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Gender Norms, Attitudes and Perceptions towards Male Involvement in Maternal Health in Kafue District, Lusaka

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ABSTRACT: Male involvement in maternal health remains a major issue despite efforts by the international community. Despite the many benefits of male involvement in antenatal care there has been an observed low participation. Community gender norms, attitudes and perceptions towards male involvement in maternal health may affect the utilization of services offered by health facilities. The gap observed in many studies is that the attitude and perception of men regarding maternal health have largely been neglected. Therefore, this study sought to investigate the gender norms, attitudes and perceptions towards male involvement in maternal health in Kafue district of Zambia. The study adopted a descriptive research design. Both quantitative and qualitative paradigms were utilized in this study. A sample of 150 participants was used. Data was collected by the help of questionnaire and in-depth interviews.

Results showed that respondents from Kafue were knowledgeable on antenatal care. Additionally, it was also revealed that respondents had a positive attitude towards male involvement in maternal health. However, due to gender norms their roles were limited when it came to delivery and child care. Nevertheless, the findings showed that men were involved in supporting their wives and helping out with house chores and providing money for antenatal care, skilled birth at a hospital, postnatal care, childcare and any necessities required for delivery. Men who were married were more likely to be involved in maternal health than men who were not married. The study also revealed that men were not comfortable with discussing their wives' pregnancy with a health care provider due to lack of privacy. Findings suggested that there were many factors affecting male involvement in maternal health. Lack of messages and programs targeting men, health stuff attitude during delivery, gender norms such as men not being allowed to attend to women when in labor and hospital infrastructure were identified by the respondents as a cause to low male involvement. In this study, it was also revealed that men and women had a positive perception towards pregnancy being a shared responsibility, men supporting and caring for their wives during and after delivery. However, both men and women had a negative perception towards men's presence in the delivery ward.

KEYWORDS: Attitudes, Gender Norms, Maternal Health, Male involvement.

INTRODUCTION

Global statistics show that about 210 million women become pregnant each year with 30 million (15%) developing complications resulting into over half a million maternal deaths due to low male involvement [1]. Developing countries account for more than 99% of all maternal deaths; about a half occurring in sub Saharan Africa, and a third in South Asia [2]. Men play critical roles in women's ability to seek health care, yet more often than not, they are uninformed about women's reproductive health needs. It is believed that when males and females are aware of each other's health needs, they are more likely to receive the required services. It is imperative to note that in order to increase male involvement in maternal health services the providers require to gain in-depth knowledge and understanding of the men's health perspectives, behavior and practices [3].

According to World Health Organization, the benefits of involving men in women's reproductive health services are well recognized and have been advocated for by many [1]. Some authors argue that with respect to obstetric care, it is often the family and not the woman alone who makes decisions. Men are the obvious target audience because in many cases, they control the financial reserves or their permission needs to be obtained for obstetric care-seeking [4]. According to USAID, lack of involvement by men deprives women of their partners' care and support in coping with pregnancies and in making appropriate infant feeding decisions after delivery [3].

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Further, men are an important focus for family planning, safe motherhood and reproductive health services, not only because they are decision makers in the home, but because their participation, attitude and behavior affect women's reproductive health [5]. A review by Greene et. al(2004) on roles of men with regards to women's reproductive health showed that men influence decision making and involving men has a positive impact on family planning, infertility, abortion and sexually transmitted infections [6].

In addition, involving men in reproductive health has a positive impact on women's health in a number of ways, including improving maternal and child health care, preventing or reducing sexually transmitted diseases and AIDS transmission. Studies have shown that involving men can increase contraceptive adoption, contraceptive continuation, birth preparedness and postnatal continuation [7].

Globally, a number of related studies have been done to determine the level of knowledge of men with regard to their involvement in maternal health. A longitudinal study conducted in the United States in 2002 by Martin et. al explored the effect of father involvement during pregnancy on receipt of prenatal care. The findings of the study indicated that women whose partners were involved in their pregnancy care were 1.5 times likely to attend prenatal care in the first trimester as opposed to those whose partners were not involved in their pregnancy care [8].

In another study by Varkey et. al(2004) involving men in maternity care in India during the Frontiers -Men in Maternity (MiM), husbands were encouraged to participate in their wives' antenatal and postpartum care. A sample survey of eligible men and women attending the MiM antenatal clinics was conducted in the clinics and then again at home when their infant was six months old to measure the effectiveness of the intervention by comparing women and their husbands to those of eligible couples from the three control clinics. Results from this study showed that the MiM intervention of involving men was able to raise awareness and use of family planning (FP) in the postpartum period, and also increased awareness of dual protection for STIs. In this case, the more people became aware and knowledgeable about the service, the more they were able to utilize the service. The findings indicated that men had an impact upon women's health as primary household decision makers [9].

Another study on Antenatal and Postnatal care seeking behavior on the Garo tribe revealed that availability of services in a community did not necessarily reflect the care seeking behavior unless awareness about the available services among potential clients was increased. Additionally, women's decision-making power regarding their health issues can improve the situation and men's attitude towards women in a specific society or community determines the women's health care seeking behavior [10].

In South Africa, a study on men in maternity Care was carried out in KwaZulu-Natal by Mullick et. al (2001) with the aim of establishing whether it was feasible to involve men in antenatal and postnatal care, and whether this would be acceptable to health care providers, clients and their partners. The study revealed that some men admitted that they lacked knowledge because their partners did not tell them what they learnt from the clinics. Men felt it was important to be informed and were willing to be involved in most aspects of maternity care. This showed that men lacked knowledge and therefore could not utilize the service [11].

A similar study conducted in two rural clinics in Tanzania in 2007, aimed to describe the prevalence and predictors of male partner participation in HIV voluntary counseling and testing and the effect of partner participation and uptake of HIV prenatal intervention. The findings of this study indicated that there was a positive effect on mothers whose partners attended voluntary counseling and testing after being encouraged to inform and invite their partners. The mothers were 3 times more likely to use nivarapine prophylaxis, 4 times more likely to avoid breast feeding and 6 times more likely to adhere to the feeding method selected than those whose partners did not attend voluntary counseling and testing [12]. Several studies have shown that lack of male involvement in maternal health has contributed to the slow decrease in maternal deaths in Africa. The woman's ability to have a safe and healthy pregnancy and delivery implies that pregnancies should be planned for by both the man and woman when the woman is in the best of health [2].

In Zambia, a study was carried out by Centre for African Family Studies in urban and rural areas of the Copperbelt Province in 1999. Men were found to be marginally involved in child health and maternal care because they faced several challenges in participating in maternal health. To increase male involvement and participation in reproductive health, there is need to understand and respect the gender norms, attitudes and perceptions of the community which are affected by personal, social and cultural factors.

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The knowledge of the community and the people's attitudes and perceptions is important to increasing male involvement in maternal health as there can be an improvement in designing and implementation of community interventions [13].

In almost all the studies that have been done on Reproductive Health service delivery, not a single one has tried to directly assess how individual perceptions and attitudes affect the utilization of reproductive health services when they are provided to communities. Deliberately conducting client surveys and patient flow studies could help to improve the daily provision of care and, hence client satisfaction. Thus, the purpose of this study was to investigate the gender norms, attitudes and perceptions of men towards maternal health because this may affect their active involvement and utilization of maternal health services in Zambia.

METHODOLOGY

This study used a descriptive design in order to investigate gender norms, attitudes and perceptions of men towards mental health. The design involved observing and describing the behavior of men and women without the influence of the researcher. The study design was chosen because it provides an account of the characteristics of respondents in real-life situations for the purpose of discovering new meaning, describing what exists, determining the frequency with which something occurs and categorizing information [14]. Both quantitative and qualitative research methods were used. Quantitative method was used to collect demographic and numerical data so as to explain a particular phenomenon and generalize it across a group of people. Qualitative method was used to collect information through in depth interviews. In this study, quantitative method was used to collect information on the socio economic and demographic background of the respondents so as to assess their levels of knowledge and identify factors that influence their attitudes and perceptions.

In this study, a sample of 150 participants was drawn from the population of women and men who were attending maternal health clinics. 75 were men and 75 were women. The study targeted respondents who were utilizing maternal health care at the hospital and local clinics to ensure that the sample was representative of the actual population. Probability sampling was used to pick the respondents for the structured questionnaires whereas non-probability sampling was used to pick the respondents for the in-depth interviews. In order to pick the required number of participants for the sample size, systematic random sampling was used. Quantitative data obtained through questionnaires was analyzed using Statistical Package for Social Sciences (SPSS). This generated frequency tables and cross tabulations. Qualitative data obtained through in depth interview was analyzed using thematic analysis.

Ethical considerations

Ethical issues were taken into consideration throughout the research in order to ensure the safety of the participants. Firstly, permission was obtained from the University of Zambia Research Ethics Committee for the research to be conducted. Secondly, the participants were given an informed consent form to decide whether to take part in the study or not. The consent form consisted of the participants' guaranteed rights, consent to participation in the study and assurance that their identity would be protected. Anonymity of participants was achieved by keeping all the information collected from the participants safely and unidentified. Participants were debriefed after the study to ensure their mental and physical wellbeing.

PRESENTATION OF FINDINGS

Out of the total number of 150 respondents interviewed, 75 were male and 75 were female. Majority of the respondents 46.4% were in the age group 31 to 45. 44.3% of the respondents were in the age group 16 to 30 and minority 9.3% was in the age group 46 to 60. The results show that 82.1% were married while 11.4% were cohabiting or dating and 6.4% were separated.

Table 1. Demographic characteristics of the participants

Background characterizes	Male	Female	Total
Age			
16 - 30	11.4%	32.9%	44.3%
31 - 45	29.3%	17.1%	46.4%
46 - 60	9.3%	0	9.3%
Marital status			

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Married	46.4%	35.7%	82.1%
Cohabiting/ dating	2.1%	9.3%	11.4%
Separated	1.4%	5.0%	6.4%
Educational level			
Primary school	4.3%	8.6%	12.9%
Secondary school	36.4%	28.6%	65%
Tertiary education	8.6%	10%	18.6%
Employment status			
Formal employment	17.9%	7.1%	25%
Informal employment	2.1%	2.1%	4.3%
Business	23.6%	17.9%	41.4%
Others	6.4%	22.9%	29.3%

In terms of education the results showed that 0.7 % did not answer while 2.9% had never been to school, 12.9% had reached primary school, 65% had reached secondary school and 18.6% had acquired tertiary education. In terms of employment, the results showed that 25% were in formal employment, 4.3% were in informal employment, while 41.4% were in business. Respondents who were not in any form of employment or business were asked to specify other occupations they were involved in these included housewife, farmer or peer educator and 29.3% accounted for these respondents.

Gender norms towards male involvement

The respondents were given statements which they had to either agree or disagree with. A norm about attending antenatal being exclusively for women revealed that more males 17.9% than females 15.7% indicated agree, while 32.1% males and 34.3% females indicated disagree. Another norm about a man accompanying his wife/partner to the delivery room/labor ward revealed that more males 16.4% than females 15.7% indicated agree while 32.9% males and 34.3% females indicated disagree. These findings relate to the findings from the in-depth interviews. Female respondents did not agree with men being present in the delivery room because of cultural beliefs.

One respondent said: "*Some say when a man sees blood they get perplexed and say they have seen a vagina so they can't sleep with the wife and he would not respect the wife. It's a taboo for men to be present looking at the pain which women undergo they can think maybe they should stop having babies. Some would say the man has been charmed, why is he going there he is under petticoat government." Female respondent.*

Another female respondent affirmed this statement by saying:

"*They think that if men see your blood it will affect the way he looks at you, he will not respect you or have sexual intercourse with you when he sees you giving birth. Because of such beliefs my husband does not attempt to escort me to the labor ward instead he calls my sisters to come and wait for me". Female respondent.*

A norm about a man helping out with household chores when a woman is pregnant revealed that slightly more males 45% than females 44.3% indicated agree while 5% males and 5.7% females indicated disagree. In-depth interviews suggested a number of reasons for men to help out with household chores. One of the reasons which came out prominently was that men should help out with household chores so that their wives could rest.

One respondent said:

"I think men should attend to women when there is need because babies are a lot of work. I help with the cooking and cleaning of the house so that my wife can rest and focus on the baby. Sometimes as she is resting, I help with the baby and put the baby to sleep sometimes I change the baby's nappy." Male respondent

A female respondent also agreed with this statement by saying: "*He helps clean the house, fetch water and to do what is needed to be done at home. Sometimes he helps wash even with his own clothes and helps with house chores. He even buys me food that I crave for as long as I tell him in advance as he is about to leave the house". Female respondent.*

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However, a norm about a man helping out with sterilizing the umbilical cord showed that 10.7% males and 18.6% females indicated agree while more males 39.3% than females 31.4% indicated disagree.

A respondent during an In-depth interview agreed with these findings. Most men agreed that they could help out with household chores but declined to help cleaning the baby because they did not have the experience and did not want to cause harm to the baby. One respondent said:

"*There is nothing wrong with men attending to women as it is their job. I can only dispute when it comes to cleaning our new born baby because I do not have the experience. Otherwise where I can, if I am able to do, then I will do. I clean the house when my wife is unwell. I prepare the food and sometimes bath her. When it comes to our child I sometimes bath the baby." Male respondent.*
Another respondent during in depth interviews said:

"*There is nothing wrong with men attending to women. Once in a while I will help clean the baby and feed the baby when the baby is a few months old. After my wife delivers I would clean the house and cook so that the only job my wife does is bath herself and the baby because the baby is fragile and small I can break his bones." Male respondent.*

Another norm about men as financial providers affecting the level of involvement showed that slightly more males 22.9% than females 22.1% indicated agree and 27.1% males and 27.9% females indicated disagree. However these results did not agree with the in-depth interview results as respondents said men's roles are to provide money so they do not have time to be involved in maternal health. One respondent said

"*A man cannot go to the antenatal because men's roles are to provide money. It is just that men are sometimes busy. Sometimes men who support their wives are suspected of being charmed by their wives, this makes some men become less involved in their wives' pregnancies while some men continue being involved" female respondent.*
Another female respondent said: *"Some men are too busy they go in the morning and come back in the evening. They do not have time to stay home and learn about the pregnancy or ask how your day was "Female respondent.*

In addition a norm on the role of women as mothers and caregivers affecting male involvement in postnatal care revealed that more males 20.7% than females 17.1% indicated agree while 29.3% males and 32.9% females indicated disagree. However, a norm on men taking their child for immunization indicated that more males 45.7% than females 40.7% indicated agree while 4.3% males and 7.9% females indicated disagree. These results can be backed up with the results from the in-depth interview.
A female respondent said: "*My husband used to go with me to the clinic he would carry the baby along the way and pay for transport or any bills at the hospital*". *Female respondent.*

Attitudes towards male involvement
In order to assess the attitude of the respondents towards family planning, respondents were asked whether men should encourage family planning. The results showed that more males 47.9% than females 45.9% indicated agree while 2.1% males and 4.3% females indicated disagree. Further when asked if family planning encouraged promiscuity the results showed that fewer males 16.4% than females 18.6% indicated agree while 33.6% males and 30.7% females indicated disagree.
However, when asked if a man should attend antenatal and postnatal clinic with his partner revealed that fewer males 41.4% than females 43.6% indicated agree while 8.6% males and6.4% females indicated disagree.

Table 2: Attitudes towards male involvement

Attitude	Agree		Disagree	
	Male (%)	Female (%)	Male (%)	Female (%)
A man should accompany his partner to the antenatal clinic	48.6%	47.9%	1.4%	2.1%
Men should encourage family planning	47.9%	45.7%	2.1%	4.3%
Family planning encourages promiscuity	16.4%	18.6%	33.6%	30.7%

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Husbands should attend antenatal and postnatal with their partner	41.4%	43.6%	8.6%	6.4%
Men should provide finances for antenatal	47.9%	48.6%	2.1%	1.4%
Men should provide transport to the health facility during delivery	47.9%	47.9%	2.1%	2.1%
Husbands should offer assistance during pregnancy and childcare	48.6%	48.6%	1.4%	1.4%
Pregnant women should change dietary habits as advised by the doctor	50%	49.3%	0	0

Respondents were further asked if men should provide finances for antenatal care. The results showed that slightly fewer males, 47.9% than females, 48.6% indicated agree while 2.1% males and 1.4% females indicated disagree. In addition respondents were asked if men should provide finances for transport to the health facility during delivery and the results showed that an equal number of males 47.9 and females 47.9% indicated agree and an equal number of males 2.1% and females 2.1% indicated disagree.
Respondents were given another statement asking if husbands should offer assistance during pregnancy and childcare. The results showed that an equal number of males 48.6% and females 48.6% indicated agree and an equal number of males 1.4% and females 1.4% indicated disagree. However, when asked if a pregnant woman should change dietary habits as advised by the doctor the results showed that more males 50% than females 49.3% indicated agree while no respondent indicated disagree.

Perception towards male involvement

In order to identify the respondent's perception towards male involvement in maternal health, the respondents were given statements which they had to either agree with or disagree with. Respondents were asked if pregnancy should be a shared responsibility between couples the results revealed that an equal number of males 46.4% and females 46.4% indicated agree while 2.9% males and3.6% females indicated disagree. Further when asked if a pregnant women needed care and support during pregnancy and after delivery the results showed that more males 50% than females 49.3% indicated agree.

Table 3: Distribution of respondent's perception towards male involvement

Perception	Agree		Disagree	
	Male (%)	Female (%)	Male (%)	Female (%)
Pregnancy a shared responsibility between couples	46.4%	46.4%	2.9%	3.6%
Pregnant women need care and support during pregnancy and after delivery.	50%	49.3%	0	0.7%
Discuss pregnancy with a health care provider	32.9%	25%	16.4%	17.9%
Men should be present in the delivery room	6.4%	6.4%	43.6%	43.6%

These results correspond with the results from the in-depth interviews as many respondents agreed to having supported their wives. One respondent said:
"*I help my wife clean the house and cook the food when she is not feeling well. Sometimes I bath her and massage her feet when they swell. When the baby is born I clean the house so that my wife's job is only to breastfeed the baby. When I come back from work I help the baby stop crying as my wife is cooking. When it is vaccination week I give my wife enough money for transport and any expenses as I go for work." Male respondent.*
In addition respondents were asked if husbands should discuss their partners' pregnancy with a health care provider. The results showed that more males 32.9% than females 25% indicated agree while 16.4% males and 17.9% females indicated disagree. However, when asked if men should be present in the delivery room the results showed that an equal number of males 6.4% and

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females 6.4% indicated agree while an equal number of males 43.6% and females 43.6% indicated disagree. These results correspond with the results from the in-depth interviews as respondents described the type of experience they had with hospitals. One respondent said:

"*During delivery the nurses are mean, they do not even allow us to go anywhere near our wives thus we do not even attempt because there are usually a lot of women in the ward. Even I would feel uncomfortable looking at other women's nakedness". Male respondent.*

Involvement during family planning

The study revealed that more males, 46.4% than females, 37.9% participated in family planning discussions with their partners. In addition more males, 25% than females, 24.3% participated in family planning discussions as couples with a family planning counselor. More males, 36.3% than females, 35% were involved as couples in picking the family planning method to use and more males, 23.6% than females, 20.7% sought help as couples when family planning effects occurred. These results agree with the results from the in-depth interviews as a respondent said he was interested in matters of family planning and sexually transmitted diseases. "*Matters of family planning and sexually transmitted diseases are some of the trending challenges among couples. I frequently visit the clinic with my wife to find out which method we can best use in our state and how to space our children so that we stay healthy and maintain our status as a couple." Male respondent.*

Involvement during Antenatal

The study revealed that more males, 35% than females, 33.6% attended antenatal care. Also more males, 47.1% than females, 35.7% provided money for antenatal and postnatal care. Further, more males, 47.9% than females, 33.6% provided money for skilled birth at a hospital and more males, 48.6% than females, 35.7% paid for transport and necessary supplies ahead of time.

To confirm these findings male respondents during in-depth interviews described their experiences when they first visited the antenatal clinic. One male respondent said:

"When we got to the clinic the nurse was entering names in the register for the new comers. They took down the details and asked us a few questions about our life style in case there was anything important to note. We then waited as the nurses where giving lessons about pregnancy, the danger signs of pregnancy and breastfeeding. This was helpful for us because we did not know all this and if I didn't follow I would not have known. They then measured my wife's BP and weight and we went for counseling, they counseled us and told us that it was important we get tested. They drew the blood and tested us. After being given the results they asked my wife when she had her last period and they calculated her due date and tested her for other infections and gave her some red pills before giving us an appointment for the following month" male respondent.

DISCUSSION OF FINDINGS

Findings of this study indicated that few men were involved in accompanying their wives to the delivery ward while the majority did not attempt to go near the labor ward. This was mainly due to the traditional norms and clinical settings and policy of the labor ward. Both the norms as well as the rules of the labor ward did not allow men to be present. Another study done by Mullany et.al found similar findings and suggested that though the introduction of husbands in the delivery room was seen as a somewhat complicated transition, the majority of providers felt that it was an ideal goal to work towards. Because husbands could offer vital emotional and logistical support, to their wives throughout the delivery process [15].

However, a study by Barua (1998) found that traditionally, accessing maternal health care lies predominantly in the female domain. It is very likely that men often do not have access to medical practitioners who offer maternal health care services. Even if men were interested in getting involved in their wives maternal health, it is often elder female members of the household who dominate in women's access to maternal health care [16].

These findings agreed with those of Kosia where men were characterized as resource providers for the family including health care. He may take her on a bicycle so as to avoid delay and the woman giving birth along the way. Further the man is to inform the woman's relatives that the wife was in labor and organize for a female guardian [17].

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Similar findings were documented by Mullick et.al (2005) and others; it was found that the social context exhibited a culture of silence around pregnancy and childbirth issues with regards to male involvement. Men were not taught issues related to labor and delivery. This information was given to women only. Men were told how to provide emotional, material and financial support to their pregnant spouses. Gender values and norms in the study area acted to ensure that labor and childbirth knowledge was withheld from men [11].

Attitudes and Perception towards male involvement.

The findings show that majority male and female respondents did not agree with the statement "*men should accompany their wives to the labor ward*". Although, male midwives attend to women during maternal health services in health facilities, that does not change the perception of the community that a labor companion always has to be a woman. In addition, findings of this study revealed that some males perceived child birth as a women's affair that did not require male partner involvement. These findings were supported by results from in-depth interviews where respondents feared cultural beliefs and norms such as "*if a man saw a woman giving birth it will affect the way he looks at her, he would not respect her or have sexual intercourse with her when he sees her giving birth".* As a result, women stopped men from going near the labor ward. Likewise men feared seeing other women's nakedness as it is a taboo. These results are similar to the findings of other studies. Kaye and others found that some participants felt deep fear about witnessing something going wrong with either the wife or baby, and were not so eager to be present during delivery. However, some participants further suggested that there should be programs which provide information about this period (childbirth) to men, or provide counseling and support [4]. Nevertheless, this was not the case in a study conducted by Mullany as men were eager to be involved during delivery by being present in the ward so that they could assist in-case of an emergency and support their wives emotionally, though the hospital setting and traditional beliefs did not allow for such to happen and this posed as an obstacle to male involvement [15].

Further, findings in this study indicated that majority male and female respondents agreed that husbands should offer assistance during pregnancy and child care. This indicated a positive attitude from the respondents as men's involvement during pregnancy and childbirth played a vital role in the safety of their female partners' pregnancy and childbirth, by ensuring access to care and provision of emotional and financial support. Kaye and others found similar results in their study. They found that men had positive attitudes towards assisting their pregnant wives with more care outside their usual responsibilities. They assisted with cleaning the house, cooking, and other duties [4].

Involvement during family planning.

This study further revealed that majority of male and female respondents did not agree with the statement that family planning encouraged promiscuity. This indicated a positive attitude towards male involvement as more males were in support of family planning. These findings are similar to the results in the study of Mullany, in that numerous respondents referred to how communication about family planning and health care between spouses may be improved if the husband was included in family planning and antenatal health care education [15].

This study further revealed that most decisions on contraceptive use were made as couples. This was represented by the majority of male and female respondents. Women in the study said that they consulted their husbands on what method to use though they went to the clinics alone and that they received support from their spouses. Most women said that although their husbands supported the use of contraceptives as a way to space the children, most men were not ready to use any form of male contraceptives such as condoms. However, a study on family planning and birth spacing discovered that lack of adequate information on the available male methods and information on family planning, lack of structures to support their participation and cultural factors were identified as hindrances for male active participation in family planning with a health care provider [18].

Involvement during Antenatal.

The findings in this study revealed that most men were interested in maternal healthcare. This was evident by the number of female and male respondents who did not agree that attending antenatal clinic was exclusively for women. These results did not correspond with the results found by Nwokocha, he discovered that women are socialized to perceive male dominance as normal to the extent that supernatural connotations are further employed to intensify the acclaimed inevitability of patriarchy. Over dependence on men on matters that directly affect women can have devastating effect on women and their families. However, he suggested that

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enhancing the role of men during maternal processes is a critical factor in ensuring that pregnancies are less vulnerable to mishaps [19].

Findings of this study also indicated that more male than female respondents agreed that men should help out with household chores when women are pregnant. These results corresponded with the results from the in-depth interviews as most men described how they helped their partners during pregnancy. Further, respondents showed a positive attitude towards husbands attending antenatal and postnatal care with their spouses. This was accounted for by more female than male respondents. These findings are similar to what Zulu(1998) discovered, that most of the respondents admitted the importance of boys and men learning about reproductive health and maternal health and the benefits that go with it [20].

Slightly more females than males did not agree with the statements "men as financial providers affected the level of male involvement and women as mothers and care givers affects male involvement in antenatal and postnatal care". However, these findings did not relate with the findings from the in-depth interviews as many respondents agreed that men's roles were to provide for the family by working. Nyokocha, in his study found similar results, men understood the roles they had to play when their wives were pregnant. However, to some men, the roles did not include attending antenatal care at the clinic. Furthermore, men stated that it was against their culture to be involved in female affairs [21].

Almost all the respondents in this study agreed that pregnant women needed care and support during pregnancy and after delivery. This finding agreed with the results from the in-depth interviews as respondents agreed that women needed care and support because of what they go through during pregnancy. One respondent clearly said he would support his wife by cleaning the house, cooking and pacifying the baby so that the wife could rest. Kaye and others in their study found similar results and concluded that the quality (emotional connection) of the fathers' relationship with the pregnant woman enhances the fathers' expectations, experiences and practices. Childbirth is the time when men are most receptive to getting involved with their families which makes male involvement critical for healthy pregnancy outcomes, infant survival and ideal child development [4].

CONCLUSION

Men were willing to be involved in the maternity and postnatal care of their pregnant partners. However, there are a number of challenges that must be addressed. These include gender norms, cultural influences, and men's inability to take off days from work as well as health provider attitudes. Other noticeable factors highlighted in the study that affect male involvement are; small spaces to accommodate men and their partners, lack of privacy at health centers especially in the delivery room, lack of programs targeting men and men not knowing what roles to play during pregnancy apart from being financial providers. Involving men in antenatal care will not only improve mother's and babies' health but also affect men's need for reproductive health. This poses a huge challenge to the health providers as regards to male involvement in antenatal and postnatal care services. However, male involvement in maternal health care is possible if the challenges are addressed. Maternal health care needs to be de-feminized in order to create a foundation for a more equal access to services for both men and women. In addition, pregnancy and child birth education needs to be given to both women and especially men so that they are equally knowledgeable and fully involved in issues pertaining to maternal health care.

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