

Factors Affecting Husband's Participation in Antenatal Care: The Women's Perspective

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Abstract: Including men in reproductive health intervention can enhance positive health outcome through preventing possible complications and ensure high quality of care during the course of pregnancy. The aim of study was to explore how husbands' participate in antenatal care and examine the factors affecting husband's participation in antenatal care. A descriptive correlational research design was utilized. A convenient sample of 100 cases pregnant women in antenatal clinic at Cairo university maternity hospital was recruited and interviewed using maternal interviewing questionnaire. The results revealed that 53% of husbands did not accompany their wives to antenatal clinic for follow up while 89% of them encouraged their wives to follow up pregnancy. Factors affected husband's participation in antenatal care from women's standpoint included; Busyness in the work (81%), Effect of oriental culture (51%), Lengthy time of waiting and unavailability places (32%), the clinic policy that does not permit the presence of husbands during visits (30%) and financial constraints (14%). Conclusion: husband's busyness in the work and oriental culture were the most prominent factors affecting participation of husband's in antenatal care from women's standpoint. Recommendations: New strategies and policies should be developed and applied in antenatal care settings to enhance husbands' involvement.

Key words: Factors • Husbands' Participation • Antenatal Care

INTRODUCTION

Male involvement refers to men participating in and having joint responsibility with women in all areas of maternity care [1]. The exclusion of men from maternal health care services could lead to few women seeking maternal health services and as a result worsen the maternal health outcomes for women and babies [2]. Increasingly, recognition is growing on a global scale that involvement of men in reproductive health policy and service delivery offers both men and women important benefits [3].

Studies suggested that the participation of men in antenatal and childbirth care is associated with better health outcome [4-7]. Mullany *et al.* [4] in their study that included three groups of pregnant women; first was received antenatal education with their husbands, second who received education alone and the third group who received no education reported that husbands' attendance in postpartum visits was higher in group of women who received education with their husbands than the two

other groups. In addition; some researchers reported that incidence of postpartum depression decreased significantly when involving men in antenatal care [5,6]. Moreover, a study reported by Mangeni *et al.* [7] in Kenya revealed that a woman's use of a skilled birth attendance during childbirth increased when including males in antenatal visits.

The concept of male involvement in antenatal care (ANC) is not generally accepted in most developing countries [8]. Men's ability to have an active role in antenatal care is affected by numerous constraints which involved health facility procedures, negative health care worker attitudes toward men's participation, time and work demands, income, social and cultural beliefs [1, 2, 8, 10], polygamy [4, 11], husband-wife large age difference [9], poor communication among spouses [4, 8, 11], lack of privacy, lack of agenda for men, distance [10] and gender based violence [11].

In Egypt a few scattered researches conducted to explain factors affecting husbands' involvement in maternal health and antenatal care. Metwally *et al.* [12]

studied the influence of socio-demographic factors and environmental condition on husbands' behavior and attitude toward wives during antenatal care. Another study in Upper Egypt revealed that husbands had important role in encouraging their wives to more seeking health care services [13]. Moreover; most of the previous researches focus on male rather than female views in involvement in antenatal care.

Also, most researches especially those that were conducted in Africa studied the importance of male involvement in antenatal care with specific reference to the prevention of mother-to-child transmission of HIV and AIDS [14]. So, current study aimed to explore how husbands' participate in antenatal care and examine the factors affecting husband's participation in antenatal care.

MATERIALS AND METHODS

Design: Descriptive exploratory research design was utilized for the current study. This type of research design describes phenomena about which little is normally known through data collected, patterns or trends may emerge and possible links between variables [15] moreover, it aims to generate new facts, implies natural observation of the characteristics of the research subjects without deliberate manipulation of the variables or control over the research sitting [16].

Sample: A convenient sample of 100 pregnant women who attended the antenatal clinic at Cairo university maternity hospital for follow up of their pregnancies was recruited to answer the question of the current study.

Setting: The data of current study was collected in the antenatal clinic at Cairo university maternity hospital. It is a university affiliated hospital providing free health care to maternity as well as gynecological clients. Being a large university hospital in a metropolitan city, the antenatal and gynecological clinics attract clients from all over Egypt including upper and Lower Egypt areas but principally from Giza and all nearby areas. The total year admission to the clinic is 31224 women according to the hospital census (Maternity Hospital Statistics Department, 2016).

Ethical Consideration: Written approval to participate in the study was obtained from women after explanation of the purpose of the study. All subjects were informed that

participation in the study is voluntary, no names were included in the questionnaire sheets and anonymity and confidentiality of each participant was protected by allocation of a code number for each response and subjects were informed that the content of the tools will be used for the research purposes only.

Tools: Maternal interviewing questionnaire tool was utilized for data collection of the current study; it was developed by the researcher after comprehensive reviewing of the available literature related to the studied topic. The tool is composed of five main sections; the 1st section included data related to personal and socio-demographic characteristics of the woman and her husband such as age, period of marriage, income and occupation. The 2nd section included data related to health conditions of the woman and her husband. The 3rd section included data related to the current and previous pregnancy such as number of para, gravida, abortion and any complications in the previous pregnancy. The 4th section included data related to husband role in antenatal care during pregnancy such as the caring behavior toward his wife, participation in childbirth preparations and appointment of labor. The 5th section included data related to the factors affecting husband involvement in antenatal care from woman's point of view.

Procedure: The researcher introduced herself to the mothers in the antenatal clinic waiting area and explained the purpose of the study and took their oral acceptance. Each mother was interviewed to collect data related to personal and socio-demographic characteristics of the woman and her husband, health conditions of the woman and her husband, the current and previous pregnancy, husband role in antenatal care during current pregnancy and the factors affecting husband involvement in antenatal care. The interview last for 15 minutes, the questions were asked in simple Arabic language and answers were recorded in the sheet.

RESULTS

As revealed in Table 1; 65% of women were in age category (20-29 years), while 87% of husbands were in age category of (21-39 years), the period of marriage ranged from 1-25 years with $M \pm SD$ 7.47 ± 5.4 years. As regards residence; 55% of women live in urban and 48% live in extended family. The Consanguineous marriage was 23% mostly 95% was first degree blood relationship.

Table 1: Distribution of the study sample according to socio-demographic characteristics (n=100)

Items	F	%
Husband's age		
■ 20 or less	-	-
■ 21-29	43	43
■ 30-39	44	44
■ 40 or more	13	13
Woman's age		
■ 20 or less	11	11
■ 21-29	64	64
■ 30-39	23	23
■ 40 or more	2	2
Period of marriage by years	■ Mean \pm SD ■ Range	7.47 \pm 5.430 1-25 years
Place of residence		
■ Rural	45	45
■ Urban	55	55
Condition of housing		
■ Nuclear	52	52
■ Extended family	48	48
Consanguineous marriage		
■ Yes	23	23
Degree of blood relation* (N=23)		
■ First degree	22	95.7
■ Second degree	1	4.3
Woman's occupation		
■ House wife	89	89
■ Working	11	11
Husband's occupation		
■ Hand work	72	72
■ Employee	28	28
Husband's working time		
■ Morning	62	62
■ Afternoon	10	10
■ Long day	25	25
■ Night	3	3
Income		
■ Enough	65	65
■ Not enough	35	35
Husband smoking habit		
■ Yes	55	55
Husband's drug addiction:		
■ Yes	2	2

Moreover; the majority of women were housewives 89% and their husbands' occupation was hand working in 72%. As regards husband working time was morning shifts in 62% and long day shifts in 25% while family income was not enough in 35% of studied sample and more than half the husband were smokers 55%. Moreover; 28% of women as compared to 14% of husbands suffered from health problem.

Table 2: Distribution of the study sample according to Obstetric history

Items	F	%
<i>Number of gravida</i>		
■ Primigravida	19	19
■ 2-4 gravida	61	61
■ 5 gravida or more	20	20
<i>Number of abortion</i>		
■ No abortion	68	68
■ one time	19	19
■ twice or more	13	13
<i>Number of living children</i>		
■ No children	25	25
■ one child	23	23
■ 2-3	42	42
■ 4 children or more	10	10
<i>Sex of living children * (n=75)</i>		
■ Boys	19	25.3
■ Girls	19	25.3
■ Both	37	49.3
<i>Complications of previous Pregnancies *(n=81)</i>		
■ Yes	25	30.8
■ No	56	69.1
<i>Desirability of current pregnancy</i>		
■ Yes	83	83
■ No	17	17
<i>Type of last labor *(n=75)</i>		
■ NVD	43	57.3
■ CS	32	42.7

As revealed in Table 2, 19% of women were primigravidae, 19% had aborted once before and 75% of them had living children. Hemorrhage, preeclampsia and anemia were the most common complications in previous pregnancies. In addition, pregnancy was considered as undesirable for 17% of women, 65% of women know the sex of fetus in current pregnancy and 57.3% of women delivered vaginally in the last labor.

As regards husband's participation in antenatal care from women's standpoint; less than half (47%) of husbands attend antenatal visits with their wives while 89% encourage their wives for antenatal follow up, 91.0% keen on women's health and rest during pregnancy; 85% ask about growth and status of the fetus, 89% interested in knowing the result of antenatal visits and to know the expected time of labor (85%), while 78% participate in labor arrangement, 92% of Husbands bring the prescribed medication to mother and 35% of them help their pregnant wives in house activity (Table 3).

Busyness in the work (81%), effect of oriental culture (51%), lengthy time of waiting and unavailability waiting places (32%), clinic policy which did not permit the presence of husbands during visits (30%), financial constraints (14%) and illness or disability (1%) were factors affected husbands' participation in antenatal care from the women's standpoint (Fig. 1).

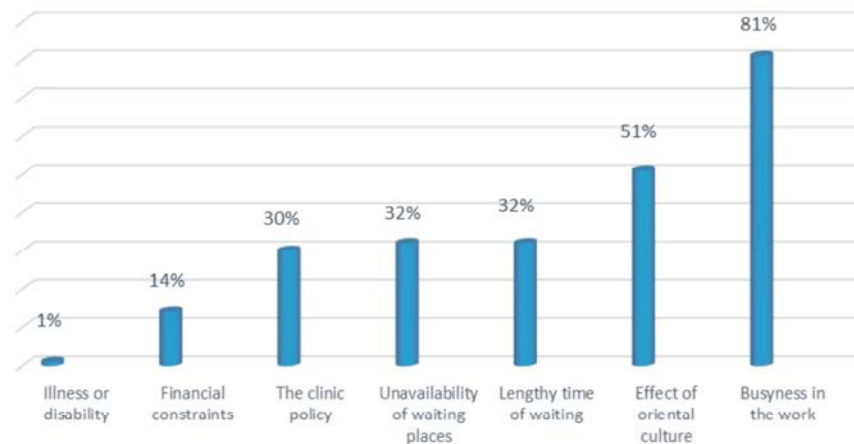


Fig. 1: Factors affecting husband participation in antenatal care (from women's standpoint) (n=100)*

Table 3: Role of husbands during antenatal period: *(n=100)

Items	F	%
Attendance during pregnancy follow up visit		
■ Yes	47	47
■ No	53	53
Husband advice to accompany a family member to the antenatal clinic		
■ Yes	81	81
■ No	19	19
If yes answer, who? *(n=81)		
■ Husband's family member	14	17.3
■ Woman's family member	67	82.7
Husband encouragement for follow up:		
■ Yes	89	89
■ No	11	11
Husband's concern for women's health and rest during pregnancy:		
■ Yes	91	91
■ No	9	9
Husband follow growth of fetus:		
■ Yes	85	85
■ No	15	15
Husband interest in knowing the result of antenatal visits:		
■ Yes	89	89
■ No	11	11
Husband interest in knowing time of labor:		
■ Yes	85	85
■ No	15	15
Husband participation in labor arrangement:		
■ Yes	78	78
■ No	22	22
Husbands bringing prescribed medications to the mother:		
■ Yes	92	92
■ No	8	8
Husband participation in house activity		
■ Yes	35	35
■ No	65	65

DISCUSSION

The current study searched for factors affecting husband's participation in antenatal care among pregnant women attending antenatal clinic at El-Manial maternity

hospital. Many factors were studied to explore hindrances and constraints that could affect the husband's involvement in care for their pregnant wives.

The current study revealed that busyness in work was the first factor that affected husband's participation in antenatal care as the results revealed that the majority of husband's work at day time which contradicts with the working hours of the clinic as it is affiliated to a governmental hospital. Also, this is might because the low income of the studied sample which required husband's to work extra hours during the day and prevent them to accompany their wives to the clinic and to assist in house work activities. This result is incongruent with Secka [9], Nungari [11], Promundo [17] and Bhatta [18] who reported that time work demands, job responsibilities and nature of profession were a common constraint to attendance to antenatal care.

The second factor revealed for the current study to affect participation of husband's in antenatal care was the effect of oriental culture and influential impact of families and friends opinion regarding the feminine nature of pregnancy and embarrassment of presence in a pregnancy clinic with a large number of females. The result is in agreement with Secka [9], Promundo [17] and Bhatta [18]. Promundo emphasized the role of family member's attitude toward men's involvement in ANC [17]. Also, Kwambai *et al.* [8], Kululanga *et al.* [10] and Bahtta [18] revealed in their studies that gender norms had a substantial role in hindering the participation of husbands in ANC, they reported that pregnancy viewed as a women's duty and that pregnancy and childbirth was a women's domain of gender role norms. Moreover; Doe [1], Nungari [11] and Bahtta [18] reported that embarrassment of male partner to attend the antenatal care clinics was one of the main factors affecting participation in antenatal care as social

stigma associated occurred when men playing what is perceived as a feminine role.

Lengthy waiting time and unavailability of waiting place during antenatal visits were the next factors affecting husband participation that made them bored, uncomfortable and unwilling to attend the next visit. The results of current study are similar to that of Peter [2] and Secka [9] who reported that long waiting time of antenatal and laboratory services were one reason for men non-escort.

Moreover, the antenatal clinic policy, which did not permit husband to be present during visit in the examination room was considered a factor that made husband participation less. This is might because husband feels that he has no role in the visit and that obstetrician and nurse are those who of most value and importance to the pregnant woman rather than him. It is a common applied policy in Egyptian governmental hospitals; not only in the antenatal clinic but also in all departments of maternity and childbirth units.

Financial constraints also had been founded to be a factor affected husband involvement in ANC. While one third of the studied sample had insufficient income; husband possibly consider that when a woman go to antenatal clinic alone spend less money than if they go together and also this will save more time for extra working hours for the spouse.

CONCLUSIONS

Husband's busyness in the work and oriental culture were the most prominent factors affecting participation of husband's in antenatal care from women's standpoint.

Recommendations: New strategies and policies should be developed and applied in antenatal care settings to enhance husbands' involvement such as allocating afternoon and evening clinic time, allowing spouse to attend physical examination, developing classes designed for childbirth preparation and health teaching for couples and introducing some medical and screening services for men in the clinic.

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