

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

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**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**ASSESSMENT OF MALE INVOLVEMENT IN MATERNAL HEALTH CARE IN  
HOLY FAMILY HOSPITAL, BEREKUM**

**SUBMITTED BY:**

**RUTH ATAA NYARKO - 5867521**

**SAASOR HAPPY - 5934721**

**[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,  
BEREKUM]**

**AFFILIATED TO KNUST, KUMASI**

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM**



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**2022**

**DECLARATION**

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

Ruth Ataa Nyarko		9/2/2023
5867521	Signature	Date

Saasor Happy		9/2/2023
5934721	Signature	Date

Certified by:

Mr. Appiah Joseph		13/02/2023
(Supervisor)	Signature	Date

Monica Nkrumah	.....	.....
(Principal)	Signature	Date

## ABSTRACT

The study determined male involvement in maternal health care in Holy Family Hospital, Berekum. A cross sectional observational design was used to collect in-depth information for the study. The sample population was obtained using convenience sampling technique. A total of 50 respondents were sampled for the study. The data for the study was collected by administering the questionnaire to the participants. The study found that majority (96%) of the respondents agreed that maternal health is the health of women during pregnancy, childbirth and postnatal period. Majority (98%) of the respondents were in favor of the statement ‘‘ANC or PNC is where women seek help regarding their maternal health’. It came out clearly that 94% of the respondents were of the opinion that severe abdominal pain is as danger sign in pregnancy. Majority (82%) of the respondents mentioned that male involvement in maternal health care increases the self-esteem of the female partners. The study recommended that Maternal Health Care centers should encourage good attitudes towards male involvement in MHC services. Waiting time at the various ANC/PNC centers should be reduced to increase male partners involvement in ANC/PNC.

The study concluded that respondents had adequate understanding regarding the meaning of maternal health care. The overall knowledge regarding obstetric danger signs was good. The leading benefits of male involvement in maternal health care were decreasing childbearing complications, raising self-esteem of female partners and postpartum utilization of maternal services.

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## ABBREVIATION

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
GHS	Ghana Health Service
GSS	Ghana Statistical Service
HIV	Human Immunodeficiency Virus
MHC	Maternal Health Care
MNH	Maternal and Neonatal Health
PNC	Postnatal Care
RH	Reproductive Health

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## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background of the study

Globally, male involvement in maternal health care services remains a challenge to effective maternal health care accessibility and utilization (Craymah et al., 2017). According to the recent global estimates by the World Health Organization (WHO), more than half a million women lose their lives from pregnancy-related complications worldwide every year, ninety-nine per cent (99%) of which occur in the less developed world (WHO, 2016). A maternal healthcare service comprises a wide range of health services provided to mothers before pregnancy, during pregnancy, during labour, and after giving birth. These health services include: preconception care, antenatal care (ANC), prevention of mother-to-child transmission (PMTCT) of HIV, safe delivery (intrapartum care), postnatal care (PNC), and emergency obstetric care/management of obstetric complications (Nesane, Maputie, & Shilubane, 2016).

Men tend to be decision-makers within families and often govern behaviour regarding the use of contraceptives, the availability of nutritious food, women's workload, and the allocation of money, transport and time for women to attend health services. In addition, men's behaviour influences the reproductive health of both men and women and the health of their children. Yet men are often unable to make informed choices because they have not been included in reproductive, Maternal Health Care (MHC) services and education. The failure to incorporate men in maternal health promotion, prevention and care programmes by policy makers, programme planners and implementers of maternal health services has had a serious impact on the health of women and the success of these programmes (Nesane et al., 2016).

In 2014, there were an estimated 287,000 maternal deaths worldwide. Sub-Saharan Africa accounted for 56 percent of these deaths (WHO, 2016). From a worldwide perspective, a number of studies have highlighted the important role played by men in making decisions pertaining to maternal health issues and called for male involvement in MHC. However, the men lack knowledge on maternal health issues that limits women's access to life saving treatment (Kululanga, Sundby, Malata, & Chirwa, 2019).

Globally, low male involvement in maternal health care services remains a problem to health care providers and policy makers. For many years, Reproductive Health (RH) issues focused on women in terms of Family Planning, abortion, management of infertility, Sexually Transmitted Infections among others. The numbers relating to maternity is shocking: each year there are at least 3.2 million stillborn babies, 4 million neonatal deaths and more than half a million maternal deaths (Mangeni, Mwangi, Mbugua, & Mukthar, 2018). According to Family Care International (2016), 515,000 women die every year with nearly 99% occurring in developing countries, making maternal mortality the health statistic with the largest difference between developed and developing countries.

Despite great gains in maternal and child health, 3.3 million newborns continue to die each year with 99% of deaths occurring in middle- and low-income countries. Various interventions utilize male involvement to improve maternal and child health outcomes, however male involvement in newborn care is a relatively unexplored strategy (Dumbaugh, et al., 2014). An increasing number of programmatic efforts and initiatives to actively involve men in maternal and safe motherhood issues are being promoted in many sub-Saharan African situations where the burden of maternal and child mortality is high and patriarchal norms and values dominant (Gnale, Dery, & Manu, 2016).

Male partners thus play a critical role in reproductive health and are gradually being incorporated into FP programs, maternal care and HIV/AIDS prevention programs. In sub-Saharan Africa, pregnancy and childbirth are viewed as solely a woman's issue (Gnale, Otupiri, Parker, & Fitpatrick, 2015). A male accompanying a wife to attend ANC is rare and in many African communities it is unthinkable to find male partners accompanying the pregnant woman to the labour room (Babalola & Fatusi, 2016). Within the context of maternal and safe motherhood services delivery, one study in Tanzania found that households headed by men were associated with more home deliveries (Gnale, Otupiri, Parker, & Fitpatrick, 2015). A study in South Africa reported that inadequate knowledge, cultural factors and lack of appropriate services were found to have negatively influenced male participation and involvement in maternal healthcare services (Nesena 2016).

A study done in Nepal revealed that only 40% of husbands accompanied their women attending ANC for the first time and that greater decision making power for women was associated with lower husband accompaniment to ANC and lower overall male involvement. Other reasons reported for low male involvement in maternal health care are that many men feel marginalized and left outside in their contact with the mother and child care services (Muheirwe & Nuhu, 2019).

In Ghana, reported outcomes of effective strategies to involve men in maternal and newborn health varied and included male attendance at maternal health services, men's knowledge and attitudes, couple communication and relations, and service utilization of men and women such as treatment for sexually transmitted infections and HIV testing (Dumbaugh, et al., 2014). Common barriers to male involvement identified across studies included lack of men's maternal health knowledge, stigma of men who participate in maternal health services or family planning, and gendered divisions of cultural responsibilities, health structures, services and information (Dumbaugh, et al., 2014). Most suggested strategies for overcoming barriers

focused on education, empowerment and mobilization of women, men and the community as well as changing health structures and services to be more inclusive and enabling for men (Reece, Hollub, Nangami, & Lane, 2018).

A study in the Central Region of Ghana reported that low male involvement in maternal health care services warrants interventions to improve the situation. Public health interventions should focus on designing messages to diffuse existing sociocultural perceptions and health care provider attitudes which influence male involvement in maternal health care services (Craymah et al., 2017).

In Ghana, involving men in maternal health programs has focused on reproductive health campaigns that emphasise the value of responsible sexual behaviour, small family size, and mutual respect for women (Aborigo, Reidpath, Oduro, & Allotey, 2018).

A quantitative study conducted in Ghana in the East and West Kassena-Nankana Districts in the Upper East Region on men involvement in maternal health reported that the underlying men's reluctance to attend antenatal care is a cultural perception that the overt expression of one's affection and concern for his wife is inappropriate. Some participants said the practice of publicly expressing affection is shameful and can only be a borrowed culture from the "Whiteman" (Aborigo et al., 2018).

The level of male involvement in maternity care varies across communities and countries. There are various factors that could determine the level of male involvement. These could be sociodemographic, cultural, or even inherent factors in the health delivery systems (Craymah et al., 2017). The present study seeks to assess male involvement in MHC in Holy Family, Hospital, Berekum.

## **1.1 Problem statement**

In Sub-Saharan Africa, one out of every thirteen women dies of pregnancy-related causes compared with one in 4,085 women in industrialized countries (Craymah et al., 2017).

Prevention of mother to child transmission (PMTCT) of Human Immunodeficiency virus (HIV) infection should be prioritized in sub-Saharan Africa. Nearly all these infections, in principle, should have been prevented. The most common route of transmission for these infants is transmission from mother to child (MTCT) which occurs in up to 90% of cases (WHO, 2016). A husband's role is a likely determinant for the successful implementation of PMTCT guidelines/standards in Sub-Saharan Africa (Ditekemena, et al., 2016).

Married men have traditionally not been involved in the reproductive health care of their partners especially those relating to pregnancy (antenatal, delivery and postnatal). The global maternal mortality ratio is 210 per 100,000 live births (World Health Organization (WHO), 2015). In 2010, there were 287, 000 maternal deaths with 99% contributed by developing countries. Ghana has a high maternal mortality ratio of 350 per 100,000 live births (WHO, 2015). This statistic is very discouraging especially when most of these deaths can be prevented.

The situation in Ghana is similar to what pertains in other African countries. A brief look at ANC attendance in any government health facility shows mostly women in attendance. The men seen at the ANC tend to be health workers and very few men brave the odds to accompany their partners for ANC (Dumbaugh, et al., 2014). It has been recognized that though maternal and newborn survival requires improvements in basic and comprehensive obstetric care coverage and quality, inclusion of men in maternal and safe motherhood services is required to increase the use of these services, eliminate delays in accessing care, and promote timely referral when problems arise (Gnale, Dery, & Manu, 2016). In societies

where patriarchal norms are dominant, men are often major decision-makers for the family, hence decisions around when, where and even if a woman should have access to healthcare often are made by men (Gnale, Dery, & Manu, 2016).

Understanding the strategies that health care providers employ in order to invite men to participate in maternal health care is very vital especially in today's dynamic cultural environment. Effective utilization of such strategies is dependent on uncovering the salient issues that facilitate male participation in maternal health care (Kalulanga et al., 2019).

## **1.2 General objective**

To determine male involvement in maternal health care in Holy Family Hospital, Berekum.

## **1.3 Specific objective**

1. To assess the knowledge level of male partners on maternal health care.
2. To determine the benefits of male involvement in maternal health care.
3. To determine strategies to promote male involvement in maternal health care.

## **1.4 Operational definition of terms**

**Married men:** A woman's partner in marriage

**Involvement:** Contain or include something as a necessary element

**Factor:** Something that contributes to or has an influence on the outcome of something

**Strategy:** A carefully devised plan of action to achieve a goal, or the art of developing or carrying out such a plan

**Maternal health:** health of a woman during pregnancy, child birth, and the postpartum period.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter contains review of relevant literature related to the research topic. A well-structured literature review begins with broad or general information, then narrows the focus to those studies most closely related to the research problem.

#### 2.1 Overview

Globally women are giving birth to fewer children today than three decades ago. However, there are still a handful of countries with persistently high fertility such as Niger (7.0), Mali (6.0) or Democratic Republic of Congo (6.0). In other countries with lower fertility such as Ethiopia, fertility varies within different regions. It ranges from 1.7 in Addis Ababa, the capital city, to 6.4 in Somali, a regional state in Ethiopia. Among countries with persistently high fertility, there is often a high burden of maternal, infant and child mortality (World Bank, 2020).

Maternal and child health (MCH) programs focus on health issues concerning women, children and families, such as access to recommended prenatal and well-child care, infant and maternal mortality prevention, maternal and child mental health, newborn screening, child immunizations, child nutrition and services for children with special health care needs. States invest in healthy children and families to strengthen communities and avoid unnecessary health care costs (NCSL, 2020). Reducing maternal and perinatal mortality in Sub Saharan Africa remains challenging and requires effective and context specific interventions.

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period (WHO, 2015). It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and

mortality. The goal of maternal health care services is to ensure that no woman or newborn dies or incurs injuries due to pregnancy and or childbirth. However, to achieve this goal, maternal health service planners, service managers and providers need to view maternal health services in the context that women's potential to control and improve their wealth as well as their health is more limited than men's in most parts of the world (Engender health, 2015). The 2015 World Health Organization (WHO) recommendation on maternal and newborn health promotion interventions included active involvement of men during pregnancy, child birth and post partum period as an effective intervention to improve maternal as well as newborn health outcomes.

## **2.2 Historical Antecedents and Global Efforts to Involve Males in Reproductive Health**

For many years, international programmes organized on reproductive health and family planning focused on women exclusively (Kululanga et al., 2019). Male involvement was limited, often to ensuring contraceptive continuation and acceptability or to promoting the diagnosis and treatment of sexually transmitted infections (Byamugisha et al., 2018). There has been concern that male involvement might result in patriarchic domination and reduce feminine autonomy, thus a great deal of maternal health programmes have targeted on women and a few have overemphasised women authorization, feminine autonomy and their decision-making powers (Byamugisha et al., 2018). Men, often perceived as uncaring and unconcerned about the wellbeing of their partners, were ignored, (Kululanga et al., 2019). However, subsequent to the International Conference on Population and Development (ICPD), approaches to improving sexual and reproductive health underwent some changes, in favour of increasing the role of men (WHO, 2014). Young adult education and behavioral modification, group counselling are strategies that have been used to incorporate men in the health care of the pregnant mother (Kululanga et al., 2019).

Despite global progress on involvement of males in reproductive health, there are often many challenges and obstacles. The study noted that in several African communities, men play a leading role in reproductive health and issues concerning maternal health, and a variety of choices, like sexual instigation, whether to abort a baby, the use of contraceptives, prevention and treatment of sexually transmitted infections (STIs) and HIV, and still rely on men (Byamugisha et al., 2018; WHO, 2014).

In addition to these challenges, health care providers and policy-makers have customarily instigated plans and measures that are uncondusive to male decision-makers receiving the necessary education to make sound decisions regarding maternal health issues (Nesane, Maputle, & Shilubane, 2016).

### **2.3 Knowledge Level of Male Partners on Maternal Health Care**

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Although important progress has been made in the last two decades, about 295, 000 women died during and following pregnancy and childbirth in 2017. This number is unacceptably high (WHO, 2020). Much of the reproductive health problems women face could be prevented if male partners were empowered with adequate knowledge and skills in respect of RH.

In Gambia, men were ignorant about the importance of completing the recommended four ANC visits (WHO., 2015). A cross-sectional community-based survey was conducted in Northwest Ethiopia. The study found that Half of the men stated one danger sign that may occur during pregnancy 49.4%; one third during delivery 32.9%; and 25.8% during postpartum period. Men's level of knowledge about obstetric danger signs was found to be very poor (Mersha, 2018).

In Bangladesh, a study found that Sixty-five percent of husbands were aware that women have special rights related to pregnancy and childbirth, which was significantly higher than that of women (55%). Around two-thirds of husbands reported that they were aware of the importance of women availing MNH services. Only 22% husbands were aware of the importance of women attending at least four ANC contacts during pregnancy. Around one-quarter of men could mention three or more pregnancy-related danger signs. Less than one-fifth of husbands could recall three or more delivery-related danger signs. Only 7% of the husbands could mention three or more danger signs related to pregnancy, birth, postpartum and newborns (Rahman, et al., 2018).

#### **2.4 Benefits of Male Involvement in Maternal Health Care**

Male involvement has been defined as the willingness of male partners to acknowledge and participate in maternal health issues (Byamugisha, Tumwine, Semiyaga, Tylleskar, & Tumwine, 2018). It refers to men acting together with their partners at all levels and supporting decisions and practices that will enhance the wellbeing of women. For example, this entails accompanying their partners to ANC clinics, supporting financially for ANC activities, discussing health issues relating to the pregnancy with their partners among others (Byamugisha et al., 2018).

Male presence during labour had a positive impact on relieving the stress of the mother during childbirth and resulted in a higher proportion of spontaneous labour (Suandi, Williams, & Bhattacharya, 2019). Similarly, a study in Nepal reported that Nepalese women who were accompanied by their partners to ANC felt greater self-confidence and relief of stress, and facilitated communication (Sapkata, Kabayashi, & Takase, 2017). Studies have demonstrated that the presence of social support is a significant factor in women's adjustment to the stress of childbearing (Thapa & Niehaf, 2016).

While men's knowledge and attitude towards women's reproductive health needs are themselves influenced by socio-cultural and demographic factors, they affect male participation in maternal health. Men's knowledge or misconceptions about their partner's maternal health needs determine, to a large extent, how they respond financially, physically, and emotionally to those needs. Evaluating men's information on birth readiness, low levels of information with only 13% assisting in the arrangement for emergency transport to the clinical facility (Kakaire, et al., 2016). Kakaire et al. (2016), researched that, 44.3% of men had savings to cater for complications which may result from the pregnancy and 65.7% made plans for where delivery would take place. About 43% of women also had their male counterparts offering transportation at the time of labour.

In Tanzania, a survey found that promoting men's involvement in antenatal care (ANC) requires an understanding of their views on how they ought to be involved. Their involvement in ANC services can help in reducing delay in deciding to seek care and facilitate women's access to skilled antenatal services. About 63.4% of respondents accompanied their partners to ANC services. Men's view was that they can be involved through accompanying their partner to ANC clinics and providing money for health services (Gibore & Gesase, 2020). Another study in Tanzania reported that the level of men's involvement in antenatal care was high (53.9%). Majority 89% of respondents made joint decisions on seeking antenatal care. More than half (63.4%) of respondents accompanied their partners to the antenatal clinic at least once. About 77.3% of respondents provided physical support to their partners during the antenatal period (Gibore et al., 2019). Most men also do not accompany their partners to family planning, or ANC consultations and during labor, or delivery. It is documented that men in Kenya, Uganda, and South Africa are not involved in pre-natal and postnatal activities because clinic issues are culturally perceived as women's affairs (Kariuku & Seruwagi, 2016).

In most instances it wasn't that the men did not understand the importance of antenatal care, but rather that it just was not a common practice (Singh, Lample, & Earnest, 2014). For instance, one study found that some men understand the benefit of male involvement in ANC. That it gives them more information on the benefits of attending antenatal care and supporting their partners in giving birth with a skilled birth attendant (Singh et al., 2014). A study in Ghana by Craymah et al., (2017) reported that some 35%, 44%, and 20% of men accompanied their partners to antenatal care, delivery, and postnatal care services, respectively. Also, the attitudes of health workers at the health facility accounted for low male involvement in MHC in our study.

In terms of the number of ANC visits, Mullany and others showed that there was no significant impact of male involvement (Mullany, Becker, & Hindin, 2017). However, in Myanmar, women who were accompanied by their partner to an ANC visit were more likely to have more than four ANC visits during pregnancy (Woi, Shibanuma, & Norwe, 2015).

A recent study conducted in under-served communities in Accra, Ghana, by Atuahene et al. (2017) found out that out of 256 participants, only 47 (8.4%) men ever accompanied their partners to ANC clinics. Even out of the 47, 40.4% accompanied their partners to ANC clinics only once, 51.1% went twice, and only 8.5% went with their partners at least four times (Atuahene, Arde-Acquah, Ayuahene, Adjuik, & Ganle, 2017).

## **2.5 Strategies to Promote Male Involvement in Maternal Health Care**

Improving men's involvement in maternal health requires considerable efforts and strategies that need to be implemented. In Kenya, even though men were fully aware of the benefits of their support in maternal health, factors such as pregnancy support being viewed as the female role in society, poor attitude of health staff, and unfriendly ANC services limited their involvement (Ganle & Dery, 2015). A study in Malawi also found that the most effective and

sustainable way to encourage male partner involvement is through the use of male peers (Kululanga et al., 2018). Another study in Uganda that examined the perceived benefits of male involvement in ANC found out that having knowledge of at least three ANC services, getting health information from the health staff, and a partner having delivered the last child in the health facility were all factors that increased male involvement in ANC (Tweheyo et al., 2015). Recent studies in Ghana indicates that men are not necessarily indifferent towards maternal healthcare. Rather, they operationalized their care within the spaces allowed for them by the society (Bougangue & Ling, 2017). Aborigo et al. (2018) also found that restricted access to men at the health facilities, as well as negative behavior of health staff, are barriers to male involvement in ANC. Nonetheless, negative opinions and attitude by the majority of women towards male involvement in ANC was a limitation to male partner participation in Ghana (Ganle et al., 2016).

A cross sectional survey by Byamugisha, et al., (2018) reported that frequently women have to wait for a long time before receiving ANC services because of burdensome administrative procedures which result in poor patient/client through-put in health facilities. Men, who frequently are in the paid workforce, are often not in a position to spend virtually the entire day participating in ANC services. Similarly, long waiting times at the antenatal clinics decreased the likelihood of service utilization by their partners (Gibore & Gesase, 2020).

Friendly staff attitudes encourage men to accompany their partners to ANC clinics as well as support them in other maternal health issues such as funds for running laboratory test, discussing issues relating to the pregnancy among others. If men also feel that time spent during ANC sessions is taking more than they expected, they were likely not to accompany their partners to the ANC clinics because of their busy schedules (Ganle & Dery, 2015).

## CHAPTER THREE

### MATERIALS AND METHODS

#### 3.0 Introduction

This chapter deals with the area of the study, population of study, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration and the limitations of the study.

#### 3.1 Study area

The Holy Family Hospital Berekum is situated in Biadan. A suburb of Berekum East Municipality the Bono Region of Ghana. Due to the strategic location of the hospital patients from other parts of Ghana and neighboring country like La 'Cote D'ivoire visits the hospital. The hospital shares boundary with the Holy Family Nursing and Midwifery Training College, Berekum. The Methodist Church, Berekum can be located on the road leading to the hospital. The hospital has a bed capacity of about 250 beds and provides the following services; General Surgery, Child Health, Obstetrics/Gynecology, Ultrasonography, Ophthalmology, Physiotherapy, Laboratory Investigations and Blood Transfusion. The rest are X-Ray Investigations, HIV/AIDS (VCT, ART, and PMTCT), Special Diabetic Clinic, Special Hypertensive Clinic, Special TB Clinic, Special eye clinic, Pharmacy and Morgue Services. The hospital has the following existing departments (Wards): Medical Ward (male and female), Maternity Ward, Surgical Ward (male & female), Children's Ward, neonatal intensive care unit (NICU), Labour ward, Outpatients Department (OPD), Antenatal Clinic and Operating Theatres for general surgeries.

### **3.2 The study population**

The target population were married men who are living in Berekum East Municipality who have accompanied their partners to at least a single maternal health care center. Participation was voluntary. According to the population and housing census report in 2021, the total population of men in Berekum East Municipality is 50,163 out of which 38.7% are married which is 19,413 of the entire male population in Berekum East Municipality.

### **3.3 Study design**

Cross sectional observational design was adopted for the study. Cross sectional study design is a type of observational design (do not involve the overt manipulation or management of variables) which deals with the study of the characteristics of research participants now. This design allowed the research team to compare many different variables at the same time. Moreover, since data collected under cross sectional design is at a specific point in time participants did not quit the study because they used less time in providing the research team with the needed information.

### **3.4 Sampling technique and Size**

Sampling is the process by which you reduce the total research population for a research project to a number which is practically feasible and theoretically acceptable (MacDonald & Headlam, 2015). For this study, convenience sampling was used. This sampling technique was chosen because it is extremely speedy and not costly. A total of 50 respondents were sampled for the study.

### **3.5 Data collection methods and instruments**

Written questionnaires with both open and close ended questions were used in the exercise to collect the information from the respondents. The questionnaire was cross – checked for

accuracy. The answered questionnaire was kept in files and safely stored until they are analyzed.

### **3.6 Data analysis techniques**

All returned questionnaires were checked for missing data. Data was entered and analyzed using the Microsoft excel and results was presented in the form of frequencies and percentages.

### **3.7 Ethical consideration**

An introductory letter seeking for permission to conduct the study was obtained from the college. The research team believed that maintaining the confidentiality and anonymity of the participants is crucial to this study. Informed consent was obtained after comprehensive explanation of the purpose and procedure of the study to the participants. Participants were informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview and that would not affect them negatively and were assured of confidentiality of all information that was obtained. Furthermore, the identities of the participants were not be disclosed, and only aggregate data was reported.

### **3.8 Limitation of the study**

The study was limited by financial resources since no sponsorship was obtained for the study. Secondly, because of time limit and a broad topic, the study was conducted with a small sample size of 50.

## CHAPTER FOUR

### ANALYSES OF DATA

#### 4.0 Introduction

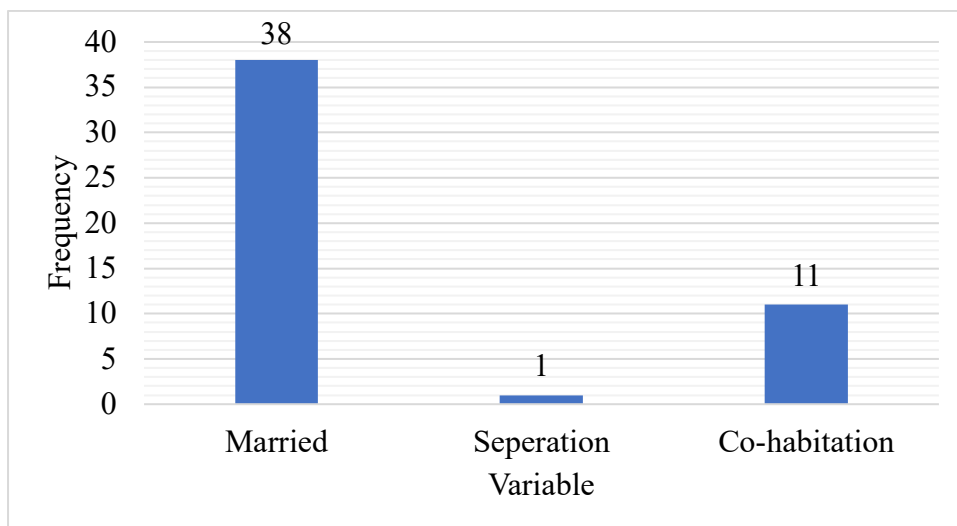
A detailed discussion of the analysed results is presented in this chapter. The data collected was coded and analysed with the help of Microsoft excel. Descriptive statistical measures, such as tables with percentages, along with graphs are used to show the occurrence of different observations as investigated in the study.

#### 4.1 Socio-Demographic Characteristics of Respondents

**Table 4. 1: Age of respondents**

Variable	Frequency (n)	Percentage (%)
20-26	1	2
27 and above	49	98

The ages of the respondents at their last birthday, majority (98%) of the respondents were aged 27 years and above.



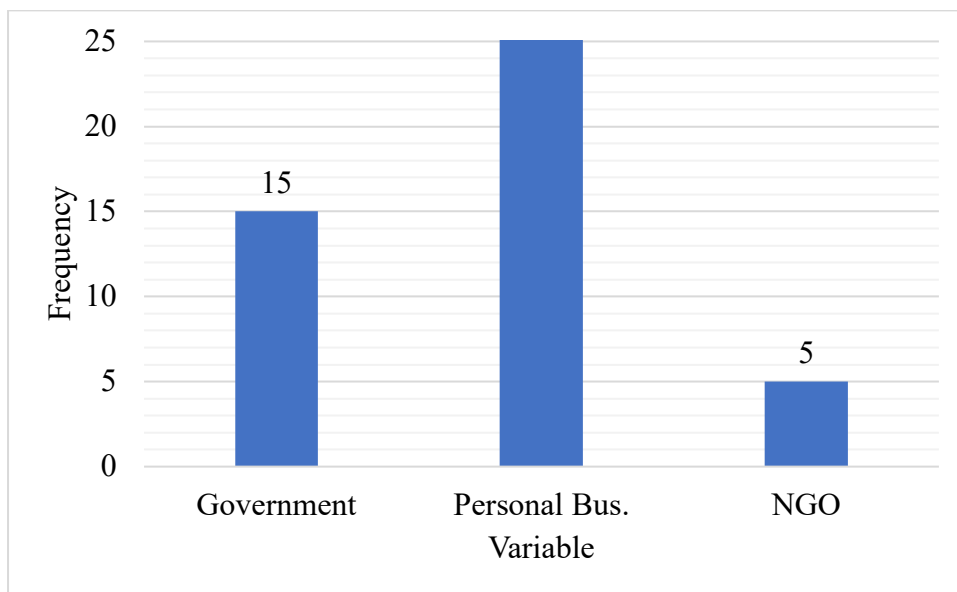
**Figure 4. 1: Respondents marital status**

Figure 4.1 indicates that respondents indicated that 76% were married, 22% were co-habiting and 2% were separated.

**Table 4. 2: Respondents educational status**

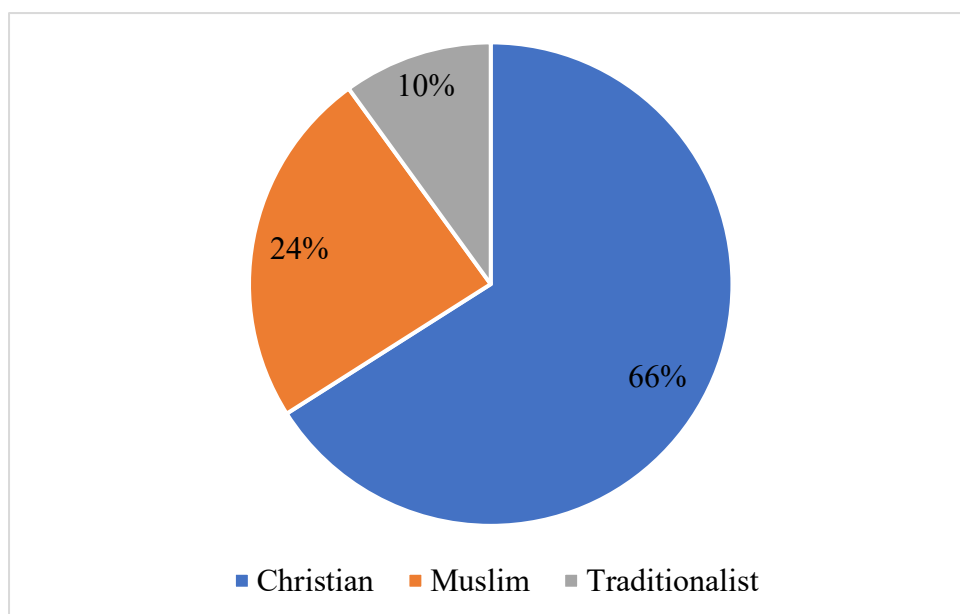
Variable	Frequency (n)	Percentage (%)
No formal education	5	10
Middle/Basic School	5	10
Secondary	18	36
Tertiary	22	44

Table 4.2 shows findings about the educational background, 44% of the respondents had tertiary level education, 36% had secondary level education, middle/basic school education (10%) and 10% of the respondents had no formal education.



**Figure 4. 2: Respondents occupation**

Finding out the respondents occupation, 60% had their personal businesses, 30% were government employees and 10% were NGO employees.



**Figure 4. 3: Respondents religion**

According to the respondents, 66% of them are Christians, 24% were Muslim and 10% were Traditionalist.

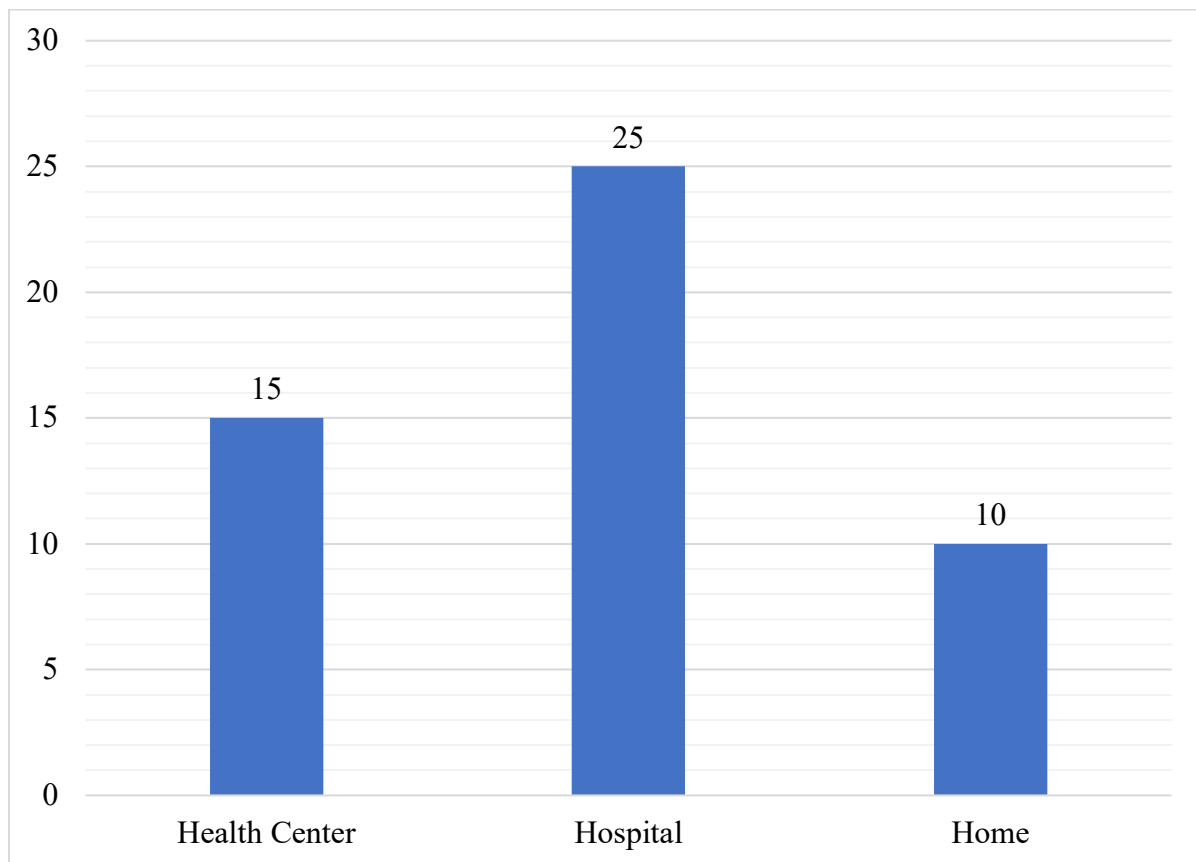
#### 4.2 Knowledge Level of Male Partners on Maternal Health

**Table 4. 3: Knowledge level of male partners on maternal health**

Variable		Agree	Disagree	Don't know
Maternal health refers to the health of women during pregnancy, childbirth and postnatal period?	n	48	1	1
	%	96	2	2
ANC or PNC is where women seek help regarding their maternal health?	n	49	0	1
	%	98	0	2
Women should have at least four ANC contact during pregnancy?	n	42	0	8
	%	84	0	16

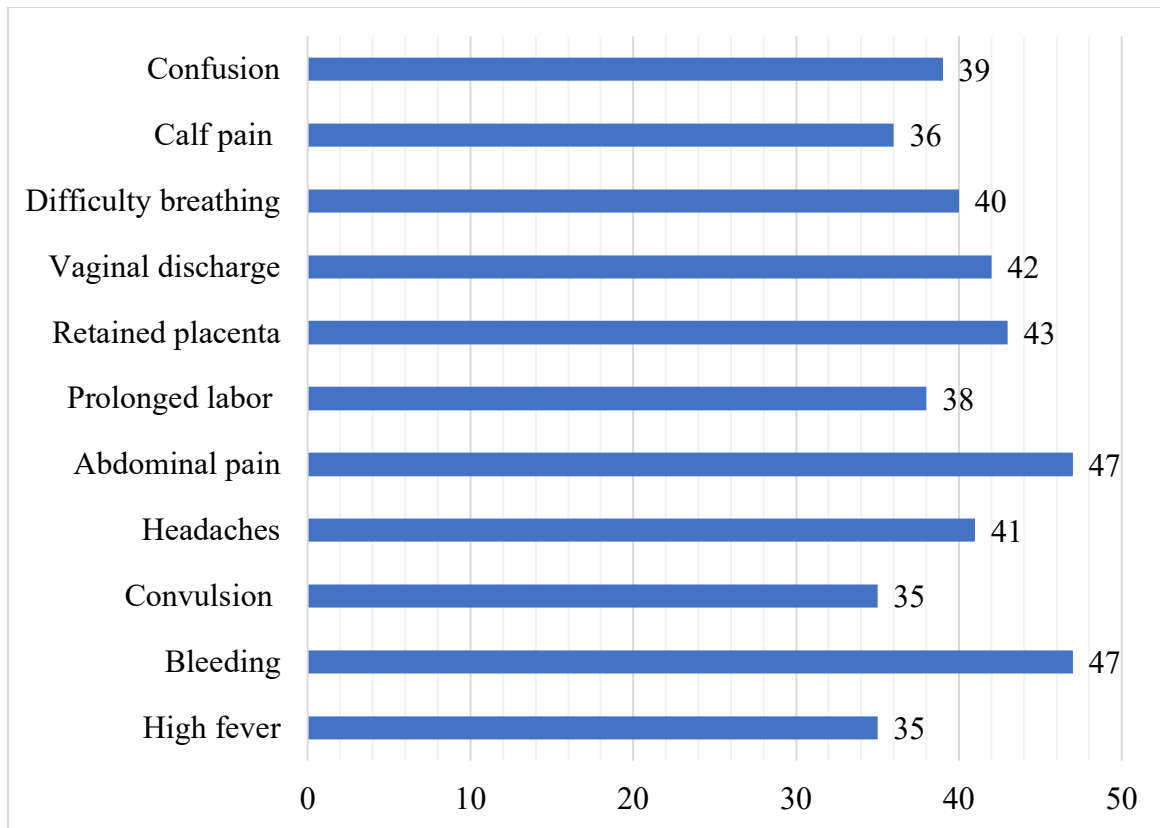
The table above depicts that majority (96%) of the respondents agreed that maternal health is the health of women during pregnancy, childbirth and postnatal period. Majority (98%) of the respondents were in favor of the statement “ANC or PNC is where women seek help

regarding their maternal health'. Majority (84%) of the respondents strongly agreed that women should have at least four ANC contact during pregnancy.



**Figure 4. 4: Place of birth of partner**

In trying to enquired the place they gave birth to, 50% of the respondents gave birth at the hospital, 30% gave birth at the health center and 20% gave birth at home.



**Figure 4. 5: Obstetric danger signs**

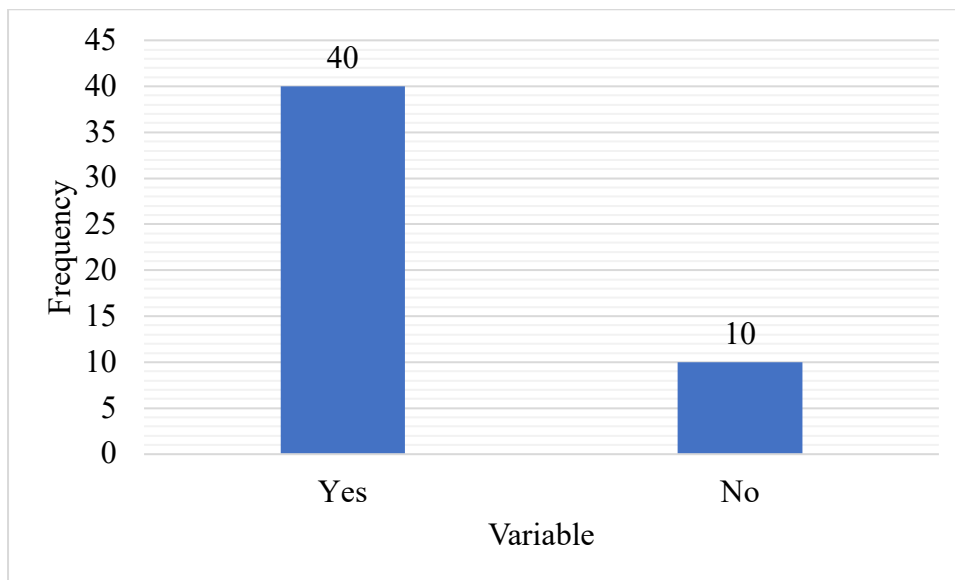
In soliciting an idea about obstetric danger signs as they could select as many as they can, it came out clearly that 94% of the respondents were of the opinion that severe abdominal pain is as danger sign, 94% of the respondents indicated excessive bleeding, 82% of the respondents had the opinion that severe headaches with blurred vision, 76% of the respondents mentioned Prolonged labor (>12 h), 78% of the respondents reported confusion, 70% reported high fever and convulsion. 72% of the respondents reported calf pain as obstetric danger sign, 86% of the respondents reported retained placenta as obstetric danger sign, 84% reported foul-smelling vaginal discharge, 80% mention difficulty breathing as obstetric danger sign.

### 4.3 Benefits of Male Involvement in Maternal Health

**Table 4. 4: Number of times respondent has accompanied partner to ANC/PHC**

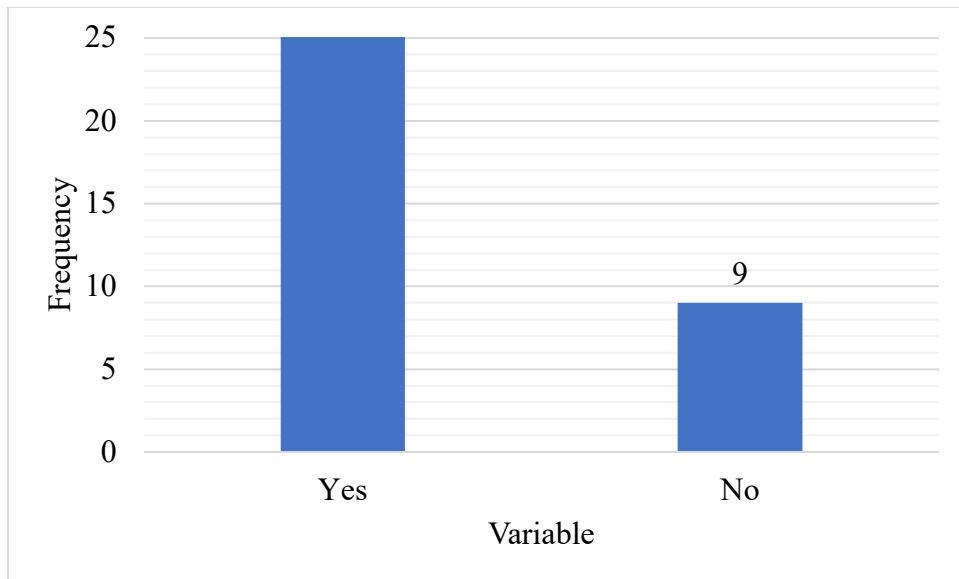
Variable	Frequency (n)	Percentage (%)
One time	7	14
Two times	13	26
Three times	15	30
More than three times	8	16
None	7	14

Indication clearly state that 30% of the respondents had attended maternal health care with their partner three times, 26% had attended maternal health care with their partner twice, 16% had attended maternal health care with their partner more than three times and 14% had either attended maternal health care with their partner once or none.



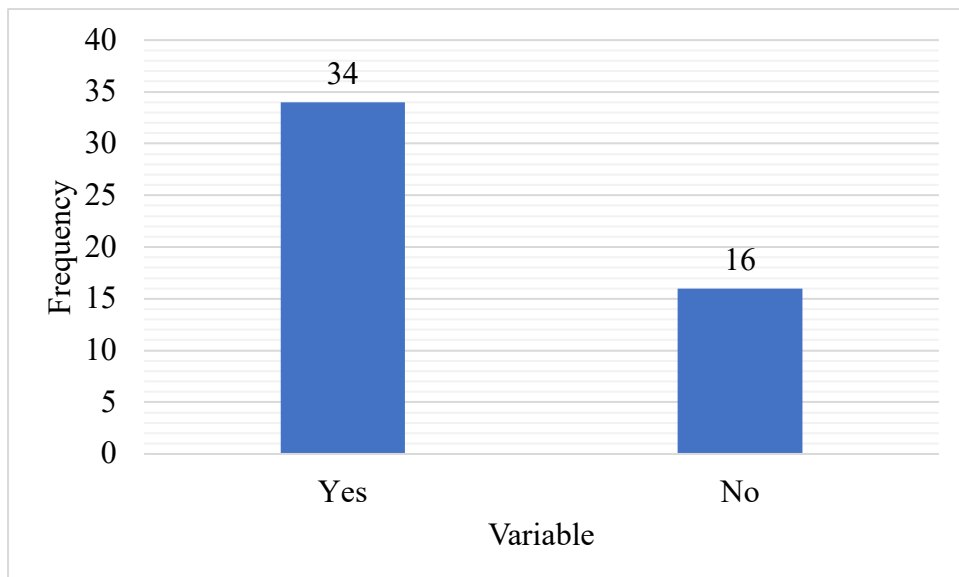
**Figure 4. 6: Male involvement decreases complications**

As illustrated in figure 4.6 respondents indicated that 80% of maternal health care decreases childbearing complications.



**Figure 4. 7: Male involvement increases self esteem**

By the indications, 82% of the respondents mentioned that male involvement in maternal health care increases the self-esteem of the female partners as clearly indicated in the bar chart.



**Figure 4. 8: Male involvement increases postpartum utilization of services**

Soliciting the ideas about postpartum utilization 68% of the respondents indicated that male involvement increases postpartum utilization of services while 32% disagreed.

**Table 4. 5: Benefits in accompanying partner to the clinic**

<b>Variable</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Gives your partner greater self-confidence	48	96
Reduces your partners' stress of childbearing	41	82
Increases her frequency of maternal attendance	44	88
Reduces time spent during maternal visits	43	86

Table 4.5 shows benefits in accompanying partner to the clinic, Majority (96%) of the respondents indicated that accompanying their partner to the clinic give their partner greater self-confidence. Majority (88%) of the respondents indicated that accompanying their partner to the clinic increases her frequency of maternal attendance. Majority (86%) of the respondents indicated that accompanying their partner to the clinic reduces time spent during maternal visits and Majority (82%) of the respondents indicated that accompanying their partner to the clinic reduces their partners' stress of childbearing.

#### **4.4 Strategies to Promote Male Involvement in Maternal Health**

**Table 4. 6: Strategies to promote male involvement in maternal health**

<b>Variable</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Frequent advertisement on social media	46	92
Good way of welcoming males when they accompany their partners	47	94
Offering them seat and serving them coffee	49	98
Providing privacy and ensuring them confidentiality	46	92
Address every need and importance of accompanying their partners	45	90
Shortened time spent at the clinic when accompanied by partner	42	84
Male partners getting health information from the health staffs	43	86
Education to the man based on the needs of his woman	47	94

According to the respondents strategies to promote male involvement in maternal health are as follows; majority (98%) of the respondents cited that offering the male partners seat and serving them water (according to the hospital protocol) will increase their involvement in maternal health care. Majority (94%) of the respondents indicated good way of welcoming males when they accompany their partners and education to the man based on the needs of his woman as ways of improving male involvement in maternal health care. Majority (92%) of the respondents indicated providing privacy and ensuring confidentiality and frequent advertisement on social media (e.g., churches, TV, FM stations etc.) as ways of improving male involvement in maternal health care. Majority (90%) respondents cited that addressing every need and importance of accompanying their partners will increase male involvement in maternal health care. Most (86%) of the respondents indicated that male partners getting health information from the health staffs is a strategy for increasing male involvement in maternal health care. Most (84%) of the respondents indicated shortened time spent at the clinic when accompanied by partners is a way of improving male involvement in maternal health care.

## CHAPTER FIVE

### DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

#### 5.0 Introduction

The findings are briefly discussed with references to support the study. The chapter also includes the conclusions drawn from the various findings of the study and finally makes recommendations to help curtail the situation at hand.

#### 5.1 Discussions

##### 5.1.1 Knowledge Level of Male Partners on Maternal Health

WHO (2020) defines maternal health as the health of women during pregnancy, childbirth and the postnatal period. The finding in the study showed that (96%) of the respondents agreed that maternal health is the health of women during pregnancy, childbirth and postnatal period. Majority (98%) of the respondents were in favor of the statement “ANC or PNC is where women seek help regarding their maternal health’. This finding is in line with a study conducted by Mersha (2018) which reported that most of the respondents indicated that ANC/PNC is a place where women sought for help on their maternal health issues.

The overall knowledge regarding obstetric danger signs was good with their average knowledge been 80.4%. Contrary, Mersha (2018) found that Men’s level of knowledge about obstetric danger signs was found to be very poor.

In the current study majority (84%) of the respondents strongly agreed that women should have at least four ANC contact during pregnancy. This is in line with the study conducted by Rahman et al. (2018) which reported in their study stressed on the importance of women having at least four ANC visits during pregnancy.

### **5.1.2 Benefits of Male Involvement in Maternal Health**

Majority of the respondents indicated that accompanying their partner to the clinic gave their partner greater self-confidence, reduces partners' stress of childbearing and increases her frequency of maternal attendance. This finding is in line with the findings in Sapkata et al. (2017) which reported that Nepalese women who were accompanied by their partners to ANC felt greater self-confidence and relief of stress, and facilitated communication. Also in line with a study conducted by Suandi et al. (2019), which found that male presence during labour had a positive impact on relieving the stress of the mother during childbirth and resulted in a higher proportion of spontaneous labour. Studies have demonstrated that the presence of social support is a significant factor in women's adjustment to the stress of childbearing (Thapa & Niehaf, 2016). Again, Woi et al. (2015) holds similar assertion, reported that women who were accompanied by their partner to an ANC visit were more likely to have more than four ANC visits during pregnancy, respectively. However, a report by Mullany et al. (2017) contradicts these findings as they stated that in terms of the number of ANC visits, there was no significant impact of male involvement.

### **5.1.3 Strategies to Promote Male Involvement in Maternal Health**

In answering strategies to promote male involvement in maternal health, the respondents indicated frequent advertisement on social media (e.g., churches, TV, FM stations etc.) This is supported by Byamugisha, et al., (2018) who reported that frequently advertising the benefits of men participation in maternal health is very essential in improving men participation in maternal health care.

Majority of the respondents indicated shortened time spent at the clinic when accompanied by partner as a way of improving male involvement in maternal health care. Gibore and

Gesase (2020) holds similar assertion as they reported that long waiting times at the antenatal clinics decreased the likelihood of service utilization by male partners.

## **5.2 Conclusion**

The respondents had adequate understanding regarding the meaning of maternal health care. The overall knowledge regarding obstetric danger signs was good. The leading benefits of male involvement in maternal health care were decreasing childbearing complications, raising self-esteem of female partners and postpartum utilization of maternal services. The leading strategies to promote male involvement in maternal health care were offering the male partners seat and serving them water, frequent social media advertisement and proving privacy and ensuring confidentiality.

## **5.3 Recommendation**

Based on the findings of the study the following recommendations were made;

1. Maternal Health Care centers should encourage good attitudes towards male involvement in MHC services.
2. Waiting time at the various ANC/PNC centers should be reduced to increase male partners involvement in ANC/PNC.
3. The various media outlets in the municipality should frequently advertise on the benefits of male involvement in maternal health.

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## APPENDICES

### QUESTIONNAIRE

Dear Respondent,

We are students from the Holy Family Nursing and Midwifery Training College, Berekum, conducting research on the topic “Assessment of Male Involvement in Maternal Health Care in Holy Family Hospital, Berekum”. Kindly answer the under listed questions by ticking (√) the appropriate box or write in the spaces provided. Any information provided is confidential. Your opinion is considered right. You can choose to withdraw your participation at any time. It will take you approximately 30 minutes to answer the questionnaire. Thank you.

#### SECTION I: SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. Indicate your age .....in years at last birthday

2. What is your marital status?

A. Married

B. Separation

C. Co-habitation

3. What is your highest educational qualification?

A. No formal Education

B. Middle/Basic School Education

C. Secondary

D. Tertiary

4. What is your occupation?

A. Government employee  B. NGO employee  C. Personal Business

5. Which religion do you belong to?

A. Christian  B. Muslim  C. Traditionalist  D. Others

.....

**SECTION II: KNOWLEDGE LEVEL OF MALE PARTNERS ON MATERNAL HEALTH**

6. Maternal health refers to the health of women during pregnancy, childbirth and postnatal period?

A. Agree  B. Disagree  C. Don't know

7. ANC or PNC is where women seek help regarding their maternal health?

A. Agree  B. Disagree  C. Don't know

8. What is the place of birth for your partner?

A. Health centre  B. Hospital  C. Home

9. Women should have at least four ANC contact during pregnancy?

A. Agree  B. Disagree  C. Don't know

10. Which of the following in your opinion are obstetric danger signs?

Tick as many as you can

- High fever
- Excessive bleeding
- Convulsion
- Severe headaches with blurred vision
- Severe abdominal pain
- Prolonged labor (>12 h)

- Prolonged retained placenta
- Foul-smelling vaginal discharge
- Difficulty breathing
- Calf pain or swelling
- Confusion
- Any other (specify): .....

**SECTION III: BENEFITS OF MALE INVOLVEMENT IN MATERNAL HEALTH**

11. How many times have you accompanied your partner to receive maternal care?

- a. One time  b. Two times  c. Three times  d. More than three  e. None

12. Does male involvement in maternal health care decrease possibility of childbearing complications?

- a. Yes  b. No

13. Does male involvement raise the self esteem of female partners?

- a. Yes  b. No

14. Does male involvement increases postpartum utilization of services?

- a. Yes  b. No

15. Accompanying your partner to the clinic gives her the following:

Tick as many as you can

- Gives your partner greater self-confidence
- Reduces your partners' stress of childbearing
- Increases her frequency of maternal attendance
- Reduces time spent during maternal visits
- Any other (specify): .....

**SECTION III: STRATEGIES TO PROMOTE MALE INVOLVEMENT IN  
MATERNAL HEALTH**

Tick as many as you can

- 16. Frequent advertisement on social media (e.g., churches, TV, FM stations etc.)
- 17. Good way of welcoming males when they accompany their partners
- 18. Offering them seat and serving them coffee (according to the hospital protocol)
- 19. Providing privacy and ensuring them confidentiality
- 20. Address every needs and importance of accompanying their partners to the health center
- 21. Shortened time spent at the clinic when accompanied by partner
- 22. Male partners getting health information from the health staffs
- 23. Education to the man based on the needs of his woman

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)  
**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**  
**BEREKUM**



**BANKERS:**

Ghana Commercial Bank, Berekum  
Agric Development Bank, Berekum  
Fidelity Bank, Berekum

IN GOD IS OUR HELP  
AND HEALTH

Our Ref. HFNMTC/GC/011/090622

Your Ref. ....



P. O. Box 21,  
Berekum, B/A  
Ghana, W/Africa  
Tel. 0352222124  
Fax: 0352222474

September 6, 2022

Date .....

The Administrator  
Holy Family Hospital  
Berekum

Dear Administrator

**PERMISSION TO CONDUCT RESEARCH**

I wish to introduce to you the under-listed names of final-year students of the College:

1. Ruth Ataa Nyarko
2. Happy Saasor

As part of the pre-requisite for the award of Diploma in Nursing, they are to conduct a research study, hence the data collection on "Assessment of male involvement in maternal health care in Holy Family Hospital, Berekum".

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

Joseph Appiah  
Supervisor

For: Principal

Received on 18/09/2022  
Magbity

