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Comparing the Effectiveness of Grandparent Model and Care Group Model in Behavior Change of Male towards Participation in Antenatal Care at T/A Kunthembwe, Blantyre a Cohort Study

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ABSTRACT

Male participation in the antenatal care is essential for realization of socio-cultural and economic development of every nation. The significance of a male cannot be down played as he is noted elsewhere as the head of the family and has strong influence in decision making in his family. The researcher studied the effective strategy of promoting male participation in antenatal care in TA Kunthembwe, Blantyre district. The study was comparing two models, the care group model and the grandparent model. Different researchers have studied on finding out the factors which contribute to low male participation in most of maternal health activities little was researched on finding out the effective model of influencing these men to participate in maternal health issues hence this study. Male participation in antenatal care was defined in this study as men escorting their wives/partners to ANC, reminding them for the ANC appointment dates and provision of money for transport or food to pregnant women on the day of visit to ANC.

The study targeted spouses/husbands, partners of pregnant women in traditional authority Kunthembwe in rural community of Blantyre district. These men were interviewed individually to find out who between a grandparents or a care group volunteer influenced them to participate in antenatal activities of their partner. Some of the men were found at their homes while some were found and interviewed during health activities like trainings, community meetings which were health related and took place during the period of data collection within their community. A structured questionnaire was used during the interview. The researcher noted that most men did not escort their wives to ANC despite the wife starting ANC hence the question of who motivated him was not coming out with intended answer and due to this, a deliberate effort was made questioning why they prefer to visit them at home to discuss antenatal issues between the care group volunteer or a grandparent volunteer. Only men with pregnant women were targeted and simple random sampling technique was used to select the study sample from the target population of men. The data collected was processed and analyzed using statistical package for social sciences (SPSS).

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The study has revealed that men believe that the use of grandparent model is more effective in engaging them so that they participate actively in supporting their wives to access antenatal. Therefore, government approaches should have an aspects of motivating men to effectively participate in antenatal clinic and the existing community health groups should have strategic message delivery.

KEYWORDS

Antenatal care; Grandparent model; Statistical package for social sciences

INTRODUCTION

Male involvement in the antenatal care (ANC) clearly goes against prevailing gender norms in many places in Sub-Saharan Africa (SSA) including Malawi. Reproductive health seeking is seen by men as "women domain". Men see antenatal clinic as women space, and the definition and organization of the program as fundamentally female oriented. Predictably, men feel that antenatal clinic activities fall outside their area of responsibility. Consequently, men perceive that attending the antenatal clinic would be "unmanly".

According to the recent global estimates by the World Health Organization (WHO), more than half a million women lose their lives from pregnancy-related complications worldwide every year, ninety-nine per cent (99%) of which occur in the less developed world. In Sub-Saharan Africa, one out of every thirteen women dies of pregnancy-related causes compared with one in 4,085 women in industrialized countries. For every maternal death, many more women suffer short-term injuries, infections, and disabilities during pregnancy or child birth each year. The tendency to view maternal health as a woman's issue has contributed to a narrow focus of targeting mostly women, particularly mothers in intervention efforts.

Male participation in maternal health is crucial to the health of mothers as well as a child. It reduces preterm birth, low birth weight, foetal retardation, infant mortality, maternal stress and increases uptake of prenatal and postnatal care (WHO). In addition, engaging men in services that promote maternal health, contributes to improvements in maternal workload during pregnancy, birth preparedness, couple communication, focused antenatal care and increased use of family planning and contraceptive. Remind her for the ANC appointments and providing transport to the clinic if this need is applicable. The study was to find out the effective strategy of increasing male participation in ANC by comparing the effectiveness of care group and grandparent group models. According to Byamugisha, et al. [1], there are different factors which have been identified in other studies as barriers to male involvement in the ANC and they include: Health-facility factors, Cultural factors and Socio-Economic factors. The failure to incorporate men in maternal health promotion, prevention and care programs by policy makers, program planners and implementers of maternal health services has had a serious impact on the health of women, and the success of programs. Low male participation is a global concern as in most of the studies carried out, reviews low male participation in antenatal care and maternal health in general. Kululanga et al., [2] in the Nepal study on how men fared in escorting their partners, birth preparedness, immunization reviews only 39.3 percent of men were able to escort their wives to antenatal clinics. While the study done by Gathuto Nungali of Kenya reviews that in 2014, the national program through NASCOP reported that only 5.1 percent of men participated in antenatal care of their wives. Addition to this, a study was also conducted at Witkoppen Health and Welfare centre in South Africa to find out acceptability and preference among men and women for male

involvement in antenatal care and it indicated that despite high willingness of women for their partners to attend antenatal clinic and of course with formal invitation by written letter to men, only 14 percent of men reported at antenatal care. Indeed several studies have been conducted on factors influencing the male participation in antenatal care in the Sub Sahara region where recommendations have been suggested but the response from men is still low. In Malawi too the problem is worrisome though the figures are not clear in the recent MDHS (2015 - 2016) but from the research conducted by Alinane Mipando, 2013 indicates Balaka district registering only 23 percent of male participation in antenatal care and 52 percent for Blantyre in the same study. These figures are not acceptable hence cause of concern.

Despite several researchers focusing on factors contributing to male participation and their recommendations little has been studied on effectiveness of the current mode of approaches used to sensitize and mobilize men to participate in ANC which include the use of grandparents who are influential and custodian of culture to engage men to participate in maternal health as said by The World watch Institute 2010, this can be as such in antenatal care. This study seeks to compare the change in men's behaviour in escorting their wives to health facilities to access antenatal care using the care group model or the grandparent model in Blantyre rural in traditional authorities, Kunthembwe. These two models are currently being implemented by the united in building and advancing life expectations (UBALE) project in Blantyre rural through save the Children, Chikwawa and Nsanje. And the care group model is highly advocated by the ministry of health as one of the model to increase male involvement in maternal as well as child health. Since care groups and grandparents are both community based initiatives and are tailored on peer to peer education/counselling, it therefore reflects in the United Nations task force report (2005) on child and maternal health that advocates for the highest priority be given to strengthening the primary healthcare system, from community-based interventions to the first referral-level facility at which emergency obstetric care is available. This recommendation is echoed in the (2007) road map for accelerating maternal and new-born health in Malawi, which articulates the following two objectives: Firstly, to increase availability, access, utilization of quality skilled obstetric care during pregnancy, childbirth and postnatal care at all levels of the health care delivery system, and secondly, to strengthen the capacity of individuals, families, communities, civil society organizations and government to improve maternal health [3]. The emphasis on encouraging and supporting individuals, families, communities and civil society organizations to participate in maternal and new-born health comes from the recognition that maternal mortality and new-born survival can be reduced substantially through community or home-based initiatives Manandhar et al., 2004; Martines et al., 2005. The Malawi health sector has adopted and is advocating for the use of care group model in behaviour change which includes husbands willingly escorting their wives to antenatal and supporting them to achieve the focused antenatal care during each pregnancy period. The grandparents are usually silent in most angles and excluded in most programs which work in promoting male participation in health issues despite being influential and custodian of their culture. It is against this background that this study was undertaken to find out which model is more effective in influencing behaviour change of men towards supporting their wives during antenatal period.

There has been a low and declining rate of male involvement in the antenatal clinic globally including the Sub Sahara Africa as indicative of 14 percent in South Africa, 39.3 percent in Nepal as well as 23 percent in

Balaka and 52 percent in Blantyre, Malawi respectively. In the study done jointly by UNCIEF and ministry of health in 2004 in Mwanza districts which led to introducing "male Champions" project reveals that only 5 percent (5%) males escorted their wives to antenatal care which is very far to the desirable expectation considering that studies have shown that 25% of maternal deaths occur during pregnancy (WHO). But with holistic support from all key people which include skilled health personnel, community members and of paramount husbands can assist in reducing these deaths.

In Malawi, some of the strategies to promote male involvement include institution of male champions, couples who have reported at health facility with their husbands served first than those who have come alone, this is promoted in almost all government health facilities, adoption and advocacy by government on use of a care group model within health sector as an approach for social and behaviour change and other incentives given to husbands if they escort their wives to health facility during antenatal care visits. All these initiatives evolve around increasing male participation in antenatal care. Different studies have been conducted on male involvement, like that of Indonesia uncovered that husbands exposed to the mass media campaigns television, radio, print materials, which were designed to promote male involvement in birth preparation were more likely to report new knowledge on birth preparedness and to participate in birth preparation than those not exposed. This clearly suggests that mass media campaigns may possibly be an effective strategy for increasing male involvement. This approach addresses the bridging of knowledge gap which most men have towards birth preparedness. The focus of this study was only on birth preparedness and not holistic antenatal care at large hence biased since it did not cover other aspects of antenatal care. Additionally, it only focused on increasing knowledge hence not unavailing how men can be effectively engaged and this was the gap identified by researcher which this study done in TA Kunthembwe was trying to address. The researcher also examined the effectiveness of using radio programs in promoting male participation in maternal health issues like that study which was conducted in Mchinji. This study revealed that men whose wives were exposed to radio programs participated positively in seeking antenatal services than those whose men were not exposed to such radio programs. Considering factor of poverty in Malawi that not all community households have functioning radios and that have projects implementing radio programs, this tool also was limited on its own hence the approach not much effective though the study results indicated that radio programs are effective in informing men to participate in maternal health. After all it only addresses the component of knowledge again as that of Indonesia.

In the case study of Nungari G which she conducted at Kenyatta National hospital, Nairobi, Kenya in 2014, she concentrated on studying factors which influence male participation in antenatal care and her report reveals factors such as social economic factors which included age of husband, education level, occupation/job of the husband to be some factors influencing involvement of males in antenatal care. In her report, other factors highlighted were language of health facility staff, health facility set up factors as well as distance and time spend to travel to health facility as contributing to low participation of men to escort their wives to antenatal clinic. This study also is not clear on revealing the effective model of motivating men as it only isolates the factors and not really defining the strategy itself. The actual "how" part of engaging men is not clear hence called for further studies to inform programmers the effective strategy which can effectively motivate men to sustainably participate in antenatal. Nungari in her study also recommended the need for further studies on how

best to engage men in Antenatal activities since she identified it as gap not filled by her study.

Further to the above explained studies, Kululanga et al. [2] conducted two studies in Nepal and Mwanza - Malawi respectively on male involvement. The Nepal study was quantitative one where by the researcher was studying to what extent factors like age, education, and marital status influenced men participation in antenatal care. Percentage of each factor was calculated and this too did not give much direction on how men should be engaged hence leaving gaps for further studies which the researcher was trying to address. The Mwanza study by same Kululanga et al., concentrated on studying which areas of maternal health men are engaged to during antenatal period. The study revealed that male participation evolved on escorting wife on the first trimester and on couple HIV counselling and testing only. This indicated poor integration of men into existing maternal health programs hence need for revisiting the program design to further inform and direct on how best to involve these male participants of different maternal and child health programs. All these other studies explained above clearly indicate existing gaps in informing best approaches of engaging men hence need for further studies to inform programmers of effective ways of motivating and engaging men to participate in antenatal care. Hence, the Kunthembwe study was carried on to address the gap which other studies left untackled. Most maternal and child health (MCH) programmes seek to address the health needs of women and children by engaging and educating pregnant women and mothers in care-seeking practices for themselves and their children. This has contributed to men being side-lined as far as reproductive health and MCH matters are concerned [4].

GRANDPARENT MODEL

In Malawi, grandparent approach was first implemented in Ekwendeni - Mzimba by save the children during the implementation of save the new born lives (SLN) project. Grandparent group approach comprised of selected community based women and males of the age between above 50 years to 70 years of age and having grandchildren born from their own children. The selection of grandparents do a deliberate consideration of 50 percent to 50 percent gender representation. The grandparents like care groups deliver messages to intended/targeted households (households hosting pregnant women, new born babies, malnourished children etc.) as defined by specific project. Usually male grandparents counsels fellow male and likewise for female grannies during home visitations. The male grandparents do deliberate appointments to fellow men and during these appointments thus where grandparent meet fellow men and discuss issues pertaining health of pregnant woman. This gives opportunity to men missed by care group volunteers to also get the messages accordingly. Despite this, in Malawi grandparents are mostly considered as witchcrafts, having no knowledge because they are old, they are perceived as cannot deliver tangible results hence most programs side lining them as echoed by grandparents themselves in an interview during the inception community sensitization meeting of the SNL in 2004 in Mzimba.

Grandparents themselves also have respect for people, they speak to people with respect and polite manner. Respected than young ones and because of this, their advices is mostly taken into consideration. And using grandparents who are mostly respectful in the community can contribute to achieving change in male participation towards antenatal care since men expect to be respected. The aspect of respect is also linked to the study done in South Africa that men felt respected when the invitation to antenatal clinic was by card sent direct to them from the health facility. During the interviews, men could explain that they need someone who can talk to them with respect as a counsellor hence some preferred

grandparent to be visiting them than care group volunteer. The grandparent's communication is based on maturity and speak with maturity and discuss serious things. Men are busy people and do not waist time discussing minor things. Once grandparents start the discussion, men know its serious business and this approach easily influence behaviour change [5].

Age of a counsellor contributes a lot in gaining cooperation during counselling. If counselling is done by a person who is more aged than the one being counselled, cooperation is guaranteed and assured of adopting the promoted behaviours in respect to age of the counsellor and the consideration that aged people are more experience and have vast experience on different issues including reproductive issues. It is with this thinking that since grandparents are generally elderly people than most men who are intended to be advised on antenatal matters hence possibility of contributing to influencing these men. The constructs of age/maturity, respect, influence, and respectful language, politeness which grandparents use is also belt on reasoned action/planned behaviour theory where by an individual behaviour is based on his/her attitude and also focuses on who matters to them. If the person who matters to them gives advice, that advice is taken up and considered important. While if someone whom they feel does not approve to them, the advice is not taken up. Considering that in most communities grandparents are mostly influential, respected, custodian of culture and by laws maker, they eventually matter in every society hence influence the attitude of men. In this study, some men prefer being visited by grandparents because have more experience in child birth and caring hence considered best people to be advising young men and women. A number of men citied this reason of choosing grandparents than care groups. This aspect of influence was also linked to by-laws makers and custodian of culture this showed that grandparents matter a lot to some men hence will easily adopt what they advise. Some men clearly mentioned that antenatal is women business, culturally it has been perceived that way in the environment which they have been brought up hence, they need an influential person who matters to them to educate them and change their attitude of thinking ad doing other way and these such people to them cited grandparents and chiefs.

The theory of stages in behaviour change explains that change do not occur within a short period of time but a person has to undergo different stages like pre-contemplation, contemplation, decision making, action taking, motivation and maintenance. This therefore requires continuous dialogue and interaction of the parties and need of identifying the appropriate interventions for each stage which eventually led to a continuous reminder and follow ups. The presentation which was done by Kinstone Mhango, quotes the challenging remarks of grandparents in Ekwendeni that "many projects waist resources in training many young volunteers who eventually run away looking for greener pastures or marrying and not contributing much to the community". The save new born lives (SNL) project which initiated the grandparent approach registered no drop out of these grannies except due to death. Yet projects which uses care groups have registered increased volunteer turn over due to boredom, seeking green pasture/migration. The pervasive presence of grandparent in the community will contribute to continued available human resources to men to offer support and counsel as well as follow ups as they undergo different stages of change which eventually will contribute to sustainable behaviour change. Judi Aubel in her paper presented at the World conference on communication for development in Rome under the theme of "Communication for development and social change describe grandparents as "Learning Institutions". These institutions are available in communities but are under-utilized. During the interviews, men recommended

continuous sensitization/,awareness meetings in communities telling them the importance of men escorting their wives to ANC.

The 50 representation to 50 representation membership in grandparent groups gives opportunity to male grandparents reach to young men who are husbands of young wives. Using the construct of modelling by same sex which is being explained in the social learning theory that an individual will imitate and follow effectively that which has been taught by someone of same sex. Therefore, the variable of 50 representation to 50 representation in grandparent can influence the behaviour change of men towards supporting their wives in accessing antenatal care. Some participants in this study, mentioned out that they wanted community meetings special for men only and talk about ANC issues. Therefore, the aspect of respect, influence, custodianship of culture, continuous availability of resource mature people, and those in respectable positions in as society like chiefs were highly echoed during the study by some study participants and these variables have shown that they can really influence the attitude and behaviour of men.

CARE GROUP MODEL

A care group model comprised of community based health education volunteers who can either be female of male and meet at community level every fortnight and educate each other on different health and nutrition themes and in turn these volunteers go to a specific number of households assigned to them to deliver same health message. In a care group model the independent variables assumed to influence the behaviour of men which were being studied include peer to peer counselling, role modelling, frequent home visitations, updated knowledge/education and networking and relationships the representation of men in these care groups is very minimal as observed in the current Blantyre scenario where UBALE project implemented by save the children. Of the total number of care group volunteers, only 18% are males and 82% are females (UBALE community-management information system - C_MIS). This scenario is common in all areas where care group model is used. This low representation of males in these groups is a barrier to effective male to male peer interaction and counteracts with the theory of social learning where a person learns and imitates fast from those of same sex hence can influence change in behaviour negatively. In this study, some men preferred care group model because the volunteers are of youthful age which will enable them to be visiting people in their households frequently and men advised that they should be holding meetings frequently targeting specifically men [6].

The care group model functions on clustering of nearby households hence supporting each other within their blood relations. There is strengthened networking and relationship which eventually brings in trust and unity among them and facilitates easy adoption of best behaviours. This is linked to the construct of interpersonal operation of the social behaviour change theory which urges that a person behaviour operates at interpersonal level where by someone behaviour is influenced by different people who surrounds him/her within the environment he/she lives. The utilization of the peer to peer counselling where by care group volunteers of same age with those they are mentoring (child bearing age) also influence change. Some people learn quickly if learning is from a person of same age group hence the peer to peer counselling by care group volunteers can influence men. Still more, it can be argued that men can easily take up advice from fellow men than from women due to the cultural masculinity theory and even from the study conducted in Kenya by Gathuto where by men felt that since most antenatal clinics are facilitated by women then thus business for women and not men. In this case study therefore the peer to peer

factor was very much highlighted by men who preferred the care group model.

The role modelling in care group facilitate change in behaviour of men when they see that fellow men are practicing the best promoted health practices including accessing antenatal services. The social learning theory explains that change occurs through modelling from role models. An individual will follow well instructions from role models. The care group model emphasizes on use of role models in changing behaviour of person and it applies the male champion approach hence men can easily adopt what male champion advises.

Male involvement in maternal and child health has been described as a process of social and behavioural change that is needed for men to play more responsible roles in MCH with the purpose of ensuring women and children wellbeing UN 1995. Although in the past focus was on women whose reproductive decision making are limited. It is important to understand men's role in reproductive decisions since these are rarely made by women alone. Most of the studies done globally focused on finding factors affecting male participation in antenatal services and same has happened in Sub-Sahara Africa and not sparing Malawi. Little has been studied on how best to engage these men (methodology of engaging men). In Malawi, during several meetings, no concreate strategy has been outlined, discussed or agreed upon as effective way of involving men in maternal health inclusive antenatal care except the above mentioned actions. Hence this study has revealed the possible effective way of engaging men to increase their participation in antenatal care. As stated in the previous paragraphs earlier that men contribute a lot to improvement of birth outcomes through their support to their pregnant wives, this study is highlighting the most effective ways men want to be engaged to. Because the recommendations are from men themselves, there is high assumption that what they have recommended in this this study as possible and effective ways of engaging them would increase male participation in ANC. If more males participate in ANC, pregnant women will receive good support during prenatal hence good birth outcomes of course coupled by other facility support. Additionally this research will benefit programmers and proposal developers to consider adding views and recommendations which men have brought forward as ways of motivating them to effectively participate in ANC activities especially escorting their women to ANC clinic where they can together receive appropriate education and counselling [7].

Furthermore, the health birth improvement which will collectively with support from men to their wives if men are well engaged according to their recommendations in this study will contribute to the sustainable development goal number 3 which aims to ensure health lives and promote wellbeing for all at all levels. The main question which the study was answering is which model is more effective in influencing males to participate in utilisation of antenatal services by their partners. The study intended to achieve the following specific objectives: A) To understand how grandparent model influences male involvement in utilization of antenatal services by their partners. B) To find out the effectiveness of care group model. C) To compare the effective strategy for male involvement in antenatal care between a grandparents or care group model. Therefore in this study, male participation was conceptualized as dependent variable, assumed to be influenced by independent variables like maturity of counsellor, language used during counselling, influential aspect, experience, respectful of grandparents as well as the pervasive presence and cultural custodian aspects dominant in grandparents. On the other hand, the care group model which was being compared to has aspects of peer to peer, networking and relationship build, role modelling and constant home visitation as attribute to change in men behaviours (Independent variables).

METHODOLOGY

The study was an exploratory of research. It assessed the effectiveness of a grandparent approach versus a care group approach of changing men behaviour towards ANC activities utilization. It had used an abductive approach for it based on the reasoning on the theory of the "culture and masculinity" and quantitative methodology of research study.

Men were interviewed in their homes right away in the community, and some were supposed to be interviewed at health facility during antenatal clinic but the researcher did not meet any man during booking as well as subsequent antenatal clinics. Due to absence of men during antenatal clinics, the researcher opted for meeting some of the men in community gatherings which took place in the same community during the period of data collection. These gatherings included youth friendly trainings and water point user meetings and trainings. An in depth interview was done to these men on what influenced them to escort the wife to antenatal clinic. Who advised them? The researcher planned to also review information from the health facility registers (antenatal clinic) and study trends of male escorting their wives to antenatal, whether increasing or decreasing. The researcher did not achieve this because the current ANC registers do not include column or provision of recording whether the woman came with her husband or not. This is possibly an area worth reworking of the registers. A survey was conducted in TA Kunthembwe area where by 50 men whose wives were pregnant were interviewed individually. Most of them were found in their homes but a few were found at community gathering where special activities were taking place but right away in the community. A well-structured questionnaire was developed and used in the survey. This questionnaire was administered to husbands whose wives were pregnant during the period of study. A total number of 50 men were identified and formed the list of respondents as key informants. Identification of these participants used simple random sampling approach in all the 6 communities of the study site. These sites of study have been grouped according to group village Headman level. Purposive simple random sampling approach was used to sample the targeted participants of the study from the whole population. Purposive sampling is defined by Crossman as a non-probability sample that is selected based on characteristics of a population and the objective of the study. It is at times known as judgemental, selective or subjective sampling. As earlier explained, it was very easy to identify targeted participants by simply asking which households have pregnant women who have started ANC. Then was requesting if their husbands are available and asked for a chat with them.

DATA

The study planned to use both primary and secondary data. Primary data is data which is from direct source. In this study, primary data was obtained from men through the questionnaire which was administered to them. All the men preferred to be interviewed whistle the presence of their wives and they could even remind each other on some of the information needed. In some scenarios, a woman could forget the month the first ANC visit was and the husband was able to come in and remind the woman on the date/month. Secondary data assisted to compare with other studies. Data which was collected from the field was entered and analysed using the statistical package for social sciences (SPSS) computer package. The coding was done during entering and analysis was done through the descriptive statistics such as frequency, percentages. Figures like charts and tables were used to report and analyse the findings. The researcher anticipated to encounter two limitations to the study and both limitations were really experienced. The first anticipated limitation was inadequacy of pregnant women. This was described as selection bias. During the study, pregnant women were found but a good number of

them were those who were pregnant but did not start ANC yet despite being in the recommended stage of starting ANC. Some women had pregnancy of 5 months or even 6 months but were found not yet started ANC. Men of such were not interviewed. Additionally, secondary data from health centre for the past two years was not found due to the current design of the ANC registers that they do not have provision of recording if the woman came with his partner. Research ethics entails that research participants provide consent/approval to participate in the study (USAID 2017). Considering that pregnant issues are sensitive, several research ethics were taken into consideration. Prior to data collection, an approval was sought from the University Research Committee. The university provided a go head and a letter was written which was submitted to Blantyre District Health Office (DHO) requesting their approval to conduct study in the area (health facilities) as well as to get information about pregnancies which concerns health sector. An approval letter was also given from DHO. Informed consent, voluntary participation, and confidentiality, respect for research participants was observed throughout the process. Interviews were done direct to men and only the wife of the interviewed person was allowed to be present in some cases. Filled questionnaires were not accessed anyhow but kept in safe place. Permission was obtained from the subjects before any data was collected.

FINDINGS

Preference of Care Group or Grandparent Model

According to the fifty men (50) interviewed, fourty six (46) of the respondent were able to select a model of their preference and they also gave reasons of choosing a particular model. While four (4) of the respondents were not able to choose a model of preference. These four who did not make a choice were youth and newly married who have not interacted with any of the two volunteers hence difficult for them to make a decision of choice. According the table 1, the study has revealed that men feel that grandparent model is more effective than the care group model. 26 men preferred the grandparent model representing a 56.5% while 20 which is 43.5% preferred care group model.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Care group**	20	40.0	43.5	43.5
	Grandparent	26	52.0	56.5	100.0
	Total	46	92.0	100.0	
Missing		4	8.0		
Total		50	100.0		

Table 1: Preference of men between care group and grandparent model.

Men preferred grandparents because they are more experienced in child birth issues hence can advise young men well. Others explained that grandparents are mature enough and coupled with experience they are more knowledgeable in whatever they say worthy to be heard and take their counsel. Some men pointed out the aspect of respect which the grandparent have for both, themselves as well as respect for other people. Men explained that they will prefer to be advised by a person who is respectable in their community than any other person. Other men opted for grandparents because they are polite in the way they talk to people rather than fellow young people hence preferring grandparents. Most men also explained that most men will easily follow the advice of grandparents because by virtue of maturity and experience, they are generally influential in their communities hence most people including men easy to listen to them and thought can easily bring change. On

the other hand, the 43.5 percent of men preferred care groups because care group volunteers are energetic and can quickly and easily visit the intended households and deliver the important messages including the ANC promotion than grandparents who most of the time have difficulties in walking from one village/area to another. A good number of men who preferred care group model was due to the peer to peer interaction which they feel can bring good understanding because they share common interest, language etc. These men explained that since they are both within the child bearing are, it will be easy for them to understand each other for they have common things of interest as well as language. From the study, it was noted that grandparent model had several influencing factors than care group as highlighted above.

Men Participation in ANC

Despite researching on the effective strategy of influencing men, the research also had an interest on finding out the level of participation on most men in the community. This study showed that out of the fifty (50) men who were enrolled into the study and that their partners started ANC, only 17 (34%) were able to escort their wives to ANC clinics. 33 (66%) did not support their partners by escorting them to ANC clinics (Table 2).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**No**	33	66	66	66
	Yes	17	34	34	100
	Total	50	100	100	

Table 2: Escort of wife.

These men had different reasons why they did not escort their wives. A bigger number of men reported that they could not escort their partner because on such dates, men were doing some casual work (Ganyu) so that they find money to support with the partner. These men were seconded by business men. Business men also explained the reason as failure to escort their partner to ANC. Some of the men especially youth of the age 19 years to 21 years explained that they failed to escort their wives because the dates for ANC appointment were the same dates they go to school hence could not manage to escort the partner. Addition to these reasons, some men mentioned that they failed to escort their partners because culture does not allow them to do.

ANC is completely woman issue and do not believe that its appropriate for a man to be found within the women gathering and that it would look awkward for a man to escort a wife. One of the men cited that he tried to do so when they were expecting a fourth born but fellow men laughed at him and he made a decision not to escort her again. Some explained that they are shy. One of them failed because the he was on separation with wife the time she started ANC and did not have any interest to do so (Table 3).

			Age Group Participants				Total
			Less than 25	25 to 35	36 to 45	Above 46	
Escorted Wife	**No**	**Count**	17	8	6	2	33
		% Within Age Group Participants	70.80%	61.50%	66.70%	50.00%	66.00%
	Yes	**Count**	7	5	3	2	17
		% Within Age group Participants	29.20%	38.50%	33.30%	50.00%	34.00%
Total		**Count**	24	13	9	4	50
		% Within Age Group Participants	100.00%	100.00%	100.00%	100.00%	100.00%

Table 3: Men escort wife by age group.

			Level of Education			Total
			No Education	Primary	Secondary	
Escorted Wife	No	Count	0	23	10	33
		% Within Level of Education	0.00%	67.60%	66.70%	66.00%
	Yes	Count	1	11	5	17
		% Within Level of Education	100.00%	32.40%	33.30%	34.00%
Total		Count	1	34	15	50
		% Within Level of Education	100.00%	100.00%	100.00%	100.00%

Table 4: Men escort according to their level of education.

The study has also shown that the more men advance in age, the more likely they escort their partners to ANC. Most youth below age of 25 years are not able to escort their partners perhaps due to issues like attending schools and engagements in different activities (Table 4).

The study has also revealed that even men who have gone a little bit further with education like those reached secondary level could not escort their partners even if they do not go for work. The researcher expected that men who a least have reached secondary level of education will have better understanding on need of participating in ANC but it came out the other way round. This is a call for health providers to research more on such practices. Strange enough, one of the men who has never gone for school was able to escort his wife to ANC clinic.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Own	8	16	17.4	17.4
	Husband	26	52	56.5	73.9
	Parents	12	24	26.1	100
	Total	46	92	100	
Missing	System	4	8		
Total		50	100		

Table 5: Women were travelling to nearest area of ANC clinic.

Who Reminds Wife date of Appointments?

As the definition of ANC participation of this study included reminder on the day of ANC, men generally faired very well on this area. 56.5% of the women were being reminded by their partners on the next day of appointment. While 26.1% of the women were reminded by their parents or closer relatives while only 17.4 % of women remembered the day of appointment on their own and the husband did not mind about it (Table 5).

The other component which defined men participation in this study was the men provision of transport /transport money to enable the partner travel to ANC clinic. Men were asked how their partner travel to ANC clinic. How women were travelling to nearest area of ANC clinic? Most of the women were travelling a walkable distance hence no need for transport money/support. Few of them had to use a minibus or a hired motor bike. Another small porting of women used own push bicycle. The study further focused only on those who were using minibus and hired motor bike. There explains that almost all of the women were well supported by their partners on transport issues to ANC. Some even cited that they were able to support their partners even when they were sick of other ailments by taking them to hospital to get

medical help at hospital despite not on day of appointment.

Men's Recommendations on how Best to Engage them

Participating men in this study were asked how best they would desire to be engaged on ANC activities. The positive thing was that all of the men interviewed except one (1) confirmed that they believe it is very important for them to participate in ANC which includes escorting them to ANC clinics. Men were able to explain that if they can be escorting their partners, they will be able to know and understand better the health status of their partner and if there is any problem they can also know quickly hence seek appropriate medical help timely. It was also mentioned out that if men can be escorting their partners, they can be reminding each other on any health and nutrition advice given at health facility hence improve the health of a woman.

Considering some of the above mentioned reasons on importance of their participation on ANC, men suggested that health groups in their community should be instituted especially where there are not yet formed. These groups should be doing door to door visitations targeting men in those homes and thus where they should be advising them on need of men escorting their partners. These health groups should be assisting HSAs on the same. Translating that HSAs also should not stop teaching people in various forums on the man participation towards ANC. Men preferred to be visited in their homes and discuss ANC issues.

Further to this, men suggested that chiefs, should set by-laws in their various communities' specifically on men escorting their partners and there should be a penalty on those who fail to abide to by-laws. Additionally for the chiefs, men suggested that chiefs with support of health groups should be organizing community sensitization meetings only for men and discuss ANC issues where men can be also given opportunity to ask some questions for better understanding on these maternal issues. They emphasized that these meetings should be only for men and called by chiefs because they have authority and influence in the community. So if the chiefs announces that all men should be escorting their partners then all will follow suite. These sensitization will be complementing the civic education and health education which already happens in some forums though they are done general. Men really wanted their own meetings.

Participants to this study also indicated that, the health education and civic education should be emphasizing on the importance of male participation on ANC. They cited that the current messages delivered is too general and not specific. Mostly men are just told that they should be participating in ANC and not emphasizing on the importance of their participation. As discussed earlier in the section of literature review that men expect to hear serious issues, they expected to be taught on the gains existing as they participate in ANC activities.

Some of the men explained that women should also be advised to be politely explaining to their husbands the need for them (men) escorting and participating in one way or another in ANC activities. Men complained that some women are rude and do not approach their husbands in a polite way hence men not interested to escort them and support then on ANC issues. Men suggested that grandparents and health person at health facilities should be advising these younger ladies on approach to their husbands. This is linked to the theory of culture and masculinity by East Hope already discussed in the section of literature review which explains that men want to be approached with respect because they always feel superior. The study indicates all youth who escorted their partners to ANC having motivated to do so at youth club hence cementing their suggestion. They even further explained that in these forums, role models (fellow men) who are escorting their wives to ANC should be used as way of encouraging those who are not

doing and these role models can clarify any misconceptions other men have towards.

CONCLUSION

The conclusion of this study has been based on generalizing the findings generated from men responses. It has been revealed that men believe that the use of grandparent model influences male involvement in utilization of antenatal services to there partner with minimal male participation [8].

Most young adults preferred care group model, they say they felt much better to deal with the fellow peers, though most of them did not participate much in the utilization of antenatal services of there partners despite being informed.

Therefore there is a positive relationship with the use of grandparent model in men utilization of antenatal services for there partners than the use of care group model [9].

One of the gaps identified was the low participation of both care group and grandparent volunteers in reaching to people with right health messages. Some of the men within the community were not aware that care groups and grandparents are available in their own community. This has been an eye opener to the project hence call to intensify monitoring of these groups so that there are more functional and able to reach out to many targeted population in the area of TA Kunthembwe as well as other areas. Government approaches should have an aspects of motivating men to effectively participate in ANC. The existing community health groups should have strategic message delivery.

REFERENCES

1. Byamugisha R, Åstrøm AN, Ndeezi G, et al. (2011) Male partner antenatal attendance and HIV testing in eastern Uganda: A randomized facility-based intervention trial. Journal of the International AIDS Society 14(1): 43.
2. Kululanga LI, Sundby J, Chirwa E (2012) Male involvement in maternity health care in Malawi. African Journal of Reproductive Health 16(1): 145-157.
3. https://www.healthynewbornnetwork.org/hnn-content/uploads/Malawi-Roadmap-for-Reducing-MN-mortality-2012.pdf
4. Aubel J, Mhango K, Gondwe R, et al. (2007) The custodians of tradition, promote positive change for the health of newborns: Rapid assessment of Ekwendeni Agogo strategy, Lilongwe, Malawi: Save the Children - US, 2006.
5. http://iycn.wpengine.netdna-cdn.com/files/IYCN-GM-and-Men-Lit-Review-060311.pdf
6. Davis Jr, Thomas P (2004) Barrier analysis facilitator's guide: A tool for improving behavior change communication in child survival and community development programs, Washington, DC: Food for the Hungry.
7. Kashitala J, Nyambe N, Mwalo S, et al. (2015) Is male involvement in ANC and PMTCT associated with increased facility-based obstetric delivery in pregnant women?. African Journal of Reproductive Health 19(2): 116-123.
8. Manandhar DS, Osrin D, Shrestha BP, et al. (2004) Effect of a participatory intervention with women's groups on birth outcomes in Nepal: Cluster-randomised controlled trial. The Lancet 364(9438): 970-979.
9. Matiang'i M, Mojola A, Githae M (2013) Male involvement in antenatal care redefined: A cross-sectional survey of married men in Lang'ata district, Kenya. African Journal of Midwifery and Women's Health 7(3): 117-122.