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BARRIERS TO PATERNAL INVOLVEMENT IN PREGNANCY AND POSTPARTUM CARE: A CASE STUDY OF THE BANKING SECTOR IN NAIROBI CITY COUNTY

A RESEARCH PROJECT SUBMITTED TO INSTITUTE OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN GENDER AND DEVELOPMENT STUDIES OF THE UNIVERSITY OF NAIROBI

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DECLARATION

This project proposal is my original work and has not been submitted for examination in any other university.

Signature_____ Date _____

Lillies Wanjiru Kimotho

This project proposal has been submitted for examination with my approval as the university supervisor.

Signature_____ Date: _____

Prof. Isaac K. Nyamongo

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Abbreviations and Acronyms

ANC	Antenatal Care
CEDAW	The Convention on the Elimination of All Forms of Discrimination against Women.
EQUITY	Equity Bank of Kenya
CO-OP	Cooperative Bank of Kenya
ICPD	International Conference on Population and Development
KCB	Kenya Commercial Bank
KDHS	Kenya Demographic and Health Survey
KNH	Kenyatta National Hospital
MDGs	Millennium Development Goals
NH	Nairobi Hospital
SCB	Standard Chartered Bank
SDGs	Sustainable Development Goals
UNFPA	United Nations Population Fund
WHO	World Health Organization

ABSTRACT

It is important for any country that strategies for improving the health outcomes of pregnant women are developed. One of the approaches is the development of suitable measures to increase paternal involvement in pregnancy and postpartum care. The main objective of this study was to appreciate and gain insight to those barriers faced by men in the banking sector during involvement in their partner's pregnancy and postpartum care. This study conducted in Nairobi City County, explored men's attitudes towards their involvement in their partner's pregnancy and postpartum care. It also describes roles played by men during this period. Further, the study explores how health system factors influence men's involvement.

Data was collected from 30 men using qualitative in-depth interviews and quantitative survey questionnaires. These men's partners had had a child in the last two years. Two key informants were also interviewed. An in-depth interview guide was used to guide the interviews. Quantitative data was collected using a quantitative questionnaire and analysed using descriptive statistics. Qualitative data was analysed using thematic analysis method. This entailed categorizing responses from in-depth and key informant interviews into themes as outlined in the study objectives.

Findings from this study reveal that many men acknowledge the importance of their involvement in pregnancy and postpartum care and the benefits that accrue as a result of their involvement, nevertheless, most have a hands-off approach in issues of maternal healthcare. The study revealed five main barriers to paternal involvement: (i) Attitudes that pregnancy, childbirth and postpartum care are a female domain while men are breadwinners (ii) Fear of ridicule from peers. (iii) Lack of information on how to be involved resulting to unclear roles. (iv)Health services factors such as overcrowding in hospitals resulting to lack of space for male partners to be in health facilities. (v) Hectic work schedules.

The findings underscore the need to deal with the barriers to paternal involvement, engage men on issues of maternal health, and also revamp the structures in the healthcare systems ensuring there is space to accommodate men. Education can be used to resocialize men and help them unlearn some of the social values, beliefs, practices and norms that act as barriers to them being involved in pregnancy and postpartum care.

1.0 BACKGROUND TO THE STUDY

1.1 Introduction

Before the 1994 International Conference on Population and Development, (ICPD), demographic studies focused almost solely on the fertility behaviour of women especially on family planning methods (Greene et al, 2006). Minimal attention was paid to the roles that men play in women's reproductive health. ICPD brought about a significant change in the field of reproductive health. Including men in their partner's sexual and reproductive health has been a significant part of the paradigm shift from involving them mainly in family planning to the realization that they need to be incorporated in the the broader reproductive health agenda. The 1994 ICPD Programme of Action advocates for programs to improve sexual and reproductive health for both men and women. It proposes that one of the ways that this can be achieved is by challenging the existing gender roles which act as an obstacle to both men's and women's health and also hinder sustainable development for most countries(Greene et al, 2006).

In a nutshell, the strategies from ICPD have helped to appreciate the need to place sexuality and reproduction within a wider development agenda (Greene et al, 2006). The conference has a 20-year programme of action that proposes that more should be done to underscore the role of men and encourage their full engagement in both their and their partner's sexual and reproductive health. There was also a call for a greater male involvement especially in family planning, prenatal, maternal and child health (UN 1996). The primary source of reference for sexual and reproductive health for the last two decades has been International Conference on Population and Development. However, there are other frameworks that have also provided direction on the sexual and reproductive roles of men. The Convention on the Elimination of All Forms of Discrimination against Women, (CEDAW), points out the connections between women's reproductive roles and discrimination (Greene et al, 2006).

The 1995 Fourth World Conference on Women in Beijing backed the inclusion of men in all reproductive health services. This was in light of the fact that it would be beneficial that the roles men play be made part of the broader reproductive health agenda (UN, 1996). During this conference, men were called upon to play a greater role in changing social attitudes and norms using their positions of leadership and influence. This included taking charge of not only their health but also their family's reproductive health issues (UN, 1996). Turan et al (2001) argue that involving men in family planning and reproductive health may play a big role in promoting equality in gender relation. This would lead to better relations between men and women which would encourage them to make joint decisions regarding family planning and lead to equal ownership of sexual behavior for men and women.

More recently, the Sustainable Development Goals (SDGs), which give blueprint of the world development plans for the next 15 years, were ratified at a United Nations summit in September 2015. The third Sustainable Development Goal seeks to promote healthy lives and ensure well-being for all. One target of this goal is to reduce the maternal mortality ratio to less than 70 per 100,000 live births by the year 2030. The other target is to end preventable deaths of newborns and under-five children by the year 2030. Sustainable development cannot be achieved without addressing the critical issue of maternal mortality. The number of maternal deaths in 2013 were approximately 289,000 at a global level and sub-Saharan Africa region alone accounted for 62% (179,000) of global deaths (WHO and UNICEF, 2014).

Despite various interventions, the rate of maternal mortality has remained consistently high in Kenya in the last 15 years. KDHS (2013) shows that Kenya's maternal mortality rate was 488 for 100,000 live births. There has been increasing attention to the role men play in maternal health care and the subsequent support that their wives need from their partners. Studies on involvement of men in the acceptance of family planning methods have revealed that men play a significant role in family planning decisions. This involvement can be through their direct involvement whereby men personally use the family planning. Alternatively, men may encourage their partners to use contraception (Terefe and Larson, 2014; Varkey et al, 2004). A study by the United Nations Population Fund in Kenya found that husbands play a key role when women are faced with the decision on whether to use reproductive health services such as family planning (UN, 1994). Various studies place emphasis on how involving men in

women's reproductive health can significantly infuence outcomes for their pregnant wives (Terefe and Larson, 2014; Varkey et al, 2004).

In the global sphere, engaging men in reproductive health is key to the achievement of rights within and without the health sector (WHO and UNICEF, 2014). Male involvement in reproductive health is likely to promote early and proper antenatal care; men can also help in encouraging women to give birth under the care of a skilled birth attendant and provide resources to pay for the services (UN, 1994). During the postpartum period men can encourage breastfeeding and assist in seeking help when postpartum complications occur. This study explore d the barriers to paternal involvement in pregnancy and postpartum care for men in the banking sector in Nairobi City County.

1.2 Problem Statement

Historically, reproductive health has been equated to women's health. This has consequently resulted in health services that "exclude" men and has undermined efforts to involve men in their partners 'reproductive health. Poor male involvement in pregnancy has a potential to contribute to high number of maternal mortality and morbidity in Kenya. We know, for example, that men who control resources among the Pokot are rarely engaged in their partner's pregnancy. This includes not allocating resources for child delivery leading to debilitating obstetric fistula (Khisa and Nyamongo, 2011). For a long time, promotion of safe motherhood focused on women during planning of programmes and provision of services to reduce maternal mortality Greene et al, 2006).

Men may not be directly involved in pregnancy and post partum care due to various factors which may include attitudes and other cultural barriers which this study purposed to explore. Previous studies carried out mainly concentrated on how to involve men in family planning and restricting the family size (Kim et al, 1996 and Grossman et al, 2013). Kwambai et al, (2013) explored perspectives of men on antenatal and delivery care service utilisation in rural western Kenya while Onyango et al (2010) explored factors that influence male involvement in sexual and reproductive health in the same region.

A study by Ganle (2014) on barriers to and opportunities for men's involvement in maternal healthcare in Ghana revealed that men appreciate the need for skilled care during pregnancy

and childbirth, and they also acknowledge the benefits that accrue as a result of their involvement. However, a majority of the men only got actively involved in issues of maternal healthcare when the life of either the mother or newborn was in danger.

Less than a quarter of the men interviewed reported to having ever attended antenatal care or postnatal care in a health facility with their partners. Four main obstacles kept men from being involved: Attitude that everything related to pregnancy and newborn care is a responsibility for women while men were breadwinners who made financial contribution; negative perceptions from the community such as the belief that men who accompany their wives to seek maternal health care services are weaklings; healthcare services factors such as inconvenient opening hours, negative attitudes of medical personel towards the patients and overcrowding leading to limited space to accommodate male partners in health facilities; and the high cost in terms of transport and hospital fees that comes with accompanying partners in seeking maternity care (Ganle & Dery 2015).

As evidenced by the reviewed studies, men are not involved in women's reproductive health as well as they ought to be. None of the studies reviewed focused on barriers to paternal involvement in pregnancy and postpartum care in Kenya. Furthermore, none of the studies has focused on bankers in Nairobi County, which is the town with the greatest concentration of banks branches in the country. It is for this reason that this study aimed at assessing the barriers to paternal involvement in pregnancy and postpartum care for bankers in Nairobi County.

This study sought to answer the following research questions:

1.2.1 Research Questions

1. What are the attitudes of men in the banking sector towards their involvement in their partner's pregnancy and postpartum care?
2. What roles do men in the banking sector play during their partner's pregnancy and during postpartum period?
3. What is the role of health system factors in influencing involvement in pregnancy and postpartum care for men in the banking sector?

1.3 Objectives of the study

1.3.1 General objective

To explore the barriers faced by men in the banking sector during involvement in their partner's pregnancy and postpartum care.

1.3.2 Specific objectives

1. To describe the attitude of men in the banking sector towards involvement in their partner's pregnancy and postpartum care.
2. To describe the roles played by men, in the banking sector, during their partner's pregnancy and postpartum care.
3. To explore how health system factors influence the involvement of men in the banking sector during pregnancy and postpartum care.

1.4 Assumptions of the study

1. The study assumed that although men in the banking sector have a hands-off approach in involvement in pregnancy and postpartum care, they have an inherent desire to improve their partner's pregnancy and post partum outcomes.
2. The study assumed that the involvement of men, in the banking sector, in their partner's pregnancy and postpartum care is influenced by their socialization.
3. Health system factors impede the involvement of men in the banking sector through systematic exclusion in accessing critical areas where women receive health care services.

1.5 Significance of the study

Men's participation in maternal health can to result in changes that contribute to the overall maternal and newborn wellbeing. This could consequently lead to reduced rates of both infant and maternal mortality death rates. Wegner et al (1998) also argues that if men are educated and are better informed about reproductive health issues affecting women, they are more likely to be supportive during pregnancy because they will have a platform where they can have a discussion with their partners. In the end, both men and women will make more informed health related decisions: for example, by ensuring that women do not delay seeking emergency obstetric services when needed.

Since men are important as partners and fathers it is imperative to ensure that they are fully engaged in all issued related to maternal health education and antenatal care. This study generates knowledge and recommendations on how to break down the barriers to male involvement in postpartum care. Information derived from this study can be used to strengthen the existing frameworks on maternal deaths reduction and to promote safe motherhood. It can also be used in establishing programs that are more socio-culturally aware in regards to male involvement in maternal health. Finally, this study also adds more knowledge on the extent of involvement of men in the banking sector in pregnancy and postpartum care.

1.6 Scope and limitations of the study

This study focused on men in Nairobi County and was based on men in a monogamous relationship who work in a bank. Data was only collected from men who have had a child in the last two years. The study was both qualitative and quantitative. One of the limitations of this study was that some of the respondents were unwilling to discuss their families' sexual and reproductive health since the topic is considered to be sensitive. To deal with this, the researcher let all respondents know that their information was to be treated with utmost confidentiality. The researcher also developed a rapport with the respondents to put them at ease.

1.7 Definition of key terms

Pregnancy	For this study, this will be the period from the attendance of the first antenatal clinic (6 weeks) to the delivery of the baby.
Male involvement	This will encompass the various ways in which men support their partners during and after pregnancy and will include attending antenatal and postnatal clinics.
Postpartum	For this study, this will be the period beginning immediately after the birth of a child and extending for a period of six months.
Barrier	A circumstance, obstacle or attitude which acts as a hindrance to paternal involvement in pregnancy and post partum care.

2.0 LITERATURE REVIEW

2.1 Introduction

This section covers the review of literature on barriers to paternal involvement in pregnancy and postpartum care and challenges faced by men during involvement. Since there is no literature available on barriers to paternal involvement in pregnancy and postpartum care for men in the banking sector, the literature reviewed is on barriers to paternal involvement in pregnancy and postpartum care for men in general. The review also presents the theoretical and conceptual frameworks.

2.2 Barriers to paternal involvement in pregnancy and postpartum care

In the last two decades there has been a growing interest globally to involve men in reproductive health. Several milestones have been achieved and one of these is the International Conference on Population and Development held in Cairo in 1994 which had significant impact on how reproductive health is viewed. The ICPD was among the first international declarations that emphasized the need to involve men in holistic reproductive health programs and not just family planning. The Fourth World Conference on Women held in Beijing in 1995 has also greatly contributed to the global reproductive health agenda. During the Beijing conference it was emphasized that men's perception and knowledge has impact not just on their own but also women's reproductive health. In the last fifteen years, there has been a lot of focus maternal health outcomes because of the 5th Millennium Development Goal. This goal has since been replaced by the third Sustainable Development Goal which promotes healthy lives and well being for all ages.

Men have a significant effect on women's reproductive health through their role as husbands and partners. There is a continued lack of attention on paternal involvement in maternal health care and in postpartum care yet they have a significant role to play in women's reproductive health (Greene et al, 2006). Since the ICPD in 1994, there has been a deliberate endeavour to have more men involved in reproductive health. However, in most scenarios, male involvement has been interpreted to mean getting men involved in family planning education. Pregnancy in itself is not an illness, however due to the hormonal changes that a woman's body goes through; it creates a lot of physical and sometimes emotional demands on the

mother. Partners need to understand and support the woman during this period because pregnancy may create a lot of discomfort and exhaustion for the woman (Ganle, 2014). Men being better informed about the demands brought on by pregnancy will spur them to be more supportive of their partners. Days following the birth of a baby also present a lot of emotional and physical challenges to the mother. The new mother needs to rest in order to recover and the new born needs a lot of care. The role of partners during the postpartum period is crucial (Ganle, 2014).

Maternal health care services include a broad spectrum of health services given to the mother before pregnancy to ensure the mother's body is ready for the pregnancy, during pregnancy to help the mother provide all needed nourishment to the baby, during and after delivery to enable the mother's body to recover quickly. Ganle (2014) argues that one of the strategies to increase paternal involvement in their partner's reproductive health is though in-depth knowledge and insight on the perspectives that men hold towards reproductive health. Understanding their behavior, beleifs and practices will also go a long way in increasing their participation. A study done in Western Kenya demonstrates a clear association between male attendance to at least one antenatal care visit and delivery by a skilled birth attendant (Mangeni et al, 2014).

Paternal involvement during pregnancy postpartum care enables the father to bond with the child and to also develop his identity and confidence as a parent as early as possible. Dumbaugh and colleagues (2014) did a study in Ghana on new born care and found out that men hardly got involved in physically performing any newborn care related tasks such as cleaning the baby or changing diapers. Their role was relegated to that of decision making in case the mother or newborn became unwell. Men were also involved as providers of money to be used for the provision and care of both the mother and the newborn. The responses from this study revealed that there are strict gender-based divisions of work related to care of newborns. Women are viewed as the ones with certain knowledge, practices and abilities pertaining to postpartum care while men are charged with decision making and financial provision for the family.

The idea that men should play an active role in women's reproductive health has also had people who are opposed to it. Serious concerns have been voiced about the impact of involving men and the possible negative effects their inclusion would have on women and children. There are mixed responses on the question of whether men's involvement will aggravate the already existing scenario of their perceived power and dominance over women (Sternberg and Hubley, 2004). Unequal power structures and social relations between men and women in a society can have an impact on male involvement in women's reproductive health. It is important that the structures of patriarchy that exist in most African societies are not repeated through the involvement of men in pregnancy, delivery and postpartum care. The discussion below is on the barriers to paternal involvement in pregnancy and postpartum care as revealed by studies previously carried out.

2.2.1 Health system barriers

A study on determinants of male involvement in the prevention of mother-to-child transmission of HIV done in Eastern Uganda revealed that the health system can be a barrier to paternal involvement (Byamugisha, 2010). The study established health systems have obstacles which often hinder paternal involvement in antenatal and post natal care. The first factor reported by the respondents was that in most cases, the medical personell did not allow men to enter the doctor's room with their partner. Overcrowding which resulted to restricted space in the antenatal clinics was cited as another barrier to male involvement. When the men accompanied their partners to the antenatal clinics, overcrowding in the hospital made them stay outside as there was no space to accommodate them.

Furthermore, several men thought that too much time, which should have been spent at work, was spent at the antenatal clinic due to the long queues and the understaffing that is prevalent in most government facilities. Another study done in Mulago hospital by Kaye and colleagues (2014) was on male experiences for women who developed childbirth complications. The study revealed that hospital policy recommended that fathers to be there to support their partners during pregnancy and childbirth. However, on the ground, involvement of fathers in delivery rooms was highly restricted because of congestion and the need to uphold privacy since in some instances there was more than woman in the delivery room (Kaye et al, 2014). This was a clear indication that there was discrepancy between the policy and the practice.

A study done in Ghana on paternal involvement revealed that some of the barriers to male involvement included health services factors such as opening hours that were hinder some, negative attitudes and rudeness of healthcare workers towards women and their partners. Overcrowding leading to lack of enough space making it difficult for men to be at the antenatal clinics; and men reported that the they could barely afford cost of transport, and lunch which are incurred when accompanying women to seek maternity care (Ganle and Dery, 2015).

2.2.2 Gender roles and norms

Walston (2005), in challenges and opportunities for male involvement in reproductive health, argues that engaging men in pregnancy and postpartum care is particularly challenging in those societies where there are culturally defined gender roles which dictate which roles men and women should play. Most communities in Africa consider the area of pregnancy and childbirth is considered to be the domain of the woman and men who get involved in the same get frowned upon. In light of this, it is not common place to see men accompany their partners for antenatal or postnatal clinics nor be present for delivery. The study in Ghana on barriers to involvement in post partum care showed that women are mainly the ones who carry out most of the tasks that are associated with taking care of newborns. On the other hand, men are charged with the responsibility of being the bread winner and decision makers, especially concerning the health of their family (Dumbaugh et al, 2014). There is pressure to conform to the predefined socio-cultural definitions of masculinity. Because of this, most men did not like to accompany their wives to the antenatal clinics. The study established that men who participate in their partner's reproductive health, either by attending ANC or being present for the delivery, are perceived as being controlled by their partners.

2.2.3 Cultural barriers

The structures of patriarchy that exist in most African societies dictates the definition of masculinity and this often restrict the ways in which men can participate in pregnancy, birth and postpartum care. In many communities in the African context, men who want to participate in child care are not given that chance. Instead such men are often stigmatized or discouraged since they do not conform to the existing norms (Montgomery et al, 2006).

A study done in Nepal on care of newborns showed that some cultural beliefs acted as barriers to male involvement during pregnancy and the postpartum period (Osrin et al, 2002). As the date of birth approached for most pregnant women, they moved from their matrimonial home to stay with their in-laws who would support them during the labour and delivery process and also help with taking care of the newborn.

Postpartum seclusion is a tradition that is followed where physical contact between the lady who has delivered and other men, including her husband, has to be avoided. Such practices make it extremely difficult for men who would want to participate to do so. Another cultural barrier is the belief that complications will arise during birth if the husband was present during the delivery process. The study revealed that pregnancy and childbirth in Nepal are assumed to be a woman's responsibility. It expected that the woman would stay with her in-laws while expectant and for decisions about her health care including where to deliver to be made by the mother-in-law (Osrin et al, 2002).

2.2.4 Exclusion and alienation

In the study by Kaye and colleagues (2014) on male involvement in Uganda, most of the men interviewed complained that they were excluded from what was going on. Decisions about the care that their partners needed were mainly made by the medical personnel. The hospital environment and the language used by the healthcare providers greatly contributed to the participants' feeling of alienation. Men reported having restricted access to some areas and critical decisions were sometimes made without their consent. More often than not, men were usually sent from the delivery room by midwives immediately labour started and were not allowed to contact with their partner until after delivery and until immediate newborn care tasks such as cleaning the baby were completed.

2.2.5 Lack of information

Early (2008), in his study men as consumers of maternity services, argues that fathers feel alienated because even in parent groups and parent education classes, most of the information is mainly directed towards women and a lot of it is on motherhood, and hardly addresses the father's concern or define what is role is. In Nepal, husbands' were quite keen on supporting their partners during pregnancy and postpartum care. However, low knowledge levels were the most notable barrier for men becoming actively involved in maternal healthcare. This study revealed that knowledge levels about pregnancy for both male and female respondents was wanting. Of particular concern was the lack of knowledge in relation to complications and danger signs during pregnancy, labor or delivery (Mullany et al, 2006)

2.2.6 Intrapersonal factors

Intra-personal factors may also play a role in paternal involvement. Paternal characteristics such as the knowledge and experience of an individual, the attitudes and beliefs that one holds about parenting influence paternal involvement (Cabrera et al, 2000). Fathers who are committed to parenting and appreciate the integral role they need to play end up being involved regardless of their economic or marital status. Fathers who support gender equity and who realize that a child has two parents also tend to be more proactive about involvement in their children's life. On the other hand, men who hold less gender equitable values are likely to be less involved in the lives of their children. Men's perspectives on parenting are also greatly shaped by his own personal life experiences and by socialization (Cabrera et al, 2000).

2.2.7 Socio-economic barriers

A study in Uganda revealed that some of the barriers to paternal involvement in pregnancy and postpartum care were socio-economic (Kaye et al, 2014). In the Ugandan context, are expected to provide for their families financially, often being called upon to be away from home to go look for work. Men who did casual work explained that employer and policies do not provide for paternity leave and if any leave days were taken then there was loss of income. Some of the men said they did not have enough money for transport to attend antenatal clinics.

2.3 Theoretical Framework

2.3.1 Social learning theory

This study will use the social learning theory as originally outlined by Bandura and Walters in 1963 and further detailed in 1977. The social learning theory of Bandura emphasizes the importance of observing and modelling the behaviours, attitudes, and the demeanour of others. Bandura (1977) states "Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behaviour is learned observationally through modelling: from observing others one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action". In an experiment with dolls, Bandura explains how young children pay keen attention to the behavior of people around them and learn from the same (Bandura et al, 1961). Alfred Bandura's perspective of social learning underscores the importance of observation and modelling of behaviours, attitudes and demeanour of others. (Bandura, 1977).

Relevance of the social learning framework to this study

Social learning theory demonstrates how people learn by observing and imitation of behavior of other people. Individuals that are observed are observed and imitated are called models. In society, children are often encountering many models that influence their behaviour. The models include parents and older siblings in the family, characters they see when watching television, friends in their cohort that they play with at school or home, religious leaders in church and teachers at school. Societal expectation for boys and girls the roles they play is significantly different. The attitudes and behaviours from boys and men and girls and women are also expected to conform to the community expectation. Gender socialization is the process of learning the perspectives associated with and expectations that come with either being male or female. It leads to boys and girls to be socialized in a particular way which differs from on e gender to another. Boys are raised to abide to the male gender roles and the associated tasks, and girls are also raised to conform to the female gender role.

Through gender socialization boys and girls are conditioned to behave in a certain way that is socially acceptable for girls. This is mainly as dictated by the beliefs, attitudes and values held

by a society. Gender socialization leads one to get their gender identity which is the way in which boys and girls interpret feminine or masculine or being a woman or a man. Once gender identity is created, it becomes internalized and is one of the most important ways in how way we view ourselves.

A gender role is a set of practices, values, attitudes and behaviours characteristics that a person is expected and encouraged to conform to based on their gender. They also include behavioural norms that are considered socially appropriate for individuals of a specific sex in different cultures. Norms are an expression of what a society deems appropriate and acceptable behavior on how people of different genders carry themselves and are held true by most members of that society. Learning and socialization play a major role in shaping gender roles because learning occurs within a social context.

Men and women are socialized differently and therefore learn to act differently. The differentiation of roles in society leads to men and women conforming to a particular way of doing things. According to the cultural defines roles, boys and men would not necessarily be involved in pregnancy and post partum care because this role is perceived to be a women's and a girls' role. The stereotype that pregnancy and postpartum care is a girls and women role is inculcated at an early age and this later starts to play out into adulthood. Gender roles adapted during childhood continue to adulthood and it becomes difficult to resocialize individuals when they become adults. In health care institutions, health workers may also reinforce gender roles under the stereotype that childcare is a woman's domain. Societal expectations are that pregnancy, antenatal and postpartum care is a women's role. On the other hand, provision of financial resources to aid in the care of the mother and baby are perceived to be the man's role.

2.3.2 Conceptual framework: Barriers to paternal involvement in pregnancy and postpartum care

Figure 2.1 outlines the conceptual framework. This study conceptualizes that there is interplay between involvement of men who work in banks in pregnancy and postpartum care and barriers that they face influence their involvement. The independent variables are health facility factors, gender roles and personal factors. The dependent variable is level of paternal involvement in pregnancy and postpartum care. The involvement of men can improve the pregnancy and health outcomes for their partner. However, this could be hindered by constraints faced by men in their involvement.

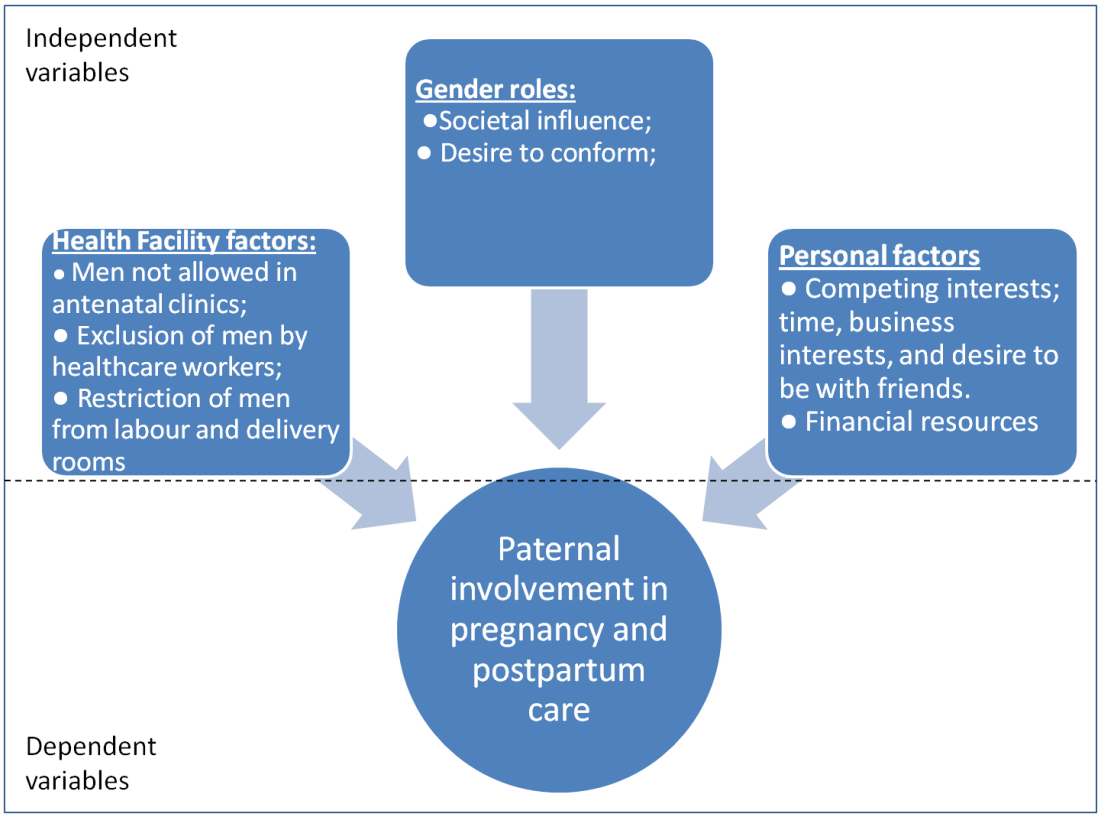

Figure2.1 **Conceptual Framework**

3.0 METHODOLOGY

3.1 Introduction

In this section, the methodology of the study is outlined. This section provides a description of the research site, the research design, study population, sample size and sampling procedure, data collection methods and data processing and analysis techniques. The section concludes by discussing the ethical considerations that guided the study.

3.2 Research site

Figure 3.1 shows a number of banks in Nairobi City County. Nairobi County has eight sub-counties which are Makadara, Kamukunji, Starehe, Langata,Dagoretti, Westlands, Kasarani and Embakasi. It covers an area of 694.90 square kilometers. The population of men aged between 25 to 39 years in Nairobi county is 551,678 (KNBS, 2010). The banking sector in Kenya comprises of 43 commercial banks. The Kenyan banking industry is regulated by the Central Bank of Kenya. This study focused on men who work for some of top banks in Kenya which are Equity, Barclays, Standard Chartered Bank, Kenya Commercial Bank and Co-operative Bank.

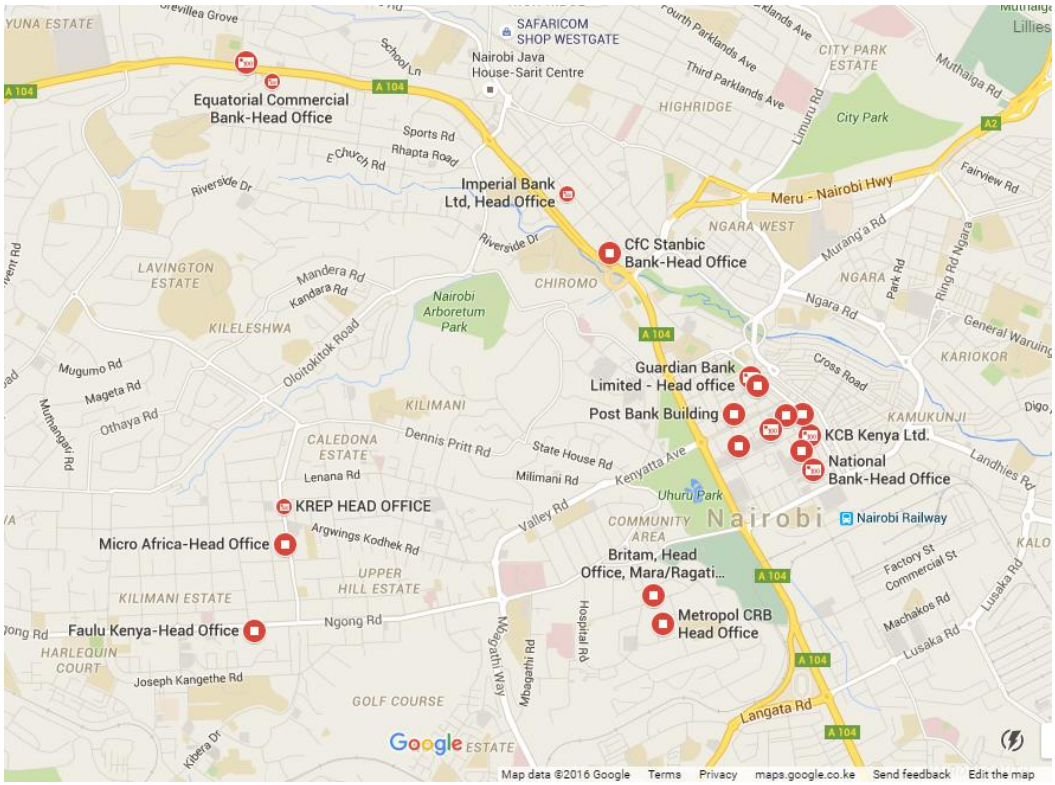

Figure3.1 **Banks in Nairobi City County**

3.3 Study design

The research design for this study was cross-sectional descriptive design and qualitative and quantitative techniques of data collection were used. Quantitative data was collected using survey questionnaires that were administered to men who are in the banking sector, are in monogamous relationships and have had a child in the last two years. Qualitative data was collected through in-depth interviews and key informant interviews. Quantitative data was analysed using descriptive and inferential statistics while qualitative data was analysed according to themes guided by study objectives and verbatim quotes of those interviewed.

3.4 Study Population and Unit of analysis

The study population was men who work in the bank, are in a monogamous relationship and had become parents in the last two years. The unit of analysis for this study was the individual man who works in a bank, is in a monogamous relationship and has had a child in the last two years.

3.5 Sample size and Sampling procedure

This study employed purposive sampling which is a non-probability sampling method. A total of 30 men were approached to participate in the study through purposive sampling. 8 men from each of the banks were approached to participate in the study.

3.6 Data collection methods

3.6.1 Survey

The survey questionnaires were administered to the selected 30 men and had two sections. The first section sought demographic information of the respondents such as age, education level, income range, type of relationship they are involved in and the age of their youngest child. The second section sought information on the perception of men on health care system barriers. Further, a third section sought to assess how gender roles influence paternal involvement. The last section assessed how personal factors influence men's involvement. A structured questionnaire (Appendix 1) was used to collect data.

3.6.2 In-depth Interview

This study used a qualitative approach involving in-depth interviews with men to explore attitudes, knowledge and perceptions of paternal involvement. In-depth interview guides were used during the interview session (Appendix 2). Notes were written during the interviews. Questions were centered on barriers to paternal involvement in pregnancy, including perceived barriers to antenatal care and postpartum care.

3.6.3 Key Informants Interviews

This study also used key informants to explore their views on the topic of paternal involvement in pregnancy and postpartum care, and the challenges of, and opportunities for, men's involvement. Two nurses, one from Nairobi Hospital and one from Kenyatta National Hospital private wing, who work in the maternity, were interviewed.

3.6.4 Secondary data sources

Secondary data obtained from books, published journals and relevant internet sources were used as sources of information for this research. Relevant literature on paternal involvement in pregnancy and postpartum care was also reviewed.

3.7 Data Processing and Analysis

Quantitative data was analysed using descriptive statistics which include bar graphs, pie charts and percentages. Qualitative data was analysed using thematic analysis method. This entailed categorizing responses from in-depth and key informant interviews into themes as outlined in the study objectives. Any other emerging themes have also been documented.

3.8 Ethical considerations

Ethical rules and principles were adhered to during this study. The respondents were duly informed of the purpose and objective of the research and they participated out of their informed consent without coercion. A consent form (Appendix I) was used to obtain the approval of the respondents. A detailed explanation of the expected benefits and risks was clearly explained to the respondent. Respondents were also made aware of the fact that participation in the research will be voluntary and no payment would be made. Furthermore, the researcher ensured individuals were left to decide what aspects of their lives, attitudes and perceptions they were willing to share during the study.

In this study, the assurance of confidentiality and anonymity was guaranteed to all who took part in the research. The researcher endeavored to protect the identity of the respondents by use of pseudo names and coding of participants information. In addition the researcher obtained a permit from The National Commission for Science Technology and Innovation.

3.9 Problems encountered during field work

One of the challenges experienced was the lack of time for interviews owing to the busy schedules for most bankers. Some respondents requested for a postponement of the interview and this made data collection very time consuming. In certain instances, some respondents expected monetary compensation for the information they gave. The interviewer had to explain to them that the research data collected was for educational purposes only and not for commercial use.

4.0 FINDINGS

4.1 Introduction

This chapter presents research findings on data collected through survey of respondents targeted in the study. First the socio-demographic characteristics of the respondents are presented. This is followed by a section on men's attitudes towards their partner's pregnancy. Section three of this chapter covers the roles men play during pregnancy and the postpartum period. The last section covers issues related to healthcare system factors. A total of 30 male respondents were interviewed representing individuals from four banks namely Standard Chartered Bank, Equity Bank, Kenya Commercial Bank and Co-operative Bank of Kenya. In addition two key informants were interviewed, one from Nairobi hospital and the other from Kenyatta National Hospital private wing.

4.2 Socio-demographic characteristics of respondents

Figure 4.1 shows the age of respondents who were interviewed. 13% accounted for those who were 36 years and above. Those who were between 26 and 30 years were 34%. The results show that majority of the respondents (53%) were aged 31-35 years. None of the men interviewed were below 25 years.

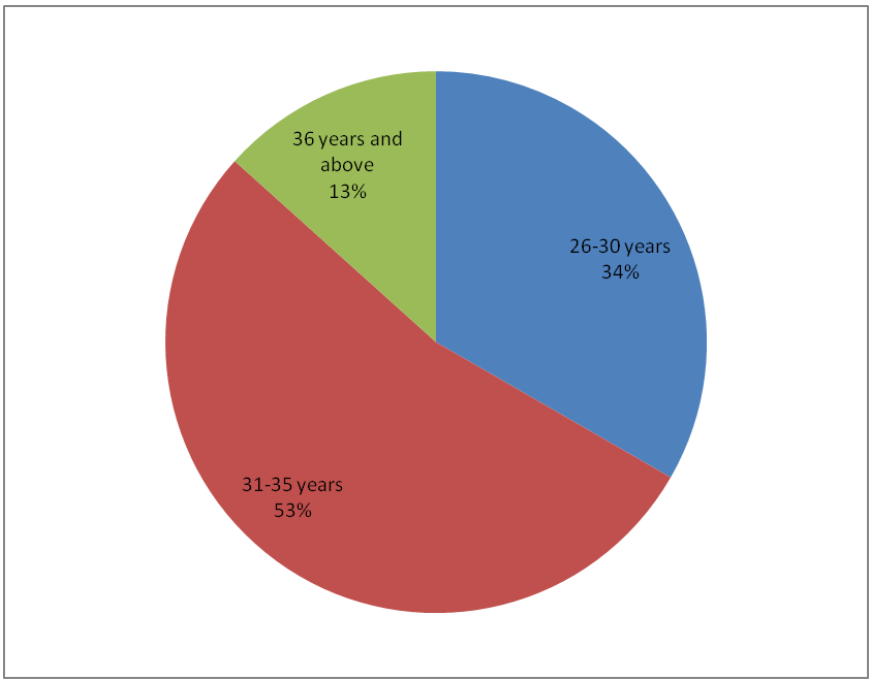

Figure 4.1 **Distribution of respondents by age**

Figure 4.2 shows the level of education. In relation to the level of education attained, a majority of the respondents (60%) reported having completed their undergraduate degree. The remaining 40% reported that they had postgraduate qualification in addition to having an undergraduate degree. None of the respondents reported to having either primary or secondary level of education as their highest qualification.

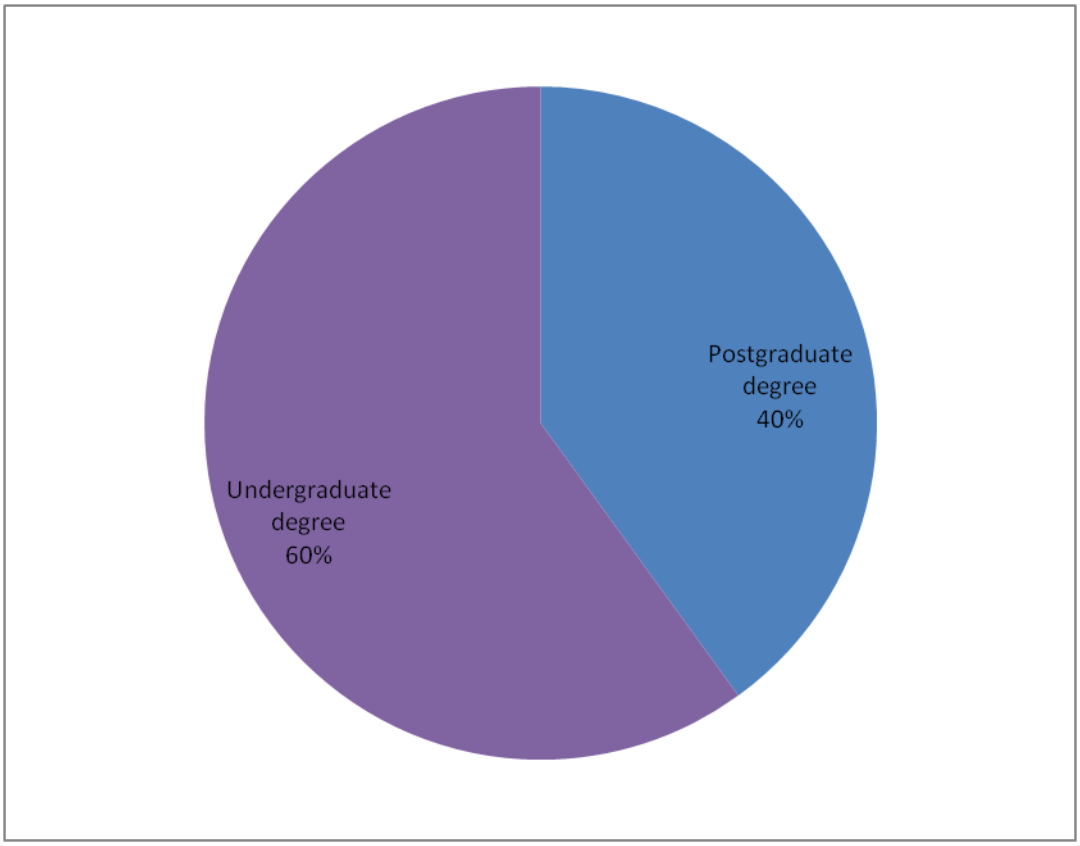

Figure 4.2 **Education level**

Figure 4.3 shows the number of children reported by the respondents. Among those interviewed a majority of 60% reported to have one child. The remaining 40% reported having two children. The inclusion criterion for the respondents was that they must have had at least one child in the last two years. Consequently, all the men interviewed had children.

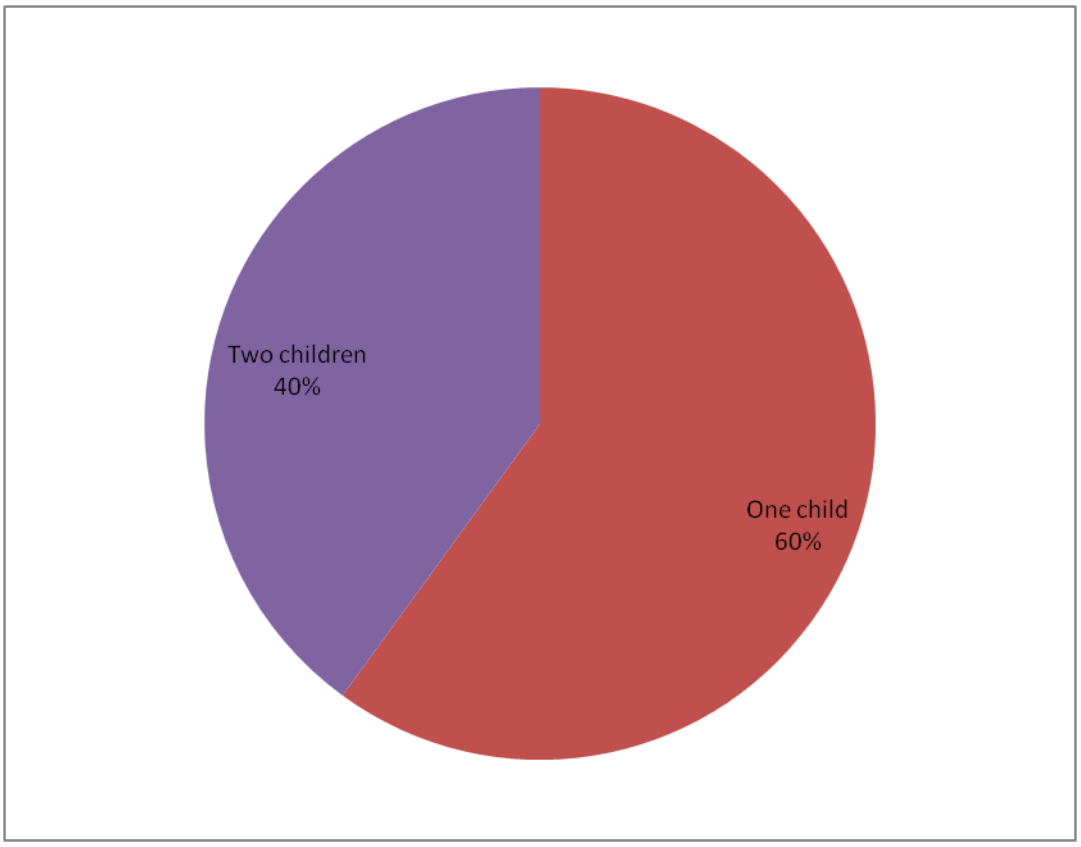

Figure 4.3 **Number of children**

Figure 4.4 below shows the age of the last born as reported by the respondents. 20% of those interviewed reported to have a child who was aged between 12 and 18 months. 40% of the respondents reported that they had children who were between 18 and 24 months while the other 40% reported that they were below 12 months. The scope of this study was restricted to men who had had a child in the last two years; consequently, all of the men who were interviewed had a child who was younger than two years.

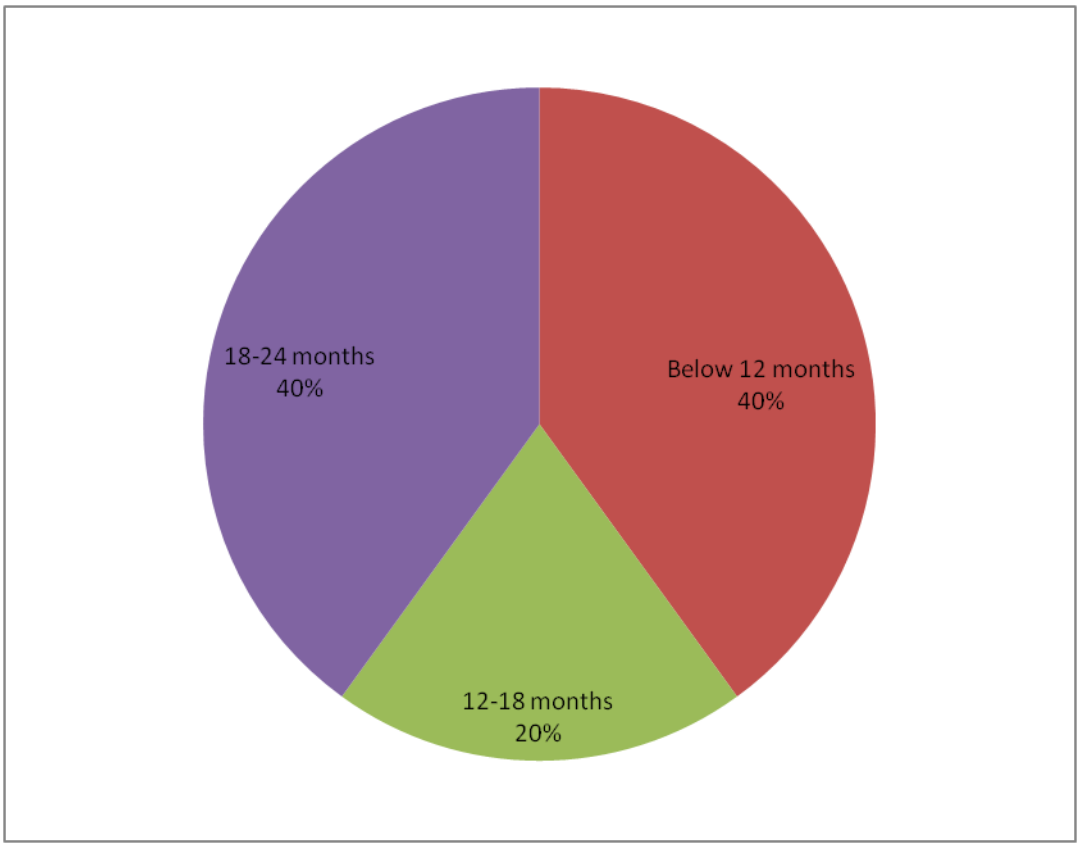

Figure 4.4 **Age of last born**

Nature of marriage

The scope of the study was limited to men who were in a monogamous marriage. Consequently, no men in polygamous relationships were interviewed.

4.3 Attitudes of men towards involvement in pregnancy and postpartum care

This first section gives findings on men's attitudes towards their involvement in their partner's pregnancy and postpartum care. A majority of the men interviewed (85%) acknowledged the importance of their involvement during their partner's pregnancy and during the post partum period. Answers from an overwhelming majority of the respondents (90%) revealed that they knew what paternal involvement in pregnancy and post partum care entailed. Of all the respondents interviewed, only three were unable to define the term paternal involvement in pregnancy and postpartum care.

One of the respondents defined it as;

"The involvement of the man from the time the woman gets pregnant to delivery of the baby. It includes antenatal and prenatal care and also care of the mother and the newborn after delivery" [Male -4, 32 years, SCB]

Another of the respondents defined it as;

"*It is the act of the man being there for his partner during the pregnancy period and after the baby is born*" [Male -7, 30 years, Co-op]

However not all respondents were able to give an accurate definition. One gave the definition as;

"It is the care that a woman receives before delivery and after delivery" [Male-20, 26 years, Equity]

In order to establish men's attitude towards their involvement three questions were asked namely; pregnancy and postpartum care is the domain of women and men should not be involved, the role of the men during pregnancy and postpartum period is to only provide financial support and men fear being ridiculed by other men because of their involvement in pregnancy and postpartum care.

4.4 Attitudes of men towards involvement

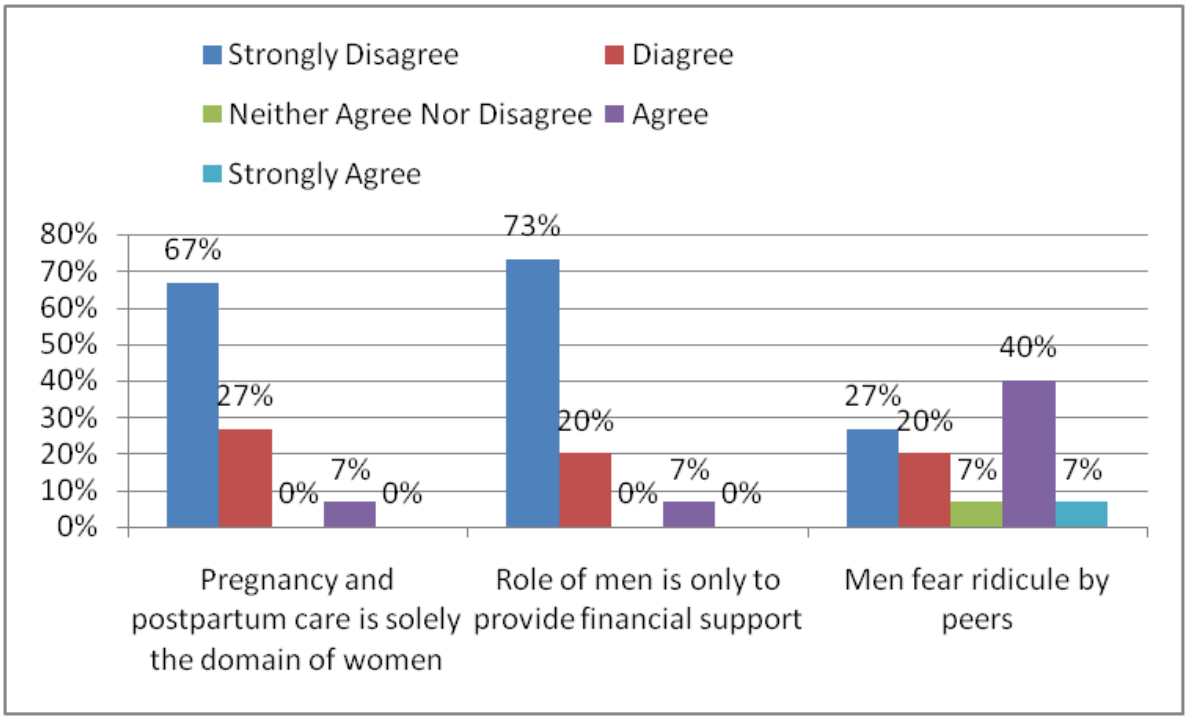

Figure 4.0.5 **Men's attitudes towards involvement in their partner's pregnancy and postpartum care**

Their responses are summarized in Figure 4.5 above. 94% of the respondents disagreed with the statement that pregnancy and postpartum care is solely the domain of women and men should not be involved. 93% of the respondents also disagreed with the statement that the main role of the man during pregnancy and postpartum period is to provide only financial support. However, 47% of the respondents interviewed agreed that men shy away from being involved in pregnancy and postpartum care because they fear being ridiculed by their peers.

The study revealed that the respondents were well informed on the importance of the antenatal clinic and were also well aware of what services their partners received during antenatal clinics. The importance of the antenatal clinic is captured from the quotes of the informants. For example one respodent reported that;

"*During the ANC clinic, the weight of the mother is checked, her HIV status is also checked and the expected date of delivery is also communicated. ANC clinics help in early detection of any problems the mother or baby may have hence reducing chances of miscarriage.'* [Male-8, 30 years, KCB]

This was reinforced by another informant who noticed that, "*During ANC clinics, the growth and development of both the mother and baby are monitored. Ultra sounds are also done to check the position of the baby"* [Male-11, 26 years, Co-op]

On the question on whether men should accompany their partners for ANC, the responses differed among the respondents. One of the respondents was of the opinion that the men should be left to decide.

"*This is because some men may not want to attend and they should not be coerced". "The woman can go alone and later give a report to the husband; sometimes there are more urgent things to be attended to"* [Male-3, 27 years, KCB]

One respondent said that women should go for antenatal clinic alone because "*it was more respectable for her if she went alone*" [Male-7, 30 years, Co-op]

One respondent complained that he was the only man present at the ANC clinic and that made him feel "weird". A few of the respondents were in support of accompanying their partner for ANC clinic and one of the respondents reiterated:

"I was there and I am glad I accompanied her. It's a difficult place to be. Men who accompany their partners for ANC clinics are real men" [Male- 4, 32 years, SCB]

"Men should accompany their partners for ANC because it is a show of emotional support". [Male-24, 28 years, KCB]

One respondent suggested that men should escort their partner there, and then pick them later on after they have been attended to. Another was of the opinion that then man should accompany his partner at least once.

One respondent gave his reason for not accompanying his partner as the cost involved.

"*Women buy a lot things when in company of their partners, When she goes to the clinic alone she spends only three hundred shillings but when I am there she will spend up to one thousand shillings".* [Male-20, 26 years, Equity]

One of the key of the informants who was interviewed gave this insight.

"Most of the women who come for antenatal clinics come alone; most men are hesitant to accompany them. It's under rare circumstances that men accompany their partners for ANC clinic" [KI-1, KNH]

She also added, '*I think one of the biggest obstacles to men attending antenatal and postnatal clinic is culture. It is impressed on them from an early age that pregnancy and postpartum care is a women's domain"*

Respondent's opinions on whether to accompany their partner for delivery varied but most of them were against it. One respondent confessed,

"*I would never enter the delivery room. I dread being in the delivery room and I am also not capable of enduring watching my wife give birth"* [Male-13, 37 years, SCB].

Another respondent said that it important to enter the delivery room

"It was important for both of us for me to be there. I got to know how everything happens. I also saw the difficulties and challenges involved. I was the second person after the doctor to hold the baby" [Male-30, 34 years, SCB].

One respondent who entered the delivery room said he would not want a repeat of the experience.

"*It was a tough experience. She did not release my hand the whole time. It was very scary. I will never enter the delivery room again. Next time I would prefer that my wife be accompanied by her friend or sister."* [Male-15, 33 years, Equity]

Another respondent who did not enter the delivery room reported that,

"The birthing experience is scary especially for men. It also takes many hours and most men do not have the patience to wait with the wife. The man may have other things he needs to go and take care of" [Male-20, 26 years, Equity]

One respondent did not enter the delivery room because of the kind of stories he had heard from his peers.

"*One of my friends entered the delivery room and it was so traumatic for him he was not able to be intimate with his wife after that and he had to seek counseling"."I also heard of another story of a man who entered the delivery room and ended up fainting"* [Male -22, 30 years, Co-op]

One of the key informants interviewed gave this perspective on men being involved in the delivery process of their children.

"*Men who are fully involved in the delivery process have a huge advantage of being able to bond deeply with both the mother and newborn during the birthing process."I would encourage as many as possible to be involved in the birthing process."* [KI -2, NH]

When asked what their peers thought about paternal involvement in pregnancy and postpartum care, most of the respondents reported that their peers were against it since they felt that it was not a manly role. They were against it and considered it to be 'unafrican.' Majority of the respondents reported that their peers mainly provided financial support during this time. One responded explained it as below

"*Most of my peers think that paternity leave is an opportunity to take time off from both work and home. They take it to be a time to do other 'men things' because there are visitors in the house. They argue that the new mother needs some space from them"* [Male-22, 30 years, Co-op]

4.5 Roles played by men

In order to establish what roles men took up during pregnancy and postpartum period, three questions were asked namely; men do not accompany their wives for clinics because they have to be at work, men prefer to spend time with peers than attend clinics with their partners and men do not accompany their partners for antenatal and postnatal clinics because they are pursuing other business interests. The results are summarized in Figure 4.6.

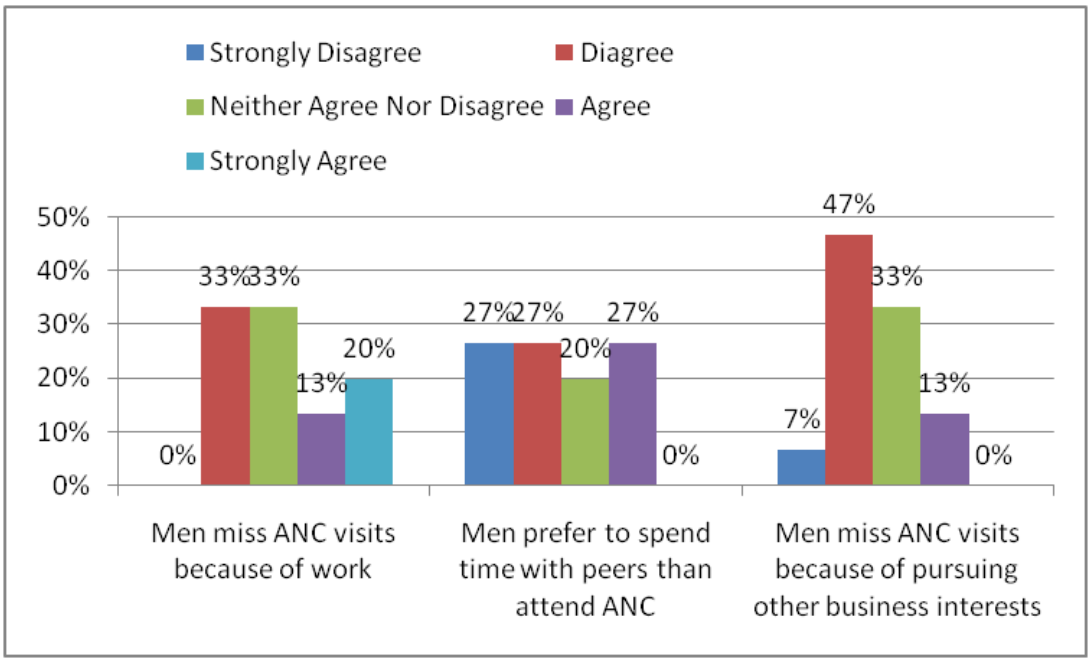

Figure 4.06 **Roles men play during pregnancy and the postpartum period**

33% of the men interviewed agreed with the statement that men do not accompany their partners for antenatal and postnatal clinics because they have to be at work. 54% of the men interviewed disagreed with the opinion that men prefer to spend time with their friends than attend antenatal and postnatal clinics with their partners. 47% of the men interviewed also disagreed with the statement that men do not accompany their partners for ANC clinic because they are pursuing other business interests.

One of the reasons given by the respondents for not being involved in the care of the newborn was because they felt that the women were better at it. One respondent was eager to wash the baby but he explained that, *"My partner was not comfortable about me washing the baby. She thought that I would be too rough. She could not trust anyone else but herself dealing with the baby"* [Male-24, 28 years, KCB]

Another respondent explained that he could not assist in washing the baby because he did not receive any training from the hospital on how to do it while another explained that he failed to take up chores postpartum because;

"*It would be really awkward if you had visitors in the house and it was the man who was doing the cooking. We have not been brought up to do this*" [Male-13, 37 years, SCB]

One respondent described his paternity leave in the following words;

"You are away from the house more than you are in. Paternity leave is a time for the man to recover. I cannot wake up at night to soothe a crying baby; the mother sleeps during the entire day so she ought to take the night shift" [Male-20, 26 years, Equity].

Respondents interviewed were of the opinion that the duty of taking care of their partner during the postpartum period should be borne by a close female relative. The reason given for this was that men are generally not wired to take care of small babies. One respondent reiterated;

"*The lady should learn how to take care of the baby. She can get help from close female relatives"* [Male-20, 26 years, Equity]

Another respondent was of the opinion that,

"*The woman can take care of herself after delivery. A week after giving birth and she has recovered. She is already on her feet and can do what needs to be done"* [Male-28, 34 years, SCB]

Most of the men who were interviewed did not take up any roles during their partner's pregnancy. Most of the respondents opted to pay someone to carry out house chores. Other respondents invited a female relative to move in with them and assist with the house chores. One respondent honestly declared,

"I hate washing. My wife did all the house work when she was pregnant." [Male-28, 34 years, SCB]

Another respondent added;

"*To be honest, for a man, being involved physically during the pregnancy is hard. I can only be involved emotionally"* [Male-13, 37 years, SCB].

Those who took up chores took up those that are deemed to be male roles like doing repairs and assisting in lifting and carrying heavy stuff. All the respondents except one took paternity leave after the baby was born. However about half of those interviewed were not able to take the leave immediately because of heavy work load in their departments. Most of the respondents took the leave more than a month after the baby was born. The respondent who was not allowed to take paternity leave was employed on a contract basis and reported that his manager did not allow him to take his paternity leave.

One of the reasons men gave for not taking up roles during pregnancy and postpartum care was the lack of information on how to do what needed to be done. One respondent reported that he did not know what kind of care the mother and newborn needed. Another barrier that was commonly quoted by the respondents was culture. Most traditions in Kenya support the separation of duties. The main duty of the man is viewed as that of being a bread winner while that of a woman is nurturing and taking care of the children. Men have also not been socialised to take care of babies. A few of the respondents reported that close relatives and sometimes even their partners discouraged them from getting involved. The study revealed that respondents felt that men who care involved in pregnancy and postpartum care are viewed as weaklings by the society.

On the question of competing interests, most of the respondents agreed that relaxing with friends was a key competing interest to their involvement in pregnancy and postpartum care. Another competing interest was work. Most of the respondents reported that they had hectic schedules which resulted into them being less involved that they would have wanted to be.

4.6 Influence of health system factors on men's involvement

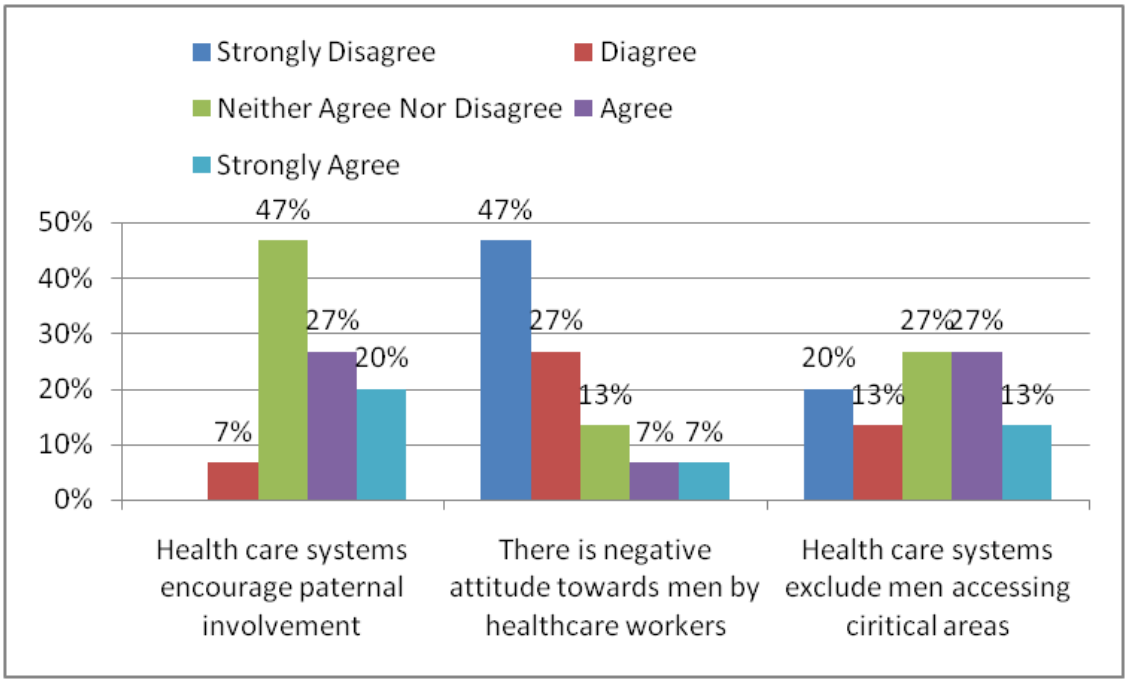

Figure 4.0.7 **Influence of healthcare factors**

Figure 4.7 shows the summary of the responses of the three questions asked to determine the influence of healthcare factors on men's involvement in pregnancy and postpartum care. From the study, only 27% of the men interviewed confirmed that health care systems frequented by bankers encourage men's involvement in pregnancy and during the postpartum period. 54% of the men interviewed agreed with the statement that there is negative attitude from health care workers towards men who accompany their wives to hospital to seek antenatal and postpartum care. 40% of the men interviewed agreed that there is a systematic exclusion in accessing critical areas where women receive health care services like the labour and the delivery rooms.

Most of the respondents described their visit to the hospital for ANC clinic as welcoming. They added that they were well received by the medical personnel.

"*The nurses and doctor encouraged me to accompany my wife for clinics as much as possible"* [Male-13, 37 years, SCB]

"The medical staff at the hospital we visited was very welcoming" [Male-30, 34 years, SCB].

However one respondent was not pleased with how he was received at the hospital.

"*The medical staff only addressed my wife and treated me like I was not there. I don't think medical staff is well trained on how to handle men who accompanied their partners for these clinics"* [Male-2, 37 years, KCB].

The study revealed that hospital structures were sometimes a barrier to paternal involvement especially during labour and delivery. Some hospitals had an open floor system that did not allow men to be present during labour since the open wards had multiple mothers. A number of respondents whose wives went into labour at night reported that they were advised to leave the hospital and come back in the morning. Two respondents reported that the doctors advised them against being present during the delivery. The reason for this according to one of the respondents was that, "they were not needed."

One of the key informants had this to say about hospital structures being barriers to paternal involvement.

"*It is important to involve men in the delivery process but this is not always possible. In the public wing of this hospital, the maternity wing is really crowded so that is completely out of question. The private wing is less crowded but it is still a bit hard to have the men in the labour and delivery rooms. In most instances, they have to wait outside*. [KI- 1, KNH]

5.0 DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents discussion, conclusion and the recommendations. The study established that there are several barriers to paternal involvement in pregnancy and postpartum care. The study also revealed that there is a degree of interplay between socio-cultural and structural forces which leads to few men being involved in their partner's pregnancy and postpartum care. Gender roles, health workers attitudes and healthcare structures, cultural practices and beliefs, lack of health education, hectic work schedules and competing interests were some of the factors leading to poor paternal involvement.

5.2 Discussion

The study set out in objective one, to describe the attitude of men in the banking sector towards their involvement in their partner's pregnancy and postpartum care. This study revealed that the male respondents knew what paternal involvement in pregnancy and post partum care necessitated. Most of the men interviewed also acknowledged the importance of their involvement during their partner's pregnancy and during the post partum period. Most of the respondents were also in support of partner's accessing and utilizing skilled maternal healthcare services during pregnancy and delivery. They were also well informed on what services their partner's receive at the antenatal clinics. The findings of this study are in agreement with Kaye et al (2014). In their study of male involvement in Uganda, Kaye et al (2014) showed that men were well informed on the importance of their participation in maternal healthcare.

Findings from this study also concur with those of by Ganle and Dery (2015) which revealed that despite the men's acknowledgement of fact that it is critical for their partner's seeking skilled care during pregnancy and delivery, most of them reported that they did not usually go with their partners to health care facilities, especially for antenatal and postnatal clinics. The responses from the men revealed that men want to play a partial role in attendance of antenatal and prenatal clinics but not be fully involved in the same. From the quantitative data collected, this study revealed the fact that men fear being ridiculed by their peers for being involved in their partner's pregnancy and postpartum care. Majority of the respondents were also of the

opinion that the decision on where to attend ANC and where to deliver the baby should be made by the woman.

The reason given for this was that men felt that pre-natal care, delivery and postnatal care all revolve around the woman and she ought to choose what is best for her. Most of the men interviewed portrayed an attitude of fear towards involvement during labour and delivery. They preferred that they take their partners to hospital and come back after the baby is born. This was mainly due to stories they had heard from their peers about the birthing experience.

The second focus of the study was to describe the roles played by men, in the banking sector, during their partner's pregnancy and postpartum care. Most of the respondents did not take up any chores connected to the care of the mother and the baby during the postpartum period. This finding was consistent with that of Dumbaugh and colleagues (2014) in their study of perceptions of, attitudes towards and barriers to male involvement in newborn care in Ghana in which many men reported that they hardly took on any tasks related to newborn care. The men reported that their main roles were to provide money for care of the family and also make decisions on where to seek care when either the baby or mother was sick.

One of the reasons given by the respondents for not being involved in the care of the newborn was because they felt that the women were better at it. A respondent reported that he was keen on helping but unfortunately he did not know what kind of care the mother and newborn needed. A study done in Nepal on the impact of including husbands in antenatal health education services on maternal health practices also revealed that most husbands had genuine interest to support their partners 'maternal health. However they faced a significant obstacle of low knowledge levels and were unsure on what roles they were expected to perform. This greatly hindered their involvement (Mullany et al, 2006).

Findings from the study revealed that men prefer to get hired help to assist during the postpartum period. Most of the chores taken up by the men during the postpartum period were those which they had been socialised into. These roles included doing repairs around the house and providing money to cater for newborn and mother's needs. Findings from the study also revealed that men were of the opinion that the duty of taking care of their partner and the

newborn during the postpartum period should be borne by a close female relative. The reason given for this was that men are generally not wired to take care of small babies.

The study also revealed that sometimes, the female partners discourage the men from being involved. The respondents reported that close female relatives frowned upon them being involved in chore like changing the baby the diaper. One respondent reported that his partner did not let him help with cleaning the baby. The study revealed that during paternity leave, most men use that time to attend to other duties that do not pertain to care of the mother or the newborn.

A major barrier to paternal involvement in pregnancy and postpartum care is the clash between the societal definitions of men's roles and obligations that comes from socialisation and the need for their participation in maternal healthcare of their partners. Most of the respondents during the IDI, reported that traditionally, men are recognised as the leaders of households and financial providers while women are responsible for nurturing and taking care of children. Most of the men interviewed reported that when growing up, pregnancy, delivery and postpartum care were seen as a female sphere. Women were considered experts in this domain and this was considered to be their responsibility.

The differentiation of roles in society also leads to men and women conforming to a particular way of doing things. According to the cultural defines roles, boys and men would not necessarily be involved in pregnancy and post partum care because this role is perceived to be a women's and a girls' role. Very few of the men who were interviewed took up household chores that are traditionally considered female roles like cooking and cleaning during their partner's pregnancy or during the postpartum period. Others felt that some roles like washing the baby and changing diapers are not roles for men.

In objective three, the study set out to explore how health system factors influence men's involvement during pregnancy and postpartum care. Most of the men interviewed accompanied their partner for at least one hospital visit. The study revealed that most health care workers were also quite appreciative of men who accompanied their wives to hospital. Most of the respondents described their visit to the hospital for ANC clinic as welcoming. They added that they were well received by the medical personnel.

This finding was contradictory to what was reported by Kaye and colleagues (2014) in which they described the hospital environment as being characterized by lack of privacy, patients being unattended and neglected by medical personell, lack of communication and updates of the patients to their partners. The study by Kaye and colleagues was carried out in Mulago hospital, which is one of the biggest hospitals in Uganda. Mulago is the national referral hospital and the teaching hospital for Makerere University. This study, on the other hand, revealed that most bankers have insurance cover for their families and are therefore able to pay the high fees charged in private hospitals, which offer quality services compared to public hospitals, in order to attract more customers.

A few respondents from this study reported that the medical staff encouraged them to go home after they had taken their partners to hospital for delivery. A number of the respondents who accompanied their partners for ANC clinic were also restricted from entering the doctor's room and had to wait at the hospital reception. Several men complained that all focus and information was directed towards their partner.

Results from the study revealed that there is systematic exclusion in accessing critical areas where women receive health care services like the labour and delivery room. The study revealed that hospital structures were sometimes a barrier to paternal involvement especially during labour and delivery. Some hospitals had an open floor system that did not allow men to be present during labour since the open wards had multiple mothers. A number of respondents whose wives went into labour at night reported that they were advised to leave the hospital and come back in the morning. These findings were consistent with those of a study by Dumbaugh et al(2014) which revealed that men are not allowed into the delivery room and in most cases they are sent back home and only came back to hospital after the baby had been born.

In addition, cultural practices and beliefs, health education and competing interests also featured in the findings. They are discussed below.

5.2.1 Cultural practices and beliefs

During this study cultural practices and beliefs were identified as being inhibitive to men's involvement in pregnancy and postpartum care. The respondents acknowledged that the roles that they have been culturally socialised into clashed with the need for them to be involved. As Ganle and Dery (2015) indicate, men are often conflicted on whether to get involved in maternal healthcare because they have been socialized that is a women's role and men's roles are those of provider and decision maker and this creates a lot of confusion for them. During the IDI men were of the opinion that it was 'unafrican' to take care of a woman who has just given birth.

One of the cultural beliefs held was that the man needs to take some time away from his wife after delivery to allow her to recover. This is consistent with findings of a study done in Nepal which revealed that some cultural beliefs acted as barriers to male involvement during pregnancy and the postpartum period (Osrin et al, 2002). As the date of birth approached for most pregnant women, they moved from their matrimonial homes and went to stay with their in-laws who were expected to support them during the labour process and during the postpartum period (Osrin et al, 2002).

The respondents were also of the opinion that the work of taking care of a woman who has just delivered should be done by a female relative. This particular finding is consistent with that found in a study by Kwambai et al (2013) in which many men reported that primarily support during pregnancy was given by women. Interestingly, men reported that their partners also kept them from being involved. Another respondent added that he was not able to take up any roles during the postpartum period because he was not brought up to do this role while another one said that he let his wife do the roles because she was better at it.

5.2.2 Lack of health education

Lack of information on matters of pregnancy, delivery and postpartum care was another barrier to male involvement in pregnancy and postpartum care. Men felt that the roles that they were expected to play during pregnancy; delivery and the postpartum period were unclear.

This finding was in line with the finding in a study by (Kaye et al, 2014) in which respondents complained that the roles that they were expected to play during pregnancy and childbirth were very unclear. The respondents highlighted that they did not know what the healthcare system expected of them and they also did not have information on what to expect especially during delivery.

5.2.3 Work and other competing interests

One of the reasons that was given by men for not accompanying their partners for antenatal and postnatal clinics was that most of the men have to work and the hectic schedule in the banking sector did not allow them time off. This finding was consistent with that in a study by Dumbaugh and colleagues (2014) in which most men reported that the primary cause for their non-involvement was due to lack of financial resources. The men reported that they had to go to work in order to make money and time taken off work had monetary implications for the family.

5.3 Conclusion

This study is one of the few studies in Kenya that has focused on exploring and identifying the barriers to paternal involvement in pregnancy and postpartum care for men in the banking sector. Findings from this study reveal that many men do acknowledge the critical need for their participation during pregnancy, childbirth and postpartum period and the advantages of their involvement in issues of maternity care. However, data collected reveals that men in the banking sector were often not involved in their partner's pregnancy and postpartum care partly because societal expectation is that men are not involved in maternal healthcare and partly because the existing health care structures not very accommodating to their involvement.

The findings underscore the need to address the barriers to paternal involvement, the need for male engagement on issues of maternal healthcare, and the need to ameliorate the medical care systems – both in terms of structures and staff attitudes towards patients - so that it serves as an encouragement for men to be more involved.

As strategies to reduce maternal and infant mortality are implemented, it is critical that the obstacles to paternal involvement are addressed so that men are more involved. Paternal involvement in pregnancy and postpartum care plays a key role of helping men's

understanding of the relevance of women's need for support during pregnancy, delivery and the postpartum period thus improving pregnancy outcomes.

5.4 Recommendations

Findings from the study reveal that although many men acknowledge the key benefits that their involvement contributes during pregnancy and postpartum care, and the benefits that accrue from this involvement, most did not proactively involve themselves. Despite the fact that there are challenges to men's active participation in pregnancy and postpartum care, there numerous chances for establishing the necessary programmatic, social and policy change interventions to get more men involved in women's reproductive health.

One of the emerging themes from this study is that there was a number of men who were quite engaged in their partner's pregnancy and postpartum care. These are men who attended several antenatal and postnatal clinics and took up roles additional household roles in order to help their partner during pregnancy. These men were present in both the labour and delivery rooms and took care of the newborn and partner in the postpartum period. These are men who need to be better equipped to ensure their full and consistent engagement.

This study makes the following recommendations.

1. Male health education should be employed as a strategy to increase the number of men who are involved in pregnancy and postpartum care. This will help to define roles and expectations for the man during pregnancy, delivery and the postpartum period.
2. Education is key to shaping and changing attitudes and perceptions of men towards their involvement in pregnancy and postpartum care. Education can therefore be used to resocialize men and help them unlearn some of the social values, beliefs, practices and norms that act as barriers to them being involved in pregnancy and postpartum care.
3. This study also revealed that overcrowding in hospitals is one of the reasons why healthcare providers have difficulties including male partners in maternal care. Hospitals need to improve on the physical infrastructure and invest in facilities that support paternal involvement in all stages of maternity care. Another recommendation is the call for

improved customer care communications in the health facilities which can be achieved through training of the medical staff.

REFERENCES

Bandura, A., D. Ross, and S.A Ross (1961). Transmission of aggression through the imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63: 575-582.

Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice Hall.

Byamugisha, R., J.K.Tumwine, N. Semiyaga, and T. Tylleskär (2010). Determinants of male involvement in the prevention of mother-to-child transmission of HIV programme in Eastern Uganda: A cross-sectional survey. *Reproductive Health*, 7, 12. Available at http://doi.org/10.1186/1742-4755-7-12. Retrieved on 03/01/2016.

Cabrera, N., C.S .Tamis-LeMonda, R.H. Bradley, S. Hofferth and M.E. Lamb (2000). Fatherhood in the Twenty-First Century. *Child Development*, 71: 127–136. Available at doi: 10.1111/1467-8624.00126. Retrieved on 10/01/2016

Dumbaugh, M., C.Tawiah-Agyemang, A. Manu, G.H. Asbroek, B. Kirkwood and Z. Hill (2014). Perceptions of, attitudes towards and barriers to male involvement in newborn care in rural Ghana, West Africa: A qualitative analysis. *BMC Pregnancy and Childbirth*, 14: 269. Available at http://doi.org/10.1186/1471-2393-14-269. Retrieved on 05/12/2015

Early, R. (2008). Men as consumers of maternity services: a contradiction in terms. *International Journal of Consumer Studies*, 25(2): 160-167.

Ganle, J. K. (2014). Addressing socio-cultural barriers to maternal healthcare in Ghana: Perspectives of women and healthcare providers. *J Womens Health*, Issues Care 3(6):2. Available at http://dx.doi.org/10.4172/2325-9795.1000171. Retrieved on 20/01/2016

Ganle, J. K., and I. Dery. (2015). "What men don't know can hurt women's health: A qualitative study of the barriers to and opportunities for men's involvement in maternal healthcare in Ghana. *Reproductive Health*, 12, 93. Available at http://doi.org/10.1186/s12978-015-0083-y. Retrieved on 12/11/2015

Greene, M, M., Manisha, J. Pelerwitz, D. Wulf, A. Bankole and S. Singh (2006). *Involving Men in Reproductive Health*: Contributions to Development. Washington, DC: Millennium Project.

Grossman, D., M. Onono, S.J. Newmann, C., Blat, E.A. Bukusi, S.B. Shade and C.R. Cohen (2013). Integration of family planning services into HIV care and treatment in Kenya: a cluster-randomized trial. *Aids*, *27:* S77-S85.

Kaye, D. K., O. Kakaire, A, Nakimuli, M.O. Osinde, S.N. Mbalinda, and N. Kakande (2014). Male involvement during pregnancy and childbirth: Men's perceptions, practices and experiences during the care for women who developed childbirth complications in Mulago Hospital, Uganda. *BMC Pregnancy and Childbirth,* 14(1) Available at doi**:** 10.1186/1471-2393-14-54. Retrieved on 13/12/2015.

Khisa, A. M., and I.K. Nyamongo (2011). What factors contribute to obstetric fistulae formation in rural Kenya? *African Journal of Midwifery & Women's Health*, *5*(2):95-100

Kim, Y.M., C. Marangwanda and A. Kols (1996). Involving men in family planning: The Zimbabwe male motivation and family planning method expansion project, 1993-1994. Baltimore: Johns Hopkins Center for Communication Programs.

Kwambai , T, S,. Dellicour, M. Desai, C. Ameh, B. Person, F. Achieng, L. Mason, K. Laserson, and F. Kuile (2013). Perspectives of men on antenatal and delivery care service utilisation in rural western Kenya a qualitative study.*BMC Pregnancy and Childbirth*, *13*(1):1. Available on doi: 10.1186/1471-2393-13-134. Retrieved on 13/01/2016.

Mangeni, J. N., A. Nwangi, S. Mbugua, and V.K. Mukthar (2014). Male involvement in maternal healthcare as a determinant of utilisation of skilled birth attendants in Kenya. *East African Medical Journal*, 89(11): 372-383.

Montgomery, C. M., V. Hosegood, J. Busza and I.M. Timaeus (2006). Men's involvement in the South African family: Engendering change in the AIDS era. *Social science & medicine*, *62*(10): 2411-2419.

Mullany, C, S., M. Becker and M. Hindin (2006). The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: Results from a randomized controlled trial. Health *Promotion International*, 22(2): 166-176.

Onyango, M, S., Owoko, M. and M. Oguttu (2010). Factors that influence male involvement in sexual and reproductive health in western Kenya: a qualitative study. *African Journal of Reproductive Health*, 14(4):32-42.

Osrin, D., K. M. Tumbahangphe, D. Shrestha, N. Mesko, B.P. Shrestha, M. K. Manandhar, and M. D.L. Anthony (2002). Cross sectional, community based study of care of newborn infants in Nepal. *BMJ*, 325(7372): 1063.

Ramirez-Ferrero, E. and M. Lusti-Narasimhan (2012). The role of men as partners and fathers in the prevention of mother-to-child transmission of HIV and in the promotion of sexual and reproductive health. *Reproductive Health Matters*, *20*(39): 103-109.

Sternberg, P and J. Hubley (2004). Evaluating men's involvement as a strategy in sexual and reproductive health promotion. *Health Promotion International*, 19 (3):389-396.

Turan , J., H. Nalbant , and A. Bulut (2001). Including expectant fathers in antenatal education programmes in Istanbul, Turkey. *Reproductive Health Matters*, 9(18): 114-125.

Terefe, A. and C. Larson (2014). Modern Contraceptive Use in Ethiopia: Does Involving Husbands Make a Difference? *American Journal of Public Health*, 18(2): 1567-1571.

United Nations (1994). *Report of the International Conference on Population and Development, Cairo, 5–13 September, 1994*. New York: United Nations.

United Nations (1996): *Report of the Fourth World Conference on Women. 4-15 Sept 1995; Beijing. New York, USA:* United Nations.

Varkey, L.C., A. Mishra, A. Das, E. Ottolenghi, D. Huntington, S. Adamchak, M.E. Khan, and F. Homan. (2004). Involving men in maternity care in India. *Frontiers in Reproductive Health*, Population Council.

Walston, N (2005). Challenges and opportunities for male involvement in reproductive health in Cambodia *Policy Project. Washington, DC, USAID*.

Wegner, M. N., E.Landry, D. Wilkinson, & J. Tzanis (1998). Men as partners in reproductive health: From issues to action. *International Family Planning Perspectives*, 24: 38-42.

World Health Organization, & UNICEF. (2014*). Trends in maternal mortality: 1990 to 2013: Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division*: Washington,DC: The World Bank.

APPENDICES

Appendix 1: Consent form

Hi, my name is Lillies Kimotho. I am a student of the University of Nairobi doing a degree in gender and development. I am currently collecting data on barriers to paternal involvement in pregnancy and postpartum care. The purpose of this study is to establish the barriers to paternal involvement in pregnancy and postpartum care. In order to get this information, I request your permission to respond to a few questions based on this topic and to share your experiences on the same. Your participation in the study is voluntary and you are free to pull out at any point during the interview.

The information obtained will purely be for the purpose of the research and will be treated with confidentiality and will be used for academic purposes only in fulfillment of my research project. During the research, you will receive no personal benefit from me for taking part of the study. However, your participation will contribute to the body of knowledge on what the barriers to paternal involvement in pregnancy and postpartum care are. The information provided by you will be used to make recommendations for policy makers and implementers on the subject. The information is likely to have a long term benefit to the world at large. I require about 30 minutes of your time.

Your assistance will be of utmost value in the success of study.

Please sign here as evidence of your informed consent.

Sign_____ Date _____

Thank you for your cooperation.

Appendix 2: Survey Questionnaire

Section A: Background information

1. What is your age bracket?

   Below 25 years [ ]

   26-30 years [ ]

   31-35 years [ ]

   36 years and above [ ]

2. What is your education level?

   Primary [ ]

   Secondary [ ]

   Undergraduate Degree [ ]

   Postgraduate Degree [ ]

3. What is your marriage relationship?

   1 Monogamous [ ]

   2 Polygamous [ ]

   3 Other (specify)…. [ ]

4. How many children do you have?

   1 Child [ ]

   2 Children [ ]

   3 Children [ ]

   More than 3 children [ ]

5. What is the age of your last born?

   Below 12 months [ ]

   Between 12 and 18 months [ ]

   Between 18 and 24 months [ ]

Section B: Assessment on the perception of men about the health care system

1. In a scale of 1-5 where 1= Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree and 5=Strongly agree, rate the statements below.

Statement	**1**	**2**	**3**	**4**	**5**
The health care system encourages men's involvement from pregnancy to postpartum period.					
There is a negative attitude from health workers towards men who accompany their wives to hospital to seek antenatal and postpartum care.					
There is systematic exclusion in accessing critical areas where women receive health care services eg labour and delivery rooms.					

Section C: Assessment on how gender roles influence paternal involvement in pregnancy and postpartum care

1. In a scale of 1-5 where 1= Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree and 5=Strongly agree, rate the statements below.

Statement	**1**	**2**	**3**	**4**	**5**
Pregnancy and postpartum care is the domain of women and men should not be involved.					
The role of the men during pregnancy and postpartum period is to only provide financial support.					
Men fear being ridiculed by other men because of their involvement in pregnancy and postpartum care.					

Section D: Assessment on how personal factors influence paternal involvement in pregnancy and postpartum care

1. In a scale of 1-5 where 1= Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree and 5=Strongly agree, rate the statements below.

Statement	**1**	**2**	**3**	**4**	**5**
Men do not accompany their wives for antenatal and postnatal clinics because they have to be at work.					
Men prefer to spend time with friends than attend antenatal and postnatal clinics with their partners.					
Men do not accompany their wives for antenatal and postnatal clinics because they are pursuing other business interests.					

Appendix 3. IDI Interview Guide

1. What do you understand by the term paternal involvement in pregnancy and post partum care?

2. What do you know about antenatal care services?

   a. What do you think is the importance of the antenatal clinic?

3. To what extent should a male partner be involved in decisions to attend ANC?

   a. Should the decision on where to attend ANC be a joint decision? Give the reason why.

   b. What is your opinion on men accompanying their partners to these clinics?

4. What has been your experience in accompanying your partner to the ANC ?

   a. How were you received by the health care workers at the ANC?

5. What roles did you take up during pregnancy?

   a. If none, what about after any other delivery?

6. What is your opinion on accompanying your partner to the hospital for delivery?

   a. What was your experience in the labor room?

   b. What was your experience in the delivery room?

   c. Would you do it again? Explain why.

7. How do you think the laws in Kenya support men's involvement in pregnancy and post partum care?

   a. What has your organization done to support this involvement?

   b. Have you taken advantage of what your organisation is offering? If not, explain why.

8. What did roles you take up during the post partum period in connection to care of the mother and newborn?

a. What are some of the barriers you experienced in regard to paternal involvement in pregnancy and postpartum care?

9 In your opinion, who should provide pregnancy and post partum care? Give reasons for your answer.

b. What do your peers discuss in regard to paternal involvement pregnancy and postpartum care

10. What personal barriers did you encounter in providing pregnancy and post partum care to your partner and baby?

a. How did you juggle between work and supporting your partner?

b. What competing interests did you encounter in regard to supporting your partner?

Appendix 4. Key Informants Interview Guide

1. **What do you think of men who are involved in their partner's reproductive health?**

    a. To what extent do you think men should be involved in their partner's reproductive health?

    b. What are your thoughts on men who accompany their wives for antenatal clinic?

    c. What is your opinion on men entering the labour room? What about the delivery room?

2. **What hospital regulations encourage paternal involvement?**
    a. How do hospitals encourage men to participate in antenatal clinic?

    b. What measures have been put in place to involve men in the labour and delivery rooms?

3. **What hospital related obstacles do you think men encounter when supporting their partners?**

a. What improvements on health care system do you think need to be made to encourage paternal involvement in pregnancy and postpartum care?