FACTORS AFFECTING EXPECTANT FATHERS' FROM PARTICIPATION IN ANTENATAL CARE HEALTH EDUCATION SESSIONS IN MULEBA DISTRICT, TANZANIA

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Master of Public Health Dissertation
Muhimbili University of Health and Allied Sciences
October, 2020

Muhimbili University of Health and Allied Sciences
School of Public Health and Social Sciences

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By

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A Dissertation Submitted in (Partial) Fulfillment of the Requirements for the Degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences

October, 2020.

CERTIFICATION

The under signed certifies that he has read and hereby recommend for acceptance by Muhimbili University of Health and Allied sciences a dissertation titled: **"Factors affecting expectant fathers' from participation in antenatal care health education sessions in Muleba District, Tanzania** in partial fulfillment of the requirements for the degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

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Date

DECLARATION AND COPYRIGHT

I, **KASIBANTE, George Rwehumbiza**, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature_____ **Date**_____

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ACKNOWLEDGEMENTS

First and foremost, I would like express my inner appreciation to Almighty God for His protection and guidance during the study period.

I am utterly grateful to my supervisor Dr. Mangi J. Ezekiel and my Co supervisor Prof. Method R. Kazaura for their untiring assistance by giving me their constructive directives whenever the need arose.

DEDICATION

I dedicate my dissertation work to the following:

To my Parent Augustina Kokulamuka, for her tireless guidance and support in my lifetime.

My beloved Wife, for her emotional support, prayers and courage during my study period.

My lovely sons and daughters John Mugisha,Victor George, James George, Judith Kokubanza and Mariagness Kokwenda,Gladness Kokulamuka who is the inspiration of my sleepless nights to accomplish more as a father.

ABSTRACT

Background: Despite the effort to promote male involvement in maternal and child health, studies in low- and middle-income countries have reported that male participation is still low. Awareness, perception and social economic factors are reported to impact the involvement of expectant fathers in ANC and maternal health in general. The aim of this study was to determine the influence of awareness, perception and social-economic factors on expectant fathers' participation in ANC health education sessions in Muleba District.

Methods: This study was a cross-sectional study conducted in Muleba district found in Kagera region. This study included expectant fathers residing Muleba district. Data was collected by using questionnaires and later managed and analyzed by using SPSS program version 23.Descriptive statistics were used to describe the data and presented as frequencies and proportion. Additionally, measures of central tendency were used to summarize continuous variables. Lastly, univariate and multivariate logistic regression models were built to assess factors that are associated with expectant fathers' participation in ANC health education session where results are presented as unadjusted and adjusted odds ratio respectively.

Results:A total of 562 of participants were enrolled in the study with a proportion of 31.1%. Their mean age was 36 years ± 1.93 years standard deviation. Majority of study participants510 (90.75%) were in the age group of ≤45years.Among all expectant fathers enrolled in the study, 522 (92.9%) were aware of and participated in ANC services. In terms of categories of perception on ANC,we found, 333 (59.25%) claimed there is long waiting time on ANC clinics and 545 (96.98%) reported they understand that they are supposed to accompany their wives to the ANC clinics. We assessed for their economic status and found that, over a third of expectant fathers 216 (38.4%) had monthly income of ≤150'000 Tshs. Lastly, we found that increasing age was associated with awareness of ANC among males where for each increase in one year, the odds of awareness to ANC education among males increased by 7%, 95% confidence interval 1.02-1.12, p value 0.007.

Conclusion: We found that there is a good number of expectant fathers' involvement in ANC services in Muleba District, which is largely due to role played by community health care workers at Muleba District. There is an increase in awareness, perception on expectant fathers' involvement, however, low socio-economic factors contributed largely to set back of expectant fathers' involvement on ANC health services. Lastly, increasing age was associated with increased awareness of expectant fathers on ANC health services at Muleba District.

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ACRONYMS

ANC	Antenatal Care
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Viruses
MUHAS	Muhimbili University of Health and Allied Sciences
PHC	Population and Housing Census
RCH	Reproductive and Child Health
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
WAJA	Wahudumu wa Afya ngazi ya Jamii
TZS	Tanzanian Shillings

DEFINITION OF TERMS

Antenatal care: refers to regular checkup offered by a doctor, nurse or midwife throughout pregnancy to diagnose diseases or complicating obstetric conditions; offer preventive and curative measures and prepare couples for birth and parenthood.

Awareness: refers to individual understanding or knowledge on the subject.

Perceptions: refers to the way in which something is regarded, understood, or interpreted by an individual.

Screening or "Uchunguzi wa afya" in Kiswahili is defined as measuring of fundal height, Haemoglobin level(Hb), Veneral Disease Research Laboraory (VDRL), Prevention of Mother To Child Transmission(PMTCT), weight.

Male Participation in ANC is defined as an act where the expectant father escorts his wife, attends ANC health education sessions and ultimately comprehends health educational messages communicated.

Waiting time (long, average and short)was defined according to participants' perceptions and experience during the ANC visits.

CHAPTER ONE

INTRODUCTION

Background to the problem

In most societies, men play a key role from individual to national level in terms of development. They still hold an authoritative approach in our societies in terms of decision making. Thus, bring an attention to maternal and child health. It is important to involve men in reproductive health received drive following the "Programme of action" forged at the 1994 International Conference on Population and Development in Cairo[1].There is a need to involve men actively in plans, prenatal, Natal and post-natal care services[1]. From Millennium Development Goals (MDGs), it was clearly stated to reduce maternal death by 75% by 2015,hence to attain this goal was important to commence male involvement as partners, fathers, husbands as well as community leaders to safeguard women during and post pregnancy[1].

Data from WHO (2015) recognize the need of role of men in maternal and Child health for better outcome of pre- and post-delivery. There is an increase of awareness from expectant fathers attending ANC, yet some components of ANC remain unclear to expectant father. The components of ANC including; risk identification, prevention and management of pregnancy-related or concurrent diseases health education and promotion that men should be aware of whilst attending ANC[2].

Male involvement during ANC seem to reduce most complications during pregnancy, childbirth and the postpartum period which present as significant and complex public health problem in low- and middle-income countries (LMIC). In the year 2015, more than 300,000 women died of pregnancy-related issues before delivery, with more than 90% deaths occurring in developing countries that can be prevented[2].

Since 2009, WHO has endorsed one strategy to improve maternal and child health outcome through involvement of expectant fathers to attend antenatal care (ANC) health education and services[3].Despite the efforts to improve maternal health care, male involvement in maternal health care services remains a challenge to effective maternal health care accessibility and utilization.

In East Africa, particularly in Tanzania, male participation in ANC health education, it is still challenging especially in implementing ANC health education policies. It has been shown

that the impact of expectant fathers' awareness and perceptions of ANC health education have attributed to a stable relationship with expectant fathers to participate in ANC health education by 68.5%[4].

Previous research has shown that expectant father's positive awareness and perceptions of ANC services are the major factors that lead to active expectant fathers' participation in ANC health education services. Expectant fathers' awareness and perceptions when combined together with other factors such as socio-economic factors influence the rise of their participation in ANC activities. However, there is a crucial need to examine the influence of these factors that attribute involvement of expectant father on ANC and in a combined setting in other locations and countries with this awareness, in order to recommend best improvement strategies [5].

Problem statement

Complications during pregnancy and childbirth present a significant and complex public health problem in low- and middle-income countries. There are different social economic factors in developing countries that contribute to less participation of males in ANC services. Currently, in Tanzania there is inadequate information on the participation of expectant fathers to ANC health education and the contributing factors. To our knowledge, there is scarcity of data which details especially at the district level on the participation of expectant fathers' participation on ANC services especially the health education information provided during the ANC visits. Since this gap is community oriented, grassroots exploration at district level could reveal the root causes leading to adequate and coordinated strategies on improving the situation.

Moreover, there is inadequate information on the combined effects of expectant fathers' awareness, perception and socio-economic factors at region and district level. Hence, this study aimed to address the above identified gaps by investigating the influence of expectant fathers' perception, awareness and social economic factors to participation of expectant fathers to ANC health education in Muleba district.

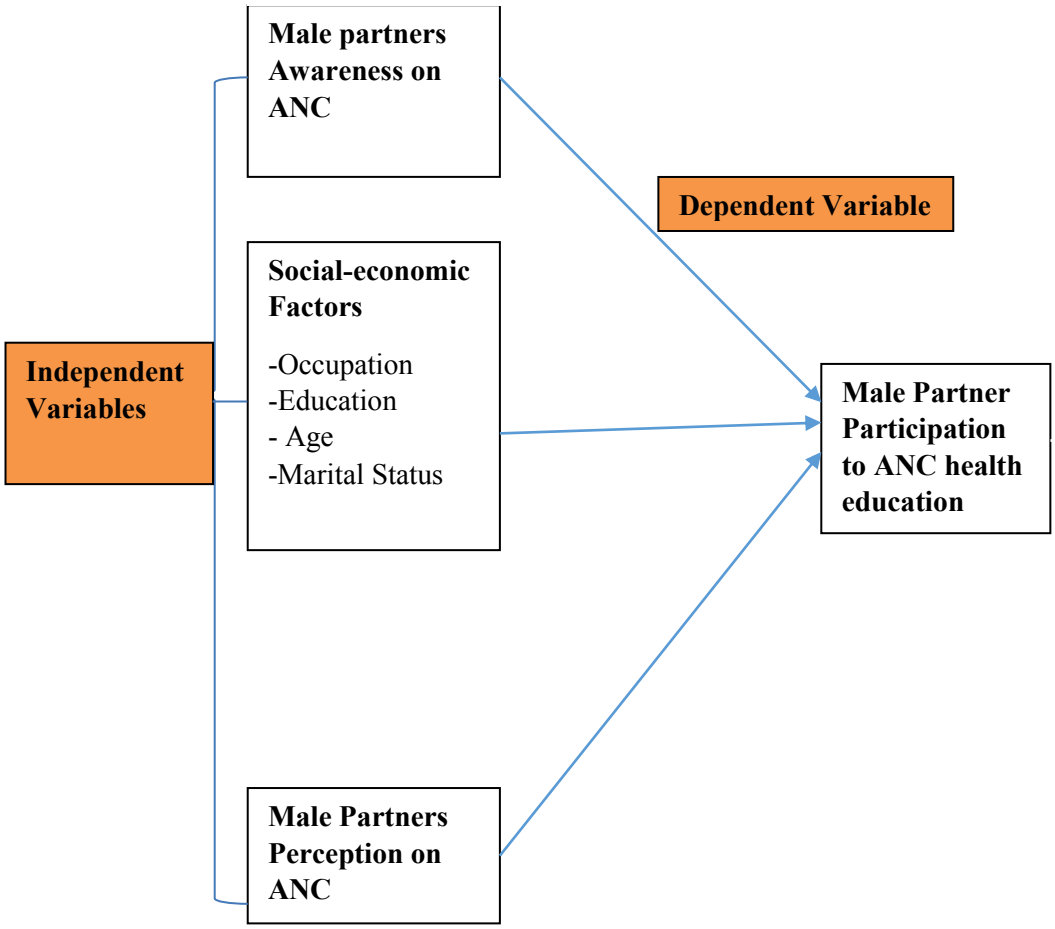
Significance

The results of this study will provide information on male perception and awareness concerning ANC health education. Understanding males 'perceptions is key in motivating expectant fathers to attend ANC health education; which may ultimately contribute improvement of maternal, and child health outcome. The results of this study can be used by

the responsible institutions and organizations for health education and awareness programs to improve the participation of expectant fathers in ANC services.

Conceptual framework

The conceptual framework that was hypothesized in this study explained the combined influence of individual independent variables (expectant fathers' awareness, perceptions and social economic factors) to the dependent variable (expectant fathers' participation to ANC health education). In this scenery, the target is to reduce maternal death through promoting expectant fathers' participation to ANC health education. It is, therefore, important to understand at grassroots level the influence of each variable on the other in order to organize and strategize more efficient collective actions for poor male participation in ANC health education.



Research question

1. What influenced awareness to ANC health education sessions among expectant fathers attending ANC in Muleba district?
2. What were the perceptions that in influence health education sessions among expectant fathers attending ANC in Muleba district?
3. What were social-economic factors that influence the participation to ANC health education sessions among expectant fathers attending ANC in Muleba district?

Study Objectives

Broad Objectives

The broad objective of this study was to determine the factors that influence participation of expectant fathers to ANC health education sessions in Muleba Districts.

Specific Objectives

Specifically, we sought;

i) to establish the proportion of expectant fathers attending at least one ANC health education session in Muleba district;

ii) to determine awareness of expectant fathers about attending ANC health education sessions in Muleba district;

iii) to assess the perceptions of expectant fathers about attending ANC health education sessions in Muleba district; and

iv) to evaluate the influence of social-economic factors of expectant fathers' participation and awareness to attend ANC health education sessions in Muleba district

CHAPTER TWO

LITERATURE REVIEW

Globally expectant fathers' awareness has increase by 17% due to amplified efforts in involving expectant fathers in maternal health care[5]. Several literatures indicted that; there is poor awareness of ANC health education mostly in developing countries[6, 7].

In Africa data from WHO revealed increase in expectant fathers' awareness to ANC by 18% from 2009 to 2014. This was explained by efforts made by governments and non-governmental organizations to expose expectant fathers to ANC health education and the advantages of their involvement[8].

However, in Sub-Saharan Africa, highlighted that, generally male tend to involve in ANC at infancy stage that was contributed by poor awareness of ANC male involvement and less friendly environment at ANC facilities. Only 29% of some literature revealed of expectant father being aware of ANC health services; Government announcements and Campaigns on expectant fathers' involvement in ANC services were the source of information[9].

In Tanzania, a study conducted in Dodoma, showed that 62% of expectant fathers who participated in the study were aware concerning ANC health education. Among those who were aware, 24% were aged between 24 and 35 years old[10].

Expectant fathers' perceptions on Antenatal Clinics

In Africa, approximately 35% of males have a perception that ANC health education is a responsibility for female partners (10). The perception of male partners to ANC health education is still unclear. WHO reports the increase in negative (unsupportive) perception by 18% by the year 2011[3].

Several developing countries have incorporated the strategy of participation of expectant fathers in ANC to improve maternal health. This measure was initiated by several analysis studies to evaluate the perception of expectant fathers on ANC. Male partners perception on ANC, reduced maternal deaths by 9% from 2009 to 2011 [11].There are several studied done in LMIC, particularly Burkina Faso and Tanzania showed more than 50% of expectant fathers acknowledged that ANC and maternal care are very important measures to ensure safe delivery and healthy growth of infants[3, 11].

However, there is a role of expectant father' to support her wife in ANC and pregnancy measures whereby in combination with stable government campaigns on the importance of ANC and pregnancy care[12–14].

Impact of social-economic factors in expectant fathers' participation in ANC

Globally social-economic factors contribute to 56% poor participation of expectant fathers to ANC health education sessions. In Africa the influence is high Africa by 64% contribution to poor participation[6]. Even though, the influence of Social-economic factors to expectant fathers' participation to ANC health is still not well understood[15]. A systemic review on male participation in ANC and ANC health education and indicated that social factors like marriage, education level and religion contributed to 48% fall. On the other hand, economic in terms of occupation contributed to 18% fall [6, 15, 16]. Educated expectant fathers general understood the importance of ANC and maternal health care where 37% of them never attended ANC and the basic reason was "working hours". About 62% of the educated expectant fathers involved in those studies were participating well in ANC health education sessions and maternal health in general[4, 16].

Expectant fathers' participation in ANC health education

Expectant fathers' participation worldwide is improving gradually from 24% to 27% by the year 2012. The pace is slower in developing countries, especially sub-Saharan countries. In the study it was estimated that, only 17% of expectant fathers are actively attending to ANC health sessions and participate fully[17].

Expectant fathers' participation to ANC health education sessions in Uganda and revealed that; only 22% of expectant fathers participated in more than three ANC health education sessions within 6 months. The study also indicated that, more than 60% of expectant fathers participated in the first ANC health education session. The study recommended that more information should be gathered to understand in detail the factors that influence the participation of expectant fathers to ANC health education sessions[18].

CHAPTER THREE

METHODS

Study design

This was cross-sectional study. This design was considered suitable in investigating the magnitude of expectant fathers' participation to ANC health education and to assess factors that are potentially likely to influence this practice.

Study area

The study was conducted in Muleba district, Kagera region. Muleba district is located in the northern–western Tanzania. It is bordered to the north by Bukoba urban and Bukoba rural districts, to the south by Biharamulo district, to the east by Lake Victoria and to the west by Ngara and Karagwe districts.

The district has 5 divisions namely Muleba, Nshamba, Kamachumu, Kimwani and Izigo, 48 wards and 166 villages. Based on the 2012 Population and Housing Census (PHC) for the United Republic of Tanzania[16], Muleba district has a total population of 540,310, consisting of 267,858 males and 272,452 females. The estimated birth rate per annum is 3.2%[16]. There are three hospitals, seven health centers and 37 dispensaries which provides maternal and other health services to the communities. Out of the 47 health facilities, 31 including five health centers and 26 dispensaries are public-owned. Reproductive and child health services including ANC are provided in all public and private health facilities in the district.

Study population

The study population included all expectant fathers of pregnant women attending ANC in Muleba district.

Inclusion Criteria and Exclusion Criteria

Inclusion criteria

Married or cohabiting male to a currently pregnant woman or has given birth in the last 12 months and both must have attended ANC clinic at least once.

Exclusion criteria

Males who were too sick to participate in the interview.

Sample size

The sample size was calculated using sample size estimation formula[19] under the following assumptions:

The estimated proportion (p) of expectant father in attending ANC health education sessions is 24%[20]. Setting the 5% level of significance that gives a 95% confidence interval, the estimated sample a total of 281 expectant fathers. But, adjusting for cluster sampling using the design effect of 2, the resulting estimated sample size was be 562 expectant fathers.

Sampling technique

Three divisions of Muleba, Nshamba and Kamachumu were randomly selected. These three divisions are well populated and have a good number of health facilities (a designated district hospital, healthcare centers and dispensaries) to allow access to 562 sample size needed for this study. From each division 2 wards were randomly selected by simple random sampling using lottery method and participants were then recruited from health facilities found within these wards. Briefly, all pregnant women attending ANC were approached and inquired if they had been accompanied with their partners (expectant fathers). Expectant fathers who were found at the facilities attending ANC were then interviewed using the standardized questionnaire.

Data collection

This study utilized semi-structured questions to collect the required information from respondents. The information obtained was then entered in Microsoft excel data monitoring tool. Data was managed and analyzed using SPSSversion23.1.0.

Variables

The dependent variable was participation in health education sessions measured by expectant fathers' attendance to at least one ANC health education during the past one year. The independent variable included expectant fathers' awareness, perceptions on ANC health education and socio-economic variables.

Data processing and analysis

Data was captured using Microsoft Excel (spread sheet) 2017 version.14.0.6 and analyzed using Statistical Package for Social Sciences software. Data cleaning was done to enhance quality of data by checking and fixing out-of-range values, missing values and removing consistency and data gaps during data collection on daily basis, and when performing data

processing and analysis. Summaries measures were performed using frequency tables and descriptive measures. Initial association between the dependent variables and selected independent variables were performed using bivariate analysis. The measure of association was Chi Square test. To assess independent factors that may influence expectant father's attendance to at least one session of ANC health education, a binary logistic regression model was applied. In all bivariate and multivariable procedures, the significance level was set at 5% level. A p-value of 5% was used as a cut-of-point for availability or lack of a statistical significance. Furthermore, 95% confidence intervals will be used to assess the magnitude of the association.

Validity and Reliability

To ensure reliability in this study, all the submitted questionnaires were verified and all missing information were filled after making calls to participants through community health care workers who are also known as WAJA. Research methods selected for this study provided consistent and reliable results. In any case where ambiguity rose in this study, statistician and public health specialist were consulted. To ensure validity in this study, all the questionnaires were administered by research assistant then were pre-tested and evaluated to ensure that all the objectives are covered. All the interview guiding questions were tested and evaluated to ensure that they addressed the objectives. The questionnaires were administered in Kiswahili.

Ethical issues

The ethical clearance was sought from Muhimbili University of Health and Allied Sciences (MUHAS) Institutional Review Board. Consultations with the district and village authorities were made to obtain permit for carrying out the study. Respondents were informed about the purpose of the study, data to be collected and their voluntary participation. Those who agreed to participate in the study signed the consent form prior to interviewing. Also, the researcher explained the benefits and risks of the study as described in consent form. Confidentiality of information was considered such that names were neither is disclosed, and being written nor asked during interviews, only numbers and codes were used. Information on freedom to withdraw from the study anytime was provided. The participants were informed 3-4 days earlier to freely prepare and to provide consent for participation in the study.

Study Limitations and Mitigation

Since this study relied on self-reports of study participants, there was a possibility of recall and information bias as well as social desirability in reporting on participation. To reduce these bias community health care workers were used to confirm if the questionnaires were properly filled by participants. The CHW were immediately available at ANC and verified the responses filled in the questionnaires submitted by each participant. CHWs are living in the same communities where the participants are coming from and they know their health behavior and practices and this is why CHW are selected for this role by the village administration.

CHAPTER FOUR

RESULTS

A total of 562 of participants were enrolled in the study with a mean age of 34.1 years ± 8.04 years of standard deviation. Approximately a third(31.1%) of expectant fathers who attended ANC services to all male at Muleba. Majority of the respondents were in the age group of ≤45years contributing 253 (90.7%) participants. Majority of respondents had primary level education 391(69.6%) and were self-employed370 (65.8%). The study revealed majority of the participants were married 542 (96.4%) and 310 (55.2%) were Christian. Table 1 below shows the demographic characteristics of the study participants.

Awareness of ANC among expectant fathers

We assessed awareness of expectant fathers about awareness on ANC. In this study showed 522 (92.9%) of expectant fathers in Muleba District were aware of ANC services. When stratified with age, 472 (90.42 %) expectant fathers were ≤ 45 years that were aware of ANC services. The main sources of information on antenatal care a service commonly was community health workers by 401 (71.35%) followed with nurses/midwives by 116 (20.64%).

Perceptions on ANC attendance among expectant fathers

We assessed perceptions of expectant fathers on ANC health education which had different categories; perception on ANC settings in terms of waiting time, accompanying wives to ANC, perception on community acceptance and asked for their suggestions for areas of improvement for a better ANC which is male inclusive. Our study revealed that 333 (59.25%) claimed there is long waiting time on ANC clinics and 545 (96.98%) reported they understand that they are supposed to accompany their wives to the ANC clinics and 424 (75.44%) agreed it was acceptable in the community to escort their wives to the ANC clinics. However, majority 494 (87.9%) of the respondents recommended that more education on ANC components and services should be provided to expectant fathers. When perception of expectant fathers on ANC were stratified by age groups, 472 (90.42%) were below 45 years of age and out of them 351 (68.82%) found ANC to be useful. Table 2 below shows various categories of perception of ANC studied.

Table 1: Demographic characteristics of expectant fathers on ANC at Muleba District Hospital

Expectant fathers characteristics	n=562 (100%)
Mean age in years ± SD	36 ± 1.93
Age group, n (%)	
≤ 45 years	510 (90.7)
> 45years	52 (9.3)
Education status, n (%)	
No formal education	43 (7.7)
Primary education	391 (69.6)
Secondary education	107 (19.0)
College/University	21(3.7)
Marital status, n (%)	
Single	14(2.5)
Married	542 (96.4)
Separated	6 (1.1)
Religion, n (%)	
Christian	310 (55.2)
Muslim	126 (22.4)
Others	126 (22.4)
Occupation,	
Employed	35 (6.2)
Unemployed	157 (27.9)
Self-employed sector	370 (65.8)
Number of children grouped	
≤3 children	340 (60.5)
>3 children	222 (39.5)

Note: SD, Standard deviation; n, number

Table 2: Categories of perception pertaining ANC services among expectant fathers in Muleba District.

Perception	n=562 (100%)
ANC settings – time spent	
Long "*imechukua muda mrefu*"	333 (59.3%)
Average	128 (22.8%)
Short	101 (18.0%)
Accompanying wives to ANC clinic,	
Yes	545 (97.0%)
No	17 (3.0%)
On community acceptance	
Yes	424 (75.4%)
No	138 (24.6%)
On program organized/conducted	
Very helpful	387 (68.9%)
Helpful	154 (27.4)
Not helpful	6 (1.1)
Complete waste of time	3(0.5)
I don't know	12 (2.1)
Suggestions on areas of improvement for better ANC made by expectant fathers	
More education should be provided with a close follow up on it	518 (92.2)
Priority should be given to mothers accompanied by their expectant fathers at the clinics	20 (3.6)
No comments	13(2.3)
They don't attend ANC because they could be forced to undergo HIV and AIDS screening	10 (1.8)

Note; n, number; ANC, Antenatal care; HIV, Human Immunodeficiency Virus; AIDS, Acquired Immune Deficiency Syndrome

Social-economic factors influencing ANC attendance among expectant fathers

We assessed the social economic factors that influenced attendance on expectant fathers on ANC health education. Social economic status was assessed by collecting information about monthly income, occupation, education level. Findings reveal that, majority had income of ≤150'000TShs per month 216 (38.4%) followed with ≥300'000TShs among 179(31.9%)

participants. When monthly income was stratified by awareness, there was no much difference in terms of awareness and income as it is explained ≤150'000 (37.9%),while the least had (29.3%) with a p-value of 0.909.

Factors associated with awareness to ANC education among males

We performed univariate and multivariate logistic regression to assess factors that are associated with male awareness to ANC in Muleba district. Results of both univariate and multivariate analyses are summarized in Table 3. During bivariate analysis, increasing age was associated with awareness of ANC among males where for each increase in one year, the odds of awareness to ANC education among males increased by 7%, 95% confidence interval 1.02-1.12, p value 0.007.

In a multivariate logistic regression model adjusted for number of children, education level, marital status and income, for each one-year increase among expectant fathers, the odds of awareness to ANC education increased by 8% (adjusted OR 1.08, 95% CI 1.03-1.14, p value 0.003). Additionally, being married and higher education level were associated with increased awareness to ANC education. However, there was no any statistical significance to these two findings.

Table 4. Factors associated with awareness to ANC education among expectant fathers in Muleba district

Characteristics	Univariate analysis			Multivariate		
	crude OR	95% CI	p-value	Adjusted OR	95% CI	p- value
Age in years	1.07	1.02-1.12	0.007	1.08	1.03-1.14	0.003
Number of children	0.95	0.81-1.11	0.511	0.85	0.71-1.02	0.075
Education level						
No education	1			1		
Primary	2.18	0.85-5.64	0.106	2.07	0.78-5.49	0.143
Secondary	3.31	0.95-11.49	0.060	3.12	0.88-11.15	0.079
College	1.54	0.28-8.37	0.617	1.36	0.24-7.63	0.729
Married	2.21	0.477-10.24	0.310	2.49	0.56-11.08	0.232
Income in Tshs						
≤150’000	1			1		
151’000 -300’000	0.76	0.36-1.59	0.46	0.82	0.38-1.75	0.60
>300’000	1.26	0.55-2.88	0.58	1.31	0.56-3.05	0.53

OR, Odds ratio; CI, confidence interval; Tshs, Tanzanian shillings

CHAPTER FIVE

DISCUSSION

The role of men attending ANC is still a public health challenge in many countries with limited resources including Tanzania[10]This study was a cross sectional analysis of data from expectant fathers attending ANC in Muleba District, Kagera Region. It was found out that the proportion of expectant fathers attending ANC at Muleba District was 31.1% which is almost two times less than there commended global proportions of 65.5%[3] but it is almost similar to most of countries in sub-Saharan countries and particularly in Tanzania. This is similar to attendance rates that were seen in rural Tanzania (31%) by a a different study which was reported in 2015 from Southern-highlands Tanzania [21]. This study reported by Laura et al., found that having official invitation letters which will be handled to expectant fathers resulted into increased participation to ANC [21].

Similar to our findings, another study from Dodoma City, recorded similar of findings of 38% male involvement in ANC [9, 11]. The difference between global- and our-findings can be explained by different exposure, awareness and education level between the two groups whilst the similarity can be attributed similar environment between Dodoma and Muleba. For example, a study which looked at the acceptability and preferences among men for male involvement in ANC from South Africa, found that only 14% of expectant fathers who actually attended ANC despite high awareness of male involvement during ANC [22].

Tanzania introduced a spouse accompany policy which required all pregnant women attending ANC should bring their spouses to the clinic for completion of the visit. This policy is reported from Iringa to have delayed early attendance to ANC as male spouses are preventing their wives from ANC attendance early on[23].

Male awareness on ANC

Globally, there is a rise of awareness by 17% due to involvement of expectant fathers in maternal health care[11]. In this study, two thirds of expectant fathers were aware of ANC services and among them majority were below 45 years. However, this role was largely played by community health workers. This finding is similar to that reported by other studies in Tanzania and Burkina Faso[2, 24].However, the study from Burkina Faso could achieve a higher awareness and thus male attendance to ANC due to introducing three male only interactive sessions where male roles were discussed among men. This intervention resulted

into 75% attendance to ANC at least three times during the entire pregnancy period [3].In contrast a study that was reported in 2012 from Khayelitsha, South Africa found that the main barrier to male attendance to ANC services was lack of awareness[25].

Expectant fathers' perceptions on Antenatal Clinics

In Africa, approximately 35% of males have a perception that ANC health education; which is similar to what we have found in our study. However, half of participants claimed there was a long waiting time to ANC services. However, two third of participants found perception on ANC services to be helpful to assist in improving maternal health[2, 12–14, 24].

A study done in September 2013 at Addis Ababa, Ethiopia found a weak perception of male involvement in ANC specifically prevention of mother to child transmission [26]. Here, males perceived that ANC attendance was women's affair. Thus the expectant fathers in Ethiopia had a weak perception of male involvement in ANC and were also less likely to attend ANC if they live far away from health facilities [26].

Social-economic factors that influences participation in ANC services

Most study respondents had low monthly income from the earning a living with less than 1500'00Tsh per month. Low monthly income has generally being associated with poor ANC attendance in a systematic review that involved more than 74 studies [27]. Low monthly income together with attaining lower education level was among factors associated with poor ANC participation [27].

A study from Kenya reported the influence of maternal education on male participation to ANC. The authors found that women with higher education and if they were married, their male partners were likely to attend ANC accompanying their expectant mothers [28]. This was thought to contribute into partner support which benefits maternal uptake of services during ANC. Similarly, males who had higher education and above, and had no history of partner violence were likely to accompany their spouse to ANC [28].

A different study from Ghana also found education level to influence ANC attendance among male's [29]. Here, the distance to health facility was found to be a disabling factor for male attendance to ANC in Ghana [29].

Factors associated with awareness to ANC education among males

Increasing age and education seems to be associated with increased awareness of ANC services as revealed it was statistically significance, however being married and higher education level associates with increased awareness This was so true and revealed from the previous studies done in East Africa and particularly Dodoma, Tanzania[9, 11].

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

Conclusion

We report a good proportion of expectant fathers' involvement in ANC services in Muleba District, largely contributed with the use of CHW who have improved the wellbeing of the mother and unborn children at Muleba District.

There is increased awareness, perceptions on expectant fathers' involvement, however, low socio-economic factors contributed largely to set back of expectant fathers' involvement on ANC. Higher level of education, married men and .increased age are factors that are associated with increased awareness of expectant fathers on ANC health services at Muleba District .

Recommendations

i. There should be another study looking on the proportions of expectant fathers' involvement to establish if there is increment of expectant fathers' involvement, awareness and perceptions on ANC services.
ii. There should be another study looking on the role of male involvement on reduction of maternal deaths.
iii. More health education through health promotion campaigns should be provided to improve awareness of ANC services and the importance of male involvement and breaking the negative perception that attendance to ANC is all about testing for HIV/AIDS.
iv. To further encourage male participation, expectant couples who attend ANC should be given the priority during service provision, this will further cement participation to ANC.

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APPENDECIES

Appendix1: Consent Form – English Version

Introduction: Greetings! My name is _____. I am representing Dr. George Kasibante from Muhimbili University of Health and Allied Sciences. I invite you to participate in a study on awareness, perceptions and utilization of ANC services among male partners of women of child bearing age in Muleba district.

Aim: To assess the awareness, perceptions and utilization of ANC services among male partners of women of child bearing age in Muleba district.

Participation: Specifically I am going to ask you some questions to enquire your awareness, perceptions and utilization of ANC services.

Benefits and risks: By participating in this study you will contribute to the advancement of our knowledge on the subject. You will help us undersatand barries to males' partipation in ANC and strategies to curb this problem for improved safe motherhood in Muleba district and country at large. There is no any health or economic risk that can happen to you because of joining in this study.

Confidentiality: The information that you will provide during the study will be kept confidential. Only the researcher will have access to the filled questionnaires and recorded information from FGDs; your identity or name will not appear anywhere in the study report or publication.

Right to withdrawal: Your participation in this study is voluntary. You have the right to withdraw from the study anytime if you change your mind even after you have signed the consent form. You will not lose your health or social rights of which you are entitled even if you decide not participate.

In case of injury: No harm on you or your family that is expected as a result of participating in this study.

Who to contact: In case you have questions about this study, you should contact the following: Dr. George Kasibante (Principal Investigator) School of Public Health, Muhimbili University of Health and Allied Sciences, P. O. Box 65015, Dar es Salaam, mobile phone: 0753195713.

In case of questions about your rights as a participant, you may contact Dr Bruno Sunguya, Chairperson of the Senate Research and Publications Committee, Muhimbili University of Health and Allied Sciences, P. O. Box 65001, Dar es Salaam. Tel: 2150302-6.

II: CERTIFICATE OF CONSENT

I have read the above information (has been read for me). I have asked (had opportunity to ask) questions and have been answered. I have understood the aim of the study. I understand the benefits, risks and my rights to withdrawal from the study. I hereby consent voluntarily to participate in this study.

Participant's Signature (DD/MM/YY)

_____ _____

Researcher's Signature (DD/MM/YY)

_____ _____

Appendix1I: Consent Form – Kiswahili Version

FORM YA IDHINI YA KUSHIRIKI

I: TAARIFA

Utangulizi: Salamu! Kwa majina naitwa_____. Ninamwakilisha Dr. George Kasibante wa Chuo Kikuu cha Afya na Sayansi shirikishi Muhimbili. Ninakualika kushiriki katika utafiti unaohusu uelewa, mtizamo na utumiaji wa huduma ya kliniki ya wajawazito miongoni mwa waume atika wilaya ya Muleba.

Dhumuni: Kutambua kiwango cha uelewa, mtizamo na utumiaji wa huduma ya kliniki ya wajawazito miongoni mwa waume atika wilaya ya Muleba.

Ushiriki: Nitakuuliza maswali kuhusu uelewa wako, mtazamo wako a namna unavyotumia huduma ya kliniki ya wajawazito.

Faida na hatari: Kwa kushiriki kwako katika utafiti huu utasaidia katika kukuza na kuongeza maarifa na uelewa katika mada tajwa.Utatusaidia sisi kuelewa sababu zinazowazuia waume kuambatana na wenza wao wakati wa kwenda kliniki ili kuzitambua njia mdala za kuondoa tatizo hili, katika kuboresha hali ya uzazi salama wilayani Muleba na taifa kwa ujumla. Hakuna hatari yoyote ya kiafya au kiuchumi itaweza kukutokea kwa kushiriki katika uatafiti huu.

Usiri: Taarifa utakazotoa katika utafiti huu ni siri. Mtafiti pekee ndiye atakayeweza kuziona taarifa hizi. Hata katika utoaji wa taarifa au uchapishaji wa taarifa za utafiti jina lako halitatajwa sehemu yoyote.

Haki ya kujitoa: Ushiriki wako katika utafiti huu ni hiari. Una haki ya kujitoa wakati wowote ukibadili mawazo hata kama ulisaini fomu ya idhini ya kushiriki. Hautopoteza haki yako yoyote ya kiafya au ya kijamii hata pale utakapoamua kujitoa kushiriki katika utafiti huu.

Endapo utapata madhara: Hakuna madhara yoyote kwako au familia yako yanaweza kutokea kutokana na ushiriki wako katika utafiti huu.

Kwa mawasiliano: Endapo utakua na swali lolote linalohusu utafiti huu, wasiliana na wafuatao: Dr. George Kasibante (Mtafiti mkuu) Shule ya Afya ya Jamii, Chuo kikuu cha Afya na sayansi shirikishi Muhimbili, S. L. P 65001, Dares Salaam. Simu 0753195713.

Kwa maswali kuhusu haki zako kama mshiriki, unaweza kuwasiliana na Dr Bruno Sunguya, Mwenyekiti wa kitengo cha utafiti, Chuo cha Afya na sayansi shirikishi Muhimbili, S. L. P 65001, Dar es salaam. Simu: 2150302-6.

II: IDHINI YA KUSHIRIKI

Nimesoma (nimesomewa) taarifa hii kama ilivyoelezwa hapo juu. Nimeuliza (endapo ulipata nafasi ya kuuliza) maswali na nimejibiwa. Nimeelewa dhumuni la utafiti huu. Nimeelewa faida, athari na haki yangu ya kujitoa katika utafiti wakati wowote. Ninakubali kwa hiari yangu kushiriki katika utafiti huu.

Sahihi ya mshiriki Tarehe

_____ _____

Sahihi ya mtafiti Tarehe

_____ _____

Appendix III: Questionnaire – English Version

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

QUESTIONNAIRE ON: "MALE PARTNERS' AWARENESS, PERCEPTIONS AND UTILIZATION OF ANTENATAL CARE SERVICES IN MULEBA DISTRICT, TANZANIA"

Introduction

Hello, I am a postgraduate student at Muhimbili University of Health and Allied Sciences (MUHAS). I will be conducting several meetings with people like you in our village to learn about your views and ideas concerning male involvement in ANC. Please, be assured that your responses will not in any way be linked to your identity. You are kindly requested to answer the questions below by indicating a tick or writing the appropriate answer when needed. Thank you

QUESTIONNAIRE ID: ……..

SECTION I: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Age of respondent? [__ __] years

Marital status

Single( ) 2. Married ( ) 3. Separated ( ) 4. Divorced ( ) 5. Widowed ( ) 6.Cohabiting ( )

Education level

No Formal Education ( ) 2.Primary Education Completed ( ) 3.Secondary Education Completed ( ) 4.College Education ( )

4. Religion

Christian ( ) 2.Muslim ( ) 3. Other (specify)( )….....

5. Employment status 1. Employed ( ) 2. Unemployed ( )3. Self-employed/informal sector ( )

6. What is your main occupation?

Artisan (Carpenter, Masson, plumber, driver, etc.) ( ) 2. Farmer ( )

3. Civil/Public servant ( ) 4. Trader/ businessman ( ) 5. Other ( ) specify ……..

7. How much do you earn per month? TZS.....

8. Number of children …….

SECTION II: MALE PARTNERS' AWARENESS, PERCEPTION AND UTILIZATION OF ANTENATAL CARE

AWARENESS

9. Have you heard or read about ANC from any source before?

Yes ( ) 2. No ( ) 3 Not sure ( )

10. If yes please indicate source……

11. Who is your major source of antenatal care information?

Peers ( ) 2.Nurses /Midwives ( ) 3.Family ( ) 4. Community health workers ( )

12. Mention the component of ANC service that you are aware of? ……
……
……
……

INVOLVEMENT

13. Have you ever accompanied your wife to ANC?

Yes ( )2. No ( )

14. If the answer to question 13 above is yes, answer the questions below: If no, go to 22

15. How many times during the entire pregnancy period? (9 months) ……..

16. What motivated you/ personal reasons to accompany your wife to ANC? ……
……
……

PERCEPTIONS

17. How long did you spent at the ANC? ……Hours ……Minutes

18. How would you rate the time spent at the facility?

Long ( ) 2.Average ( ) 3. Short ( )

19. How would you describe the attitude of staff at the facility?

Very friendly ( ) 2.Friendly ( ) 3. Normal ( )4. Not friendly ( ) 5. Not sure ( )

20. How would you describe the entire ANC setting during your visit?

Very friendly ( ) 2.Friendly ( ) 3. Normal ( )5. Not friendly ( ) 5. Not sure ( )

21. Do you believe accompanying your wife to the facility would motivate her to visit the ANC in a timely manner?

Yes ( )2. No ( ) 3. Not sure ( )

22. Do you think your community considers it acceptable for a man to accompany his wife/ partner to ANC?

Yes ( ) 2. No ( ) 3. Don't know ( )

23. What is your perception about the programs organized at the ANC?

Very helpful ( ) 2.Helpful ( ) 3. Not helpful ( )

4. Complete waste of time ( )5. Don't know ( ) 6. Other ( ) specify……..

24. Is there anything you recommend to be improved to enhance male participation in ANC? Please state ……
……
……
……
…….

Appendix IV: Questionnaire – Kiswahili Version

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI

TAFITI: Uelewa, mtizamo na utumiaji wa huduma za kliniki ya wajawazito miongoni mwa waume katika wilaya ya Muleba. “

Utangulizi

Habari, mimi ni mwanafunzi ninayefanya shahada ya uzamivu katika chuo kikuu cha afya na sayansi shirikishi Muhimbili.Ninakutana na kuhojiana na watu kama wewe katika kijiji hiki kuchukua maoni na mawazo yenu juu ya ushiriki wa wanaume kwenye kliniki ya mama mjamzito.

Nikuhakikishie kuwa taarifa utakazotoa katika utafiti huu ni siri. Mtafiti pekee ndiye atakayeweza kuziona taarifa hizi. Hivyo ninakuomba ujibu maswali yanayofuata hapo chini kwa kuweka alama ya vyema au kwa kuandika jibu lililo sahihi katika kisanduku/nafasi husika.

NAMBA YA DODOSO…….

Sehemu ya kwanza; taarifa binafsi

1.Umri wa mshiriki [……] kwa miaka

2.Hali ya ndoa

Hajaolewa( ) 2. ameolewa( ) 3.ametengana ( ) 4.ameachika ( ) 5.mjane( ) 6.amewekwa unyumba()

3.Elimu 1.hajasoma( )2 amemaliza elimu ya msingi( ) 3. amemaliza sekondari ( ) 4. Elimu ya chuo ( )

Dini 1. Mkatoliki( ) 2.mwisilimu ( )3 dini nyinginezo,(taja)…….

Ajira 1.ameajiliwa ( ) 2. hana ajira ( ) 3. amejiajiri/sekta binafsi ( )

Kazi yako ni ipi..... 1. Fundi (seremala, mjenzi, fundi maji, dereva, etc.) ( ) 2. mkulima ( ) 3.mfanyakazi wa serikali ( ) 4 mfanya biashara 5 kazi zinginezo (taj).....

Unalipwa /unapata kiasi gani kwa mwezi (TZS).....

Una watoto wangapi……

SEHEMU YA PILI; UELEWA, MTIZAMO NA UTUMIAJI WA HUDUMA YA KLINIKI YA WAJAWAZITO MIONGONI MWA WAUME

UELEWA

Ulishawahi kusikia au kusoma popote juuya huduma za mama mjamzito? 1.ndiyo ( ) 2.hapana ( ) 3. Sina uhakika ( )

Kama ni ndiyo andika ni wapi ulisikia au kusoma……..

Huwa unapata wapi habari kuhusu huduma za mama mjamzito? 1. Wana rika ( ) 2. Wauguzi/Wakunga ( ) 3. Wanafamilia ( ) 4. Wahudumu wa afya ngazi ya jamii ( ).

Taja huduma zitolewazo katika kliniki ya wajawazito
……
……
……..

USHIRIKI KATIKA KLINIKI

Ulishawahi kumsindikiza mkeo katika kliniki ya mama mjamzito? 1.ndiyo ( ) 2. hapana ( )

Kama jibu la swali 13 ni ndiyo jibu maswali yafuatayo hapa chini, ikiwa ni hapana, nenda swali la 23

Ulimsindikiza mara ngapi katika kipindi chote cha ujauzito? (miezi 9).....

Ulisukumwa na kitugani au ni sababu zipi binafsi zilizokufanya umsindikize mkeo kliniki?.....
.....
.....

MTAZAMO

Ulikuchukua mda gani kumaliza shughuli nzima ya klini? masaa.....dakika.....

Kadilia mda ulioutumia katika kituo cha kutolea huduma 1.mwingi ( ) 2.mfupi ( ) 3.wastani ( )

Unaelezeaje juu ya mienendo ya wahudumu katika kituo cha kutolea huduma? 1.wanajali sana ( ) 2.wanajali ( ) 3.kawaida( ) 4.hawajali ( ) 5 sinakuhakika ( )

Uliyaonaje mazingira ya kliniki ya wajawazito katika kituo cha kutolea huduma 1.Yanavutia ( ) 2. rafiki ( ) 3.ya kawaida ( ) 4. siyorafiki ( ) sina uhakika ( )

Je unaamimini kumsindikiza mkeo kliniki kunaongeza hari ya kwenda kliniki kwa wakati? 1. ndiyo ( ) 2. Hapana ( ) 3.sina uhakika ( )

Je unafikiri jamii yenu inaafiki mume kumsindikiza mkewe katika kliniki ya wajawazito? 1. Ndiyo ( ) 2. Hapana ( ) 3. Sijui ( ).

Ni nini mtizamo wako kuhusu huduma zitolewazo katika kliniki ya mama mjamzito. 1.zinasaidia sana ( ) 2.zinasaidia ( ) 3.hazisaidii ( )4 niupotezaji wa muda ( ) 5. Sijui ( ) 6.maoni mengineyo (taja)……

Unashauri nini kifanyike katika kuboresha huduma na kuongeza ushiriki wa wanaume kwenye kliniki ya mama mjamzito? Toa maelezo.
……
……
……
……

Asante sana kwa kutenga muda wako kujaza dodoso hili.