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Research Article

Pregnant women's perceptions on provision of support during Pregnancy and child birth

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Abstract

The purpose of the study was to explore and describe the pregnant women's perceptions on husbands' provision of support during pregnancy and labour in order to encourage men's participation in maternal health services with the view of improving maternal health. A purposive sample of thirty four (34) married expectant mothers aged twenty (20) to forty nine (49) years participated in four focus group discussions. The focus group discussions were conducted in at two urban health centers in Kantashi Township, Mufulira, using a focus group discussion guide. Four focus group discussions were conducted. The focus group discussions were recorded on a tape recorder. Transcription of the data was done immediately after each interview. Transcripts were coded, word for word and this resulted in an initial cording scheme. This was scrutinized for any repetitions. The findings were that most of the pregnant women reported that they wanted husbands to help them with house work and prepare for the coming baby. The women stated that they wanted husbands to support them financial to help them buy food and meet stipulated requirements at the health centers. Many reported that they would want their husbands to accompany them to health facilities for delivery; however they did want husbands to present during childbirth. Understanding pregnant women's perceptions on husbands' provision of support during pregnancy and labour may help in designing health education messages that may motivate and encourage men to participate in maternal health services provision and ultimately lead improved maternal health care services.

Keywords: childbirth, perceptions, pregnant women, Pregnancy, Provision of support, Zambia

INTRODUCTION AND BACKGROUND INFORMATION

The role of a husband in childbirth has changed significantly. Currently, men are encouraged to participate in the care of their partners from the time the pregnancy test emerges positive, getting involved in prenatal appointments, childbirth classes and following the birth being associated with father-baby groups.

Evidence shows that supporting pregnant women during antenatal period labour and delivery has a positive outcomes and the notable one include improvement of expectant mothers' access to health care including their well-being and their family (Cooper, 2005; UNFPA, 2004). The type of support provided to expectant and labouring women is in various categories such as emotional or empathetic support, husbands accompanying the women to the antenatal clinic, being present during antenatal visits and in labour, giving encouragement, encouraging and validating behaviour according to professional advice, soothing and touching and social support such as providing help with household chores, giving tangible support and taking care of baby-related preparations (Corbett and Callister, 2000). There are many benefits of such support which include having higher self esteem; better health; reduction in the duration of labour, anxiety and

operative deliveries and quick development of a more responsive and affective relations with the newborn and improvement in maternal nutrition (Kennell, 2000).

STATEMENT OF THE PROBLEM

Maternal health services in Zambia are provided by the Government, Private and some Christian organizations through public health programmes. However, priorities of these public health programmes in the domain of safe motherhood and reproductive health have had minimal involvement of husbands as end beneficiaries notwithstanding the fact that husbands are key decision makers in homes (CBoH, 2003). Zambia has a very high maternal mortality ratio of 549 per 100,000 live births (CSO, 2007). The high maternal mortality may be attributed to many factors and husbands support such as provision of transport and deciding when to seek medical help could be one of them (CSO, 2007).

Overall antenatal attendance in Zambia is 93% but health facility deliveries in stands at 52% (CSO, 2007). Antenatal attendance in Mufulira is 72% which is below the national coverage of 93% reported by the Central Statistical office and supervised deliveries are reported to be about 40% (Mufulira District Health Management Team, 2007). This implies that there is underutilization of these services.

Lack of male involvement in maternal health services has prompted the researcher to explore pregnant women's perceptions on provision of support during pregnancy and childbirth. Knowledge of women's perceptions increases health workers understanding of their expectations relating to provision of maternity care and male involvement in such services. Therefore, examining pregnant women's perceptions on husbands' provision of support during pregnancy and labour may help in designing health education messages that may help to motivate and encourage men to participate in maternal health services provision and this may ultimately lead improved maternal health.

PURPOSE OF THE STUDY

The purpose of the study was to explore the pregnant women's perceptions on husbands' provision of support during pregnancy and labour with a view of encouraging men's participation in maternal health services ultimately leading improved maternal health.

RESEARCH METHODOLOGY

Design and setting

This was a descriptive exploratory qualitative study conducted in Kantashi Township in Mufulira District Mufulira district is situated in the northern part of the Copper belt Province of Zambia and has a total population of 143, 930 and male population is 72, 526. The District has two public and one private hospital and twenty Health centers. All the hospitals and Health centers provide maternal health services. Mufulira district has six townships including Kantashi which is serviced by four health centers.

Study population

The target population consisted of all married pregnant women residing in Kantashi Township in Mufulira District. Pregnant who visited the Health centers for antenatal care were invited to participate in the study. The inclusion criteria were that participants should be:

- married and pregnant
- between 20 and 49 years
- willing to participate in the study
- using the specific Health centers for antenatal care and
- residing in Kantashi township, Mufulira district

Sample methods

Purposive sampling of thirty four (34) married pregnant women who met the inclusion criteria were selected to participate in study.

Ethical considerations

The study was approved by the University of Zambia Research Ethics Committee. Permission was also obtained from the Mufulira district council, the District Health Management Team, and the Health center in charges. Participants were provided with background information about the study and the purpose of the study. Participants were informed that participation in the study was voluntary and that they could withdraw at any time should they require doing so. Written consent was obtained from the research participants prior to data collection. They were assured of confidentiality and throughout the study, anonymity was maintained. No manes were used and no one could trace raw data to any specific participant and the information was kept locked up. Only the research team had access to raw data. Two fieldworkers were trained about ethical issues such as mutual respect, maintenance of confidentiality and data collection procedures.

Data collection

Data were collected using a focus group discussion guide. Four focus group discussion were conducted in private and tape recorded. Each interview took about 30-45 minutes until data saturation occurred.

Trustworthiness of the study was ensure through addressing issues of transferability, credibility, dependability and conformability of the results (Polit et al., 2001). Transferability was ensured by thick description of the participants' characteristics, the research setting and processes of inquiry. Credibility was ensured through asking participants to provide their opinions about providing of support during pregnancy and labour and delivery by husbands. To ensure dependability, the investigators documented all the raw data.

ANALYSIS AND DISCUSSION OF RESEARCH RESULTS

Qualitative data from the focus group discussions were collected and analysed concurrently using content analysis. Transcription of the data was done immediately after each interview. Transcripts were coded, word for word and this resulted in an initial cording scheme. This was scrutinized for any repetitions.

Socio Demographic Characteristics

Thirty–four married pregnant women (n=34) participated in the focus group discussions, all participants were 20-49 years of age. Many participants (74%) were within the age group 20-29 years, half had attained secondary school education (50%), their parity ranged from 1- 4 (79%) and were unemployed (85.2%).

Table 1. Participants socio demographic characteristics (n=34)

Characteristic	Frequency	Percent
Age group (years)		
20-29	25	74
30-29	8	24
40-49	1	3
Total	34	100
Educational level		
Primary	15	44
Secondary	17	50
College	2	6
Total	34	100
Number of children		
None	4	12
1-4	27	79
5-8	3	9
Total	34	100
Employment status		
Unemployed	29	85.2
Self employed	2	6
Formally employed	3	8.8
Total	34	100

The themes that emerged from the data analysis were support during pregnancy, support during labour and support during delivery.

Support during pregnancy

Participants reported that the presence of husbands at home was a source of support because the husbands could help them with household chores and this provided an opportunity for improved communication. “*This is the time we need them (husbands) around so that we discuss with them our needs and concerns and can help with some household chores.*

Provision of emotional and financial support were expressed as a supportive behaviour that the women appreciated “*He should cheer you up when you are down, encourage you encourage by telling you not worry and should not be impatient.”I would like him to support me financially for example he should buy all the requirements for the baby, pay bills at home and provide food. A pregnant woman needs to eat different types of foods.”*

Many women expect husbands to participate in the preparation for the new baby such buying the layette or providing them with money to purchase the baby layette, for example, one participant offered the following comment about financial support from the husband. “I *want him to buy baby items for the baby or he gives me money to buy. This makes me feel good because it shows that he is concerned about my situation”.*

Most women stated husbands did not accompany wives to the antenatal clinic because antenatal care is considered a woman’s responsibility, this reflected in this participant’s comment:” *Men accompanying their wives to the antenatal clinic!! They antenatal clinic be specifically for women.” Some men are afraid to attend antenatal clinic because they afraid that they will be tested for HIV and told that they are positive.”*

Support during labour and delivery

The women reported that they would like their husbands to be present when labour starts but some expressed reservations for the husbands to be present in the labour suite during delivery. *He should look for transport to take me to the health facility and accompany me but should not enter the delivery room.”*

DISCUSSION OF FINDINGS

In this study, the women’s perception of support during the antenatal period included assistance with some chores and make preparations for the baby. In order to promote fetal growth and better fetal outcome, pregnant women require plenty of rest and should avoid lifting heavy load which can predispose them to premature labour.

Many participants indicated that husbands should provide emotional support to their wives during pregnancy. This could be attributed to the fact that during pregnancy, women experience emotional changes and become emotional labile throughout pregnancy owing to fluctuations as well as increased anxiety. The pregnant woman develops fears about her own physical vulnerability and that of the fetus, worries about the anticipated pain, changes in relationships, and the responsibilities of parenthood (Raynor and Modiba, 2012).

The other form of support that pregnant women stated husbands should provide was financial support. This implies that men are regarded as breadwinners. Since most of the women in this in this study were not in formal employment, they dependent solely on their husbands for provision of basic needs, transportation to health facilities and purchasing requisites for the newborn.

The women in the current study were of the view that husbands should accompany pregnant women to the health facility when in labour. This may be because men have decision making power within the household, influence the decision to seek medical help and make arrangements for transporting a woman in labour.

The presence of a companion during labour and child birth is promoted and encouraged (Davis-Floyd et al. 2009). The companion can either be a husband, female family member, friend or a doula. Doulas are lay women who have received special training to provide nonmedical support to women and families during labour, childbirth and the postpartum period (Kayne et al., 2001). The current study findings suggest that women do not want husbands to be present during childbirth. This could be attributed to the fact that traditionally men are not involved in child birth because there is a belief that men’s presence will make labour pain worse or prolong labour. However, Sapkota et al. (2012) in Nepal found that women who gave birth with their husbands support felt in control during labour during labour. In addition, other studies have shown that the presence of a doula enhanced the women’s feelings of emotional support and care during labour, enhanced early attachment behaviours and increased self confidence (Hoddnett, 1999; Scott et al., 1999).

CONCLUSION AND RECOMMENDATIONS

This study provides evidence about pregnant women’s perceptions on provision of support during pregnancy and childbirth by husbands in Mufulira urban district of Zambia. The expectant women stated that they wanted their husbands

to be present at home to help with housework and preparations for the baby. They reported that they would want emotional and financial support from the husbands. Most women reported that they would want their husbands to accompany them to the health facility when labour commences but would not want their husbands to be present at birth. Fulfilling women's expectations about pregnancy and childbirth can increase women's satisfaction with their pregnancy and birth experiences. Further studies can help maternity health care professionals about women's expectations.

LIMITATIONS OF THE STUDY

The results cannot be generalized to the rest of the country because of the small sample size. The perceptions of women who were eligible but did not participate in the study may be quite different from those described in the present sample.

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