ABSTRACT

Background

Male partner participation in antenatal care services is of great importance if pregnant women are to fully utilise and benefit from the services offered to them at antenatal clinics. Male partner participation in antenatal care services is low in Zambia. At Arakan Garrison Hospital in Lusaka, only one in twelve pregnant women attends antenatal care with the husband or partner. This study aimed to explore the perspectives of men on male participation in antenatal care services at Arakan Garrison Hospital.

Methods

The study used a qualitative case study approach. Maximum variation purposive sampling was used to enlist sixteen men whose wives were pregnant both those who participated in antenatal care with their spouses and those who did not. In-depth interviews were conducted with participants to get their perspectives in relation to being involved in antenatal care. Collected data was transcribed in verbatim and codes, categories and themes were generated from the collected data. Data analysis was guided by thematic the framework analysis approach.

Results

This study showed that male participation at antenatal clinic mean knowing what pregnant women went through during pregnancy, commitment and collective responsibility and an opportunity to learn. The study showed that the men's roles in antenatal care are providing necessities during pregnancy, acquiring information on pregnancy and needed care and provision of physical and emotional support to the wife during pregnancy. Motivators for male participation in antenatal care are, having knowledge about the importance of male participation in antenatal care, desire to have a healthy mother and baby, the desire to learn about pregnancy and needed care, privileges that are given to those who attend as a couple, the desire to be part of the decision making process and being a responsible father. The study identified deterrents to male participation as being military operations, not knowing that men needed to attend, fear of Human Immuno-deficiency Virus (HIV) test and belief that women and/or health workers would be uncomfortable if the husband was also present during the screening of a pregnant woman.

Conclusion

The study suggests that military men in Arakan Garrison are willing to participate in antenatal care. However, they faced some challenges particularly, the engagement in military operations that made them stay away from their homes most of the time. Furthermore, some men were not aware of the importance of participating in antenatal care with their wives. The study generated knowledge on men's perspectives on participating in antenatal care with their pregnant wives. This knowledge is useful in coming up with interventions to improve the male partner participation in antenatal care.

DECLARATION

I, **Hamalambo Muloongo**, declare that this dissertation submitted to the University of Zambia as a partial fulfillment the award of the degree of Master of Public Health (Health Promotion and Education) is my own work and has not been submitted either wholly or in part for another degree to this University or any other or Institute for higher education.

Signed…… **Date**……

Hamalambo Muloongo

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DEDICATION

This dissertation is dedicated to my wife Petronella and children, our son Chipo and our daughter Mapalo for their patience and understanding during the time that I was busy conducting this study. To you all, I will always be grateful.

CERTIFICATE OF COMPLETION OF DISSERTATION

The undersigned certify that they have read the dissertation and are satisfied that it is the original work of the author under whose name it is being presented.

Dr Oliver Mweemba (Supervisor)

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CERTIFICATE OF APPROVAL

This dissertation by **Hamalambo Muloongo** is approved as a partial fulfillment of the requirements for the award of the degree of Master of Public Health (MPH) by the University of Zambia.

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Head of Department

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ACKNOWLEDGEMENTS

First and foremost, I would like to extend my gratitude to the Almighty God for according me the opportunity and strength to carry out this study. Without God's guidance, this research project would not have come to fruition.

My gratitude also goes to my Principle Supervisor, Dr O. Mweemba (Department of Public Health, University of Zambia), for his invaluable guidance on how to go about conducting a research project and writing a research report. I extend my gratitude to my Co-Supervisor, Mrs A.N. Hazemba (Department of Public Health, University of Zambia), for her invaluable support during my research process. I also acknowledge the invaluable input from Mr J. Mwanza (Department of Sociology, University of Zambia) and Dr J.M. Zulu (Department of Public Health, University of Zambia).

I also extend my gratitude to the Zambia Army Headquarters Medical Services Branch for allowing me to conduct this study.

I further extend my gratitude to the health care workers at Arakan Garrison Hospital and the community in Arakan Barracks for the support I received during data collection.

To you all, I say thank you very much and may the Almighty God richly bless you.

Amen!

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LIST OF ABBREVIATIONS

ANC	-	Antenatal Clinic or Antenatal Care
HIV	-	Human Immuno-deficiency Virus
HMIS	-	Health Management Information System
IDIs	-	In-Depth Interviews
IRB	-	Institutional Review Board
MoH	-	Ministry of Health
MTCT	-	Mother to Child Transmission (of HIV)
PEPFAR	-	[United States] President's Emergency Plan for AIDS Relief
PMTCT	-	Prevention of Mother to Child Transmission (of HIV)
SMAGs	-	Safe Motherhood Action Groups
STIs	-	Sexually Transmitted Infections
VCT	-	Voluntary Counselling and Testing
WHO	-	World Health Organisation

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CHAPTER ONE

INTRODUCTION

1.0 Background

The World Health Organisation (WHO) notes that sexual and reproductive health programmes and services are focused only primarily on women (WHO, 2012). Therefore, as a consequence, men often have lacked information to make informed decisions about healthy behaviour and the roles they were expected to play in order to promote the overall family health including access to Human Immuno-deficiency Virus (HIV) prevention, care and treatment services. It is for this reason that men are encouraged to participate in sexual reproductive issues to enhance utilisation of services and improve the health of the entire family (Sternberg and Hubley, 2004). Hence, the concept of male partner participation in sexual and reproductive health is now being advocated for as an essential element of the WHO initiative to make pregnancy safer (Jennings et al., 2014; Kalulanga et al., 2012).

Various definitions of male partner participation in sexual reproductive health have been advanced by various authors, for example, Kalulanga et al. (2012) define male partner participation in reproductive health as the process of social and behavioural change that is needed for men to play more responsible roles in maternal health care with the purpose of ensuring women's and children's wellbeing. Mukobi (2012) on the other hand defines male partner participation in Prevention of Mother to Child Transmission (PMTCT) of HIV in terms of men accompanying their spouses, providing social-economic support and using family planning in child birth control as well as HIV prevention measures.

Bhatta (2013) defines male partner participation in maternal and child health care as men attending antenatal health care visits, birth planning, encouraging exclusive breast feeding and immunisation for their children. In this study, male partner participation entails a male partner or husband accompanying his wife or female partner to ANC, providing social economic support and ensuring that all recommendations made at ANC are observed to safeguard the wellbeing of the couple and the baby.

Husbands, particularly in African countries, play a pivotal role in decision-making within a home, and are often the breadwinners. Therefore, establishing their participation and support for Prevention of Mother to Child Transmission (PMTCT) of HIV in particular and sexual reproductive health as a whole is critical [Ditekemena et al., 2012; Nakamboa, 2008; Mullick et al., 2005; Mungaila, 2007). Bhatta (2013) observed that male participation enables men to support their spouses to utilise obstetric services and the couple would adequately prepare for birth complications. This would lead to a reduction in all three phases of delay. Delay in making the decision to seek care; delay in reaching care; and finally, delay in receiving care in times of emergency (Kaye, 2014; Bhatta, 2013).

Many interventions are provided at antenatal clinics which are aimed at promoting safe motherhood and reducing maternal and child mortality. For example, screening for conditions like hypertension, HIV infections and sexually transmitted diseases. However, when male partners don't participate in antenatal health care, the chances of women fully adhering to antenatal clinic interventions diminish tremendously (Jennings et al., 2014; Larsson et al., 2010; Katz et al., 2009; Msuya et al., 2008). Adherence to antenatal health interventions is important for better pregnancy outcomes as well as reduced maternal and child morbidity and mortality. Interventions such as screening for Sexually Transmitted Infections (STIs) require that pregnant women whose test results were positive, should be treated for the infection together with their spouses (CDC, 2010). If the spouse does not participate in antenatal care, chances are high that the husband or partner may not cooperate with this requirement.

Increasingly, recognition is growing on a global scale that the participation of men in reproductive health policy and service delivery offers both men and women important benefits such as enhanced knowledge and mutual support in reproductive health issues (Walston, 2005). Osborne (2002) in Benkele (2007) notes that although male participation is still low, more males are getting involved in PMTCT related reproductive health issues than before. Kalulanga et al. (2012) note that, there has been a steady move to more male participation in pregnancy and childbirth in countries in the west and that, since the 1970s, men in the United Kingdom have been participating in maternity care.

In Sweden and Norway, the value of the father's participation in pregnancy, parent education, childbirth and the care of the newborn baby are emphasised in legislation (Kalulanga et al., 2012).

According to Kalembo et al. (2012), many sub-Saharan countries adopted male partner participation in PMTCT programme with an aim to increase the uptake of PMTCT services. The programme has made some progress in improving the effectiveness of PMTCT services. On the other hand, the strategy faced a lot of challenges, the biggest being the low male-partner participation. Literature shows that in sub-Saharan Africa, male-participation rates in PMTCT activities range between 12.5 per cent and 18.7 per cent (Kalembo et al., 2012).

Musheke et al. (2013) note that only 10 per cent of couples in Zambia have tested for HIV together and yet the Zambian PMTCT protocol recommends the provision of couple HIV testing in antenatal clinics as part of HIV prevention, treatment and care. Appiagyei et al. (2012) noted that, less than 2 per cent of pregnant women tested for HIV with their partners in Lusaka and Ndola government clinics in 2010. These studies showed that there is a steady rise in the number of males who test together with their partners during pregnancy but the proportions were still quite low.

The President's Emergency Plan for AIDS Relief (PEPFAR) shows that, in Luapula province, husbands and boyfriends started accompanying their pregnant partners to antenatal clinic visits, encouraging their wives to do health checkups before giving birth (http://zambia.usembassy.gov/pepfar-pmtct.html). This is attributed to activities of Safe Motherhood Action Groups (SMAGs) which among other safe motherhood strategies, promoted male participation in sexual reproductive health services. This resulted in 75 per cent of the clients who attended antenatal clinics accompanied by their male partners (http://zambia.usembassy.gov/pepfar-pmtct.html).

The national reproductive health policy in Zambia encourages men to also participate in reproductive health issues because they are an important component of safe sexual and reproductive health care delivery. It is recommended that a pregnant woman attends antenatal health care four times if there are no complications and as often as is

recommended in the case of pregnancies with identified complications. It is further recommended that the husband or partner attends antenatal health care with the pregnant woman, especially during the initial visits and as often as possible during the subsequent visits. This is aimed at ensuring that the husband or partner also acquired information on how to promote safe motherhood and sexual and reproductive health (Ministry of Health, 2005). The study aimed to explore men's personal perspectives regarding their being involved in antenatal care services with their expectant wives.

1.1 Statement of the Problem

Male partner participation in ante-natal health care services is important if pregnant women are to fully utilise and benefit from the services offered to them during antenatal health care such as screening for HIV, Sexually Transmitted Infections (STIs) and other conditions that are inimical to healthy pregnancy (Fisaha and Yemane, 2014). At Arakan Garrison Hospital, only one in twelve pregnant women attend the first antenatal health care session with the man responsible for the pregnancy (Arakan Garrison Hospital HMIS Database). This reduced chances of women, men and the unborn babies benefitting totally from interventions provided at ANC (Larsson et al., 2010).

Table 1 below shows the number of pregnant women who visited the health facility as first antenatal health care attendants during the period from 2011 to 2013 and the number of males who accompanied them. Only eighteen out of 214 (translating to 1 in 12) women were accompanied by their male partners during the period under review.

Table 1: Pregnant Women Who Attended ANC Accompanied by their Partners from 2011 to 2013

Year	Accompanied	Not accompanied	Total
2011	02	37	39
2012	05	65	70
2013	11	94	105
Total	**18**	**196**	**214**

Source: Arakan Garrison Hospital HMIS Database for 2011-2013

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section reviews studies that have been conducted on male perspectives regarding their participation in antenatal health care. From the reviewed studies, it is evident that male partner participation in antenatal health care improves the outcome of pregnancy as well as the health of the baby, the mother and the entire family (Jennings et al., 2014; Kaye et al., 2014). Some of the reviewed studies showed that men generally had positive attitudes towards participation in antenatal and PMTCT programmes but suggested that, to ensure they took the test, more information needed to be given to men about HIV and PMTCT (Auvinen et al., 2013).

2.1 Roles of Husbands in Antenatal Care

Men believe that giving financial support to their pregnant women was the only most important role as opposed to participating in antenatal care, which was viewed as a woman's role (Auvinen et al., 2013; Byamugisha et al., 2010). Benkele (2007) in a study conducted in Chipata, Zambia found out that men's roles in antenatal care and PMTCT included supporting their wives during pregnancy, encouraging their wives to regularly attend antenatal clinic and to take the HIV test and taking the HIV test themselves.

2.2 Meaning of Husbands Attending Antenatal Care with their Expectant Wives

Kalulanga et al. (2012) in a study conducted in Malawi found out that men felt being pressurised to participate in antenatal care with their wives purely for PMTCT counselling and HIV testing, interventions whose goal was to promote the health of the mother and child. The study showed that the males felt ignored by the health care providers because men were not allowed to enter the examination rooms even in facilities where privacy was guaranteed. This invited only for the HIV test. Such practices demonstrated that men were not beneficiaries of the services but as a means to get

women to maternal health care services. However, some participants in the same study reasoned that couple HIV counselling and testing gave them the opportunity to know their status and to prepare for the future and know how to take care of the coming baby if found positive. The participants further said that counselling of the couple helped in strengthening the couples' relationship and faithfulness to each other when found negative.

2.3 Factors Facilitating Male Attendance at Antenatal Clinic

The literature review showed that a number of issues motivated men to attend antenatal care with their spouses, among them were knowledge on the importance of attending antenatal care, the desire to know their HIV status, commitment or love between the couple and good communication between the couple. For example, Katz et al. (2009), in a study conducted in Nairobi, Kenya found out that 87 per cent of men who accompanied their partners to the antenatal clinic did so because they wanted to take the HIV test. They further found out that 11 per cent did so because they wanted to access information about HIV or MTCT. Katz et al. (2009) further found out that greater commitment to a female partner increased a man's motivation to participate in Voluntary Counselling and Testing (VCT) and in antenatal care, and having discussed HIV in the past motivated or simplified HIV test-seeking.

Byamugisha et al. (2010) found out in a study conducted in Mbale district, Eastern Uganda that increased access to information, knowledge and awareness facilitated good choices and that men who had heard about PMTCT programme (a component of antenatal care) were two times more likely to get involved in PMTCT activities than those who had not.

Similarly, Benkele (2007) in a study conducted in Chipata, Zambia found out that having knowledge about PMTCT was an important step in promoting male participation and involvement in PMTCT. Kalulanga et al. (2012) and Byamugisha et al. (2010) found out that the practice by health care workers of attending to couples first motivated some men to attend antenatal care with their wives so that their wives are attended to quickly.

2.4 Deterrents to Husbands Attending Antenatal Care

The study showed that men did not attend antenatal clinic because it was not their role as prescribed in social norms. Pregnancy and services provided during antenatal health care were a women's affair (Kalembo et al., 2012; Clark, 2012). Socio-cultural definitions of masculinity made it difficult for men to seek reproductive health information or services (Abass et al., 2012). Larsson et al. (2010) noted that the norm that men should not show weakness, for example, by seeking health care, dictated against men testing for HIV, especially alongside their wives during antenatal health care. Men resisted women's efforts to influence them, including issues of HIV-testing. This was typical of the power structures associated with patriarchal relationship between males and females (Clark, 2012). The community's attitude towards a man who accompanied his wife to antenatal health care was negative. Men who accompany their wives to antenatal health care services were perceived to be dominated by their wives (Nkuoh et al., 2010). As a consequence, the majority of the men avoided attending antenatal health care with their wives due to negative stereotype.

Ditekemena et al. (2012) and Byamugisha et al. (2010) observed in studies conducted in Uganda that, some men's occupations negatively influenced the male participation in the antenatal PMTCT programme. This study explored how employment in the military influenced male participation in antenatal health care.

HIV infection was observed to be highly associated with stigma in many societies. The fact that antenatal health care was linked to HIV testing for the attending couple made some men have second thoughts about participating in antenatal health care with their wives or partners for fear of people getting to know their HIV status and stigmatising them. This compounded the belief by majority of the men that HIV testing was compulsory during antenatal health care (Auvinen et al., 2013; Kalembo et al., 2012; Larsson et al., 2010). Larsson et al. (2010) further observed that lack of integration of HIV care and other health services exposed beneficiaries' HIV status and thus increased the problem of stigma. They noted that people started to notice clients' HIV status because of the specific days they go for checkup and specific areas of health facility they

visited. Some men were very sensitive and would therefore avoid being tested at all costs. They would therefore stay away from antenatal health care which they believed made HIV testing mandatory.

Studies showed that the low quality of health care services such as long waiting time, little involvement of male partners when they attended antenatal health care and the rude behaviour of some health workers were limiting factors for male partner involvement in antenatal health care (Ditekemena et al., 2012; Larsson et al., 2010).

Social economic difficulties and financial constraints were observed to hinder men from participating with their wives or partners in antenatal health care activities (Byamugisha et al., 2010; Ditekemena et al., 2012; Larsson et al., 2010). Using the findings from a qualitative study conducted in Western Kenya by Recce et al. (2010), Ditekemena et al. (2012), observed that, the long distance that men covered in order to attend antenatal health care together with their wives or partners attracted transport costs or opportunistic costs in terms of loss of time necessary for them to engage in economic activities to enable them provide for their families' welfare. This therefore made men to opt not to participate in antenatal health care activities. The men felt it was less costly for their wives to travel alone for antenatal health care instead of going as a couple.

Distance and geographical challenges reduced male partner participation in antenatal health care activities (Auvinen et al., 2013; Byamugisha et al., 2010; Ditekemena et al., 2012). This is because distance brought on board the need for finances to meet transport costs that would not be readily available to some families. Distance was also associated with opportunity costs. For women to attend ANC, they needed to suspend some economic activities. If men too were to accompany their wives for ANC, it meant that more economic activities needed to be suspended and this would negatively be more costly.

Some men were discouraged from attending antenatal health care with their wives or partners because of the harsh behaviour of some health workers. Men felt unwelcomed and disrespected during antenatal health care. In some instances, the health workers mistreated pregnant women and this made men feel uncomfortable and embarrassed

(Auvinen et al., 2013; Byamugisha et al., 2010; Ditekemena et al., 2012; Larsson et al., 2010). Because of this embarrassment, the prospects of men returning for antenatal health care in future diminished. Theuring (2009) notes that men were excluded from entering consultation rooms by health workers and most of the time this was done rudely. Nakamboa (2008) notes that generally, the menfolk seemed to have this idea that the health service providers at the health facilities would rebuke them, especially if they were perceived not to have adequately cared for their spouses.

2.5 Measures to Improve Male Partner Involvement

Katz et al. (2009) documented that men suggested that, encouraging and facilitating discussions regarding HIV and AIDS within relationships through the media and other interventions may increase the number of men accompanying their female partners to antenatal clinics when male VCT is available. Furthermore, it was suggested that re-training of the health-care providers should include customer care skills. The government should provide better remuneration to the health workers and also to build more health units or centres with antenatal care services closer to the local people. Some respondents suggested that midwives should indicate in writing on the antenatal cards informing the men to come with their wives on subsequent ANC visits.

2.6 Summary of main perspectives

The literature reviewed identified several male perspectives on their participation in antenatal care such as; men's roles, the meaning of male participation in antenatal care, motivation for men to participate in antenatal care, deterrents for men to participate in antenatal care and suggested measures to improve male participation in antenatal care. However, the several studies covered were conducted outside military settings and therefore did not adequately address the research problem of husbands' perspectives on being involved in antenatal health care in Military settings. Of particular interest in this setting were the issues of power relations between men and women and particularly within rank and file.

2.7 Study Objectives

2.7.1 General Objective

The general objective of the study was to explore men's personal perspectives regarding their participation in antenatal care services with their expectant wives.

2.7.2 Specific objectives

The specific objectives of the study were:

1. To describe the roles of men in antenatal care.
2. To understand from the point of view of men the motives for participating or not participating in antenatal care.
3. To describe the practice of masculinity in male participation in antenatal care activities.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Study Design

This study used the qualitative research approach, a case study of Arakan Garrison. The approach was best suited for the purpose of the study, that is, to explore the perspectives of men regarding their participation in antenatal care. The research approach was helpful in getting a detailed insight of men's perspectives through the description of variations, explaining relationships and describing individual experiences.

3.1 Study Site

The study was conducted at Arakan Garrison Hospital in Arakan Barracks, located about eight (08) kilometers from Lusaka Main Post Office. The catchment population, including residents of areas surrounding the Barracks was 20,000 (Arakan HMIS Database)**.** Most of the residents were in formal employment. Other economic activities included trading and other small and medium enterprises. This is a Military Hospital and the health care system is managed by the Zambia Army in cooperation with the Ministry of Health, Johns Hopkins Programme for International Education in Gynecology and Obstetrics (JHPIEGO) and Project Concern International (PCI). The study site was purposively selected because it had the most concentration of staff and had all rank categories. It also has many pregnant women attending antenatal care services where male partner participation in antenatal care was low.

3.2 Study Population

The study population comprised military men who resided or worked in the Zambia Army in Arakan Barracks and who at the time of the study had wives who were pregnant and were attending antenatal care at Arakan Garrison Hospital. A total of sixteen military men participated in the study and the rank structure captured included one Major, two Captains, one Lieutenant, three Warrant Officers, four Staff Sergeants, three Sergeants and two Corporals. It is worth noting that during the period of data collection, no wives

of personnel of Lieutenant Colonel Rank and above were found attending antenatal clinic hence none of them were included.

Inclusion Criteria

All military men whose wives were pregnant and were attending antenatal care at Arakan Garrison Hospital.

Exclusion Criteria

Military men who neither worked nor resided in Arakan Garrison.

3.3 Sampling Procedure

Purposive sampling

The study used maximum variation purposive sampling to recruit military men whose wives were pregnant and attending antenatal clinic at Arakan Garrison Hospital. The rank structure available in the Army setup was used to create a sampling frame. Participants (men) who attended antenatal clinic with their wives were enlisted directly at the Garrison Hospital during antenatal clinic. Those who did not attend were identified through their expectant wives as they attended antenatal care sessions. A total of sixteen participants were recruited in the study. Three were recruited directly because they were found at the antenatal clinic while thirteen were recruited through their expectant wives who the researchers gave information sheets and asked for husbands' contact details and were asked to invite their husbands to participate in the study. Of the over thirty information sheets given out, only sixteen participants turned up. The major reason given for failure to turn up was being away on military duties.

3.4 Data Collection Procedure

This study used in-depth interviews (IDIs) with men (both those who participated and those who didn't participate in antenatal care with their wives or partners). An interview schedule was prepared and used during the interviews. Three of the interviews were conducted at the participants' homes, another three at the participants' offices and ten at

the Garrison Hospital. A digital recorder was used to record the discussions but only with permission from the participants that the researcher could use it. Furthermore, observations were made and noted during the interviews and throughout the period of data collection. The principle investigator moderated the interviews and a research assistant took notes.

3.5 Data Processing and Analysis

Data preparation and organisation were done immediately after each interview. This involved ensuring that interviews, notes and participants were properly labeled for easy management of the collected data. Labeling involved using codes to prevent the revelation of participants' identity. Audio files were marked with codes together with all notes made during the interviews. No names were included to avoid linking to any participant. A verbatim transcription was done on the collected data. Interviews or sections thereof done in local languages were translated into English language.

Data analysis was guided by the framework analysis approach. The framework provides systematic and visible stages to the analysis process including, familiarisation, identification of the thematic framework, indexing and finally, mapping and interpretation (Lacey and Luff, 2009). In the first stage, audio recordings were listened to several times and transcribed in verbatim. This was followed by reading through the transcribed scripts several times to gain an understanding of the collected data. In the next stage, a thematic framework was identified through initial coding of the collected data. Indexing was later done and this involved the application of thematic framework to data using numerical and contextual codes to identify specific pieces of data which corresponded to differing themes. This was done by designing a table that listed all identified codes and which participant brought out those codes. Finally, in the mapping and interpretation stage, a search was done for patterns, associations, concepts and explanations in the data.

Table 3 below shows the sub-themes, categories and themes that were generated after analysis of the collected data.

Table 3: Selected Sub-themes, Categories and Themes

Sub-themes	Categories	Themes
Provision of necessities during pregnancy	Views on roles of men in antenatal care	Roles of men in antenatal care
Acquiring information on pregnancy and needed care		
Providing physical and emotional support to wife		
Knowing what pregnant women go through	Views on meaning of men attending antennal clinic	Meaning of men attending antenatal clinic
Expression of love and care		
Collective responsibility		
Opportunity for learning		
Deprivation of privacy		
Barrier to appropriate care		
Knowledge of importance of attending ANC	Enabling factors	Motivation for men to attend or not attend antenatal care with their wives
Desire to get information about pregnancy and care		
Desire to have a healthy mother and baby		
Privileges given to those who attend as couples		
Desire to be part of decision making		
Desire to be a responsible father		
Military operations	Deterring factors	
Not knowing that men also need to attend ANC		
Belief that presence of husband interferes with care		
Fear of HIV test		
Feminine environment		
Female health workers		

3.6 Ethical Considerations

Several issues in relation to the three ethical principles were anticipated to be encountered during the conduct of the study. The anticipated ethical issues included consent, confidentiality, possible risks, benefits and fairness. The ethical issues were addressed as indicated below. Furthermore, ethical clearance was granted by ERES Converge ERB (Ref. No. 24 May 2014) and authority was granted by Zambia Army Medical Services Branch for the study to be conducted in Arakan Barracks.

3.6.1 Informed Consent

The study was explained to the participants and written informed consent was sought from the study participants before they took part in the study. Those not willing to take part did not do so. Those who felt like discontinuing the interview mid-way were free to do so and those who felt like not answering some of the questions were free not to answer. Participants were not deceived or forced to take part in the study. It was clearly explained to them that whether they agreed or refused to take part in the study their access to health care would not in any way be affected.

3.6.2 Confidentiality

In order to ensure participants' confidentiality, no names or personal identities were included in any recording or transcribed scripts. Identification of participants was only done through numerical codes. The interviews were conducted in private spaces within the health facility or in any place preferred by the participants to ensure both confidentiality and openness.

3.6.3 Risks

The study involved sexual reproductive issues which were very personal**.** Some participants felt uncomfortable discussing some of the sensitive issues. In order to address this risk, participants were notified that they were free not to answer any of the questions that they were not comfortable with.

3.6.4 Benefits

There were no direct benefits to the participants for taking part in the study. However, the findings of the study were to benefit the entire community because more knowledge was to be generated on the male partner participation in antenatal care which would be used to improve their participation.

3.6.5 Fairness

All eligible research participants were given an equal chance to participate or decline. Those who opted out of the study were not subjected to unfair treatment on account of not taking part in the study.

CHAPTER FOUR

RESEARCH FINDINGS

4.0 Introduction

This Chapter begins with the description of the social-demographic characteristics of the study participants. It further describes the major themes which emerged from the interviews with the husbands of pregnant women attending antenatal care at Arakan Garrison Hospital regarding their perspectives on participation in antenatal care with their wives. The major themes that emerged include men's roles in antenatal care, meaning of participation in antenatal care, motivation to attend antenatal care, deterrents to participation in antenatal care and experiences during participation.

4.1 Social-demographic Characteristics of Enlisted Participants

All the participants in the study were male military personnel whose wives were pregnant at the time and attended Arakan Garrison Hospital for antenatal care. The level of education for the participant ranged from a minimum of Grade 9 to tertiary level (Diploma). The length of marriage ranged from eight months to nineteen years. The number of children the participants had ranged from zero to six. Table 2 indicates the social demographic characteristics of the study participants.

Note that participant number 7 despite not having any child was enlisted because his wife was expectant and attended Arakan Garrison Hospital for antenatal care.

Table 3: Social-Demographic Characteristics of Study Participants

	Age (Years)	Educational Level	Length of Marriage	No. of Children	Attendance at ANC
Participant 1	43	Grade 9	11 Years	04	No
Participant 2	29	Tertiary (Diploma)	02 Years	01	Yes
Participant 3	43	Grade 12	01 Year with current wife 17 years with deceased wife	06	Yes
Participant 4	44	Grade 9	16 Years	04	No
Participant 5	36	Grade 12	07 Years	03	yes
Participant 6	45	Grade 12	07 Years	02	Yes
Participant 7	27	Tertiary (Diploma)	08 Months	Nil	No
Participant 8	42	Tertiary (Diploma)	12 years	03	Yes
Participant 9	37	Grade 12	11 years	02	No
Participant 10	35	Tertiary (Diploma)	07 years	01	Yes
Participant 11	44	Grade 10	10 years	04	Yes
Participant 12	45	Grade 10	1st wife – 07 years 2nd wife 04 years	03	No
Participant 13	44	Grade 9	19 years	05	No
Participant 14	37	Grade 9	15 years	03	No
Participant 15	41	Tertiary (Diploma)	05 years	02	Yes
Participant 16	33	Grade 12	05 years	O2	Yes

4.2 Roles of Men in Antenatal Care

The participants were asked to explain what roles husbands had to play in antenatal care. They brought out a number of issues as men's roles in antenatal care such as acquiring information on pregnancy and needed care, provision of necessities during pregnancy and provision of physical and emotional support to the wife during pregnancy.

Provision of Necessities During Pregnancy

Half of the participants felt that it was the men's role to provide necessities for healthy pregnancy such as food, appropriate clothing, shelter and other things so that the pregnant woman can remain healthy and comfortable during pregnancy.

> *There are certain requirements that we need to provide during pregnancy as well as during labour… you know… when a woman is pregnant there are certain things she needs… she needs adequate food and she may easily get tired so you need to help her out with home chores* (Participant No. 10, who occasionally attended ANC).

Acquiring information on Pregnancy and Needed Care

Majority of participants indicated that it was the husband's role to acquire information on pregnancy and needed care in order to promote a safe pregnancy. It was emphasised that it was the husbands' role to learn how to care for their expecting wives and to know the danger signs in pregnancy and what to do in case of an emergency. The acquired information was also to be used in monitoring the health of both the mother and the baby.

> *Men should be keen so that they learn more about antenatal so that they will in turn be able to take care of their wives even when the medical people are not there* (Participant No. 15, a married man who regularly attended ANC).

Providing Physical and Emotional Support to the Wife during Pregnancy

Some participants indicated that it was the men's role to provide support to their pregnant wives by seeing to it that they cared for pregnant women because faced a lot of challenges arising from the pregnancy. They observed that a pregnant woman felt loved and cared for when the husband took time to go with her to antenatal clinic as stated by one of the participants when they said:

> *I want to give emotional support to my wife. This is very important because when a woman is pregnant, she goes through a lot of stress therefore it is important that I help her get over that stress. Small things like going with her to the clinic make her feel that you love her… that you care about her and this is very good for her* (Participant No. 10, a married man who occasionally attended ANC).

4.3 Meaning of Men Participating in ANC with their Wives

The participants were asked to explain in their view what it meant for men to attend antenatal care with their wives. Males attending antenatal clinic meant different things to

the participants including knowing what the pregnant women went through during pregnancy, helping the pregnant wife physically and emotionally, monitoring personal health and that of mother and baby, expression of love and care, commitment and collective responsibility and also it was an opportunity for learning. Some participants felt that a husband attending antenatal care with the wife deprived the wife as well as health care providers the privacy needed during the physical examination. Furthermore, some participants felt that males attending antenatal care was a barrier to the provision and receipt of appropriate care.

Knowing What Pregnant Wife goes Through

Most of the participants understood male participation in antenatal care to mean an opportunity for men to know what their wives went through when they were pregnant. It was generally felt that the burden that women carried during pregnancy was very under-estimated and that male attendance would help them understand and support their pregnant wives more. Male attendance was seen as an opportunity for men to encourage their wives during pregnancy because pregnancy was quite stressful to women.

> *It is important that we attend antenatal clinic together so that we can know what problems they [pregnant women] face and what they require* (Participant No. 1, a married man who regularly escorted the wife to ANC but always remained outside).

Love, Commitment and Collective Responsibility

Some participants explained that attendance of antenatal clinic was an expression of love and commitment and that it provided an opportunity for collective responsibility. By participating in antenatal care, the husband readily participated in decision making regarding antenatal care. It was emphasised that when an expectant mother experienced love from her husband, both her wellbeing and that of the unborn child were enhanced tremendously and that the opposite resulted in adverse outcomes such as miscarriages and abortions.

> *Ah… to me going with my woman to antenatal care is a sign of commitment… just to know the general wellbeing… some of the complications women face*

during pregnancy are as a result of negative feelings because maybe the wife feels neglected by the husband… you know even the miscarriage issue…if the man is not contributing positively while the woman is pregnant, such happens because it's a trauma (Participant No. 2, a newly married man who regularly attended ANC).

Opportunity for Learning

Some participants indicated that attendance of antenatal clinic accorded men an opportunity for them to learn various aspects of antenatal care. They saw this as important because collective effort was necessary to ensure good health for the expectant mother and the unborn baby. They intimated that knowledge was power and only enlightened husbands could adequately support their expectant wives through the pregnancy. They noted that lack of information about antenatal care among husbands was the reason for many misunderstandings on the needed care. For example, one participant when asked what his views were about husbands participating in antenatal care had this to say:

It is a good development. Now us men we understand what a pregnant woman goes through. We learn how to care for them. We learn about what to look out for… that is, the danger signs and what to do in case of any problem (Participant No. 11, a married man who regularly attended ANC).

Deprivation of Privacy

Some participants understood male attendance at antenatal clinic as an unnecessary idea and that male attendance deprived pregnant women of their privacy when they were being attended to. One participant, when asked what his views were on the idea of husbands attending antenatal clinic together with their expectant wives, said:

Is it not… eh… is it not … what can I say… is it not confidential? Confidential in terms of the people who are attending to her or is it not restricted? The way women explain to us, as if me I am not supposed to be there. So I don't think it is necessary for me to go there… but I can be there quite alright… waiting for her

*to be screened and whatever is happening… but not me being where she is screened from"(*Participant No. 9, a married man who never attended ANC and who strongly felt that it was unnecessary for men to attend ANC).

Barrier to Appropriate Care

Some participants indicated that the presence of a husband at the antenatal clinic when the wife was being attended to was a barrier to effective health service delivery because there was a likelihood for the pregnant woman to be uncomfortable answering certain sensitive questions asked by the health care provider and indeed the health care provider also felt uncomfortable asking certain sensitive questions in the presence of the husband. One participant, when asked why he almost always accompanied his wife to antenatal clinic yet he always remained outside, said:

> *You see… there are some issues… whereby when the doctor is talking to the woman, the woman may not be comfortable when the husband is present and maybe there is something that the doctor may also not be confortable asking the woman certain questions in the presence of her husband. So it is better to stay outside* (Participant No. 1, who regularly escorted the wife to ANC but always remained outside).

4.4 Factors Facilitating Participation in Antenatal Care

The participants who had ever attended antenatal care with their wives, were asked about what motivated them to do so. The motivators included knowing the importance of male participation in antenatal care, desire to get information about pregnancy and the needed care, desire to have a healthy mother and baby, privileges that are given to those who attend as a couple, desire to be part of decision making and being a responsible father.

Knowledge of the Importance of Attending Antenatal Care with the Wife

Some participants indicated that they were motivated to attend antenatal clinic with their pregnant wives by the knowledge they acquired on the importance of attending antenatal clinic with their wives. They indicated that they were aware of the benefits of attending antenatal clinic with their spouses. They noted that doing so [attending ANC with their spouses] lightened the burden that their spouses were carried by virtue of being pregnant.

The burden was a shared responsibility when people attended antenatal care as couples. Instructions given at antenatal clinic became easier to adhere to when people attended as couples.

> *Me… I attend antenatal with my wife because I am conversant with the importance of doing so… you learn how to care for you wife… and also you help you wife to cope [with the pregnancy]* (Participant No. 15, who regularly attended ANC)

Desire to Get Information about Pregnancy and Other Health Issues

Some participants said that they were motivated to attend antenatal clinic with their wives because they wanted to learn how to care for their expectant wives appropriately and that this information was available at antenatal clinic.

> *What has encouraged me to come with my wife is… the things which these people at the hospital teach us about health matters… because there are a lot of things which these people at the hospital teach us in terms of health matters… how to keep your wife when she is pregnant… maybe she is sick, the way you may help her* (Participant No. 3, who regularly attended ANC).

Desire to have a Healthy Mother and Baby

Some participants indicated that they were motivated to attend antenatal clinic with their expectant wives by the desire to have a healthy mother and baby. They were of the view that the antenatal clinic provided necessary information on how to improve and or maintain the health of the baby and the mother as one participant stated:

> *Ah this is… eh… to me… what motivates me most is that I want to see that the baby is born in good health… even afterwards not to stop from the … eh… because the issue of care should not end at delivery. I want a situation where even I as the father of the child I take the baby to under-five clinic and my wife remains doing other house chores* (Participant No. 7, who was married for 8 months, missed the first ANC visit but was eager to attend the subsequent ones).

Privileges that are Given to those Who Attend as a Couple

Some participants were motivated by the privileges that those who attend antenatal clinic as a couple received. They said that those who attended as a couple were given special treatment, for example, they were the first ones to be attended to.

> *Mmm… first like I said, what motivates me to come with my wife to antenatal care is the privilege that they are giving… like some clinics they always request for those who come as a couple to be attended to first… that thing has motivated me not to be… my wife not to be delayed much when she comes for antenatal care* (Participant No. 8, who regularly attended ANC).

Desire to be Part of Decision Making

One participant was motivated to attend antenatal care by the need to be part of decision making process. He noted that it became difficult to make timely decisions on the needed care if the husband was not available at the clinic at the time the decision needed to be made.

> *When she gave birth, the baby died… and what they discovered was that the child was too big… it weighed 4kg and she gave birth through the normal way and they were saying that she should have delivered by caesarian section. What surprised me was that the medical personnel were monitoring her but they did not advise that this was what was supposed to be done then. From that day on, I got interested. I said if these people won't make the decision, I have to make it myself and I have to be involved* (Participant No. 15, who regularly attended ANC).

Desire to be a Responsible Father

Other participants were motivated by the need to be responsible as husbands by seeing to it that their wives and the unborn children got the best care possible.

> *The other thing is that it is just good to be a responsible parent. You know… where your wife is pregnant and she's going to the hospital you*

are proud to be a father and you just need to be there for your child (Participant No. 15, who regularly attended ANC).

4.5 Deterrents to Attending Antenatal Care

Participants who had never attended antenatal care with their wives were asked to explain what prevented them from doing so. The responses included military operations, not knowing that men needed to attend, belief that women and/or health workers would be uncomfortable and fear of HIV test.

Military Operations

The major deterrent to attending antenatal care with the wife that was discussed was the issue of being away from home most of the time on military operations. Most of the participants stayed away from home most part of their military career life. They go for various military operations such as local safeguard operations and international operation under the auspices of the United Nations Organisation.

> *Being a military man, most of the time I am out on operations hence I couldn't come with my wife those times that I was out* (Participant No. 6, a married man who occasionally attended ANC).

Not Knowing that Men Needed to Attend

Another prominent deterrent was not knowing that men also needed to attend antenatal care with their wives. Most of the participants indicated that the status quo was for women alone to attend antenatal care and some of the women actually showed surprise when they saw men accompanying their wives to the clinic.

> *Okay this time when she fell pregnant and came to the antenatal clinic that's when she told me that we need to come together. Otherwise, before that I didn't know that men also need to attend antenatal* (Participant No. 4, a married man who never attended ANC).

Fear of HIV Test

Some participants feared to be tested for HIV with their spouses thinking it could be a source of misunderstanding in the home. According to some participants this fear was worsened by the fact that most of the men got involved into sexual relationships during the periods they were engaged in military operations. They therefore feared to test with their spouses in case they had acquired HIV because that would be a serious source of misunderstandings in the home.

> *At first I was scared… I thought that maybe they would start asking me about my status [HIV status] so I was like… let me just wait… at first she told me to come to the hospital but I was scared until I was encouraged by my boss at work* (Participant No. 5, who only attended ANC once).

Belief that Women and or Health Workers would be Uncomfortable

Some men also thought that women would be uncomfortable to be attended to by health workers in the presence of their husbands. They also thought that health workers would be uncomfortable to attend to pregnant women in the presence of husbands. This belief arose from the fact that for a long time antenatal care was a woman's issue, it was a private affair and as such the presence of the husband would interfere with the process.

> *You see… there are some issues... whereby when the doctor is talking to the woman, the woman may not be comfortable when the husband is present and maybe there is something that the doctor may also not be confortable asking the woman certain questions in the presence of her husband. So it is better to stay outside* (Participant No. 1, who regularly escorted the wife to ANC but always remained outside).

Feminine Environment

It was explained that men felt uncomfortable to be in the presence of many pregnant women and they felt out of place especially if they stayed there for a long time. Some of the participants however indicated that they still attended the clinics despite that discomfort they experienced because it was important that they attended with their

spouses. They said the situation needed to improve by encouraging more husbands to attend with their spouses. They said that way, male participation would begin to be seen as a normal thing.

> *Ah… I was feeling shy until my wife was called inside by the nurse… the nurse also said you call your husband but I was feeling shy to go inside… I thought maybe there was… those women could look at me that there is a problem maybe that is why he has come* (Participant No. 5, a married man who only attended ANC once on invitation by a nurse).

Female Health Workers

Most of the men said it was normal for them to be attended to by female health workers. They said the female health workers were qualified to attend to them since they were trained in that field. They also explained that women were better placed to teach about issues related to pregnancy since they were the ones who fell pregnant unlike men who could only give hearsay information. However, one man also expressed a feeling of discomfort on the idea of being attended to by women health care providers although his concern did not relate to antenatal care but with male circumcision.

> *Ah… me… of course you may feel uncomfortable but like I said earlier on, when it comes to issues of health, they are actually more important than even having money. But if there can be a situation where they can be put two [a male and a female] it can be better. In fact, it is not only at antenatal clinic but all departments. For example, when I went for circumcision, the first person I saw was a man. He then directed me to a room where I found women and that somehow disturbed me… being worked on by women* (Participant No. 7).

CHAPTER FIVE

DISCUSSIONS ON THE FINDINGS

5.0 Introduction

The study aimed to understand from the point of view of men the meaning of participation at antenatal clinic, to describe the men's roles in antenatal care, to understand from the point of view of men the motives for participating or not participating in antenatal care and to describe the practice of masculinity in antenatal care activities. The paragraph below summarises the major findings of the study.

In terms of the "*roles of men in antenatal care*" the study identified the following: provision of necessities during pregnancy, acquiring information on pregnancy and the needed care and provision of social and financial support to the wife during pregnancy. Concerning the issue of "*the meaning of men attending antenatal clinic*", this study showed that it means; knowing what the pregnant women went through during pregnancy, helping the pregnant wife physically and emotionally, expression of love, commitment and collective responsibility, an opportunity for learning and to a few participants, amounted to deprivation of privacy for the pregnant women.

In terms of "*what motivates men to attend or not to attend antenatal care with their wives*", motivators included knowing the importance of male participation in antenatal care, desire to have a healthy mother and baby, love for the wife, desire to learn about pregnancy and the needed care, privileges that were given to those who attended as a couple and the desire to be part of decision making process and being a responsible father. On the other hand, deterrents included military operations, not knowing that men needed to attend, fear of HIV test, belief that women and/or health workers would be uncomfortable if the husband was also present during screening.

Relating to "*practice of masculinity in antenatal care*", the study showed that; almost all of the men who attended antenatal clinic felt out of place in the presence of many pregnant women (feminine environment). Some men suggested that when more men

were encouraged to attend the clinic, it would improve the environment there because male attendance would begin to be seen as a normal thing. Almost all the men indicated that it was normal for women to be in charge at antenatal clinic and for them to teach and give other instructions on how to care for a pregnant woman.

The study showed that, men understood that the roles they had to play when their wives were pregnant. However, to some of the men, the roles did not include attending antenatal care at the clinic. Although military men were viewed to be highly patriarchal especially with their hierarchical nature, the study showed that they were more cooperative and supportive especially on health issues. They were willing to forgo their status and ranks when it comes to health issues. The view that military men did not value activities like antenatal care was misplaced and in fact, this study showed that the military system valued issues of health and family welfare a lot. Military operations were identified as the major hindrance to some husbands participating in antenatal care. However, nothing much could be done in that area because military operations needed to continue in order to safeguard territorial integrity and also to fulfill their national obligations in terms of international military operations under the auspices of the United Nations Organisation security wing and the African Union.

5.1 Roles of Men in Antenatal Care

The study identified various men's roles in antenatal care such as the provision of necessities during pregnancy, acquiring information on pregnancy and the needed care and provision of social and financial support to the wife during pregnancy.

The study showed that it was the role of men to acquire information about safe motherhood and to monitor the health of their wives and that of the unborn babies and to prevent endangering the health of the family. Husbands needed to know what medications were prescribed for their expectant wives and their possible side effects. They need to ensure that the medication was taken as prescribed. In short, men needed to be actively involved in the welfare of their pregnant wives. The findings were in line with the findings of Theuring and others (2009), who assessed male attitudes regarding partner involvement into ANC and PMTCT services in Mbeya Region in Tanzania. They found

out that the health of the pregnant woman was not only a role for the woman alone but that of the entire community in general and also for the husband in particular. It is worth noting that both Zambia and Tanzania fall in the sub-Sahara Region and generally share the same cultural background and the similar findings are attributed to this.

The study showed that it was the men's role to provide necessities such as food, appropriate clothing, shelter and other things so that the pregnant woman can remain healthy and comfortable during pregnancy. Ikalany (2011) had similar findings in her study in Uganda where she found out that most men felt that their work was to buy food, clothes and ensure that there was shelter for the baby and mother. The similar findings could be attributed to the fact that the people of Zambia and Uganda all belong to the Bantu-speaking people who share a lot in terms of cultural orientation.

5.2 Meaning of Men Attending ANC with their Wives

Male participation at antenatal clinic meant different things among them knowing what the pregnant women went through during pregnancy, helping the pregnant wife physically and emotionally, monitoring personal health and that of mother and baby, expression of love, commitment and collective responsibility, an opportunity for learning and lastly, deprivation of privacy for the pregnant women.

Relating to helping the pregnant wife, the study showed that male participation meant men helping their wives to cope with the pregnancy. Pregnancy was stressful to most women and they can't cope with it alone. They needed support ranging from physical help (especially that they get tired easily) to emotional and psychological support. This finding was consistent with the findings by Ikalany (2011) who conducted a qualitative study in Uganda. In her study, male participation in PMTCT included male participation in PMTCT core activities such health education sessions, HIV Counselling and testing in antenatal clinics with their partners, support to pregnant wives or sexual partners during pregnancy and after the birth of the baby.

The study showed that male participation at antenatal clinic was an expression of love and commitment. It provided an opportunity for collective responsibility. This finding

was in line with that of Alio et al. (2013) and Kalulanga et al. (2012) in qualitative studies they conducted in USA and Mwanza district of Malawi respectively. They observed that an association existed between husbands accompanying their wives to the antenatal clinic and the quality of intimate relationship that existed between them. This finding was interesting because it cut across cultures as can be seen from the fact that qualitative studies conducted in Africa and America had similar findings.

The study showed that male participation at antenatal clinic accorded men an opportunity to learn various aspects of antenatal care. This was important because collective effort is necessary to ensure good health for the expectant mother and the unborn baby. Knowledge was power and only enlightened husbands could adequately support their expectant wives through the pregnancy. This finding is similar to the findings by Ikalany (2011) who noted that male participation included among other things male partners attending women's education sessions in antenatal clinics as well attending counselling and HIV education sessions in order to have an understanding of pregnancy related issues.

In terms of deprivation of privacy, the study showed that males' participation at antenatal clinic was seen by some people to be unnecessary and that it only deprived pregnant women of privacy when they were being attended to. The finding was similar to that of Byamugisha and others (2010) in a study they conducted in Eastern Uganda where respondents indicated that it was not good to invade the privacy of their wives at antenatal clinic but it was fine to see their privacy at home. Kalulanga et al. (2012) had similar findings in a study conducted in Malawi and they further noted that some women viewed male participation in pregnancy as a "foreign concept" and synonymous with an infringement on "territory they did not want men to invade". This suggested that whereas male participation at antenatal clinic was acceptable in western countries (Kalulanga et al., 2012), in sub-Sahara Region this was strange and generally unacceptable.

5.3 Factors Facilitating Participation in Antenatal Care

The factors that facilitated for male participation in antenatal care included knowing the importance of male participation in antenatal care, desire to have a healthy mother and

baby, desire to learn about pregnancy and the needed care, privileges that were given to those who attended as a couple, desire to be part of decision making and being a responsible father.

The study showed that men were motivated to participate in antenatal care by the desire to learn how to care for their expectant wives appropriately. Men with this desire were aware that information on how to care for their wives was available at antenatal clinic. The importance of this aspect was echoed by Ditekemena and others (2012) who noted that providing suitable medical information to men had several important consequences, for example, well informed men were more likely to participate positively in decision-making for the wellbeing of the couple.

The study also showed that the privileges that those who attended antenatal clinic as a couple received were also a source of motivation for some men to attend antenatal clinic with their wives. Those who attended the clinic as a couple were given special treatment, for example, they were the first ones to be attended to. This was contrary to the findings of a qualitative study conducted by Larsson et al. in Uganda from 2008 to 2009, which showed that men were discouraged to attend antenatal care because of the rude behaviour exhibited by health workers towards the couple or a member of the couple. The settings could have been different hence, the attitudes of health workers were different. It could be that the conditions of service for the two settings are different. Also, the work load could be more in the study site for Larsson et al. and as such the health workers viewed male attendance as an extra load hence the negative attitude towards them.

The study showed that some participants were motivated to attend antenatal care by the need to be part of decision making process. This was a very important component of safe motherhood according to Walston (2005) who noted that the potential benefits of men's participation included among other things, joint and informed decision-making within the household. It was noted that, it became difficult to make timely decisions on the needed care if the husband was not available at the clinic at the time the decision needed to be made.

Desire to support their pregnant wives was also a source of motivation for men to attend antenatal clinic with them. The study suggested that a pregnant woman felt loved and cared for when the husband took time to go with her to antenatal clinic. This finding was consistent with that of Alio et al. (2013) who noted that an active father cared about his pregnant wife and provided physical and emotional support to the woman carrying his child. This was an interesting finding because despite the differences in settings (Africa and America), the findings were consistent.

The study showed that the importance that some men attached to participating in antenatal care with their wives motivated them to do so. Attending antenatal clinic with their spouses lightened the burden that their spouses carried by virtue of being pregnant. Instructions that were given at antenatal clinic became easier to adhere to when people attended as couples. This was consistent with the findings of Teheyo et al. (2010) in a study conducted in Gulu, Northern Uganda where they noted that male partners who had reasonable knowledge of services offered at antenatal clinic as well as the importance of attending antenatal care were significantly more likely to attend with their wives.

From the researcher's observation and also from the responses from the respondents, it was evident that there is some level of institutional support for male attendance at antenatal clinic. This was because some participants indicated that they could go with their wives as long as they sought prior permission. It was evident that in the Army, issues of health for troops and their families were considered to be very important. This was in line with the concept of military family readiness as discussed by Kennedy et al. (2009) in a qualitative study they conducted in military settings in the United States of America. They noted that if a member of the military wing was distracted about his or her family's quality of life, then his efficiency and productivity were greatly compromised.

5.4 Deterrents to Attending Antenatal Care

The major deterrent to attending antenatal care with the wife was the issue of being away from home most of the time on military operations. Most of the military men stayed away from home most part of their military career life. They went for various military operations such as local safeguard operations and international operation under the

auspices of the United Nations Organisation security wing. This finding was consistent with the findings of Ditekemena and others (2010) in a review they conducted which showed that some occupations made it difficult for men to participate in antenatal care. Although they only identified occupations like taxi drivers and motor cycle taxi (bodaboda) drivers, it was the view of the researchers that even military career was also a deterrent factor in male attendance at antenatal clinic. Katz et al. (2009) also had similar findings in the study they conducted in Nairobi, Kenya where the majority of the participants cited work commitments as the reason for failure by husbands to attend antenatal clinic with their expectant wives.

Another prominent deterrent factor was not knowing that men also needed to attend antenatal care with their wives. This finding was similar to that of Theuring and others (2009) in a study they conducted in Tanzania where they found out that 49 per cent of respondents indicated that they did not attend antenatal clinic with their spouses because they did not know that they also needed to attend. The finding was also in line with that of Auvinen et al. (2013) who found out that husbands thought that providing necessary financial requirements was all they needed to do, not also attending antenatal clinic. Ikalany (2011) and Kwambai et al. (2013) on the same issue noted that most of the men normally assigned going to the hospital as a woman's work because of the caring role believed to be the responsibility of the woman while the man concentrated on the role of provider. This finding showed that people in the sub-Sahara region generally attached specific roles to each gender and therefore, any behaviour outside the social norm was viewed as deviant.

The study showed that some participants feared to be tested for HIV with their spouses thinking it could be a source of misunderstanding in the home. This finding was consistent with that of Theuring and others (2009) in a study conducted in Tanzania where they found out that 20 per cent of the men did not attend antenatal clinic with their wives for fear of testing for HIV together. According to some participants, this fear was worsened by the fact that most of the men got involved nto sexual relationships during the periods they were engaged in military operations. They therefore feared to test with their spouses in case they were found positive.

The study showed that some men also thought that women were uncomfortable to be attended to by health workers in the presence of their husbands. They also thought that health workers were uncomfortable to attend to pregnant women in the presence of their husbands. This belief arose from the fact that for a long time, antenatal care was a woman's issue, it was a private affair and as such the presence of the husband would interfere with the process. The finding was similar to that of Byamugisha and others (2010) in a study they conducted in Eastern Uganda where respondents indicated that it was not good to invade the privacy of their wives at antenatal clinic but it was fine to see their privacy at home. This however was contrary to the findings of Mullick and others (2005) in a study they conducted in Kwazulu Natal in South Africa which showed that women desired to have their husbands attend antenatal care with them so that they could understand the process. However, on the aspect of health workers being uncomfortable attending to a pregnant woman in the presence of her husband, similar findings were recorded in the study by Mullick and others.

5.5 Practices of Masculinity in Antenatal Care

In terms of the feminine environment, the study showed that some men felt uncomfortable in the presence of many pregnant women and they felt out of place especially if they stayed there for a long time. This finding was similar to what Walston, (2005) found out in a qualitative study conducted in Cambodia, a highly patriarchal society, where men were uncomfortable with the women-oriented environment at sexual-reproductive clinics. They said the situation needed to improve by encouraging more husbands to attend with their spouses. They said that way, male participation would begin to be seen as a normal thing.

In terms of female health workers taking up the role of teaching and generally being in charge at most of the antenatal clinics, the study showed that men saw it normal to be attended to by female health workers. Female health workers were qualified to attend to them since they were professionally trained in that field. Women were better placed to teach about issues related to pregnancy since they are the ones who fall pregnant unlike men who can only give hearsay information. This finding was contrary to the findings by

Ikalany (2011) who noted that, men in the process of being taught by female nurses, being asked for answers they didn't know, made them feel uncomfortable because it portrayed them as not knowing anything and yet admitted that they also didn't know some things. This implied the lack of power which forced them into the position of a 'learner', a subservient and unmanly trait they did not like to be associated with. Furthermore, the findings were contrary to those of Jennings et al. (2014) in a study conducted in eight sub-Saharan countries where they noted that low male representation among staff was shown to be discouraging men's participation. This variation could possibly be as a result of the different settings that is, military and non-military settings, especially with the common practice in most military training institutions where instructors of lower ranks were able to teach students of higher ranks in some subjects. Furthermore, in military settings, the issue of 'this one is male that one is female' was not very much pronounced. A superior person was superior whether female or male, whether younger or older than you.

Interestingly though, the study showed that men could freely test for HIV with their wives contrary to the findings by Ikalany (2011) who noted that a lot of husbands were not willing to test with their wives due to masculinity issues. She noted that, most men thought that being tested and being found HIV positive and later developing AIDS would be a big threat to a man's sense of masculinity while the mere fact of being ill is seen as belittling a man's sense of manhood and role as head of household and a sign of a man being unable to control his sexuality. Thus, many men either ignored going for HIV test especially with their wives or sexual partners, or if they tested, they hid their HIV results status from their wives and did not seek treatment as a result. This contrary finding could be attributed to the different settings involved. Furthermore, a considerable amount of time passed between the Ikalany study and this one. More information was now available to the communities about the benefits of knowing one's HIV status generally, and particularly for an expectant couple to know their HIV status in order to safeguard the health of the baby.

5.6 Limitations of the Study

Firstly, a more general limitation concerned the generalisability of the findings. This study was conducted in one setting with a small sample of respondents drawn from one study site. It was aimed at generating in-depth insights into the perspectives of husbands of pregnant women concerning their participation in antenatal care. The findings may therefore not be representative of other settings. Similar studies are therefore warranted in other settings for comparability of findings. Furthermore, quantitative research will need to be done using the themes and sub-themes generated by this study as variables in order to be able to generalise the findings.

Secondly, the principle researcher is a health worker in the Zambia Army and of a superior rank to the majority of the respondents hence, there could be chances that some respondents could have brought out perspectives they felt were what the researcher wanted to hear. However, to mitigate this problem, the researcher conducted all the interviews in civilian attire. Furthermore, the participants were always reassured that participation in the study and the responses they gave would not in any way attract any punitive action.

5.7 Significance of the Study

This was probably the first study conducted in a military setting in Zambia in the area of male participation in antenatal care. This was an area (military setting) which is not easily researchable due to its restrictive nature. The study therefore provided the necessary evidence to guide policy formulation in the Zambia Army as regards safe motherhood.

The study outlined the perspectives of men in uniform concerning their being involved in antenatal care. This would help health care workers to understand the intricacies of male partner participation in antenatal care. This was a complex phenomenon which could be addressed haphazardly but required a clear understanding of the issues at play.

The study is rich in its methodology and describes a step-by-step process of how things were done. Future researchers can follow this path. It sets the stage for quantitative researchers to conduct studies with larger samples which can be used to generalise findings. The quantitative researchers can use the themes and sub themes generated by this study as variables for their studies.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The aim of this study was to explore the perspectives of men (particularly husbands of expecting mothers) regarding their being involved in antenatal care services. The study found out that military men in Arakan Barracks were willing to participate in antenatal care but generally faced some challenges, the major one being the fact that they were usually away on military duties, especially military operations. The other challenge was that some men were not aware of the importance of attending antenatal care with their wives.

The study has practical implications at Command level, whose responsibility it is to formulate policy. It will enable command promulgate evidence based policies relating to male participation in antenatal care. It also has practical implications at Army Medical Services Branch and the health facility levels. This will aid the Branch and the health facility to plan and implement activities that are responsive to the expectations of the beneficiaries (community). In terms of academic implications, the study has added to existing body of knowledge on what made men keen or not keen to attend antenatal care with their pregnant wives. This knowledge is useful in coming up with intervention measures to improve male partner participation in antenatal care. The study has also added to existing knowledge themes and sub-themes which can be used in future research by quantitative researchers as variables to be investigated.

6.2 Recommendations

In terms of the field of Health Promotion, it is recommended that health promotion activities are embarked on by Medical Services Branch, targeting military men as well as command structures at all levels. The activities should aim at increasing awareness of the importance of male participation at antenatal clinic and should involve holding *indabas* with men to discuss the benefits and challenges of male participation in antenatal care.

Furthermore, theatre for development strategy should be employed to sensitise the entire Barrack community on male participation in antenatal care. In terms of policy formulation, it is recommended that command promulgates policy that will support men to attend antenatal clinic with their wives. Furthermore, it is recommended that adequate human resource be made available so that the waiting time during antenatal care can be minimised. In terms of future research, it is recommended that quantitative studies be conducted using codes, categories and themes generated by this study as variables so as to achieve generalisation which is lacking in the study.

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APPENDICES

Appendix 1

Information Sheet for Participants

TITLE: Men's Perspectives on Male Participation in Antenatal Health Care with their Expectant Wives at Arakan Garrison Hospital in Lusaka

INTRODUCTION

Greetings!

My name is **Hamalambo MULOONGO** and this is **[**name of Research Assistant**]**. I am a student at the University of Zambia, Department of Public Health.

I will read to you the consent form which explains the research study you are being asked to participate in. Please, feel free to ask any questions before you agree to participate. You may also ask questions at any time after agreeing to participate in the study.

PURPOSE OF STUDY

The study will be conducted by myself, a student at the University of Zambia, School of Medicine. The purpose of the study is to find out the **views men have about them participating in maternal health care at the hospital**. I would like to find out how participants in the study look at men participating in maternal health care.

The knowledge that will be generated from this study will help improve the delivery of antenatal health care services and reduce maternal and child mortality.

PROCEDURES

You are being asked to participate in this study because the researcher is looking for people in the Arakan Barracks who can provide information that will help to understand the views males have on male-partner involvement in antenatal health care. If you agree to participate in this study, you will be asked questions in an interview about male-partner involvement in this area.

The interview will take about one hour at the most. It will be agree to do this interview in or at a place of your choice and convenience. The researcher will request that your answers be recorded on a recorder because future reference to the interview for accurate information. If you agree, the researcher will proceed with the recording but you can stop the process at any point during the interview session. Only the people on the research team will have access to the recording. At the end of the study, the research team will return here to share with you the research findings.

RISKS OR DISCOMFORTS

There are no physical risks involved in this study. However, you may feel uncomfortable answering some of the questions. You may refuse to answer any questions that you do not want to answer or questions that make you feel uncomfortable. You may stop the interview session at any time. Your responses or participation in this study will not affect you in any way or even your access to health care at Arakan Camp Hospital or anywhere else.

BENEFITS

There is no direct benefit to you personally for participating in this study. Participating in this study may not change the way you receive health care at any health facility in Zambia but the results from this study may help others in future to encourage men to participate in antenatal care with their wives or partners.

ALTERNATIVES TO PARTICIPATION

You can either choose to participate in the study or choose not to participate in the study. If you choose to participate in the study, you do not have to stay in the study up to the end of the study. You can decide to leave the study at any time and this will not affect you or any other privileges that you enjoy now. If you choose not to participate in the study, you will still get the same health care services at Arakan Camp Hospital or anywhere else and you will not be affected in any way.

CONFIDENTIALITY

You are being invited to participate in this study. If you agree to participate in the study, the research team will ask you some questions about antenatal health care and male-partner involvement in your community. In order to maintain confidentiality, your name will not be used in any recordings or notes taken. You will be assigned a study number so that it will not be

possible to identify you individually. No one will know you by name in the study. Only people who are in this study will be able to get this information. Once the study is finished, all the audio recordings and other study information collected will be destroyed.

VOLUNTARINESS

Your participating in this study is completely voluntary. You are free to withdraw at any time and for any reason. In the event that you decide to withdraw from the study, the information you will have already provided will be kept in a confidential manner and will not be shared with anyone else to personally harm or affect you. This will not affect you or your participation in any way in future or any other privileges.

RE-IMBURSEMENT

There is no financial re-imbursement for participating in this study. However, refreshments will be provided.

CONTACT

If you want to talk to anyone about this study because you think you have not been fairly treated or you have any other questions about the study, you will call the Principal Investigator of the study, **Hamalambo MULOONGO at** +260977746851 or call **the University of Zambia, Department of Community Health** on **Tel. No.:+260-211-256181,** or **Fax No..:+260-211-256181** or **the Chairperson, ERES Converge IRB,** on **Tel. No.: +260 955 155 633** or **+260 955 155 634** or **+260 966 765 503** or **E-mail: eresconverge@yahoo.co.uk.**

If you agree to participate in the study, you will be given a signed copy of this consent form and a written summary of the study. Do you agree to participate in the interview or discussion?

Yes ☑___/ No☒__

Appendix 2

INFORMED CONSENT

If you sign this form, it means that the information sheet has been read and explained to you orally or you have read the aims of this study and you have been given the chance to ask any questions now or at a later time. If you voluntarily agree to participate, confirm this below by signing below, I agree to take part in the study.

Signature/Thumbprint of Participant: **Date:**

_____ _____

OR legally Authorised representative or guardian for under age

_____ _____

Signature of Person Obtaining Consent **Date**

_____ _____

Signature of Witness to Consent Process **Date**

(Must not be a member of study team)

_____ _____

IF THEY DECIDE **NOT** TO PARTICIPATE, THEN THANK THEM.

Appendix 3

Interview Schedule for In-depth Interview (Duration: 45 to 60 minutes)

Good morning/afternoon!

My name is **Hamalambo MULOONGO**. I am conducting a study to find out the views of men on the requirement for them to participate in antenatal care with their wives. I would like to ask you a few questions about your views on this issue. Your views are very important because they will help us in planning to improve male partner participation in antenatal care. Please be assured that the information you will provide will confidential.

Date: …… **ID No.:** ……

Place: ……..

Language used during interview: …….

QUESTIONS

Demographic characteristics and general information

1. Please, tell me about yourself

   Probe for

   (i) Age

   (ii) Sex

   (iii) Marital status

   (iv) Educational level

   (v) Occupation

2. How many children do you have?

   Probe for

   (i) Attendance at antenatal clinic with wife or partner.

   (ii) How frequently he attended

3. In your view, what does a man attending antenatal care with his wife or partner mean?

4. In your view, what is the role of men in antenatal care?

Views of men on what prevents them from participating in antenatal care activities (these questions are for men who never attended antenatal care with their wives or partners)

5. Please explain to me what prevented you from attending antenatal care with your wife or partner.

   Probe for and about:

   (i) Perceived importance of male attendance at antenatal clinic.

   (ii) View on the feminine environment at antenatal clinic.

   (iii) Perception on quality of health care (waiting time, how much males are engaged during antenatal visit, staff attitude).

   (iv) Occupation.

   (v) Appropriateness of timings for antenatal clinic.

   (vi) Marital status of couple.

   (vii) View on HIV testing.

Views of men on what motivates them to participate in antenatal care activities (these questions are for men who attended antenatal care with their wives/partners).

6. Explain to me what motivated you to attend antenatal clinic with your wife/partner

   Probe for

   (i) Perceived importance of male attendance at antenatal clinic.

   (ii) View on the feminine environment at antenatal clinic.

   (iii) Perception on quality of health care (waiting time, how much males are engaged during antenatal visit, staff attitude).

   (iv) Occupation.

   (v) Appropriateness of timings for antenatal clinic.

   (vi) Marital status of couple.

   (vii) View on HIV testing.

Hegemonies of masculinity in antenatal care activities

7. What are your views on males participating with their wives/partners in antenatal care activities?

   Probe for

   (i) View on who should attend antenatal clinic.

   (ii) View on a woman encouraging her husband/partner to attend antenatal clinic.

   (iii) View on the fact that the majority of antenatal care providers are women.