation to provision of support (be there to encourage her to maintain morale) (n=385)

		supportive behaviour (be there to encourage her to maintain morale)		
		Always/ frequently	Occasionally/ Rarely/ Never	total
Time taken off from daily schedule to attend the wife's delivery	Very likely/ likely	11.2% (43)	1.3% (5)	12.5% (48)
	not sure/ unlikely/ very unlikely	83.6% (322)	3.9% (15)	87.5% (337)
	Total	94.8% (365)	5.2% (20)	100% 385

Table 40 shows that 83.6% (322) of the respondents were not sure/ unlikely/ very unlikely to take time of from their daily schedule attend their wife's delivery indicated that they would always/ frequently encourage the wife to maintain morale. Of the 12.5% (48) respondents who reported that they were very likely / likely to take time off their daily schedule to attend their wife's delivery 11.2% (43) indicated that they would always/ frequently encourage their wife to maintain morale. Pearson Chi-Square=3.036, df=1, p-value= 0.081 (Not significant).

Table 41: Time taken off from daily schedule to attend the wife's delivery in relation to the provision of encouragement by emphasizing behaviour according to professional advice (n=385)

		Supportive behaviour (be there to encourage her by emphasizing behaviour according to professional advice)		
		always frequently	occasionally rare never	total
Time taken off from daily schedule to attend the wife's delivery	Very likely/ likely	11.7% (45)	0.8% (3)	12.5% (48)
	Not sure unlikely very unlikely	84.2% (324)	3.4% (13)	87.5% (337)
	Total	95.8% (369)	4.2% (16)	100% (385)

Table 41 shows that 84.2% (324) of the respondents who were not sure/ unlikely/ very unlikely to take time off from their daily schedule to attend their wife's delivery indicated that they would always/ frequently encourage the wife by emphasizing behaviour according to professional advice. Of the 12.5% (48) of the respondents who were reported that it was very likely/ likely that they would take time off from their daily schedule to attend their wife's delivery 11.7% (45) indicated that they would always encourage the wife by emphasizing behaviour according to professional advice.

Table 42: Time taken off from daily schedule to attend the wife's delivery in relation to provision of support (be there to comfort her by touching and soothing her)
(n=385)

	Supportive behaviour(be there to comfort her by touching and soothing her)			
		Always/ frequently	occasionally rarely/never	total
Time off from daily schedule to attend wife's delivery	Very likely/ likely	11.2% (43)	1.3% (5)	12.5% (48)
	not sure/ unlikely/ Very unlikely	58.7% (226)	28.8% (111)	87.5% (156)
	Total	69.9% (269)	30.1% (116)	100% (385)

Table 42 shows that 58.7% (226) of the respondents who were not sure/ unlikely/ very unlikely to take time off from their daily schedule to attend their wife’s delivery indicated that they would always/ frequently comfort the wife by touching and soothing her. Of the 12.5% (48) of the respondents who were reported that it was very likely/ likely that they would take time off from their daily schedule to attend their wife’s delivery 11.2% (43) indicated that they would always/ frequently comfort the wife by touching and soothing her. Pearson Chi-Square=10.123, df = 1, p-value = 0.001 (Significant).

Table 43: Time taken off from daily schedule to attend the wife's delivery in relation to provision of means of transportation to maternity center (n=385)

		supportive behaviour(providing means of transportation to maternity center)		
		always frequently	occasionally rare never	total
Time off from work your daily schedule to attend your wife's delivery	Very likely	10.9% (42)	1.6% (6)	12.5% (48)
	likely			
	not sure unlikely	77.1% (297)	10.4% (40)	40.5% (156)
	Very unlikely			
	Total	88% (339)	12% (5)	100% (385)

Table 43 shows that 77.1% (297) of the respondents who were not sure/ unlikely/ very unlikely take time off from daily schedule to attend their wife’s delivery indicated that they would always/ frequently provide means of transportation for their wives to the maternity center. Of the 12.5% (48) of the respondents who were very likely/ likely to take time off from daily schedule to attend their wife’s delivery 10.9% (42) indicated that they would always/ frequently provide means of transportation for their wives to the maternity center.

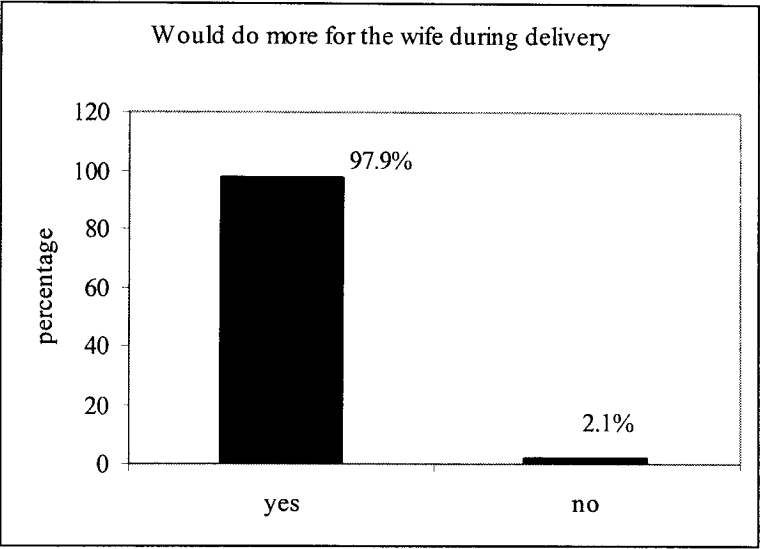


Figure 10: doing more for the wife during the process of delivery

Figure 10 shows that most 97.9% (377) respondents reported that they would do more for their wife during the process of delivery and only 2.1% reported that they would not. (n=385)

4.3.2.5 WHY DO HUSBANDS ENGAGE IN THEIR CHOSEN TYPES OF HELPING BEHAVIOURS

Table 44: Motive or reason for helping the wife during pregnancy and labor. (n=385)

	Motive or reason for helping		Total
	Fears of what may happen to wife or baby	Desire wife and baby to benefit	
Helping out during pregnancy at home	4.9% (19)	95.1% (366)	100% (385)
Helping out during pregnancy at the antenatal clinic	4.2% (16)	95.8% (369)	100% (385)
Helping out during admission during labor	3.9% (15)	96.1% (370)	100% (385)
Helping out during delivery	3.1% (12)	96.9% (373)	100% (385)

Table 44 shows that the majority of the respondents provided support to their wives because they wanted the wife and baby to benefit during pregnancy at home (95.1%) and antenatal clinic (95.8%); during admission when in labor (96.1%) and during delivery (96.9%).

Table 45: The motive for helping my wife at home (n=385)

		In general I can say I am doing more for my wife at home		Total
		YES	NO	
Motive or reason for helping out	Have some fears regarding what may befall my wife or baby	4.7% (18)	0.3% (1)	4.9% (19)
	Have desire to see that my wife and baby benefit	94% (362)	1% (4)	95.1% (366)
Total		98.7% 380	1.3% (5)	100% (385)

Table 45 shows that 94% (362) respondents reported that they provided support to their wives at home during pregnancy because they desired the wife and baby to benefit, while 4.7% (18) reported that they helped out because of fear of what might befall the wife or baby. Fisher's Exact Test, p-value =0.225, linear-by linear association =2.444, df= 1, p= 0.118, (Not significant).

Table 46: The motive for helping my wife with regard to antenatal clinic (n=385)

		In general I can say I am doing more for my wife with the antenatal clinic		Total
		YES	NO	
Motive or reason for helping out	Have some fears regarding what may befall my wife or baby	3.6% (14)	0.5% (2)	4.2% (16)
	Have desire to see that my wife and baby benefit	91.7% (353)	4.2 % (16)	95.8% (369)
Total		95.3% 367	4.7% (18)	100% (385)

Table 47 shows that out of 95.3% (367) respondents reported that they provide support to their wives during pregnancy with regard to antenatal clinic 91.7% (353) because they desired the wife and baby to benefit, while 3.6% (14) reported that they helped out because of fear of what might befall the wife or baby. Fisher's Exact Test, p-value= 0.168, linear-by-linear association= 2.287, df= 1, p-value= 0.130 (Not significant).

Table 47: The motive for helping my wife during the period of admission during labour (n=385)

		In general I can say I did/ would do more for my wife during period of admission during labour		Total
		YES	NO	
Motive or reason for helping out	Have some fears regarding what may befall my wife or baby	3.6% (14)	0.3% (1)	3.9% (15)
	Have desire to see that my wife and baby benefit	94.5% (364)	1.6% (6)	96.1% (370)
Total		98.2% 378	1.3% (5)	100% (385)

Table 47 shows that out of the 98.2% respondents reported that they provided /would provide support to their wives during the period of admission during labour 94.5% (364) did so because they desired the wife and baby to benefit, while 3.6% (14) reported that they did /would do so because of fear of what might befall the wife or baby. Fisher’s Exact Test, p-value = 0.245, linear-by-linear association =2.050, df =1, p-value= 0.152, (Not significant).

Table 48: The motive for helping my wife during delivery (n=385)

		In general I can say I am doing more for my wife during delivery		Total
		YES	NO	
Motive or reason for helping out	Have some fears regarding what may befall my wife or baby	2.9% (11)	0.3% (1)	4.9% (19)
	Have desire to see that my wife and baby benefit	95.1% (366)	1.8% (7)	96.9% (373)
Total		98.7% 380	1.3% (5)	100% (385)

Table 48 shows that out of the 98.7% (380) respondents reported that they provided / would provide support to their wives during delivery 95.1% (366) did so because they desired the wife and baby to benefit, while 2.9% (11) reported that they did / would do so because of fear of what might befall the wife or baby. Fisher’s Exact Test, p-value =0.226, linear-by-linear association= 2.376, df= 1, p-value =0.123, (Not significant).

CHAPTER FIVE

5.0 DISCUSSION OF FINDINGS AND IMPLICATION TO NURSING

5.1 INTRODUCTION

The general objective of the study was to explore the husbands' and wives' perspectives on husbands' provision of support during pregnancy and labor in order to encourage them to participate in provision of reproductive health care services with the view of improving maternal health. The discussion will include issues arising from the focus group discussions with married pregnant women and the structured interviews of married men. The discussion will focus on the variables supportive behaviours during pregnancy, labor and delivery. Generally women demonstrated enthusiasm to receive support from their husbands at home during antenatal care clinic and labor but were least comfortable to receive support during the process of labor. The husbands reported always making time (27.3% in figure 3) to provide support at home but less at the antenatal care clinic (3.4% in figure 5), during labor (53% in figure 7) and the process of delivery (12.5% in figure 9).

5.2 DISCUSSION

5.2.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

The study results revealed that most (36.4%) of the male respondents interviewed were in the age group 30 - 39 followed by 35.1% in the age group 20 -29, while the least (6%) fell in the age 50-54 (Table 6). The majority of the women (73%) were mostly in the age group 20-29 followed by those in the 30 -39 age group (24%). The least (3%) represented was the age group 40-49 (Table 5). A high percentage of

the respondents were young because of the age evolution as revealed in the 2000 census which showed that the Copperbelt province had a young population with the majority being below 20 years of age (43.6% were in age group 0 -14 years) and were expected to enter the reproductive ages in a decade (CSO, 2004). Central Statistical Office, (2004) also reported that females marry in their early 20's compared to males of the same age. This also accounts for the higher percentage of females in the age group 20 -29 years in this study compared to their counterparts. It could also be attributed to the retrenchment of older persons during the structural adjustment programme in the mining industry and currently new investors are employing the younger men.

The educational level for both the male and the female respondents showed that the majority 49.1% of the males and 50% of the women had secondary education (Table 5 and 6). However, there were more (39.5%) husbands with college education than wives (6%) and no female respondent had university educational level. This confirms CSO (2004) findings that showed that males attained higher education compared to the females of the same age. This disparity could be due to cultural practices that give more learning opportunities to the boy child compared to the girl child.

As indicated in Tables 5 and 6, majority of respondents had 1 to 4 children (71.7% husbands versus 79% wives), followed by those with 5 to 8 children (14.8% husbands versus 9% wives). This could be attributed to the fact that women start child bearing at a younger age than men (CSO, 2004).

The majority (81.3%) of the husbands were employed while the 85.2% of the wives were unemployed (Table 6). This finding is similar to what

was reported in the 2000 census by Central Statistical Office (2004) which revealed that the majority (65.7%) of men were in the formal and paid jobs compared to the women (40.5%). This is attributed to women's low education as well. Nakatiwa, et al (2005) in the survey 'Beyond inequalities 2005: Women in Zambia' found that the majority of women were in the informal sector because of various factors which included limited opportunities in the formal sector, lower educational levels and employer biases for the male workers. This could apply to the respondents in Mufulira where mining is the predominant industry and form of employment.

The majority (51.2%) of the husbands reported a family income of K 1 to K2 million (Table 6) while the majority (53%) of the wives reported a family income below K1 million (Table 5). The difference in the amount of the reported family income could be because most of the women did not know their husbands actual income but could only account for the money given to them as rational money. This could also be attributed to the fact that most women were not employed and the husbands being the head of household controlled the family income (CSO, 2003; Nakatiwa et al. 2005).

5.2.2 SUPPORT DURING PREGNANCY

5.2.2.1 Support at home

The study findings showed that most of the supportive behaviours that husbands claimed to always or frequently provide was in agreement with what the women in the focus group discussions expected from their husbands as seen in table 8. These supportive behaviours were being present, not having extra marital relationships, encouraging, maintaining morale, emphasizing behaviour according to professional advice at the clinic, taking care of baby related preparations, buying food the wife wants, and helping with house work. The supportive

behaviours that were rated higher by husbands during the interview was making sure they had no other woman to go out with (97.1%) and emphasizing behaviour according to professional advice (97.1%) followed by encouraging to maintain morale (96.6%) and. The least (28.6%) performed behaviour was helping with house work. (Table12). This behaviour could not be performed by most of the husbands because of the socialization of the males. Culturally males are socialized to be decision makers at community and national levels while the females do domestic chores (Nakatiwa, 2005). As a result of this kind of socialization, women have to tactfully ask for help from their husbands to assist with household chores for fear of being divorced as reflected in the statement by one woman in the focus group discussion:

“There are things a man can help with not everything, just because you are pregnant. You should be able to know what you can and cannot do. Then you do some activities which you are able to do. In doing such work it will be a form of exercise for you. You should be helping each other not that he does everything. If you want to be spoilt just because you are pregnant he will find someone more active.”

However, almost all the respondents (98.7%) reported that they were doing more for their wives at home (figure 4). Mullick, et al (2005) in a study conducted in South Africa also found that husbands expressed willingness to be involved with care during pregnancy.

According to this study finding 30.4% who always/ frequently provided time to attend to their wives' needs at home during pregnancy had college education and 11. 2% had secondary education. There was significant relationship between the husbands' educational

level and provision of time to attend to the wives' daily needs during pregnancy at home; (Fisher's Exact Test =25.916, p-value = 0.003 (Table 8)). This could probably be due to their education background as education has shown to change one's attitude, self perception and decision making (Nsemukila, et al. 1998). In addition the general education curriculum involves the males in subjects like home economics / domestic science and this could also have a positive influence on the men (Nakatiwa, 2005).

The study findings showed that husbands with 1 to 4 children were more likely to provide time to attend to their wives' daily need during pregnancy at home (52.9%) (Table 9). There was no significant relationship between the husbands' number of children and taking time to attend to the wives' daily needs at home during pregnancy (Pearson Chi-Square= 1.605, df =2, p-value =0.013).

The study findings showed that husbands (56.6%) who were employed reported that they always / frequently found time to attend to their wives at home compared to the unemployed (2.6%) (Table 10). There was significant relationship between the husbands' employment status and taking time to attend to the wives' daily needs at home during pregnancy (Pearson chi-Square =10.773, df =3, p-value =0.005). This could be due to the fact that men earned the family income and were the decision makers and controller of family resources and those unemployed may spend more time out seeking job.

In this study 33.% of the husbands who had a family income between one and two million Kwacha reported that they frequently found time to attend to their wives at home (Table 11). There was significant relationship between the husbands' family income and taking time to attend to the wives' daily needs at home during pregnancy (Pearson

Chi-Square= 14.432, df=2, p-value =0.001). Provision of support at home according to Nsemukila et al (1998) included purchasing maternity requirements and nutritious foods.

5.2.2.2 Support at the antenatal care clinic

The majority of the husbands (96.6%) never attended their wives' antenatal care clinic (figure 5). Despite the low attendance of antenatal care clinic by the husbands, figure 6 shows that 95.3% reported to be doing more for their wives in terms of providing support at the antenatal care clinic. Cooper (2005) reported that men did not attend antenatal care clinic regularly because they felt the clinic was for women in that the focus is on women and pregnancy and does not provide guidance on how a man can become a good father. This could therefore, make men think that they had no role play during antenatal period. However, Nsemukila et al, (1998) reported that men played a significant role in approving their wives antenatal attendance and place of delivery. Since men are the main decision makers in the homes this behaviour can promote compliance to advice and treatment prescribed by health workers.

The difference between the wives' expectations of the support by husbands attending antenatal care clinic and the low attendance by husbands is similar to the findings in Zimbabwe by Marindo, et al (2001) which reported that husbands and wives have different expectations about male involvement in antenatal care clinic. In that woman wanted emotional support from their husbands while men wanted more information on pregnancy. In this study women reported that they wanted their husbands to attend so that they can provide support.

The study results show that few husbands always / frequently (3.4%) attended to their wives' antenatal clinic (Figure 5). The focus group discussions revealed that women expected their husbands to be attending antenatal care clinic with them. They said this could make the women encouraged, give the men the opportunity to know what is done and taught at the clinic as stated by one woman during the focus group discussion:

'At least they will know what we come to do here because they may be thinking when we come here you just examine us. They can also be present to know what we discuss here.'

Further more, this could also provide an opportunity for a couple counselling and testing for HIV. This was reflected in the focus group discussion as one participant said:

'when you come to book for antenatal care since we have the HIV test on the first visit he should also come, we have the test at the same time. So that we know who is infected or if both of you are infected then you can know how to take care of each other.'

However, some women stated that some men didn't attend antenatal clinic because they were shy, others considered the clinic to be for women only and others stated that they had no time to attend the antenatal care clinic because of their busy work schedule. However, the findings from the interview with the husbands showed that 2.6% of the respondents who were employed always provided time to attend their wife's antenatal clinic while those who were unemployed did not (Table 16). One would speculate that the unemployed too may be unable to attend their wives' antenatal due to time taken by job search activities. However, Nsemukila, et al (1998) reported that some men

did provide support by escorting or arranging transport to the clinic. The difference in expectations could be due to difference in cultural practices. Women in Mufulira could be more willing to have the company of their husbands due to the influence of urbanization where some cultural inhibitions are lax.

A few respondents that attended their wives antenatal care clinic reported that they always provided support to their wives during the antenatal care clinic while others did so frequently (Fig 5). The supportive behaviours that scored high were encouraging maintaining morale and emphasizing behaviour according to professional advice. It was also noted that even those respondents that never attended antenatal care clinic did provide support by providing means of transportation to attend the antenatal clinic. The supportive behaviour that was least displayed was touching and soothing to make the wife comfortable (Table 18). This could be attributed to the fact that culturally it is not done. The supportive behaviour of touching and soothing at the antenatal care clinic was also viewed with mixed feelings by the women.

5.2.3 SUPPORT DURING LABOUR

The women in the focus group discussions expressed that they would like their husbands to be present during labor. This was expressed in the following two statements:

“He should be present to soothe you so that the pain is less”

“If he is nearby, you can be brave and the pain will be less.”

This finding is in agreement with by Kennell, (2000), who found that support rendered during labor had good outcomes which included reduction in the duration of labor, anxiety and operative deliveries. Wikipedia (2006) also reported that women found the presence of the husband in the delivery room comforting.

The husbands were more likely (53%) to attend to their wife during admission during labour (Figure 8). In Figure 6, 98.2% of the husbands interviewed claimed that they do or would do more for their wife during labour. In other words the husbands are providing or would provide support as they ought to. It implies that husbands regarded any support rather than being present just as important as being present. This could be due to the fact that culturally labor is considered a 'woman's affair' and so whatever the men do during this phase of reproduction process is considered to be enough by the men. It could also be because men do not experience labour themselves but rely on second -hand experience and feel detached from the process of pregnancy, labour and childbirth (Draper, 2002).

The study findings showed that women wanted their husbands not only to be present during labor and child birth but to offer support such as saying encouraging words, offering back rubs and making comfortable by touching and soothing. The responses from the husbands showed some similarities in what the wives expected their husbands to do and what the husbands reported to do or would do. The study in Table 28 showed (97.4%) of the respondents indicated that they would offer support by emphasizing behaviour according to professional advice given, 96.4% indicated that they would be present during labor in order to encourage and maintain the morale of their wives. On the other hand 67% of the respondents stated that they would least offer support by touching and soothing the wife to make her comfortable.

There was significant relationship between taking time to attend the wives' admission and provision of support such as encouraging to maintain morale (Table 29, Pearson Chi-Square =30.525, df =16, p-value =0.015); emphasizing behaviour according to professional advice (Table 30); touching and soothing the wife (Table 31, Pearson Chi-Square =153.111, df=16, p-value = 0.000); providing drink (Table 32, Pearson Chi-Square=47.358, df=16, p-value = 0.000); and provision of means of transportation to the maternity center (Table 33, Pearson Chi-Square= 42.880, df=16, p-value = 0.000). As earlier observed, men were more readily available to offer support that does not require their physical involvement and it was also a traditional norm to leave care of a labouring woman to women. It would also be because men find labour and child birth to be overwhelming as reported by Hallgren, et al (1999).

The study showed that provision of transport to the maternity center was not rated high (75.6%). This could be because the maternity centers were within walking distance. Nsemukila et al (1998) reported that men were involved in labour by providing means of transport.

5.2.4 SUPPORT DURING THE PROCESS OF DELIVERY

During the focus group discussions, women expressed had mixed views about their husbands being present during the process of delivery. Some said that they would like their husbands to be present, help soothe pain and participate in providing the care. While others said that this was not the appropriate time for the husband to be present. They would rather have the husband nearby but not in the labor suite. This is reflected in the following statements:

“He should be take me to the labor ward. He should be present throughout even see the baby being born.”

“Before the time comes you can be together so that he can comfort you. Now when it is time to go in (to give birth) you should be alone.”

The women's views were similar to those of the men folk. Although the husbands would support their wives during the period of admission during labour there is a paltry magnitude of those that are more likely (53%) to be there during labor and more likely (12.5%) to attend to their wife during the process of delivery. This may be because delivery is considered a 'woman's issue' and some men being ignorant of the process and procedure of delivery may not wish to attend. This result is confirmed by Nsemukila, et al (1998) who reported that men and women expressed that the men had no role to play during the process of child birth because it was considered taboo for men to be present during labor and men were ignorant of the process of delivery.

Table 39 showed that 95.8% would offer support by emphasizing behaviour according to professional advice given and 94.8% of the husbands would be available during delivery there to encourage their wives in order to maintain their morale while. On the other hand, the least reported behaviour was offering support by touching and soothing the wife to make her comfortable 69.9%. This could be because touching and soothing of the wife in public is not culturally accepted. As earlier observed, men are more readily available to offer support that does not require their physical involvement but it could also be due to the fact that men find labor and child birth overwhelming as reported by Hallgren, et al (1999).

The study showed that provision of transport to the maternity center during the process of delivery was rated higher than for antenatal attendance. This maternity centers being within walking distance and women are encouraged to report early at the maternity center when labor starts. When labor is advanced walking may not be practical and hence the need for transport. Nsemukila et al (1998) reported that men were involved in labour by providing means of transport.

When asked the motive or reasons for providing support during pregnancy and labour the majority indicated that they wanted their wives and babies to benefit (table 44). This agrees with the concept of the Health Belief Model that states that persons expect positive results if they take recommended actions to avoid negative health conditions (Rosenstock, et al, 1994). However, desire to ensure benefit is realized may not necessarily predict action taken as there may be barriers to be overcome. In this study it has been observed that although the male respondents claimed they were doing/ would do more for their wives they also reported that they would not take time to be present for certain activities such as during antenatal clinic and during the process of delivery.

5.2.5 THE HYPOTHESES

Hypothesis is some testable belief or opinion and hypothesis testing or significance testing is the process by which the belief is tested by statistical means (Lucey, 2002). The decision to reject or not reject the null hypotheses was based on the use of the p-value. The results are considered to be statistically significant if the p-value is less than the significant level that is set (Machin, et al. 2007). For this study the significant level was set at 5% (0.05). The null hypothesis is rejected when the p-value is less or equal to 0.05 (statistically significant) and

not rejected /fail to reject when the p-value is greater than 0.05 (not statically significant).

The two null hypotheses for the study stated that:

Ho: There is no relationship between the perceived seriousness of developing a complication or leaving it as it is (including evaluations of both medical and clinical consequences and possible social consequences) and husband's providing support to an expectant wife.

Ho: The other null hypothesis stated that there is no relationship between the perceived benefits being the believed effectiveness of the strategies designed to reduce the threats of developing a complication / illness in pregnancy and the husband's providing support to the expectant wife.

The study failed to reject the null hypothesis that there is no relationship between the perceived seriousness of developing a complication or leaving it as it is (including evaluations of both medical and clinical consequences and possible social consequences) and husband's providing support to an expectant wife during pregnancy, labor and delivery. The p-value was > 0.05 (Table 45 - 48).

The study failed to reject the null hypothesis that stated that there is no relationship between the perceived benefits being the believed effectiveness of the strategies designed to reduce the threats of developing a complication / illness in pregnancy and the husband's providing support to the expectant wife during pregnancy, labor and delivery. The p-value was > 0.05 (Table 45 - 48).

5.3.0 IMPLICATIONS TO NURSING

5.3.1 NURSING EDUCATION

The study findings showed the men claimed to be providing support during pregnancy, labor and delivery without necessarily attending to their wives. This implies that the role of husband during pregnancy, labor and delivery depends on the cultural settings. Therefore midwives need to be adequately trained / oriented in interpersonal relationships and communication skills in order for them to be able to explore the expectations of both expectant women and their husbands.

5.3.2. NURSING PRACTICE

The midwives need guidelines / protocols in their work place, that is, antenatal clinic, and labor suite / ward, that would help them encourage male involvement and well as provide individualized care. Midwives need to advocate for facilities that would provide privacy and be welcoming to the pregnant women and their husbands at the antenatal clinic and in the labor suite / ward.

5.3.3. NURSING ADMINISTRATION

Provision of protocols, materials and supplies for those working in the antenatal clinic and labor suite would ensure quality care. Regular supervisory checks to the midwives and skilled birth attendant would ensure support to them and competent practice. This may contribute to the environment that can encourage husbands to attend antenatal clinic and be present during labor.

5.3.4. NURSING RESEARCH

There is need for research in the role of husbands during pregnancy, labor and delivery in the Zambian context. This would help identify

beneficial and non beneficial practices in the community and formulate health information to the community. It can be used structuring training materials for midwives and other health workers involved in providing reproductive health services.

5.4 CONCLUSION

The study was carried out to explore the perspectives of husbands and wives on husbands providing support during pregnancy, labour and delivery. The study revealed that although the husbands and wives had similar expectations of the husband providing support during pregnancy, labour and delivery they differed in the degree of executing such supportive behaviours. The husbands and wives were of the view that husband should provide support during pregnancy. The findings revealed that men would rather provide support at home than antenatal care clinic. Both husbands and wives expressed that the husband should provide support during labour and delivery. However, they were both least enthusiastic about the husband attending the wife's delivery.

The study also showed that the husbands were more enthusiastic in providing support that required less time and energy to execute. For instance, they would rather encourage their wives in order to maintain morale and emphasize behaviour according to professional advice than helping with house work and providing comfort by touching and soothing. In general the husbands rated themselves as doing more for their wives during pregnancy, labor and delivery. This could be due to the fact that people tend to over rate themselves even when they know they are not doing much.

5.5 RECOMMENDATIONS

Based on the study findings the following recommendations were made:

5.5.1 To the government

1. The implementation of the Reproductive Health Policy with regard to male involvement should be evaluated.
2. Ensure adequate staffing of midwives and health workers in the antenatal clinic and labor suite / ward to ensure provision of quality care.

5.5.2 To Mufulira District Health Management Team (MDHMT)

1. Ensure that midwives managing the antenatal care clinics include sessions on preparation for fatherhood.
2. Make the facility for antenatal care clinic more welcoming for male participation.
3. Liaise with employers in the district on how men can be accorded the opportunity to attend their wife's antenatal care clinic and labour and delivery.

5.5.3 For further Research

1. There is need to carry out the study which can include both the rural and urban population to warrant generalization of results.
2. There is need for the study to determine what men perceive their needs to be and ways in which they would like too participate in the provision of support during pregnancy, labour and delivery; and barriers to men participating in the provision of support during pregnancy and labor.

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APPENDIX 1- GANTT CHART

ACTIVITY	MAY 2006	JUNE 2006	SEPT 2006	DEC 2006	JAN 2007 -	MAY 2007	JUN- JUL 2007	AUG- SEPT 2007	OCT 2007	DEC 2007
Development and finalization of research proposal	+									
Submission of the research proposal to the Post Graduate Committee		+								
Submission of the research proposal to the Ethics Committee			+							
Sourcing of funding										
Pre-testing				+						
Data collection					+	+				
Data processing							+			
Report writing								+		
Report typing and Finalizing								+	+	
Dissemination										+

Appendix 2- BUDGET

ITEM	QUANTI TY	UNIT COST (K)	TOTAL COST (K)
1. STATIONERY			
A4 paper realms	04	30,000	120,000.00
Notebook	04	3,000	12,000.00
Pens	05	1,000	5,000.00
Pencils	10	300	3,000.00
Rubbers	05	1,000	5,000.00
Bag	01	25,000	25,000.00
Micro floppy disk	10	3,000	30,000.00
SUBTOTAL			200,000.00
2. SERVICES			
Ethics Committee	1	250,000	250,000.00
Data entry	1	500,000	500,000.00
Data analysis	1	1,000,000	1,000,000.00
Typing proposal	60 pages	3,000	180,000.00
Photocopying proposal	240 pages	200	48,000.00
Typing questionnaire	10 pages	3,000	30,000.00
Photocopying questionnaire	390 pages	200	780,000.00
Typing report	100 pages	3,000	300,000.00
Photocopying report	400 pages	200	80,000.00
Binding	5 copies	K50,000.00	250,000.00
SUBTOTAL			3,418,000.00
PERSONNEL			
Lunch allowance			
1.Principal	1	30,000x40days	1,200,000.00
Researcher	3	20,000x40 days	2,400,000.00
2. Research Assistant			
Transport			
1. Principal	1	30,000x45 days	1,350,000.00
Researcher	3	20,000x40 days	2,400,000.00
2. Research Assistant			
SUBTOTAL			7,350,000.00
TOTAL			10,968,000.00
CONTINGENCY 10%			109,680.00
GRAND TOTAL			11,077,680.00

BUDGET JUSTIFICATION

A total of K11, 077,680.00 (nineteen million seventy-seven thousand and six hundred and eighty Kwacha) will be required for stationery, secretarial services, research assistants, allowances and travel expenses

Stationery

Stationery was required for typing the research proposal. The notebooks were needed for taking notes of all important points during data collection and analysis. Audio cassettes were used to record focus group discussions. The information then used in report writing. Files and the bag were used for storing the interview schedule during data collection and analysis. Diskettes were used to store information.

Secretarial Services

Funds for typing and photocopying services and binding of the proposal and report were needed. The charge for photocopying implies that one copy was printed and the rest photocopied to cut down on the cost. The researcher needed five copies of the proposal to submit to Post Graduate Committee, Ethics committee and five report copies to be submitted to the Post Graduate Research Committee for dissertation and dissemination.

Personnel

Funds for transport were required to move to and from the areas of data collection. Lunch allowance was required during the data collection period. The services of the statistician was required for data analysis.

Contingency

Contingency of 10% of the total amount of the budget was required to cater for any incidental expenses during the research activities.

STUDY FUNDING

A total of K 11, 077, 680 (eleven million seventy-seven thousand and six hundred and eighty Kwacha) was required to cover costs for stationary, research assistant, allowances and travel expenses. This was from the sponsor, Institutional Collaboration and the researcher's own resources.

APPENDIX 3 – INFORMATION SHEET: PARTICIPANT

INTRODUCTION

This form gives you information on the study in which you are being requested to participate in. to make sure that you have all the facts about this study you must read this form or have someone read it for you. If you agree to participate in this study you must sign the consent form or put your thumb print in the space provide, if you cannot write. You are allowed to keep a copy of this form and to discuss anything that is not clear to you concerning this study with the staff of the study. If you feel that you cannot take part in the study, you are free not to participate in it and your refusal will in no way jeopardize the care you or wife will receive from the health providers.

Purpose of the Research and procedures

Ms. Charity Chongo is a Master of Science in Nursing student in the Department of Post Basic Nursing of the School of Medicine, University of Zambia. The study is being done in partial fulfillment of the requirement of the said degree. If you have any queries please direct them to Ms. Charity Chongo, Cell-097 724443, or to the Head of Department of Post basic Nursing, Tel. 01 252453, or the Chairman, Research Ethics Committee of the University of Zambia Tel. 01 256067, Ridgeway Campus, P. O. Box 50110, Lusaka.

You are being requested to take part in a study that seeks to determine the husbands and wives perspective on the provision of support during pregnancy and labour. The information required from you is on knowledge, myths, belief and practices on husband providing support during pregnancy and labour.

This study involves a face-to-face interview / discussion with the staff that will ask you a set of questions. After signing the consent form, the staff will proceed to ask you the relevant questions and your responses will be recorded on the questionnaire. The interview will take about 60 minutes.

Risks, discomforts and benefits of the study

There is no risk involved in this research. This is a questionnaire based research. Some questions may require that you give you personal information and care will be taken not to embarrass you. There is no direct benefit to you by participating in this study, but the knowledge and information you will gain by venture of your participation will help you provide the necessary support to a pregnant and labouring woman particularly your partner, benefits to participants are long term.

Confidentiality

The information you will give in this study will remain confidential and will not be made available to any one who is not connected with the study. Furthermore, your name will not be written on the questionnaire for confidentiality purposes.

Note: The above section was given to the participant.

APPENDIX-4 INFORMED CONSENT

By signing below I confirm that I understand that participation in this study is entirely voluntary. The materials in this consent have been explained to me and my questions have been answered to my satisfaction. I freely and voluntarily choose to participate. I understand that participation or not participation will not affect my health care or that of my family members.

I hereby give my consent to participate in study "Husbands and wives perspectives on provision of support during pregnancy and labour in Mufulira District."

Participant's signature or thumb print

Date: _____

Witness (Name and signature)

Date: _____

APPENDIX 5 -FOCUS GROUP DISCUSSION GUIDE

1. Welcome the participants
2. Introduce yourself and the recorder to the group. Ask the participants to introduce themselves.
3. Explain the purpose of the discussion.
4. Assure the participants of the confidentiality of the information they will share and encourage them to feel free in the discussion.

TOPICS FOR DISCUSSION

1. Please tell me what you expect your husband to do for you when you are expecting?
2. Please tell me what you expect your husband to do for you when labour starts.
3. What does your husband actually do for you in this pregnancy?
4. How would you react when your husband does the following?
 - a) Provides help with house chores
 - b) Provides drink or food
 - c) Is present during antenatal examinations
 - d) Encourages and emphasizes behaviour according to health care provider
 - e) Provides transport
 - f) Is present during labour
 - g) Takes care of baby-related preparations
 - h) Soothes and touches you to make you comfortable when you are in labour.
6. What would you suggest to make the antenatal and labour care more acceptable to both women and men?

APPENDIX : 6

QUESTIONNAIRE ON HUSBANDS' AND WIVES' PERSPECTIVE ON PROVISION OF SUPPORT DURING PREGNANCY AND LABOUR

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING

Serial No. _____

Date of Administration _____

Location _____

SECTION A – DEMOGRAPHIC DATA

1. Age

2. Age Group (years)

a)	20 – 24	
b)	25 – 29	
c)	30 – 34	
d)	35 – 39	
e)	40 – 44	
f)	45 – 49	
g)	50 – 54	

3. Educational Level

a.	None	
b.	Primary	
c.	Secondary	
d.	College	
e.	University	

4. Number of Children

a.	None	
b.	1 – 2	
c.	3 – 4	
d.	5 – 6	
e.	7 – 8	
f.	9 – 10	
g.	11 – 12	

5. Religious denomination

a.	None	
b.	Roman catholic	
c.	Protestant	
d.	Muslim	
e.	Others	

6. Family Income

a.	Below K 1 000 000	
b.	K 1 000 000 –K 2 000 000	
c.	K 2 000 100 and above	

7. Employment

a.	Unemployed	
b.	Self employed	
c.	Employment	

8. How many times has your wife been pregnant?

a.	This is the First	
b.	This is the Second	
c.	This is the Third	
d.	This is the Fourth	
e.	This is the Fifth	
f.	This is the More than the fifth	

SECTION B – SUPPORT AT HOME

9. Are you providing time from your leisure to attend to your wife’s daily needs during pregnancy at home? Please tick in the appropriate box the extent you are attending to your wife by assigning marks as follows: 5 for Always, 4 for frequently, 3 for occasionally, 2 for rare and 1 for never.

Always	Frequently	Occasionally	Rarely	Never

10. Please tick in the appropriate box what you are currently doing for your wife by assigning marks as follows: 5 for Always, 4 for frequently, 3 for occasionally, 2 for rare and 1 for never.

Label for supportive behaviour	SCORE				
	5	4	3	2	1
a. .I am encouraging her to maintain morale					
b. l. I am emphasising behaviour according to professional advice that we are given at the clinic					
c. m. I am helping out with house work					
d. n.I touch and sooth her to make her comfortable					
e. o. I buy her the food that she wants					
f. p. I am taking care of baby-related preparations					
g. q. I make sure that I have no other woman in my life to go out with.					

11. In general I can say that I am doing more for my wife at home.	Yes	No

12. If your response to question 11 is "Yes", what could be the motive or reason for helping out?	
a. I have some fears regarding what may befall my wife or baby	
b. I have the desire to see my baby and wife benefit	

13. If your response to question 12 is related to fear, please tick the extent to which you are influenced to help by ticking in the appropriate box. 1 stands very much, 2 stands for much, 3 some how, 4 stands for little and 5 for very little.

Label for threats	SCORE				
	1	2	3	4	5
a. I fear that my wife may die in pregnancy and so I help out.					
b. I fear that my wife may die in the process of delivering and so I help out.					
c. I fear that my wife may fall ill in pregnancy or during delivery and so I help out.					
d. I fear that I may have an unhealthy baby and so I help out.					
e. I fear that my baby may die in pregnancy or delivery and so I help out.					

14. If your response to question 12 is related to desirer, please tick the extent to which you are influenced to help by ticking in the appropriate box. 1 stands very much, 2 stands for much, 3 some how, 4 stands for little and 5 for very little.

Label for benefits	SCORE				
	1	2	3	4	5
a. I desire my wife to be well and healthy in pregnancy and so I help out.					
b. I desire my wife to be well and healthy during delivery and so I help out.					
c. I desire any illnesses in my wife being minimized and adequately managed and so I help out.					
d. I desire any complications in my baby minimized and adequately planned for in advance and so I help out.					
e. I desire for Complications in the baby during delivery being planned for in advance and so I help out.					

SECTION C – ANTENATAL CARE CLINIC

15. How often have you taken time off from your daily schedule to attend your wife's antenatal care clinic? Please tick in the appropriate box the extent you are attending to your wife by assigning marks as follows: 5 for Always, 4 for frequently, 3 for occasionally, 2 for rare and 1 for never.

Always	Frequently	Occasionally	Rarely	Never

16. Please tick in the appropriate box what you are currently doing or did for your wife during antenatal clinic by assigning marks as follows: 5 for Always, 4 for frequently, 3 for occasionally, 2 for rare and 1 for never.

Label supportive behaviour	SCORE				
	5	4	3	2	1
a. I encourage her at the clinic to maintain morale					
b. I encourage her by emphasising behaviour according to professional advice that we are given					
c. I am there to comfort her by touching and soothing her					
d. I provide means of transportation to attend antenatal care					

	Yes	No
17. In general I can say that I am doing more for my wife at the antenatal clinic		

18. If your response to question 17 is "Yes", what could be the motive or reason for helping out?	
a. I have some fears regarding what may befall my wife or baby	
b. I have the desire to see my baby and wife benefit	

19. If your response to question 18 is related to fear, please tick the extent to which you are influenced to help by ticking in the appropriate box. 1 stands very much, 2 stands for much, 3 some how, 4 stands for little and 5 for very little.

Label for threats	SCORE				
	1	2	3	4	5
a. I fear that my wife may die in pregnancy and so I help out.					
b. I fear that my wife may die in the process of delivering and so I help out.					
c. I fear that my wife may fall ill in pregnancy or during delivery and so I help out.					
d. I fear that I may have an unhealthy baby and so I help out.					
e. I fear that my baby may die in pregnancy or delivery and so I help out.					

20. If your response to question 18 is related to desirer, please tick the extent to which you are influenced to help by ticking in the appropriate box. 1 stands very much, 2 stands for much, 3 some how, 4 stands for little and 5 for very little.

Label for benefits	SCORE				
	1	2	3	4	5
a. I desire my wife to be well and healthy in pregnancy and so I help out.					
b. I desire my wife to be well and healthy during delivery and so I help out.					
c. I desire illnesses in my wife being minimized and adequately managed and so I help out.					
d. I desire complications in my wife minimized and adequately planned for in advance and so I help out.					
e. I desire for Complications in the baby during delivery being planned for in advance and so I help out.					

SECTION D - LABOUR

21. Are you going to take time off from your daily schedule to attend to your wife during the period of admission during labour?

Very likely	Likely	Not sure	Unlikely	Very unlikely

22. Please tick in the appropriate box what you did / are likely to do for your wife during labour by assigning marks as follows: 5 for Always, 4 for frequently, 3 for occasionally, 2 for rare and 1 for never.

Label supportive behaviour	SCORE				
	5	4	3	2	1
a. I am encouraging her to maintain morale					
b. I am there encourage her by emphasising behaviour according to professional advice that we are given					
c. I am there to comfort her by touching and soothing her					
d. Providing means of transportation to maternity centre					
e. Give her drink					

23. In general you can say that you did/ are likely to do more for your wife during labour	Yes	No

24. If your response to question 23 is "Yes", what could be the motive or reason for helping out?	
a. I have some fears regarding what may befall my wife or baby	
b. I have the desire to see my baby and wife benefit	

25. If your response to question 24 is related to fear, please tick the extent to which you are influenced to help by ticking in the appropriate box. 1 stands very much, 2 stands for much, 3 some how, 4 stands for little and 5 for very little.

Label for threats	SCORE				
	1	2	3	4	5
a. I fear that my wife may die in labour and so I help out.					
b. I fear that my wife may die in the process of delivering and so I help out.					
c. I fear that my wife may fall ill in labour and so I help out.					
d. I fear that I may have an unhealthy baby and so I help out.					
e. I fear that my baby may die in labour and so I help out.					

26. If your response to question 24 is related to desire benefit, please tick the extent to which you are influenced to help by ticking in the appropriate box. 1 stands very much, 2 stands for much, 3 some how, 4 stands for little and 5 for very little.

Label for benefits	SCORE				
	1	2	3	4	5
a. I desire my wife to be well and healthy in labour and so I help out.					
b. I desire my wife to be well and healthy during labour and so I help out.					
c. I desire illnesses in my wife being minimized and adequately managed and so I help out.					
d. I desire complications in my wife minimized and adequately planned for in advance and so I help out.					
e. I desire for Complications in the baby during labour being planned for in advance and so I help out.					

SECTION E - DELIVERY

27. What is the chance that you will take time off from your daily schedule to attend your wife’s delivery?

Very likely	Likely	Not sure	Unlikely	Very unlikely

28. Please tick in the appropriate box what you are likely to do for your wife during delivery by assigning marks as follows: 5 for Always, 4 for frequently, 3 for occasionally, 2 for rare and 1 for never.

Label for support behaviour	SCORE				
	5	4	3	2	1
a. I would be there to encourage her to maintain morale					
b. I would be there to encourage her by emphasising behaviour according to professional advice that we are given					
c. I would be there to comfort her by touching and soothing her					
d. Providing means of transportation to maternity center					

29. In general what I could do for my wife during the delivery process will be more	Yes	No

30. If your response to question 29 is “Yes”, what could be the motive or reason for helping out?	
a. I have some fears regarding what may befall my wife or baby	
b. I have the desire to see my baby and wife benefit	

31. If your response to question 30 is related to fear, please tick the extent to which you are likely to get influenced to help by ticking in the appropriate box. 1 stands very much, 2 stands for much, 3 some how, 4 stands for little and 5 for very little.

Label for threats	SCORE				
	1	2	3	4	5
a. I fear that my wife may die during delivery and so I help out.					
b. I fear that my wife may die in the process of delivering and so I help out.					
c. I fear that my wife may fall ill during delivery and so I help out.					
d. I fear that I may have an unhealthy baby and so I help out.					
e. I fear that my baby may die during delivery and so I help out.					

32. If your response to question 30 is related to desire, please tick the extent to which you are influenced to help by ticking in the appropriate box. 1 stands very much, 2 stands for much, 3 some how, 4 stands for little and 5 for very little.

Label for benefits	SCORE				
	1	2	3	4	5
a. I desire my wife to be well and healthy during delivery and so I help out.					
b. I desire my wife to be well and healthy during delivery and so I help out.					
c. I desire illnesses in my wife being minimized and adequately managed and so I help out.					
d. I desire complications in my baby minimized and adequately planned for in advance and so I help out.					
e. I desire for Complications in the baby during delivery being planned for in advance and so I help out.					

Thank you for your cooperation
 We have come to the end of the interview.

END OF INTERVIEW

**APPENDIX 7- LETTER TO THE OFFICER IN CHARGE
KANTASHI POLICE STATION**

University of Zambia
School of Medicine
Department of Post Basic Nursing
P. O. Box 50110
LUSAKA.

U.F.S. The Head of Department of Post Basic Nursing
University of Zambia
School of Medicine
P. O. Box 50110
LUSAKA

The Officer In Charge
Kantashi Police Station
MUFULIRA

Dear Sir / Madam,

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

My name is Charity Chongo, a Master of Science in Nursing student at the above named institution. In partial fulfilment for the award of the said degree I am required to carry out a research study. My research topic is entitled **“Husbands’ and wives’ perspectives on provision of support during pregnancy and labour in Mufulira district”**.

The purpose of this letter is to request for permission to conduct the pretest in Kankoyo Township and the main study in Kantashi Township. The pretest will help refine the instrument before the actual study. The information will be used for academic purposes. The study is planned to be done from 3rd week of April 2007 to 4th week of July 2007. The information will be used for academic purposes.

Your consideration of my request will be highly appreciated.

Yours faithfully,

Charity Chongo

APPENDIX 8- LETTER TO THE TOWN CLERK

University of Zambia
School of Medicine
Department of Post Basic Nursing
P. O. Box 50110
LUSAKA.

U.F.S. The Head of Department of Post Basic Nursing
University of Zambia
School of Medicine
P. O. Box 50110
LUSAKA

The Town clerk
Mufulira Municipal Council
MUFULIRA

Dear Sir,

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

My name is Charity Chongo, a Master of Science in Nursing student at the above named institution. In partial fulfilment for the award of the said degree I am required to carry out a research study. My research topic is entitled **“Husbands' and Wives' perspectives provision of support during pregnancy and labour in Mufulira district”**.

The purpose of this letter is to request for permission to conduct the pre-test in Kankoyo Township and the main study in Kantashi Township. The pre-test will help refine the instrument before the actual study. The information will be used for academic purposes. The study is planned to be done from 3rd week of April 2007 to 4th week of July 2007.

Your consideration of my request will be highly appreciated.

Yours faithfully,

Charity Chongo

**APPENDIX 9- LETTER TO THE DISTRICT DIRECTOR OF
HEALTH**

University of Zambia
School of Medicine
Department of Post Basic Nursing
P. O. Box 50110
LUSAKA.

U.F.S. The Head of Department of Post Basic Nursing
 University of Zambia
 School of Medicine
 P. O. Box 50110
 LUSAKA

The District Director of Health
Mufulira District Health Management Team
P. O. Box 40166
MUFULIRA

Dear Sir,

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

My name is Charity Chongo, a Master of Science in Nursing student at the above named institution. In partial fulfilment for the award of the said degree I am required to carry out a research study. My research topic is entitled **“Husbands' and Wives' perspectives on provision of support during pregnancy and labour in Mufulira district”**.

The purpose of this letter is to request for permission to conduct the study at clinics 1 and 3 in Kantashi Township. This will involve focus group discussions with pregnant mothers. The information will help design questionnaire for men. The information will be used for academic purposes. The study is planned to be done from 3rd week of April 2007 to 4th week of May 2007.

Your consideration of my request will be highly appreciated.

Yours faithfully,

Charity Chongo

APPENDIX 10- LETTER TO THE MEDICAL SUPERINTENDENT

University of Zambia
School of Medicine
Department of Post Basic Nursing
P. O. Box 50110
LUSAKA.

U.F.S. The Head of Department of Post Basic Nursing
University of Zambia
School of Medicine
P. O. Box 50110
LUSAKA

The Medical superintendent
Malcom Watson Hospital
Mufulira Copper Mines Plc
P. O. Box 40126
MUFULIRA

Dear Sir,

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

My name is Charity Chongo, a Master of Science in Nursing student at the above named institution. In partial fulfilment for the award of the said degree I am required to carry out a research study. My research topic is entitled **“Husbands' and Wives' perspectives on provision of support during pregnancy and labour in Mufulira district”**.

The purpose of this letter is to request for permission to conduct the study at clinic 2 and 6 in Kantashi Township. This will involve focus group discussions with pregnant mothers. The information will help design questionnaire for men. The information will be used for academic purposes. The study is planned to be done from 3rd week of April 2007 to 4th week of May 2007.

Your consideration of my request will be highly appreciated.

Yours faithfully,

Charity Chongo



THE UNIVERSITY OF ZAMBIA

RESEARCH ETHICS COMMITTEE

Telephone: 260-1-256067
Telegrams: UNZA, LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260-1-250753
E-mail: unzarec@zamtel.zm

Ridgeway Campus
P.O. Box 50110
Lusaka, Zambia

Assurance No. FWA00000338
IRB00001131 of IORG0000774

8 May, 2007
Ref.: 011-01-07

Ms Charity Chongo, BSc Nursing, RM, RN
Department of Post Basic Nursing
University of Zambia
School of Medicine
P.O. Box 50110
LUSAKA

Dear Ms Chongo,


RE: RESEARCH PROPOSAL ENTITLED: **"HUSBANDS AND WIVES PERSPECTIVES ON PROVISION OF SUPPORT DURING PREGNANCY AND LABOUR IN MUFULIRA DISTRICT"**

The above-mentioned research proposal was presented to the Research Ethics Committee meeting held 7 March, 2006 where changes were recommended. We would like to acknowledge receipt of the corrected version with clarifications. The proposal has now been approved. Congratulations!

CONDITIONS:

- This approval is based strictly on your submitted proposal. Should there be need for you to modify change the study design or methodology, you will need to seek clearance from the Research Ethics Committee.
- If you have need for further clarification please consult this office. Please note that it is mandatory that you submit a detailed progress report of your study to this Committee every six months and a final copy of your report at the end of the study.
- Any serious adverse events must be reported at once to this Committee.

Yours sincerely,

 Prof. J. T. Karashani, MB, ChB, PhD
CHAIRMAN

Date of approval: 8 May, 2007

Date of expiry: 7 May, 2008

LUSAKA.

U.F.S. The Head of Department of Post Basic Nursing
University of Zambia
School of Medicine
P. O. Box 50110
LUSAKA

The District Director of Health
Mufulira District Health Management Team
P. O. Box 40166
MUFULIRA

Dear Sir,

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

My name is Charity Chongo, a Master of Science in Nursing student at the above named institution. In partial fulfilment for the award of the said degree I am required to carry out a research study. My research topic is entitled "**Husbands' and Wives' perspectives on provision of support during pregnancy and labour in Mufulira district**".

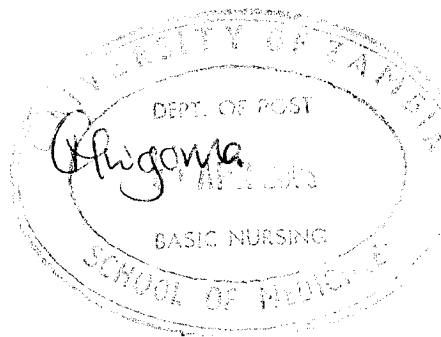
The purpose of this letter is to request for permission to conduct the study at clinics 1 and 3 in Kantashi Township. This will involve focus group discussions with pregnant mothers. The information will help design questionnaire for men. The information will be used for academic purposes. The study is planned to be done from 3rd week of April 2007 to 4th week of May 2007.

Your consideration of my request will be highly appreciated.

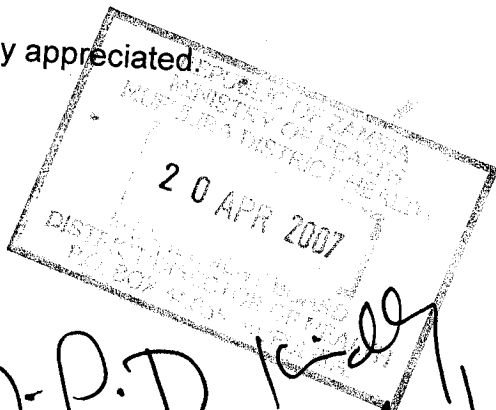
Yours faithfully,


Charity Chongo

University of Zambia
School of Medicine
Department of Post Basic Nursing
P. O. Box 50110
LUSAKA.



*In charge
Leticia
P. O. Box 40166
MUFULIRA*



*M.P.D. I have
no help
objection.*

MUNICIPAL COUNCIL OF MUFULIRA



P.O. Box 40798
Mufulira
ZAMBIA

Ref: TC/6/07

7 June 2007

Ms Charity Chongo
University of Zambia
School of Medicine
Department of Post Basic Nursing
P O Box 50110
LUSAKA


Dear Madam

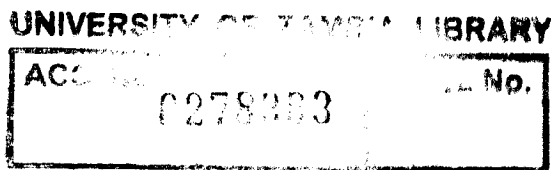
PERMISSION TO CONDUCT A RESEARCH STUDY

The above subject matter refers.

I wish to inform you that your request to carry out a research study has been granted.

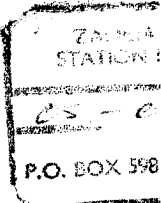
Yours faithfully


CHARLES C MWANDILA
TOWN CLERK

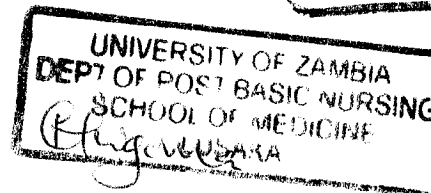


University of Zambia
School of Medicine
Department of Post Basic Nursing
P. O. Box 50110
LUSAKA.

Approved
25/06/07



U.F.S. The Head of Department of Post Basic Nursing
University of Zambia
School of Medicine
P. O. Box 50110
LUSAKA



The Officer In Charge
Kantashi Police Station
MUFULIRA

Dear Sir / Madam,

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

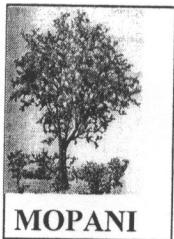
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The purpose of this letter is to request for permission to conduct the pretest in Kankoyo Township and the main study in Kantashi Township. The pretest will help refine the instrument before the actual study. The information will be used for academic purposes. The study is planned to be done from 3rd week of May 2007 to 4th week of August 2007.

Your consideration of my request will be highly appreciated.

Yours faithfully,


Charity Chongo



MOPANI COPPER MINES PLC

Company Registration No. 44139

Mufulira Mine Site

Malcolm Watson Hospital, P O Box 40499, **MUFULIRA**

Tel: 02 441078/441048, Fax: 02 447013

Our Ref No: MS 129/07

3rd May 2007

Charity Chongo
University Of Zambia
Dept Of Basic Nursing
School Of Medicine
LUSAKA

Dear Madam,

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

We refer to your letter dated 12th April 2007, asking for permission to conduct a research study.

We regret to inform you that we are unable to assist.

Yours faithfully,

DR C CHIPONDA
MEDICAL SUPERINTENDENT