

Attitude and Practice of Males towards Antenatal Care in Saki West Local Government Area of Oyo State, Nigeria

Akintaro Opeyemi Akinpelu^{1*} Olabisi Isaiah Oluwaseyi²

1. Department of Human Kinetics and Health Education, Faculty of Education, University of Ibadan, Ibadan, Nigeria.
2. Department of Nursing, Faculty of Basic Medical Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria

* E-mail of corresponding author: ope4jesus44@yahoo.com

Abstract

This study examined attitude and practice of males towards antenatal care in Saki West Local Government Area of Oyo State, Nigeria. Descriptive survey research design was used for this study and the instrument for data collection is self developed questionnaire in four-point Likert scale format with reliability coefficient of 0.76. Men of reproductive age in Saki metropolis formed the population for this study while the total sample for the study is one hundred and twenty (120) men of reproductive age. Three hypotheses were raised and tested at 0.05 alpha level using inferential statistics of Chi-Square. The result showed, among other findings, that there is significant relationship between men's level of education and their participation in antenatal care. Consequent upon this, it was recommended that improved strategies hinged on enlightenment and orientation of men should be developed.

Key words: antenatal care, male involvement, maternal health, Saki.

Introduction

Pregnancy and childbirth are privilege functions of women germane for the survival of our species but sometimes comes with potential risks that women should be protected from and this responsibility calls for collective support of the entire family, including the husband. Most maternal and child programmes seek to address the health needs of women and children by engaging and educating pregnant women and mothers in appropriate care seeking and care giving practices for themselves and their children. This focus on women and a tendency to think about pregnancy, child birth and child health has often led to men being excluded from spaces and services which they could learn more about maternal and child health.

According to Nuraini and Parker (2005), antenatal care is a key strategy for reducing maternal mortality and an important determinant for safe delivery. ANC is the attention, education, supervision and treatment given to the pregnant mother from the time confirmed until the beginning of labour in order to ensure safe pregnancy, labour and puerperium. Male involvement activities should seek to address men's own health needs and concerns as well as the needs of their female partners and children. If supported adequately, many men will challenge traditional practices that might endanger their partner's health.

Nanjala and Wamalwa (2012) stated that lack of knowledge by male partners of complications associated with delivery, cultural beliefs, high fees charged for deliveries at health facilities and un-cooperative health workers are major contributing factors to low male partner involvement in child birth activities, hence, improving the levels of education and income of male partners, addressing the cultural beliefs and practices, improving health care provider-client relationship and sensitizing men on complications associated with pregnancy and child birth can contribute significantly in enhancing male partner involvement in promoting deliveries. Men's presence and their participation at the health facilities during antenatal care visit of their wives will help boost the morale of their wives and also bring about a greater sense of commitment of both parents to having healthy mothers and babies (Stycos, 1996).

Males are generally excluded from participating in routine care because the medical system does not accommodate them and the community considers maternal care as exclusive preserve of women. Males tend to be decision makers within the family and often govern behaviour regarding the availability of nutritious food, women's workload and the allocation of money, transport and time for women to attend health services, yet, men are often unable to make informed choice because they have not been included in maternal and child health services.

Singh, Darrooh, Vlassof and Nadeau (2006) stated that male involvement should not be seen as limited to men's participation in clinical services. In practice, male involvement includes the wide variety of actions that men take to support and protect the health of his wife and children. Men can positively influence maternal and child health in a variety of ways and have a right to the information they need to make decisions to protect their own health, and that of the family. Male involvement includes men making informed decisions with their partners or seeking and sharing information about appropriate health behaviour and care during pregnancy, child birth and postpartum. Men can encourage and support antenatal care attendance, ensure good nutrition and

reduce workload during pregnancy, assist with birth preparations and provide emotional support for their wives at home.

Federal Ministry of Health (2003); Jose (2010) submitted that Nigeria has one of the worst maternal health indicators in the world. In most African countries, maternal health issues which include family planning, pregnancy and childbirth have long been regarded exclusively women's affairs (Mullay, Hindin and Becker, 2005). It has been observed that men's involvement in maternal health is a promising strategy for promoting maternal health (Cohen and Burger, 2000; Mullay, Hindin and Becker, 2005) observed that involving husband/partner and encouraging joint decision-making among couples may provide an important strategy in achieving women's empowerment; this will ultimately result in reduced maternal morbidity and mortality. It has also been observed that men's behaviour and involvement in the maternity care of their pregnant partners can significantly affect the health outcomes of the women and babies (Stycos, 1996).

According to National Population Commission (2010), Saki West Local Government Area with headquarters in Saki town has one hundred and thirty four thousand five hundred and ninety one females (134,591) females, one hundred and thirty eight thousand six hundred and seventy seven (138,677) males and a total population figure of two hundred and seventy three thousand, two hundred and sixty eight (273,268), eleven (11) political wards. Saki town is about one hundred and eighty two kilometers (182km) to Ibadan, the state capital. It shares boundaries with ATISBO Local Government, Baruteen Local Government of Kwara State and part of Republic of Benin. The population is mainly Yoruba ethnic group but sparsely populated by the Igbos, Fulanis, and other tribes within the country and immigrants from neighbouring countries like Ghana, Republic of Benin and Togo. Their major occupation is trading and the practices among the people are Christianity, Islam and Traditional religion.

According to Secka (2010), globally it is estimated that nearly 500,000 women die annually from causes related to pregnancy and child birth and 99% of these deaths occur in developing countries. It is sometimes seen as a sign of weakness or bewitchment in some cultures if a man follows his wife to clinic. In many men's minds, their participation in PMTCT would signal weakness and lack of masculinity and power to other men (WHO, 2012). Therefore, this study examined attitude and practice of males towards antenatal care in Saki metropolis, Nigeria.

Statement of the Problem

Men play vital roles in decision making in the family setting including pregnancy, delivery, child health and the general maternal and child's health thus promoting and preserving the life and future of the family. Health challenges and consequences such as maternal mortality and disabilities are high between the third trimester and first week after birth due to haemorrhage, sepsis and obstructed or prolonged labour assisted with infant morbidity and mortality due to non-involvement of men in antenatal care as decision makers. A longitudinal study conducted in the United States in 2002 with a sample size of 5404 women and their partners explored the effect of father involvement during pregnancy on receipt of prenatal care and maternal smoking; 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 and smokers reduced smoking by 36% as opposed to those whose partners were not involved in their pregnancy care (Martin, Mcnamara, Millot, Halleh and Hair, 2007). Male involvement allows better understanding of maternity issues and cares and ways of recognizing obstetrical emergency. Finding solution to common health problems early and improved better health for the entire family can be achieved through male involvement. Hence, this study examined attitude and practice of males towards antenatal care in Saki metropolis, Nigeria.

Hypotheses

The following hypotheses will be tested:

1. There will be no significant relationship between men's attitude and their participation in ANC.
2. There will be no significant relationship between men's occupation and their participation in ANC.
3. There will be no significant relationship between men's level of education and their participation in ANC.

Methodology

Descriptive survey research design was used for this study and the instrument for data collection is self developed and structured questionnaire of Involvement in Antenatal Care Questionnaire (IACQ). Ten respondents were used for the field-testing of the instrument which was later analyzed yielding reliability coefficient of 0.76. The study population is men of reproductive age in Saki West LGA. A total of one hundred and twenty (120) respondents were sampled for this study. There are eleven (11) wards in Saki West LGA; fish bowl with replacement was used to select three (3) wards out of the total eleven wards in the metropolis, while purposive sampling technique was used to select forty (40) respondents from each of the three selected wards thereby giving a total of one hundred and twenty (120) respondents.

Results and Discussion

Hypothesis 1: There will be no significant relationship between men's attitude and their participation in ANC in Saki West LGA of Oyo State, Nigeria.

Table 1: Relationship between attitude and practice

Variable (Attitude)	Practice of MI		Total	df	Sig.
	NO	YES			
Negative	3	30	33	1	.683
positive	5	82	87		
Total	8	112	120		

P (.683) > 0.05, df = 1. Null hypothesis is not rejected.

The table above showed that the significant P (0.683) is greater than 0.05, and the degree of freedom is 1, hence, the null hypothesis is upheld. This implies that there is no significant relationship between men's attitude and their participation in ANC. Nanjala and Wamalwa (2012) in their study on determinants of male partners' involvement in promoting deliveries by skilled attendants in Busia, Kenya, found out that very high percentage of male partners indicated that they would be ridiculed by their peers and relatives if they were seen participating in pregnancy and child birth issues. It further noted that improving the levels of education and income of male partners, addressing the cultural beliefs and practices and sensitizing male partners on complications associated with pregnancy and child birth can go a long way in promoting male partners involvement in antenatal care. Similarly, Theuring et al. (2009) found out that there is a contradiction between men's positive attitudes and their low participation rates in PMTCT sites, which requires explanation.

Hypothesis 2: There will be no significant relationship between men's occupation and their participation in ANC in Saki West LGA of Oyo State, Nigeria.

Table 2: Relationship between Occupational Status and Practice of ANC

Variable	Occupational status						Sig.
	Civil servant	Self employed	Student	Others	Total	df	
No	2	3	0	3	8	3	.890
Yes	31	29	2	50	112		
Total	33	32	2	53	120		

P (.890) > 0.05, df = 3. Null hypothesis is not rejected.

The table above showed that the significant P (0.890) is greater than 0.05, and the degree of freedom is 3, hence, the null hypothesis is upheld. This implies that men's occupation does not significantly affect their participation in ANC. This finding is in line with that of Furuta and Salway (2006) in a study on women's position within the household as a determinant of maternal health care use in Nepal, they found out that women whose husbands were unskilled workers were the least likely to report involvement in decision making bothering on their reproductive health. Olugbenga-Bello, Asekun-Olarinoye, Adewole, Adeomi and Olarewaju (2013) in a study on perception, attitude and involvement of men in maternal health care in a Nigerian community discovered that male involvement is significantly associated with their occupation and educational status. Male partner's level of education and occupation has effect on his involvement in supporting his spouse to access delivery services (Nanjala and Wamalwa, 2012).

Hypothesis 3: There will be no significant relationship between men's level of education and their participation in ANC in Saki West LGA of Oyo State.

Table 3: Relationship between Level of Education and Practice of ANC

Variable	Level of Education				Total	df	Sig.
	No formal education	Primary education	Secondary education	Tertiary education			
No	2	3	2	1	8	3	.000
Yes	1	13	37	61	112		
Total	3	16	39	62	120		

P (.000) < 0.05, df = 3. Null hypothesis is rejected.

The table above showed that the significant P (0.000) is less than 0.05, and the degree of freedom is 3, hence, the null hypothesis is rejected. This implies that there is significant relationship between men's level of education and their level of participation in ANC. This finding is in line with the result of Salam, Khan, Salahuddin, Choudhury, Nicholls and Nasreen (2009) in a study on maternal, neonatal and child health in selected northern districts of Bangladesh, they found a better male involvement in some of the selected study area which they attributed to better education and wealth status in some of the areas. Similarly, Nanjala and Wamalwa (2012) contended that it can be argued that male partners with some basic level of education better understand the complications associated with unskilled delivery, education also enables men to discard the negative attitudes and cultural beliefs, and it is also likely that men with high level of education have some formal employment which enables them to raise funds that they can use to pay hospital bills for delivery services. Similar findings were established in a study of Salvadoran fathers' by Carter and Speizer (2005) which revealed that attendance at prenatal care, delivery and postpartum care where men with more than a primary school education were more likely than their less educated counterparts to participate in birth related activities. Husband's level of education showed fewer significant relationships with maternal healthcare; while women with secondary or higher education had dramatically higher odds of using antenatal or delivery care than did women having no schooling or an incomplete primary education, associations between women's education level and their receipt of antenatal and delivery care yielded very strong findings which suggests that part of the effect of education operates via differences in communication patterns between partners (Furuta and Salway, 2006).

Conclusion and Recommendations

This study established that men's occupation does not affect their attitude and practice of ANC in Saki metropolis, Nigeria, it however showed that men's level of education influence their participation in ANC. The support of an educationally informed husband improves antenatal care outcomes and can mean the difference between life and death especially in cases of complications, when women need immediate medical care. Therefore, it is recommended that there should be better enlightenment among men on the benefits and the need for their involvement in ANC. Coordinated efforts should be made to emphasize men's shared responsibility and promote their active involvement in maternity care, such efforts should equally be targeted at demystifying cultural beliefs and social norms in the society that are militating against male involvement in antenatal care. Also, paternity leave with benefits should be given to the males like their female counterparts as this will further reinforce their commitment to antenatal care of their wives without any undue pressure.

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