

MEN’S PERCEPTIONS TOWARDS ANTENATAL CARE IN KIJABE, KENYA

World Health Organisation (WHO) recommends male involvement in antenatal care (ANC) where the benefits include, but are not limited to:

- improved health outcomes
- knowledge of danger signs
- understanding pregnancy needs
- long term improved maternal health

Introduction

Global trends indicate that progress in reducing maternal mortality has stagnated, and countries are off track to meet the Sustainable Development Goals (SDG) of maternal mortality of less than 70 per 100,000 live births by 2030 (WHO, 2023). Alongside health system failures, social determinants and harmful gender norms contribute to this stagnation.

The World Health Organisation has emphasised the need for male involvement within antenatal care (ANC) to improve maternal and child health outcomes through increased birth preparedness and reduced complications. In Kenya, where the maternal mortality rate is 377 deaths per 100,000 live births, societal and gender norms present ANC as a woman’s domain and encourage men to act as gatekeepers to accessing ANC services. Only 35% of men are known to accompany their partners to ANC, representing a significant challenge.

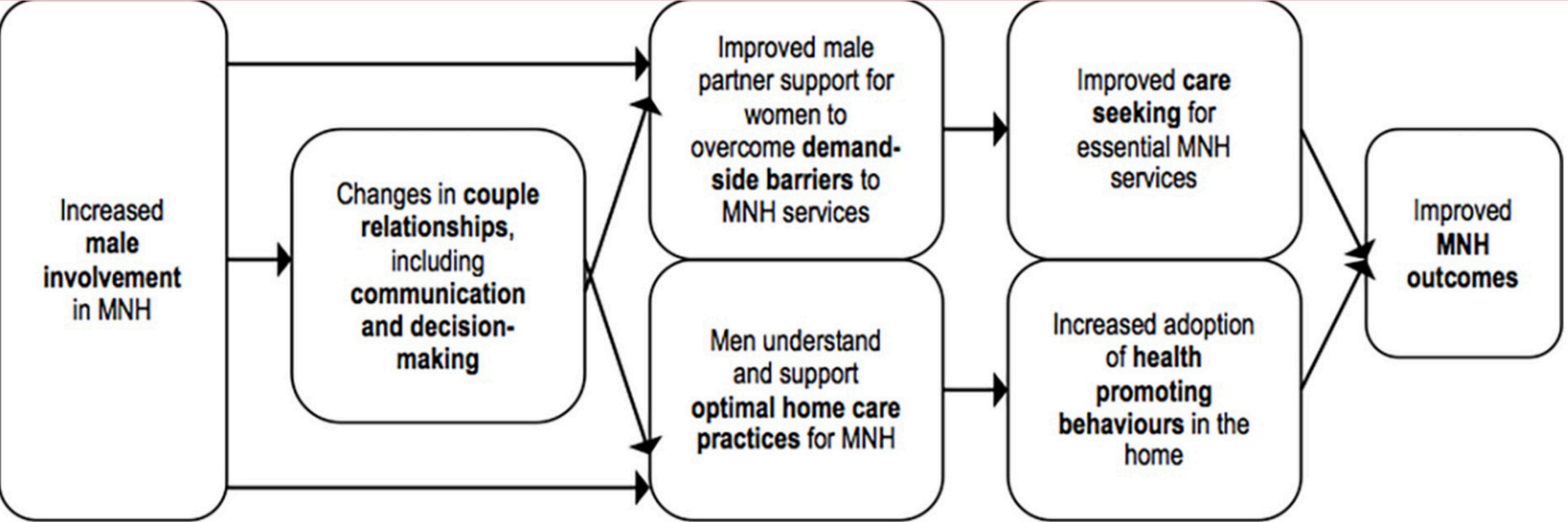


Figure 1: Effects of MI on MCH outcomes (Tokhi et al., 2018)

Objective

This study aims to explore men’s perceptions of antenatal care and identify methods to increase their involvement within it, in Kijabe, Kenya.

1. Explore what men think is the importance of ANC.
2. Explore what men perceive their role to be in ANC and the impacts of it.
3. Suggest methods to increase the uptake of ANC by men throughout the duration of their partner’s pregnancy.

Methodology

A cross-sectional qualitative study was conducted in Kijabe, in 2023. Participants were recruited using purposive and convenience sampling.

12 semi-structured interviews were completed, in addition to 2 pilot interviews. The data was analysed using thematic and framework analyses to identify emerging themes.

University of Leeds (FMCREC-20.1.1.1) and NACOSTI, Kenyan ethical committee, (NACOSTI/P/23/25896) granted ethical approval.

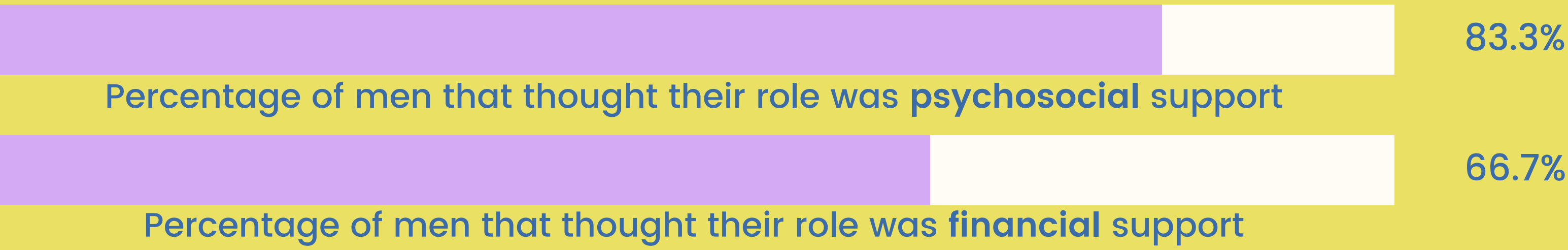
Discussions with a local scholar were conducted to refine interpretations and contextualise themes, to increase credibility of findings.

Inclusion criteria	Exclusion criteria
Men with at least one child	
Men who have had a child in the last 5 years	Men expecting their first child
Men attending a clinic within MCH department in Kijabe hospital	Men with no child in the last 5 years

Table 1: Inclusion and exclusion criteria for participant recruitment

Results/Findings

Findings revealed that while a majority of participants felt ANC was important, including for monitoring the health status and planning for the delivery of the baby, there was a divergence in perspectives about whether men should attend ANC services, independent of the education and social backgrounds of participants.



Men saw their role as providing psychosocial and financial support. Most identified cultural factors to contribute towards their involvement. Half the participants described ANC to be a woman’s area culturally, with many also saying that men feel judged by other men for being weak when accompanying their wife.

“community looks at things in a different manner, you may find that there are some male responsibilities nowadays you saying that this one belongs to male and this one belongs to female”

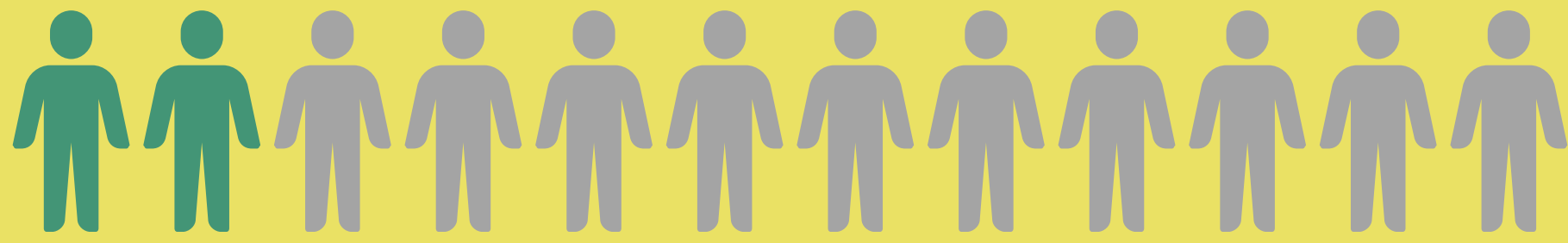


Figure 2: 2 participants had never attended any ANC appointments

Participants highlighted the need for improved health services that would better accommodate the attendance of male partners, and more information shared about the importance of their involvement with ANC.

“I wasn’t told how my role would be during the pregnancy, my role as a father to that child. Especially it was our first time, you know, we didn’t have any other child. So I think maybe... if we can do it as a suggestion, they should even clarify the role of the father and even insist on a visit or two”

“Education, if you educate them through TV, radio and even through the internet. When you educate them, you will increase the number of men coming”

“When you come to the clinic, most men do not come into that room where the doctor is. Just reach here [in the waiting room], then the mother gets in. Just encourage them to get in there, so they can know what is happening inside there.”

Conclusion

Perceptions vary amongst men, this was dependent on the level of previous engagement had.

Gaps in knowledge about ANC and a lack of encouragement served as constraining factors to male involvement. Therefore, to accelerate progress, there is a need for increased contextualised, gendered and nuanced information and education interventions that target men to increase their involvement in ANC.

Community-based information and education campaigns could be prioritised to increase male involvement in ANC and address some of the sociocultural norms.

Related literature

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