

**UNIVERSITY OF MALAWI**  
**KAMUZU COLLEGE OF NURSING**

**HUSBAND PARTICIPATION DURING PREGNANCY AND  
DELIVERY: A DESCRIPTIVE STUDY OF KNOWLEDGE,  
ATTITUDES AND PRACTICES OF SELECTED ADULT MALES AT  
DEDZA DISTRICT HOSPITAL.**

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## DECLARATION

I hereby declare that this dissertation is completely a result of my work and my effort. The work has not been presented for any degree and its not currently being submitted elsewhere for any other degree.

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## DEDICATION

This thesis is affectionately dedicated to my husband - willie ; my daughter - Wezzie and my parents : zellie kachapila, muzgewa & Nyasoko kamanga and my late father, Golden kachapila.

## ACKNOWLEDGEMENT

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## ABSTRACT

This quantitative, descriptive study was conducted at Dedza District Hospital in October 2000, to investigate the knowledge, attitudes and practices of husbands during pregnancy and delivery. Thirty husbands, whose wives were expectant or had just experienced childbirth, were recruited through maternity unit, using random sampling technique. In addition, the sample included sixteen women, who were wives of the husbands and were admitted in the maternity ward.

A questionnaire with both open-ended and closed questions was used to collect data from the husbands while a question guide was used to conduct two sessions of focus group discussions with the women. Data analysis was done manually and by a computer Package known as Statistical Package for Social Sciences (SPSS).

The findings of this study revealed that participation of men during pregnancy and delivery is still very low in the hospital settings, despite the fact that some men are willing to be actively involved. The respondents were aware that men should participate during pregnancy and delivery, but had little knowledge on how men should participate during labor. The low knowledge level on participation of men during labor was attributed to the individual, cultural and institutional factors associated with pregnancy and labor. This implies that there should be proper dissemination of safe motherhood information to men in-order to clarify the rumors and misconceptions that are associated with childbirth.

Results further revealed that men have a positive attitude towards pregnancy. This intrinsic motivation is a good indicator towards active participation. Men need support from both the hospital and community settings as this enables them to make wise and timely decisions when labor starts or when complications arise.

These results are expected to benefit families; nurses; nurse educators, managers, researchers and policy makers in both the government and non-governmental settings; and other healthy care providers in improving participation of husbands during pregnancy and delivery. In addition, the results will act as a basis for future research on involvement of men in pregnancy and delivery.

## **LIST OF ABBREVIATIONS**

|        |                                                        |
|--------|--------------------------------------------------------|
| W.H.O  | World Health Organisation                              |
| UNICEF | United Nations International Children's Fund           |
| MOHP   | Ministry of Health and Population                      |
| MSMI   | Malawi Safe Motherhood Initiative                      |
| FSAC   | French-Speaking African Countries Report               |
| MDHS   | Malawi Demographic Health Survey                       |
| ICPD   | International Conference on Population and Development |
| STD's  | Sexually Transmitted Diseases                          |
| HIV    | Human Immuno-deficiency Virus                          |
| AIDS   | Acquired Immune-deficiency Syndrome                    |
| UNFPA  | United Nations Food and Population Agency              |
| DHO    | District Health Officer                                |
| FGD    | Focus Group Discussion                                 |

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## **CHAPTER ONE**

### **Introduction**

This study aims at investigating the knowledge, attitudes and practices of husbands during pregnancy and delivery, at Dedza District Hospital. It provides some basic information concerning participation of husbands in pregnancy and delivery in-order to address the specific needs of men when their wives are pregnant and during labor. Experience shows that men are reproductive and community decisions makers who are potential advocates for improved care, but, before they change their health behavior, they must perceive a need for the services or a reason to act differently (Robey,Thomas, Baro, Kone & Kpakpo,1998).

### **Background Information**

“Husbands’ participation” refers to the active involvement of men during the entire antenatal period until when a woman has given birth. Such male involvement is necessary for promotion of psychological maturation as the couple is preparing for the new parental role (Jensen 1991). Specifically, men need information to ensure a successful pregnancy outcome and to understand the dangers of childbirth (Dickason, Silverman and Schult, 1994).

Over the past decade reproductive health programs and policies mostly focused on women, thus, making it difficult to gain support for men’s programs (Robey et al,1998). Many programs aiming at reducing the world’s reproductive health problems worked towards improving women’s status by empowering them to make independent decision regarding their own health. Despite all these efforts, the maternal and neonatal mortality rates are still very high in the developing Sub-Saharan region (Robey et al, 1998).

Malawi has an exceptionally high maternal mortality rate of 620 per 100,000 live births (National Health Plan, 1992-2004). The life-time risk of dying a maternal death for women in Malawi is currently estimated at 1 in 29 (Malawi DHS, 1992) compared to 1 in 9, 850 in Northern Europe (Biennial report, 1998-99). Each time a Malawian woman become pregnant she runs a risk of a maternal death, hence, the need for early involvement of husbands to help in the prevention of this tragedy. Neonatal death is equally high in Malawi, currently estimated to be 40 per 1,000 live births (Malawi Safe Motherhood report, 2000).

This has major implications on the development of Malawi as a nation. Death of a woman creates a vacuum in the family that leaves the children in despair and orphaned, with less chance of survival (Making Motherhood Safe, 1995).

Currently, a gap exists between men and women in the provision of maternal and child health services in favor of women. Literature reveals that maternal and child health programs have done very little to involve men (Robey et al, 1998). The role of men during pregnancy and delivery is not well defined and still remains unclear, especially in our hospital settings. Much of the information that men require to carry out this role is culturally denied. As a result, only mothers are given education at antenatal clinics (Making Motherhood Safe, 1995).

Key research findings, which were presented by Storey et al in Ouagadougou, Burkina Faso in 1998, indicate that men are interested in reproductive health but face obstacles to participation. Some of these obstacles are similar to those that women face and are recognized at four levels: (1) the individual level e.g. differences in expectations and lack of motivation; (2) social and cultural level e.g. reproductive health roles seen as women's business; (3) Institutional and organizational level e.g. insufficient information about men's participation, negative staff attitudes and behavior towards men at service delivery points; and (4) at the policy level e.g. low priority to financing communication programs for men or lack of policy support. These obstacles prevent them from enacting their role as reproductive health decision-makers. Since this situation applies elsewhere, there is need to determine the current attitudes and practices of individuals, communities and policy makers in our settings, that relate to pregnancy and delivery.

The findings further indicated that men have limited access to reproductive health services because these services are offered in Maternal and Child Health clinics and other places that many men do not often visit. Cultural and religious opposition make it more difficult to discuss pregnancy issues in public. This calls for a better approach of involving men where both institutional and cultural factors could be addressed.

In view of this trend, the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994, advocated for a shift in the focus of the population policy so that it incorporates the well being of individual men and women. The agreement was that the right approach to male involvement should be formed so that an agreement can be reached without hindering women's power or status (Biennial report, 1997-98). Manual on

Making Motherhood Safe (1995) reveals that it is not usual for wives and husbands of Malawi to talk about issues concerning pregnancy and complications that may rise, so, perhaps it is time to encourage such open discussions. The role of health care providers and childbirth educators is to facilitate this open communication by allowing time during pre-natal visits for discussions of expectations and labor roles men can adopt (Chapman, 1992)

### **Statement of the Problem**

A concern is still there on what type of male involvement is required during pregnancy and delivery, and to what extent. Most husbands at Dedza District Hospital are not involved in counseling sessions concerning the possible pregnancy outcomes. Husbands are only involved when there is a major problem like post-partum hemorrhage (P.P.H.) in the labor ward. Post-partum hemorrhage is the main cause of maternal mortality, with about 25% of deaths worldwide (UNFPA, 2000). Explanations of the woman's condition to the husband and the significant others at this critical time consume much of the valued time and increase the delays in the management of such an emergency, predisposing this woman to the risk of the maternal death, unlike if these husbands were involved at an earlier stage during the pre-conceptual and the antenatal period. The inclusion of the husband in the early phases of prenatal care may help to meet his needs during pregnancy and increase his capacity to manage the late challenges of the delivery process (Milon & Chapman, 1994). In other situations, these husbands are not present at all, because wives are escorted to the hospital by the elderly women, so, research based knowledge is needed to help in solving this problem.

### **Significance of study**

At family level, the findings of this study may assist husbands and wives of Malawi to develop a positive attitude towards pregnancy and delivery, enabling them to practice self-care.

At National level, the results may be available for use by Policy makers, planners, implementers and managers in various health care sectors and health related sectors, so that they re-plan the gender sensitive maternity units, while at the same time promoting inter-sectoral cooperation for development and health.

At International level, study findings may enable the donor agencies like UNICEF and WHO to support health as well as development of activities that encourage men's participation.

Finally, the results may produce information on male involvement in reproductive health to future researchers for further studies on the subject.

## **OBJECTIVES OF THE STUDY**

### **General objective**

Explore knowledge, attitudes and practices of husbands during pregnancy and delivery.

### **Specific objectives**

- Establish the level of knowledge on husbands' participation during pregnancy and delivery.
- Examine the role of husbands during pregnancy and delivery
- Determine the expectant fathers experience during pregnancy and delivery
- Determine husbands' levels of involvement during pregnancy and delivery
- Establish the relationship between husbands participation and the woman's experience during pregnancy and delivery.
- Examine women's attitudes concerning husband's participation during pregnancy and delivery.

### **Definition of terms**

Husband : refers to any man who is a biological father of the child or spouse

Participation : means getting involved in decision-making process or the delivery of service or even simply to become one of a number of people consulted on an issue (Brownlea 1987, as edited by Juwell, 1994)

|                         |   |                                                                                                                                                                                                                    |
|-------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reproductive Health     | : | A state of complete physical, mental and social well being and not being merely the absence of disease or infirmity, in all matters relating to the reproductive system and its function and processes (WHO, 1996) |
| Safe Motherhood         | : | a woman's ability to have a safe and healthy Pregnancy and delivery (WHO, 1996)                                                                                                                                    |
| Maternal death          | : | is the death of a woman while pregnant or within 42 days of termination of pregnancy regardless of the site or duration of pregnancy from any cause related to or aggravated by the pregnancy or its management    |
| Maternal Mortality rate | : | number of mothers per one hundred thousand live births who die with pregnancy related factors                                                                                                                      |
| Infant Mortality rate   | : | number of babies per thousand live births who die before reaching their first birth day                                                                                                                            |
| Neonatal Mortality rate | : | number of neonates per thousand live births who die within the first 28 days of life.                                                                                                                              |
| Antenatal:              | : | period before delivery of a baby.                                                                                                                                                                                  |
| Intranatal              | : | period during delivery of baby.                                                                                                                                                                                    |
| Postnatal               | : | period after delivery of baby.                                                                                                                                                                                     |
| Knowledge level         | : | range of information gained after learning or after an experience.                                                                                                                                                 |
| Attitude                | : | positive and negative feeling or beliefs towards Participation.                                                                                                                                                    |

Post partum  
Hemorrhage : excessive bleeding per vagina after birth of the  
baby.

Antenatal clinic : a clinic that provides health services to all pregnant  
Mothers.

## **MAIN VARIABLES IN THIS STUDY**

### **Dependent variable**

Husbands participation

### **Independent variables**

Knowledge

Attitude

Practices

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **Introduction**

Beliefs about the expectant fathers' roles during pregnancy and labour have changed over years (Chapman, 1992). Recent evidence suggest that during pregnancy, the husband and wife are assumed to be supportive of each other at a time of great need and change. Under such circumstances, the husband is seen as a primary source of help for his wife (Brown, 1986).

The anxieties of pregnancy are not limited to the woman but extend to her partner, thus creating a pregnant couple (Dickason, et all (1994). This was illustrated by an Australian study where 32 % of the male subject reported an increase in anxiety during their partners pregnancy, 26% an increase in irritability and 16% an increase in depression (leff, 1991). As such, parental education in preparation for childbirth must deal with these anxieties by involving both parents. Changes in men's and women's knowledge, attitudes and behaviours are necessary conditions for achieving the harmonious partnership of men and women (Khanna, 1996-97).

#### **Pregnancy and men's participation**

Pregnancy is considered a period of emotional, psychological and social stress because physical discomforts are common. Wives become more dependent on their husbands during pregnancy, than they had been in the pre-pregnancy state (Jensen, 1991). Consequently, they deserve constant practical and emotional support to enable them care for themselves and for their babies (Niven, 1992). The person most likely to provide this long-term physical and emotional support for the mothers and the babies is the father. Women really need psychological care from the father to help them cope with the fears and anxieties typical of pregnancy as well as assisting them develop their abilities (Dickason, 1994; Chapman, 1992).

## **Why men's participation now?**

Men's participation is used to describe men's active involvement in achieving good reproductive health and represents a promising strategy for addressing some of the world's most pressing health problems. Among other things, men can promote safe motherhood, practice responsible fatherhood, stop abusing women, slow the speed of human immune-deficiency syndrome (HIV/AIDS) and can participate actively in family planning (Population report, 1998).

According to UNICEF report (1996), about 60,000 women die worldwide due to pregnancy and childbirth. Thus, for every woman who dies, approximately thirty more women incur injuries, infection and disabilities which are usually untreated, painful, debilitating and life long. This has been described as the most rejected tragedy of our times.

Population reports (1998) recommend that the first step that helps to reduce maternal mortality and morbidity is to encourage couples plan their families together. This is important because every pregnancy carries potential health risk for women, even in those women who appear healthy. Unintended pregnancies are particularly risky because they are more likely to end in abortion or pre-term labor. With new information, understanding and approaches, men's decisions and actions often make a difference between illness and health or life and death. It is important that health care providers learn more about men's concerns and needs, in order to encourage the active participation of these men to reduce the risk of maternal deaths.

Population report (1998) recognizes that men deserve more attention for their own sake, for women's sake and for the health of their families and their communities. With the HIV / AIDS epidemic throughout the world, the need for men to practice safer sexual behavior becomes more urgent as some men have a tendency of having multiple partners when their wives become pregnant. The practice of having multiple sexual partners is influenced by some cultural barriers that inhibit men from having sexual intercourse with their wives after the seventh to the eighth month of pregnancy up to sixth to twelfth month after delivery. This type of behavior predisposes men to catching sexually transmitted diseases or HIV / AIDS. When these men resume sexual intercourse with their wives, the women are at high risk of catching the infection. To prevent this type of behavior, men need relevant pregnancy information and services directed to them.

Men play a key role in bringing about gender equality, since in most societies, they exercise power in nearly every sphere of life (Khanna, 1997). Consequently, involving men during pregnancy and delivery will help to influence a balance of power between men and women. Those couples who talk to each other about safe motherhood reach better and healthier decisions that help achieve a health mother and a healthy baby, by the end of the pregnancy (making motherhood safe 1995). In so doing, men will help to protect the lives and health of women as they become mothers and attends to the health of their children.

### **Men's experience during pregnancy and delivery**

The fathers' experience during pregnancy and labor is viewed in several forms. In 1990, Jordan found that men are not recognized as parents but as helpmates or breadwinners. They feel excluded from the child-bearing experience by their mates, health care providers and society. As fathers, they found themselves without models to assist them in taking on the role of active and involved parent.

In his report, Leff (1990) presented a similar perspective. He indicated that men's involvement during delivery is still a big problem in the world, as over 70 % of human societies ban men from observing or assisting their wives in birth. He further explained that in some clinics, professionals share this attitude by treating husbands as unnecessary appendages, who are to be ignored, overlooked or talked down to.

Even in the most recent years, men face opposition to actively participate in pregnancy and delivery. FSAC report (1998) indicate that male involvement in the antenatal clinics is still very low in Africa due to cultural and institutional barriers, hence, the need for further research to identify the experience of fathers in our situation.

### **Expectant fathers' roles during labor and birth**

Initially, Dickason et al (1994) remarked that practitioners of childbirth advocated for the actual participation of the father as a labor coach, because the laboring woman needs a caring person to support her. With changes in time, it is argued that the expectations of the father in the role of a coach seems to be changing, as men prefer to adopt several other roles that fit their situation. In his study, Chapman (1992) identified three roles that expectant fathers adopt during labor. These roles are coach, witness and teammate. She explained that the coach

view himself as a manager or director of labor experience and actively assists his partner during and after a contraction with breathing and relaxation techniques. Teammates view themselves primarily as members of a team who assist their partners throughout the experience of labor and birth by responding to requests for physical or emotional support while those fathers in the role of witness view themselves as companions who are present during labor in-order to observe the labor process and witness the birth of the baby. The majority of men in Chapman's study adopted the role of witness (12 out of 20), the role that allows togetherness without the pressures of being in control of labor and birth experience.

These findings are in line with Khazoyan & Anderson's (1994) results, who found that support behaviors during labor are examples of cultural beliefs that vary across cultures; and with Ferketish & Mercer's (1995) results, who observed that there is a difference between husbands' and wives' perceptions on the roles that are played by the fathers during pregnancy and delivery.

### **Studies done in Malawi**

Similar studies done in Malawi on Men's participation in family planning by G. Mwanza (1997) reveal that the venue where family planning services are offered and the women target group inhibit the participation of men in family planning. However, Making Motherhood Safe for Malawian women (1995) recognizes that a man who has shared the experience of childbirth cannot fail to be moved and wish to ensure a healthy outcome for the mother and baby, hence, the need for further research to expand and validate the expected roles of fathers during pregnancy and delivery in our situation.

### **Summary of literature review**

Review of literature indicates that some men are willing to participate during pregnancy and delivery, but, face barriers or obstacles to participation. The main purpose of involving these men in pregnancy is to make them to become responsible fathers by practicing safe motherhood. But, before men are fully involved, these obstacles need to be investigated in-order to come up with better approaches for involving men.

## CHAPTER THREE

### CONCEPTUAL MODEL

The conceptual model that guides this proposed study is the participators and renouncers model, by Joan Raphael - Leff (1991). This model identifies two different male approaches to pregnancy and paternity: Participators and renouncers.

The 'pregnant' participator refers to the expectant father, who is eager to participate as fully as possible in pregnancy, and later in primary childcare. He becomes actively involved in preparation for labor and birth, attends antenatal examinations and birthing classes and discusses advantages and disadvantages of obstetric procedures with professionals, colleagues and pregnant friends. He constantly monitors his wife for her negligent eating or bad resting habits prescribes various antenatal activities and insists on his choice of doctor, birth method and position. This participator is aware of his role as the protector of and spokesman for the vulnerable and sensitive little person trapped inside the mother. Therefore the decision to participate actively during pregnancy and delivery, is influenced by this inner motivation in those husbands who follow the pregnant participator as their role model, making it possible for them to accept and take responsibility of their wives' pregnancy.

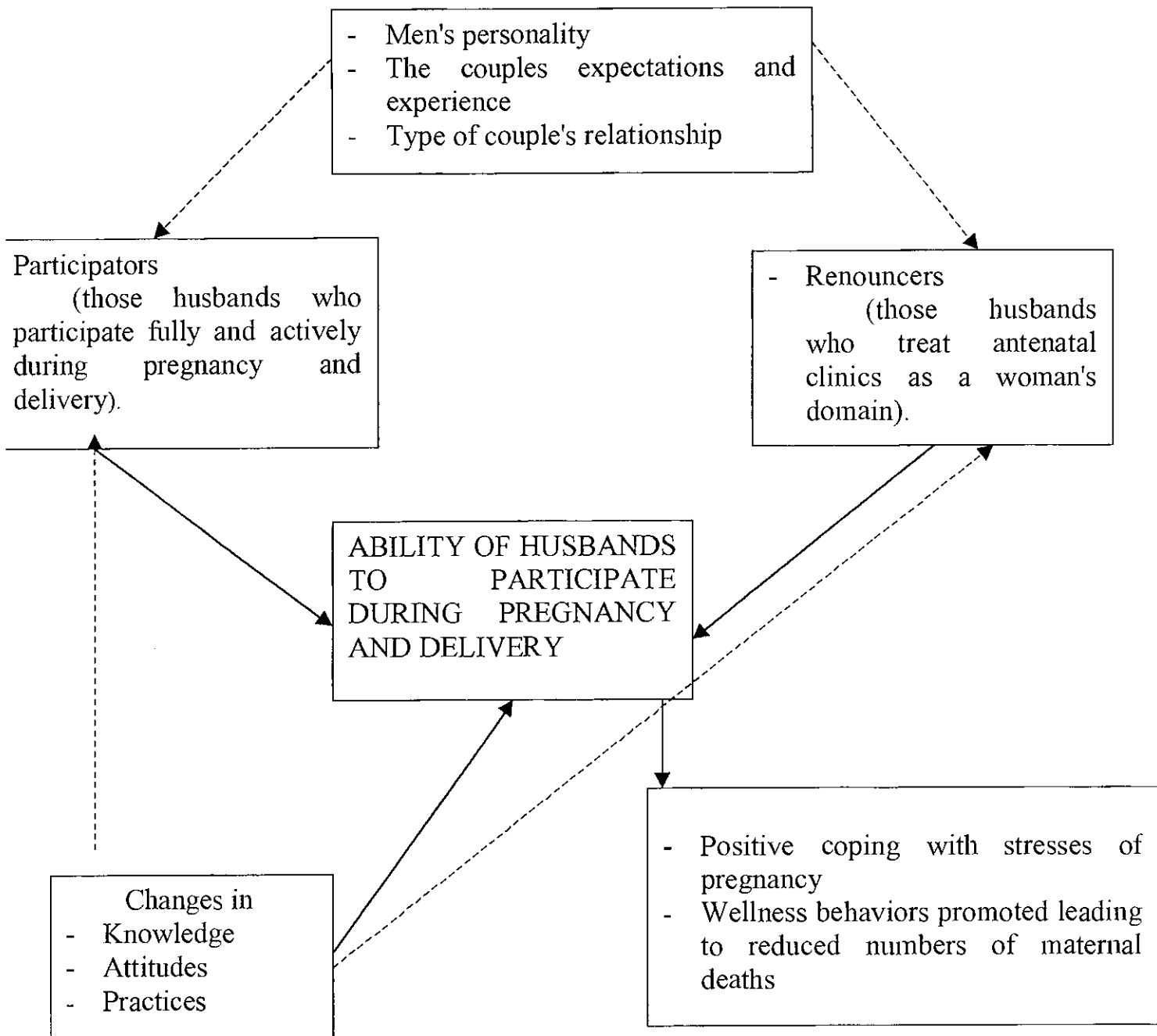
Leff (1991) further explains that the renouncer possesses a different set of questions even though he is aware of male-female differences highlighted by pregnancy. As pregnancy progresses, the old repressed feelings are reactivated, and attempt to restore order into the inner chaos by re-imposing old solutions. Although he may feel proud of his wife's pregnancy as external proof of his virility, he cannot empathize with her internal experiences. Unlike the participator, he treats the antenatal clinics as a woman's domain. If he is enticed by his wife to attend antenatal clinics, he feels out of place, stating that he is only there to support his wife. In other words, pregnancy has no meaning to him, in terms of responsibility to either the mother or the child.

These two approaches to pregnancy and paternity have major implications for nursing practice especially when choosing the right approach for involving men. Men's motivation to participate during pregnancy and delivery depends on various integrated factors. Every father brings to pregnancy attitudes that affects the manner in which he adjusts to pregnancy and the parental role ( Jensen, 1992), thus, he may bring memories of fathering by his own father, the

experiences he had with childcare and the perceptions of male and father's role. These may guide the selection of tasks and responsibilities to be assumed when enacting the role of a husband. Such type of experiences may promote or hinder male involvement during pregnancy and delivery (figure 1).

Jensen (1992) clearly states that pregnancy is a maturation crisis that can be rewarding as the woman prepares for a new level of caring. Under such circumstances, the increased involvement of both the husband and the wife in childbirth preparation classes will assist the couple to cope positively with the stresses of labor as well as strengthening their relationship. The role of nursing, therefore, is to educate both husbands and wives about childbirth and parenting, while at the same time, making pregnancy a satisfying experience. This helps to promote the wellness behaviors that could last throughout the family's cycle (Pilliteri, 1992)

**Figure 1: Conceptual Framework guiding husband's Participation.**



## **CHAPTER FOUR**

### **RESEARCH METHODOLOGY**

#### **Introduction**

This chapter describes the method of data collection and analysis of a study that was done at Dedza district hospital, in the maternity unit. The center was chosen because the targeted men were readily available and because it was the right place where the problems were identified by the investigator.

#### **Research design**

The research design was descriptive in nature, investigating the knowledge, attitudes and practices of husbands during pregnancy and delivery. This design was chosen as a means of gaining insight into the present situation of men at Dedza District Hospital. Thus, the descriptive design was chosen because it accurately describes characteristics of an individual, a group or a situation and examines the frequency with which an event occurs ( Seaman & Verhonick, 1986). In this case, it was used to accurately describe the characteristics of husbands during their wives' pregnancies.

#### **Sampling**

The participants were recruited through maternity unit at Dedza hospital. The sample comprised of thirty selected adult males whose wives were pregnant or had just given birth. The number thirty was considered representative because on average, the total number of clients found in the maternity unit per day is sixty. To ensure that every one in the group of maternity fathers had an equal chance of being selected, a random sampling technique was used, as opposed to convenient sampling which allows the use of any available group of research subjects (Wilson, 1989).

In addition, sixteen women were randomly sampled for two sessions of focus group discussions (FGD). The number sixteen was representative in the sense that thirty couples were sampled in this study. Each focus group was composed of eight women. The aim of conducting FGD with the wives of the selected husbands was to ascertain their opinion concerning involvement of men during pregnancy and delivery. Both responses of husbands and wives are useful in the process of planning for men's participation.

The sample size was limited because time and funds were inadequate to conduct a large study.

### **Instrument for data collection**

A structured questionnaire, with both open-ended and closed questions was developed by the investigator and was translated to chichewa because most of the respondents could not communicate well in English. The chichewa questionnaire was then administered to men in-order to gather information concerning participation of men during pregnancy and delivery. The questionnaire approach to data collection had an advantage over interview method because many questions were asked to the respondents in a natural and less stressful environment, thereby eliciting more frank answers (Seaman & Verhonick, 1989). Another advantage was that questionnaire ensured respondent's anonymity unlike in the face to face interviews. However, the investigator still conducted some interviews with those candidates who could not read nor write. In addition, a question guide with open-ended questions was used during focus group discussions with the mothers in-order to find out their views concerning participation of husbands.

To ensure validity and reliability of the tool, the research advisor checked both the English and chichewa questionnaires, to make sure that they were in line with the topic under study, and that there were no misinterpretations. Pre-testing of the instrument followed this.

### **Pilot study**

The pilot study was done for three days on ten men whose wives were admitted in the maternity unit at Bembeke Health Center. A pilot study refers to a small-scale dress rehearsal that proceeds as if it were the actual study, except for the fact that subjects who participate in the actual study are not used (Seaman & Verhonick, 1986). This was the reason why one of the health centers in the district was chosen, as it had similar subjects to those that were included in the study. After the pilot study, corrections were made on the instrument before conducting the main study to ensure that all the objectives were covered.

## **Data collection**

Data was collected over a period of two weeks from 13<sup>th</sup> October to 6<sup>th</sup> November 2000. Mainly, the week-ends were utilized and an average of three men per day answered a questionnaire.

The husbands were given a chichewa questionnaire to fill in the required information. This gave them a chance to express themselves in a language they were comfortable with. This also had an advantage of allowing the husbands to express their opinions and views without being interrupted. The investigator further administered a questionnaire on one to one basis to those candidates who could not read and write. In addition, two focus group discussions were conducted, with sixteen women, using a question guide, in-order to have a clear picture of women's perception towards men's participation during pregnancy and delivery.

## **Data analysis**

Data analysis is a process by which the researcher summarizes and describes data and, if possible, makes inferences from the study sample to the population from which the sample was drawn (Seaman & Verhonick, 1986). In this study, closed questions were analyzed by descriptive statistics using a computer package known as Statistical Package for Social Sciences (S.P.S.S.). The computer was used to rapidly process large amounts of data (Wilson, 1989) while descriptive statistics enabled the investigator to summarize and describe data (Seaman & Verhonick, 1986).

Open-ended questions were analyzed manually in-order to come up with categories. The categories were also computed in Statistical Package for Social Sciences. Results from data analysis are presented in frequency tables, percentages, charts and graphs. These were done with the help of the research advisor.

## **Ethical considerations**

The research proposal was submitted to the Ministry of Health and Population, research unit, for clearance and approval (Appendix 3). In addition, permission was obtained from the Chief Executive of Dedza district (Appendix 4) and from

the District Health Officer (Appendix 5), where this study was conducted. Informed consent was obtained from each couple prior to participation by explaining the reasons why it was important for them to participate in this study. In brief, the couples were informed that a study to explore the knowledge, attitudes and practices of husbands during pregnancy and delivery was to be conducted at the hospital. The study findings were aimed at promoting self-care in the families.

To ensure safety and privacy, the couples were assured that their rights were not to be violated, as they were not supposed to experience any harm nor loss of dignity by exposing their ideas and feelings. Neither were the participants to be harassed for not participating because participation was voluntary. In the process of conducting the study, some participants were allowed to drop without any consequences.

Confidentiality was maintained by using code numbers when labeling questionnaires, not the respondent's name. A consent form was finally signed upon agreement to participate for future reference (Appendix 6).

### **Limitations of the study**

This study had some limitations in the sense that the sample was too small to represent the whole population of Dedza district because the sample only involved locations in Dedza urban. This resulted from limited time and funds to carry out a large survey. As such, generalization of findings will be difficult.

The investigator never explored the knowledge, attitudes and practices of nurses and midwives who are currently working at the hospital on participation of husbands during pregnancy and delivery. Further research is recommended to cover this area.

### **Dissemination of results**

The investigator will give feedback to those concerned after clearance of thesis by the research committee. This will be done through scheduled meetings with hospital staff and chiefs in Dedza urban.

## **CHAPTER FIVE**

### **PRESENTATION OF FINDINGS**

#### **INTRODUCTION**

This chapter aim at describing the findings of a study, conducted at maternity ward of Dedza district hospital. The study was aimed at describing the knowledge, attitudes and practices of husbands during pregnancy and delivery. The sample comprised of thirty selected adult males whose wives were currently expectant or had just delivered in the maternity ward. All the selected men answered a questionnaire while their wives [fifteen out of thirty] were interviewed in a focus group discussion. The description includes demographic data and general information on involvement of men during pregnancy and delivery.

#### **DEMOGRAPHIC DATA**

##### **Marital status of respondents**

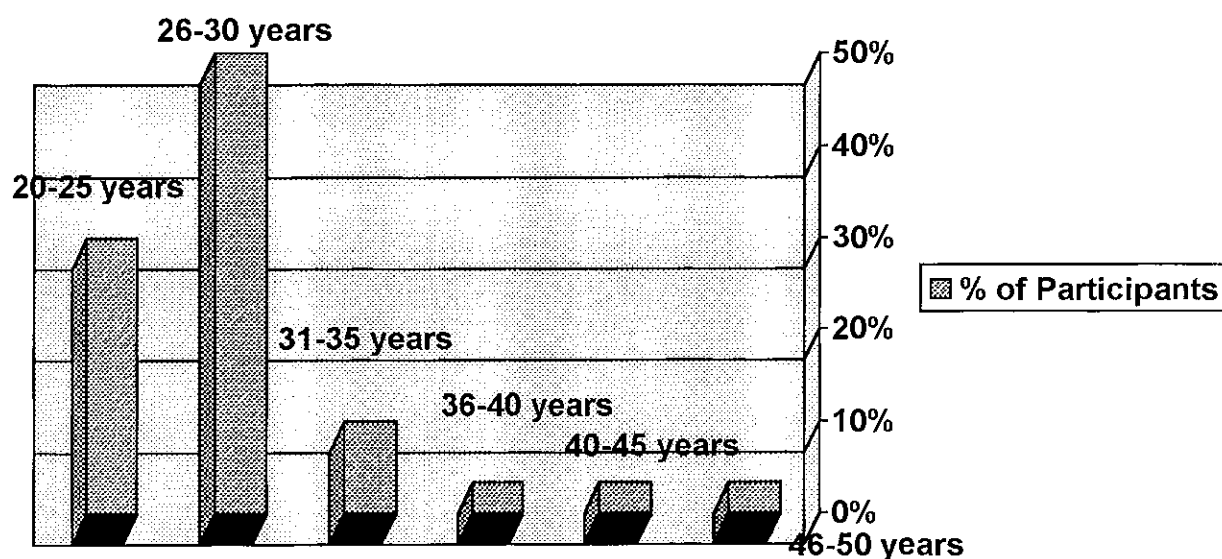
All the respondents in this study were married. The sample comprised of thirty married couples who were recruited through maternity ward of Dedza District Hospital.

##### **Age of respondents**

The age range of the male respondents was 20 to 48, with a mean age of 28.6, standard deviation 1.18.

Figure 2 below shows age categories of husbands included in this study. 30% of the husbands were between the age of 20 to 25, 50% between 26 to 30, 10% between 31 to 35 while the remaining husbands were in the age category of 36 to 40 [3.33%], 40 to 45 [3.33%] and 46 to 50 [3.33%].

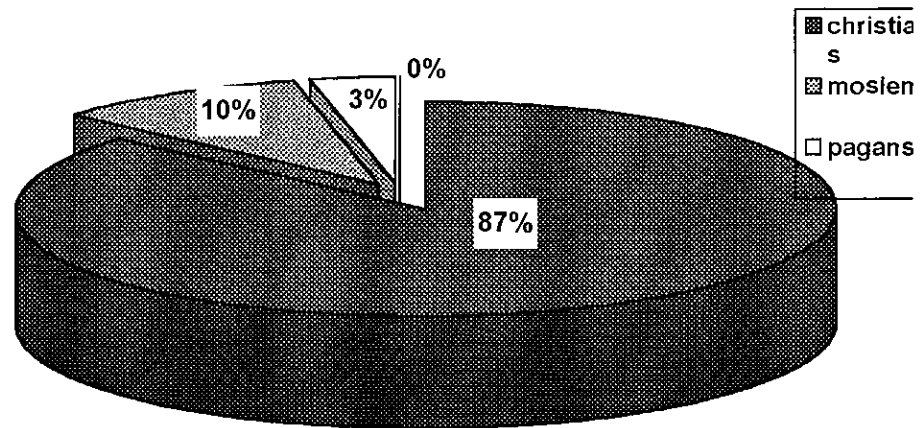
**FIGURE 2: Graph showing age categories of participants.**



### Participants' religion

86.67 % of the husbands were Christians, 10 % Moslems while 3.33% pagans as indicated in figure 3 below:

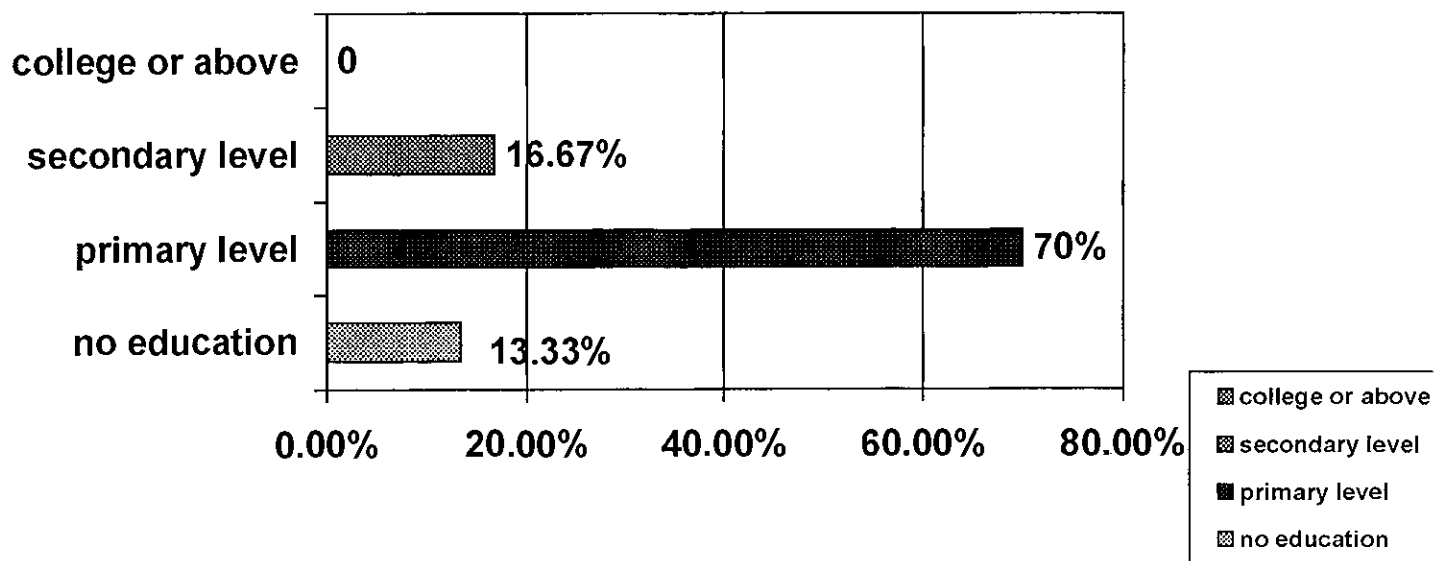
**Figure 3: Pie chart showing participants' religion.**



## Level of education

Educational level of the husbands ranged from no education to secondary level. 70 % of the husbands attended primary school as their highest level of education, 16.67% secondary level, 13.33 % no education while no husband reached college level. [refer to figure 4 below].

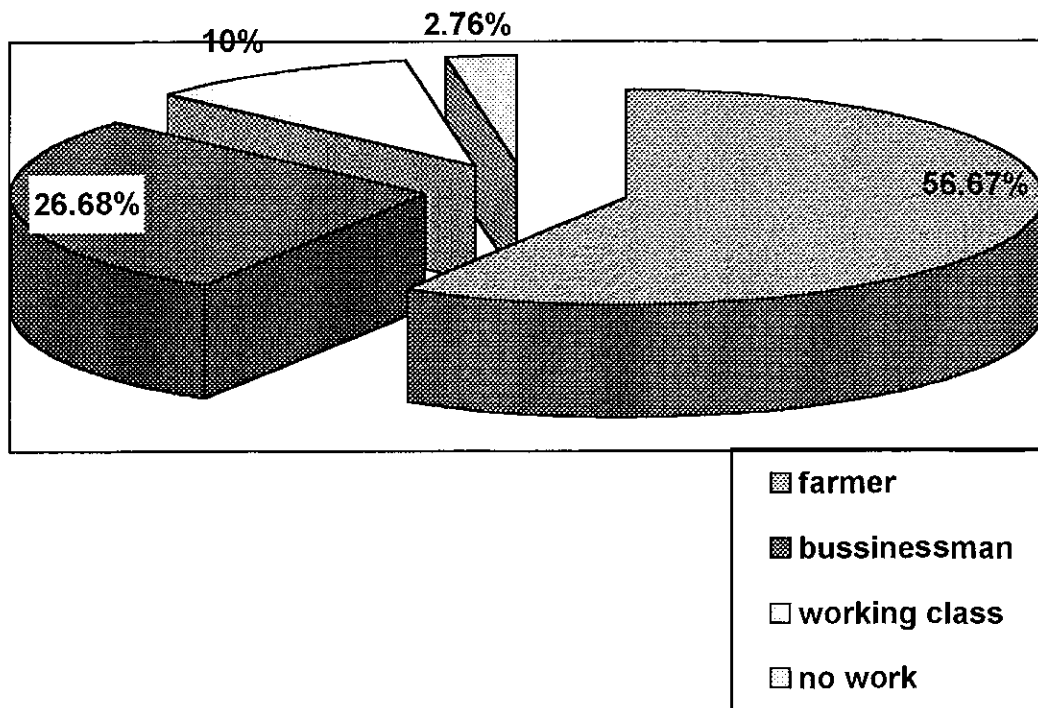
**Figure 4: Graph showing level of education of husbands.**



## Occupation

Most of the participants [56.67%] indicated farming as their occupation. Some men were businessmen [26.67%], others working class [ 10%] while the remaining ones [ 2.76%] had literally no work to do as indicated by figure five below.

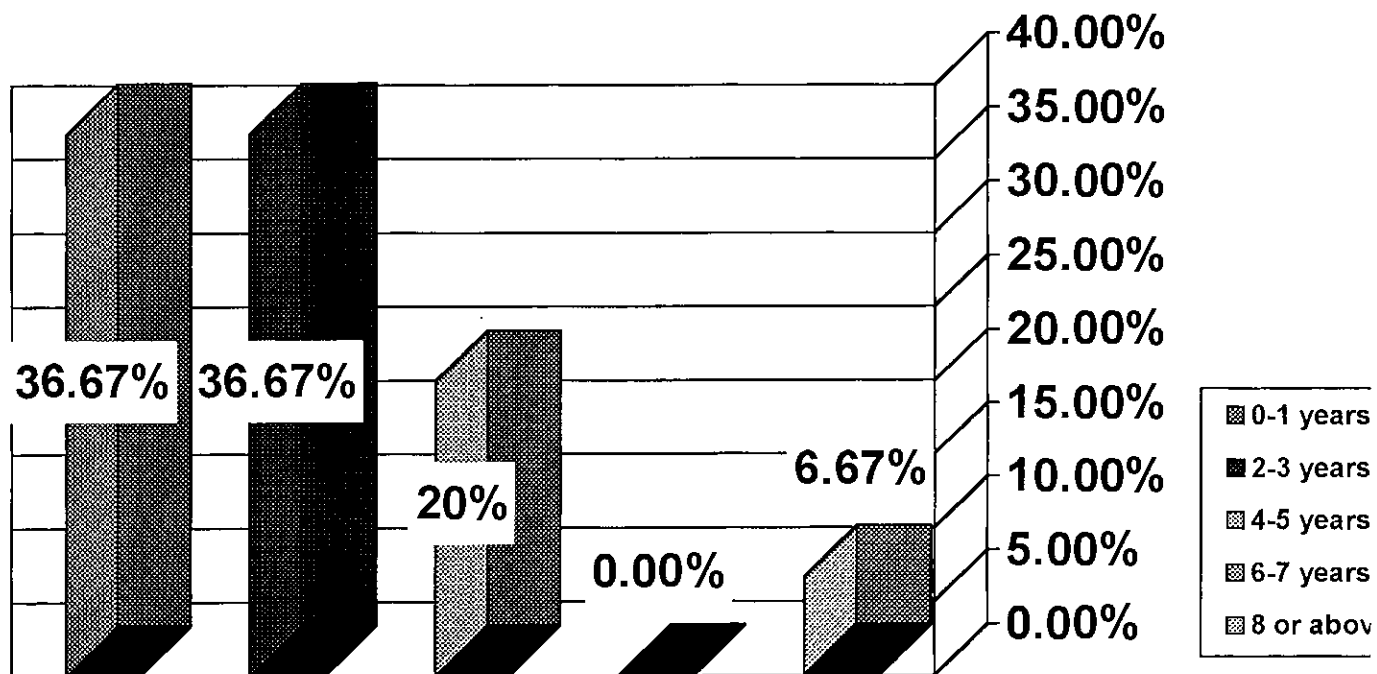
**Figure 5: pie chart showing occupation of male participants**



## Number of children

Most of the participants had small families, with mean of 2.5 children per family, standard deviation 1.14. Figure 6 below shows that 36.67 % of the participants had none or one child in the family, 36.67 % had 2 to 3 children, 20 % had 4 to 5 children while the remaining 6.67 % had 8 or more children.

**Figure 6: Graph showing number of children in the participant's family.**



### **Summary of demographic data**

The demographic findings indicated that the participants were mainly married adult males, whose wives were currently pregnant or had just experienced childbirth. Most of them were Christians, and their ages ranged from 20 to 48. Their highest level of education was primary school. Farming was their main occupation.

## KNOWLEDGE RELATING TO HUSBAND'S PARTICIPATION

This section aims at exploring knowledge of husbands on general information relating to husband's participation during pregnancy and delivery. Understanding the knowledge level of participants helps in the planning and implementation phase of any project. Results have been presented in the following paragraphs.

### **Type of information included when discussing pregnancy issues**

Husbands were asked to indicate if ever they discuss pregnancy issues with their wives in the home. Twenty-five participants [83.33%] indicated that they were able to discuss pregnancy issues with their wives. Table 1 below presents type of information included when wife and husband are discussing pregnancy issues. According to this table, 80 % of the couples discuss family planning before and after pregnancy, 12 % discuss presence of pregnancy e.g. when wife is informing husband that she is pregnant while 8 % of the husbands discuss on how to take care of the new born child.

The remaining five participants [16.67%], indicated that they were not able to discuss pregnancy issues. Out of these five, two respondents [40%] explained that they had nothing to discuss with their wives because this was their first pregnancy while three respondents [60%] could not explain any reason that prevent them from discussing pregnancy issues.

**Table 1 Type of information included in discussion**

| TYPE OF INFORMATION                         | FREQUENCY | PERCENTAGE [%] |
|---------------------------------------------|-----------|----------------|
| Family planning                             | 20        | 80             |
| Wife informing husband that she is pregnant | 3         | 12             |
| Taking care of the new born child .         | 2         | 8              |
| Do not discuss                              | 5         | -              |
|                                             | 30        | 100            |

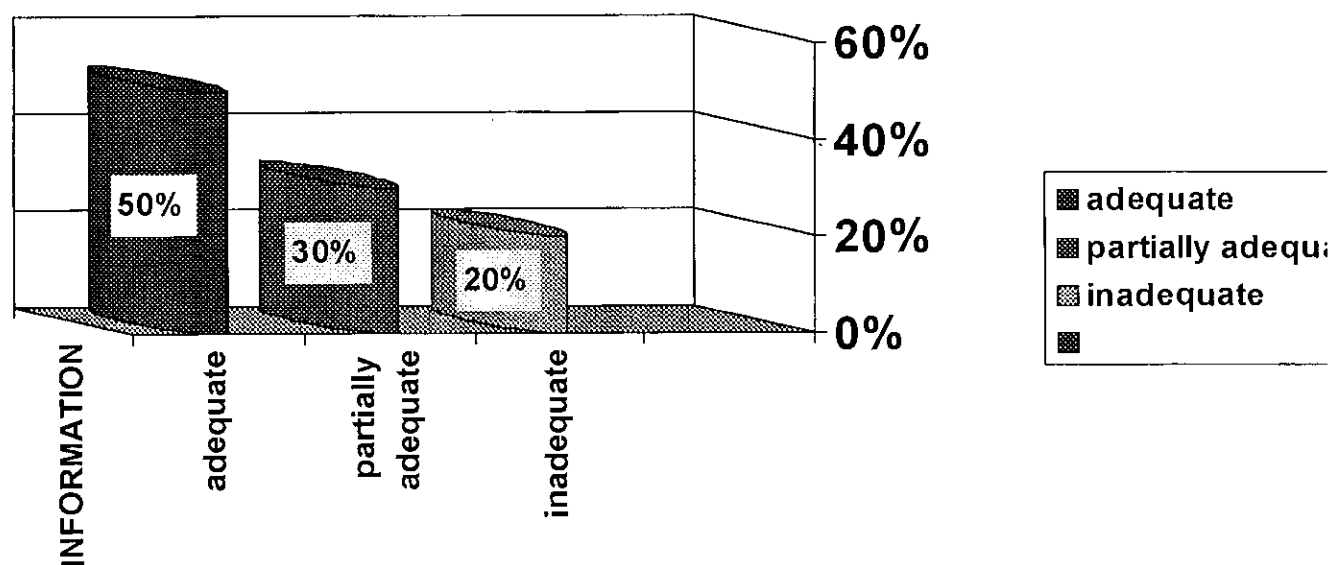
### Access to information on preparations and possible outcomes of pregnancy including what to do if complications arise

60 % of the husbands responded that they had access to information on preparations and possible outcomes of pregnancy before the wife became pregnant while the remaining 40% had no access to similar type of information.

On the other hand, half of the participants [50 %] indicated that they had access to information on what to do if complications arise while the rest [50%] had no access to similar type of information

When the husbands were asked, whether the information they received above was adequate or not, the results showed that 50% received adequate information on preparations and possible outcomes of pregnancy including what to do if complications arise, 30% had partially adequate information [those with adequate information on preparations of pregnancy, but, inadequate information on possible complications of pregnancy], while 20 % had inadequate information on both categories. [figure 7]

**Figure 7: Graph showing adequacy of information received by the Husbands.**



### Source of information

23.33 % of the participants indicated that they utilize the radio as the main source of pregnancy information seconded by hospitals [16.67%]. Some wives also played a major role in transmitting pregnancy information to men [13.33%] while others [10 %] got the information from multiple sources. Newsprint and drinking places had least scores [3.33% each]. [Table 2]

**Table 2 : Source of information**

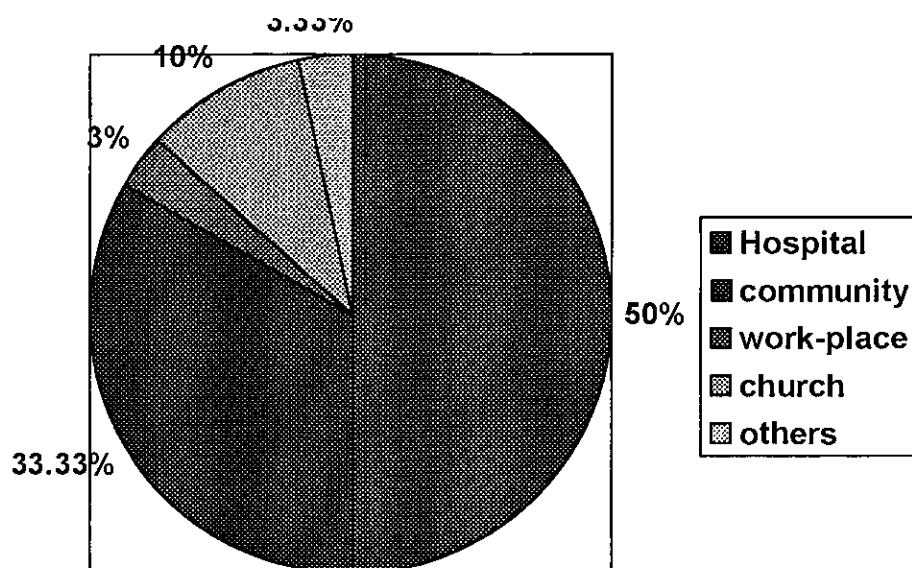
| SOURCE                | FREQUENCY | 1. PERCENTAGE [%] |
|-----------------------|-----------|-------------------|
| Hospital              | 5         | 16.67             |
| Radio                 | 7         | 23.33             |
| Wife                  | 4         | 13.33             |
| Newsprint             | 1         | 3.33              |
| Relatives             | 2         | 6.67              |
| Village headman       | 1         | 3.33              |
| Friends               | 3         | 10                |
| Village counselors    | 3         | 10                |
| Drinking place        | 1         | 3.33              |
| *More than one source | 3         | 10.0              |
| total                 | 30        | 100               |

\*More than one source of information meant that the respondents got information from multiple sources, for example, radio + banja la Mtsogolo , wife and newsprint or hospital and wife

### Appropriate place for giving pregnancy information to men

50 % of the husbands preferred to receive pregnancy information from the hospital seconded by community [33.33%]. Few men preferred to get it from the church [10%], from work places [3.33%] and from other places (3.33 %), as indicated in figure 8 below:

**Figure 8: Pie chart showing the right place for giving out pregnancy information to men**



### **Responsible person for giving out pregnancy information to men**

Most of husbands [46.67%] chose hospital staff, safe motherhood advisors [16.67%] and church elders [13.33%] as responsible people for giving out pregnancy information. Few men preferred elderly people [10%] and fellowmen in community [3.33%] as responsible persons. (table 3).

**Table 3: responsible person for giving out pregnancy information**

| RESPONSIBLE PERSON          | FREQUENCY | PERCENTAGE |
|-----------------------------|-----------|------------|
| Safe motherhood advisors    | 5         | 16.67      |
| Hospital staff              | 14        | 46.67      |
| Fellowmen in community      | 1         | 3.33       |
| Elderly people in community | 3         | 10         |
| Church elders               | 4         | 13.33      |
| others                      | 3         | 10         |
|                             | 30        | 100        |

### **LEVELS OF INVOLVEMENT**

This section aims at examining the extent to which men are involved in pregnancy and delivery. It explores men's opinions on whether they would want to be involved or not, how, when and to what extent. Results are presented in the following paragraphs:

#### **If men should be involved or not**

97 % [29] of the husbands responded that men should be involved in pregnancy. and delivery while the remaining 3 % [1] , preferred that they should not be involved .

### How to involve men during pregnancy and delivery

The husbands were further asked to explain how they should be involved during pregnancy. Table 4 below shows some of the activities that were mentioned by the husbands on how to involve them during pregnancy and delivery. 48.3 % of the husbands preferred to be involved by rendering financial support to the wife for buying food and extra clothing .while some men [17.2 %] preferred to do so by doing household activities. The remaining number of husbands chose to be involved by giving psychological support to the wife e.g. encouraging wife to attend antenatal clinic [10.3 %], taking care of children at home [10.3 %], escorting wife to hospital [6.9%] and avoiding extra marital sex to prevent transmission of HIV / AIDS [6.9 %].

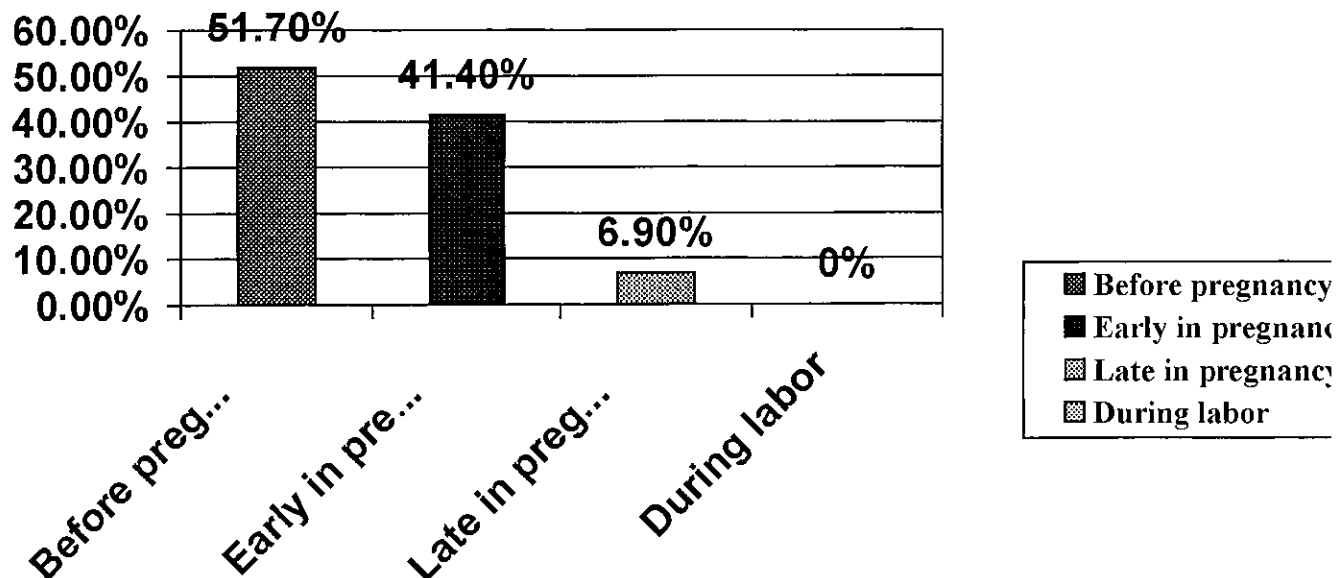
**Table 4 : How to involve men during pregnancy and delivery.**

| ACTIVITY                                                                    | FREQUENCY | PERCENTAGE |
|-----------------------------------------------------------------------------|-----------|------------|
| Rendering financial support to wife                                         | 14        | 48.3       |
| Participating in some household chores                                      | 5         | 17.2       |
| Encouraging pregnant women to attend antenatal clinic [psychological care]. | 3         | 10.3       |
| Taking care of children at home                                             | 3         | 10.3       |
| Escorting wife to hospital when it is time for delivery                     | 2         | 6.9        |
| Avoiding extra marital sex to prevent HIV / AIDS .                          | 2         | 6.9        |
| N/A                                                                         | 1         | -          |
|                                                                             | 30        | 100        |

### When should men be involved

51.7 % of the respondents knew that they should be involved before the woman become pregnant and in early days of pregnancy [41.4 %]. Few men (6.9 %) chose to be involved late in pregnancy [figure 9] .

Figure 9: Graph showing when to involve men during pregnancy



### Reasons for involving men at the specified time.

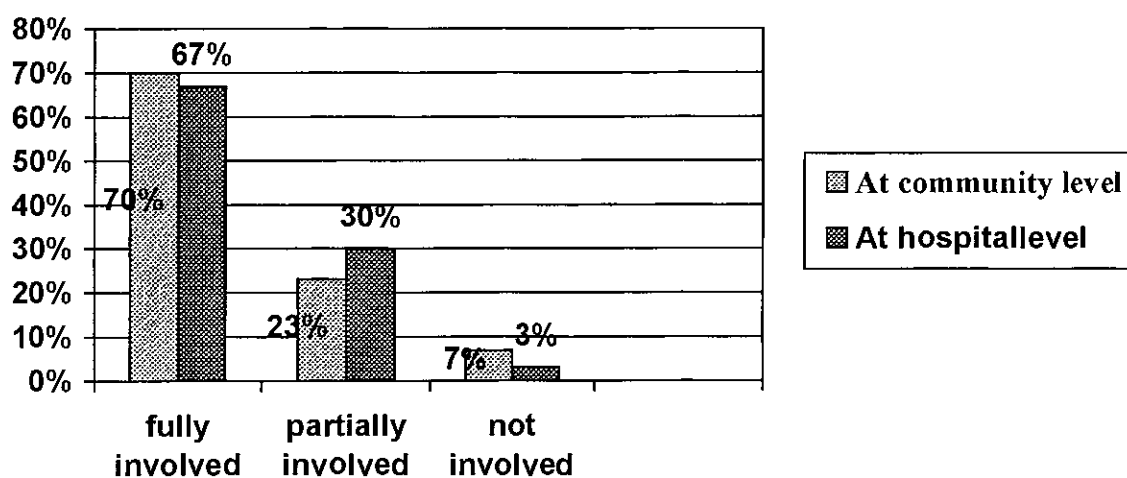
Out of the fifteen men who chose to be involved before the wife became pregnant, majority [93%] knew that they wanted their wives to regain strength before the next pregnancy. Only one man [7%] knew that early involvement gives psychological comfort to wife.

Out of the twelve men who chose to be involved in early days of pregnancy, most of them [58%] knew that their wives needed some time for rest. The others knew that they should be involved early so that their wives prepare before delivery [25%] and to show that they care [17%].

**If men feel involved in taking care of their wives pregnancies both at community and hospital levels.**

At community level, 70% of the husbands reported that they felt fully involved in taking care of their wife's pregnancy, 23% partially involved, while 7% felt not involved. At hospital level, 67% of the husbands felt fully involved, 30% partially involved while 3% not involved in taking care of their wives pregnancies [refer to figure 10 below] :

**Figure 10: graph-showing involvement of men at community and hospital level**



Some of the reasons for feeling involved or feeling not involved, both at hospital and community levels were as follows.

#### **Reasons for feeling fully involved**

- Husbands take care of the wife by staying with her worst of the times [n=7, 33%]
- 
- Husband helps wife in performing household chores and taking care of the children [n = 5 , 24%]
- Husband provides financial support [n= 4, 19%]
- Husband escort wife to hospital for delivery [n = 3, 14%].
- Reasons not clear [n =2, 10%].

#### **Reasons for feeling partially involved**

- Shared responsibility with parents because wife went home to await delivery [n=4 , 57.14%]
- Husband not sure of what to do since this was their first pregnancy [ n=1, 14.29%]
- Financial resources not adequate [n=1, 14.29%]
- Responses not clear [n=1 , 14.29%] .

#### **Reasons for feeling not involved**

- Husband left wife at home for work in town [n=2, 100%]

## EXPERIENCES OF MEN AND THEIR ROLES

This section aims at describing the experiences of men when their wives are pregnant. It also explores the roles of men during pregnancy and delivery.

### Reaction of husband when wife told him that she was pregnant

Participants were asked to describe what they did when they were told that wife was pregnant. 43.33 % of the husbands accepted their wife's pregnancy and something about it .The responses of the husbands included the following as indicated by table 6 below.

**Table 6 Reaction of husband to wife's pregnancy**

| HUSBAND'S REACTION                                 | FREQUENCY | PERCENTAGE |
|----------------------------------------------------|-----------|------------|
| Husband was very happy                             | 13        | 43.33      |
| Husband informed wife's parents                    | 9         | 30         |
| Husbands told wife to start antenatal clinic       | 4         | 13.33      |
| Husband discussed pregnancy expectations with wife | 3         | 10         |
| Husbands thanked God for the wonderful gift        | 1         | 3.33       |
|                                                    | 30        | 100        |

### **If husband ever escorted wife to ante-natal clinic**

50 % of the husbands reported that they escort their wives to antenatal clinic. They further explained that when they reach the clinic, the husband wait outside because they find many mothers crowded at the clinic making it difficulty for them to stay.

The remaining 50% of the husbands do not escort their wives to antenatal clinic. This is so because some husbands are busy business men or employees [60%], others feel attending antenatal clinic is a woman's affair [26.67 %] while the rest had no explanation [13.33 %] .

### **Who escorts wife to hospital when it is time for delivery**

40 % of the respondents reported that husbands together with significant others escort mothers to hospital for delivery. Some husbands mentioned the wife's mother [30%] and the husband [13.33%] as responsible persons for doing this job. Few husbands mentioned their mother [6.67%], friends [6.67%] and relatives [6.67%]- (table 7 ).

**Table 7: Responsible person for escorting wife to hospital**

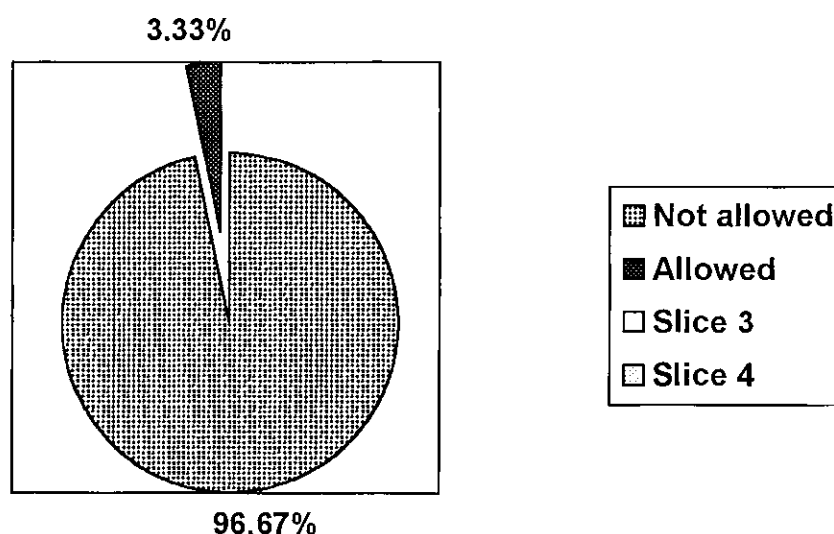
| Responsible person              | frequency | Percentage[%] |
|---------------------------------|-----------|---------------|
| Husband                         | 4         | 13.33         |
| Her mother                      | 9         | 30            |
| Her mother in-law               | 2         | 6.67          |
| Relatives                       | 1         | 3.33          |
| Friends                         | 2         | 6.67          |
| *Husband and significant others | 12        | 40            |
|                                 | 30        | 100           |

\*Husband and significant others meant: husband and wife's mother or husband and his mother; or husband, her mother & his mother.

### **Are husbands allowed to enter the admission room and the labor ward**

Majority of husband's [96.67] responded that men are not allowed to enter the admission room and the labor ward where the wife is laboring. Few men [3.33%] said men are allowed to do so [figure 8].

**Figure 8: Pie chart showing entry of men in the labor ward**



### **Reasons for not allowing men to enter the labor ward**

The reasons for not allowing men to enter the labor ward were that culturally men are not allowed to enter the labor ward [66.67 %], wife entered with significant others [20 %] and that men feel its not their job [13.33 %]

### **Given a chance to enter the labor ward, can husbands accept the offer**

Most of the husbands [70%] felt that they could not enter the labor ward even after being offered a chance to do so. Some men [30%] felt that they can do so, given the chance.

Reason's for not entering the labor even after being given a chance included the following:

*' Culturally men are not accepted, only women enter '[n=20,66.67%]*

*' It is the responsibility of well trained staff, not their job '[n=6, 20%]*

*'Husbands cannot withstand the labor process, as it is the most difficult time for the woman. ' (n = 2, 6.67 %)*

*' Husbands lack knowledge of labor process. ' (n = 2, 6.67 %)*

### **Roles of husbands in the labor ward**

All the husbands in this study opted for some other roles outside the labor ward as outlined in table 8 below. In-order to come up with the different roles that were performed by the husbands when their wives were in the labor ward, men described the behaviors they engaged in as they were waiting for labor ward results.

**Table 8: Roles of husbands when their wives are in the labor ward**

| ROLES                                       | FREQUENCY | PERCENTAGE |
|---------------------------------------------|-----------|------------|
| Wait for results outside the labor ward     | 21        | 70 %       |
| Praying to God for good results             | 3         | 10 %       |
| Taking care for the children at home        | 2         | 6.67 %     |
| Bringing food to the hospital               | 2         | 6.67 %     |
| Doing some other household activities       | 1         | 3.33 %     |
| Taking instructions from hospital personnel | 1         | 3.33 %     |
|                                             | 30        | 100 %      |

### **Advantages of men's participation during pregnancy and delivery**

The husbands were able to mention the following as advantages of men's participation during pregnancy and delivery (table 9):

**Table 9: Advantages of men's participation**

| ADVANTAGES                                                               | FREQUENCY | PERCENTAGE |
|--------------------------------------------------------------------------|-----------|------------|
| Wife has time to rest because husband help her with household activities | 11        | 36.67      |
| Promotes love between husband and wife                                   | 8         | 26.67      |
| Wife is provided with financial and material support                     | 6         | 20         |
| Wife is encouraged to attend antenatal clinic                            | 2         | 6.67       |
| Promotes delivery of a health baby                                       | 1         | 3.33       |
| Husband can assist wife incase of any complications e.g. donating blood  | 1         | 3.33       |
| Husband is responsible for the children in the home                      | 1         | 3.33       |
|                                                                          | 30        | 100        |

### **Relationship between husband's participation and the woman's experience during pregnancy and delivery**

53.33 % of the husbands didn't know the relationship between husband's participation and woman's experience during pregnancy and delivery while 46.67 % of the husbands knew that the wife is able to cope with labor positively if they participate.

### **Ways of improving maternity services offered to men**

53.33 % of the husbands had no idea on how maternity services offered to men can be improved while 46.67 % of the husbands suggested the following, as ways of improving maternity services offered to men:

**Table 10: ways of improving maternity services offered to men**

| SUGGESTED<br>WAYS                                                            | FREQUENCY | PERCENTAGE |
|------------------------------------------------------------------------------|-----------|------------|
| No idea                                                                      | 16        | 53.33      |
| Educate men on<br>family planning                                            | 9         | 30         |
| Education men on<br>safe motherhood<br>including prevention of<br>HIV / AIDS | 3         | 10         |
| Inform men on<br>how to assist pregnant<br>women                             | 1         | 3.33       |
| Inform men on<br>how to take care of<br>children                             | 1         | 3.33       |
|                                                                              | 30        | 100        |

### **Any concerns regarding the type of maternity services offered to men**

Asked whether they had any concerns regarding the type of maternity services offered to men, 63.33% of the husbands responded that they had no concerns while 36.67% had some concerns.

Out of those men who had some concerns [n=11], 82% were concerned that men are given inadequate information on family planning and pregnancy while 18% were concerned that men do not enter the labor ward.

## **FINDINGS FROM FOCUC GROUP DISCUSSION WITH WOMEN**

This section aim at presenting findings from focus group discussions conducted at Dedza district hospital, maternity unit, with sixteen wives of the selected husbands. The focus group discussion was conducted in order to solicit ideas regarding the involvement of men during pregnancy and delivery. Two focus group discussions were done, consisting of eight members in each group. The type of responses solicited are presented in the following paragraphs

### **If men should be involved during pregnancy and delivery**

All women in both groups agreed that men should be involved during pregnancy and delivery. They all explained that when a woman is pregnant, she needs help from the husband inorder to promote rest.

### **How should men be involved in pregnancy and delivery?**

The responses of women indicated that men should be involved by:

- Offering financial support to wife
- Encouraging wife to attend antenatal clinic
- Escorting wife to hospital for delivery
- Doing daily household activities e.g. washing, gardening

### **Type of information to be given to men during pregnancy and delivery**

Women preferred that the following information be given to men during pregnancy and delivery:

- Family planning information
- Avoiding multiple partners to prevent HIV / AIDS.
- Dangers and complications of pregnancy.
- Nutritional needs of women during pregnancy
- Importance of attending antenatal clinic
- Dangers of beating a pregnant woman [wife abuse].

### **Place where information should be given to men**

Both groups of women recommended home as a good place where pregnancy information should be given to men.

### **Responsible person to give pregnancy information to men**

All women recommended wives and parents as responsible persons to give information to men.

### **Should men be allowed to enter the labor ward**

All women responded that men should not be allowed to enter the labor ward where the wife is laboring. The reasons for not allowing men to enter the labor ward included the following responses:

*"Culturally, only women should enter the labor ward, not men."*

*"Men have nothing to do in the labor ward, why should they enter?"*

*"It doesn't give any respect to the woman, this is purely a woman's Affair."*

*"Other men have no respect for the woman, they will reveal the woman's labor experience in the presence of the children, when they are arguing."*

### **Roles of men during pregnancy and delivery**

Both groups identified the following as roles of men during pregnancy and delivery:

- Husband should wait at home or outside the hospital for labor ward results.
- Husband should not go for other women to prevent STD's, HIV / AIDS .
- Husband should help wife with household activities.
- Husband should assist woman with preparations for the baby.

### **Advantages of men's participation during pregnancy and delivery**

The women came up with the following as advantages of men's participation during pregnancy and delivery:

- Men are able to provide financial support to their wives.
- Wife is happy and is proud of the husband.
- Wife has time to rest, because there is sharing of responsibilities in the home.
- There is love in the family because pregnancy is considered a shared responsibility.

### **Summary of focus group discussion**

All women agreed that men should be involved during pregnancy and delivery by offering physical, psychological and financial support to their wives. However, women strongly felt that men should not be allowed to enter the labor ward for various reasons. Instead, they recommended that hospital personnel should find other ways of involving men during pregnancy and delivery rather than allowing them to enter the labor ward. Thus, no specific role was identified for the men in the labor ward apart from those roles to be performed outside the labor ward while waiting for labor ward results.

## **CHAPTER SIX**

### **DISCUSSION OF FINDINGS**

#### **INTRODUCTION**

This chapter aims at discussing the key issues arising from study findings. The discussion includes demographic data, involvement of men in pregnancy & delivery and the implications of the study to nursing profession. Recommendations and conclusions are made for future considerations.

#### **DISCUSSION**

The results of this study indicate that participation of men during pregnancy and delivery is still very low in the hospital setting, despite the fact that some men are willing to be actively involved. This supports what Robey et al (1998) stated, that men are interested in reproductive health but face obstacles to participation. Some of these obstacles originate from individual and cultural barriers while others are related to institutional factors.

In this study, the husbands discussed some of their experiences and opinions regarding their involvement during pregnancy and delivery. Some of their views were verified by conducting focus group discussions with their wives.

#### **Demographic data**

Analysis of demographic data showed that participants were within the age group of 20 to 48, with mean age of 28.6, standard deviation 1.18. World Health Organization (1990) considers this age as the most productive in society. Involving husbands at this tender age would help them become responsible fathers, thereby promoting positive male role models. In turn this will improve women's status and make a better future for their children, because young men will be in a better position to assist in the socialization process of their children.

All participants were married. This is a positive indication that social support of some kind was available to the pregnant mothers. In our society, social support is usually provided by the husbands or significant others and is helpful for pregnant women, especially when they are experiencing a stressful pregnancy

(Niven, 1990). There is need to understand and support the fathers in-order for them to adequately support their wives and children.

Results further revealed that 70 % of the participants had primary education as their highest level of education, 16.7 % secondary education while 13.3 % no education. This shows that most of the husbands were of low educational status. As a result, they were not able to secure good jobs, ending up with farming (60 %) and business (23.3 %) as their main occupations. This could have an impact on the socio-economic status of their families. However, most of the participants were literate, as they could read and write, making it possible for them to read health information that would help them show interest in behaviors that promote health.

Most of the participants in this study belonged to a particular religion. Religion provides a particular way of thinking about experiences and is often a source of social support. A family lives in a social, spiritual and cultural context that has values, beliefs and lifestyle (Corrine, Valentin & Shirley, 1992). This implies that nurses should include spiritual care as a possible source of strength and coping, in addition to health and social support given to the participants.

Study findings also revealed that most of the families had one to three children, with two as mean number of children, standard deviation - 1.14.

This is a positive indicator towards good health because a small family is manageable considering the economic hardships most of the families face. In our situation, the ideal number of children per family is not well defined due to cultural related factors. However, in a similar study done in Kazakhstan, in central Asia, the ideal number of children was one to two among newly married couples, and five or more children among older parents. The writer feels two to four children per family is a good number if properly spaced. On the other hand, the small family size in this study could be attributed to the fact that most of the respondents were young couples with mean age of 28.6.

### **Knowledge on participation of husbands during pregnancy**

The participants were knowledgeable on men's participation during pregnancy, even though they were not fully involved in some activities. This was evidenced as 97 % of the husbands knew that they should be involved as compared to the 3 % who preferred not to be involved. In addition, the participants had some information on how to be involved during pregnancy. Thus, the husbands were

aware that they should render financial and psychological support to their wives (48.3 %), should participate in doing household activities (17.7 %), should take care of the children at home (10.3 %), should encourage pregnant women to attend antenatal care (10.3 %), should escort wife to hospital for delivery (6.9 %) and should prevent HIV / AIDS by practicing safe sex (6.9 %).

Even though their motivation was impressive, no husband indicated that couples should attend antenatal clinics together for advice. This could be attributed to the way antenatal clinics are manned in our situation. Data indicated that some husbands escort their wives to the antenatal clinics but remained outside because they could not withstand the situation at the clinics where women are always overcrowded while waiting for services. This is in line with Mwanza's (1997) study on participation of men in family planning, where results showed that the venue for family planning services inhibit the participation of men. If the right type of information is to reach men, the current system of offering antenatal services should consider inclusion of men, by offering family counseling where those men who are willing to attend antenatal clinic with their wives should be allowed to do so.

Study results further showed that 51.7 % of the husbands knew that they should be involved before the wife became pregnant because they wanted their wives to regain strength before the next pregnancy. This is consistent with Belvis (1991), who state that the antenatal period is too late for some preventive measures, like health education to diabetic mothers, or those mothers with cardiac problems, hence, the need for pre-conceptual care for the couples.

Some men (41.4 %) mentioned that they should be involved in early days of pregnancy because their wives needed some preparations before delivery. To some extent this could be true, considering the fact that some husbands make sure that their wives get proper antenatal care by providing transportation or funds to pay for the visits. In some situations, men accompany their wives to the antenatal visits to learn about the symptoms of pregnancy complications (population report, 1998). But, Belvis (1991), argues that the provision of antenatal care has not solved every problem or reduced the perinatal mortality rate as much as it had been hoped before. This could be one of the reasons why pre-conceptual care is advocated for, so that it takes care of some of the underlying factors before the wife actually becomes pregnant.

The other factor that is thought to have contributed to the ineffectiveness of antenatal care could be the low educational level of most women that hinders

their understanding level. As much as the advice is given to these women, some fail to implement the advice ( e.g. the advice on importance of good nutrition) or they fail to convince the husbands on what they have been taught. Given a chance and proper advice, men can help women have safe pregnancies and health babies, by ensuring that all what is taught at the antenatal clinic is implemented (Population report, 1998).

Few men (6.9 %) chose to be involved late in pregnancy because they wanted their wives to rest. Plenty of rest is really important in pregnancy, but, the concept rest needs to be properly defined, inorder for these men to enact their role. The extent of changes in work patterns of women varies widely (Khazoyan & Anderson, 1994). According to literature, Brownlee (1978) reported that European women do little strenuous work during later part of pregnancy but take on habits of sports and exercise, while, in many areas of Africa, women walk many miles carrying heavy loads just before delivery. A practical example was reported in West Africa, where those African women who accepted the European pattern of having others do their work during late stages of pregnancy without doing any work or mild exercise that helps them to be physically fit, suffered higher maternal mortality rates than women who followed traditional customs completely. However, there could be some other underlying causes of this higher maternal mortality rate which were overlooked by that researcher. So, Further research is needed in this area to find out the type of rest that women in our situation require in preparation for the labor process. Men need some clarifications on the changes in their wives' pregnancy patterns inorder for them to participate appropriately and actively.

These results on when to involve men during pregnancy have shown that there are some variations in men's perceptions regarding the exact period to be involved. This reinforces Jordan's (1990) study findings that men wanted to be involved parents but did not believe they had the knowledge, skills and support to do so. The variations in men's perception could be associated to the cultural differences in our society. Mi-kim, Marangwanda & Kols (1996) clearly state that parental role expectations are still along very traditional lines.

In the writers opinion, the wife plays a critical role in bringing her husband closer to reality by openly sharing her expectations concerning when to become pregnant and how she would want the husband to be involved. Each pregnancy presents differently and has different demands. Under such circumstances, it is advisable for the nurses to explore the families normal patterns of living and

give proper advice to meet their needs, because some abrupt changes in family patterns may be detrimental to a particular family.

However, it is important to note that some of the couple's expectations can be in conflict with the expectations of the nurses in a hospital setting. If this situation occurs, it is only unfortunate because when the cultural expectations of a nurse and patient collide, both are left feeling frustrated and misunderstood. By respecting the differences, nurses can make culturally appropriate nursing care at an attainable goal (D' Avanzo, 1992).

### **Knowledge on husband's participation during labor**

Results of this study indicate that participants had little knowledge on participation of men during delivery. As a result, men could not properly define their roles during labor, but rather, their general roles during pregnancy. Several activities that were done by the husbands when their wives were in the labor ward were mentioned. Out of these several activities mentioned, one major role emerged: role of waiting for labor results outside the labor ward. Men viewed labor as a stressful event and were concerned about their ability to be labor coaches, the role that was assigned to men by practitioners of prepared childbirth movement in the early 1970s.

These study findings concur with Chapman (1990) 's results that the role of labor coach may not be realistic for all men. In this study, the majority of men (97 %) indicated that they would not like to enter the labor ward because culturally men are not accepted (90 %), and that its not their job (10 %) to assist women in labor. Culture was identified as one of the main barriers that contributed to failure of men to adopt active labor roles. This was enhanced by the present structures of the labor wards where privacy is the main problem. As a result, men could not be allowed to witness the birth of their own babies when their wives were delivering.

The participators and renouncers model may assist the husbands to adopt the labor roles that are natural to their family as long as these roles satisfies the couples expectations. Both husbands who follow either pregnant participators or renouncers would be uplifted to reach a certain level where a healthy mother and baby will be the expected outcomes. Chapman (1992) found that there are a variety of roles that men can adopt during labor & birth, and that these roles are

based on the man 's personality, the couples expectations of the experience, and the couples relationship.

### **Knowledge on advantages of husband's participation**

Husbands were able to mention almost all the benefits of husbands participation. These benefits were that wife has time to rest, promotes love between husband and wife, husband provides financial and material support to wife, husband encourage wife to attend antenatal clinic, promotes delivery of health baby, husband assist wife in case of any complications and that husband is responsible for other children in the home. Most interesting was the fact that some husbands (47 %) were able to relate husbands participation with the woman's experience during delivery. They knew that the wife is able to cope with labor positively if the husband participate actively during the prenatal and intra-natal period. However, others (53 %) failed to define this relationship. This fact explains why some men fail to participate actively during labor. As long as a husband fail to relate husbands participation with wife's experience, he will remain irresponsible. Brown (1986), found that a strong influence on the woman's pregnancy experience is her relationship to her husband. Nursing interventions should be targeted at improving marital support during pregnancy by encouraging spousal communication. Population report (1998), supports the idea that communication play a key role in new approaches to men and helps to promote equity between partners, leading to healthier practices.

### **Common practices of husbands during pregnancy**

The findings of this study revealed that most families (83.3 %) discuss pregnancy. This is a clear indication that an open system of communication exists in most of the families, making the decision making process a bit easier. However, 80 % of the families discuss family planning, 12 % discuss the presence of pregnancy (wife notifying husband that she is pregnant) while 8 % discuss on how to take care of the newborn baby. A critical analysis of these results showed that there is increased awareness on family planning issues than on actual pregnancy issues.

Thus, the information included in their discussions relating to pregnancy is not adequate and seems to be initiated by the wife when disclosing presence of her pregnancy. This reluctance in discussing pregnancy issues could be attributed to

beliefs and practices surrounding pregnancy and delivery. Unlike in the European culture, husbands in most of our settings are not well informed on pregnancy, to the extent that some of the information is considered a woman's secret, not to be disclosed to any man. As a result, men fail to act in a proper way when complications arise.

On the other hand, one would associate the increased awareness on family planning to the increased awareness campaigns for male involvement in family planning currently taking place in the country by both governmental and non-governmental organizations. If a similar approach could be used to disseminate pregnancy information to men, more husbands would participate actively in pregnancy and delivery. Men should be helped to ensure good health for women and their babies, by encouraging them to discuss more issues relating to safe motherhood such as planning their families, arranging for skilled delivery, avoiding delays in seeking care, helping their wives post-natally and being responsible fathers (Population report, 1998).

Findings further revealed that radio (23.3 %), hospital (16.7 %), wife (13.3 %), friends (10 %), village counselors (10 %), and multiple sources as main sources of pregnancy information. \*Multiple sources meant that respondent got information from more than one source, e.g. hospital and wife, wife and newsprint or radio and Banja la Mtsogolo. The other sources like newsprint, village headmen and drinking place were the least chosen sources of pregnancy information (each scored 3.3 %). Some of the reasons for this are discussed in the following paragraphs.

The current practice is that many men get information on preparations and possible outcomes of pregnancy including what to do if complications arise mainly from the radio. Half of the participants felt that this information is incomplete and inadequate as it is only done in parts to suit the radio programs. It could have been more effective and convenient if more time was devoted in featuring pregnancy issues so that more men are motivated to participate.

It was also observed that even though the radio scored high it does not capture the majority of the male population. As a result most of them still rely on the hospital and their wives for pregnancy information. However, some men complained about the incompetence and rudeness of some hospital personnel, which at times prevent them from seeking advice. Similarly not all wives were reported good disseminators of the required pregnancy information to men ,as the information is mostly presented in notification form without proper

explanations. Some of the women fail to give proper explanations because the information they have concerning safe pregnancy is inadequate. This unfavorable situation encourages men to seek pregnancy information from other sources like friends, village counselors and Christian organizations or act on rumors and misconceptions. The end result is that men get incorrect pregnancy information from inappropriate sources.

These findings resemble Storey et al.'s findings (1997), where participants were unhappy with lack of available family planning information leading to provision of inadequate and incorrect information. This led to low participation of men in family planning.

The writer feels the hospital still stands as the most appropriate place for disseminating correct information relating to pregnancy because the messages can reach the majority including those in rural areas. Hospital personnel are considered experts of safe motherhood information, so, should be utilized either through mass media or through counseling sessions, to dispel the existing misconceptions concerning participation of husbands during pregnancy and delivery. This can help in increasing the knowledge level of most husbands thereby increasing their participation. In order to assist the husbands effectively, nurses should change their current attitude towards participation of men in pregnancy, by providing men friendly services and by accommodating those husbands who are willing to participate actively.

Another common practice found in this study is that when it is time for delivery, wives are escorted to the hospitals by their husbands, together with significant others like the wife's mothers, mother-in-laws, friends or relatives. This clearly shows that the extended type of relationship plays a major role in our society during pregnancy and delivery. In this case, social support is provided by a group of people, and not only by the husband as it is the case in European countries where nuclear type of families are followed. Niven (1992), recognizes that the provision of support by husbands only is potentially problematic in the sense that men cannot get pregnant and cannot give birth, so the provision of maternal support by females has many benefits as the supporter and the mother share the same experience. This could be one of the reasons why significant others are always involved in our traditional settings, making it difficult for the husband to emerge as the primary source of support in pregnancy. Sometimes the nurses may see the adherence to traditional practices as strange and backward, and may respond by trying to 'fit' the patient and the family into the western system (D'Avanzo, 1992). This attempt may discourage future contacts

with health professionals, as the family may prefer to deliver in other settings where social support is extended to other family members.

Even though men are perceived as not having similar experiences with their wives during pregnancy, Reeder et al argues that fathers can be helped to feel involved and useful by encouraging them to learn the physiological and emotional processes of pregnancy and delivery in-order to gain an appreciation of the woman's experience. Thus, men can be actively involved by establishing strategies within the extended families that allow them to offer adequate and long- term support to their partners and the new born child.

However, it was noted that the some husbands escorted their wives to the hospitals alone or their mothers did that job. The main reason behind this was that the couples were living in an urban setting away from parents or because the wife was sent home to her mother for delivery.

#### **Attitudes of men towards their involvement in pregnancy**

Overall, participants in this study have a positive attitude towards pregnancy. Results showed that whenever wives inform husbands about presence of pregnancy, they accept it and do something about it. The activities done include informing the wife's parents for support, encouraging wife to start antenatal clinic, discussing pregnancy expectations with wife and thanking God for the wonderful gift. This intrinsic motivation is a good indicator towards active participation. As such, it should act as a starting point for involving men during pregnancy and delivery.

Results further revealed that the majority of men feel involved in taking care of their wives ' pregnancies both at community and hospital levels. These findings are contrary to Jordan's (1990) findings that men felt excluded from the child bearing experience by their mates, health care providers and society. There could be many factors associated to this difference, one of them being that the conditions and settings where these two studies were conducted were different. In addition, it is assumed that the feeling of whether one feels involved or not involved is subjective and differs depending on the levels of involvement. Further observational study in this area is needed to verify results.

Despite the fact that these men felt involved in taking care of their wives' pregnancies, they manifested a negative attitude towards entry of men into the

labor ward. This was evidenced as 70 % of the husbands reported that they could not enter the labor ward even after being offered a chance to do so. This attitude reflects the influence of men's personalities and culture on men's behavior in pregnancy, in addition to inadequate knowledge on labor ward events. There is need to identify traditional communication channels which can be used to reach men so that they are well informed on the labor ward events.

## **MAIN THEMES FROM FOCUS GROUP DISCUSSIONS WITH THE WIVES OF THE HUSBANDS**

### **Involvement of men in pregnancy**

Findings from focus group discussions with the mothers revealed that men should be involved in pregnancy and delivery by offering physical, psychological and financial support. This concurs with the views of their husbands in this study.

### **Type of information to be given to men**

The women preferred that men should be given adequate information on family planning, prevention of HIV / AIDS, dangers and complications of pregnancy, nutritional needs of women in pregnancy, importance of attending antenatal clinic and the dangers of wife beating in pregnancy. However, the women in both groups complained that the community lacks good counselors to provide adequate pregnancy information to men, and recommended that wives and parents should act as responsible persons to give information to men. This is similar to what the husbands disclosed that they get inadequate information relating to pregnancy. But, on the contrary, the husbands recommended hospital staff, safe motherhood advisors and church elders as responsible persons for giving out this type of information. This difference in the choice of counselors between men and women could be due to the fact that many couples rarely discuss pregnancy issues in our culture. Nor do they do this with their parents. This factor is thought to have influenced men's choice of other disseminators of information apart from their wives and parents.

The investigator in this study respects the men's views, that it is the responsibility of hospital personnel, safe motherhood advisors and church elders to disseminate the right type of pregnancy information to men in-order for them to make informed decisions. In addition, wives and parents should assist men to become responsible fathers by openly discussing with them their expectations and experiences during pregnancy and delivery. Through collaborative effort, men can become good partners in pregnancy and delivery, making pregnancy a wonderful event.

## **Entry of men in the labor ward**

Discussions further revealed that women strongly felt that men should not enter the labor ward for various reasons. Women's views on this issue are similar to their husbands' views that men should not enter the labor ward. Thus, both men and women in this study present a different perspective on support behaviors during the wife's labor experience, as they all recommend that husbands should wait outside the labor ward for results. These findings are contrary to Khazoyan & Anderson's (1994) results where the middle class Anglo-women (Latinas) reported presence of their husbands during labor and birth as helpful to them, even when they were not active participants in the labor process. With these findings, health professionals should realize that support behaviors during labor vary across cultures. The cultural gap can be bridged by determining client's needs and expectations and by conducting in-service education for nurses that will promote flexibility and a spirit of compromise in meeting these needs (D'avanzo,1992).

## **RECOMMENDATIONS**

This study recommends the following:

- Health care providers should provide pregnancy information and services to the couple rather than the wife only. Men who are well informed about the psychological and physiological changes that occur in pregnancy are more likely to support their wives during pregnancy and delivery.
- Policy makers and program planners in Malawi should consider the inclusion of family counseling as one of the reproductive health programs offered by both governmental and non - governmental organizations. This will uplift the status of both men and women as it improves spousal communication, leading to a happy family life.
- Pregnancy information should reach men through a variety of channels in-order to encourage couples make health decisions together. These channels should target places where men feel comfortable and form a ready audience like in the community setting where there is a social gathering for men. In addition, channels like radios, television, film shows, posters, drama and village health workers should be used to reach men in these places.

- Health care providers should respect men's needs and concerns regarding pregnancy and delivery. It is worth noting that even though some men pretend to be knowledgeable, they lack some information and may not want to reveal their ignorance, especially when their wives are present. Giving men a wide range of safe motherhood information in both the hospital and community settings increases their likelihood to turn up for the next visit and to act positively in time of need.
- A multi - sectoral approach to disseminating pregnancy information to men should be followed. Thus, both health and health - related organizations should take the initiative to disseminate pregnancy information to men in - order for them to act wisely when complications arise. This can be achieved through utilization of the already existing systems such as man to man programs done by Banja la Mtsogolo, or Family Planning programs run by many hospitals and Non-governmental organizations in the country.
- Health care programs should target boys and young men when disseminating pregnancy information so that they become better husbands and responsible fathers. This can be achieved by intensifying the activities already done in the existing youth clubs. Young men and women can be trained in life-saving skills in preparing them for the parental role that is ahead of them.
- Help men to understand the importance of making joint decisions regarding pregnancy and what to do if complications arise by encouraging spousal communication. Re-assure men that informed decisions are better and act as a key to family life success.
- Health care providers should encourage sharing of responsibility in families by strengthening men's participation activities such as promoting women's and children's well- being, preventing and treating sexually transmitted diseases, including HIV / AIDS and giving correct information about pregnancy.
- Health care providers should change their attitude towards participation of men during pregnancy and delivery by providing men friendly clinics. Those men who are willing to participate actively during this stated period should be encouraged to do so without feeling guilty. A man who feels involved in taking care of his wife's pregnancy antenatally and intranatally is likely to be

more responsible in the post-natal period where the woman equally requires social support for adaptation.

- Educate men on their roles during their wives' labor. Even though men feel that culturally they are not expected to enter the labor ward where there wives are laboring, it is important that these men understand the labor process in-order for them to avoid unnecessary delays when labor starts and when complications arise. A man who understands what exactly is supposed to be done for a pregnant woman and at what time, acts wisely whenever he is faced with a difficult situation. Empowering men to consider labor process as a shared responsibility, and not a woman's domain, will help to prevent some of the unnecessary maternal and neonatal deaths occurring in our society because men waste more time searching for old women to assist their helpless wives delivering in their homes.
- Policy makers in the Ministry of Health & Population should consider uplifting some of the institutional barriers that prevent active participation of men during pregnancy and delivery. This can be achieved by improving the current existing structures so that they are men friendly and offer privacy to all pregnant women and their husbands regardless of age and status. Every pregnant woman has the right to be supported by someone she admires during her pregnancy and labor. If our goal is really to achieve a healthy mother and baby as pregnancy outcomes, more information and support should be given to the pregnant couples, in-order for them to cope positively with the stresses of pregnancy.
- Those women who strongly feel that men should not enter the labor ward should be assisted to understand the labor roles which men can adopt. This can be achieved through Information, Education and Communication (IEC) messages in both the hospital and community settings. It should be admitted that this is not a simple task to accomplish because there could be some other hidden factors apart from low knowledge level and cultural barriers. Further research at a larger scale in both the urban and rural sectors is recommended to find out the factors that prevent entry of men in the labor ward.

## CONCLUSSION

The purpose of this study was to describe knowledge, attitude and practices of husbands during pregnancy and delivery in Dedza District. The findings show that men are aware that they are supposed to participate during pregnancy, but they have little knowledge about their participation during labor. Lack of appropriate sources of pregnancy information to men contributes to this knowledge gap. This implies that in our situation, there is still a long way to go, but, with time, we will succeed.

Study findings also identified several roles that are adopted by men during pregnancy. These roles included supporting their wives financially, psychologically and physically; performing some household activities; taking care of the other children; and encouraging their wives to attend antenatal clinics. However, men failed to properly define their roles during labor, as, they opted for some other roles outside the labor ward, like waiting for results. This was thought to be the influence of individual, cultural and institutional forces.

More interesting was the experience of men during pregnancy and delivery as most of them felt involved both at hospital and community levels. But, despite this general feeling, most of the participants received inadequate information on preparations and possible outcomes of pregnancy, including what to do incase of complications. As a result, most of them acted on rumors and misconceptions. Consequently, men ended up making un-wise and un-health decisions when labor starts or when complications arise.

The findings further revealed the significance of husbands' participation in relation to the woman's experience in labor. Thus, some men (47 %) were aware that the wife is able to cope with stresses of labor when the husband participates actively during pregnancy and delivery. However, not all men knew the existence of this relationship, so, nurses should intensify Information, Education and Communication (I.E.C) messages son that pregnancy information reach men in all settings.

Finally, results in this study indicate that men and women agree on the involvement of men during pregnancy and delivery the only difference being on how to involve them as this varies with individual preferences and the cultural setting where the couple lives. Similarly, men and women agree that men should not enter the labor ward where the wife is laboring. Instead, hospital personnel should find some other ways of involving men like educating men to simply

understand the events of labor rather than allowing them to enter the labor ward. These results have major implications for nursing practice, education and research. Nurses must come up with a better approach of involving men during pregnancy and delivery. This approach must fit the couples' natural pattern of living rather than bringing in artificial roles that suit the hospital procedures only. There should be a balance between the couples' expectations and those expectations of the nurses in- order for them to have a healthy mother and baby as delivery outcomes.

However the conclusion of this study cannot be generalized to all husbands in Malawi since the sample used was small. In addition, a similar study is required to uncover the nurses' views on participation of husbands

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## **APPENDIX 1: QUESTIONNAIRE**

**UNIVERSITY OF MALAWI**

**KAMUZU COLLEGE OF NURSING**

**TITLE: MEN'S QUESTIONNAIRE ON HUSBANDS' PARTICIPATION  
DURING PREGNANCY AND DELIVERY.**

**INTRODUCTION:** The purpose of the study is to explore husbands participation during pregnancy and delivery. The information given will provide a knowledge base for teaching men the expected roles to adopt when their wives are pregnant in order to prevent the risk of a maternal death. The information will be considered confidential, so please, feel free to participate.

**INSTRUCTIONS:** Answer all questions  
Tick or fill in the blank spaces with correct answers.

**Name of Health Facility** .....

**Type of Facility**.....

**Name of District**.....

**Study Client Number**.....

**Client Ward/Location**.....

**Date of Visit**    **Date**.....**Month**.....**Year**.....

**PART A**

**SOCIO-DEMOGRAPHIC DATA**

**(Few questions about yourself)**

**Tick in the appropriate box the following questions.**

1. Gender:            1. Male            ( )  
                         2. Female        ( )
2. What is your marital status?
1. single            ( )  
                         2. married        ( )
3. What is your religion?
1. Roman Catholic            ( )  
                         2. CCAP                        ( )  
                         3. Pentecostal church        ( )  
                         4. Islam                        ( )  
                         5. Church of Christ            ( )  
                         6. Other, specify.....
4. What is your highest level of education?
1. no education                ( )  
                         2. Primary                        ( )  
                         3. Secondary level            ( )  
                         4. College or above            ( )
5. What is your occupation?
1. Farmer                        ( )  
                         2. Businessman                ( )  
                         3. Working Class                ( )  
                         4. No work                        ( )  
                         5. Other Specify.....
6. How old are you?
- .....years old  
                         .....98= don't know
7. How many living children of your own do you have ?
- .....children.

**PART B.**

**GENERAL INFORMATION ON SAFEMOTHERHOOD TO ACCESS KNOWLEDGE OF HUSBANDS**

8a. Have you ever discussed any pregnancy issues with your wife? (tick one)

- 1. Yes ( )
- 2. No ( )

b. If yes what type of information did you include in your discussion?

.....  
.....

c. If no what prevents you from discussing Pregnancy issue with your wife?

.....  
.....

9. Before your wife became pregnant, did you have any access to information on:-

(a) Preparations and possible outcomes of pregnancy? (tick one)

- 1. Yes ( )
- 2. No ( )

(b) What to do if complications arise?

- 1. Yes ( )
- 2. No ( )

(c) If yes, do you feel that the information you received was adequate? (tick one)

- 1. Yes ( )
- 2. No ( )
- 3. Partially ( )
- 98. don't know ( )

10. Where did you get the information from? ( Tick)

- 1. Hospital ( )
- 2. Radio ( )
- 3. Wife ( )
- 4. Newsprints ( )
- 5. Relatives ( )
- 6. Village Headman ( )

7. Friends ☐
8. Other specify.....

11. If you were given a chance to choose, where do you think is the appropriate place for giving this pregnancy information to men? (Tick)

1. at the hospital setting ☐
2. at community gathering ☐
3. at work places ☐
4. at church ☐
5. Other specify ☐

12. Who should be responsible for giving out this maternity information to men? (Tick)

1. advisors of safemotherhood ☐
2. Hospital staff ☐
3. Fellowmen in the community ☐
4. Elderly people in the community ☐
5. Church elders ☐
6. Others specify.....

(b) Give reasons for your choice in question twelve (a) above?

.....

## PART C

### LEVELS OF INVOLVEMENT

13a. Should men be involved in pregnancy and delivery? (Tick one)

1. Yes ☐
2. No ☐

(b) If yes how should men be involved?

.....

.....

14a. When should these men be involved? (Tick one)

1. Before pregnancy ☐
2. In early days of pregnancy ☐
3. Late in pregnancy ☐
4. During labour and delivery ☐
98. Don't know ☐

b. Why should men be involved at the time you have mentioned in Q14(a) above.

.....  
.....  
.....

15. During this pregnancy, do you feel involved in taking care of your wife's pregnancy? (Tick one)

(a) At community level ( tick one)

- 1. Fully involved ☐
- 2. Partially involved ☐
- 3. Not involved ☐

(b) At hospital level ( tick one)

- 1. Fully involved ☐
- 2. Partially involved ☐
- 3. Not involved ☐

(c) Explain your answers to (a) and (b) above.

.....  
.....  
.....

## **PART D**

### **EXPERIENCES OF MEN AND THEIR ROLES**

16. When your wife told you that she was pregnant, what did you do? ( explain in not more than five lines).

.....  
.....  
.....

17a. Have you ever escorted your wife to the antenatal clinic (tick one)

- 1. Yes ☐
- 2. No ☐

b. If yes, what happened when you reached the ante-natal clinic?

.....  
.....  
.....

c. If no, why no?

.....  
.....  
.....

18. When it is time for your wife to go to maternity ward for delivery, who escorts her to the hospital? ( tick )

- 1. Husband ☐
- 2. Her mother ☐
- 3. Mother in-law ☐
- 4. Relatives ☐
- 5. Friends ☐
- 6. Others, specify.....

19. Upon arrival at the hospital, did you accompany your wife up to the admission room?

- 1. Yes ☐
- 2. No ☐

b. If no, explain.....  
.....

20a. As a husbands are you allowed to enter the labour ward where your wife is labouring? (tick one).

- 1. Yes ☐
- 2. No ☐
- 98. don't know ☐

b. If no, explain.....  
.....

21. Given a chance to enter the labour ward where your wife is labouring up to the time when she has delivered, can you accept the offer?

- 1. Yes ☐
- 2. No ☐

22. What are your roles as a husband during this period when you are with your labouring wife in the labour ward?

.....  
.....

23. What are the advantages of men's participation during pregnancy and delivery?

.....  
.....  
.....

24. In your opinion, what do you think is the relationship between husband's participation and the woman's experience during labour and delivery?

.....  
.....

25. Will you please suggest ways of improving maternity services that are offered to men?

.....  
.....  
.....

26a. Do you have any concerns regarding the type of maternity services offered to men?

1. Yes ( )

2. No ( )

b. If yes, what type of concerns do you have? (Give two)

.....  
.....  
.....

**APPENDIX 2**

**UNIVERSITY OF MALAWI**

**KAMUZU COLLEGE OF NURSING**

**TITLE: CHICHEWA QUESTIONNAIRE FOR MEN ON HUSBANDS  
PARTICIPATION DURING PREGNANCY AND DELIVERY.**

**INSTRUCTIONS: YANKHANI MAFUNSO ONSI**

**Name of Hospital: .....**

**Date of Visit: .....**

**Client Number: .....**

**Location/Ward: .....**

## PART A

### KUDZIWANA

Chongani yankho loyenera mu kabokosi kaperekedwa pa funso liri lonse.

1. Kodi ndinu mkazi kapena mwamuna?

- 1. mwamuna ☐
- 2. mkazi ☐

2. Kodi muli pa banja?

- 1. Ayi, sindiri pabanja ☐
- 2. Eya, ndiri pa banja ☐

3. Mumapemphera mpingo wanji?

- 1. Katolika ☐
- 2. CCAP ☐
- 3. Pentekosito ☐
- 4. Chisilamu ☐
- 5. Mpingo wa Khristu ☐
- 6. Wina, tchulani .....

4. Kodi sukulu munalekeza kalasi lanji?

- 1. Sindinaphunzire ☐
- 2. Ku pulaimale ☐
- 3. Ku sekondale ☐
- 4. Ku koleji ☐

5. Mumagwira ntchito yanji?

- 1. Ndimalima ☐
- 2. Ndine wa bizinesi ☐
- 3. Ndimagwira ntchito ☐
- 4. Sindigwira ntchito ☐
- 5. Zina, tchulani ☐

6. Kodi muli ndi zaka zingati?

Ndiri ndi zaka..... (lembani 98 ngati simudziwa zaka zanu).

7. Kodi muli ndi ana angati?

.....

## **PART B**

### **MAFUNSO OKHUDZA UTHENGA WA UCHEMBERE KWA ABAMBO**

8a. Munayamba mwakambiranapo nkhani zili zonse zokhudza uchembere ndi akazi anu? (chongani chimodzi)

1. Eya ( )
2. Ayi ( )

b. Ngati yankho lanu ndi eya, mumakambirana nkhani zANJI?

.....  
.....

c. Ngati yankho lanu ndi ayi, fotokozani zifukwa zomwe zimakulepheretsani kukambirana nkhani za uchembere?

.....  
.....

9. Akazi anu asanakhale ndi pakati, munamvako za

(a) Kukonzekera uchembere

1. Eya ( )
2. Ayi ( )

(b) Zomwe mungachite mukaona zovuta kapena zoopsya pa nthawi yomwe mai ali oyemembekezera.

1. Eya ( )
2. Ayi ( )

(c) Ngati yankho lanu ndi eya, mukuganiza kuti uthenga omwe munalandira ndi wokwanira?

1. Eya ( )
2. Ayi ( )

3. Pang'ono ( )
4. Sindikudziwa ( )

10. Kodi uthenga wa uchembere mudaumva kuti?

1. Kuchipatala ( )
2. Pa wailesi ( )
3. Kwa akazi anu ( )
4. Manyuzipepala ( )
5. Achibale ( )
6. Amfumu ( )
7. Anzanu ( )
8. Ena, tchulani.....

11. Kodi mutapatsidwa mwayi wosankha malo abwino ophunzitsirako a zibambo nkhanu za uchembere wabwino, mungasankhe kuti?

1. Kuchipatala ( )
2. Kumudzi ( )
3. Kutchalitchi ( )
4. Kuntchito ( )
5. Kwina kuli konse, tchulani.....

12. Mukuganiza kuti woyenera kupereka uthenga wa uchembere kwa azibambo ndi ndani?

1. Alangizi a uchembere wabwino ( )
2. Ogwira ntchito za chipatala ( )
3. Azibambo ku mudzi ( )
4. Akulu akulu a m'mudzi ( )
5. Alangizi a ku tchalitchi ( )
6. Ena, tchulani.....

## PART C

### MAFUNSO OKHUDZA UDINDO WA ABAMBO NTHAWI YOMWE AMAI ALI OYEMBEKEZERA.

13a. Kodi abambo azithandizapo panthawi imene ali ndi pakati?

1. Eya ( )
2. Ayi ( )

b. Ngati yankho lanu ndi eya, abambo azithandiza bwani?

.....  
.....  
14a. Kodi abambowa aziyamba liti kuthandiza kumeneku?

- 1. Mzimai asanakhale ndi pakati ☐
- 2. Mzimai akangokhala ndi pakati ☐
- 3. Mzimai ali pafupi kuchira ☐
- 4. Mzimai akayamba matenda ☐
- 98. sindikudziwa ☐

b. Chifukwa chiyani?.....  
.....

15. Akazi anu ali ndi mimba imeneyi, kodi munatenga gawo posamalira akazi anuwa, kapena panali zovuta zina ku malo awa?

(a) Kumudzi

- 1. ndinatenga gawo ☐
- 2. ndinatenga gawo pang'ono ☐
- 3. Sindinatenge gawo lina liri lonse ☐

(b) Kuchipatala

- 1. Ndinatenga gawo ☐
- 2. Ndinatenga gawo pang'ono ☐
- 3. Sindinatenge gawo liri lonse ☐

(c) Fotokozani mayankho anu omwe mwayankha mu 15(a) ndi 15(b) pamwambapa.  
.....  
.....  
.....

## **PART D**

### **MAFUNSO OKHUDZA MAKHALIDWE A AZIBAMBO NTHAWI YOMWE AMAYI ALI OYEMBEKEZERA.**

16. Pamene akazi anu anakuuzani kuti ali ndi pakati , munatani  
.....  
.....

17a. Kodi muyamba mwaperekezako akazi anu popita ku sikero ya azimai a pakati?

1. Eya ( )
2. Ayi ( )

b. Ngati yankho lanu ndi eya, chinachitika ndi chiyani mutafika ku sikeloko?

.....  
 .....

c. Ngati yankho lanu ndi ayi, chifukwa chiyani?

.....  
 .....

18. Ikakwana nthawi yoti akazi anu akupita kuchipatala kokachira amawaperekaza ndani?

1. inuyo ( )
2. mayi awo ( )
3. apongozi awo ( )
4. achibale awo ( )
5. anzawo ( )
6. ena tchulani.....

19a. Akafika ku chipatala, kodi mumalowa nonse mu ofesi ya anamwino omwe amawalemba chikalata chogonera?

1. Eya ( )
2. Ayi ( )

b. Ngati yankho lanu ndi ayi, fotokozani zifukwa zake.

.....  
 .....

20a. Kodi azibambo mumaloredwa kulowa ku nyumba yochilira, komwe akazi anu akuyembekezera kuchira?

1. Eya ( )
2. Ayi ( )

b. Ngati yankho lanu ndi ayi, chifukwa chiyani?

.....  
 .....

21a. Kodi mutapatsidwa mwayi wolowa mu 'leba wodi' momwe akazi anu akuyembekezera kuchira mukhoza kutani?

1. Kuvomera ( )
2. Kukana ( )

b. Ngati yankho lanu ndi kukana, fotokozani zifukwa zake

.....  
 .....

22. Mukuganiza kuti udindo wanu pantlawi imene akazi anu akuyembekezera kuchira mu leba wodi ndi wotani?

.....

.....  
23. Kodi ubwino woti azibambo azithandiza pa nthawi imene akazi awo ali odwala ndi wotani?  
.....  
.....

24. Mukuganiza kuti zimagwirizana bwanji ngati abambo akuthandiza panthawi yomwe akazi awo akuyembekezera kuchira ndi m'mene akazi awo akumvera ku leba wodi?  
.....  
.....

25. Kodi muli ndi njira zina zomwe zingathandize kupititsa patsogolo ntchito ya uchembere wabwino kumbali ya azibambo.  
.....  
.....

26a. Pali dandaulo liri lonse lokhudza momwe azibambo amathandizidwira pa nthawi ya uchembere?

1. Eya                      ( )

2. Ayi                      ( )

b. Ngati yankho lanu ndi eya, ndi madandaulo anji omwe muli nawo?  
.....  
.....

### **APPENDIX 3**

University of Malawi  
Kamuzu College of Nursing  
P/Bag 1  
**LILONGWE.**

19<sup>th</sup> September, 2000

The Secretary for Health  
Ministry of Health and Population  
P.o. Box 30377  
Capital City  
**Lilongwe 3.**

**Attention: The Research Officer**

Dear Sir,

#### **REQUEST FOR NATIONAL CLEARANCE TO CONDUCT A RESEARCH STUDY.**

I write to request for a clearance to conduct a research study entitled "Husbands Participation during Pregnancy and Delivery". The subjects of the study will be selected adult males at Dedza Boma.

I am a second year mature entry student doing Bachelor of Science in Nursing at the above mentioned college. As partial completion of the programme, a research project should be done.

Find, enclosed, a research proposal.

Yours sincerely,

**M. Kamanga (Mrs)**

#### **APPENDIX 4**

University of Malawi  
Kamuzu College of Nursing  
P/Bag 1  
**LILONGWE.**

19<sup>th</sup> September, 2000

The Chief Executive  
P.o. Box 140  
**DEDZA.**

Dear Sir,

#### **REQUEST TO CONDUCT A RESEARCH STUDY AT DEDZA BOMA.**

I would like to seek permission to conduct a study at Dedza District Hospital, utilizing some of the patients/clients in the Maternity unit as participants of the study.

The title of the research is "Husbands participation during pregnancy and delivery" and will be conducted during the first two weeks of October.

I am a second year student pursuing a Bachelor of Science in Nursing programme. The research project is part of my partial fulfillment of the programme.

Your consideration will be highly appreciated.

Yours sincerely

**M. Kamanga (Mrs)**

## **APPENDIX 5**

University of Malawi  
Kamuzu College of Nursing  
P/Bag 1  
**LILONGWE**

19<sup>th</sup> September, 2000.

The District Health Officer,  
Dedza District Hospital,  
P.O. Box 136  
**DEDZA.**

Dear Sir/Madam,

### **REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY**

I would like to seek permission to conduct a research study utilizing some of the patients/clients in maternity unit as participants of the study.

The title of the research is "Husbands participation during pregnancy and delivery".  
The study will be conducted during the first two weeks of October, 2000.

I am a second year student pursuing a Bachelor of Science in Nursing programme.  
The research project is part of my partial fulfillment of the programme.

Your consideration will be highly appreciated.

Yours sincerely,

**M. Kamanga( Mrs)**

## APPENDIX 6

### KUPEMPHA CHILOLEZO

Ndine wophunzira wa m'chaka cha chiwiri ndipo ndikuchita maphunziro a za unamwino ku sukulu ya Kamuzu College of Nursing ku Lilongwe. Ngati gawo lina lomaliza maphunzilowa, ndikofunika kuti ndichite kafukufuku. Mutu wa kafukufuku ameneyu ndi " *Udindo wa azibambo nthawi yomwe amayi ali oyembekezera.* "

Pa chifukwa chimenechi, ndikukupemphani kuti ndikufunseni mafunso pa mutu womwe ndatchulawu kuti ndimve maganizo anu wokhudza mutuwu. Ndilonjeza kusunga chinsinsi pa mayankho onse ndipo maina anu sadzadziwika.

Pa nthawi ya kafukufukuyu, muli ndi ufulu kuyankha mafunso ngati munthu opemphedwa kapena kuloledwa kusiya kuyankha mafunso popanda zovuta zili zonse.

Tsiku----- Wofunsidwa -----

Tsiku ----- Wofunsa -----

REF. NO: MED/12/3/216

The Chief Executive,  
District Assembly,  
P.O. Box 140,  
DEDZA.

2N.D. October, 2000

Mrs M. Kamanga,  
University of Malawi,  
Kamuzu College of Malawi  
P/Bag 1,  
LILONGWE 3.

Dear Madam.

REQUEST TO CONDUCT RESERCH STUDY AT DEDZA BOMA

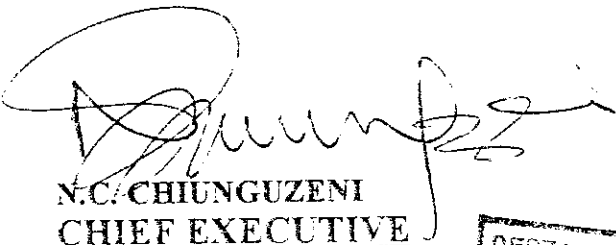
I thank you for your letter dated 19<sup>th</sup> September, 2000 on the above subject.

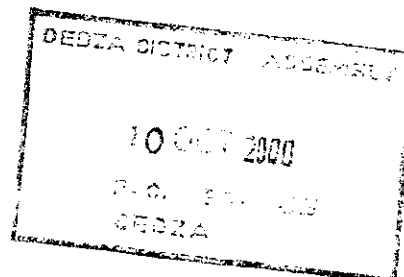
This office has no objection to your request to conduct research at Dedza District Hospital titled 'Husbands participation during Pregnancy and Delivery'

May I wish you all the best during your research studies

Yours faithfully,

For:

  
N.C. CHIUNGUZENI  
CHIEF EXECUTIVE



## APPENDIX 8

### TIME TABLE

| TASK TO BE PERFORMED                             | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | A |
|--------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| Research proposal development                    |     |     |     |     |     |     |     |     |     |   |
| Clearance                                        |     |     |     |     |     |     |     |     |     |   |
| Pilot study                                      |     |     |     |     |     |     |     |     |     |   |
| Review and analysis of data                      |     |     |     |     |     |     |     |     |     |   |
| Data collection                                  |     |     |     |     |     |     |     |     |     |   |
| Data analysis and report writing                 |     |     |     |     |     |     |     |     |     |   |
| Binding and submitting                           |     |     |     |     |     |     |     |     |     |   |
| Feedback to communities and relevant authorities |     |     |     |     |     |     |     |     |     |   |
| Monitoring                                       |     |     |     |     |     |     |     |     |     |   |

## APPENDIX 9

### BUDGET

#### PROPOSAL DEVELOPMENT

| Stationery                                        | Amount           |
|---------------------------------------------------|------------------|
| • One ream of photocopying paper at K350 per ream | K350.00          |
| • One ream of plain paper at K375 per ream        | K375.00          |
| • One ream of ruled paper at K400 per ream        | K400.00          |
| • One note pads at K100 per pad                   | K100.00          |
| • One computer diskette at k80 per diskette       | K 80.00          |
| • Four writing pens at K5 per pen                 | K 20.00          |
| • Two pencils at K2 per pencil                    | K 4.00           |
| • One ruler at K15.00 per ruler                   | K 15.00          |
| •                                                 |                  |
| • <b>Sub-Total</b>                                | <b>K1,344.00</b> |

#### Secretarial services

|                                                                                                                                                                                      |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| • Typing of proposal document: 50 pages<br>at K30 per page                                                                                                                           | K1,500.00        |
| • Photocopying of proposal document (4 copies),<br>each 50 Pages at K3 per page (copies for supervisor,<br>investigator, Ministry of health & population<br>and district hospitals). | K 600.00         |
| • Printing of questionnaires for pre-testing and actual<br>Field work (7 pages, 50 copies at k3 per page.                                                                            | K1,050.00        |
| • Photocopying of consent forms (50 copies at K3<br>per copy.                                                                                                                        | K 150.00         |
| <b>Sub-total</b>                                                                                                                                                                     | <b>K4,644.00</b> |

## **Transport**

|                                                                                |         |
|--------------------------------------------------------------------------------|---------|
| Two return trips for discussion with management and Staff on proposal project. | K400.00 |
|--------------------------------------------------------------------------------|---------|

|                                       |                  |
|---------------------------------------|------------------|
| <b>Total for proposal development</b> | <b>K5,044.00</b> |
|---------------------------------------|------------------|

## **FIELD WORK**

### **Stationery**

|                                              |         |
|----------------------------------------------|---------|
| Five writing pens at K5 per pen              | K 25.00 |
| One working file at K100 per file            | K100.00 |
| Two big khaki envelops at K20.00 per envelop | K 40.00 |

|                  |                |
|------------------|----------------|
| <b>Sub-total</b> | <b>K165.00</b> |
|------------------|----------------|

### **Personnel**

|                                                                     |          |
|---------------------------------------------------------------------|----------|
| One assistant at K200.00 per day for five days<br>(maternity nurse) | K1000.00 |
|---------------------------------------------------------------------|----------|

### **Transport and meal allowance**

|                                                |          |
|------------------------------------------------|----------|
| Transport (five return trips at K100 per trip) | K1000.00 |
| Meal allowance                                 | K1000.00 |

|                                    |                  |
|------------------------------------|------------------|
| <b>Total amount for field work</b> | <b>K3,165.00</b> |
|------------------------------------|------------------|

## **DATA PROCESSING AND ANALYSIS**

### **Stationery**

|                                                    |                  |
|----------------------------------------------------|------------------|
| One ream of photocopying paper at K400.00 per ream | K400.00          |
| Two reams of plain papers at K450 per ream         | K900.00          |
| Two computer diskettes at K80.00 each              | K160.00          |
| Four writing pens at K10.00 per pen                | K 40.00          |
| <b>Sub-total</b>                                   | <b>K1,400.00</b> |

### **Secretarial service**

|                                                              |                  |
|--------------------------------------------------------------|------------------|
| Typing of report at K30.00 per page (Approximately 80 pages) | K2,400.00        |
| Photocopying of report at K3 per page                        | K 960.00         |
| <b>Sub-total</b>                                             | <b>K3,360.00</b> |

|                                                 |                  |
|-------------------------------------------------|------------------|
| <b>Total for data processing &amp; analysis</b> | <b>K4,760.00</b> |
|-------------------------------------------------|------------------|

## **SUMMARY OF BUDGET**

|                                            |                   |
|--------------------------------------------|-------------------|
| Proposal development                       | K5,044.00         |
| Field work                                 | K3,165.00         |
| Data processing, analysis & Report writing | K4,760.00         |
| <b>Sub-total</b>                           | <b>K12,969.00</b> |
| 10% contingency                            | K 1,296.00        |
| <b>Grand total</b>                         | <b>K14,265.90</b> |

### **Budget justification**

A budget in this case is very important because money will be required for stationery, transport, and secretarial service. Stationery includes papers, pens and pencils required during proposal and instrument development, during pre-testing, actual data collection exercise, and finally during data analysis and report writing.

The fifteen days of data collection include the time needed to locate and sample the interviewees, and to conduct the interviews. Travelling to the area of study and sample the participants consume a lot of time, while at the same time some tools may need to be adjusted before the actual data collection exercise, hence the need for meals and transport allowances.

Secretarial services will be required throughout the study for typing and photocopying research proposal, questionnaires, letters and dissertations.