Experiences of men's involvement in antenatal education services in the rural Eastern Highlands Province of Papua New Guinea: a descriptive qualitative study.

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ABSTRACT:
Background: Appropriate antenatal education services that increase men's involvement in pregnancy and childbirth is crucial for improving maternal and child health outcomes. However, in Papua New Guinea (PNG), men's involvement in antenatal education services remains inadequate. This study aimed to describe experiences of men's involvement in antenatal education services and identify factors that facilitate or restrict their involvement.

Methods: A qualitative study was conducted among 17 men who have attended antenatal care (ANC) and were involved in antenatal education sessions with their wives. Semi-structured and face-to-face interviews were employed to obtain detailed descriptions of men's experiences and their perception of antenatal health education services, including factors that influenced their involvement. Data was generated from interviews. The findings are informed by the thematic analysis.

Results: Three key themes that emerged were: (1) perception of ANC as women's domain, (2) knowledge of antenatal education services, and (3) accessing of antenatal education services. Factors influencing men's involvement were: strict gender roles, being responsible for pregnancy and spousal communication. Lack of knowledge, dissatisfaction with antenatal services, and lack of capacity to involve men were other reasons further observed.

Conclusion: This study found negative perceptions; poor maternal knowledge and socio-cultural norms, inadequate information dissemination and poor men-friendly services influenced men's involvement. Suggestions to strengthen men's involvement require gender-inclusive and culturally appropriate antenatal education programs.

Key words: men's involvement, pregnancy, antenatal care, antenatal education services

BACKGROUND

The International Conference on Population Development held in Cairo in 1994 recognised the importance of men's involvement in reproductive health programs.1 Since then, there has been growing emphasis on encouraging greater men's involvement in women's health worldwide.2-5 Men's involvement remains an important component in the optimisation of antenatal care (ANC), maternal health services, and in achieving better pregnancy and birth outcomes.6,7 Earlier studies suggest that men's involvement in ANC positively influence uptake of family planning methods,6,8 reduces maternal workload in pregnancy,2 improves birth preparedness, and

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prevents potential obstetric complications.\textsuperscript{9-11} ANC that engages men has also been shown to enhance couple's health-seeking behaviours, decision-making about pregnancy, increase birth confidence and psychosocial support.\textsuperscript{12, 13} In addition, Bhatta argued that men who were knowledgeable about ANC were more likely to accompany their wives, and provide necessary support throughout pregnancy, birth and the immediate postpartum period.\textsuperscript{9}

Notwithstanding that men’s involvement have been widely acknowledged, challenges still remain in creating a space to engage men in maternal health care, and other sexual and reproductive health services.\textsuperscript{14-16} These services have traditionally been viewed as a woman's domain.\textsuperscript{14, 17, 18} Historically, involving men in pregnancy, labour and childbirth did not deserve debate as these events were understood as exclusively women’s obligations, culturally inappropriate for men, and not viewed positively by the community.\textsuperscript{19-21} In patriarchic societies, men dominate decision-making regarding the timing of pregnancy and family size,\textsuperscript{9, 20} and have strong economic powers;\textsuperscript{14, 20} which influence women’s autonomy to access maternal health services.\textsuperscript{22, 23} Given that men often have significant influences on social welfare and health-seeking behaviours for their families, studies to engage men have focused largely on increasing knowledge, spousal communication,\textsuperscript{13, 17} and awareness and use of contraceptives.\textsuperscript{24}

Papua New Guinea (PNG) is a socio-culturally diverse country comprising over 800 indigenous languages, with nearly 87% of people living in rural and dispersed communities.\textsuperscript{25} Nearly all the societies in the country remain predominantly patriarchic, with men dominating decision-making.\textsuperscript{26, 27} The ideologies of male dominance within the social context have critical bearings on physical and mental health outcomes of women’s sexual and reproductive health. Recent studies have documented that in PNG, low numbers of first trimester ANC attendance, lack of skilled birth attendants and inadequate distribution of basic obstetric care continue to lead to poor maternal health outcomes.\textsuperscript{28-32} Access to and utilisation of maternal health services, which often require the support of men, is relatively low across many societies in the country.\textsuperscript{26, 29} Increasing the role of men in maternal health services continue to persist as a challenge, particularly in male-driven societies that have more restrictive gender roles and responsibilities.\textsuperscript{26, 32} Men's involvement in ANC and education programs remains problematic given the range of perceptions embedded within many cultural societies in PNG. The absence of men during pregnancy, labour and childbirth is viewed to be acceptable, and their involvement is perceived as culturally inappropriate in many societies.\textsuperscript{5, 29, 32} Earlier research in the area of men’s involvement in ANC, including reproductive health services have focused primarily on multifactorial factors, which were explicitly diverse and markedly associated with socio-cultural norms, ethnicity, humiliation and embarrassment, and other negative attention from relatives.\textsuperscript{26, 29, 31} Nonetheless, the increased global recognition on the importance of empowering men to be involved in maternal health services has led to the advancement of knowledge in this area; except in PNG, this subject has yet to be researched extensively. In particular, little is known about men’s experiences with antenatal education services. In this study, the term ‘antenatal education services’ refers to health education sessions facilitated by health workers at the antenatal clinic prior to routine examinations, assessments and care. Given the unique patriarchic and socio-culturally dynamics of the study setting, the main objective of this study was to explore men’s experiences in antenatal education services, and to ascertain factors that facilitate or restrict their involvement during the antenatal period.

**METHODS**

**Study design**

A descriptive qualitative study was conducted using a phenomenological approach, which explored men’s views and experiences in concerning antenatal education services. This study used a descriptive and interpretive theory of social action that explored subjective experiences of men during their attendance at antenatal clinic health education sessions. Men’s experiences in antenatal education sessions were further described subsequently through thematic analyses.

**Study setting**

The study was conducted in a rural health centre in the Eastern Highlands Province of PNG. There was a nursing officer in-charge and two community health workers (CHWs) at the health centre. The maternity unit, which consisted of an antenatal room, a labour ward and a postnatal ward, was managed by a CHW. Antenatal services, including education sessions were routinely facilitated by CHWs during antenatal days in a spacious location for all the pregnant women, occasionally with their husbands prior to assessments and examinations. There was no
midwife or skilled birth attendant to provide basic emergency obstetric care, and women with pregnancy and childbirth-related complications were often referred to the main provincial hospital. It was understood that female relatives of women admitted during labour, birth and the postnatal period were permitted to stay, while most men provided basic support and/or attend to their partner’s needs where necessary. Little is known about the experiences of men and their involvement in antenatal education services in this setting.

**Participant selection**

An iterative, purposive sampling approach was employed to identify pregnant women who had been regularly attending antenatal clinic at the health centre. Pregnant women were approached by the research assistant (a CHW in charge of the maternity unit) and enquired if their husbands had accompanied them to the clinic; or have attended ANC previously or with the current pregnancy. For men who attended the ANC clinic previously and did not accompany their wives for the current antenatal visit, they were requested by the researcher to accompany their wives during the next antenatal appointment to participate in the study. Both verbal and written consents were sought from the participants to participate voluntarily. Inclusion criteria were: married man whose wife had a previous pregnancy, had attended antenatal services more than once during the current pregnancy, and were willing to participate in the study.

During the following antenatal visit, 19 men accompanied their wives to the health centre. Two of these men were new to antenatal clinics, thus were excluded from the study. The 17 men were approached by the research team and requested to participate in the study. None of the men who were approached declined to participate. The participants were assured that all the information provided by them to the research team would be confidential, and that their opinions would remain anonymous. Those men declining full participation would not in any way prejudice the ANC their wives were to receive at the health centre. Permission to record interviews was further requested. Before conducting the interviews, the question guide was tested on two men who had accompanied their wives to the health centre on previous occasions to assess acceptability, feasibility and content of the questions. No changes were made to the question guide or interview method.

**Data collection**

Data were collected between December 2013 and January 2014. Interview guides comprising 7 semi-structured questions were used to guide the individual in-depth face-to-face interviews. All the interviews were conducted in *Tok Pisin* – a lingua franca of PNG. Interviews lasted approximately 45 to 50 minutes and were held in private rooms to avoid distractions and maintain confidentiality. The primary researcher and research assistant were present during the interviews. The question guide focused on men’s views about antenatal education services, their experiences and roles during antenatal period. Interviews were audio recorded with consent and audio data were transcribed verbatim. Additional field notes were taken. Data were validated using respondent validation technique, wherein questions were repeated back to the participants to obtain clarification, as well as in ensuring that all the respondents were factual. Data was typed and translated into English.

**Data analysis**

Data was analysed thematically. After all the transcripts were validated, they were read to ascertain patterns of words, phrases or statements that best describes the fundamental nature of phenomenon. The transcripts were then examined, and a set of codes were developed into categories of words with similar meanings. This was followed by a line-by-line microanalysis using open coding. The codes were then arranged into common themes, and compared across the transcribed dataset, to establish the range and similarities of the participants’ views and experiences. Similar or related codes were subsequently aggregated into more defined categories and themes through a method of abstraction. Key issues emerging from coding were also documented and reviewed to ensure that they had not been misrepresented. Direct responses from the participants are illustrated in italics to emphasize main findings.

**Ethical consideration**

Ethical approval was obtained from the Pacific Adventist University (PAU) Research and Ethics Committee and PNG Medical Research Advisory Council (No.13.43). Verbal permission was also granted from the officer in charge and health workers at the health centre. Prior to data collection, written and verbal informed consent was obtained for all participants in this study. The confidentiality of the participants was assured, and pseudonyms were used throughout the study. Data were stored in a password-protected computer only accessed by the primary
The study identified three key themes, which were: perception of ANC as women's domain, knowledge of antenatal education services, and experiences of men's involvement. Following a description of the participant demographics, these themes are explored in more detail.

Characteristics of study participants

Table 1 presents the characteristics of study participants. The age of the participants ranged from 20 to 41 years, with a mean age of 28 years. The majority of the participants were in monogamous (i.e. having one wife) marriages (88%). Nearly half (47%) of the participants had obtained primary school level education, and 24% had no formal education. Almost three-quarters (71%) of participants were unemployed or depended on subsistence farming. Two participants had formal employment and three of them were self-employed. Regarding antenatal attendance during the current pregnancy, 41% of the participants accompanied their wives to ANC twice and 35% three times.

Perception of ANC as women's domain

Gender roles and socio-cultural norms were recognised as factors confounding men's involvement, together with obtaining necessary health care and information during antenatal period. The vast majority of the participants in this study perceived fertility, pregnancy, childbirth and childrearing as women's traditional obligation. Subjects pertaining to fertility and childbirth planning were further considered to be women's domain:

"It is the mothers or grandmothers that usually support them (women) during pregnancy and prepare them for their maternal responsibilities. It is our custom... pregnancy and birth are seen as the women's job, so only women or mother-in-law provide the support they need." [H, 27 years]

Other participants claimed that engaging in spousal communication on pregnancy-related care, including family planning methods were inappropriate and contradicted their social norms, and further viewed as burdensome. Given the socio-cultural expectations for their families, some participants further claimed limited time for discussing pregnancy and other maternal health issues. They were more concerned about social roles, as one participant illustrated:

"Most times, I do not follow her (wife) to the clinic. I believe that she is a woman and being pregnant is part of her... she can manage herself. The nurses at the clinic are also there to help her. Sometimes, I ask my mother or my mother-in-law to accompany her to the clinic. I have other important responsibilities, like gardening, chopping of firewood, taking care of my children, and so on... if I do not do it, then who will do it?" [K, 41 years]

Aside from socio-cultural factors, nearly all the participants expressed embarrassment and shamefulness, fear of negative comments from male counterparts, families and relatives as reasons preventing their involvement. These
factors remained important determinants that decrease men’s men involvement during the antenatal period. Onupi, a 22-year old man described access to antenatal services as socio-culturally inappropriate (with smiling):

“My friends will see me and say, "Lukim em! Em no save sem na ihainim tumas ol bel mama go long clinic bilong ol meri...?" (Look at him! Is he not ashamed to follow pregnant mothers to their clinic?). So, it is just being ashamed of such that makes me to stay home most of the time.”

Knowledge of antenatal education services

More than half of the participants described their awareness and knowledge about antenatal education sessions conducted at the health centre. These participants became aware of these services through their antenatal experiences, health promotion activities, and from mainstream media. Their descriptions were related to pregnancy and childbirth preparedness, maternal nutrition and breastfeeding, immunizations and family planning. Iyo, a 28-year old father described:

“The time I came with my wife, I was standing at the back and the health worker gave health talks to pregnant women...she (health worker) explained the baby’s position, the expected date of birth, and when or how to recognize signs of labour. From this experience, I became aware about health talks for pregnant mothers!”

“I heard in the radio about the importance of pregnant women receiving immunisation and sleeping under the treated mosquito nets. When my wife became pregnant, I have been accompanying her to the clinic, and receiving health information from health workers too.” [M, 28 years]

Some participants became aware of the antenatal education services from their wives following their routine antenatal visits. They were informed on the significance ANC, and their need for them to attend some of these sessions during the antenatal visit:

“I have nothing to do there at the clinic, so I never bother coming with my wife. But she told me about the information she received and suggested that I should accompany her for the next antenatal visit. We came and I stood outside the building... I heard the health worker talking about the importance of nutritious food and taking “blood” (ferrous sulphate) tablets, and so on.” [A, 28yo]

Experiences with antenatal education services

Nearly half of the participants described experiences of satisfaction with antenatal education sessions from both previous and current antenatal visits. Feeling responsible for causing the pregnancy, the desire for knowledge, self-motivation, as well as poor explanation concerning pregnancy- and birth-related care from pregnant women after antenatal visits were some reasons participants attending antenatal clinic:

“I gave her the burden (pregnant) already, and to just sit at home and watch her attending clinic is not good. I knew that I will take all the responsibilities and that was why I made her pregnant...I feel good when coming to the clinic, because I receive new information that prepares me to help and support my wife, if she encounters problems.” [N, 30 years]

“Sometimes, when my wife returns home from the clinic, she does not explain well the information she received properly. So, in my opinion, I feel that I must come to the clinic and receive such information myself too.” [M, 28 years]

Some participants used their antenatal experiences and further educated and encouraged other men to attend antenatal clinic:

“A friend of mine who has been attending antenatal clinic with his wife told me to attend antenatal education sessions. He encouraged me to attend...so when my wife was pregnant, I came with her to the clinic. I have been receiving important information about pregnancy, immunisation and even family planning too.” [Iyo, 28 years]

Most participants reported dissatisfaction with antenatal services provided and cited the inadequate teaching methods and health education materials for pregnant women, as well as the shortages of health care providers. N, a 30-year old husband was discontented:

“Health workers used only a flip chart of a pregnant woman and explained on how the baby is laying and so forth... most times, they were talking and trying to explain to us... and I do not understand. Also, I am
uncomfortable or ashamed to ask questions or for more explanation."

Other participants affirmed that health education sessions provided by health workers were intended only for women and babies. Their explanations further told of men unfriendly antenatal services, and at times they are asked by health workers to wait for their wives outside the antenatal clinic.

"Sometimes they (health workers) tell us to stay away or wait until they check the mothers. They just ignore us so we just follow what our wives tell us. That's why I do not feel like coming to the clinic with her." [L, 25 years]

DISCUSSION

The concept of men’s involvement in ANC is advocated as a critical constituent of World Health Organisation recommendation for making pregnancy safer and improving maternal health outcomes. The increase in utilisation of antenatal services by men requires both the availability of service, improved accessibility and the determinants influencing men’s involvement must also be known. The findings of this study were supported by the social cognitive theory, and were consistent with other studies involving men in ANC. According to the social cognitive theory, people learn and emulate through observation and experience of others, which subsequently influence their own functioning and events that affect their behaviours.

In this study, an overwhelming majority of participants perceived ANC services as women’s domain, and are often left for women, typically the mother, mother-in-law, or elderly women, and health workers to take full responsibilities. Perceptions about pregnancy and ANC being women’s domain, and subsequent decreased participation in antenatal services were culturally accepted and supported. Socio-cultural norms and strict gender roles were identified as principal determinants influencing men’s involvement in antenatal services. Such profound perceptions remain pervasive and were consistent with earlier studies conducted in the Highlands and coastal regions of PNG, which highlighted that ANC, amongst other sexual and reproductive services are women’s domain, and men’s involvement was considered socio-culturally inappropriate. Furthermore, some participant’s perception about ANC were strongly associated with social-parental roles; spousal communication on pregnancy-related care and partner support, including contraceptive use were not acceptable. Participants maintained being more concerned about their family’s social welfare. These views were similar with earlier African studies, which stressed the reasons preventing men’s involvement in ANC and partner support. Suggestions to educate men about antenatal roles could potentially spur changes in perceptions, social norms and improves health-seeking behaviours. Ghose et al stated that the depth of experience with maternal health needs among men and their sexual-reproductive health-seeking behaviors were strongly influenced by the established meanings of reproduction embedded in the society where they live. This was not surprising because of the fact that nearly every part of the Highlands region of PNG was patriarchal, wherein men dominate decision-making and have authority over socioeconomic matters, including decisions to seek maternal health services.

Men’s antenatal experience and knowledge about pregnancy-related care enhances maternal health service utilisation. Evidence suggests men’s involvement to antenatal services improve maternal knowledge, and enable couples for birth preparedness, as well as embracing their ways of preventing potential pregnancy- and childbirth-related complications. Consistent with these findings, participants who accompanied their wives and attended antenatal education services were able to provide necessary support during pregnancy. This study found nearly half of the participants had only reached primary education and/or had no formal education. It is possible that lack of knowledge was the reason for some men not involving in antenatal education services. Previous studies have suggested that men with lower educational attainments, lack of maternal knowledge were not likely to involve and/or access maternal and child health services. Shame, embarrassment, negative health workers attitudes and unfriendly antenatal services have also been documented in other studies.

Although there were differing perceptions associating men’s social status and their involvement, providing information on the purpose of ANC to maintain maternal health must be recognised as integral component of human rights within ANC cases.

Spousal communication and knowledge transfer about pregnancy and birth, including family planning can give men the overall knowledge of ANC, and access to necessary information. Some participants affirmed that they knew about antenatal education services from their wives’ antenatal visits. Earlier studies also suggest
improving spousal communication is associated with continuous uptake of ANC and family planning methods.\textsuperscript{13,17} It was interesting to note that men's dissatisfaction with information received from their wives, and an exuberant sense of responsibility and taking ownership of the pregnancy were demonstrated in this study. These were perceived as reasons to accompany their wives to access antenatal information. It is well documented that antenatal information enhances maternal knowledge and confidence, improves spousal communication, and simultaneously increases shared decision and partner support.\textsuperscript{6,13,44,45}

Previous evidence affirmed that increasing men's participation and making their presence obligatory in ANC would enhance shared responsibilities and effective decision-making.\textsuperscript{26,38} Supporting men to identify potentially beneficial and acceptable norms of their involvement in ANC may further assist in determining effective interventions that could strengthen involvement. Some participants however, argued that antenatal information provided by health workers was not clearly addressed and elucidated, and health presentations were too brief and not informative. Their narratives further told of antenatal services that were exclusive only to pregnant women and babies that distanced them from the sphere of care. Suggestions from most participants about how to improve their ANC focused on strengthening antenatal teaching and learning materials and increasing the number of health workers. It has been stated in earlier studies on supporting the transition to parenthood that strengthening antenatal education resources for men could be useful to encourage greater involvement in ANC in male-dominated settings.\textsuperscript{3,46,47}

While this study generates important preliminary insights on the experiences of men's involvement in antenatal education services, a number of limitations have been observed. This was a health centre-based study, and participants were restricted to those that accompanied their wives during antenatal visit, most of whom were from communities within the proximity of the health centre. The sample size was small and conveniently selected; whose views were not representative of all men or of men who do not attended ANC in this setting. There is a need to explore strategies for increasing men's involvement, which can enable them to more openly discuss issues concerning pregnancy and birth, and partner support. Future larger studies were warranted to measure feasibility and acceptability of context-specific interventions for involving men and to address concerns and issues relating to antenatal education services. This could further inform the development of more men-friendly antenatal education services that discuss concerns and issues relating to pregnancy and childbirth, as well as sexual and reproductive health.

**CONCLUSION**

This study explored men's experiences in antenatal education services and identified factors facilitated or restricted their involvement. While men showed benefits from antenatal education services, a range of challenges have come to influence their involvement. Negative perceptions, poor maternal knowledge, socio-cultural norms were predominant reasons for underutilisation of antenatal education services by men. We found that antenatal education services were inadequate and health workers lacked the capacity to effectively engage men in these services. Our findings complement the body knowledge highlighting the demand to increase men's involvement in antenatal education services. Efforts need to be made to communicate the benefits of effectively engaging men in these services. Gender-inclusive and culturally appropriate antenatal programs enabling male involvement and empowerment remain essential for ANC utilisation. Recommendations were needed to further increase their involvement to achieve optimal antenatal experiences for both men and women.

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