MEN'S INVOLVEMENT IN ANTENATAL CARE UTILIZATION

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CERTIFICATION

This is to certify that **OYELEKE SULAIMON OLAMILEKAN** of the Department of Demography and Social Statistics, Faculty of Humanities and Social Sciences, carried out a Research on the Topic **"men's involvement in antenatal care utilization in Ekiti State"** in partial fulfillment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria under my Supervision

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DEDICATION

This research work is dedicated to Almighty Allah, the source of all wisdom and understanding to whom I give all glory to, for given all I needed to see the completion of a first degree in my academic journey pursuit.

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ABSTRACT

Factors that hinder men from accompanying their wife for ANC visit are well documented. Nevertheless, very little research has been conducted in Ekiti state Nigeria to understand the factors that hinder men from accompanying their wife for ANC visit. Therefore, this study was conducted in two local government area in Ekiti state to examine the level of knowledge of men about antenatal health care utilization, their attitude toward male involvement in antenatal care and factors that hinder men's involvement in antenatal care utilization in Ekiti State Nigeria. Data was collected through in-depth interviews (IDI) and key informant interview (KII). The study revealed three main causes of barriers to husband involvement in ANC; nature of occupation, gender role norms and cultural factor. Therefore, it is recommended that ANC services need to be de-feminized in order to encourage men's involvement in the state.

KEYWORDS: Involvement, Antenatal, Knowledge, Attitude, Roles and Barrier

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CHAPTER ONE

1.0 INTRODUCTION

This chapter provides a general background to this project. This it achieves through the background to the study, as well in the statement of the research problem, research questions, aim and the objectives. This chapter also covered the introduction of the methodology, theoretical framework that was employed in the analysis of this research work. It further gives the definition of relevant terms to the study.

1.1 BACKGROUND TO THE STUDY

Maternal health particularly refers to the health of women during pregnancy, labor and the postpartum period (WHO 2013). Maternal health is an exceptionally vital part of reproductive health. Maternal health is a wide, obvious and as of now acknowledged method for giving preventive, remedial and rehabilitative health-care for mothers (Lucas and Gilles, 2003).

Globally, maternal life is generally essential to all as it determines the quality of life. The paramount concern of women's health is fixing to the health and prosperity of their children, their family and group all in all. (WHO, 2013). Furthermore, the occurrence of maternal mortality in any society causes dishonorable disappointments of human advancement in a nation (Freedman et al, 2003). This simply means maternal health is not only limited to women's health issues alone but it also encapsulates the respectability of groups, social orders and countries, and the prosperity of the considerable number of men, women and child whose own potential in life rely on healthy women (Freedman et al, 2003). WHO (2013) describes maternal health as the health of women during pregnancy, labour and postpartum. Maternal health is a very important aspect of reproductive health. Maternal health is a broad discipline and presently the most acknowledged method for giving preventive, remedial and rehabilitative health-care for mothers (Lucas and Gilles, 2003).

Maternal health does not only deal with the premise of financial profitability but it further

diminishes the weights to families, groups and social orders. WHO (2013) reports that Nigeria with nine different nations constitutes the most shocking weight to maternal mortality on the planet (UNICEF 2013). This study also shows that 10 nations represented around 60% of worldwide maternal deaths: India (50,000), Nigeria (40,000), and Republic of the Congo (21,000), Ethiopia (13,000), Indonesia (8,800), Pakistan (7,900), United Republic of Tanzania (7,900), Kenya (6,300), China (5,900) and Uganda (5,900). Sustainable Development Goal 3 (SDG 3) has been actively set the major purpose of reducing maternal mortality by 75% and achieving general access to reproductive health by 2015.

Generally, studies claim that one woman dies per minute in childbirth around the world (UNICEF 2015) and most of these maternal mortality cases occur in Sub-Saharan Africa. Despite the efforts of many countries in increasing the availability of maternal healthcare, most African women still remain without full access to this health care. UNICEF (2015) discovers that will be 303,000 maternal mortality cases as a result of complications related to pregnancy or child-birth (UNICEF 2015).

Maternal health is a discipline that advocates the aspect of women health and the ability to think about pregnancy, childbirth, family planning and child health most especially in relation to the spaces and services in which they can learn more about reproductive health, maternal health and child health (WHO 2013). In African society generally, men are usually refer as the decision-makers within families and they often administrate the behaviour regarding the use of contraceptives, provision of nutritious food, women's workload, and the allocation of money, transportation and time for women to attend health care services (WHO, 2013).

Men have major roles to play in orientating their partners about family planning or looking for and sharing information about suitable health practices and care during pregnancy, childbirth and

postpartum. Men can likewise energize and bolster antenatal care (ANC) attendance. Men can energize and strengthen great baby sustenance, including early and selective breastfeeding, and childhood vaccination The International Conference on Population and Development held in Cairo and the International Conference on Women in Beijing in 1990's highlights the relevance of including men in regenerative health programs, there has been an increasing valuation for the possibly huge advantages for the health of men, women and children (UNFPA, 2004:29).

Furthermore, the Conference also outlines the ways an individual can regenerative health most especially in sexual health. Scholars also emphasize the role of men and women equally in the making sexual decisions, because they share duty of settling on decisions about conceptive matters. Another striking issue discussed in the ICPD gathering is that neither women nor men are liable to appreciate great conceptive health until they can talk about sexual matters and settle on regenerative decisions together (UNFPA, 2004:29).

As a component of this more widespread perspective, regenerative health programs are organised to center their consideration on the part of men as it identifies with women's entrance to and use of conceptive health services. Men assume essential part in decisions fundamental to maternal health care usage. For instance, family planning, which in addition incorporate postponement in first pregnancy, satisfactory birth separating, diminishing spontaneous pregnancies and decreasing the cumulative number of pregnancies, definitely affects maternal health and lessens maternal deaths (Greene et al, 2002).

1.2 STATEMENT OF THE PROBLEM

The major causes of death include: postpartum bleeding, obstructed labor, postpartum infection and abortion related complications. The maternal mortality in Nigeria can be said to be because of less focus on the adverse maternal results as a result of social factors that encompass decision making at home in maternal health care services. (Geoffrey, 2012)

The social factors include women seeking their husbands' consents before seeking health care services, even in case of emergencies when their husbands may not be available, which deals with the important role during pregnancy. The traditional African culture favours men and promote women's economic dependence on men, contributes to high rates of maternal mortality (WHO, 2008)

As a result of ignore of male involvement, several pregnant women are dying in Nigeria. In other to decrease maternal mortality and morbidity, intervention must be made in the area of implementation of antenatal care services utilization and men's involvement in antenatal health care utilization. WHO (2015) discovers that consistently, roughly 830 women pass on from preventable causes identified with pregnancy and childbirth (Nisar, 2010) 99% of this maternal deaths occur in less developed nations and women are at higher risk of complexities and pass on as a consequence of pregnancy. Between 1990 and 2015, maternal mortality globally drastically reduced by 44% and Between 2016 and 2030, as a component of the Sustainable Development Goal, aims at decreasing the overall maternal mortality proportion to under 70 for every 100 000 live births (WHO, 2013).

Nigeria is a patriarchal society like other African nations, women are oppressed from outset and they are given less relevance. Poorer access to medical access is provoked by socio-economic, socio-cultural and socio-demographic including the economic wellbeing, education, ethnicity, riches record, health decision making influence, age, access to health offices, and accessibility of health services assumed a significant part in bringing on maternal mortality (Yahaya, 2004).

> "At the point when the spouse wife is pregnant, the man is not really accessible to offer the bolster she needs all through the pregnancy, including supporting her financially to make risk antenatal visits or even discover what the specialists are saying as regards to

her condition" (Abdel-Tawab, 2006).

Pregnant women generally need adequate support help and relieve during and after conveyance regarding nourishment, practice and not to be subjected to hard work errands (Abdel-Tawab, 2006). Poor involvement and absence of physical, fervent and financial backing by men to their wives lead to increase of maternal deaths. Men are advised to attend antenatal services with their spouses for antenatal care benefits and to child health office. In perspective of this, this concentrate, along these lines endeavors to look at the Involvement of men's in maternal healthcare service utilization in Nigeria (Abdel-Tawab, 2006).

1.3 RESEARCH QUESTIONS

This study attempt to provide satisfactory answers to the following research questions:

- ✓ What is the level of men's knowledge of about antenatal health care utilization Ekiti State?
- ✓ What is the attitude of men toward male involvement in antenatal care in Ekiti State Nigeria?
- ✓ What are the current roles men's play in antenatal health care utilization?
- ✓ Are there socio-cultural factors that hinder men's involvement in antenatal care utilization?

1.4 RESEARCH OBJECTIVES

The general objective of this research study is to examine the level of men's knowledge of about antenatal health care utilization in Ekiti State.

1.4.1 Specific objectives are as follows:

- ✓ To describe the level of men's knowledge of about antenatal health care utilization in Ekiti State.
- ✓ To describe the attitude of men toward male involvement in antenatal care in Ekiti State

Nigeria.

- ✓ To determine the current roles men, play in antenatal health care utilization.
- ✓ To determine the socio-cultural factors that hinder men's involvement in antenatal health care utilization in Ekiti State Nigeria.

1.5 JUSTIFICATION OF STUDY

Globally, pregnant women are vulnerable to the elements of risk. Men, as partners and decision makers, need to be involved in maternal health services, poor male participation in maternal health care services results in low utilization of ANC, health facility delivery and postnatal care leading to high maternal morbidity and mortality. Men concerns are relevant to their wives in routine ANC and other maternal health services is an important factor in contributing to the reduction of maternal morbidity and mortality (Becker S 2011). According to Thaddeus and Maine (1994) men can positively affect the prevention of maternal and child mortality by being able to recognize an obstetric emergency, take a decision to seek care and being able to transport the pregnant women to obtain health services. Men accompanying women for antenatal care presents an opportunity to the health workers to health educate them and empowering men to be able to recognize an obstetric emergency early in order to make appropriate decisions and actions that may influence the outcome of the pregnancy (Michael et al. 2010)

Scholarly research have been conducted on male involvement on antenatal care, only fewer studies have shown the role of men in antenatal care utilization services. This study aims to provide the level of involvement of men about antenatal care utilization, their knowledge and attitudes on antenatal health care services and health seeking during pregnancy.

1.5 DEFINITION OF TERMS

Hemorrhage: This is the loss of blood from a cracked vein, either inside or remotely.

Involvement: This is act of making a matter of concern or affect somebody otherwise to make

person to participate.

Maternal Health: This is the health of women during pregnancy, childbirth and the postpartum period.

Maternal Mortality: This is the death of a pregnant woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.

Reproductive Health: These are individuals who are able to have a dependable, fulfilling and more secure sexual coexistence and that they have the capacity to reproduce and the opportunity to choose if when and how frequently to do as such.

Abortion: The cessation of pregnancy or fatal development. A surgical or medicinal procedure that terminates a pregnancy by removing the fetus; a therapeutic abortion.

Delivery: This is the act of given birth

Utilization: The manner in which health care services is been used.

Complications: This is unfavorable evolution of disease, a health condition or a therapy.

Male: Malerefers to a man of the age eighteen years and above, having a right to marry and to start a family (Constitution of Uganda 1995).

Male involvement in maternal health services: Male involvement in maternal health service is when a man discusses maternal health issues with the spouse and they make a joint decision as a couple, accompany the partner to seek maternal health services.

MDG: Millennium Development Goal

SDG: Sustainable Development Goal

WHO: World Health Organization

UNICEF: United Nations International Children's Emergency Fund

ANC: Antenatal Care

NPC: National Population Commission

PNC: Post-Natal Care

ICPC: International Conference on Population and Development

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter explore various literatures that have been published on the same field of research and it expatiate the concept of the theoretical framework that was employed in the analysis of data of this research. This chapter carefully analyzed preceding researches in order to understand the vacuum that this work occupied in the body of knowledge.

2.1 MATERNAL HEALTH AND THE WORLD

Maternal health care is a critical condition of complete physical, mental and social fulfilment of the mother. It is an advantage for regular life of mothers. Maternal health is a complete state physical, mental and social well-being of the mother. It is resourceful for daily life of the mother. Maternal health care services comprise of a wide range of health services given to the mother before pregnancy, during pregnancy, labour and after delivery. Maternal health services include the following, preconception care, antenatal care (ANC), Prevention of Mother to Child Transmission of HIV (PMTCT), safe delivery (intra-partum care); post-natal care (PNC) and emergency obstetric care/management of obstetric complications. The objective of any maternal social services is to guarantee that no woman or o new-born dies or incurs injuries due to pregnancy and or childbirth (Nantamum, 2011). However, to accomplish this objective, maternal health care service organizers, service supervisors and suppliers need to see maternal health care services in the connection that women' capability to control and enhance their riches and additionally their health care is more restricted than men's in many parts of the world (Engender Health, 2008).

This keeps women from getting to basic health care data and benefits and can prompt poor conceptive, maternal and take health care results, including undesirable contaminations and undesirable pregnancies. Men play roles that affect women' health care and their entrance to

mind, the requirement for male inclusion in maternal health care services is clear and male association is turning out to be much more basic in the conveyance and uptake of maternal social insurance service.

2.2 MALE INVOLVEMENT IN MATERNAL HEALTH CARE SERVICES

It is crucial to note that men often organize associations in maternal health care requires the suppliers to pick up inside and out learning and comprehension of the men's health care viewpoints, conduct and practices. Notwithstanding the fact that pregnancy is not a disease, it makes a considerable measure of physical and passionate necessities on the mother. The spouses and other relatives need to comprehend and value the distress and tiredness that pregnancy may bring about to the pregnant woman. The consciousness about the requests of pregnancy with respect to the spouse and other relatives could come about into the fundamental backing the pregnant woman needs from the relatives including the husband. Men are often the primary decision maker, and wife's economic reliance on her husband gives him greater influence on major household decisions, as it is reported in Nepal by Britta et al (2004) that 50% of the women had the final decisions about their own health care made by their husbands (Nepal Demographic and Health Survey, 2001). Because of the vital role men play in decision making in the family, some researchers suggest that male involvement is a very significant factor to consider in finding a solution to the three main factors responsible for many of the maternal death:

1) The postponement in decision making refers to patients the appropriate health care office where necessary treatment could be taken.

2) Lack of a framework for crisis transport to ensure that women who experience obstetric confusions get convenient treatment.

3) Delay in accepting treatment inside the human services office, which is some of the time identified with taking care of the costs related to such crises.

In much poorer nations large portions of which have a patriarchal society, increase in male contribution during pregnancy has been seen as a conceivable variable in decreasing the quantity of young people conceived with low birth weight (Mira and UNICEF, 2000). Nevertheless, in spite of these advantages of male association in maternal social insurance benefits, the greater part of intercessions and services to progress SRH including care during pregnancy and labour in many nations have been solely centered around women (Ntabona, 2002).

2.2.1 Antenatal care

Societal distribution of parts to the men and women predominantly basic leadership impacts use of ANC. It is along these lines imperative for men to understand and value the significance of participation of ANC, conveyance at a health care office and postnatal consideration services. A study done by Britta et al (2004) in Nepal discovers that spouses usually go with just 40% of their women going to ANC surprisingly and that more prominent basic leadership power for women was connected with lower husband backup to ANC and lower general male contribution. Different factors are usually the influencing agents for low male contribution in maternal human services is that numerous men feel minimized and left outside in their contact with the mother and kid care services (Plantin, 2007, Lester and Moorsesom, 1997, cited by Britta, 2004). Essentially, it is very crucial for men to participate in the maternal medicinal services framework frequently stops at the ways to the facility, yet to prohibit men from the data on the advantages of antenatal care, guiding and services is to disregard the critical part men's practices and states of mind may play in a woman's maternal health care decisions. It is not unusual in most African societies for men to decide as to when and how a woman should seek care. For example in Kano

Nigeria, 17.2 % of women do not attend regular ANC based of husband disagreement (Adamu and Salihu, 2002).

In Uganda, even though health care offices are being in walk capable separations in numerous areas, women have to pay and change in the nature of consideration, women keep on reporting late for ANC and convey outside the health care offices (Kasolo and Ampaire, 2000). Past studies in Uganda have discovered that most women go to ANC just once rather than the suggested least of four times, and stay away for the indefinite future for delivery. This has been credited to various components, the prominent one among numerous is spouses choosing when and where a woman is to get ANC and conveyance care.

Men are important factors influencing the usage of ANC and conveyance care in Uganda is bolstered by the discoveries of the study done by Nyane (2007) in Tororo in which the woman watches that some pregnant women when requested that accompany their accomplices during the following ANC visit dropped out furthermore the study by Kasolo and Ampaire (2000) in which they contended that poor information of what is done at the health care office combined with poor correspondence among mates and the low status of women in the group incredibly influence women' use of ANC services in Uganda.

Conventional convictions have furthermore added to low use of ANC, for instance in a few groups in Uganda there is a general conviction that pregnant women engage sexual intercourse with other men who are not their spouses, and that men freely engage in sexual intercourse with pregnant women who are not their wives (Kasolo and Ampaire, 2000). This conviction has brought about a few men to decline their spouses to go to ANC. With the end goal women should have the ability to get to and use ANC services, male association should be emphasized at all levels of ANC conveyance

2.2.2 Delivery care

A number of studies have also shown that the presence of husbands in the labour room shortens the labour, reduces pain, panic and exhaustion of the women (Somer-Smith, 1999, Kennel et al, 1991, WHO, 2001)

However, it is widely predictable that men are often marginalized by the maternal health care provided with inadequate access to basic information and knowledge to help them make knowledgeable choices and decisions in order to encourage their own health as well as that of their families (Ntabona, 2002). Koisa (2002) discovers that most men do not actually accompany their partners to antenatal care consultations or during labour or delivery.

In Uganda, 41 percent of the women who deliver in the health facilities are accompanied by their husbands / partner (UDHS, 2006). The eastern region where Jinja district is located and central region having 58 percent and 55 percent of women accompanied by their husbands/partner to deliver which is slightly higher than the national average (UDHS, 2006). Part of the reason for the low male involvement have progressed significantly with the customary mentality of health care labourers, combined with notification in the health care premises, for example "men are not allowed in the labour ward" which discourage men from giving support to their wives in ANC and labour (Muwa et al, 2008).

2.3 KNOWLEDGE OF MEN ABOUT ANTENATAL CARE

Knowledge on focused antenatal care and antenatal care is critical in determining pregnant women's use of antenatal services (Simkhada et al. 2007). A study conducted on barriers to employment of centered antenatal consideration (FANC) among pregnant women in Ntchisi locale in Malawi by Christina Leah Banda in April 2013, shown that publicizing of health programmes on mass media particularly television and radio significantly predicts utilization of

FANC. Pallikadavath et al. (2004) and Sharma (2004) in studies done in India and Nepal, respectively, discovers that pregnant women who watch television every week wae more likely to use FANC. Moreover, studies have shown that adequate knowledge of ANC has a positive and statistically significant effect on FANC use (Paredes et al. 2005, Nisar and White 2003).

A study is conducted by Reddamma GG in 2010, on the orientation of husbands of primigravidae in regards to antenatal care, with the target to assess the knowledge of husbands of primigravidae on antenatal care by knowledge score. The exploration plan utilized as a part of this study is non-experimental descriptive in nature.

The study is carried out at antenatal outpatient division of Bowring and Woman Curzon Hospital, Bangalore. Non-likelihood, purposive examining was utilized for this study. The device employed for the exploration of the study is the organized meeting plan. The study discovers that mean information score acquired by the husbands of primigravidae was 27.76, out of 50 which demonstrates that the learning level of husbands with respect to antenatal care is poor and they should be educated. A study conducted in Northern Nigeria on husbands' participation in antenatal care revealed that men have inadequate knowledge regarding antenatal care by (Iliyasu Z et al 2014). Only 32.1% of husbands accompanied their wives, at least once to the hospital for antenatal check-up. The Researcher concluded that the husbands' understanding regarding antenatal care should be improved.

2.4 IMPORTANCE OF EDUCATING MEN ON ANTENATAL CARE

A study focuses on Men in Maternal Care, Evidence from India by Aparajita Chattopadhyay 2010. This study critically investigates the varieties and determinants of maternal medicinal services use in India and in three demographically and financially different states, to be specific Uttar Pradesh, West Bengal and Maharashtra, by spouse's learning, disposition, conduct towards maternal social insurance and sexual orientation brutality, utilizing information from the

National Family Health Survey III 2005-06 (proportional to the Demographic and Health Survey in India). Women' antenatal consideration visits, institutional conveyance and flexibility in medicinal services choices are investigated, by applying expressive insights and multivariate models. Men's information about pregnancy-related consideration and a positive sex mentality improves maternal human services use and women' basic leadership about their medicinal services, while their nearness during antenatal consideration visits particularly expands the odds of women' conveyance in establishments. From an approach point of view, suitable dispersal of information about maternal human services among spouses and making the husband's nearness required during antenatal consideration visits will help essential social insurance unit's secure better male contribution in maternal medicinal services.

Tweheyo et al (2010) focuses on male partner attendance of skilled antenatal care in peri-urban Gulu region, Northern Uganda. This study examines the level of relevants and elements connected with male accomplice participation of talented ANC in a peri-urban group. This cross-sectional overview utilized multi-stage testing as a part of 12 towns of Omoro district to choose 331 wedded male respondents matured 18 years or more, whose female mates had labour inside 24 months before the review. An organized survey transforms the reactions about male accomplice participation of ANC during pregnancy at a general health care office as the principle result variable. Generally, 65.4% male accomplices went to no less than one gifted ANC visit. Men are proficient of ANC services, they acquire health care data from a health care specialist and in which their companions use talented conveyance finally pregnancy will probably go with their mates at ANC, not at all like the individuals who needed to have a greater number of youngsters and lived more than 5 km from the health care office. These discoveries propose that engaging male accomplices with information about ANC services may expand their ANC

support and thus increment gifted conveyance. This technique may enhance maternal medicinal services.

2.5 REVIEWS RELATED TO EDUCATING MEN ABOUT ANTENATAL CARE

A study carried out on involvement of spouses in the antenatal consideration: assessment of Deepak Charitable Trust's effort program. This Indian program are expected to include and educate spouses in antenatal consideration registration During the Indian project, men are given data about antenatal consideration services, data about eating regimen, sustenance and weight pick up during pregnancy, and data about contraception. Utilizing data gathered from 113 organized meetings and 13 top to bottom meetings, the study contrasts an intercession bunch and a non-mediation bunch. Men from the mediation bunch had a more noteworthy information of the significance of antenatal consideration services, and their accomplices make more visits to antenatal consideration centers. (Dev, A 2007)

2.6 ROLES OF MEN IN MATERNAL CARE UTILIZATION

Men frequently do not have entry to data on maternal health care issues and on their part in advancing maternal health care coming about into larger part of the men not to have adequate data and information as to maternal health. Men assume abundant key parts, their choices and activities have variety of effect during: Pregnancy, conveyance and the baby blues period (WHO 2015).

2.6.1 During Pregnancy-by guaranteeing

Great Nutrition: Men ought to provide good food of solid Iron and braced with vitamin A absence of it causes Anemia. Frailty, even though it is not an immediate reason for maternal deaths, is a variable in such deaths.

Great unwinding: men ought to play their caring part which significant to their wives during pregnancy.

Early referral for help: Men should encourage appropriate antenatal and early nurture their significant other procurement transportation and go with spouse for antenatal consideration men ought to give reserves

2.6.2 During Delivery

Men should ascertain early for transportation and purchase materials required during the conveyance. Men can help by creating necessary familiarity to a prepared specialist to be accessible for the conveyance and by paying for the services.

2.6.3 During the Postpartum period

Most Maternal demise happens inside three days after conveyance, because of disease or drain.

Men can:

- ✓ Find out about potential baby blues entanglements
- ✓ Be prepared to look for help on the off chance that they happen
- ✓ Ensure that baby blues women get great sustenance
- ✓ Guarantee that breastfeeding women get additional vitamin A
- ✓ Men can help with substantial housework
- ✓ They can support breastfeeding
- ✓ Can start utilizing contraception

2.7 WHY MEN'S ROLES WERE NEGLECTED

This substantial assortment of confirmation on the legitimate, instructive, financial, and health care outcomes of sex standards did not fundamentally impact populace and conceptive health care arrangement as of not long ago. Research on populace and conceptive health care had a

tendency to portray women' impeded position without saying men's parts, as a rule in light of the fact that the information utilized were gathered just from women. Fragmented information and intense presumptions made it feasible for the field to abstain from tending to sexual orientation imbalances and expressions, for example, brutality in its work on regenerative health care.

The demographic research educates people about family arranging programs defended the reasonable exclusion of men by indicating the challenges and vulnerabilities of utilizing men as exploration subjects or witnesses. Analysts needed to think about the not well characterized range of men's sexual lives, their accepted failure to give an account of their offspring, the investigative difficulties postured by polygyny and extramarital associations, the far-fetched chance that they would be at home to be met by an overview taker, and the recurrence with which youngsters wound up in the care of their moms toward the end of a marriage (Baltimore 2004).

The presumption that families are all like a standard Western model, in which women have the essential part in childbearing and raising, and in which men and women are accepted to convey straightforwardly and concur totally about conceptive matters. This model expects, besides, that accomplices have a common childbearing background, i.e., that either the relationship is monogamous and that all childbearing happens inside that union, or that the outside experience of the other life partner has no impact over childbearing in the present relationship. The social variability of conceptive health care conditions, notwithstanding, makes this model wrong in settings where polygyny, conjugal flimsiness, unfaithfulness, flawed interchanges, and women' subordination are boundless, which is for all intents and purposes all around (Hawkes, S.1998)

2.8 FACTORS AFFECTING MALE INVOLVEMENT IN ANTENATAL CARE SERVICES

Previous researches in developing countries have suggest several reasons for low utilization of maternal health care which include: problems in access, low educational level and other factors describing socio-demographic background, lack of woman´s autonomy, low quality of services, cultural beliefs and other community members´ influence (Lubbock & Stephenson, 2008; Simkhada, et al., 2008; Tlebere, et al., 2007). In Ethiopia, the women do not deliver in an institution explain their action by stating that it is not necessary (61 %), it is not customary (30 %) and/or that the distance is too long or they had no transportation (14 %) (CSA & ICF, 2012). The following are the factors that influences Men involvement in maternal health care utilization

2.8.1 Religious Beliefs

Religious beliefs have a direct influence on Men's involvement in maternal health care utilization. For Example, the general Islamic teachings supports effective antenatal care for all pregnancies and skilled care during Childbirth as found in Ayah 6–7 of Surat Talaq;

> *"Let the women live (in 'iddah) in the same style as ye live according to your means: annoy them not so as to restrict them. And if they carry (life in their wombs) then spend (your substance) on them until they deliver their burden: and if they suckle your (offspring) give them their recompense: and take mutual counsel together according to what is just and reasonable. And if ye find yourselves in difficulties let another woman suckle (the child) on the (father's) behalf".*
>
> *"Let the man of means spend according to his means: and the man whose resources are restricted let him spend according to what Allah has given him.*

Allah puts no burden on any person beyond what He has given him",..... "After a difficulty Allah will soon grant relief". (65.7)

However, the issue of a male doctor examining or attending to a female patient is prohibited except under special circumstances. Such circumstances include lack of a qualified female doctor or where any delay could endanger the life of the mother or her baby.

The Bible also says in 1Timothy 5:8 (AMP)

"If anyone fails to provide for his relatives, and especially for those of his own family, he has disowned the faith [by failing to accompany it with fruits] and is worse than an unbeliever [who performs his obligation in these matters]"

2.8.2 Traditional/ Cultural Beliefs

Generally, women take care of the family unit; they are in charge of household work and care of the family. They conceive an offspring and settle on choices about their regenerative health care. Men are the providers and they are considered as power figure; their necessities by and large start things out, and they have a tendency to consume rare family unit assets. Men are associated to be Competitive, forceful and prevailing.

Absence of option models "This is the thing that my dad taught me", restricted social worthiness of men's enthusiastic expression and contribution, little chance to figure out how to nurture others influences their inclusion in safe parenthood.

Societies/conventions favoring male kids and advancing women' monetary reliance on men, adds to high rates of fruitfulness. Failure to arrange; sex, condom use, or monogamy on equivalent terms leaves women and young women worldwide at high danger of undesirable pregnancy, sickness and demise from pregnancy-related causes, and sexually transmitted contaminations.

Conventional impression of womanliness likewise makes it troublesome for women to discuss regenerative health care and sex with their male accomplices (Beaufils, 2000). Numerous Reproductive Health care associations that work with women take note of that their customers need men to be more proficient, open, and responsive to joint basic leadership (Walston, 2005a), especially as for birth separating. Frequently, be that as it may, men accept that birth dividing is altogether a women' obligation, in this manner restricting the potential for double insurance utilize and long haul prophylactic strategies.

Various components have been accounted for by a few analysts as being in charge of impacting male inclusion in maternal medicinal services. Some of which are noted in the sections that follow in this fragment.

Cultural factors: Men do not look for health care data and services because of customary ideas of manliness, where requesting assistance from a medical caretaker or specialist is seen as an indication of shortcoming. Numerous men feel it is their entitlement to decline contraception, to permit their accomplices or even talk about FP (Engender Health, 2008). These refusals can prompt undesirable pregnancies, dangerous premature birth and maternal death or inability. Reporting their discoveries from the study on women' self-rule and male contribution in Nepal, Britta at el, reasoned that higher women self-rule was connected with lower male inclusion in pregnancy health care.

2.8.3 Socio Economic

Some men feel it is an obligation to encourage their spouses as far as transport and on the off chance that they don't have method for transport they see no reason for escorting them while both are strolling. However by and large in Africa where the man is monetarily in position to give the essential necessities of life he has a tendency to have more than one spouse, which

likewise adversely influences his readiness and capacity to escort the wife to look for consideration. Numerous accomplice connections advance distinctive interests for the man and his accomplices and this will hamper potential outcomes for straightforward basic leadership on maternal health care service issues notwithstanding association in maternal health care services of all his spouses when required. Reporting his discoveries Ratcliffe (2001) noticed that men are regularly required in different sexual connections that present a significant test to ripeness mindfulness and regenerative health care programs.

2.8.4 Health service factors

Large research explores that service related components are more essential than client related elements in influencing male inclusion in maternal medicinal services services. The most essential ones pointed out incorporate, long physical separation from the health care unit, absence of transportation, badly designed facility hours, long holding up time at the center, poor specialized and interpersonal aptitudes. The circumstance is compounded by the way that data got from health care labourers on maternal social insurance is fundamentally gone for women as was accounted for by UNFPA (1999) in a few creating nations that women not men were the objectives of conceptive health care programs yet a large portion of them are not monetarily or socially situated to settle on choices about these issues without counseling their spouses.

2.8.5 Strategy issues

Greene et al (2002) observes that scientists and conceptive health care service suppliers have had a tendency to depict women' burdened positions without men's parts. This has brought about some regenerative health care programs intended to enhance women conceptive health care to consider men as a feature of the issue and not part of the arrangement.

2.8.6 Communication issues

Ponders discovers that there is a general absence of enthusiasm with respect to men in a few nations Africa in their accomplices' conceptive health care (WHO, 2005). Men regularly don't have admittance to data on maternal health care issues and on their part in advancing maternal health care coming about into lion's share of the men not to have adequate data and information with respect to maternal health care.

2.9 THEORETICAL FRAMEWORK

Determinants for utilization of maternal medicinal services can be conceptualized by applying a behavioral model proposed by Andersen that looks to represent and foresee the utilization of health care services by people (Andersen, 1995). As per the model, such use is subject to the collaboration between individual qualities, populace attributes, and the encomdeath environment. Andersen recommends that the applicable components can be assembled into three principle classifications:

1. An individual's inclination to utilize therapeutic services.
2. Empowering or obstructing circumstances, (for example, framework)
3. Requirement for social insurance.

Inclining qualities are identified with demographic components and social structure, including age, sex, living arrangement, occupation, training, ethnicity, and states of mind toward health care. Empowering components comprise of group elements that influence the accessibility and openness of human services, and individual elements, for example, knowing how to exploit what is advertised. At long last, attributes connected with need incorporate sorts of disease, saw health care status, and expected result of treatment. With regards to the present study, "need" alludes to a source's apparent need of maternal medicinal services.

Most hypothetical models view social insurance looking for conduct as a consequence of sane individual decision. Thusly, they have been condemned for giving insufficient consideration regarding the social connection inside which moves are made by people (Zadoroznyj, 1999). In endeavoring to conceptualize examples of inclining qualities, our diagnostic system has been impacted by the social hypothesis of Bourdieu in which the relationship amongst people and structure is depicted. Vital to this point of view is the idea of habitus as the epitomized demeanors to which individuals resort as a system for their recognitions and activities. The hypothesis expect that social structures give access to various conditions (i.e., social, social, and financial capital) and that habitus is a consequence of steady presentation to these conditions from a specific relative position inside a specific setting (Williams, 1995). Bourdieu's perspective has been utilized to speculate imbalances in health care and disease (Bourdieu, 1990). In some cases, it has been connected to behavioral parts of labor and institutional change inside obstetric consideration (Filippi et al, 2009; Suni etal, 2006). In the examination beneath, we profit ourselves of this hypothesis to analyze how examples of maternal human services use and disparities in openness are results of aggregated attitudes.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 INTRODUCTION

This chapter provides relevant information on the following: background information of the study area, study design, sample size, data processing and analysis, measurement of variables and limitation to the study.

3.1 BACKGROUND OF STUDY AREA

This study was carried out in Ekiti State, Ado local government and Oye local government was the study area. Ekiti State is situated in South-Western Nigeria with its state capital in Ado-Ekiti. Ekiti State was created from Ondo state on the 1st of October 1996 nearby five others states under the fascism military of General Sani Abacha which was cut out from the Ondo State. Ekiti State covers roughly a territory of 6,353 square kilometers and the enumeration overview led in 2006 puts the number of inhabitants in Ekiti State at 2.73 Million.

The state is generally an upland zone, climbing more than 250 meters above sea level. It lies on an area underlain by metamorphic rock. It is all around undulating country with a trademark scene that contains old fields broken by step-sided out-items that may happen interestingly or in social occasions or edges. Such shakes out-harvests exist generally at Aramoko, Efon-Alaaye, Ikere-Ekiti, Igbara-odo Ekiti and Okemesi Ekiti. The State is spotted with tough slopes, prominent ones being Ikere-Ekiti Hills in the south, Efon-Alaaye Hills on the western limit and Ado-Ekiti Hills in the middle.

The State is specked with rough slopes, prominent ones being Ikere-Ekiti Hills in the south, Efon-Alaaye Hills on the western limit and Ado-Ekiti Hills in the inside. The State appreciates tropical atmosphere with two unmistakable seasons. These are the stormy season

(April–October) and the dry season (November–March). Temperature ranges somewhere around 21° and 28 °C with high humidity.

The south westerly wind and the upper east exchange winds blow in the stormy and dry (Harmattan) seasons individually. Tropical woodland exists in the south, while savannah possesses the northern peripheries. Ekiti State is homogenous, mostly occupied by the Yoruba ethnic gathering who are fundamentally agrarian yet have preference for living in high thickness urban focuses. The state consists of sixteen local governments in Nigeria.

3.2 POPULATION OF STUDY

The population of interest was selected among married men in the reproductive age (15-49) years that have had at least one live-birth in Ekiti state, Nigeria.

3.3 SAMPLE DESIGN

This is a qualitative study, which employed a phenomenological methodological approach for collection and analysis of data. The phenomenological approach is defined as a research method that attempts to understand participants' construction of an experienced phenomenon or social reality (Bryman, 1992). It allows the researcher to understand how participants understand, interpret and experience a particular phenomenon by focusing on the participants' views and perspectives of their everyday experiences (Verwy, 2003).

The qualitative research method is the most appropriate research design for this study because it allows for the exploration of the subjective experiences of the male involvement on ANC utilization in Ekiti State. The data was collected through an in-depth interviews (IDI) and key informant interview (KII). The key informant interview was drawn from two midwives in Ado-Ekiti local government area and Oye local government area. A semi-structured interview guide was used to collect data from health care providers with the aim of understanding strategies they used to invite men to participate in ANC.

The study was part of a major project that is focusing on male involvement in ANC utilization in Ekiti State.

3.4 SOURCES OF DATA

Data analysis was undertaken simultaneously with data collection in order to identify and correct errors during next interviews. The taped data was transcribed verbatim and made an interpretation of from vernacular dialect into English. Topical substance examination guided information investigation. Comparative classes were gathered into subjects and sub-topics that are displayed as results. The outcomes contain direct quotes from members and the respondent are accounted for as talked by members without altering the sentence structure to abstain from losing meaning. Expressions in vernacular dialect are introduced in brackets and invented names are utilized as a part of quotes to keep up privacy of the members.

3.5 DATA COLLECTION METHOD

This is a qualitative study based on in-depth interviews (IDI) and key informant Interviews (KII) and IDI were conducted in the local languages (Yoruba) and English (where applicable). The one-on-one, semi-structured interviews were chosen for the purpose of this research because they permitted the interviewer to ask in-depth questions and the participants to express their experiences in their own words. General themes that also evolved into questions during spontaneous interaction between the interviewer and the subjects were included. In this way the researcher was able to elicit authentic responses from the participants (De Vos, 2001; Rossouw, 2003).

3.6 STUDY PARTICIPANTS

Participants consists of seven (7) men in reproductive age, living in rural and urban areas. Since we are interested in also capturing the utilization of ANC utilization. General themes that also

evolved into questions during spontaneous interaction between the interviewer and the subjects were included. In this way the researcher was able to elicit authentic responses from the participants. This enabled the researcher to gain insight into the individual experiences of their life world, in the sense that the interviews focused on the participants' first hand experiences of their life-world rather than speculation (De Vos, 2001; Rossouw, 2003).

3.7.0 METHOD OF DATA ANALYSIS

The analysis of data was done manually, using thematic content analysis as outlined by Rietchie, Spencer & Connor (2003). Thematic content analysis is defined as an analytic strategy with an objective of taking a complex whole and resolving it into parts (De Vos, 2001). Data is first organized according to themes, concepts and other emergent categories. Thereafter, using analytical reasoning, themes are analyzed in order to generate hypotheses about the data and explanations for the phenomenon.

Outlined below are the steps entailed in the data management and the analysis process.

3.7.1 Data Management

The researcher first listened to the tapes and then transcribed the interviews verbatim. The verbal content as well as other expressions like pauses, sighs and eh!'s were transcribed.

3.7.2 Identifying Initial Themes

The researcher then identified important themes under which the data was sorted. The categories and themes contained in the interview guide served as a preliminary tool against which the data was evaluated and tested (Rossouw, 2003).

3.7.3 Constructing an Index

The researcher categorized the material into main themes and sub themes, which were

then ordered hierarchically in an index, according to the levels of generality. Links between categories were identified and the categories were then grouped thematically.

3.7.4 Indexing or tagging the Data

The researcher read carefully through each phrase, sentence or paragraph to understand the contained message and to determine which index category it applied to. Thereafter data was coded by assigning tags or labels indicating index categories to parts of the data.

3.7.5 Sorting The Data by Theme

The researcher then sorted the data thematically by clustering together material with similar content. At this stage the researcher utilize inventive and explanatory thinking to decide classifications of importance (Welman, Kruger & Mitchel, 2002).

3.7.6 Testing Emergent Hypothesis

As the data was ordered thematically certain hypothesis about the phenomenon emerged. These emergent hypotheses were then tested against the data for validity, informational adequacy and credibility (Welman et al, 2002).

3.7.7 Reporting The Results

The last stage was to write an analytical and interpretative report of the data.

3.8 LIMITATIONS OF THE STUDY

In this study, key informant interview and in-depth interviews were used as data collection methods. The main limitation of this study is reporting bias arising from respondent wanting to provide socially desirable responses rather than true reflection of the real life situation. The respondent was aware that the interviewer was a student and this may have influenced the information given. One of the limitations to the study is reporting bias arising from participants wanting to provide socially desirable responses rather than a true reflection of the real life

situation. Participants especially in in-depth may have been uncomfortable to share all information for fear. The researchers attempted to address these constraints by using two different data collection methods, and in addition, took field notes on what was observed at the health facilities in relation to male involvement. It should be noted that this study did not give room for generalization because of the sample size. This approach enabled the researchers to have a deeper understanding of male involvement in the study area, by bringing together what people said and what they actually do.

CHAPTER FOUR

ANALYSIS AND DISCUSSION OF RESULT

4.1 SAMPLE PROFILE OF THE IN-DEPTH INTERVIEW

S.	Age	Place of residence	Education	Number of wife	Number of children	Religion	Occupation	Income
	28	Rural	HND/Bsc.	1	1	Islam	Business	50,000+
	49	Rural	SSCE	1	8	Christian	Civil servant	40,000
	32	Urban	Bsc.	1	4	Christian	Civil servant	60,000+
	45	Rural	SSCE	1	6	Christian	Civil servant	28,000
	32	Urban	Bsc.	1	1	Christian	Civil servant	100,000
	32	Rural	SSCE	2	7	Islam	Business	65,000
	34	Urban	ND	1	3	Christian	Artisan	35,000

Source: author work 2016

The sample consists of seven male respondents who were between the ages of 25 and 49. 3 respondents are selected from an urban area (Ado local government area) while 4 of these respondents reside in rural area (Oye local government area). All respondents are married. Three (3) of the respondents had secondary education while four others had higher education. Six of the respondents have 1 wife while one of the respondents has 2 wives.

4.2 SAMPLE PROFILE OF THE KEY INFORMANT INTERVIEW

	Age	Place of residence	Education	Marital status	Occupation	Years of experience	Position
	49	Rural	Tertiary	Married	Civil servant	20	Matron
	35	Urban	Tertiary	Married	Civil servant	8	SNS

Source: author work 2016

The key informant interview consists of 2 samples of key informant. One from urban area (Ado local government area) and the other key informant reside in rural area (Oye local government area). Both key informant had tertiary education. One of the key informant had 20 years of experience while other had 8 years of experience and they are both civil servant.

This study explored the level of male participation in antenatal care utilization. The analysis was conducted in line with the research questions.

RESEARCH QUESTION ONE

what is the level of knowledge of men about antenatal health care utilization and their attitude toward male involvement in antenatal care in Ekiti state Nigeria?

4.1.1 KNOWLEDGE

Five of the respondents who were interviewed in this study had good knowledge of antenatal care, while only 2 of them had weak knowledge of antennal care. One of the respondents was aked what antenatal care is, he gave this response;

> *"I think ANC is about ehmm, when a woman is pregnant, so care they offer to the person before given birth to the child is ANC" (res3 32years old).*

One of the respondents who had weak knowledge on ANC said that

> *"I can't say much on antenatal care, it my wife that can talk about it. It is meant for pregnant women, it the taking care of pregnant women from day one till they deliver because it has to do with the women" (res5:32years old)*

When asked on how they got to know about antenatal care, four (4) of the of the respondents heard of ANC from medical personnel, 2 from the medias, while the last respondents was informed by friends.

Key informant interview was collected to measure the knowledge and attitude of men on accompany their wife for ANC visit.

According to a key informant reveal (Res1: 28years old) that men in the rural area have zero level of knowledge on ANC utilization and further question is been asked about the reason for low involvement and the response was

> *"Well we don't motivate them unless the woman in question has problem then we can invite her husband over the hospital".*

While respondent 2 said .

> *"No, the percentage is very low, let me say 5% of them. so I can actually say no".*

4.1.2 ATTITUDE

Nearly all the respondents (6) have positive attitude toward male involvement in ANC, while 1 has negative attitude toward ANC. The respondent who has negative attitude towards ANC felt that it is not necessary for him to follow his wife to the clinic or hospital to receive the care. when asked if he followed his wife to the clinic, he responded that *"No, sometimes unless if she is need of me"*(res1).The majority of the respondent felt it was necessary and of great importance to follow their partners to the ANC clinic. According to one of them

> *"yes because it is very good to follow one's wife so as to know the condition she is even if the husband cannot go, he should send someone" (res332years old).*

key informant 1 reveal the reason towards men attitude that

> *"I think I will say is due to ignorance"*

while key informant 2 reveal that

"It not that there is a stipulated policy but at time some situation warrants the counsel of pregnant women to invite their husband for ANC on certain issue that come up. But we don't compel them"

RESEARCH QUESTION 2

What are the current roles men's play in antenatal health care utilization in Ekiti state Nigeria?

4.1.3 ROLE OF MEN

Only one of the respondents gave a meaniful clue on the role men play in ANC utilization, others were unable to give appropriate answers to the question when asked. The respondent said that

"like if she needs my assistance or if anything they want to ask from my wife even though if it is not time for her to deliver they can ask from me" (res7).

He was trying to say was that, if a man has been attending ANC clinic with his wife, he will be able to supply necessary information during inquired timed when she might have forgotten it.

4.1.4 BENEFIT OF ANC

According to key informant, she was able to outline the following benefit of ANC utilization in relation to men's involvement.

"There are lots of benefits, ordinary; men involvement should have started from pre conception care. Men should have been involved right from the time they are thinking of having baby so they can be prepared alongside. The benefits are ;(1) starting from the pre conception stage, they two of them can be told as regards what pregnancy entails. (2) they would have been screen to check if the woman can take in at the particular time that couples desire. (3) men will be able to give

psychological support to the wife most women might be psychologically disturbed and when there is no withal support from home it tends to weigh them down once women are not well supported at home they will not care one might just talk and they won't take it into 100% consideration because the husband is not taking it rightful place but when men are actually involved they will be able to take that position that the health mother cannot take at home. (4) Men being involve in ANC will tend to make that women enjoy that stage. Women who are not psychological supported at home will see pregnancy as disease or as stress. But when the woman is being supported she will enjoy the period and the expect action of having that baby at that time. (5). Men being involved tend to improve the health of the women issue of illness is not just because of the presence of disease. You know health is being regarded as a state of complete well-being and not neatly the absence of diseases so that means that when the women are well supported she will be physically healthy"

while key informant 1

"Yes to the women you know will be able to help the woman when needs across home, so there are lots of benefit....., Well if the husband accompany wives and she is sick we will say that the man is in position to help, to carry the birth and all that there are lot of thing we will explain to them they follow the wife come for ANC"

4.1.5 WAY OUT

The key informant 1 suggest that

"Ah, we'll tell them about it. Publicize it that anytime your wife is pregnant accompany her for ANC" key informant 2 suggest *"Awareness should be put in*

place (2). Parent should have mother relationship between themselves so it can be instead that either you are male or female for both have a role to play in relationship……, I think government can also implement the awareness of ANC and I think NGOs can come up with family relations, slogans or short play to make them know the benefit and programs on it should go round or to provide facilities or counselling men so as to eradicate the cultural believe in their memory"

RESEARCH QUESTION THREE

Are there socio-cultural factors that hinder men's involvement in antenatal care?

4.1.6 BARRIER

The following are the views of respondents towards the socio-cultural factors which influence men's involvement in antenatal care utilization:

According to respondent 1,

"I don't think is any factors that hinder men from accompany their wife for ANC visit."

Respondent 2

"It is because people think otherwise because I don't think there is any culture that stop man from accompany their wife for ANC"

Respondent 3

"ehn, It depends on the interest each man has for his wife and occupation……, there shouldn't be any reason why man cannot follow

his wife to clinic……, I Yorubaland, it is on culture to follow our wife for ANC because we cannot leave the whole burden on her."

Respondent 4

There is no factors that hinder men because whenever they get to the hospitals, doctors might think these days' doctor use to welcome both of them, the husband and the women that have advise them that when your wife is of man all these things, there is no barrier"

Respondent 5

"Uhmmm, it depends on the occupation the husband might be the busy one".

Respondent 6

"uhmmmm, it can be the nature of the man work"

Respondent 7

"I think there is no culture supporting husband from following their wife for ANC visit……, ehmm financial crisis can also lead man not to follow his wife for ANC"

According to the key informant 2,

"Some people think it is not culturally supported. They feel pregnancy is women stuff. Some will think they have their ego that it is lazy man that will follows his wife to the hospital for ANC. Then mostly the background of the man for example a son child who has never helped his mother in

anything cannot know how to follow his wife because he thinks it is the wife stuff she will take care of the pregnancy. Another factor is that the knowledge about ANC is low as regard the benefits of accompanying ones wife. Another one is immaturity. Some men might not be mature before they go into marriage for example, a boy of 18year was brought for injection and the mother was the one who that held him and I was trying to hear something from the mother and she said it is his wife that will be able to explain better I was like a young boy is already a father/husband. In such case you don't expect the boy to see any reason to follow his wife for ANC".

While the key informant 1 said

"Yes I think there is cultural factor, some think when the wife is pregnant it is her burden and the hospital burden"

4.2 DISCUSSION OF THE FINDINGS

The findings of this study explored the socio cultural perspectives and nature of occupation men involve in influences the men's involvement in antenatal care utilization. In addition, the traditional ways in which antennal health care services are implemented play a crucial role in influencing male participation as well as knowledge and attitudes of antenatal care issues. According to Witt (1997), norms and values are engraved in people's minds, such that it is difficult for people to break away from these factors. On the contrary, Deutsch (2007) stated that people do not merely internalize gender roles as they grow up but respond to changing norms in society. Therefore, with the changing policies on antenatal care, people in the study areas would respond to the change and male involvement in antenatal care would become a norm just as in the modern western countries. The gender role norms that pregnancy and childbirth are feminine

and caring for a woman in labour is women's social role are deeply rooted in the study areas. Similar results have been documented in earlier studies done in Africa (Muia et al., 2000; Mullick et al., 2005). The notion of women being care givers is quite common in our societies nowadeys. According to Helman (2007) asserted that in almost every culture, the main providers of health care are usually women. This notion is not common among professional fraternity. With the view that most health care providers are women, the findings have shown that service providers' attitudes also play a significant role on men involvement on antenatal care utilization. Whilst health care providers have been receptive to men's participation in ANC and postnatal clinics, they have prohibited men's entry into the labour wards (Kunene et al., 2004; Helman, 2007; Muia et al., 2000).

Although male midwives provide antenatal care in the health facilities where this study was conducted, that did not change the perceptions of the community that a labour companion has to be a woman. A male gendered role norm during the pregnancy, childbirth and postnatal period is to provide emotional, material and financial support to their wives. Men around the world have been portrayed as economic providers and decision makers (Carter, 2002; Muia et al., 2000). However, gender roles and relations and patterns of behavior can be learned and unlearned as evidenced by some men who adopt feminine roles without fear of being ridiculed by peers for instance accompanying a wife for antenatal care services. The traditional ways in which antenatal care services are implemented in the sites where this study was conducted, play a crucial role in influencing male participation. Consequently, it could be implied that even the formal health care sector mirrored the societal views and expectations of MCH services to be for women. Aarnio et al., (2009) found similar results in a study conducted in Malawi that focus on male involvement in antenatal HIV counselling and testing in some rural areas. Therefore,

accompanying a wife for antenatal care services was viewed by most male participants as a waste of time as they could not see its importance. Hence, antenatal care need to be de-feminized in order to create the foundation for a more equal access to services for both men and women. The entrenched gendered perception of antenatal care services being for women only is indeed reflected in the design of infrastructure for antenatal care utilization services in the study sites. This was also another primary source for low male participation. The health care sector needs to consider seriously the privacy issue in the delivery of antenatal care for male involvement as well as for the dignity of the women. Health care providers' negative attitude was identified as one of the barriers to male involvement in the study sites. Negative attitudes of health care providers seem to be a major problem in most developing countries (Barua, 2004). There is urgent need to improve the attitudes of health care providers so that husbands' participation in antenatal care can be facilitated. Distance to the health care facility compounded with lack of financial resources was perceived as a barrier to male participation. Men's knowledge about male involvement in antenatal care is a starting point for participation. However, some men expressed ignorance and others did not understand why they had to be involved. Similar findings have been documented by (Aarnio et al., 2009; Theuring et al., 2009). In addition, the social context of the study areas exhibited a culture of silence around pregnancy and childbirth issues. Men were not taught issues related to labour and delivery. This information was given to women only. Men were told how to provide emotional, material and financial support to their pregnant spouses. Thus gender values and norms in the study area acted to ensure that labour and childbirth knowledge was withheld from men. In addition, most men did not attend ANC clinics with their wives where such information was disseminated and this contributed to their lack of knowledge on issues related to maternal health. Similar findings were also documented by

Mullick et al., (2005) in a study done in South Africa and (Onyango et al., 2010) in Kenya. The health sector could be the source for maternal health information for men. Therefore, it is very essential that the health sector should be proactive in disseminating maternal health information to both men and women for the benefit of the families. In addition, the health sector should endeavor to invest in IEC strategies that target both men and women for behavior change towards male involvement in antenatal care.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This section presents the key findings in respect to assessing the approaches to male partner involvement in ANC in Ekiti State, Nigeria as well as conclusion and recommendations.

5.1 SUMMARY OF FINDINGS

Objective 1: this study examined the level of men's involvement in ante-natal care utilization in Ekiti State Nigeria, factors that influence their involvement and their attitude toward male involvement in antenatal care. This study discovered that men view health clinics as facilities for women which mainly offer female services. Because of the unwelcome set up of most health facilities for men, and the nature of their occupation. The study confirms the number of women attending ANC programs without their spouses was higher than the number of couples enrolled in these programs. Larger proportion (6) of the respondent are in monogamous marriage while (res.6) is in polygyny marriage. Since most service providers are women, men shy away from seeking services from the facilities. Another finding is that the male knowledge and attitudes towards these services are shaped by lack of information, sensitization and awareness.

Objective 2: This study explored the contemporary roles men's, play in antenatal health care utilization in Ekiti State Nigeria. This study discovered that most of the men do not know the role to play when it comes to ANC utilization. One of the respondent have good knowledge of men role in ANC utilization.

Objective 3: To determine the Socio-cultural factors that hinder men's involvement in ante-natal health care utilization in Ekiti State Nigeria. The study found out the factors which hinder male involving in ANC are varied. Male participation affects income generating activities. Time is

also one of the major factor that hinder men from accompany their wife for ANC services because of the length of time taken to complete the required procedures. Social and cultural beliefs that are mainly shaped by their traditional and cultural beliefs also hinder men from actively participating in these programs. Men also have a superiority complex which dictates that they would be lowering their dignity and self-esteem by accompanying their wives to health facilities. Lack of adequate awareness and sensitization on the importance of involving men in these programs also plays a negative role in ANC services not realizing their full impact. Men are also ignorant of the benefits of attending the services as a couple to be effective, the couple should both be involved in the full program for the benefit of their health and the well-being of their baby. Unfortunately, most reproductive health awareness programs target more women than men which subsequently create barriers and increase the number of ignorant men. Community leaders also play a huge role in creating awareness on such programs because they are opinion leaders and community members regard their advice highly. It is important to note that income generating activities are an important aspect for men in this community.

5.3 CONCLUSION

The predominant general perception on gender role influence male participation in antenatal care utilization. The study explored the relevance of men involvement in antenatal care and delivery system in the rural health facilities in Ekiti state Nigeria whereby the services are female focused. Therefore, husbands find it difficult to get involved in their spouse's antenatal care utilization. However, male involvement in antenatal care is possible if the causes of barriers were surmounted.

This study identified various factors, both positive and negative, that influence male involvement in ANC. Some of the respondent of the in-depth interview do not have good understanding of ANC and are still being influenced by traditional norms and beliefs. In as much as there are some

men who accompany their wives to the health centers and believe it is their duty and responsibility, there are some who feel that providing financial support towards pregnancy and prenatal care and other financial needs in the home, is adequate. High male superiority complex which endears men towards controlling, being authoritative and having a sense of supremacy towards their wives also plays a key role in male participation in ANC. The study also found out that men participation in ANC was also being negatively affected by programmatic factors. Most ANC service providers are female and may not be receptive and pleasant towards men, in order for them to feel relaxed and comfortable while seeking services at the health centers. These factors have influenced some men to respond positively to the call of accompanying their pregnant spouse to ANC.

5.4 RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed for the improvement of men's involvement in ANC in Ekiti State, Nigeria. Men should be sensitized to understand that a good husband is the one who provides to his wife financially and supports her throughout her pregnancy irrespective of their conditions. In as much as the time taken in clinics is generally long, men must be socialized to understand that their role in reproduction is as important as the women's roles and they must create time for the benefit of the family and their future offspring. The management of health centers should also implement time saving systems and procedures to save on time spent while there. Effort can also be made to design and implement programs specifically for ANC service providers that aim at changing their negative attitudes towards their clients or patients. More male service providers should be engaged in these services to enable men feel comfortable. Health personnel should also be sensitized and trained on how to handle delicate medical issues like HIV to ensure patients do not feel uncomfortable or unwanted at any one time especially when in the health facilities. Counseling

that is geared towards assisting the couples accept their status and adhere to the required recommendations for their well-being should also be highly specialized. Communication skills of partners should be enhanced to ensure couples are able to air their views without any intimidation whatsoever from either partner. Interventions should also be sought to include community opinion leaders and elders who are respected in the society. Government policies and strategies that relate to ANC should be equally and continuously distributed to benefit the whole nation and to ensure that the needs of every citizen is represented. In as much as this study has explored male attitudes on involvement in ANC utilization in Ekiti State Nigeria, there is still need to conduct further studies in other parts of the state. This would encourage comparison of the findings and draw up comprehensive conclusions that can inform policies and strategies that would address the varying needs of the male population in the country in as far as ANC involvement and participation is concerned.

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APPENDIX 1

INDEPTH INTERVIEW GUIDE

Name of Note taker .....

Date.....

Place of discussion .....

Time discussion started..... .....

Time ended.....

I am Mr Oyeleke Sulaimon Olamilekan a final year student of the Department of Demography and Social Statistics, Federal University, Oye-Ekiti with Matriculation Number DSS/12/0628. I am interested in knowing about the men's involvement in maternal health care utilization. I am especially interested to understand the men's involvement during antenatal care period. I hope that your answers to my questions will be important to understand the situation and it will help full to improve maternal health care in this area.

I expect our discussion to last about 30-60 minutes. Thank you. Agree on norms and Confidentiality.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. **AGE OF PARTICIPANTS:** 15-25 years.....26-36 years.....37-47 years ..... > 48years.....
2. **LEVEL OF EDUCATION: .....**

3. **MARITAL STATUS: .....**
4. **NUMBER OF CHILDREN: .....**
5. **RELIGION: .....**
6. **MONTHLY INCOME: .....**
7. **TYPE OF EMPLOYMENT:** Farmers.....Merchants.....daily laborer.....
   Governmental employer..... Others .....

SECTION B

1. Do you know what antenatal care is? How did you learn about antenatal care? Have you ever used ANC before?
2. Do men in this area accompany their wife for ANC?
   i. What are the benefits of men attending these with their spouses?
   ii. To the mother?
   iii. To unborn baby and the newborn?
   iv. To the father?

Do you think that antenatal care is useful or necessary for your health and that of the baby?

   i. Why is it necessary?
   ii. In your next pregnancy, will you make use of antenatal care?
   iii. Can you advise your friends and relatives to take advantage of antenatal care services?

3. How does the community get information about antenatal care utilization? Can you give some

examples?

4. How do you deal and participate in antenatal care utilization issues?
5. What could be the reasons that prevent men to accompany the wife for ANC

   i. Culture issues? Any social economic issue?

   ii. Health unit related factors?

   iii. Knowledge gaps of what is done at the health facilities?

6. What do you suggest that the health service managers and the health workers need to do to encourage male involvement in antenatal care utilization services?

7. What about you as the man and community members what are you going to do to improve male involvement in antenatal care utilization services?

8. What should be done to improve health facility deliveries and attendance of postnatal care services?

   i. Any issues on male involvement?

   ii. Any health facility issues?

   iii. Any community issues?

Thank you all for your time and ideas. This has been extremely helpful. As I said in the beginning, the purpose of this discussion was to know about the situation of men's involvement in maternal health care utilization. I hope this study will be helpful to address the problems

and improve the service in this area.

Thank you for your participation.

APPENDIX 2

KEY INFORMATION INTERVIEW GUIDE FOR HEALTH OFFICERS

Name of Note taker .....

Date.....

Place of discussion .....

Time discussion started..... .....

Time ended.....

I am Mr Oyeleke Sulaimon Olamilekan a final year student of the Department of Demography and Social Statistics, Federal University, Oye-Ekiti with Matriculation Number DSS/12/0628. I am interested in knowing about the men's involvement in maternal health care utilization. I am especially interested to understand the men's involvement during antenatal care period. I hope that your answers to my questions will be important to understand the situation and it will help full to improve maternal health care in this area.

I expect our discussion to last about 30-60 minutes. Thank you. Agree on norms and

Confidentiality.

Name of health care facility:

Place of residence:

Age:

Level of education:

Number of children:

Religion:

Type of employment:

Monthly income:

QUESTIONS

1. Do male attend ante-natal care visit with their wives?
2. What is the level of male involvement in antenatal care utilization in this state?
   i. What of this community in particular?
   ii. If low or high what is policy intervention in place?
3. At what stage of pregnancies do most of your patients begin to utilize antenatal care services?
   i. What is your opinion about the level of men accompanying their wives for ANC?
4. How does male involvement improve the quality ANC and utilization of these services by pregnant women and mothers?
5. What are the benefits of men attending these with their spouses?
   i. To the mother?
   ii. To unborn baby and the newborn?
   iii. To the father?

6. What are the possible reasons why few men in the area discuss and make a joint decision with their wives on ANC?

   i. Any health facility issues?

   ii. Any culture issues?

   iii. Any policy issues?

   iv. Any social economic issues?

   v. Any information gap?

7. In your opinion what should be done to improve male involvement in ANC

   i. In any community issues?

   ii. In any health facility issues?

   iii. In any policy issues?

8. What about you as leaders and community members what are you going to do to improve male involvement in maternal health services?

9. What should be done to improve utilization of ANC?

   i. Any issues of male involvement

   ii. Any health facility issues?

   iii. Any community issues?