

A Qualitative Exploration of the Meaning and Understanding of Male Partner Involvement Among Men in Pre- and Post-natal care: A Study at Health Care Clinics, Mpumalanga Province, South Africa

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Background

- Developing countries account for 99% of global maternal deaths (WHO, 2013).
- Men in developing countries are the chief decision makers, determining women's access to maternal health services and influencing their health outcomes (Yargawa & Bee, 2015).
- This practice has implications for maternal health as it determines the nutritional status of women during pregnancy, women's chances of receiving emergency obstetrics care, etc (Yargawa & Bee, 2015).
- Male involvement in maternal health has been recommended as one of the interventions to improve maternal and newborn health (WHO, 2015).

Background

- Male involvement is typically characterized as clinic attendance, partner support, and communication (Montgomery et al., 2011).
- Men can encourage their wives to attend and accompany them to antenatal care, help prepare and save money for delivery, and arrange transportation to the birthing center, among other responsibilities (Bhatta, 2013).
- Male involvement is conceptualized as men accompanying partners to clinics, few men attend antenatal care visits in rural communities in South Africa.
- A current study showed that only 25.3% of women agreed that their male partner attends antenatal care visits with them.

Background

- Male partner involvement (MPI) during pre- and post- natal care is of great importance.
- There is no clear understanding of what should ideally constitute MPI or even what the term means.
- Terminology used varies in different papers from male sexual partners (MSP) involvement to male partner participation (MPP), to men's participation and MPI.
- It must also be highlighted that most interventions aimed at improving MPI have tended to advocate for programs and interventions that are framed from a Western value system, a system that may not be congruent with the socio-cultural context of indigenous African communities.
- In fact, indigenous people's cultural perspectives have been viewed as one of the barriers to successfully involving male partners in ANC programs.

Objective of the study

- The objective of this study was to examine the meaning and understanding of MPI among men visiting health care clinics in Mpumalanga Province, South Africa.
- Additionally, we wanted to explore culturally appropriate notions of male involvement in the South African context.

Methods

- A qualitative study – between August 2015 and June 2016
- Nkangala and Gert Sibande districts, Mpumalanga
- 6 Clinics, conveniently selected
- 6 focus group discussions (FGDs),
- FG = 8 to 10 participants

Methods

inclusion criteria for participants were as follows:

- i) men of known HIV positive status and unknown HIV status who have fathered at least one child in their lifetime or have a partner who is currently pregnant
- ii) willingness to participate in the FGDs,
- iii) ability to give written informed consent, and
- iv) 18 years of age or older.

Methods

Selection and recruitment of participants

- 53 participants, men from communities representing both peri-urban and rural settings.
- participants were representative of the different ethnic groups in the province.
- FGs not homogenous, men with known and unknown HIV status.
- Participants responded in their preferred language in all discussions

Methods

Data Collection

- The participants were scheduled for a group discussion on a specific date and time at the clinic.
- FGDs, an average of 45 minutes
- Conducted in Sotho & Zulu and audio-recorded.
- FGD participants, each compensated R50 for their participation.
- FGD guide used.
- The FGD study personnel, held a master-or doctorate-level degree.

Findings

- Participants were N = 53, an average age of 35.5 years (range from 26 and 49 years)
- From different ethnic groups, i.e. Sotho, Zulu, Swati and Ndebele.
- Eight key themes emerged, including,
 - perception of male roles,
 - pre- and postnatal male involvement,
 - men's willingness to become involved in pregnancy,
 - Partner communication,
 - challenges at health facility level, and
 - cultural level challenges.

Findings

Perception of male roles

- Participants had different perceptions of male roles in caring for their partner and child.
- All participants believed that a man's role was to care for and provide for his significant other, but they disagreed on the degree this should be done.
- Some thought financial provisions were enough while others thought expressing love and running errands for their partner were required.
- Those who felt that only financial contributions were required stated cultural challenges as justification for such opinions.

Findings

- *“the society we are living in believes that a man can only be involved financially. As men they think that you must only provide financially and even the elders will tell the exact same thing. Bonding with your child and things like that, they only believe it’s for women to do”*
- *“Your duty as a man is to provide, and we grew up like that... Providing with money, it means I must go and work, actually my duty is to find a job, not to bring a baby to the clinic.”*

Findings

Prenatal male involvement

- Men had different perceptions regarding their roles during the prenatal period.
- Before their child's birth, all the men agreed that their partner should be given support.
- Some mentioned sharing her workload, others avoiding emotionally wounding her, and still others advocated for simply bringing her to the clinic and waiting in line, but not attending the actual appointment.
- A few were in favor of attending clinic visits so they could have access to the same information as their partner.

Findings

- *“Most of the time I would see pregnant women come in with their partners but their husbands would leave drop them off and come later to pick them up, because they’d be attending women’s classes at the clinic. Their husbands wake up early in the morning to stand a queue for them so that they can be attended to fast.”*
- *“you need to take care of your baby before that baby is born, and you can take care of her in many ways like ... by sharing her workload and also by making sure that you don’t emotionally hurt her, because you also hurting the unborn baby.”*

Findings

Postnatal male involvement

- Men's views on postnatal involvement was mixed.
- One participant stated that men should take an active role in their child's life so the child feels comfortable with both parents.
- Others spoke of taking more of a backseat role because of a lack of knowledge of paternity leave, or a lack of willingness to miss work and care for the baby.
- However, even when taking the backseat, some agreed that men should provide financial support.
- Others felt that their culture dictated that they remain distant in the early days of the baby's life.

Findings

Men's willingness to be involved

- The majority of men were unwilling and embarrassed to take a long period of time off from their work to care for their child. They thought this job should be left to women and other trained professionals.
- Some reported that when they did take time off, they often spent it doing things that gave themselves pleasure, such as drinking beer, rather than using this time to help their partner pre- and postnatally.
- A few spoke of fighting this culture and caring for their child/being involved regardless of what others would think.

Findings

Challenges at clinic level

- Respondents shared their experiences as men when attending clinic appointments with their partners, and commented on staff attitudes regarding men attending clinic appointments with their partners.
- Overall, it seemed that men found the clinics intimidating.
- The majority of the people attending clinics were women, so any men that attended felt out of place.
- Also, long clinic wait times discouraged men from attending, as they were often impatient and had other places to be.
- One participant shared a positive experience, when he was praised and encouraged by clinic staff during a visit.

Results

Challenges at cultural level

- Cultural-level challenges were reported with regards to utilizing pregnancy related health care services.
- Men discussed reasons for difficulties in accompanying their partners for pre- and postnatal clinic health care visits.
- Participants reported that the clinic was dominated by women.
- Men who attempted to participate felt uncomfortable; some even felt as if they would be judged or deemed 'bewitched' if they attended the clinics.
- Many feared that if they assisted in the housework or care of the baby, it would appear that their wives had given them a love potion.

Discussion

- This study examined the meaning and understanding of MPI among men.
- Perceptions of male involvement differed among men, but was understood as giving partners instrumental support through financial help, running errands, and sharing the household workload or providing emotional support.
- Though clinic attendance was not advocated by most men, accompanying partners to the clinic was also viewed as partner support, which also included behaviors such as holding a spot for her in the queues, or providing transport for her to and from the clinic.
- Community attitudes, cultural challenges and negative experiences in health facilities were barriers for male involvement.
- Cultural and contextual dissonance between, HCWs, researchers and indigenous local communities

Conclusion

- This study sought to identify and clarify male involvement in pregnancy within the South African context.
- As theorized, men in this study did not ascribe to the Western model of partnering during pregnancy, but rather established their own vision for providing support for their partners.
- Within this framework, it is not clear that the outcomes attributed to male involvement are clearly linked to women's health outcomes, and results suggest that further research on the role of MPI *within the local context*, is further examined.
- Additionally, clearly health care staff attitudes and settings must be modified if MPI is to be achieved, and its potential impact to be optimized.

Thank you!

