

THESIS ABSTRACT

Master of Public Health

Adventist University of Africa

School of Postgraduate Studies

Title: EXPLORATORY DESCRIPTIVE QUALITATIVE RESEARCH
OF FACTORS INFLUENCING MALE INVOLVEMENT
IN ANTENATAL CARE SERVICES AT MANGOCHI
DISTRICT HOSPITAL, MALAWI

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Male involvement in antenatal care services is currently being encouraged in most Sub-Saharan countries, including Malawi, as an approach to address maternal mortality. Despite the benefits associated with men attending ANC services, in Sub-Saharan Africa, the involvement of male spouses in ANC services is low, with attendance rates ranging from 5% to 31%. About two-thirds of men in the region (61.7%) visit the clinics only once. Malawian men also rarely attend ANC services with their partners ranging from 3.2% to 19%.

However, documentation on the reasons for the low male involvement in the country is scanty. The purpose of this research is to explore factors influencing male attendance in antenatal care services during pregnancy at Mangochi District Hospital, Malawi. An exploratory descriptive qualitative research design was employed to explore factors influencing the involvement of male partners in antenatal care services

during pregnancy. Using purposive sampling, the research recruited 40 participants which included couples attending ANC services, pregnant women whose male spouses were not attending ANC services and staff nurses providing ANC services.

Focus group discussions, in-depth interviews, and key-informant interviews were used to collect data, using semi-structured interview guides with probes. The research used thematic analysis to analyse data by emerging themes and their sub-themes. Among others, the research findings revealed that social and structural factors including men's perceived benefits of their spouses' ANC attendance, societal and cultural expectations, socioeconomic barriers special treatment which women receive when they are escorted by their male spouses, attitude of health care providers prior ANC preparations, distance to the antenatal clinic, time spent at ANC clinic and unfriendly facility environment are key factors influencing male partner participation in ANC.

These factors either promote or hinders men from attending their spouses' ANC visits, as they would directly and indirectly affect men's attitudes and subjective norms towards their participation in ANC services. However, the special treatment which women receive when they are escorted by their male spouses greatly motivate men to be attending ANC services at Mangochi district hospital. The research then recommends that addressing these social and structural factors would improve pregnancy outcomes and ultimately reducing preventable maternal deaths.

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A thesis

presented in partial fulfillment

of the requirements for the degree

Master of Public Health

by

Ida Gwengwe

May 2025

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APPROVAL BY THE COMMITTEE:



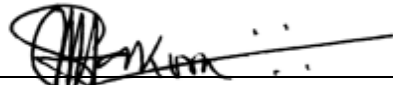
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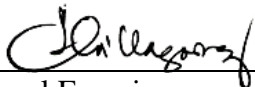
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Dedicated to Almighty God, and my lovely daughters – Tadala, Tayamika and Tamando, who motivated, supported and encouraged me in every way to achieve my goal.

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CHAPTER 1

INTRODUCTION

This section gives an overview of the research. It starts with the background of the research, highlighting the benefits of male participation in antenatal care (ANC) and the challenges faced in achieving it, particularly in sub-Saharan African contexts such as Malawi. It then presents the problem statement, which outlines the gap in male involvement in ANC services despite existing interventions.

The purpose of the research and the specific research questions that guided the investigation are also discussed. Furthermore, the chapter outlines the significance of the research, emphasizing its potential contribution to maternal health strategies and policy formulation. Lastly, the scope and limitations of the research are presented, defining the boundaries within which the research was conducted and acknowledging potential constraints.

Background to the Research

Male partner involvement in antenatal care (ANC) services requires male partners to take part in all expected ANC services to ensure the health outcome of pregnancies (Muia et al., 2022; Yargawa & Leonardi-Bee, 2015). In 2015, World Health Organization (WHO) proposed that male partners should attend all eight ANC visits with their pregnant spouses to ensure the health and wellbeing of mothers and their unborn babies (Lewis et al., 2015; Masaba & Mmusi-Phetoe, 2020; WHO, 2017). During ANC visits, male partners and their pregnant partners are expected to

participate in activities such as health talks, physical examinations, and antenatal check-ups, HIV counselling and testing, to ensure safe pregnancy outcomes. Besides, male partners are expected to record all the antenatal clinic appointments, and support with transportation to the antenatal clinics (Morgan et al., 2022).

Currently male spouse involvement in ANC services is being encouraged as beneficial to pregnancy outcomes (Aarnio, 2019; Lewis et al., 2015). Globally, male partners have been reported to have a great impact in influencing access to health care at family level (Sharma et al., 2018). Some of the benefits of male partner involvement in ANC services indicated by different studies include timely ANC visits, timely health care seeking, and following guidance as well as counselling on HIV services (Assaf & Lendo, 2018; B. H. Mohammed et al., 2019; Tokhi et al., 2018).

Despite this, several studies (Gopal et al., 2020) indicated that male involvement in antenatal care services is still low in most African countries where maternal deaths are on the higher side (Cheng et al., 2016; Falade-Fatila & Adebayo, 2020; Kabanga et al., 2019; Mamo et al., 2021; Natai et al., 2020; Rahman et al., 2018; Singh et al., 2021; WHO, 2023). To concur, Moyo et al (2024), found that very few males (5% to 31%) are involved in ANC services, while (Gibore et al., 2019). In his research revealed that 45.7% of men escort their spouses to ANC services.

On the contrary, Alemi et al (2021) indicated that male partner involvement in ANC services was higher (69.4%) in other developing countries like Afghanistan than in Sub-Saharan Africa. Worse still, other literature shows that majority of males (61.7%) in the Sub-Saharan region who escort their pregnant partners to ANC clinics in the sub-Saharan region participate in only one visit (Natai et al., 2020).

In Malawi, despite being encouraged, male partner involvement in ANC is also on the lower side ranging from 3.2% to 19%, with majority of them participating in only one ANC visit (Manda-Taylor et al., 2017; Mkandawire & Hendriks, 2018; Nyondo et al., 2015, 2015; Sakala et al., 2021; Sharma et al., 2018).

While male involvement in antenatal care services is commonly generally low in the Africa countries of the Sub-Sahara region, a number of studies have revealed its benefits to pregnancy outcomes (Suandi et al., 2020). In addition, Odeny et al (2019), revealed linked male participation in ANC to timely starting of ANC services, completing all expected ANC visits, prompt decisions to seek health care when necessary (Chikalipo et al., 2018). Sakala et al (2021) also documented that male partner participation in ANC services results in healthy pregnancy outcomes.

Furthermore, other studies revealed male partner participation in ANC services may result in positive and pregnancy outcomes and increased prevention of mother to child transmission of HIV (Assaf & Lendo, 2018; B. H. Mohammed et al., 2019; Odeny et al., 2019; Tokhi et al., 2018).

Studies have however revealed that male partner participation in antenatal care services is influenced by sociocultural, socioeconomical and facility associated aspects (Annoon et al., 2020; Muheirwe & Nuhu, 2019; Suandi et al., 2020; Tantu et al., 2019). For example, in a certain that was done in Dodoma, Tanzania, it was observed that male partner involvement in antenatal care services was influenced by men accessing ANC information, religious affiliation, occupation, tribe, time spent at the ANC clinic and attitude of health care workers (Gibore et al., 2019). Similarly, another research found that men's attitude, not involving men when examining their wives, marital status, lack of invitation to the examination room, education level of men and complications during pregnancy in Ethiopia had presented significant

influence over male partner involvement in ANC services (Muhabaw et al., 2024).

This implies that while striving to involve men in antenatal care services, much effort should also be directed at addressing such factors that have the potential to motivate or demotivate them.

Problem Statement

Men participation in antenatal care services is being encouraged most African countries including Malawi to help reduce maternal mortality (Mamba et al., 2017; Mkandawire & Hendriks, 2018; Soko et al., 2021). The strategy also aligns with efforts to achieve global sustainable development Goals 3.1 and 3.2 in Malawi (Mamba et al., 2017; Mkandawire & Hendriks, 2018; Nyondo et al., 2015; Soko et al., 2021).

Studies have revealed that male partner involvement in ANC has resulted in improved adherence to the WHO's recommended eight antenatal visits, increased financial support for accessing services by pregnant women, higher uptake of maternal and newborn health care services, and reduced preventable deaths (Chikalipo et al., 2018; Greenspan et al., 2019; Mkandawire & Hendriks, 2018). In contrast, low involvement of men in ANC services is reported to have contributed to increased unhealthy pregnancy outcomes linked to delayed decision making by men for timely and skilled facility interventions to pregnant women (Chasowa et al., 2015; Guspianto et al., 2022).

Despite the benefits associated with men escorting their wives to attend antenatal care are few in Malawi, with their participation ranging from 3.2% to 19% (Guspianto et al., 2022; Kumbeni et al., 2019; Mamba et al., 2017; Muheirwe & Nuhu, 2019; Muloongo et al., 2019; Natai et al., 2020; Nyang'au et al., 2021; Nyondo et al., 2015; Peneza & Maluka, 2018; Zakaria et al., 2021). There are also reported

low rates of couple attendance at Mangochi District Hospital, with most men only attending the first ANC visit (Peneza & Maluka, 2018). However, the reasons behind men's infrequent involvement in ANC services with their spouses, as well as the factors that might encourage or demotivate their involvement in Mangochi are unknown.

In Sub-Saharan Africa, many research findings indicated the need for contextualized facilitators as well as barriers of men attending ANC services with their partners in different sociocultural settings (Guspiano et al., 2022; Moyo et al., 2024; Muhabaw et al., 2024; Natai et al., 2020), hence this research.

Purpose of the Research

The aim of this research was to explore the factors that influence male partner attendance in ANC services during pregnancy at Mangochi District Hospital, Malawi. The research also aimed to explore knowledge and understanding that may help draw strategies and policies to promote male partner involvement in ANC in the district.

Research Questions

The following questions were answered in this research:

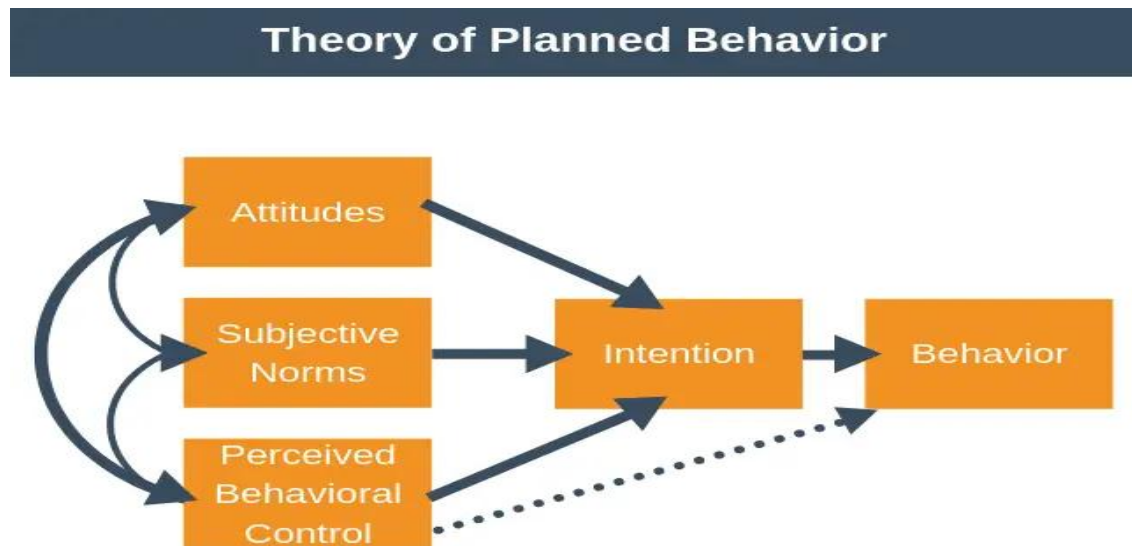
1. How do male partners describe the factors that motivate their decision to escort their spouses to ANC services?
2. How do male partners describe the factors that hinder their decision to escort their spouses to ANC services?
3. How do women influence their spouses' participation in antenatal care during their pregnancy?
4. How does the health facility enhance or hinder male partner participation in ANC services?

Theoretical Framework

Theory of planned behavior (TPB) was used in this research. This theory was developed by Ajzen (1991). The theory of planned behavior states that behaviour of individuals is influenced by their attitudes, subjective norms, and perceived behavioural control, as shown in Figure 1.

Figure 1.

Theory of Planned Behaviour



Attitude describes the feelings or beliefs people have towards something. Attitude may be positive or negative, and that one considers before adopts behavior.

Perceived behavioral control describes how easy or difficult an individual finds to perform a certain behavior, depending on the availability of their past experience, resources and capability.

Subjective norms suggests how individuals believe people around them think, values, views or believe they should or should not do something.

In this research, only two constructs which are male partners' attitudes and subjective norms were used to explore the factors that influence the participation of men antenatal care. The reserach argued that the male partners' attitudes, and subjective norms, towards male involvement in ANC play a part in men's decision to escort their spouses to antenatal care. Therefore, in this research, this theory assumed that male partners decides intentionally to participate in ANC services, influenced by their attitudes and subjective norms. These factors form the basis on whether or not to participate in ANC services. Furthemore, this implied that male partners would have the intentions to be involved in ANC services if their communal norm approves men to participate in ANC services. On the other hand, the presence of cultural norms that hinder men to take part in antenatal care would greatly affect the intention of male partners not to take part in ANC services.

In this research, the theory also implied that men are more likely to be willing to take part in ANC services if they have stronger intention to take part. The presence of stronger intention to escort their spouses to antenatal care translated into the real behavior of men being involved in ANC services.

Significance/Rationale of the Research

The research was considered significant to bedone to address gaps and answer questions about male involvement in ANCs. The research has components which are of benefit to the participants, health professionals, public health professionals, ministry of health and researchers. Below is a discussion of how each area mentioned significantly benefits from this research.

1. **To participants:** The findings and recommendations of this research benefit families and communities in acquiring the benefits of involvement of men in ANC services. Male partners have a platform to understand what are likely to gain if

they commit to attending ANCs. This has a likelihood of greatly improving male involvement in ANCs.

2. **To Health professionals:** The research findings and recommendations help health facilities in strategizing for male involvement. The research has identified health facility factors which can be implemented to increase male involvement in ANCs. Furthermore, the research has also identified conducts among health facility staff which can motivate men to be attending ANCs.
3. **To Public Health Professional:** The research findings and recommendations of this research help the public health professions to improve on the implementation on male involvement in ANC clinics. The professionals will always have appropriate, and effective evidence-based male involvement strategies in antenatal care clinics. Through this reserach, the public health professionals are now more likely to improve male involvement than before this research was done.
4. **To Ministry of Health:** The research findings and recommendations help Ministry of Health in policy making. The ministry will be able to make evidence-based policies regarding men's participation in ANC services. For example the Ministry would use the results to ensure that ANC clinics are male friendly so that men should not feel ashamed when escorting their wives for ANC services. This will result in effectively having more men being involved in maternal health.
5. **To researchers:** Findings and recommendations of this research contributes to the existing knowledge gap. Researchers now will be able to understand the facts concerning male involvement and learn from the knowledge provided by this research. Additionally, researchers will identify other gaps which can significantly improve this knowledge.

Scope and Limitations of the research

This section provides an overview of the boundaries as well as limitations of the research. In terms of scope, the researcher explains what the research has covered, while on the limitations, the researcher has explained challenges which were faced in the course of the research which could significantly affect the quality of research.

Below is the discussion of the scope and limitations.

The research participants included pregnant women who were escorted by their spouses to the antenatal clinic, pregnant women who were not escorted by their spouses to ANC clinics but attend ANC clinics, and health service providers working in the ANC clinics for two year or above at Mangochi District Hospital. Pregnant women who were at the time of data collection admitted in the hospital and male

partners who were with/visited their pregnant spouses while admitted in the hospital were excluded from the research. Pregnant females who were not married were also not included in the research.

In addition, the research included only one health facility, Mangochi District Hospital because it is the only facility with a large population size of women who attend ANC from diverse contexts in the district. Therefore, it was the only point to collect information from diverse people in the district.

Limitations

There are three limitations to this research namely, potential researcher subjectivity in interpreting the data, recall bias related to self-reported data and limited generalizability of the findings. The subjectivity would have happened if the researcher would have influenced the findings with her views, and preconceptions

To mitigate researcher subjectivity the researcher employed various strategies such as reflexivity (being aware of the researcher's roles in all the related activities, examining her own assumptions, values, beliefs and pre-conceptions and how to prevent these from influencing data interpretation), peer debriefing, (the researcher shared results with some research supervisors and experts where feedback was documented, changes were incorporated into the research, and triangulation of data collection methods to ensure unbiased representations of participants' perspectives. In addition, the research involved more than one person in data collection and analysis, and kept a detailed record of all research activities.

Researcher reflexivity describes the examination of the researcher's own values and beliefs and how these could affect the research results. The researcher bias could have occurred if the researcher's values and expectations would have influenced the data collection and analysis processes. To mitigate this bias, the researcher

developed a thorough research plan that ensured that the researcher remain aware of the potential for bias in every part of the process. Including sampling, data collection, and analysis and data interpretation. To mitigate researcher's bias, the researcher ensured that she was deliberately acknowledging her personal biases, preconceptions, prior experiences, assumptions and beliefs throughout the research process to ensure that these could not affect the results. The researcher was also noting any non-verbal communications from the participants during the data collection sessions. If some areas of the information were not clear to the participants during interviews, the researcher was rephrasing the questions for the participants to understand. Where such unclarity was identified during data analysis, the researcher was consulting some of the participants to clarify on a particular issue.

With recall bias, participants could have been struggling to accurately recall past experiences related to ANC attendance, especially if their involvement occurred months or years before the research. To counter the recall bias associated with self-reported data, the researcher ensured anonymity and confidentiality during the data collection processes. In addition, the researcher conducted interviews on the days of the pregnant women's appointments to ensure fresh memory. The researcher also used open-ended questions that allowed participants to reconstruct events naturally rather than relying on specific dates or details. In addition, participants, especially men, could provide responses that they believed were socially acceptable rather than their true experiences or opinions, which could affect the accuracy of the findings. To mitigate this, the researcher assured participants of confidentiality and anonymity to encourage honest responses. The researcher also used indirect questioning techniques to reduce pressure on participants to provide socially desirable answers. Lastly, the

researcher triangulated the data by comparing responses from different sources, such as in-depth interviews, focused groups, spouse interviews, and key informants.

Geographically, as the research focused on one health facility (Mangochi District Hospital), the findings may not be fully representative of other regions or healthcare settings in Malawi with different cultural or socioeconomic dynamics. To mitigate the limited generalization of the research findings, the researcher used purposive sampling to include participants from various backgrounds (e.g., different ages, education levels, and socioeconomic statuses) to enhance the richness of data and ensure transferability of findings in similar contexts and settings of She also clearly defined the research scope and acknowledged its contextual limitations when interpreting findings.

Operational Definition of Terms

This section provides the important terms used operationally used in the research:

Antenatal care (ANC): “Is the timely, appropriate, and evidence-based care provided by qualified health workers to pregnant women throughout their prenatal period to prevent complications during pregnancy and childbirth”(Paudel et al., 2017, p. 12).

District hospital: “A secondary level health care setting, which is situated at district level, and it provides all the primary health care services in addition to a few more such as X-ray, operating theatre, laboratory, and referrals from health centres in the district, and referrals to a central level hospital” (National Statistical Office of Malawi, 2016, p. 2).

Factors: In this research, factors are considered anything that affect the decision of men to escort their pregnant spouses to antenatal care (Sharma et al., 2018).

Male involvement in ANC services: In this research, refers to male partners escorting their pregnant partners to antenatal care clinics, participate in all the antenatal care services provided at the clinic, discusses and make joint decisions as a couple regarding ANC services.

Mangochi District: “Is a rural district, and the second largest district in the South-Eastern Region of Malawi. It is located near the southern part of Lake Malawi” (National Statistical Office of Malawi, 2016, p. 4).

CHAPTER 2

LITERATURE REVIEW

This chapter provides an overview of studies related to factors influencing the involvement of male partners in ANC services. Literature review provides a systematic analysis of the studies done by others on a specific topic (Tokhi et al., 2018). According to Aarnio (2019), the analysis of other research papers provides an insight on what other researchers have already done in the topic, highlighting areas of further research on the same. In this research, the review of other related studies was guided by Medline, PubMed, JSTOR, Central, ResearchGate and Google Scholar. Studies that were included in the analysis were those related to male partner involvement in antenatal care services from 2015 to 2025.

Status of Men Involvement in ANC Services

Men involvement in antenatal care participation in ANC services is generally low in many developing countries whose maternal mortality is high (Falade-Fatila & Adebayo, 2020; Mamo et al., 2021; Natai et al., 2020; Rahman et al., 2018; Sao et al., 2024; Singh et al., 2021). In most Sub-Saharan countries, few men (5% to 31%) escort their spouses to ANC services with exceptions in Tanzania especially in Mbeya, Dar es Salaam, and Dodoma regions where the prevalence of male participation were 57%, 69% and 63.4%, respectively (Gibore et al., 2019; Kabanga et al., 2019; Mapunda et al., 2022). Another research by Natai et al (2020) revealed

that further related studies may focus on understanding reasons for the low ANC attendance among men in different contexts.

Motivating and Hindering Factors Influencing Men's Attendance at Antenatal Care with Their Spouses

Sociodemographic and sociocultural factors are key influencers that affect men decide participating antenatal clinics (S. Mohammed et al., 2020). Several studies have so far revealed a number of factors that affect men's decision to escort their pregnant spouses to antenatal care in Africa. This section discusses some of these factors.

Sociodemographic Factors

Attendance of Men at ANCs is associated with some particular sociodemographic factors which include age, marital status and type of marriage, education, occupation, income levels, and area of residence. The discussion of these factors clearly indicates the kind of the sociodemographic factors that would increase the likelihood of men to be attending ANCs. Therefore, below is a discussion of the sociodemographic factors which influence men to be attending ANCs.

Age. Age is one of the detrimental factors contributing to motivation of men to be attending antenatal clinics. The interest of men to be attending ANCs increases with increase in age. For example, a descriptive research in Kenya showed that majority of male partners who attended ANC services with their pregnant spouses were above 25 years old (Ongeso & Okoth, 2018), while another research in Ghana by Kumbeni et al (2019) which recruited 420 men indicated that men in the age ranges of 31-40 and 41-50 years were 1.29 and 2.91 times, respectively, increased likelihood of escorting their spouses to antenatal care as compared to those within 20-30 years. These studies confirm that motivation of men increases with age. However,

motivation of men to attend ANC clinic does not continuously increase. There is a point at which the motivation levels off and, then, drops.

Kumbeni et al (2019) in their research observed a drop in attendance in the age range of 50-60 years compared the ones aged 20-30 years. These studies show that male involvement in antenatal care services increases with increase in age until 31 to 50 years, and then, the level of male participation drops with further increase in age. However, there is a dearth of knowledge to explain what could be the possible causes of changes of motivation due to age, and that there is limited information about ages of men who would be motivated to be involved in ANC clinics in the case of Malawi

Marital status and type of marriage. Marital status may also affect the participation of men in ANC services. There is clear evidence that married couples have more male partners attending antenatal clinics than those who are not married. Observations from another research by Onyango et al (2010) in Kenya among 2110 expectant mothers found that, married pregnant women were more likely to be escorted to ANC services by their spouses as compared to pregnant women who were not married. Similarly, S. Mohammed et al (2020) in their cross-sectional research in Ghana done among 300 pregnant women also indicated that male partner involvement in antenatal care was high in married men compared to those who were not married. These two studies clearly demonstrate the role that marriage and cohabitation play in motivating men to be attending antenatal clinics. This could be right to assume that marriage and cohabitation exert a greater influence in motivating men to attend antenatal clinics than the unmarried.

On the other hand, evidence show that the type of marriage also plays a role in motivating men to be involved in antenatal clinic. There are two forms of marriage which significantly play a role in motivating men to be attending antenatal clinics, and

they include polygamous and monogamous marriages. Among these types of marriages, monogamous partners and cohabiting men are reported to have been more likely to attend ANC than polygamous partners (Annoon et al., 2020). This fact was clearly evident in a qualitative research done in southern Mozambique among health policy makers, health care providers and couples. The research found that relationship in polygamous family was complex, and it made male involvement in ANC services difficult since it was difficult to treat all wives the same as per the rule that “all wives should be treated the same” (Galle et al., 2025).

This evidence clearly suggests that areas promoting monogamous marriages are more likely to have men attending ANCs than areas with polygamous marriages. However, it is right to conclude that marital status is a key factor in motivating men to be attending antenatal clinics. In the context of Malawi, there is a gap of knowledge that explains how marriage types would affect the decision of men to escort their spouses to ANC services.

Level of education. Level of education is on the sociodemographic characteristics which influence men to be attending antenatal clinic. Evidence indicates that number of men attending antenatal clinic increases with increase in the levels of education. This was observed in a qualitative research by Sharma et al (2018) in Nepal among qualified teachers and health workers that higher education levels were associated with men attending ANC services. In agreement, other studies conducted in Kenya and Uganda found that men with low education levels were less likely to escort their spouses than those with higher educational levels (Muheirwe & Nuhu, 2019; Ongeso & Okoth, 2018).

The same was observed in a research done in Ethiopia which found that majority of men who escorted their spouses to antenatal care had attained secondary

education or above (Muhabaw et al., 2024). This suggests that literacy levels in a country would greatly influence men understanding the importance of ANC services which is likely to improve levels of male partners escorting their spouses to ANC services.

Occupation. Occupation is also another factor which influence male participation in the antenatal clinics. Studies have also shown that occupation greatly influence male participation in ANC services, such that, men involved in self-employment and informal income generating activities were more likely to attend ANCs than those formally employed. Evidence from Nepal among 2178 married males in 2010 showed that majority of men who attended antenatal care with their spouses were either self or not employed. The research further found that men who were self-employed had higher involvement in ANC services than men who were employed by other people (Sao et al., 2024). Another research done in Eastern Uganda presented some of the formal employments which prevented men to attend antenatal clinics. The research was done among 388 men aged 18 years and more, and they reported that men who were taxi drivers participated less in antenatal care compared to farmers and labourers (Audet et al., 2016). This behaviour could be linked to the concerns about losing income or jobs if they take time off to attend couple antenatal clinics (Sao et al., 2024). It could be right to conclude that formally employed male partners are less likely to be attending antenatal care services. There is a dearth of knowledge to check if this is a cross-cutting issue.

Income. Levels of income is may also affect men's decision to escort their spouses to ANC services. Evidence clearly shows that low income levels is associated with low levels of male participation in ANC services. For example, a research done in India reported that male involvement in ANC services was increasing with increase in income (Pandey et al., 2023). This clearly suggests that low socioeconomic status

has a contribution to low levels of male attendance in ANCs, such that, improving economic status among people would improve attendance by eliminating socioeconomic barriers. This was also observed in a cross-sectional research that targeted 2110 expectant mothers at Kenyatta National Hospital in Kenya. The research showed that cost of transport to be used in accompanying spouses to ANC clinic was a barrier and resulted in low male partner participation ANC (Onyango et al., 2010).

Additionally, a qualitative research conducted by Ganle and Dery (2015) explored the barriers to and opportunities for men's involvement in maternal healthcare. The research identified financial constraint as a challenge for men to escort their spouses to ANC. This is because the travel cost to and from the ANC was high as such some men could not afford to arrange transport for both the woman and them.

Place of residence. Place of residence may affect men's decision to escort their spouses to antenatal care. Evidence indicates that men from urban areas participate in ANC more than men in rural areas. A cross-sectional research in Kenya by Muia et al (2022), among 132 women who were pregnant showed a higher likelihood of participation among male partners residing urban than those residing in rural areas. Furthermore, the research clearly shows that the distance between places of residence and where there is a healthcare centre can also affect men's decision to escort their spouses in antenatal care. Urban areas seemingly have short distanced health facilities compared with rural areas, hence, motivating men to attend ANCs.

This was indicated in a research which showed low male partner participation among men living far away from the ANC clinic (Sharma et al., 2018). In that research, it was indicated less participation for male partners who resided 5 kilometres or more from the ANC clinic were unlikely to escort their pregnant partners to

antenatal clinics compared to those residing less than 5 kilometres from the ANC clinic. This clearly shows that place of residence has an influence over men's decision to escort their spouses to ANC services.

Sociocultural Factors

Understanding the sociocultural factors influencing male attendance at ANC services requires examining the roles of culture and gender, beliefs and attitudes, religion, and awareness of ANC services. Evidence indicates that sociocultural factors like cultural norms, and religious beliefs significantly affect men's decision to escort their spouses to ANC services (Aborigo et al., 2018; Boniphace et al., 2021; Sakala et al., 2021). Therefore, below is a discussion of how the sociocultural factors influence men to be attending ANCs.

Culture and gender roles. Culture and gender roles affect men's decision to escort their spouses to antenatal care services. Evidence pin-points cultural issues that play a significant role in influencing men to be attending antenatal clinics. For example, a qualitative research by Sakala et al (2021) in Malawi indicated that men could not attend ANCs due to their perception that ANCs was culturally perceived as a place for women, and that men could be considered as trespassers (Sakala et al., 2021). This was confirmed by Aborigo et al (2018), who revealed that culturally, men pregnancy related issues are for womwn as such they feel that ANC clinics are not for men. This may imply that this cultural aspect is likely to demotivate men to be attending ANC services. In agreement, Boniphace et al (2021), also reported that cultural norms that demand men to stay away from issues of pregnancy prohibits men to be concerned with pregnancy issues. Some of the reported norms include men waiting outside for their spouses to be examined when they visit ANC. The cultural perceptions presented make men to feel uncomfortable with the ANC attendance.

In terms of gender roles, it is believed that there are different roles to be played between men and women during pregnancy, childbirth and child raising. Providing financial support during pregnancy and childbirth is considered to be the role of men, making men perceive it not to be responsible when it comes to escorting their spouses to antenatal care. A research conducted by Peneza and Maluka (2018), found that men were not participating in ANC services believing that their major role in pregnancy is financial support. This was also reported by Muloongo et al (2019) who indicated that men did not attend ANC because culturally their role was to support and provide for the pregnancy, and not attending female activities like ANC clinics. Therefore, the perception which is framed by community perceptions on what consists the gender roles of men has implications.

Beliefs and attitudes. Attitudes and beliefs are among the factors that determine male involvement in ANC. Studies in Sub-Saharan African show that women and men largely have positive attitudes towards male involvement in ANC. For instance, a mixed methods research in rural Tanzania found that the many men had a positive perception about their involvement in ANCs, with a general readiness to attend with their wives during pregnancy (Vermeulen et al., 2016). However, this motivation to attend ANCs is not to everyone. Some men express contrary ideas, and viewed their presence as irrelevant if there were no complications in pregnancy. This suggests that positive attitudes among men towards ANC visits limit routine male participation.

Religion. Religious identity is also a major predictor of ANC participation among men. Religious beliefs shape how people perceive the issue of male involvement in ANCs. For example, qualitative studies in Tanzania and Eritrea reported greater ANC attendance among Christian men than among Muslim men. In

Tanzania, Gibore et al (2019) discovered that Christian males were significantly more likely to take part in antenatal care services, and statistical analysis showed an adjusted odds ratio (AOR) of 1.826. Similarly, Beraki et al (2023) outlined that Christian men in Eritrea were approximately participated in antenatal care more than Muslim men. Despite these associations, there is still a gap to investigate cultural and theological determinants within different religious populations that could potentially influence health-seeking behaviors

Knowledge of antenatal care services. Men's decision to escort their spouses to ANC clinic may be affected by knowledge of ANC. Studies show that influence of health literacy and access to information in determining the willingness and ability of men to accompany the woman during pregnancy. For example, Gibore et al (2019) and Guspianto et al (2022) established a significant correlation between the knowledge of ANC among men and the degree of participation. Men who had adequate information about the importance of ANC, were motivated to escort their spouses to ANC. This demonstrated that awareness of the advantages of ANCs was a determining factor of male involvement. Mapunda et al (2022) found that 69% of male partners in Tanzania attended ANC services, and many of men who had never attended ANCs indicated ignorance of attending ANC as a reason. While some of the men escorted their wives during the first visit only, lack of acknowledgement of the benefits of ANCs negatively affected their consistency. This suggests that increasing knowledge on the benefits of male involvement through awareness campaigns would increase men attending antenatal clinics.

Women's Influences on Spousal Attendance at ANC Services

There is limited information about the role that women play in influencing their spouses to be attending ANCs. One factor has been currently identified as an influencing factor that men get from women which couple communication. Communication of couples is critical for men to participate in antenatal care services. A certain research done in Kyera Tanzania, found that good couple communication positively influenced men to escort their spouses to antenatal care clinic.

The research also revealed that male partners were encouraged to attend ANC clinic because they were invited by their spouses, as such they were aware of the ANC visit appointments. On the other hand, the research found revealed that men were discouraged to escort their spouses to ANC if communication was not good with their partners at home (Kabanga et al., 2019). Similarly, Zakaria et al (2021) indicated that male partners who were able to discuss ANC issues with their wives, were motivated to escort them to ANC clinics.

Facility-Level Factors Influencing Male Attendance at ANC Services

Health facilities have got impact on the male involvement in ANCs. Evidence indicates that there are health facility level factors which contribute to men attending ANCs which include antenatal clinic environment, attitude of healthcare workers towards men and women attending ANCs, time spent at ANC clinic, involvement of men in ANC examination rooms, and association between ANC, hospital policies and HIV testing. Below is the discussion of health facility factors.

Antenatal Clinic Environment

ANC clinic environment can affect men's decision to escort their spouses to antenatal care services. In many settings, ANCs are not welcoming to men which

makes them feel uncomfortable. For example, in a qualitative research in Kenya, the results showed that overcrowding in health facilities and inadequate sitting places discouraged male from attending ANC's (Muia et al., 2022). Similarly, Audet et al (2016) stated that congested clinics in Nairobi made men wait in line for the whole length of the visit which discouraged them to escort their spouses in the next visit.

Studies show that the structure of ANC clinics favours women than men. Antenatal clinics generally lack waiting rooms for men or couples, and also the staff are mostly female. As a result, men are generally asked to wait outside as their wives are examined which makes them to feel uncomfortable and out of place (Annoon et al., 2020; Boniphace et al., 2021). This suggests that making ANC clinics more inclusive and male-friendly may increase male attendance.

Attitude of healthcare workers towards men and women attending ANC affects male involvement in ANC services. Evidence indicates that unkind and unwelcoming treatment by staff members to men escorting their spouses to ANC's discourages men to be attending ANC's. This was observed in a qualitative research conducted in the Upper West Region of Ghana with findings that health facility staff were unwelcoming and, in some cases, insulted men for escorting their spouses to health facility and this discouraged them from doing so in the subsequent visits (Ganle & Dery, 2015).

Ongeso and Okoth (2018) and Kumbeni et al (2019) indicated that rudeness and unwelcoming behaviour of staff members in ANC clinic discouraged men from escorting their wives to ANC clinics antenatal visits. On the other hand, the research reported that staff friendly attitudes observed in their studies motivated more men to participate in antenatal care in Ghana (Ganle & Dery, 2015).

Time Spent At ANC Clinic

Men's decision to attend antenatal care can be influenced by the amount of time they spend when they visit ANC clinics. Time spent at ANC clinic plays a role in attracting men to participate in antenatal care services. Longer period of time spent waiting to be assisted at ANCs demotivates men to be attending ANCs. For example, in a certain research done in Ghana by Kumbeni et al (2019), showed that men who experienced delays in ANC service delivery became were discouraged from attending ANC again. Similar findings were reported by Chima (2017) and Peneza and Maluka (2018) that male partners were discouraged to attend antenatal care with their spouses because they felt they spend longer time than expected.

Excluding Men From ANC Examination Rooms

Exclusion of men in ANC examination rooms has negative implications on men attending ANCs. Failure to involve men ANC examination rooms indicates a significant impact on male participation in ANC services. Evidence show that exclusion of men in ANCs examination rooms makes men feel uninvolved in the ANCs services, hence, demotivated. For example, in a cross-sectional qualitative research, which purposively sampled key informants in Mwanza District, Malawi, indicated that men felt ignored when they are not allowed to enter when their spouses are being physically examined (Chikalipo et al., 2018). This made male partners to feel less important and demotivated (Sakala et al., 2021). Another research supported that men feel motivated to attend ANC when they are involved during the physical examination of their spouses at ANC clinic (Davis et al., 2018). The studies suggests that involvement of men in examination room would significantly improve level of involvement in ANCs.

Association Between ANC And HIV Testing

Men are influenced to participate in ANC services when they are expected to undergo HIV testing as part of ANC services. Evidence indicates that most men shun away from attending ANC with their spouses for the fear of HIV testing. For example, a research was conducted in Malawi across three primary health centres showed that men were shunning ANC services for it was associated with HIV testing, and they were afraid that they may test HIV positive in the presence of their spouses (Chikalipo et al., 2018). Similarly, in a qualitative research in rural Mozambique among men revealed that men forbade their spouses from attending ANC because they knew that they [men] also would be obliged to do the test. Audet et al (2016) further indicated that women could not relay a message of invitation of their husbands to visit ANCs to avoid being screened as a couple. Therefore, mandatory HIV testing would be detrimental in discouraging men to be attending ANCs.

Hospital Policies

Hospital policies may also affect men's decision to escort their spouses to antenatal care. Some rules and policies can unintentionally exclude men from attending ANCs. Observation from a Malawian research by Mamba et al (2017) showed that the presence of signposts bearing words like "no men are allowed beyond this point" demonstrates to men that ANCs are women's issue. This issues was demotivating to men as it could unintentionally make men feel out of place. The research further pointed out that the policy that allowed only one guardian per patient restricted men from attending ANC. This suggests that changes in policies and bringing of new policies that incorporate men would improve male participation in ANCs.

Strategies for Male Partner Participation in ANC Services

There several strategies used to influence male participation in ANC and these may either hinder or encourage male partners to escort their spouses to antenatal care. A research that was conducted in Lilongwe, Malawi, showed using strategies such as peer education, a peer-led male involvement drama, and male friendly ANC infrastructure, significantly increased male participation in antenatal care from 0.7% to 10.7% at Bwaila Hospital in Lilongwe (Mphonda et al., 2014).

Another research done in Malawi also revealed that partner notification, and community mobilization positively influenced male partners to escort their spouses to antenatal care (Chikalipo et al., 2018).

Summary of the Literature Review

Men participation in antenatal care can be affected by a complex interplay of sociodemographic, sociocultural, health facility, and individual and relationship factors. Sociodemographic factors such as older men 25 years above, Higher levels of education, Married couples and men's employment status and income level increase men's involvement in ANC. Sociocultural factors such as traditional norms, availability of social support, motivation and support by women, knowledge of ANC services, couple communication, religion and being in monogamous relationship influence men's ANC services.

Health system factors such as easy access to ANC services, health service provider attitudes, male friendly ANC clinic environment, time spent at ANC clinics and availability of preferential treatment when visiting ANC clinics also influenced men's participation in ANC services. Exploring these factors in other contexts with

low male involvement is crucial to develop contextualised effective related to male participation in antenatal care.

Although some studies have been done in Sub-Saharan countries on factors influencing male partner involvement in ANC services, There is scanty literature in Malawi on the the reasons for low male partner participation. Therefore this research contributed to this literature gap.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

The chapter illustrates an overview of how the research was done. It describes the research design, target population, sample size, research instruments, and how data was collected and analysed. It also provides ethical approvals for this research.

Research Design

The research used exploratory descriptive qualitative research design which according to Olawale et al (2023), is described as research done to understand an area with little or no knowledge. The design focuses on describing a phenomenon, concept or experience in detail, it seeks to provide a rich of a research topic (Isaacs, 2015). As the exploratory design was used to investigate research questions that have not previously been studied in depth (Junjie & Yingxin, 2022) an interpretivism epistemology was also used in the research. This is a sociological approach where the researcher analysed the collected data based on the research participants' beliefs, norms, and values of the culture (Junjie & Yingxin, 2022).

In this research the research questions were used to unearth new information and deepen understanding about male involvement in ANC services during recommended eight visits of pregnancy. The design was selected because of its nature to discover insights explaining new phenomena using explorative questions, and it's used in research studies in which little knowledge exists about a phenomenon under research. Additionally, the design was selected because of its ability to allow

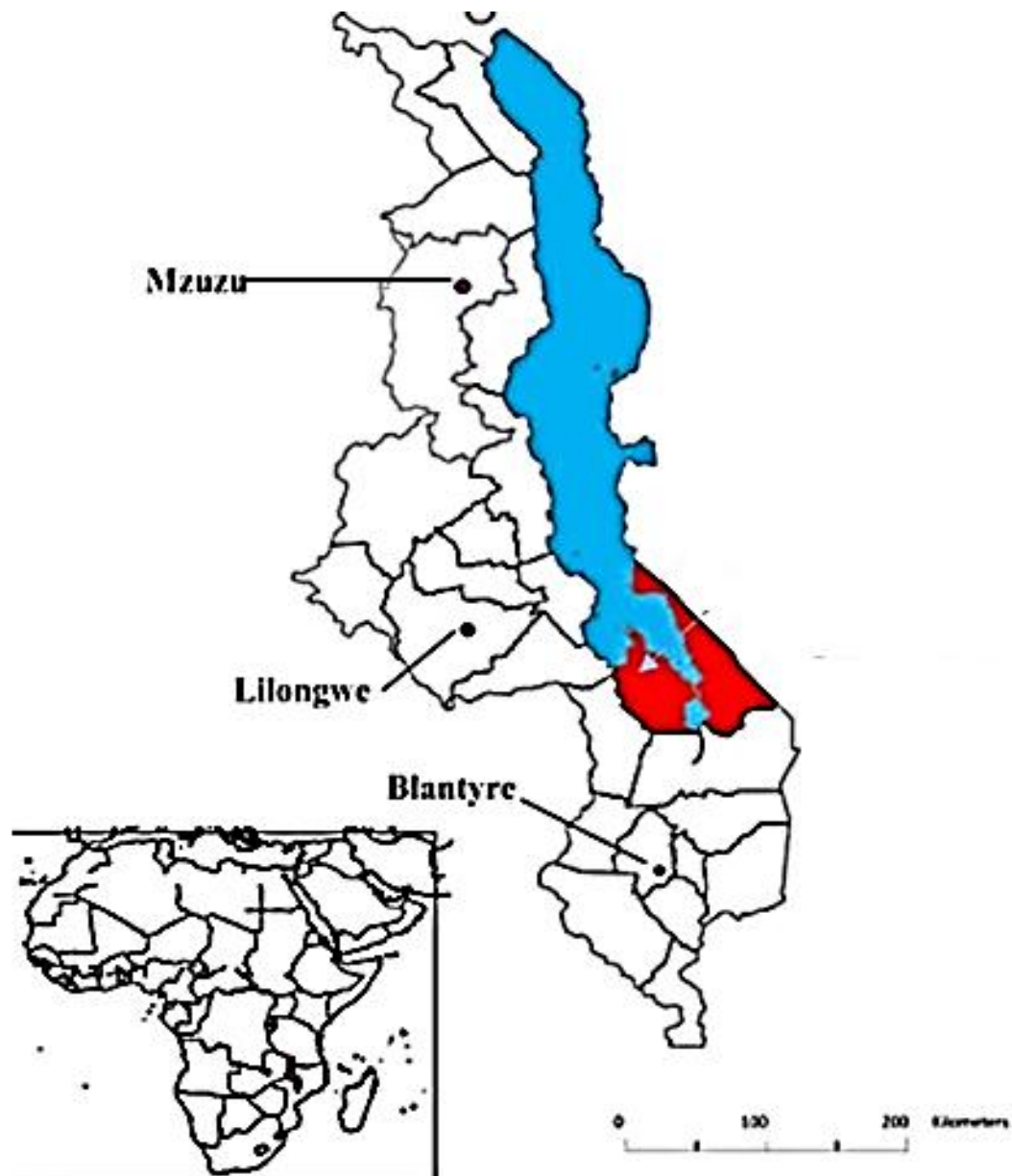
participants to provide their insights and experiences related to the research questions (Olawale et al., 2023). As the exploratory design is used to investigate research questions that have not previously been studied in depth (Junjie & Yingxin, 2022), an interpretivism epistemology was used in the research. This is a sociological approach where the researcher analysed the collected data based on the research participants' beliefs, norms, and values of the culture.

Research Setting

The area of research was Mangochi district, situated in the south-eastern part of Malawi, Central Africa. The district has a total population of 1,148,611 of which males are 545,500 and females are 603,111 and it is the fourth district among highly populated districts in Malawi. Annual population change is at 3.2% and population density is 200.1/km² (National Statistical Office of Malawi, 2016). Fertility rate in Mangochi is at 5.3% which is greater than the national rate (4.4%). Percentage of women with pregnancy in the age range of 15-49 is at 9.8 and it is the second district in Malawi with the highest percentage of women with pregnancy (National Statistical Office of Malawi, 2016). See Figure 2.

Figure 2.

Map of Malawi Showing Mangochi District



Note. Modified from Katenga-Kaunda et al (2021). Enhancing nutrition knowledge and dietary diversity among rural pregnant women in Malawi: a randomized controlled trial.

The research was done in Mangochi district because of high population and percentage of women with pregnancy attending ANC services, as a forementioned. Mangochi District Hospital was chosen as a point for data collection because it is the largest public and secondary level hospital offering secondary health care services and

receiving referrals from all 42 primary health care centres in the district (National Statistical Office of Malawi, 2016). The total population size of women who attend ANC at Mangochi district hospital is estimated at an average of 1,677 per year (District Health Information system version 2, 2024). Therefore, Mangochi District Hospital was the only point to collect information from diverse people in the district.

Population and Sampling

Target Population

“Target population is a set of elements from where a smaller set of respondents is taken from” (Bryman, 2016, p. 23). This research targeted married couples at that time, had a pregnant spouse and attended antenatal care services at Mangochi District Hospital.

Inclusion criteria. The inclusion criteria suggests who should be included in the research are the key features of the target population that researchers will use to address research questions (Patino & Ferreira, 2018). This research included married couples with a pregnant spouse who attended normal antenatal care services together as a couple at Mangoch District Hospital. It also included married pregnant who were not accompanied by their spouses. Additionally, the research also recruited two qualified ANC nurses who have been working at the ANC clinic for 2 years or above.

Exclusion criteria. The exclusion criteria are described who should not be included in the research (Patino & Ferreira, 2018). This research exempted pregnant women who came for hospitalization, delivery or seeking treatment for complication. It also excluded pregnant women who attended ANC services at Mangoch District Hospital but were not married at that time. Furthermore, the research did not include student nurses, and qualified nurses who were newly recruited and have worked at Mangochi district hospital ANC clinic for less than two years.

Sampling Methods

This research used purposive sampling. This sampling method includes choosing research participants from the population of interest who are willing to share their lived experiences or sentiments (Palinkas et al., 2015). Purposive sampling is advantageous because it selects participants who are knowledgeable or experts in a given phenomenon. It also ensures that the participants selected are willing and available to take part in the research (Campbell et al., 2020). Purposive sampling was used when selecting couples to participate in the research on the day of interview because they were considered to have characteristics relevant to the research topic. Purposive sampling was also used when selecting key informants, two nurses who worked at the ANC clinic because they were considered to have knowledge and experience relevant to the research topic, and also their position at the ANC clinic (Bryman, 2016).

Sample Size

Sample sizes for this qualitative research was determined by saturation data. “In qualitative studies, sample size is usually determined by saturation of data, and it is achieved when little or no new information comes out of the interviews during data collection” (Korstjens & Moser, 2018, p. 2).

In this research, sample sizes for in-depth interviews, 18 and key informants, 2 were determined by data saturation. Data saturation occurred when adequate data was gathered such that no new information was coming out from participants. During the data collection processes, the researcher was making key observations from the collected data. When the researcher noted that no further and new information were identified, the researcher stopped collecting more information on such themes. According to Hennink and Kaiser (2022), sample size for focus group discussion

ranges from 6-12. In this research sample size for FGD ranged from 6-7, and these sample sizes allowed the researcher to gather adequate and diverse data to address the research questions.

The research recruited 40 participants in total in all categories. 18 in-depth interviews were conducted with three heterogeneous groups of participants as follows: 6 pregnant females whose male spouses attended ANCs, 6 pregnant females whose male spouses did not attend ANCs, 6 male spouses who attended ANCs with their pregnant female spouses.

The research also recruited 20 people for focus group discussions (FGDs), and they were separated into three groups: one group of 6 females both escorted and unescorted, and two groups of 7 males each. There were two groups for males in order to increase variation among participants of interest. Finally, the research also conducted 2 key informant interviews with two nurses who were designated for ANC services at Mangochi District Hospital. Only two key informants were interviewed because the second key informant did not add any new information to what was collected through FGD, in-depth interview and the other key informant.

All interview guides contained items that responded to specific questions related to the research, and each theme identified was added to themes that were already identified from the previous in-depth interviews, focus groups and key informant interviews. The research started with in-depth interviews, followed by focus group discussion, and then key-informant interviews.

Data Collection Procedures

This research used “triangulation” to collect data. “Triangulation refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of the phenomena and validate the data collected”

(Korstjens & Moser, 2018, p. 3). Data sources used in this research included focus group discussions, in-depth interviews and key informant interviews.

Data collection was done by the researcher. Interview guides and FGD guides in local Chichewa language was used. Data transcription was done by the researcher and one research assistant experienced in data transcription. The assistant was however oriented for 2 and half days on the research tools and each transcript was numbered to ensure proper alignment with field notes. The field notes mostly included the captured major themes that included the constructs outlined in the planned behaviour theory and health systems factors.

In-Depth Interviews

“In qualitative research, an interview is a data collection method used to gather in-depth, detailed information from participants about their experiences, perceptions and perspectives”(Korstjens & Moser, 2018, p. 4). The research used 18 in-depth interviews which were individual face-to-face interviews which collected data from participants to explore their perceptions, beliefs and ideas towards a subject under research (Eppich et al., 2019).

The in-depth interviews involved the following: female pregnant spouses whose male spouses were attending ANCs (n=6), female pregnant spouses whose male spouses did not attend ANCs (n=6), and male spouses who attended ANCs with their pregnant partners (n=6). The researcher interacted with the participants once and the interviews were approximately taking 40-60 minutes per interviewee/individual. The participants were allowed to be at a place in time and in sitting positions of their flexibility. The interviews were conducted by the researcher who engaged with the participants in a discussion, and observed any expressions of participants, while the research assistant assisted with writing notes using paper and pen word-for-word from

the responses the participants were providing. Voice recorder was used with consent of the participants to be used as a verifier for the transcript written with a free hand after the interview.

Female pregnant spouses whose male spouses attended ANC were intensively probed in the following issues; motivating factors that made their husbands escort them to ANC, strategies they used to motivate their husbands to be attending ANCs, perceived benefits realized by being escorted by their husbands, perceived health facility factors which affected their husbands' motivation, and possible demotivators to their husbands to be attending ANCs, while their husbands were probed in the following issues: motivating factors that made them escort their female spouses to ANC, perceived benefits realized when attending ANCs, perceived health facility factors which affected their motivation, and possible factors which demotivated them to be attending ANCs.

Female pregnant spouses whose male spouses did not attend ANCs were intensively probed on the following issues: demotivating factors that made their husbands not to be attending ANCs, strategies they ever used to stimulate their husbands to be attending ANCs, perceived barriers that prevented their husbands to be escorting them, perceived negative factors with ANC services which negatively affected their husbands to be attending ANCs, and possible areas of improvement in service delivery that could stimulate their husbands to be attending ANCs. In the in-depth interviews, data saturation was noted in the fifth participant for males, fourth participant for escorted females, and fifth participant for non-escorted females. However, to ensure increased credibility of the findings, the researcher continued to interview 6 participants in all the three categories order to increase variability of responses, to enforce credibility/validity for rigor and trustworthiness of the findings.

Focus Group Discussions

There were three focus group discussions (FGDs) involved with the following groups of people: one group of 6 females, both escorted and unescorted and two groups of 7 males each. The focus group discussions approximately took 45-60 minutes, and the interviewees were allowed to express themselves to suit the setting according to their flexibility i.e. sitting positions, venue and language. The discussion was facilitated by two people; the researcher facilitated the discussion with the participants, while research assistant was writing a transcript word-for-word from the responses the participants were providing.

Voice recorder was used with consent of the participants to be used as a verifier for the transcript written with a free hand. The focus group discussions were aimed at obtaining group perspective of men being involved in ANC. The focus group discussion probed more on motivating factors, sociocultural factors, and facility level factors affecting men to get involved in ANC services. All the discussions were conducted in Chichewa which is a vernacular language commonly used in the area.

Key Informant Interviews

Key informant interview is an interview conducted with individuals recognized with unique experiences or knowledge on a specific topic (Lokot, 2021). The research conducted key informant interview with a male and a female ANC nurse at Mangochi District Hospital. The interview was facilitated by the researcher who was asking questions, while research assistant was writing a transcript word-for-word from the responses the informant was providing. Voice recorder was used with consent of the participants to be used as a verifier for the transcript written with a free hand.

During her interactions with the participants, the researcher also made non verbal observations on participants' tone of voice, eye contact, posture, facial expressions, and physical distance from the researcher, non verbal observations helped the researcher to have insight into the participants' emotions and reactions during the interviews and addressed them to avoid their negative impact on the quality of data. The researcher was made sure that own nonverbal cues be avoided while interacting with participants, to avoid distracting the participants attention and negatively impacting the data quality. Interview probed on the following issues: perceived demotivators and motivators of men participation in ANC, elements of service delivery aiming at motivating men to be attending ANCs, and sociocultural factors which negatively affect male involvement in ANCs.

Data Collection Instruments

The research used in-depth interview, focus group and key informant interview guides were used to gather information from participants. "Interview guide provides topics or subjects' areas within which the interviewer is free to explore, probe, and ask questions that will help to elucidate and illuminate that particular subject" (Bryman, 2016, p. 6). As such, the researcher is free to probe more from participants to respond to the research questions. According to Lokot (2021), interview guides are very important in qualitative research as it provides direction for the researcher.

Prior to the data collection, the data collection guides were reviewed by supervisors and an experienced qualitative researcher who also checked if the guides were related to the research questions in order to ensure the tools could capture the data that could answer the research question. The Supervisors scrutinized the interview guides' items to ensure content is relating to the research questions. The

supervisors evaluated the items against the research questions, and ensured that each guide responded to all research questions. In addition, a qualitative researcher also reviewed the interview guides in relation to the research questions, suggestions and feedback was incorporated in the changes.

In addition, prior to the data collection, a pilot research was conducted at Mpondasi health Centre to identify potential problem areas and deficiencies in the research tools (in-depth interview, KII and FGD guides). Following the results of the pilot research, the researcher, assisted by the help of an external qualitative researcher, rephrased some question items in the FGD and IDI guides because they were not clearly understood, they sounded more quantitative in nature, while some were ambiguous according to their interpretation in their cultural context. Following the revision of the piloted guides, a second pilot of the guides was done where the tools were well understood, and items sounded more qualitative in nature.

For this research, the In-depth interview guides contained less than 15 items and there four distinct interview guides. The interview guides for female pregnant spouses whose male spouses attended ANCs, female pregnant spouses whose male spouses did not attend ANCs, male spouses who attended ANCs with their pregnant partners, and for the key informant, respectively.

Focus Group Discussions guides also had less than 15 items based on the research questions. Three Focus Group Discussions were conducted with couples whose pregnant women were attending ANC and focus group discussions were distinct whereby male and female spouses were interviewed separately. As such, there were two separate guides used to ensure sensitivity to the unique perspectives and contexts of each group.

Each interview guide focused on exploring factors motivating men to be attending ANC with their spouses, hindrances of men to attending ANCs with spouses, then, influences that women have over their spouse to be attending ANCSs, and finally, health facility factors that enhance or hinder involvement of men in ANC.

Rigor and Trustworthiness

Guba's trustworthiness model was used to ensure rigor and trustworthiness. The model presents four constructs which ensures rigor and trustworthiness in research, and they include credibility, transferability, dependability and conformability (Kakar et al., 2023). Below is a discussion of how the researcher ensured rigor and trustworthiness using the constructs of Guba's trustworthiness model.

Credibility

To ensure credibility, the researcher applied triangulation, reflexivity, bracketing, and member checking during data collection. In terms of triangulation, the researcher used different data sources to understand very well the phenomenon being investigated. Korstjens and Moser (2018) have stated that. The researcher conducted in-depth interviews, focus group discussions and key informant interviews gather information from research participants. This also helped ensure that findings were not due to chance or error but true experiences from research participants (Korstjens & Moser, 2018). The table below, triangulation matrix shows triangulation to ensure consistency.

Table 1.*Triangulation Matrix*

Research Question	Source 1	Source 2	Source 3
Motivating factors for male participation in ANC services	In-depth & Key informant interviews	FGD	Investigator Triangulation
Factors hindering male participation in ANC	In-depth & key informant interviews	FGD	Investigator Triangulation
Women influence over male partners	In-depth & key informant interviews	FGD	Investigator Triangulation
Healthy facility factors	In-depth interview & KII	FGD	Investigator Triangulation

Reflexivity was also applied in the research by the researcher. In qualitative research reflexivity is when the researchers reflect on their own biases, assumptions, and influence on the research process. It involves a self-examination of the role of researcher and its impact on the outcomes of the research (Lazard & McAvoy, 2020). In this research, the researcher did peer debriefing with research assistant and an independent data auditor to review the data independently and eliminate bias from the research data. The outcomes of the independent review of the data were compared and consolidated. Additionally, data collected were paraphrased to the interview participants for the participants to verify and double check their responses.

The researcher also applied bracketing during data collection to ensure credibility. Bracketing is when the researcher avoids her preconceptions, biases, and assumptions to approach the research with an open and unbiased perspective (Kakar et al., 2023). This practice helps to prevent researcher bias and allow the findings to be shaped by the experiences of participants. The researcher ensured bracketing through external audits and peer debriefing. External audits involved sharing data and

findings with research supervisors to validate the interpretation of the data and help to identify ideas which did not emerge from the data.

The researcher also used member checking to ensure credibility. Member checking refers to the process of reviewing the findings and interpretations of research participants resonates with their experiences (Creswell & Creswell, 2018). The researcher paraphrased participants' responses within and at the end of the interviews. This process ensured that the findings and interpretations of research participants resonates with their experiences (Korstjens & Moser, 2018).

Transferability

The researcher used purposive sampling to identify research participants who will share their experiences and insights in relation to the research questions. The researcher also used open ended questions to probe more from participants. This helped to ensure that the research findings were participants' shared experiences and insights. In addition, the researcher paraphrased responses to participants to verify their accuracy.

Dependability

Dependability refers to the stability and steadiness of data under when exposed to different settings. To enhance dependability, the researcher include a research assistant who helped with taking notes during data collection and transcription processes to ensure trustworthiness of the results. The researcher shared the research process with mentors and supervisors who constantly provided their feedback and insights that was incorporated into the research and document changes. The supervisors also verified the data collection tools and methods to ensure the research could be replicated and generate similar results.

Confirmability

The researcher ensured confirmability including the research assistant in data transcription to ensure trustworthiness of the results. The researcher also used both audio recording and note taking to capture participants' responses. Additionally, the researcher paraphrased responses to participants, shared transcripts with research experts to review, and responses were transcribed soon after data collection.

Prolonged Engagement

The researcher ensured prolonged engagement with participants through establishing rapport and trust, creating a conducive atmosphere for them to open up, asking them follow up questions, and encouraging them to support their statements with examples during interviews. Prolonged engagement in qualitative research is when the researcher take adequate time interacting with participants for them to share rich information (Korstjens & Moser, 2018). In this research, the researcher engaged with participants for a period of 40 to 60 minutes for in-depth and key informant interviews and 45-60 minutes for FGDs during which the researcher actively participated, observed, and interacted with the participants on the key research themes/questions. The researcher interacted with research participants once for data collection.

Translation Of The Original Instruments

Interview guides and consent forms were translated from English to Chichewa. Two independent translators, who were qualified secondary school English and Chichewa teachers, were involved in the translation of interview guides from English to Chichewa and reverse translation respectively. Back translation was also done to ensure that the tools did not loose the original meaning during translation

process. Translation was done because Mangochi being a rural district, majority of the participants speak the native language Chichewa.

Table 2.

Summarized Strategies Used to Increase Rigor and Trustworthiness

Quality Criterion	Provisions made by researcher
Credibility	Triangulation, reflexivity, bracketing & member checking
Transferability	Rich thick description & maximum variation
Dependability	Triangulation and audit trail
Confirmability	Multiple data recording, member check, validation, and peer review

Method of Data Analysis

This qualitative research used thematic data analysis. Data analysis is the cleaning, and interpreting the research gathered information (Bryman, 2016). Thematic analysis involves the review of gathered information to, organizing it, and identifying major and sub-themes for interpretation. In this research, data analysis started along with data collection and throughout. After gathering data, transcripts and audio recordings were transcribed by the researcher, research assistant and an independent data analyst/auditor. The transcripts were then translated from the native Chichewa language into English by qualified secondary school English and Chichewa teachers. The two translators also did reverse or back translation, respectively.

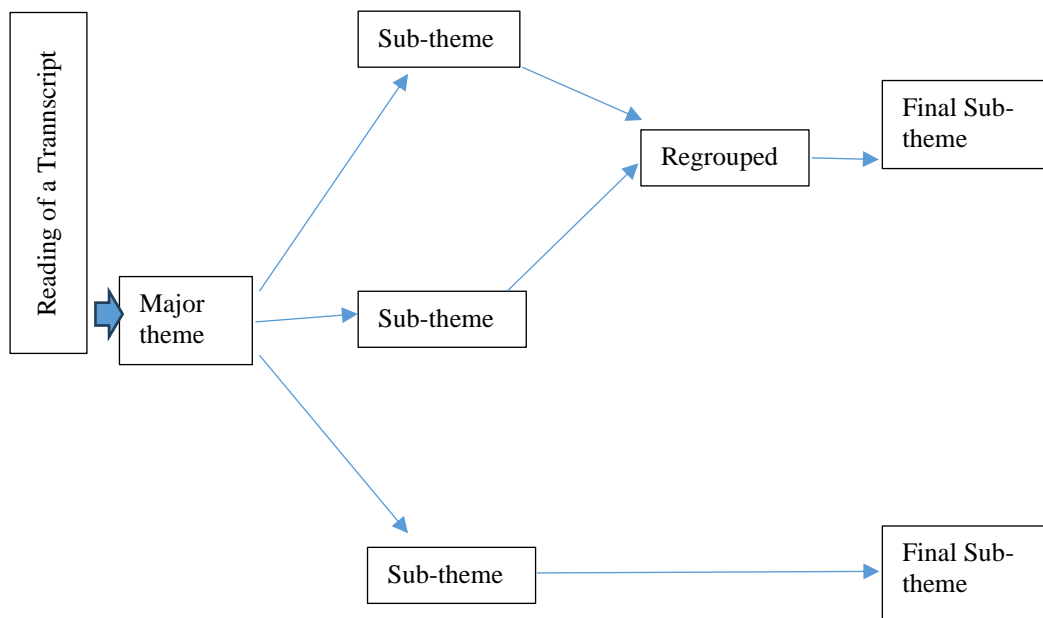
The researcher and the research assistant then coded the translated transcripts by underlining quotations which were answering research question. Coding in qualitative research involves assigning labels to organized data to identify themes and relationships between them (Raskind et al., 2019). The codes can be words or phrases. In this research, the researcher used words or short phrases because they were easier to organize, skim and remember (Neuman & Robson, 2015). The researcher went

through line by line of the transcripts and assigned different labels to important and recurrent words or short phrases to easily attach meanings of data. Codes with similar meaning were conceptualized into sub-themes, and sub-themes with similar meaning were categorized into themes.

Both inductive and deductive coding processes were used. Inductive coding is a qualitative data analysis approach whereby themes and their corresponding sub-themes are derived from the data collected from the participants (Delve & Limpaecher, 2024). This process involved reading the verbatim/transcript and identifying the major issues, major themes and sub-themes from the transcript that were linked by a common/main theme or idea – see Figure 3.

Figure 3.

Inductive Thematic Codes Development Process: Inductive Coding

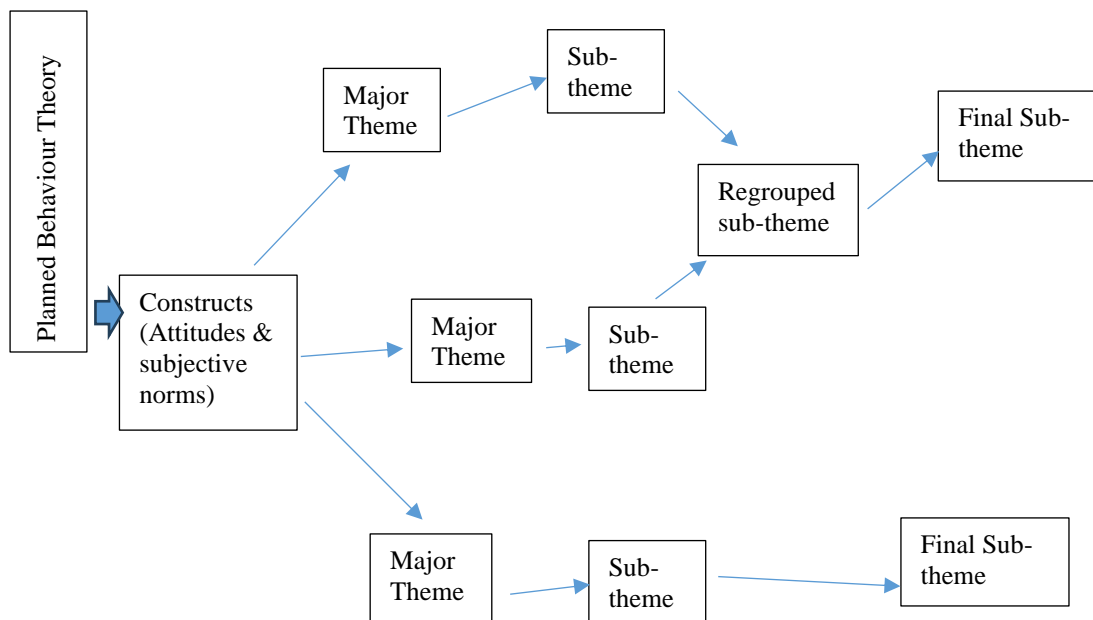


On the other hand, deductive coding is defined as a qualitative data analysis approach whereby the researcher uses the pre-defined codes/major theme to identify

major themes and sub-themes (Delve & Limpaecher, 2024). During the analysis the two constructs in the planned behaviour theory (attitudes and subjective norms) were used as the pre-defined themes/major themes. Sub-themes were identified and listed under relevant major themes until all sub-themes were listed in all transcripts – see the example of the approach used in Figure 4.

Figure 4.

Deductive Thematic Codes Development Process: Deductive Coding



To identify saturation of data, the researcher and research assistant generated preliminary emerging patterns based on the ongoing transcribed data every day after daily interview sessions. After each interview, the researcher and the assistant discussed transcribed the recordings and the written scripts to identified preliminary codes and themes before preceding to another interview. The preliminary themes after each interview were compared with themes identified with previous interviews. If no new emerging themes or codes were identified, saturation of data was declared.

Themes from all data sources (FGD, IDI and KII) were compared and merged before refining and relating them to research questions. Furthermore, the researcher involved a research assistant, with exposure in qualitative research was involved in data collection and analysis. The research assistant was involved to enhance credibility of the findings. Additionally, an independent data auditor experienced in qualitative research reviewed the data throughout the process. Furthermore, the primary and secondary advisors reviewed the analysed data a couple of times and data analysis process was verified along with major changes on the theme alignment with research questions. Additionally, major changes were also in the alignment and structure of findings versus discussion. After data analysis, hard and soft copies of data was securely kept and backed with controlled access to ensure confidentiality.

Ethical Considerations

Ethical consideration safeguards the dignity, human rights, and welfare of research participants (Resnick, 2015). In this research, the researcher sought ethical clearance from the Adventist University with approval number AUA/ISERC/11/04/2024. Additionally, the researcher sought approval from the Mangochi District Research Coordinating Committee to conduct the research at their institution, with approval number MHDRCC/24/7/2024. The researcher also sought approval from the Malawi National Health Science Research Committee with approval number NHSRC/11/09/4469. The researcher also sought consent from participants to be involved, as such, participants agreed to participate and were free to opt out at any time during the interview process without being coerced in any way.

Furthermore, confidentiality was maintained throughout the research process. No names and pictures of participants were used during the interviews and numbers were used to identify participants for example IDI, KII, or FGD 1, 2, 3..... Besides,

the findings were only used for this research and academic purposes. The researcher ensured that the participants were protected from any form harm, intimidation and harassment.

CHAPTER 4

RESULTS AND DISCUSSION

This section provides findings obtained from males and females receiving antenatal care services at Mangochi district hospital. The results also include the experience of key informants, who in this case happened to be nurses offering antenatal care services at the hospital. In presenting the results names of respondents were not used, their names were represented by a letter “P” followed by numerical values of 1 up to 40 to ensure confidentiality and anonymity.

The first part of this section provides demographic data of the research participants followed by themes and sub-themes. After presentation of the findings, discussion of the findings will be presented. The discussion aligns with the order of the research questions of the research which were: factors that encourage male partners to escort their pregnant spouses to ANC services; barriers that hinder male partners from escorting their pregnant spouses to ANC services; influence that women have over their spouses to be attending antenatal care services during pregnancy; health facility level factors that either enhance or hinder involvement of men in antenatal care services.

Eight themes emerged with their subthemes from the four areas. The eight themes that emerged and their sub-themes are presented in the table below.

Table 3.*Summary of Themes and Sub-Themes*

RQ	THEMES	SUB-THEMES
Motivation of men to be attending antenatal care services	1.Health and Well-being	1. Perceived benefits of ANC on maternal health 2. Testing for HIV opportunity 3. Distance to the health facility
	2.Societal and Cultural Expectations	1. Prioritizing women welfare & love 2. A feeling of responsibility over pregnancy 3. Obedience, love and good character of women at home 4. Influence of religion
Hindrances of men to attending ANC with their female spouses	3.Socioeconomic barriers	1. Financial constraint 2. Work and business commitments
	4.Cultural & social influences	1. Pregnancy outside wedlock 2. Unwillingness of women to be escorted 3. Cultural norms and gender influence
	5.Psychosocial barriers	1. Fear of being tested for HIV 2. Marital problems
Influence that women have over their male spouses to be attending ANC	6.Prior preparation	1. Preparing their male spouses for the ANC visit
Health facility factors that enhance or hinder involvement of men in ANC.	7.Enhancing Factors	1. Special treatment of women escorted by male spouses 6.
	8.Hindering factors	1. Time spent at ANC 2. Lack of privacy 3. Overcrowding 4. Attitude of healthcare workers towards men and women attending ANC

Note. Interview Data, 2024

Sociodemographic Characteristics of Research Participants

The research collected demographic data at the on-set of the interviews relevant to the research. The characteristics included age, sex, marital status, occupation, tribe, educational level and religion. Several studies in the literature review demonstrated significance of the demographics to male involvement in ANCs, therefore, the selection of demographics was based on relevance of the demographics according to literature.

Table 4 indicates 38 participants. However, in addition to the 38 participants, there were two nurses (one male and one female) who also participated in the research as key informants, hence the grand total of 40 participants. Below is demographic summary of the 38 participants.

Table 4.

Demographic Characteristics of Research Participants

Age (Years)	Sex	Number of participants
18-19	Male	0
	Female	2
20-24	Male	5
	Female	6
25-30	Male	6
	Female	4
31-34	Male	8
	Female	3
35-40	Male	2
	Female	2
Total	Males	21
	Females	17

As shown in the table above, out 38 participants, there were 21 male participants (male partners who escorted their spouse to ANC services) and 17

females (pregnant women who attended ANC services both escorted and not escorted). On age, the research showed that of the 38 participants, majority (32) both females and males, were aged 20 -34 years compared to those aged 18-19 and 35-40 years. Educationally, of the 38 participants, the findings showed that for both females and males, majority had attended primary (16) and secondary (20) education with the remaining few attending college.

On religion, of the 38 participants, the research found that for both females and males, majority, 23 were Muslims and 15 were Christians, However, the research further found that out of the 21 male partners who attended ANC services with their spouses, 11 male partners were Muslims while 10 were Christians, thus no much difference on the two religions. Furthermore, the research showed that out of the 38, there were 10 participants from the Lhomwe tribe, 22 from Yao tribe, and 6 from other two tribes. The same trend in religion was also observed among the 21 male participants who escorted their spouses to ANC services, where the majority (12), were Yao followed by Lhomwe (six).

On marital status, all 38 participants in the research were married. The research further showed that of the 21 male partners who escorted their spouses to ANC services, majority 15 were running their own businesses, 2 were employed, and the remaining 4 were distributed as follows (self-employed, not working, casual labourer and traditional healer). Thus, more men who are running their own businesses or are self-employed were able to attend ANC services with their spouses as compared to those who are employed. The occupation trend was different among the 17 pregnant women who participated, where majority 9 were not working at all (just stayed at home), 6 were running their different businesses, while 1 was formerly employed and 1 was a farmer.

Overall, the results show that sociodemographic characteristics could affect community perceptions of male involvement in ANC, and this can either encourage or hinder men's behavior towards escorting their pregnant spouses for ANC services. For instance, it was observed that men who attained some levels of education were more likely to escort their partners to ANC clinics. In addition, it was observed that men who were running their own businesses were more likely to escort their spouses to ANC services as compared to other occupations.

Further, it was observed that male partners aged 20-34 years are more likely to escort their spouses to ANC services. In addition, the further showed that both Muslim and Christian male partners were able to escort their spouses with almost similarly. The research also showed that majority of the participants both male and female were from Yao tribe as compared to the other tribes.

RQ1: Factors Motivating Men to be Attending ANC with their Female Spouses

Following the focus group discussions and the in-depth interviews that were conducted, two themes emerged with seven sub-themes as factors that motivate men to attend ANC with their spouses. The themes were (a) health and well-being which had four sub-themes namely, perceived benefits of ANC on maternal health, testing for HIV, taking health, happiness and safety of women as priority, and distance to the health facility (b) Societal and cultural expectations with three sub-themes that emerged; a feeling of responsibility over pregnancy, submissiveness and good character of women at home; and influence of religion.

Theme 1: Health And Well-Being

Perceived benefits of ANC on maternal health. Perceived benefits of attending ANC and the desire to know more about maternal health motivated a few

men to be attending ANC together with their female spouses. In total, this sub-theme appeared frequently in both male FGDs and male in-depth interviews transcripts (appeared 9 times). The frequent appearance of the sub-theme demonstrates its significant contributions in the research. The following are some of the quotations under this sub-theme:

“The other benefit is that when they [women] are being taught here at ANC you as a man also learn” (P33, FGD1).

“We both hear advice given by the doctors, and we are given chance to ask questions regarding the findings of examination of that day, this motivates me to be attending ANC with her.” (P1, IDI).

The knowledge that men gain is not only for their own good, but it is for the good of the whole family. As noted in the following extracts, apart from being concerned with the health of the woman, men were also concerned with the wellbeing of the unborn child as such they attended ANC together for them to have first-hand information and be able to remind one another when either of the spouse forgets.

“There are some women who are too quick to forget, and when you go with them you are able to remind them...” (P26, FGD2).

“The other advantage is that we are able to receive counselling together as such we are able to discuss and remind one another as a couple at home. We may discuss on how to prepare for the unborn baby” (P38, FGD1).

“I gladly received the idea... Ok! Ah! It helps, when I come here, we hear the counsels together which helps us to remind one another” (P3, IDI).

The above quotes truly highlight the impact of knowledge of the benefits of antenatal care services on men’s involvement in ANC

HIV testing opportunity. Some men attended ANC with their female spouses motivated by the fact that ANC provides an opportunity to test for HIV status. These men indicated their interest to know their HIV status and ANC provides this opportunity. This sub-theme emerged 7 times from both male and female participants.

“To add on those points the other benefit is that we know our HIV status since we are tested together as a couple when we visit ANC” (P34, FGD2).

“The other benefit is that we were tested for HIV together and were found negative. We were motivated to take care of each other for us to continue being HIV negative and we now know that we must keep ourselves from catching HIV from elsewhere and stick to our partner” (P4, IDI).

“The issue of being tested for HIV motivates some of us men to be attending ANC because it is also a means to know how we are in our bodies whether we have HIV or not” (P19, IDI).

It was pointed out that some men and women did not disclose their HIV status to their spouses, this case was common when spouses were tested separately. For a few who disclosed these results, their spouses had a certain degree of doubt over the results. As a solution to this, ANC provided a platform where couples were tested together thereby increasing the trust over the results:

“We know each other’s HIV status because we were tested together” (P2, IDI).

“We have been tested for HIV and are both ok. If each one of us was tested separately, trusting the results could be a problem” (P7, FGD1).

“We have been tested for HIV because this is my first time coming here. We have been tested together, there was no doubting of the results since we were able to see each other’s results thereby strengthening faith between us.” (P3, IDI).

The fact that being tested for HIV as a couple gave room for the couple to know their individual HIV status as well to know each other other's HIV status, men were willing to escort their female spouses to ANC.

Distance to the health facility. The research revealed mixed feelings on how distance to the health facility influences male participation in ANC services. The distance between place of residence and where there is a healthcare centre has an effect on levels of male involvement in ANC services. The research found that most female pregnant women who reside at a distance of more than 5 kilometres away from the health facility were not escorted by their male partners to antenatal clinic services. While majority of the couples that attend ANC services live within 5 kilometres from the health facility. On the other hand, in an in-depth interview with a male participant, it was pointed out that he was able to escort his female spouse because the distance from his village to the health facility was not long, approximately 2 to 3 kilometres. While a female pregnant woman who was not escorted indicated a challenge of living far from the facility.

Previously before coming to town, I was staying in the village, so a person to travel from the village to the hospital it was taking time because of the distance. It was impossible to travel by foot, so I had to take my wife on a hired motorcycle to the ANC but now that I moved close to town to do my business I and my wife can just walk or use our own bicycle to the facility for her antenatal appointment **(P8, FGD2)**.

“My husband usually finds transport for me only to come to the facility because it is far from where we live and finding transport for both of us is very costly, that is why he does not escort me to the facility on my appointment days” **(P10, IDI)**

Theme 2: Societal and Cultural Expectations

Taking woman's health, love, happiness and safety as a priority. Some men were motivated to be attending ANC with their female spouses because they

prioritise the health of women, happiness and safety. As noted in the following quotations women are also happy and feel secure when they are escorted by their male spouses than when they attend ANC alone or when they are escorted by someone else other than their male spouse:

Escorting women to ANC make them to be happy and feel loved, and they know that when they get pregnant their husbands will escort them. They cannot distrust you in anything, they have strong faith that you love them **(P6, IDI)**.

Ah, as long as she wants. Am used to escorting her because I know that she is happy when I escort her... I am from a poor background and am not pompous, here I sat on the floor but even if I could sit on a piece of brick, I could not have worried because what I care most is the happiness of my wife and the unborn child **(P8, FGD2)**.

I talk with my friends... but I say to them that it is good to do that as a family so that when there are other problems arising, they should arise while you are together. Sometimes a woman may develop some complications along the way to the ANC, even labour may start, so when you are together it is easier to handle when together **(P4, IDI)**.

The above quotes have indicated that men prioritised health, happiness and safety of the wife as well as of the whole family that is why they showed this by escorting their female spouses to ANC.

A feeling of responsibility over pregnancy. Men in the research demonstrated that they were willing to escort their spouses if they had strong confidence that the pregnancy that the women were carrying was indeed theirs. A feeling of responsibility over the pregnancy made them to have strong motivation to be attending antenatal clinic. This was made known by two men who participated in in-depth interviews and echoed by others in FGD:

“What motivates me to be attending ANC with my wife is the strong belief that I have knowing that the pregnancy she is carrying is indeed mine” **(P2, IDI)**.

Even you as a man you have confidence that the pregnancy is yours. Because what makes a man to doubt about the pregnancy is how the couple stays at

home, but if you know that the child she is carrying is indeed yours then you are motivated to escort her (P8, FGD2).

Knowing that the pregnancy that women had belonged to men prompted them to take responsibility of everything over the pregnancy. This idea was raised by men in one of the FDGs and in in-depth interviews, and it was also echoed by one of the escorted females:

“I received the idea [idea of escorting female spouses] gladly because I know that if I proposed love to her and she accepted, her problems are mine and my problems are hers” (P7, FGD1).

“As a man you know the things that will be needed when the child is born, as such you are responsible for provision of those things” (P34, FGD2).

“No, he was not compelled but he received it gladly because he knows that the responsibility of taking care of the child is for both of us, that is why we come here together” (P9,IDI).

Those men who felt that they were responsible over the pregnancy of their wives they were strongly motivated to escort their wives to ANC as indicated in the quotes above

Obedience, love and good character of women at home. Research participants also demonstrated that men got involved in the antenatal clinic to demonstrate love and respect and ensure their harmony at home with their spouses. Behind love, respect and harmony, they expressed that their motivational factor was their supportive and loving wives at home. The sub-theme was expressed by men in both FDGs and in-depth interviews. It was cemented by both escorted and unescorted women. Appearing 13 times was this sub-theme of submissiveness and good character of women at home. The following quotations confirm that men were willing to escort

their female spouses to ANC because of the love, respect and harmony that prevails at home:

“I escort her because there is love in our marriage, if there was no love then I could not be escorting her ...” (P4, IDI).

“The main issue is about love. The way the wife behaves at home motivates me not to leave her alone go to the ANC.” (P32, FGD1).

“Her character influences me to escort her. When you are in harmony with your wife, you are influenced to help her in all things” (P35, FGD2).

“To add on that, when I ask my wife to perform certain things for me, she does them willingly, that makes me to escort her when she asks me to do so.” (P37, IDI).

It is indeed easier for men to escort their female spouses to ANC when there is love, respect and harmony in the home. Both escorted and unescorted women agreed that if there is love and harmony in the home then men are willing to attend ANC together with their female spouses:

“Yes, there are other people who live peacefully so for them it is easier to be escorting one another to ANC because there is much love between them” (P15, IDI).

Maybe what demotivates him is how we stay at home am just thinking like that, if I do not do what he asks me to do sometimes he even say how he can accept escorting me to antenatal appointment when I do not respect his wants and wishes. That is what he usually says when we quarrel at home and I guess maybe that is what when I ask him to come he give so many excuses instead (P12, FGD3).

Men love women that are obedient, and whenever they find a woman who submits to them, they are willing to support them. The above quotes have demonstrated this idea, whereby men were motivated to escort their wives to ANC because they were obedient to them.

Influence of religion. The other sub-theme that came out as a factor motivating men to be attending ANC together with their female spouses was

“influence of religion”. Seven times, men and women highlighted that religions they belong to a religion that motivated men to be attending ANC with their female spouses. The following extracts show some of the responses raised by the participants:

“My religion teaches that a man is supposed to love his wife, if a man loves his wife, then he can escort her to ANC. If she got pregnant then it means that you both agreed.” (P6, IDI).

Ah! According to Muslim it is in harmony with the idea. There are no such things like mocking one another for escorting your wife to ANC, so if a man is escorting his wife his friends may not mock him in any way. If there is mocking from somebody, then that person is not a Muslim (P8, FGD2).

“According to Muslim, it encourages us to be attending the hospital with them.” (P29, FGD1).

In another interview with unescorted female, an example was given where health care workers who came at her religion to administer vaccine encouraged men to be attending ANC with their female spouses:

I remember that at one point in time there came health care workers at our Mosque, they came to administer vaccine to children. At the end of the initiative the doctor announced that women who have children under the age of 5 months should go to the hospital together with their male spouses to have their babies vaccinated (P15, IDI).

Knowing that religion shapes positively the philosophy that guides a person, people are more willing to take heed of the instructions presented in these denominations. The participants in this research, through their responses quoted above, really showed that religion played a role in motivating them to be attending ANC together with their female spouses.

RQ 2: Barriers Hindering Men from Attending ANC with Their Female Spouses

Under barriers hindering men from attending ANC with their female spouses, three themes and seven sub-themes were identified. The first theme was socioeconomic barriers which had two sub-themes: financial constraint and work and business commitments. The second theme was cultural and social influences which had three sub-themes: pregnancy outside wedlock, unwillingness of women to be escorted, and cultural normal and values. The last theme was psychological barriers which had two sub-themes: fear of being tested for HIV, and marital problems.

Theme 3: Socioeconomic Barriers

Financial constraints. Some women who were not escorted by their male partners reported that financial constraint acted as a barrier for them to be attending ANC with their male spouses. They indicated that their male partners do not have sufficient resources to support transport fair for both. As seen in the following quotations, some men opted to send only females to ANC if they had no transport for both:

“I was not escorted by my male partner because he did not have enough transport fair for both of us as we live far from the facility” (P21, FGD3).

Mmmm! Sometimes the lack of transport fair is a barrier since I stay far away from the ANC clinic... Sometimes you find that you do not have enough transport fair. In that scenario I come alone, but during the first visit he had some money, and he escorted me, but today he did not manage to find enough money because our business is not going well this month (P18, IDI).

Some participants felt their need to escort their female spouses to ANC, but they failed to do so because they did not have enough money for the transport. The above quotes confirm this barrier to escorting their female partners to ANC.

Work and business commitments. Women and men in unison stated that engagement of men in work and business was one of the major barriers restraining

men from attending ANC with their female spouses. This reason was pointed out by 17 of the 38 participants that were included in this research. Men indicated that male participation in ANC is sometimes, challenged because men are usually busy with work and business as indicated below:

“It’s true it is a good thing to come here together, and many men would love to escort their female spouses, but the thing is that many men are busy with other things. Like

“I don’t usually stay here; I go to South Africa. If I happen to have gone to South Africa, then she would come here alone.” **(P1, IDI)**.

“The way that I have come today it seems as you are wasting your time rather than fending for your family and for this reason next time, I may not come here though the heart wishes so, because us men have many things to do” **(P31, FGD1)**.

“In terms of working people, working people may have tasks to do at the workplace during the week so when they escort their female spouses the tasks are affected.” **(P5, FGD2)**.

Women alike, they also echoed the same reason as hindering men from attending ANC with their female spouses:

“Some men don’t attend because they have gone to work” **(P23, FGD 3)**.

“Most of the times my husband is away from home, he may be in other far districts for weeks because he works with a certain construction company that maintains roads, and so he is not available to come with me.” **(P20, IDI)**.

“... He said that he could have escorted me here but because of some engagements he has failed instead he will escort me on another day.” **(P16, IDI)**.

“My husband travels a lot with his business so he is rarely at home and even today he has gone to order goods in Tanzania that is why he could not escort me here”

(P10, IDI)

“My husband went to South Africa last month to look for a job there, save some money so that we can increase our small business” **(P24, FGD3)**

A male partner who attends ANC also echoed that

Though men claimed that they are busy with other things, some men said that they could still spare time to attend ANC, and proposed that if ANC were also being conducted during weekends they could easily attend:

“Some men say that they are busy with other things, but to me I do not take it as reason for failure to attend ANC **(P7, FGD1)**.

“But when it comes to things that demotivate, maybe the ANC days are barriers ... Maybe if ANC was being conducted during weekends.” **(P5, FGD2)**.

The need to provide for the family as a bread winner was really a major factor hindering men from attending ANC together with their female spouses. The above extracts have shown just a glimpse of the magnitude of this barrier among men.

Theme 4: Cultural and Social Influences

Pregnancy outside wedlock. The research identified pregnancy outside wedlock as a factor affecting men’s involvement in ANC, that is, pregnant women who are not married were less likely to be escorted by male spouses. In other words, men who just impregnate unmarried women they do not escort them to ANC when time for ANC comes. The following quotes highlight this sub-theme as explained by the participants involved in this research:

... In our village setup some women are easily coerced by men and in the process, they are impregnated, likewise some men just flirt around with women. This habit makes many women to be pregnant with other women’s

husbands, and because of that it is hard for them to be escorted by men who impregnated them (P31, FGD1)

The other thing is that no matter how the ANC tries to motivate men to attend ANC not all women will be able to come with their male spouses... The truth of the matter is that a majority of these women who are not escorted they do not have husbands, they were just impregnated by men who are not theirs legally as such it's hard for these men to escort them, and that's what I see in my community I can say that 50% of these women were just impregnated, and they do not have a man to escort them (P29, FGD1).

“No. Ways of motivating men are many... but the issue is what has been spoken of- that some women do not have male spouses so even if you encourage them, they cannot be escorted.” (P30, FGD2).

Even if men could know that the pregnancy that women were carrying was indeed theirs, they could not escort them if that pregnancy was gotten outside of wedlock. This fact was presented by the participants in this research and has been quoted above.

Unwillingness of women to be escorted by men. Research participants demonstrated that women would not want to be escorted in fear of losing some benefits associated with visiting ANCs alone. Men explained that some women were not comfortable to be escorted as such they would be reluctant to be escorted by their male spouses. The following quotation shed more light on this point:

There are some women who are not happy to be escorted by their male spouses because they think that they will not be comfortable to do certain things on their way to the ANC, so when women portray this character men may stop escorting them (P34, FGD1).

One of the escorted females reported to have heard a discussion among fellow women that women prefer to attend ANC alone because by doing that they are given money for transport and chips. This, to them, was paramount rather than being escorted by their male spouses:

I just heard other pregnant women today at the waiting area say that we are not supposed to go to ANC together with our spouses, we need to go alone so that

we should be given pocket money to buy chips, if they escort us, and they will not give us that money. They say that how can one eat chips when she is escorted by a male spouse, since the moment you come out of the hospital you ride a motorcycle and go home without having time to eat chips or move around (P13, FGD 3).

This was echoed by another female who was not escorted

we are somehow free to be going around town to buy stuff you like after we are done with the clinic, I think when you are escorted you may not have that liberty as you will go straight home with your partner, this is my experience so far (P11, IDI)

Cultural norms, values and gender influence. Cultural norms, values and gender influence were another factor that hindered men from attending ANC with their female spouses. Men would associate ANC with women, as such men attending ANC would be considered feminine. This sub-theme was highlighted by 11 participants in this research. They were shy of being seen by their fellow men and the entire community below are some of the responses participants:

Sometimes men are shy to be seen escorting their wives to ANC because here there are more women everywhere and men somehow we feel out of place, but for me I still come despite feeling out of place with a lot of women around. But I am sure that is why other men choose not to come... (P27, FGD1).

Men also tend to be shy at ANC, this is so because the ANC is dominated by females, both healthcare workers and expectant mothers. The following quotations highlight this sub-theme:

“Maybe many men are shy since majority of healthcare workers are females. Maybe if there could also be male healthcare workers, it could be good.” (P5, FGD2).

“For me my husband always says he is not comfortable when I ask him to escort me is very shy and keep saying how he can come here with all the pregnant women around. Sometimes he says what if he will be the only man present on that day in the midst of so many women.” (P18, IDI).

“Others are shy... Because this place has a lot of women in attendance.” (P13, FGD3).

People viewed ANC as women’s issue, and men involved in it were considered to be given love portion. Here are the responses that came out from the participants:

“Once you escort your wife, when you go back home people say a lot of things and they think that you are retarded. They think that you have been given love portion as other men are discouraged” (P31, FGD1).

Many of the values and norms are discouraging in nature. Many men say that they do not see the value of escorting their female spouse to ANC, but this thought depend on individual perception of the matter. It depends on the choice that you make, whether to follow values and norms or to escort your female spouse (P33, FGD2).

According to our values and norms in our community, the issue of ANC was considered as women’s issue. That belief still exists today, when people see a man attending ANC with his female spouse they take him as weak (P34, FGD2).

When a man escorts his spouse, some say that he is weak while some say that the woman gave him love portion that is why I come alone so that my husband does not look like I gave him love portion to follow whatever I ask him to do. People talk a lot you don’t know for sure (P17, IDI).

Cultural norms and values indeed shaped men in the research area. As shown by the quotes presented above, some men were demotivated from escorting their female spouses to ANC due to these norms and values.

Theme 5: Psychosocial Barriers

Fear of being tested for HIV. Research participants reported that ANC is associated with HIV status testing, and couples would be recommended to go for HIV testing at the ANC, and while other men are motivated this acts as a barrier to some men from attending ANC with their female spouses. Emphasised by 6 research

participants, men were afraid of attending ANC because they were afraid that they would be tested positive for HIV.

“The other thing is that other men are afraid. When they hear that here they are tested for HIV, they are really afraid of it, and they would rather stay away from this place.” (P31, FGD1).

“What demotivates most men is the idea of being tested for HIV, we don’t like that.” (P38, FGD2).

This was also cited by some pregnant women who were not escorted by their spouses, that “a requirement of HIV screening at ANC scared their male partners away from attending ANC services.” (P25, IDI)

For me who is not escorted whenever I mention ANC clinic to him he always say he will come whenever he is ready to have HIV testing, I think knowing that we will be asked to take HIV testing make him hesitate to escort me here, but the Nurse keep telling me to convince him that it is important for him to attend for the sake of our baby (P14, IDI).

The association of ANC with HIV testing played a role in hindering men from attending ANC together with their female spouses. The above quotes have demonstrated that some men that some men would not escort their spouses because of this association.

Marital problems. Men indicate disagreements with their spouse as a barrier that hindered men from attending ANC with their female spouses. Men were quick to mention that quarrels with spouses were so demotivating to consider escorting their spouses. This sub-theme appeared 6 times among the participants. The following extracts show how some of the participants responded:

“When they quarrel, some men may not want to escort their spouses...Because sometimes when you get home, they may say that without you I could have been assisted anyway” (P36, FGD1).

“Disagreements at home can discourage me from attending ANC.” (P2, IDI).

“The other issue is about how you stay at home. There are times that you quarrel at home, and because of that it’s hard to escort her to the ANC.” (P30, FGD2).

It is hard for people who have quarrelled to walk together. As explained by the participants in this research some men were not willing to escort their female spouses to ANC because of quarrels encountered at home.

RQ3. Influence that Women Have Over Their Male Spouses’ ANC Attendance

The research also wanted to find out how women influence their male spouses to be attending ANC with them. Under this objective one sub-theme appeared, and this was:

Theme 6: Prior Preparation

This involved preparing their males spouses for the ANC visit ahead of time. Through the interviews it was noted that some women failed to prepare their male spouses for ANC visits. This preparation involved communicating to their male spouses, and letting them know that they too are supposed to attend ANC. The following quotes demonstrate the unearthing of the sub-theme:

“Women should explain to their male spouses... Yes, if a woman knows then she can sit down and talk to her husband about it. Through that, some men may be convinced that what my wife is saying is helpful.” (P17, IDI).

“My husband knows that he is supposed to escort me... I am the one who told him that women who are escorted by their male spouses are assisted quickly, may be one day he will come.” P18, IDI).

If I ask my husband some days before the ANC appointment date he keeps saying he has already planned for that whole week, and if I also tell him a week in advance but when the day comes he would say he forgot so he will come next time. So, I am not sure what I should be telling him so that he accepts so I just come alone and now I stopped even asking him to come (P11, IDI)

The key informant stated that for women to tell their male spouses to be attending ANC with them, they need to be taught on the benefits of being escorted by their male spouses for some of them didn't even know the benefit of being escorted:

They need to tell their male spouses, but the first thing to be done is for us to explain to the women the benefits of them being escorted by their male spouses. After explaining to them we are to encourage them to relay this information to their male spouses (P40, KII).

Apart from just relaying the information to their male spouses, women also employ strategies to psychologically prepare their male spouses for ANC visits. One of the participants hinted on how to influence male spouses in regard to this psychological preparation:

Preparing him for that visit. Preparing them clothes to wear on that visit, you give them water to take a bath and tell them to take a bath. When going to ANC, take some food so that they can eat when they are hungry. Again, when going, as a woman you need to show some respect to him, that is how my husband accepts to come with me I just try to support him be ready to make it easier for him to come with me (P22, IDI).

RQ4. Health Facility Factors That Enhance or Hinder Involvement of Men in ANC

Health facility factors that enhance or hinder involvement of men in ANC was among the research questions that this research sought to find out. Following the interviews with research participants, 5 sub-themes emerged of which only one was enhancing male involvement and the rest were hindering men's involvement in ANC. The sub-themes that emerged were as follows: special treatment of women escorted by male spouses; lack of privacy; time spent at ANC; overcrowding; attitude of healthcare workers towards men and women attending ANCs.

Theme 7: Enhancing Factors

Special treatment of women escorted by male spouses. The health facility intervention that “women escorted by their male spouses be assisted first before the unescorted females” was the main factor that encouraged men to be attending ANC with their female spouses. Being mentioned by 14 of the 40 participants, both male and female, this intervention was the only health facility factor that motivated men to be attending ANC together with their female spouses. The key informant said that women who are escorted by their male spouses receive special treatment, which includes being assisted first:

When they [couples] arrive here, we give them a place to sit down while a woman sits on the bed. Then we ask them, starting with the woman then the man, if there is any problem they are experiencing... the couple goes straight inside **(P39, KII)**.

It has been noted that beside other reasons, this is the greatest motivation for men to escort their spouse, you men are always busy and besides, they also want their wives to go back home early and that’s why they come with them so that they do not take time here **(P40, KII)**

This was evidenced by what men, themselves, said in FDGs. The following extracts show what men said in each of the two FDGs:

As for me, when my wife first came here, she saw how quickly escorted wives were treated here, and when she came home, she relayed the matter to me. When she told me about it, I saw that it is a good thing to escort her that is why from the next ANC visit I started escorting her **(P32, FGD1)**.

“To me I take it as an important thing in the sense that when I escort her, she does not suffer because she is assisted right away” **(P35, FGD2)**.

The fact that escorted women were treated in a special way and quickly, gave both men and women ample time to resume their work left at home:

The main issue is on the time spent at the ANC when I escort her. When I escort her, she is assisted quickly and we get back home on time, where she is able to perform other duties like preparing food for the family **(P3, IDI)**.

It is interesting, because as for me today I found a lot of people here, but I was simply asked if I came with my wife, and straight away I was assisted leaving

all other women behind. The way the ANC is crowded today what will happen to those women who are not escorted? Kids are at school, they are expecting that they will find food when they get back home, with the way the ANC is crowded today kids belonging to women who have not been escorted will suffer. So, it's a good thing that I escorted my wife because soon we will be leaving this place (**P7, FGD1**).

Men are usually busy and being given special treatment when they escort their female spouses motivates them. As pointed out in the quotations above, men were impressed with this arrangement hence their willingness to escort their spouses.

Theme 8: Hindering Factors

Time spent At ANC. Both male and female research participants complained that the time taken for a couple to be treated took longer than expected despite women who attended ANC together with their male spouses being assisted first. This sub-theme appeared 10 times among the participants. In the first place, couples could get to the ANC as early as possible only to find that they had to wait for the health care workers to start working. The participants reported that they could spend at least an hour at the ANC waiting for the health care workers to start their work:

“Some feel that time for starting ANC is late, because we come here around 7am but the doctors start work at around 8am, so men are delayed” (**P14, IDI**).

“Today the doctors have talked to us politely, but they came late” (**P13, FGD3**).

The research has also established that the actual time taken for a woman or couple to be assisted was longer than anticipated:

The time spent here is long, but maybe that is how they work to achieve quality output. After being assisted we wait for our health passport. Roughly it takes about 40 minutes from the time one starts to receive treatment to the time that s/he leaves this place (**P1, IDI**).

One of the escorted females hinted that when an escorted female enters in the doctor's room, it takes some time before letting the man in.

“The other factor is that when the woman starts to be assisted the doctors take a long time before letting the husband in” (P13, FGD3).

Both KII commented that there are a lot of services that each client has to undergo on each visit and those services do not happen in one room so moving from one room to another clients feel delayed.

Much as couples are served first but when they come there are a number of services that they must undergo so that take some time of course. For example before they get to the examination rooms they have to attend health talks, get their vital signs checked, go for HIV screening if it is their first visit, go for immunization if she is due, then go for examination and individual counselling, then data registration so you can see that a client has a number of steps to follow before getting the actual examination and they feel they are delayed but at the end of the day couples are seen first and as they come even if they come late (P39, KII)

Male partners think the moment they must go straight into the examination rooms and off they go, which is not the case here so when they feel they are taking longer they become annoyed and say a lot of things but the reality is the woman has more than one other services to get on that day, so we usually ask the women to explain this to their spouses so that they know in advance that apart from examination there other services to be received too (P40, KII)

The length of time taken for one to be treated was long. It was noted that even if an escorted woman was given special treatment, the actual treatment time was longer that it had the potential to demotivate men from attending ANC.

Lack of privacy. The other issue that was presented by the participants as a factor that hinder men’s involvement at ANC was lack of privacy at ANC. The interviews that were conducted revealed that there were some instances where two women with their partners could be having their pregnancies examined in one room that comprised of two beds but separated by just a curtain that you could see what was happening on the other side. This scenario could create discomfort in male partners who were also in attendance:

Because there is no privacy in the room where examination of the pregnancy takes place, one may easily see other partners being treated. For this reason, some men will feel shy to be looking at other women being examined in the

same room. If the treatment room was like the one, we are using for this interview, it could have been good since only a doctor and one couple is present per unit time (P21, FGD3).

There is one thing that I would love if it were improved. When my wife and I enter a room, like that one, you may also find that there is another woman without her spouse, so it happens that she is there, and me and my wife are there too. It doesn't look good, maybe a couple should be assisted first then unescorted woman should be treated separately (P1, 1DI).

One of the female participant explained her experience when she attended the ANC together with her husband in 2021. The following quotations gives a full account of what happened then:

Yes. The last time that I came with my male spouse in 2021, there were two couples being treated in the same room at the same time. Both of us women were laid down on the beds while our spouses sat on the chairs. There were no curtains to separate the two beds as such men could easily see the stomach of another man's wife being examined. That experience could discourage male spouses from attending ANC (P17, IDI).

The issue of privacy is very critical, and when it is compromised it may bring negative consequences. As narrated in the above quote the incident that happened could likely demotivate men from attending ANC with their female spouses. The KII had to say this:

Sometimes we have to overwhelming number of clients and in the process of trying to avoid keeping them at the clinic for long hours two nurses can be serving two clients in one room that has two examination beds separated by a screen curtain but we make sure that when it is a couple they are served alone in the room, this is what we do here (P39, KII)

I think its high time that facility also has to add another toilet for male partners because there are only female toilets and when males partners escort their spouses they usually ask where can they relieve themselves and we just send them to the female toilets which most men go because they have no choice but others do not go and they would rather wait until they go home (P40, KII)

Overcrowding. The research respondents reported that ANCs were in many times overcrowded by people. Looking at how the ANC is overcrowded; some men are discouraged from attending ANC together with their female spouses. Both men and women identified overcrowding as one of the barriers restraining men from

attending ANC with their female spouses. The following are some of the responses that participants of this research gave:

Yes...the size of the ANC makes us to be congested. The main issue is that the ANC should be spacious so that any woman who is escorted by her male spouse should easily be identified, but as of now it is not obvious to identify them **(P6, IDI)**.

Yes, that is a big problem that I see here because when there are few people in attendance the space is enough but when there is large attendance the space isn't enough as such some men stay outside. This may discourage men from coming back **(P20, IDI)**.

Participants further indicated that improper sitting arrangement and lack of chairs could discourage men from attending ANC. This was reported by 10 of the 40 participants. The chairs could not accommodate all men and women attending ANC, especially on certain days when attendance is at the maximum:

“...Yes. Scarcity of chairs. Like today, it is only my wife who sat on the chair” **(P7, FGD1)**.

“On the part of chairs, there are not enough chairs, we just sat on the ground.” **(P34, FGD1)**.

Even when the chairs are enough but how the sitting arrangement is done creates discomfort among men attending ANC. Men wished to sit next to their female spouses, this sitting arrangement could bring about comfort in men which are usually in minority at the ANC compared to women in attendance:

“In terms of the setup of the chairs, men do not sit together with their wives which for some men they may not be comfortable considering also that they are alone” **(P5, FGD2)**.

When we visit other ANCs, we see that the pattern of sitting is different from how we sit here. In other ANCs a man sits next to his wife, but here it is not so. The problem is the chairs, if the chairs were enough then a man would sit next to his wife **(P38, FGD2)**.

The key informants also said that the clinic is usually congested:

The facility is usually overwhelmed by huge number of clients everyday as such the waiting area is usually packed and congested that makes the chairs not enough and so men give seats to women while they stand (P40, KII)

Attitude Of Healthcare Workers Towards Men And Women Attending ANC

Attitude of health care workers towards men and women attending ANC came out as an issue affecting men's involvement in ANC. The issue was raised by 5 of the 40 participants that participated in this research. The health care workers sometimes shout at both men and women, or they address them as though they are useless:

How the doctors talk to us. There are some doctors who talk to us as we are nothing to them, instead of helping us they talk careless things. When you ask them to help you, they talk irrelevant things, instead of helping you they just move up and down, this may make a man to reach a conclusion that let the woman be attending ANC alone (P33, FGD2).

Ah! Previously what wanted to discourage me was what I experienced here... Then came a fat healthcare worker who said move out of this place! Move to that side. That didn't go well with us considering also that this place has a lot of women, I was not happy at all and many men who came that day were also not happy with what happened (P1, IDI).

One of the participants complained that with the way how some healthcare workers talk to them, it may end up losing interest to be coming here.

“They should learn how to welcome people. When a person comes here s/he is a patient so when you talk to him/her carelessly you may raise his/her BP. [...] and this is common in most public hospitals in our country” (P35, FGD2).

During the KII, it was indicated that “Nowadays staff attitude has improved as health worker are reminded to prioritize and respect couples as they come.” (P39, KII).

Discussion of Findings

As the research aimed to explore factors influencing male involvement in ANC services at Mangochi District Hospital in Malawi, this section discusses the findings of the research focusing on the following subheadings:

1. Factors motivating men to be attending ANC with their female spouses
2. Barriers hindering men from attending ANC with their female spouses
3. Influence that women have over their male spouses to be attending ANC
4. Health facility factors that enhance or hinder involvement of men in ANC

Factors Motivating Men to Be Attending ANC with Their Female Spouses

Several factors were revealed by the research finding that motivated men to be attending ANC with their female spouses. Male partners' perceived benefits of ANC on maternal health was one of the factors associated with male participation in ANC. Men perceived that ANC visits were important due to the knowledge they acquire in maternal health when they visit the ANC clinics with their partners. Sakala et al (2021) concurred with this research by indicating that the desire to know more on maternal health motivates men to be attending ANC together with their female spouses.

This resulted from their research which found that men perceive benefit of knowledge through regular health talks that are offered during ANCs. Similarly, other studies in Malawi, and Tanzania by Soko et al (2021) and Sao et al (2024), respectively, confirmed that men get motivated to attend ANCs because of the value of knowledge they acquire at ANCs in maternal health. This means that improving the health talk sessions during couple visits to ANC services could motivate male partners to escort their spouses to ANC clinics.

Prioritizing womens' welfare, love and support also influenced male participation in ANC services. Men who loved for their spouses were escorting their partners to attend ANC services unlike those who did not love their wives. This finding concurs with another research in Zambia (Muloongo et al., 2019). The research revealed that when a pregnant mothers experience love from her male

partners, there is improved health outcomes for both the pregnant mother and the unborn child. This means that enhancing the culture of love by the male partner towards their pregnant partners would improve male participation in ANC services.

A feeling of responsibility over the pregnancy was also another factor that motivated men to be attending ANC with their female spouses. Men who felt that they had a responsibility towards the pregnancy were motivated to escort their pregnant partners to ANC clinics. This finding is not unique as research done in Nepal by Sharma et al (2018) also reported that the feeling of responsibility over the pregnancy of their wives motivated men in Nepal to be engaged in ANCs. Among others, men who felt the responsibility over their partners' pregnancy would want to ensure that they could do whatever is possible to enhance their partners' pregnancy outcomes. This result could imply that interventions that could empower the couple including the male partners in the care of the pregnancy could have an impact in improving male participation in ANC services.

An opportunity of being tested for HIV was another factor that motivated men to escort their spouses to ANC services. As HIV services are highly stigmatised in Malawi (Kumwenda et al., 2023), attending ANC clinics with their wives provided a stigma-free environment for HIV testing. This result is in line with a research conducted by Soko et al (2021) that showed that the opportunity to be tested HIV status as a couple motivated some men to be attending ANC. As Sakala et al (2021) observed, the research further revealed that getting tested for HIV as a couple was a tool that would build trust in their relationship, and also that getting tested for HIV as a couple could help the couples to know each other's HIV status and become on guard of each other which eventually cemented their marriage. Further, men's health seeking behavior is usually low such that it is uncommon for men to go for HIV

testing unless if they are sick (Kumwenda et al., 2023), hence the research noted that couple ANC attendance also offers a chance for such men to access HIV testing with their spouses. Therefore, the opportunity offered at ANC to test HIV status as couples is paramount to some men to be attending ANCs.

Findings of this research further revealed that good communication among the couples encouraged men to be attending ANC with their spouses. Men get influenced by fair and kind treatment which they get from women, and such an influence motivate men to attend ANCs. This was evidenced in Tanzania and Zambia by Sao et al (2024) and Muloongo et al (2019) in their research which reported that men got motivated to be attending ANC with their female spouses as a result of respect and love by their female spouses. Men responded positively to fair treatment and good communication through escorting their spouses to ANC as an expression of love and care, and it was believed that when pregnant women are loved unconditionally the health of the woman and of unborn child is enhanced tremendously. This implies that a good family status and communication among spouses can positive reinforce and motivated caregivers to be attend ANCs. Therefore, status of obedience, love and respect among couples was a determinant for motivation of men to be attending ANCs.

The research found that men who felt responsible for the wellbeing of their families were more likely to attend ANCs with their spouses. Men attended ANC because of taking their spouses health, happiness and safety as a top priority. Evidence generated by Soko et al (2021) indicated that men were eager to escort their wives to ANC when their associated ANC with family well-being. This implies that training men to consider attending ANC as an issue of family wellbeing would motivate men to be attending ANCs.

The research also highlighted the role that religion play in motivating men to be attending ANCs. Findings indicate that religious beliefs and values play a role in motivating men to be attending ANCs. Men acknowledged that their religious affiliations influenced their perceptions and decisions regarding ANC attendance. This finding agrees with the research findings of Gibore et al (2019) and Beraki et al (2023) conducted in Tanzania and Eritrea, respectively. Gibore et al (2019) showed that men belonging to Christianity were almost two times more likely to attend ANCs compared to Muslims. On the other hand, Beraki et al (2023) indicated that both muslim and Christianity influenced male partner involvement in ANC services. This implies that denominations could be a better platform of encouraging men to be attending ANCs since the findings demonstrate that religious principles shape the attitude of men in issues to do with male involvement in ANCs.

Lastly, the research findings revealed significant roles that distance to health facilities play in influencing male participation in ANCs. Findings suggest that men are more likely to escort their partners to ANCs when the clinic is closer to home, and that shorter travel distances reduced logistical barriers and make access easier. However, on the other hand, long distances discouraged men from escorting their partners to ANC clinics due to transport challenges, time constraints and physical exhaustion. This is in line with the results of the research by Muhabaw et al (2024) who found that 15.5% of men who participated in their research were motivated to escort their spouses to ANC because they were concerned with the long distance to the health facility, while others were also discouraged of the same. This suggests that distance to health facility could either motivate men to be attending ANCs or act as a barrier to participation. Given this, improving the availability of ANC clinics within walkable distances could be an effective strategy to enhance male involvement in

maternal healthcare. Ensuring that health services are easily accessible encourages men to support their spouses during pregnancy which can contribute to better maternal health outcomes and stronger family involvement in reproductive health services.

Barriers Hindering Men from Attending ANC with Their Female Spouses

Participants of the research reported several key barriers that hinder male involvement in ANC visits with their spouses. The barriers reported included, financial constraints, work commitment, cultural norms, marital conflicts and fear of HIV testing. Below is a discussion of the barriers reported to have been hindering men from attending ANCs.

The findings of the research reported financial constrain to be one of the factors hindering men from attending ANC with their spouses. Economic status of men affected their involvement in ANC, such that, men who have low levels of income were failing to escort spouses due to economic challenge. Evidence from Kenya, Ghana and India Nungari and Njuguna (2015), Ganle and Dery (2015), and Pandey et al (2023) respectively, indicated that men with low social economic status would fail to support transport fare for both males and females due to long distances to ANCs,. This suggests that improving economic stability and access to ANC services within affordable distances could enhance male involvement in maternal healthcare.

The findings of the research identifies work and business commitments as another barrier that hindered men from being involved in ANCs. The research established that many men expressed a genuine desire to attend ANCs with their spouses, however, the demands of economic activities hinder them. However, this

research noted that men who are running their own businesses were more likely to attend ANC services with their spouses compared to those who are formally employed. This is in line with the findings of a research by Sakala et al (2021) who found that men who were employed were not at full liberty to escort their female spouses to ANC, if permitted to do so they were only permitted to attend the first ANC. The research further revealed that men who either were doing business or doing piece works prioritized on looking for food for the families rather than ANC. Further to that, Mapunda et al (2022) in their research also indicated that men shunned ANC because of fear of losing income-generating activities for the whole day. Moyo et al (2024) and Sakala et al (2021) discovered that work time coincided with ANC visit time, as such depriving men an opportunity to visit ANCs. In this case, if commitments/benefits associated with economic activities surpass the benefits of escorting spouses to ANC services, they become a barrier to male involvement in ANC services.

The research highlighted marital problems as a significant barrier to male involvement in ANCs. Participants reported that men were less likely to attend ANCs when experiencing conflicts or disagreements with their spouses. Tensions was reported to arise due to hormonal changes during pregnancy which was suggested to result to harsh treatment of men. This was reported as a discouraging them from accompanying their wives (Mapunda et al., 2022). The findings of the present research agrees with the research which was done in Uganda which reported that men tend to avoid attending ANC together with their wives due to conflicts between spouses (Sao et al., 2024). This implies that failure of men to understand mood swing in pregnancies would result in conflicts or disharmonious relationships which could result in men not having the motivation to visit ANCs.

Although involvement of men in maternal health including ANC services is important for improved MCH health outcome (Gibore et al., 2019), male participation in maternal health services such as ANC is deeply rooted in the way societies define gender roles and responsibilities (Szekeres et al., 2023). In societies where childbearing is considered a feminine role, men are hardly involved in maternal and child health services (Szekeres et al., 2023). In this context, it is obvious that male participation in ANC services would be low as men would likely conform to their social norms.

The finding of the present research also indicated that some cultural norms, values and gender influence as a significant barrier to male involvement to ANC visits. Participants indicated that traditional beliefs considered ANCs as issues to do with women. Even men who overcame these norms and attended ANCs with their spouses were often reported feeling unwelcomed and uncomfortable due to the female-dominated environment. This is in line with the findings of Sakala et al (2021) who reported that norms and traditional beliefs hinder men from attending ANCs to avoid an image of femininity, while Tanzanians and Ghanaians consider escorting their female spouses to ANC as being weak, controlled and being charmed by female spouses (Annoon et al., 2020; Gibore et al., 2019).

As such, Sao et al (2024) and Boniphace et al (2021) found that men become shy and not comfortable to be attending ANC because of women dominance. This highlights the need for culturally sensitive interventions which should reshaping traditional beliefs and fostering an environment that welcomes male participation. Such efforts can encourage men to support maternal health, thereby, improving spousal cooperation and overall health outcomes.

The research identified out-of-wedlock pregnancies as one of the barriers to male involvement in ANC visits. Participants reported that women who were pregnant outside of marriage faced social stigma and community disapproval which discouraged their male partners from escorting them. The out-of-wedlock pregnancies were associated with married men, uncommitted partners. Gibore et al (2019) found similar results in Tanzania where it was reported that women were required to attend the first ANC with their male spouses, but they could not since they were just impregnated by men who they were not married to. Therefore, increased numbers of out-of-wedlock pregnancies is a factor that makes women not to be escorted by men. This implies that social perceptions surrounding out-of-wedlock pregnancies play a critical role in reducing male participation in ANCs.

The research identified fear of HIV testing as a significant barrier to male involvement in ANC visits. Many men were reluctant to attend ANCs due to the association of ANC visits with HIV testing particularly in the presence of their partners. Sakala et al (2021) states that men have fears to learn of their HIV status in the presence of their female spouses, but they would rather want to get tested alone. This is in line with Audet et al (2016) and Soko et al (2021) also reported further that the association of ANC with HIV testing, forbade men from attending ANC. This is due to a compelling force they get from the ANC to get tested for HIV with their spouses.

This implies that fear of HIV testing shun some men from attending ANC together with their female spouses. This is further worsened by stigma and discrimination associated with having HIV in the community (Kumwenda et al., 2023). Strategies such as client initiated HIV testing and counseling, community education, and stigma reduction initiatives could help create a more supportive

environment which can encourage men to accompany their spouses to ANC visits and participate in maternal healthcare.

The research reveals that some women preferred attending ANCs alone to secure financial benefits. These women prioritize the financial support provided for visits which their spouses did not escort them. Research participants indicated that the lack of communication or invitations for their husbands to join them at ANC sessions contributed to low male involvement in ANCs. This is in line with similar studies in Malawi, Nepal and Bogota which also indicated that women were unwilling to be escorted by their husbands to ANCs which was demonstrated by failure to inform or invite their husbands for ANC visit to get benefits associated with a female spouse going alone (Aarnio, 2019; Chasowa et al., 2015; Moyo et al., 2024; Natai et al., 2020; Sharma et al., 2018). Therefore, women's decision plays a role in male involvement in maternal health, and their value for financial benefit over male involvement in ANC has a negative effect on male involvement. Addressing these barriers through community awareness could encourage greater male participation in ANC visits.

Women's Influence Over Their Male Spouses ANC Attendance

The participants of the research highlighted that women play a role in influencing their spouses to participate in ANC visits. This influence was reported to be achieved reminders and fostering psychological preparedness. These were suggested to have an upper hand in motivating men to be attending ANCs. Tokhi et al (2018) indicates that if men are encouraged, it would increase males' participation in ANCs and other maternal health care services. The encouragement which men receive from female spouses acts like a recipe for motivation to male spouses to decide

attending ANCs. This implies that the support and motivation provided by female spouses act as a key driver for men to prioritize attending ANCs.

Health Facility Factors that Enhance or Hinder Involvement of Men in ANC

The research highlighted several health system factors that positively influence male involvement in ANCs. Key motivations include special treatment for couples, short distances to clinics, and a male-friendly environment at ANC facilities. Among these, prioritizing women accompanied by their male spouses was identified as the greatest motivator which encouraged men to participate in ANCs. This is in agreement with other studies by Sakala et al (2021), Sao et al (2024) and Muia et al (2022) that revealed that in Malawi, Tanzania and Kenya, respectively, that the special treatment given to couples at health facility due to male involvement in ANCs had positive implications in increasing male spouses in maternal health issues.

The research results concur with other studies that also concluded that health system factors such as distance to the health facility (Craymah et al., 2017), male-friendly ANC clinic environment (Sakala et al., 2021), health education (Manda-Taylor et al., 2017; Mkandawire & Hendriks, 2018; Sakala et al., 2021), preferential treatment of women who come with their partners to ANC clinics (Mkandawire & Hendriks, 2018; Morgan et al., 2022; Sakala et al., 2021) affected men's participation in ANC services. Sakala et al (2021), Sao et al (2024) and Muia et al (2022) found in Malawi, Tanzania and Kenya that special treatment given at health facility due to male involvement in ANCs had positive implications in increasing male spouses in maternal health issues. According to Ajzen (1991), the above health systems factors could promote positive personal attitudes that could enhance positive attitudes among men to escort their spouses to ANC clinics. Therefore, the findings highlights the role

of health system factors, such as preferential treatment, male-friendly environments, and accessibility in encouraging male involvement in ANC attendance which could enhance ANC visits.

However, the research found that several barriers associated with health facilities hindered male participation in ANCs including lack of privacy in screening rooms, extended waiting times, and unfriendly clinic environments. Men reported feeling uncomfortable due to inadequate privacy during examinations as some screening rooms had curtains that did not fully conceal interactions. This discouraged men from attending ANCs with their spouses. Other studies have also revealed similar findings. Moyo et al (2024) indicates that over 50% of men complained about lack of privacy which made men feel that ANC is not conducive for men.

In their studies in Malawi and Kenya, Chasowa et al (2015) and Ongolly and Bukachi (2019) also reported that privacy in examination room is a problem in ANCs. Despite some rooms having curtains, but they would not completely conceal examinations of two people. These barriers emphasize the need for improved clinic infrastructure to reduce waiting times, and adjustments to the physical environment to accommodate men. Addressing these challenges could promote male involvement in ANCs.

The finding of the research also indicates that attitude of healthcare workers played a role in hindering men from attending ANC with their female spouses. Research participants reported a negative attitude towards some male spouses when they visit ANCs and poor treatment. Soko et al (2021) and Kabanga et al (2019) indicate that some healthcare workers disrespect male spouses, and sometimes even chasing them to wait for their spouses outside. Studies that were conducted in Ghana also found that healthcare workers at ANC were harsh, unapproachable and used

critical language towards men and women (Ganle & Dery, 2015; Kumbeni et al., 2019).

According to Ongeso and Okoth (2018), the attitude and treatment by the health workers tend to discourage men from attending ANC again together with their female spouses. Among others, health workers could have poor attitudes due to lack of inadequate staffing, lack of training in male friendly services in ANC as well as increased workload that could result in burnout by the health workers, hence poor attitude (Kumbeni et al., 2019). Therefore, measures would be required to improve on the stated flaws.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents a comprehensive overview of the research by summarizing the key findings, drawing informed conclusions based on the results, and offering practical recommendations for future research, policy, or practice. The chapter aims to consolidate the research contributions while identifying areas for further exploration and potential improvement.

Summary

Despite the benefits of male involvement in ANC services, Malawian men rarely attend ANC clinics with their spouses and there is limited research explaining why men rarely attend ANC services with their spouses and the factors influencing their involvement in Mangochi District, Malawi. The research was done at Mangochi District Hospital, Malawi, among married couples with a spouse having pregnancy and attending ANC clinics. The research recruited married couples, and the couples were identified through female spouses with pregnancy during ANC visit. Female spouses with their respective male spouses were recruited, those who were available on the day of data collection. Pregnant women who attended ANC services without their male spouses were also recruited. Additionally, qualified nurses providing ANC services were also recruited. Data were collected through focus group discussion, in-depth interviews and key-informant interviews using interview guides.

Data were analysed using thematic analysis where data were transcribed, translated, conceptualized, and thematized to identify emerging patterns. Theme on factors motivating men to be attending ANC with their female spouses included the following sub-themes: perceived benefits of ANC on mental health, a feeling of responsibility for pregnancy, opportunity for HIV testing, obedience and good character of women at home, prioritizing of women's health and love, happiness and safety by men, influence of religion, and distance to the health facility. Barriers to male involvement included financial constrain, commitments, marital problems, cultural norms, values and gender influence, pregnancy outside wedlock, fear of HIV testing, and unwillingness of women to be escorted. Health facility factors affecting men included, special treatments, time spent at ANC, overcrowding, and attitude of health workers. Reminders from women acts as an influencing factor for women to be attending ANCs.

As the research aimed to explore factors influencing male attendance in antenatal care services, the results of the research reveal that personal attitudes, subjective norms and expectations and perceived behavioural control play a significant role in influencing men from attending ANC clinics were their pregnant wives. Among others, socioeconomic and health systems factors that influence personal attitudes towards male participation in ANC services and subjective norms including social pressures, could either promote or hinder men participation in ANC services with their partners.

Conclusions

In conclusion, the research had four research questions which aimed at exploring factors associated with men attending ANCs. The first research question looked at the factors that motivate men to be attending antenatal care services with

their partners and the research concludes that men's perceived benefit of attending ANC with their spouses, establishment of male friendly ANC clinic environment, short distances to ANC facilities, supportive sociocultural norms and values for male involvement in ANC services among others could motivate men to participate in ANC services.

The second research question was exploring barriers preventing men from attending ANCs with their female spouses and the research concludes that factors that can have negative attitudes of male participation in ANC services such financially instability viewing ANC attendance as time wasting, work or business commitments, marital problems, cultural norms that do not promote male attendance in ANC services, pregnancy outside wedlock, mandatory HIV test for men when escorting their pregnant women to ANC , and unwillingness of women to allow their spouses to accompany them to ANC clinics could discourage men from attending ANC services with their partners.

The third question was exploring how women influenced their spouses to be attending ANC clinics during pregnancy and the research concludes that that male spouses could be easily influenced by their partners to attend ANC services through reminders and preparing male spouses for ANC visit through reminding the partner of the ANC dates and helping the male partner get ready on the appointment day. The final research question explored health facility factors that can enhance or hinder involvement of men in ANC services and the research concludes that health systems factors that can promote positive attitudes among men on ANC and subjective norms through friendly ANC clinic environment, respecting men's sexual reproductive health (SRH) rights (no mandatory HIV test), preferential treatment provided to their partners when escorted by their spouses, and easy access to ANC clinics can promote

male participation in ANC services with their partners. However, the motivation of men reduces with unwelcoming treatment which include lack of privacy during examination, overcrowding at the health facility and negative attitude of health workers towards men, reduces the motivation of men to be attending ANCs.

Overall, men have a potential of being motivated to be attending ANC services with their partners, as this is crucial for improving maternal and neonatal health outcomes. Therefore, addressing the barriers to male involvement, while promoting the motivating factors is essential for improved and greater participation in ANC services.

Recommendations

1. The government of Malawi and non-governmental organization should consider making promotions through media, educating men on the benefits of attending ANCs and risks of failure to attend ANCs. These promotions should be done in both circles of men and women, and at facility, as well as community levels.
2. The health sector should train health workers to provide welcoming environment to men who visit ANCs in addition to the already special treatment they offer and also the availability of male health care workers at ANC clinic
3. The government of Malawi through the health sector, and the district hospital should ensure adequate privacy at the ANC clinic during examination through improving screening rooms which make to make ANC a better place for men.
4. The district hospital should train and mentor members of staff at ANC clinic to be well organized and coordinated on clinic days to ensure that men spend less time to complete all the ANC services, despite the overwhelming numbers of client they receive, thereby, motivating them.

Table 5.*Summary of Recommendations*

Research question	Summary research findings	Recommendations
Factors Motivating Men to be Attending ANC with their Female Spouses	1. Concern about maternal health and well-being 2. Social and cultural expectations	Awareness campaigns about male involvement to consider attending ANCs as part of significant portion of maternal health and well-being, and social and cultural expectations.
Hindrances of men to attending ANC with their female spouses	1. Socioeconomic barriers 2. Sociocultural influences 3. Psychosocial barriers	1. Government of Malawi should make more ANCs closer to people. 2. Awareness campaigns should be done to emphasize the benefits of male involvement in ANCs. 3. Develop program to demystify and encourage male participation in ANC services 4. Develop interventions targeting the cultural custodians emphasizing importance of male participation in ANC related to good health outcomes.
Influence that women have over their male spouses to be attending ANC	Reminders and preparation of male spouses for ANC visit	Women attending ANCs need to be encouraged by health facility personnel to always prepare male spouses psychologically and physically to attend ANCs
Health facility factors that enhance or hinder involvement of men in ANC	1. Quality of treatment given to men escorting female spouses. 2. Time taken to be assisted when men escort female spouses. 3. Levels of privacy experienced. 4. Crowding levels of attendees 5. Attitude of healthcare workers towards men and women attending ANCs	Awareness meetings should be held for health facility staff to promote the timely, respectful, and compassionate treatment of couples who seek ANC together.

Areas of Further Research

1. Exploring ways of making antenatal care clinic environment friendly to men.
2. Assessing level of awareness of the benefits of attending ANC clinic and potential benefits realized by men in attending antenatal clinics.

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APPENDICES

APPENDIX A

FGD GUIDES FOR WOMEN

English

How do you look at the issue of men attending antenatal clinics with you?

How consistent are your values and norms with men attending antenatal clinics with you?

How do you perceive the necessity of men in attending antenatal clinic?

Describe the experiences have been coercing to you to influence men to be involved in antenatal clinic?

Describe the sociocultural factors hindering or facilitating men to be attending antenatal clinics?

How do men perceive the idea of attending antenatal clinic?

How do you influence your male partner to start attending antenatal clinics?

What experiences have demotivated you from encouraging men to be attending antenatal clinic?

What is your perception about conduciveness of antenatal clinic for men to be attending?

What experience do you have on given to men when coming for antenatal clinic?

How do you think services at antenatal clinic could improve to motivate men to be attending?

What could be your concluding remarks?

Thank you for your time and participation in the research.

Chichewa

Nkhani yoti abambo adzipita nanu limodzi ku sikelo mumaiona bwanji?

Pali ubale wanji pakati pa zikhulupiriro zanu ndi nkhani ya abambo kupita nao ku sikelo?

Mumakuona motani kufunikira kwa abambo kupita nao ku sikelo?

Ndi zinthu ziti zomwe mwakumana nazo m'moyo wanu zomwe zingakupangitseni kulimbikitsa amuna anu kupita nanu ku sikelo?

Ndi zikhulupiriro ziti zomwe zikulepheretsa kapena kulimbikitsa abambo kupita nao ku sikelo?

Abambo amaiona bwanji nkhani yopita nao ku sikelo?

Ndi zinthu ziti zomwe mwachita powalimbikitsa amuna anu kuti adzipita nao ku sikelo?

Ndi zinthu ziti zomwe mwakumana nazo m'moyo mwanu zomwe zakugwetsani mphwayi kulimbikitsa amuna anu kupita nao ku sikelo?

Mmene mumakuonera kusikero, mukuona kuti ndi malo abwino amunanu kupitako?

Mungakonde kuti amuna obwera ku sikelo azilandiridwa motani?

Ndi zinthu ziti zomwe achipatala angakonze ndi mmene amagwirira ntchito kuti alimbikitse abambo kubwera ku sikelo?

Ndi mau anji omwe mungaombe nao nkota pa zokambirana zathuzi?

Zikomo chifukwa chopatula nthawi yanu ku kafukufuku amaneyi.

APPENDIX B

FGD GUIDES FOR MEN

English

Describe your perception about men attending antenatal clinics with their female spouses?

How consistent are your values and norms with you attending antenatal clinics with your female spouses?

How do you perceive the necessity of men in attending antenatal clinic?

How have you been influenced by your female spouses to be attending antenatal clinic?

Describe the sociocultural factors hindering or facilitating men to be attending antenatal clinics?

How do women perceive the idea of you patronizing antenatal clinic?

Which experiences have demotivated you from encouraging men to be attending antenatal clinic?

Describe your perceptions about conduciveness of antenatal clinic for you to be attending ANC?

Describe the treatment would you prefer to be given when coming for antenatal clinic?

Describe the areas of improvement in service delivery at antenatal clinic which could motivate you to be attending?

What are your concluding remarks? Thank you for your time and participation.

Chichewa

Nkhani yoti abambo adzipita limodzi ndi akazi awo ku sikelo mumaina motani?

Zikhulupiriro zanu monga azibambo ndi zolumikizana motani ndi nkhani yoti mudziperekeza akazi anu ku sikelo?

Ndikofunikira bwanji kuti abambo azipita nao ku sikelo?

Ndi mu njira ziti zomwe akazi wanu ayesa kukukopani kuti mudziwaperekeza ku sikelo?

Ndi zikhalidwe/zikhulupiriro ziti zomwe zimakulepheretsani kapena kukulimbikitsani inuyo kupita nao ku sikelo?

Amayi amaliwona bwanji ganizo loti inuyo mudzipita nao ku sikelo?

Ndi zinthu ziti zomwe mwakumana nazo m'moyo mwanu zomwe zakukhumudwitsani kuti mudzipita nao ku sikero?

Mukuona kuti ku sikelo ndi malo oyenera inuyo kupitako?

Ndi kalandiridwe kotani komwe mungakonde kuti mudzilandiridwa nako mukapita ku sikelo?

Ndi zinthu ziti zomwe achipatala angakonze ndi mmene amagwirira ntchito kuti mulimbikitsike kuperekeza akazi wanu ku sikero?

Ndi mau anji omwe mungaombe nao nkota pa zokambirana zathuzi?

Zikomo chifukwa chopatula nthawi yanu ku kafukufuku ameneyi.

APPENDIX C

IN-DEPTH INTERVIEW GUIDES

IDI Guide for female spouses who attend ANC with their male partners_English

Describe your perception of women about men attending antenatal clinics with spouses?

How do you perceive the idea about men attending antenatal clinics with their female spouses?

How does your male spouse perceive about men being involved in ANCs?

Describe how you have influenced your male spouse to be attending ANCs?

Describe external factors have ever motivated your male spouse to be attending antenatal clinic?

Describe the benefits have you ever perceived associated with your spouse attending antenatal clinic?

Describe your feelings about your male spouse attending antenatal clinic with you?

Describe the feelings of your male spouse about attending ANC with you?

Describe experiences that have discouraged your husband from attending ANCs?

Describe the barriers that may have potentially restrained your male spouse from attending ANCs?

How conducive are ANC clinics for your male spouse to be attending? Its ambiguous

What are your male spouse's feelings associated with the about service delivery at ANCs with regards to your male spouse?

What areas of improvement would you recommend for service delivery of ANC to make ANC attractive to your male spouse?

What could be your concluding remarks?

Thank you for your time and participation in the research.

IDI Guide for female spouses who attend ANC with their male partners_Chichewa

Amayi amaona motani nkhani ganizo loti abambo aziperekeza akazi awo ku sikelo?

Mumaona motani ganizo loti abambo adziperekeza amuna awo kusikelo?

Amuna anu amaiona motani nkhani yokuperekezani inuyo ku sikelo?

Ndi njira ziti zomwe mwawakopera amuna anu kuti adzikuperekezani ku sikelo?

Ndi zinthu ziti zomwe zawalimbikitsa amuna anu kupita nao ku sikelo pa iwo wokha?

Ndi phindu lanji lomwe mwalipeza kutsatira kuperekezedwa kwanu ku sikelo ndi amuna anu?

Mungafotokoze motani za chimwemwe chanu pokhala kuti amuna anu amakuperekezani ku sikelo?

Mungafotokoze motani za chimwemwe cha amuna anu pa nkhani yokuperekezani ku sikelo?

Ndi zinthu ziti zomwe zinakhumudwitsapo amuna anu pa nkhani yowaperekeza ku sikelo?

Ndi zolepheretsa ziti zomwe zalepheretsa amuna anu kupita nao ku sikelo?

Kusikero ndi koyenera motani kuti amunanu azipitako?

Mumtima mwanu mumamva bwanji ndi nkhani yoti amuna anu azikuperekezani kusikero?

Ndi zinthu ziti zomwe achipatala angakonze ndi mmene agwirira ntchito kuti akope amuna anu kubwera kusikero?

Ndi mau anji omwe mungaombe nao nkota pa zokambirana zathuzi?

Zikomo chifukwa chopatula nthawi yanu ku kafukufuku amaneyi.

IDI Guide for female spouse not escorted by male partners_English

Describe your perceptions of women about men attending antenatal clinics with their female spouses?

How do you perceive this idea, as an individual, about men attending antenatal clinics with their female spouses?

How does your male spouse perceive the idea of men being involved in ANCs?

How have you tried to influence your male spouse to be attending ANCs?

Describe other motivating factors which have ever can influenced your male spouse to be attending antenatal clinic?

Describe the benefits would you have realized if your male spouse was attending antenatal clinic?

Describe your feelings about your male spouse attending antenatal clinic?

Describe the feelings of your male spouse attending ANC?

Describe instances that your male spouse have experienced which might have discouraged him from attending ANCs?

Describe the barriers have you perceived that could be the barriers that have you perceived restraining your male spouse to be from attending ANCs?

Describe factors that could motivate your spouse to be attending ANCs?

How do you perceive suitability of service delivery at antenatal clinic with regards to your spouse?

How do you think the service delivery at ANC would influence your spouse to be attending?

What could be your concluding remarks?

Thank you for your time and participation in the research.

IDI Guide for female spouses not escorted by male spouse_Chichewa

Amayi amaona motani nkhani yoti amuna awo adziwaperekeza ku sikelo?

Inuyo mumaona motani ganizo loti amuna anu adzikuperekezani ku sikelo?

Amuna anu amaliona motani ganizo loti adzikuperekezani kusikero?

Ndi njira ziti zomwe mwayesera kukopera amuna anu kuti adzikuperekezani ku sikelo?

Ndi phindu lanji lomwe mukanalipeza akanakhala kuti amuna anu amakuperekezani ku sikelo?

Tafotokozani mmene mungamvere amuna anu atakuperekezani kusikero?

Tafotokozani mmene mukuganizira amunanu angamvere atakuperekezani ku sikero?

Ndi mnyengo ziti zomwe amuna anu anakumana nazo zomwe zidagwetsa mphwayi amuna anu kuti asamakuperekezani ku sikelo?

Ndi zolepheretsa ziti zomwe mukuona kuti zimalepheretsa amuna anu kukuperekezani ku sikelo?

Ndi chiyani chomwe chingakope amuna anu kuti adzikuperekezani ku sikelo?

Mmene kuliri kusikero ndi zimene zimachitika ndi malo oyenera amunanu kubwerako?

Ndi ziti zimene zingasinthidwe ku sikelo kuti amuna anu akale okopeka kubwerako?

Ndi mau anji omwe mungaombe nao nkota mu zokambirana zathuzi?

Zikomo chifukwa chopatula nthawi yanu ku kafukufuku amaneyi.

IDI Guide for men involved in ANC_English

How do men in your community conceive the idea of attending antenatal clinics with their female spouses?

How do you describe your perception about men attending antenatal clinics with their female spouses?

How does your female spouse perceive men's involvement in ANCs?

Describe things that motivates you as an individual to be attending antenatal clinic with your wife?

How are you influenced by your wife to be attending ANCs?

Describe other external factors influence you to be attending antenatal clinic?

Describe the benefits have you realized due to your attendance in antenatal clinic services?

How do you describe your feelings about being involved in antenatal clinic services?

Describe how your spouse expresses or feels when you escort her for ANC?

Describe your experience and how it may have discouraged you, to a certain degree, from attending ANCs?

Describe the challenges that you may have experienced while attending ANC services?

How do you perceive the service delivery of ANC at Mangochi District Hospital?

Describe your feelings associated with the ANC service delivery?

Describe the strategies that you think should be used to motivate men to participate in ANC services?

Your concluding remarks?

Thank you for your time and participation in the research.

IDI Guide for men involved in ANC_Chichewa

Abambo a mmudzi mwanu amaona bwanji ganizo loperekeza akazi awo kusikelo?

Nanga inuyo mumaona bwanji ganizo loperekeza akazi anu kusikero?

Akazi anu amaliona motani ganizo lowaperekeza inuyo ku sikelo?

Chimakulimbikitsani nchiyani kuti mudziperekeza akazi anu kusikero?

Akazi anu amakulimbikitsani bwanji pa nkhani yowaperekeza ku sikero?

Ndi zinthu zina ziti zomwe zimakukopani kuti mudzipita ku sikelo?

Nd phindu lanji lomwe mwalipeza popita nao ku sikelo?

Fotokozerani za chimwemwe chanu kapena mmene mumamvera mumtima mukaperekeza akazi anu ku sikelo?

Fotokozerani za chimwemwe cha akazi anu kapena mmene akazi anu amamvera mukawaperekeza ku sikelo?

Ndi zokhoma ziti zomwe mwakumana nazo poperekeza akazi anu ku sikelo?

Ndi zolepheretsa ziti zomwe mukuona kuti zingakulepheretseni kuperekeza akazi anu ku sikelo?

Mumaona motani kaperekedwe ka upangiri wa uchembere wabwino pa chipatala chachikuru cha Mangochi?

Mumamva bwanji pokhala bambo mukapita kusikero ndi mmene achitira anthu opanga za sikero?

Ndi zinthu ziti zomwe mungakonde atasintha ndi mmene achitira sikero pa chipatalachi?

Mau anu omaliza ndi otani?

Zikomo kwambiri chifukwa chopatula nthawi yanu ku kafukufuku amaneyi.

APPENDIX D

KEY INFORMANT INTERVIEW GUIDES

KII Guide_English

Describe your perception about men attending antenatal clinics with spouses?

How necessary is it for men to be involved in antenatal clinic?

Describe your experiences that provide evidence of importance of men to be attending ANC's?

As a nurse, describe your belief and values about men attending antenatal clinics?

How do you perceive factors that motivate men to be attending ANC's?

Describe the experiences that negatively male involvement in ANC's?

Describe the role of women in influencing their male partners to be attending ANC?

Describe the strategies that the facility are using and how they can influence men to be attending antenatal clinics?

Describe the interventions that have positively improved attendance of men in ANC?

Describe experiences of men at this that have potentially discouraged husbands from attending ANC's?

How do you think the facility environment is influencing male participation in ANC services?

How do you think should be done at this facility and how will it influence male involvement in ANC services?

Your concluding remarks?

Thank you for your time and participation in the research.

KII Guide_Chichewa

Mumaiona bwanji nkhani yoti abambo adzipita limodzi ndi akazi awo kusikero?

Nkofunikira motani kuti abambo adzikhudzidwa ndi nkhani ya ku sikelo?

Ndi zinthu ziti zomwe mwakumana nazo zomwe zingapereke umboni wa kufunikira kotu abambo adziperekeza akazi awo ku sikelo?

Monga munthu okhala ndi ukadaulo, mumakhulupirira zotani pa nkhani ya abambo kuperekeza akazawo ku sikelo?

Ndi zinthu ziti zomwe mukuganiza kuti zimalimbikitsa abambo kupita nao ku sikelo?

Ndi zinthu ziti zomwe zimalepheretsa abambo kupita nao ku sikelo?

Ndi zinthu ziti zomwe amayi angachite zomwe zingalimbikitse abambo kubwera nao ku sikelo?

Ndi njira ziti zomwe mwakhazikitsa zolimbikitsira abambo kuti naonso adzibwera ku sikelo?

Mwa njira zomwe zakhazikitsidwazo, ndi ziti zomwe zaonjezera chiwerengero cha abambo obwera ku sikelo?

Ndi zinthu ziti zomwe zagwetsa mphwayi abambo kuti asamabwere ku sikelo?

Mukuganiza kuti kusikero kuno kumatenga gawo lotani polimbikitsa kapena kubwezera mbuyo azibambo kutenga nawo mbali ku zithanzo za kuno?

Ndi izi zimene munayika kusikero zimene cholinga chake ndi kukopa abambo
kubwera kusikero?
Mau anu omaliza ndi otani?
Zikomo kwambiri chifukwa chopatula nthawi yanu ku kafukufuku amaneyi.

APPENDIX E

INFORMED CONSENT FORMS

Informed Consent for FGD_English

You are being asked to participate in a research research entitled: exploratory descriptive qualitative research of factors influencing male involvement in antenatal care services at Mangochi District Hospital, Malawi.

The information below tells you about what is involved in the research, what you will be asked to do, and the potential risks and benefits of participating in this research. You are encouraged to ask questions and seek clarification about the nature of the research. Please note that choosing whether to participate in this research is voluntary and entirely your choice. You may refuse to participate or discontinue your participation at any time during the research.

The purpose of this research: aims to explore factors influencing male attendance in antenatal care services during pregnancy, a case research of Mangochi District, Malawi.

Your participation: you will be asked to participate in a focus group discussion. This means the research involves an interview and discussion in a group setting. There will be not more than 12 participants in the focus group. You will be asked about your opinions/perceptions or experience on male involvement in ANC. Each focus group discussion will take about 50-60 minutes to complete.

Benefits and Risks: If you participate, you will contribute to knowledge about involvement of men in antenatal clinic, which may help to make men to be involved in ANCs to improve men participation and support to women in maternal health and reduce maternal and child mortality. There are no identifiable risks in participation.

Confidentiality: Your personal information will be kept confidential. Your interview responses will be anonymized so they will not be identified in any report or publication of this research.

Please carefully read and sign this Form if you are willing to participate in the research.

My participation in this research project is voluntary. There is no explicit or implicit coercion whatsoever to participate.

I may withdraw and discontinue participation at any time without penalty.

I understand that if I feel uncomfortable during the interview, I have the right to decline to answer any question or end the interview or discussion.

I understand that the interview will be audio-recorded to accurately capture my own words and a transcript will be produced for data analysis.

I understand the researcher will not identify me by name in any reports using information from this interview or discussion.

If you have any ethical concerns about your participation in this research, contact the Institutional Scientific Ethics Review Committee, Adventist University of Africa

<ethics@aua.ac.ke>

I have read and fully understood the statements on this Form. All my questions were answered satisfactorily. I voluntarily agree to participate in this research.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

Contact the supervisor of the research if you need more information or have questions: Professor Stella Appiah, PhD, Primary supervisor, email stella.appiah@vvu.edu.gh; Dr Jane Janet Odhiambo, PhD, Course coordinator and secondary supervisor, email odhiamboj@aua.ac.ke ; Ida Gwengwe, researcher, MPH student, email gwengwei@aua.ac.ke.

Thank you.

Informed Consent for FGD_Chichewa

Mukufunsidwa kutenga nawo mbali pa kafukufuku yemwe mutu wake ndi:

Kafukufuku otumba zifukwa zomwe zikupangitsa abambo kupita kapena kusapita nawo ku sikelo pa chipatala chachikuru cha Mangochi, muno m' Malawi.

Zomwe zalembedwa m' munsimu zikukudziwitsani zambiri zokhudza kafukufukuyi, zomwe mufunsidwe kuchita, ndi ubwino otenga nawo mbali komanso kuopsa kostatenga nawo mbali mu kafukufukuyi. Mukulimbikitsidwa kufunsa mafunso pofuna kudziwa zambiri za kafukufukuyi. Dziwani kuti muli ndi ufulu otenga nawo mbali kapena kukana kutenga nawo mbali mu kafukufukuyi. Mutha kukana kutenga nawo mbali kapena kusankha kusapitiriza kutenga nawo mbali pamene mwayamba kale kuyankha mafunsowa.

Cholinga cha kafukufukuyi: Kufufuza zifukwa zomwe zikupangitsa abambo kupita kapena kusapita nawo ku sikelo pamene akazi awo ali woyembekezera, m'boma lino la Mangochi, kuno ku Malawi.

Kutenga nao mbali kwano: Mufunsidwa kutenga nawo mbali pa zokambirana za pagulu. Izi zikutanthauza kuti pakhala kufunsa mafunso komanso kukambirana kwa pagulu. Mu gulu mudzikhala anthu osaposeka khumi nsi awiri. Mudzifunsidwa kupereka maganizo/malingaliro anu kapena zomwe mwakumana nazo pa nkhani ya kupita kwa abambo ku sikelo. Zokambirana za gulu liri lonse lidzitenga mphindi zosachepera 50 koma zosaposeka 60.

Phindu la kutenga nawo mbali kwano: Kutenga nawo mbali mu kafukufukuyi kuthandizira kuonjezera chidziwitso pa nkhani ya kupita kwa abambo ku sikelo, zomwe zithandizire kuti abambo ochuluka adzipita nawo ku sikelo pakutero imfa za amayi oyembekezera komanso ana ang'onoang'ono zichepa kwambiri. Palibe chiopsezo chiri chonse mukatenga nawo mbali mu kafukufukuyi.

Kusunga chinsinsi: China chiri chonse chokhudza inu chidzasungidwa mwa chinsinsi. Mayankho anu mu kafukufukuyi adzazimbaitidwa ndi cholinga choti asazindikirike ndi wina ali yense.

Chonde werengani mosamalitsa mfundo zili m' munsimu ndipo musainile ngati muli okonzeka kutenga nawo mbali mu kafukufukuyi.

Kutenga nawo gawo kwanga mu kafukufukuyi ndi kwa ufulu. Sindinakakamizidwe mwa njira iri yonse.

Nditha kusankha kusapitiriza mu kafukufukuyi nthawi ina iri yonse popanda kulandira chilango china chiri chonse.

Ndamvetsetsa kuti ndili ndi ufulu okana kuyankha funso liri lonse kapena kusapitiriza mu zokambiranazi.

Ndamvetsetsa kuti mau anga ajambulidwa mu zokambiranazi ndi cholinga choti china chiri chonse chomwe chilankhulidwe chigwiritsidwe ntchito moyenera ku kafukufukuyi.

Ndamvetsetsa kuti ofufuzayu sadzasindikiza dzina langa mu lipoti lina liri lonse lokhudza kafukufukuyi.

Ngati muli ndi nkhwawa ina iri yonse mu kutenga nao kwanu gawo mu kafukufukuyi, lumikizanani ndi komiti yomwe imayankha nkhwawa zoterezi, ku sukulu ya ukachenjeda ya Adventist University of Africa <ethics@aua.ac.ke>

Ndawerenga ndipo ndamvetsetsa mfundo zonse zomwe zalembedwa mu fomuyi. Mafunso anga onse ayankhidwa mogwira mtima. Ndikuvomereza kutenga nawo mbali mu kafukufukuyu.

Participant's Signature _____ Tsiku _____

Researcher's Signature _____ Tsiku _____

Lumikizanani ndi woyang'anira kafukufukuyu ngati mukufuna kudziwa zambiri kapena ngati muli ndi funso liri lonse: Professor Stella Appiah, PhD, Primary supervisor, email stella.appiah@vvu.edu.gh; Dr Jane Janet Odhiambo, PhD, Course coordinator and secondary supervisor, email odhiamboj@aua.ac.ke ; Ida Gwengwe, researcher, MPH student, email gwengwei@aua.ac.ke.

Zikomo kwambiri.

Informed Consent for IDI_English

You are being asked to participate in a research research entitled: exploratory descriptive qualitative research of factors influencing male involvement in antenatal care services at Mangochi District Hospital, Malawi.

The information below tells you about what is involved in the research, what you will be asked to do, and the potential risks and benefits of participating in this research.

You are encouraged to ask questions and seek clarification about the nature of the research. Please note that choosing whether to participate in this research is voluntary and entirely your choice. You may refuse to participate or discontinue your participation at any time during the research.

The purpose of this research: aims to explore factors influencing male attendance in antenatal care services during pregnancy, a case research of Mangochi District, Malawi.

Your participation: You will be asked to participate in an interview. This means you will be asked to voice your views, opinions, or experience about male involvement. The interview will take about 50 -60 minutes to complete. .

Benefits and Risks: If you participate, you will contribute to knowledge about involvement of men in antenatal clinic, which may help to make men to be involved in ANCs to improve men participation and support to women in maternal health and reduce maternal and child mortality. There are no identifiable risks in participation.

Confidentiality: Your personal information will be kept confidential. Your interview responses will be anonymized so they will not be identified in any report or publication of this research.

Please carefully read and sign this Form if you are willing to participate in the research.

My participation in this research project is voluntary. There is no explicit or implicit coercion whatsoever to participate.

I may withdraw and discontinue participation at any time without penalty.

I understand that if I feel uncomfortable during the interview, I have the right to decline to answer any question or end the interview or discussion.

I understand that the interview will be audio-recorded to accurately capture my own words and a transcript will be produced for data analysis.

I understand the researcher will not identify me by name in any reports using information from this interview or discussion.

If you have any ethical concerns about your participation in this research, contact the Institutional Scientific Ethics Review Committee, Adventist University of Africa <ethics@aua.ac.ke>

I have read and fully understood the statements on this Form. All my questions were answered satisfactorily. I voluntarily agree to participate in this research.

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Researcher's Signature _____ Date _____

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Thank you.

Informed Consent for IDI_Chichewa

Mukufunsidwa kutenga nawo mbali pa kafukufuku yemwe mutu wake ndi: Kafukufuku otumba zifukwa zomwe zikupangitsa abambo kupita kapena kusapita nawo ku sikelo pa chipatala chachikuru cha Mangochi, muno m'Malawi. Zomwe zalembedwa m'munsimu zikukudziwitsani zambiri zokhudza kafukufukuyi, zomwe mufunsidwe kuchita, ndi ubwino otenga nawo mbali komanso kuopsa kostatenga nawo mbali mu kafukufukuyi. Mukulimbikitsidwa kufunsa mafunso pofuna kudziwa zambiri za kafukufukuyi. Dziwani kuti muli ndi ufulu otenga nawo mbali kapena kukana kutenga nawo mbali mu kafukufukuyi. Mutha kukana kutenga nawo mbali kapena kusankha kusapitiriza kutenga nawo mbali pamene mwayamba kale kuyankha mafunsowa.

Cholinga cha kafukufuku: Kufufuza zifukwa zomwe zikupangitsa abambo kupita kapena kusapita nawo ku sikelo pamene akazi awo ali woyembekezera, m'boma lino la Mangochi, kuno ku Malawi.

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Phindu la kutenga nawo mbali kwano: Kutenga nawo mbali mu kafukufukuyi kuthandizira kuonjezera chidziwitso pa nkhani ya kupita kwa abambo ku sikelo, zomwe zithandizire kuti abambo ochuluka adzipita nawo ku sikelo pakutero imfa za amayi oyembekezera komanso ana ang'onoang'ono zichepa kwambiri. Palibe chiopsezo chiri chonse mukatenga nawo mbali mu kafukufukuyi.

Kusunga chinsinsi: China chiri chonse chokhudza inu chidzasungidwa mwa chinsinsi. Mayankho anu mu kafukufukuyi adzazimbaitidwa ndi cholinga choti asazindikirike ndi wina ali yense.

Chonde werengani mosamalitsa mfundo zili m'munsimu ndipo musainile ngati muli okonzeka kutenga nawo gawo mu kafukufukuyi.

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Zikomo kwambiri.

Informed Consent for KII_English

You are being asked to participate in a research research entitled: exploratory descriptive qualitative research of factors influencing male involvement in antenatal care services at Mangochi District Hospital, Malawi.

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Confidentiality: Your personal information will be kept confidential. Your interview responses will be anonymized so they will not be identified in any report or publication of this research.

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I understand that if I feel uncomfortable during the interview, I have the right to decline to answer any question or end the interview or discussion.

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Thank you.

Informed Consent for KII_Chichewa

Mukufunsidwa kutenga nawo mbali pa kafukufuku yemwe mutu wake ndi:

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Kutenga nawo gawo kwanga mu kafukufukuyi ndi kwa ufulu. Sindinakakamizidwe mwa njira iri yonse.

Nditha kusankha kusapitiriza mu kafukufukuyi nthawi ina iri yonse popanda kulandira chilango china chiri chonse.

Ndamvetsetsa kuti ndili ndi ufulu okana kuyankha funso liri lonse kapena kusapitirira mu zokambiranazi.

Ndamvetsetsa kuti mau anga ajambulidwa mu zokambiranazi ndi cholinga choti china chiri chonse chomwe chilankhulidwe chigwiritsidwe ntchito moyenera ku kafukufukuyi.

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Ndawerenga ndipo ndamvetsetsa mfundo zonse zomwe zalembedwa mu fomuyi. Mafunso anga onse ayankhidwa mogwira mtima. Ndikuvomereza kutenga nawo mbali mu kafukufukuyu.

Dzina la ochita nawo kafukufuku _____ Tsiku _____

Dzina la wofufuza _____ Tsiku _____

Lumikizanani ndi woyang'anira kafukufukuyu ngati mukufuna kudziwa zambiri kapena ngati muli ndi funso liri lonse: Professor Stella Appiah, PhD, Primary supervisor, email stella.appiah@vvu.edu.gh; Dr Jane Janet Odhiambo, PhD, Course coordinator and secondary supervisor, email odhiamboj@aua.ac.ke ; Ida Gwengwe researcher, MPH student, email gwengwei@aua.ac.ke.

Zikomo kwambiri.

APPENDIX F
SCRIPT SAMPLES

Script sample IDI for male participant_English

Q: How old are you?

R: Am 31

Q: Where do you come from?

R: I come from Mtanga

Q: What religion do you belong to?

R: Islam

Q: You are from which tribe?

R: Yao

Q: How far did you go with your education?

R: Standard 3

Q: What do you do for a living?

R: I burn and sell charcoal

Q: Where does you wife live

R: we live together as a couple

Q: Ok. How do men in your community perceive the idea of men attending ANC with their female spouses?

R: Nowadays men are able to understand that escorting their wives to antenatal care is important unlike in the past when most men were shy to do so.

Q: You said nowadays men are understanding the importance of escorting wives to ANC, How is it happening nowadays? And how many have you seen escorting their wives?

R: Most women in my community attend ANC together with their male spouses. I have seen more than five men going with their wives this year.

Q: As an individual, how do you perceive the idea of men escorting their female spouses?

R: I gladly received the idea

Q: Please explain more when you say you received the idea gladly?

R: I can escort my wife without being shy and without being shaken by what people will say negativel because I feel I have the responsibility to support my wife

Q: Describe the benefits of attending antenatal care services with your wife?

R: Ok! aa! It helps, when I come here we hear the counsels together which helps us to remind one another. When women are being told of the need to have wrappers, that issue concerns us men

Q: How else is the benefit for attending with your spouse?

R: Yeah! We need to attend so that we should hear all the advice, instrutions and health education so that we remind each other.

Q: How else is benefical to attend ANC with your wife?

R: Yes, when we come together we do not wait on the line the moment we are here they tell us to go in front of women who have come without their spouses. But another thing as I have already said we get first hand information regarding preparation for the baby rather than just hearing from your spouse, you may just take it for granted.

Q: You said one benefit is to hear health education with your wife but why is it that other men today were sitting far away from when health education was being given to the women. How do you relate this behaviour to benefits of attending in relation to this behaviour.

R: Yes. Most men isolate themselves from these services when they attend ANC. They just bring the woman and wait outside to be going when she is done. In this light there is not much benefit apart from the escort, because they do not take part in activities. But for me today I participated in everything from health talk, laboratory screening, immunization and examinations.

Q: If you attended today's health education session, explain to me the issues they talked about?

R: They were explaining about cleanliness for pregnant women on their bodies as well as in their homes to prevent infectious diseases like diarrhoea, this is what the nurse said

Q: Why do you think attending to health education will help?

R: Because when my spouse forgets I can remind her.

Q: Describe other services that you have participated today

R: We have been tested for HIV because this is my first time coming here. We have been tested together, there was no doubting of the results since we were able to see each other's results thereby strengthening faith among us.

Q: So how is this beneficial to both of you and the unborn baby?

R: Yes. we can say that the other benefit of coming together as a couple is that you are tested for HIV together, and counselled together on what to do. Like us we now know that we are HIV negative and we have learnt how to maintain our sero negative status for the good of the baby to be born negative too.

Q: Could you describe the feelings of your female spouse when you escort her to ANC?

R: She feels happy about it

Q: How?

R: Yes, I can say she is proud of it

Q: Ok! Did she ever say in which manner she feels happy about it? For example, I feel happy because I have been helped in this manner because you escorted me. Any examples on that?

R: Ah! For example, she is assisted quickly when she is escorted. The other thing is that I have never let her come here without me. Yes, in all the times that she comes here I escort her from the start to the end

Q: Describe your experience today when you entered with her for examination of her pregnancy?

R: Ah! It is hard for me to tell of the benefit but when she is being examined am able to see how the nurse is doing it, and sometimes when I enter I ask questions on the findings.

Q: How are you influenced by your wife to be attending ANC?

R: Aa! I can say that it is just my custom to do that, there is nothing she does to influence me except just telling me that it's time for her to start attending ANC. We just encourage one another to start attending ANC on time.

Q: How do you think she perceives it being escorted?

R: She perceives that I love her... We are able to know everything that happens there together, we don't spend much time there when we go together.

Q: You said because you love her that is also why you escorted her? Ok! Could you describe the feelings of your spouse when you escort her to ANC?

R: Yes that's it, but it will be hard for me to explain, but what I know is she feels happy and she thanks me for escorting and supporting her.

Q: What barriers have you perceived restraining you from attending ANC with your female spouse?

R: There is no barrier that I have experienced so far, that is why I do come with her

Q: What do the people say when you home from ANC or when you come here what discourages you from attending ANC again?

R: I haven't experienced any problem either here or at home, there is none who calls "weak " a man escorting his wife to ANC. Here am also approached in a friendly manner by staff and we are served first as a couple so it makes me happy to come again.

Q: Ok! How can you advice men who don't attend ANC with their female spouses?

R: Ok! To them there are various reasons for not escorting their female spouses... they should be escorting their wives so that their family happiness should increase

Q: What other words can you give to those men to enlighten them to be attending ANC?

R: I am encouraging them that we should be escorting our wives to ANC so that they should be coming back home in good time, and that love should prevail.

Q: Please elaborate on that

R: Yes, because a man who has his own family is proud and respected at home. Again, when you escort your wife she is respected at the ANC clinic, because they know that you are married.

Q: How do you think ANC service delivery here can be improved to encourage more men to come with their spouses?

R: There should be order in how ANC staff conduct themselves here, because when we come here early we expect that we get assisted on time and go home on time as well but sometimes it happens that some people who came late receive assistance earlier than you because of disorder that happens here. They also delay in staring the clinic.

Q: Thank you for the discussion we have had, the points that you have raised will help us to evaluate the issue of men escorting their female spouses.

In summary you have said that the benefits of you attending the ANC include HIV testing opportunity, special treatment that couples receive to be served first even if they come late, participating in physical examination and counselling on baby preparation and others and these along with love for your spouse motivate you to come to ANC with her. However, you said despite all above they delay in doing the services so despite the special treatment you still spend a lot of time here. Any addition or comments on what you responded?

R: May be just one clarification on the delay, I think its because they provide many services/ consultations to the women for every visit they are a lot so to get all of them done it takes close to an hour or so, may be they should split the services to be done in separate visits to reduce time on one visit.

Script sample IDI for male_Chichewa

- Q: Chabwino. Ndiye tichezako mafunso angapo amene tingatheno kuunikirana kumbali ya kubwera ku sikelo kwa azibambo kuwaperekeza akazi awo. Okhe! Kaya muli ndi zaka zingati?
- R: Ndili ndi 31
- Q: Mumachokera mbali zakuti?
- R: Ndikuchokera ku Mtagu
- Q: Mumapembeza chipembezo chanji?
- R: Chisilamu
- Q: Ndinu a mtundu wanji?
- R: Chiyao
- Q: Sukulu munalekeza pati?
- R: Sitandade 3, pulaimale
- Q: Mumapanga bizinesi yanji kapena mumagwira ntchito yanji?
- R: Ndimaotcha makala
- Q: Ndiye kuti bizinesi, eti? Ndi akazi anu mumakhalira nyumba imodzi ngati banja?
- R: Eya
- Q: Chabwino. Funso loyamba ndi lonena kuti kodi kudera kwanu amaliona bwanji ganizo loperekeza akazi anu ku sikelo? Ganizo loti abambo kuwaperekeza amayi ku sikelo amaliona bwanji?
- R: Ganizo limeneli ndi loti limagwira ntchito
- Q: Limagwira ntchito?
- R: Eya. Fili kotazi ya anthuwo amakhala kuti akupita ndi amuna ao ku chipatala
- Q: Nanga inuyo ngati munthu, mumaliona bwanji?
- R: Pandekha ganizo limeneli ndinalilandira bwino
- Q: Munalilandira bwino?
- R: Ndimaliona bwino
- Q: Chabwino. Kumbali yoti ... mumaliona bwino kuti imathandizira kutani?
- R: Okhe! aa! Imathandizira ndikabwera kuno, uphungu uja timamva tonse. Ndiye tikamva tonse timathandizana kukumbutsana kuti paja anatitu mwakuti. Mwa zinanso nzonena kuti zimakhuza abambo akamawauza mwina nkhani ya nsalu, zimene zija zimakhuza ifeyo
- Q: Zimakhuza inu eti?
- R: Ehe! Ife timafunika kuti tibwere kuti tidzimvere tokha.
- Q: Chabwino. Ndiye kuti zofunikira mukazimva nokha, ndiye kuti abambo mukhala kuti mwatengapo mbali?
- R: Eya. Umakhala ndi mphamvu yopanga zinthu zija, kusiyana kungomva kuti “akuti zakuti”, umakhala kuti aa! Amatero? Basi, za komweko zimenezo.
- Q: Chabwino. Kumbali ya uphunguyo ndikuvomereza chifukwa ndinakuonani inu mukumvetsera pomwe anzanu anali uko! Ndiye kuti iwowo kumbali ya uphunguyo sanaitolepotu? Koma inuyo ndinakuonani mutakhala pa azimayi paja, kusonyeza kuti mumamvetsera nao zimene amaphunzitsa zija eti?
- R: Eya
- Q: Olo titafunsa, amakamba zachani?
- R: Pamene paja amafotokoza nkhani ya ukhondo.
- Q: Mwaona? Ndiye kuti inuyo mwamva nao, amayi akakaiwala mukawauza, eti?
- R: Eya. Kutipajapa si amatere.
- Q: Chabwino. Ubwino wina, china chimene mwapanga mutabwera kunoko ndi chani?
- R: Chimene ndapanga ineyo?
- Q: Eya, chimene mwapanga nao mutachoka panja paja?

R: Kulowa mkati muno china nchoti tayezeza, monga ngati lerolo ine nkuyamba eti? Takayezeza limodzi HIV, ndikuona aliyense mmene tilili, eya! Mopanda kuganizirana kuti kapena mwina akunama chifukwa aliyense amadzionera yekha. Ndiye kuti chikhulupiriro cha iwo pa ine chikhala cholimba, komanso chikhupiriro cha ine pa iwowo chikhala cholimba.

Q: Ndiye kuti tinganene kuti ubwinonso obwera limodzi wina tikhozanso kuikapo kuyezeza magazipo pamodzi?...

R: Eya

Q: Osati wina wakayezeza uko akubwera kudzanena, mwina angonena zabadza?

R: Eya, ndichoncho

Q: Chabwino. Nanga kwa akazi anu, mukuona kuti amaliona bwanji ganizo lowaperekeza iwowo? Tilino kwa akazi anu tsopano.

R: Eya, kwa iwowa, ngakhale kuwayankhira nzonena kuti amazimva kukoma iwowo.

Q: Amazimva kukoma?

R: Amazimva kuti yaa! Tingoti amachinyadira chimenecho

Q: Okhe! Amanyadira mbali yakuti... Ananenako kuti mwina mwachitsanzo mbali yakuti ii ayi zikomo kwambiri chifukwa choti mbali yakuti ndaona kuti ndathandizika poti munandiperekeza. Pali zitsanzo zina?

R: Aaa! Zitsanzo zinazo nzonena kuti amafulumira msanga kuthandizidwa akabwera ndi abambo, eya! Koma china nchonena kuti ineyo chiyambireni sindinawasiyepo okha kubwerapo kunoko.

Q: Simunawasiyepo okha?

R: Ayi. Monse momwe amabwerera, timabwera tonse, kuyambira 1 mpaka kumapeto

Q: Timanena zachani paja? Amathandizidwa msanga?

R: Eya, amathandizidwa msanga. Ndiye amachinyadira chimenecho kuti akabwera ndi bambo afulumira kutani? Kumapita, pomwe anzao aja kuwasiya pompo

Q: Mukalowa mkati muja, ubwino umene mumauona?

R: Polowa mkati, monga?

Q: Oo! Inu nkoyamba kumene? Koyezedwa, koyezedwano azimayi, ndiye kuti inuyo nkoyamba kumene?

R: Ayi, ineyo ndimabwera, kanoka nkachitatu

Q: Ubwino wake mumauona bwanji mukalowa nonse kokawayeza iwo aja? Kapena amakuuzani kuti mukhale panja? Kapena mumalowa nonse?

R: Iai, timalowa tonse. Nthawi zina timalowa tonse, nthawi zambiri timalowa tonse, kwinko ndimatha kukhala panja

Q: Ubwino wake ndi otani mukalowa nonse?

R: aah, ubwino pamenepapa... undivuta kulongosola eya, komano akamawayeza muja ndimatha kuwaona mmene akuwapangira.

Q: Nanga amakulimbikitsani bwanji iwowo? Amakulimbikitsani bwanji kuti muziwaperekeza, kapena amapempha bwanji? Kapena amakulimbikitsani bwanji?

R: Atiwo amenewo?

Q: Akazi anu? Kutu mufike powa... amakulimbikitsani bwanji kuti muwaperekeze?

R: aa! Apopo tikhoza kunena kuti ichichi changokhala basi chikhaldwe cha ine pandekha, sikuti iwo amatengapo gawo liri lonse, amangondiuza kuti apapa mmene ndikuoneramu tikayambe sikelo basi. Sinanga chinangokhala ngati chizolowezi.

Mmene ndafotokozera muja kuti ulendo ulionse, ndiye sizimatengera kuti iwowo amapanga ntchito yabwino, ayi. Timangolimbikitsana kuti mmene zililimu tiyambe msanga sikelo, kapena apa zavuta tipite deti lakuti, eetu, ndi mmene zimakhallira.

Q: ... mukuperekeza amayi ku sikelo? China choonjezera, phindu lanji limene mumalipeza, china choonjezera

R: Okhe! Choonjezera nchonena kuti, phindu loyamba, aa! Zimabweretsa chimwemwe ku banja langa

Q: Kumbali yanji?

R: Sinanga iwowo amatha kuona kuti inde amuna angawa amandikonda ... eya, za kumene kuja tonse tikumazionera limodzi, sitikumachedwa kubwerako tikapita awiri

Q: Okhe! Iwowo chimwemwe chao ndi chotani mukawaperekeza? Munaona ngati amakhala ndi chimwemwe chotani?

R: Zindivuta kulongosola

Q: Zivuta? Munaona kuti amasangalala, kapena ayi, kapena amadandaula, kapena amada nkhawa? Mukawaperekeza?

R: Iwowo samada nkhawa, samadandaula kulikonse, komano mmene ndafotokozera kuti amakhalabe ndi chisangalalo cha muntima choti sungathe kuona komanobe, eeh. Chisangalalocho chimakhalapo ndithu chokwanira.

Q: Ndi zokhoma zANJI zomwe mwakumana nazo pamene mukukhala mukuperekeza akazi anu ku sikelo? Ndi zovuta zANJI zimene mwakhala mukupeza?

R: ndikhoza kunena kuti palibepo vuto liri lonse lomwe ndimalipeza chifukwa choti ndawaperekeza akazi anga ku sikelo

Q: Mukanyamuka kunyumba kuwaperekeza anthu amanena zotani, kapena mukabwera kuno ndi zovuta zANJI zimene zimakukhumudwitsani kuti muzapezeke kuti tsiku lina mudzasiya kumabwera?

R: Komano panopa sinaone china chiri chonse

Q: Kuchipatala kuno?

R: eya, sinaone

Q: Kumudzi kuja?

R: Kumudzinso kulibe chokhumudwitsa chiri chonse, chifukwa palibe amamunena mzake kuti inu mukupusa pomaperekeza akazi kuchipatala. Ayi, palibe amanena zimenezo, koma amanena ndikupita kuchipatala basi,

Q: Okhe! Ndiye kwa amene samabwera mungawapatse upangiri wotani? Azibambo amene samabwera ku sikelo, mungawauze zotani?

R: Okhe! Kwa azibambo amene samaperekeza azimai awo ku sikelo, sinangabe pamakhala zifukwa zosiyanasiyana... iwowo aziperekeza azikazi awo kuchipatala kuti chimwemwe cha m'banja mwao chizikhala chopitirira

Q: Timalizetu, eti? Pali mau anji ena amene mukuona kuti mukhoza kuwaunikira abambo anzanu amene samabwera ku sikelo?

R: Mau ake ndi onena kuti kungolimbikitsana kuti nzabwino kwambiri kuti tiziwaperekeza azikazi athu ku sikelo, eya! Kuti ifeyo tikapita nao, tikawaperekeza ndiye kuti tikabwerako mwansanga, komanso chikondi chimapitirira, chimakhala cholimba.

Q: Cholimba?

R: Eya. Chifukwa choti bambo amene ali ndi banja lake amakhala kuti akunyaua ndithu pakhome pake. Amakhala kuti akunyaua, amachimva bwino ndithu chinthu chimene chija,... eya, amakhala kuti akulemekezeka, ndiye ukakhala kuti uli wekha anthu samadziwa, amangoganiza kuti kaya izi ndiye azitenga kuti. Zoganizazo zimakhala zochuluka. Komano ukapita nao ndiye kuti mkazi wako uja amalemekezeka.

Q: Ndi zinthu ziti zomwe mungakonde kuti zisinthe, kaya ndi kuchipatala kuno, kuti mukabwera ziziyenda bwino? Mwina zomwe mukuona kuti sizikuyenda bwino kuchipatala kuno? Amayi ndi abambo akabwera, akaperekezedwa?

R: Okhe! Aa, zimene ndimaganiza nzonena kuti zingasinthe, aa, kusinthako kungofotokozabe mmene ndikuonera. Chifukwa munthu ukalawirira kubwera

kunoko, ndiye kuti munthu amene walawirira amakhala ndi maganizo oti kumene kuja mmene ndalawirira ndikabwerako nsanga, eya! Ndiye zimapezeka kuti timapitirirana, ngakhale tabwera ndi abambo okhaokhafa timapitirirana

Q: Mumapitirirana nokhanokha?

R: Eya! Timatha kupitirirana. Ndiye pakanakhala ndondomeko ina yake apapa yoti amene wabwera nsanga azikhala kaya mpando uja, ukaikidwa poteropo ndiye kuti amene wabwera nsanga azikhala kumene kuja azikhala kumene kuja, eeh! Ndiye kuthandizanso kudzikhala chimodzimodzi, kuti aziyamba kumthandiza amene wayamba kubwera, ndiye azimaliziranso mbali inayo.

Q: Chabwino. Zikomo kwambiri chifukwa choti tacheza nanu, mwatiunikira, mfundo zanu zonse tisonkhanisa pamodzi ndi anzanu kutino tiunikirane kuti pulogalamu yoti azibambo akubwera ikuyenda bwanji. Kuchokera mu mayankho anuwo itiunikira kuti pulogalamuyo ikuyenda bwanji. Zikomo kwambiri.

Mwachidule mwanena kuti ubwino wopita ku ANC ndi munga mwayi woyezetsa HIV, chithandizo chapadera chimene maanja amalandila kuti athandizidwe kaye ngakhale abwera mochedwa, kutenga nawo mbali pakuyezetsa thupi ndi uphungu wokonzekera kukonzekera mwana ndi zina ndipo izi pamodzi ndi chikondi kwa mwamuna kapena mkazi wanu zimakulimbikitsani kubwera naye ku ANC. Komabe, mudati ngakhale onsewa akuchedwa kuchita zithandizozi kotero ngakhale mukulandira chithandizo chapadera mumatha nthawi yochulukana kuno. Zowonjezera kapena ndemanga pa zomwe mwayankha?

R: Kungakhale kumveka kumodzi kokha pakuchedwa, ndikuganiza kuti chifukwa amapereka mautumiki ambiri / zokambirana kwa amayi pamaulendo aliwonse omwe ali ochulukirapo kotero kuti zonse zitheke zimatengera pafupifupi ola limodzi kapena kuposerapo, mwina ayenera kugawa mautumiki oti azichita mosiyanasiyana kuti achepetse nthawi paulendo umodzi.

Script sample KII_English

Q: How long have you been working here?

R: I have been here for two years and six months

Q: How do you perceive the idea of men escorting their female spouses to ANC?

R: It is a good idea, although very few men attend ANC, and most of the few only attend one visit. Many women come here without their male spouses. I really wish they could be coming in large numbers, some of the preventable pregnancy complications could be avoided if male partners were coming with their spouses to attend ANC services.

Q: How necessary is it that men should be involved in ANC?

R: Pregnancy comes in various ways and women react differently; some are moody. If they don't attend ANC they may interpret the sudden change in the behaviour of women wrongly not knowing that it is because of the pregnancy, so if they attend ANC they have a full understanding of what happens to the woman during pregnancy.

Q: Describe experiences you have come across that provide evidence of the importance of men attending ANCs with their wives?

R: There is this issue whereby some women could not have an interest to have sexual intercourse with their male spouses thinking that doing that could harm the child, as such they could stop having intercourse on the sixth month of the pregnancy. So, when men attend ANC together with their female spouses they ask and are enlightened together that they can be having sexual intercourse beyond the sixth month.

Q: What do you perceive to be motivating factors influencing men to be attending ANC with their wives?

R: Sensitizing and encouraging men, because there are other men who know that they are supposed to escort their wives but they are either busy or they just procrastinate.

Q: How do you think these sensitizations can be conducted so that they are effective?

R: They should target men themselves, but that is where there is a problem because the challenge is that a lot of men are not available in their homes during the day. But the sensitization meetings should call the whole community, male and female, young and old residents and teach them

Q: describe the the health education topics that you give here at the ANC that encourage men to be attending ANC?

R: They are not specific topic per say, rather we frequently just encourage women to be coming with their partners to attend ANC services. But I can't say we have specific topics related to male involvement on our health education talk calenda.

Q: Describe the hindrances affecting men's involvement in ANC?

R: A lot of men have a belief that ANC is for women, maybe because they haven't received lessons on the benefit of them escorting their female spouses to ANC, that is why they don't see the necessity of escorting them.

Q: What else apart from what you have already said?

R: The other hindrance may be us health care workers. We don't usually include them in most of the things that take place here, instead we put much focus on the women. We should involve them much because they may have some issues they may want to know about the pregnancy of their female spouses.

Q: Describe how men participate in ANC activities when they come here to the ANC clinic?

R: They are suppose to participate in all services provided, although some male partners prefer to sit outside and wait while their spouses are receiving for their I see no point at which a man is supposed to be left out. The first point they start with is the place where they are taught about maternal health, men are supposed to be there, attending the session, then thy go for HIV screening, physical examination, immunizations, mosquito net collection among others

Q: From your own experience, which services do men like to participate and which one do they skip?

R: For the health education, some attend but many men do not like attending may be because we sing songs with women kkkkk and they are shy to sing with us, so they don't listen, they are on the other side. I think some men just think they come for their spouses to be seen first, apart from that some do not know what else they came for at ANC.

Q: Why do you think they are shy and so what do you suggest on this behaviour of men here at ANC?

R: because they feel singing here is for women only. They are just fulfilling part of their duty by escorting their spouses but they are failing on the other part?

Q: Maybe they wait to be guided on what to do. And how do you think this can be addressed?

R: But other men know what to do when they come because it is only the lessons that they don't attend, but for the rest of the ANC they are involved. I guess every day we need to talk to men on what they are expected to do, because we different men come on different days.

Q: What do you think could be some of the interventions that women should put in place to influence men to be attending ANC?

R: They need to tell their male spouses, but the first thing to be done is for us to explain to the women the benefits of them being escorted by their male spouses. After

explaining to them we are to encourage them to relay this information to their male spouses.

Q: What interventions have you put in place to influence men to be attending ANC with their female spouses?

R: Currently we are employing a one to one talk with the unescorted woman, but when a male spouse attends with her we encourage him to keep coming for the rest of the ANC appointments. In the past we used to give invitation letters to all pregnant women to invite their husbands to the next ANC clinic but nowadays we no longer give them letters we just tell them verbally to encourage their husbands to come with them.

Q: How do you receive men when they attend ANC with their female spouses?

R: When they arrive here, in the examination room we give them a place to sit down while a woman sits on the bed. Then we ask them, starting with the woman then the man, if there is any problem they are experiencing.

Q: describe the strategies are you doing to motivate men to attend ANC with their wives?

R: The couple goes straight inside, they are prioritized and served first. So, they should feel that they won't take long when they come here.

Q: Describe their sitting arrangement for the couples when they come to the ANC clinic?

R: When they find that the chairs that are outside are occupied, they usually sit on the concrete on the floor but most of them they just stand. The chairs are usually fully occupied by women, so it is the woman who sits and the man stands. So it is also possible that sometimes they don't have a place to sit due to congestion and limited benches so they give opportunity to pregnant mothers to sit while they stand.

Q: How do you think this can affect men participation in ANC?

R: That can be one of the factor that can discourage men from attending ANC because they can feel that they are not necessary here.

Q: Describe the interventions that seem to work better in encouraging males to participate in ANC services?

R: That of assisting couples first, what we call special treatment seem to be the greatest motivation for male partners to escort their spouses to ANC clinic.

Q: Describe things that you think discourages men from continuing attending ANC?

R: When they are not directly involved in the things that happen here. If we just greet the man and focus on the woman only, then the man may think of not coming again because he may feel that his presence is not important

Q: Describe time taken for a couple to be assisted here at ANC?

R: Usually, when the woman comes she is suppose to receive a number of services on every visit so to attend all the consultations for that day may take close to over 30 or 40 minutes but not more than an hour for each woman. Some men complain of delays but we try to see them first but because these services are done in separate consultation room so moving from one consultation room to another also consumes time.

Q: Describe how you capture to know how many couples attend ANC per day?

R: If you ask me on a day how many couples we have attended to I can not remember, as long as we have provided the services.

Q: why is that not possible to know?

R: Because we do not have a specific tool to document and capture or tally them for easy tracking, we don't have a specific register or tool to record couples, so when we forget to manually count them on that day we lose track.

Q: Describe the guidelines for male involvement in ANC services that you use at this facility.

R: Maybe they are there but I haven't seen them being used for my 2 years that I have been providing services here at ANC.

Q: Any other words that you would like us to know from you about the issue of men attending ANC with their female spouses?

R: We should put in place ways that will see men benefit from what happens here, and not just focusing on women.

Q: How do you verify that a woman has brought her real husband and not just any man?

R: A hired man may not know certain information about the pregnancy, information like the duration of the pregnancy, while the real husband knows this. And when you tell them to come in the examination room they may also hesitate to come in, if the man was just hired to escort the woman just to be served first, but this used to happen in the past before we started involving men in the examination room. So, women would just hire a bicycle taxi man to be present but wait outside as a woman is being examined so that the woman be attended to faster.

Q: Ok? Continue please

R: Yes. They may also look away when you tell women to undress themselves that is if her man was just hired to escort and not the real husband. Meaning that all those women that enter with men are entering with their real spouses.

Q: Thank you for your time, I know you have been busy today but you also accepted to respond to the interview. What are your last comments?

R: Through the interview, it has opened my eyes on how we are doing on male involvement in ANC, I think as the facility we are not doing good to be honest we have a lot of issues to address to encourage male partner involvement, apart from giving special treatment to the couples who attend ANC.

Q: In summary, you have said that men are motivated to attend because of the special treatment given to couples, however, they are demotivated because of no proper sitting place for them, delays to get done with all the services, shyness to attend health education, and attitude of health workers. Any last comment or clarification?

R: Aaaaa no I do not have anything to add on what I have already said.

Script sample KII_Chichewa

Q: Patha nthawi yaitari bwanji mukugwira ntchito ku sikero ya mai oyembekezera kunoko?

R: Zaka ziwiri ndi miyezi isanu ndi umodzi

Q: Mumaiona bwanji nkhani yoti abambo azipita limodzi ndi akazi awo ku sikelo?

R: nkhaniyo imakhala yabwino, komabe azibambobe amabwera mochepa, ambirinso amangobwera kamodzi kokha. Koma akanati azibwera bwenzi pano mavuto opeweka a uchembere asakumachitika azibambo akamabwera nawo ku sikero mkumadzamva malangizo ndi zina zotero.

Q: Talongosolani bwinobwino pamenepa mukati Amabwera mochepa.

R: Amakhala owerengeka, ambiri amabwerabe okha, sabwera ndi amunawo

Q: Ndiye kuti kutsogoloko mutiunikirako zifukwa zimene mukuona ngati zimachititsa. Komano tisanafike kumeneko, nkofunikira motani kuti azibambo azikhudzidwa ndi nkhani ya kusikelo, aziwaperekeza akazi awo ku sikelo?

R: Mimba ija imabwera mosiyanasiyana, ndipo azimayi amapanga react mosiyana, ena amakhala moody, ndiye mzibambo atha kumaganiza kuti china chake zachitika, not knowing kuti ndi chifukwa cha mimba. Ndiye ngati iwo akabwera nao muja,

zimathandizira kunena kuti understanding ya mzimai ndi mzibambo nthawi imene ali ndi mimba idzikhala iri yabwino.

Q: Chabwino, zikomo kwambiri. Ndiye nanga mukuona kuti ndi zinthu ziti zingapereke umboni kuunikira kuti azibambo aziperekeza azikazi awo ku sikelo?

R: Chimene ndinakumana nacho, panali issue yakuti adziwe kuti miyezi ndi ingati. Ena amadziwa kuti ndinasamba tsiku lakuti, koma mimba kumapezeka kuti ili ndi ma week ochepa kapena ochuluka. Zina ndi zonena kuti pamakhala azimai ena onena kuti adawaona amuna awo, like chidwi choti akhale limodzi ndi amuna awo safuna, and panali issue ya kukhalira malo amodzi, azimai ambiri so far akumanena kuti akumagona ndi amuna awo mwina kufikira miyezi 6, kumaona ngati akumpweteka mwana, ndiye zimene zija akabwera limodzi ndi amuna awo umatha kuwaunikira limodzi kuti olo atakhala kuti akukhalira limodzi kufikira adzachire palibe vuto liri lonse.

Q: Inuyo ngati qualified and experienced nurse, mumakhulupirira kuti mzibambo akuyenera kubwera ku sikelo?

R: Ena amabwera ku sikelo

Q: Ndi zinthu ziti zimene mukuganiza kuti zingalimbikitse kapena kulepheretsa azibambo kumaperekeza azikazi awo ku sikelo?

R: Pamenepo ndiye kuti kuwaphunzitsa azibambowotu. Kuwaphunzitsa ndi kuwalimbikitsa, chifukwa choti enawo amakhala akudziwa kuti akuyenera kubwera ndi azikazi awo kuchipatala, koma kaya imakhala kunyozera kapena mwina ma busy. Ndiye mwina ofunika kutsindika ndi kuwaphunzitsa mwapadera kuti akuyenerabe kuwaperekeza azimai kuchipatala

Q: Ndiye mukuona kuti maphunziro amenewa angamayenere kuchitika bwanji kuti apangike mopindula kwambiri? Kuti ifikire aibambo ndi kuwaunikira, ndi njira ziti zomwe akuyenera kugwiritsa ntchito?

R: Pamenepo, ndiye kuti... kuipa kwake tikapita ku madera omwe anthuwo amakhala, azibambo ambiri amakhala kuti palibepo. Ndiyesa azibambo amatanganidwa ndi kusaka ndalama

Q: Mwina kumisonkhano?

R: Eya, kumisonkhano, osati kuti mwapita kuti mukukathandiza azimai, mwina kungopita mu chikonzero choti kungoitantsa anthu onse a mdera nkumaphunzitsa

Q: Kunoko ku sikelo kwanu, muli ndi maphunziri apadera amene mumalimbikitsa, tsiku lina mwina ngati maphunziro a zathanzi, ongolimbikitsa kuti azibambo azibwera, ngati phunziro lapadera?

R: Kufikira pano ineyo sindinakumane nalo

Q: Mwina tingayerekeze kuti mwina pa mwezi, ndi kangati kamene maphunziro a zathanzi ngati awa amachitika?

R: Mwa apo ndi apo

Q: Mukuona ngati zimene zimapangitsa kwambiri kuti azibambo kulephera kubwera ku sikelo ndi chani? Mutiunikire zomwe mukuganiza.

R: Ambiri ali ndi maganizo oti ku sikelo kumabwera azimai okhaokha

Q: China?

R: Chifukwa chonena kuti mwina maphunziro onena kuti ubwino wa mzibambo kubwera ku sikelo mwina sunawafikire, ndiye amachiona ngati kunena kuti nzosafunikira kwa munthu wabambo kupita ku sikelo.

Q: Ndiye kuti ena akhala kuti sakumvetsetsa, mwinanso sakudziwa?

R: Eya

Q: Palinso china? Chabwino, pokumbukira zinazo mutionjezera zinazo

R: Mwinanso ndi ife azachipatala, tikuyenerabe kusintha kagwiridwe kathu ka ntchito. Penanso ngati akabwera ndikuona ngati sitimawaika mu zochitikazitika zambiri za kuno ku sikelo. Timalimbana kwambiri ndi mzimai, azibambo aja timangotinsu pena bola abwera. Tikuyeneranso kuwaika mu zochitika azibambo, chifukwa nkutheka kuti nawonso amakhala ndi nkha za zawo zokhudzana ndi mimba ya akazi awo.

Q: Ndiye kuti akabwera, ndi pati pamene mzibambo sakuyenera kulowa nao? Mmalonso mzimai amadutsamo pothandizidwa ku sikelo, ndi malo ati mzibambo timamusiya kunjani?

R: Ine ndikuona ngati palibe nthawi imene mzibambo akuyenera kukhala kunjani

Q: Ndiye kuti kuyambira... amafikira ndiye kuti malo ophunzirira zathanzi...

R: Ku maphunziro a zathanziwo akuyenera kuti akhaleko

Q: Koma ku maphunziro a zathanziko, kupyolera mu zomwe mwakumana nazo, azibambo amatha kumamvetsera nao, ndi kumayankha mafunso, kapena kumafunsa mafunso? Amakhala kuti alikuti nthawi imeneyi?

R: Pophunzira paja, chimene ndinaona ine, azibambo aja amakhala kuti akhala mbali ina. Si timapangira panjapo?

Q: Eya

R: Iwo amakhala kuti akhala mbali ina, ndipo samamva kuti anthu akuphunzira chani, angokhala, kunena kuti bola iwowo abwera, ndipo sakudziwa kuti akudzataninsu.

Q: Ndiye kuti cholinga china iwowo akugwira, koma mbali ina yoti iwowo apange sakukwanitsa?

R: Sakukwanitsa

Q: Sakukwanitsa. Mwina amakhala akuyembekezera kutsogozedwa kuti akuyenera kupanga bwanji kapena.

R: Maphunziro okhawo ndiye samapanga nawo, koma kwina konse kuja amapanga nao

Q: Nanga ndi njira ziti zomwe mukuona kuti amai angachite kuti aziwalimbikitsa azibambo kuti aziwaperekeza ku sikelo?

R: Akuyeneratu kuti aziwafotokozera. Ndiye kuti choyambirira, ifeyo tiwaphunzitse azimayiwo ubwino onena kuti mzibambo akuyenera azibwera ku sikelo. Ndiye tikawafotokozera, tiwalimbikitsa azimaiwo kuti akawafotokozere azibambo, kuti ulendo winawo adzabwere nao. Akakhala ndi mafunso abwere, ulendo winawo.

Q: Chabwino. Akawalongosolera ubwino wake ndiye kuti akhala kuti ali olimbikitsidwa eti?

R: Eya

Q: Nanga ndi njira ziti zimene mwakhazikitsa, izizi nzotino chipatala chakhazikitsa, zolimbikitsira abambo kuti naonso azibwera ku sikelo?

R: Panopa ndiye kuti pali njira yolankhulana ndi mzimai (payekhapayekha) ndi munthu wa zachipatala ngati mwamunayo sanabwere. Koma ngati mwamunayo wabwera timakhalanso tikumulimbikitsa kuti ulendo winawo adzayende nawo mpaka adzachire

Q: Azibambo mumawalandira bwanji? Mwina ithanso kukhala njira ina, kuti akafika mumawathandizira mosiyana ndi anthu ena

R: Akafika, choyamba timawapatsa malo, amayi amakhala pabedi pomwe abambo timawapatsa mpando. Timawalandira mmene timalandirira kuti kwabwera mulendo, kenako ndifunsa ngati pali vuto lina liri lonse. Ndimayamba ndi amai, akanena kuti ayi, tiwafunsa abambo ngati awona vuto lina liri lonse, kapena ali ndi funso lina liri lonse akuyenera kuti afunse.

Q: Amayenera kukhala nao pa mzere akabwera abambowo ndi amayi, akawaperekeza?

R: Ayi, amenewo akafika amayenera afikire mkati, asakhalenso pa mzere

Q: Ngati amapita kutsogolo, kuti ngakhale abwera nthawi yochedwa koma amafikira kutsogolo?

R: Eya

Q: Ndiye kuti imeneyonso ikhoza kukhala njira ina imene panopa munakhazikitsa yokopera, kuti nthawi ina adziti mwina sindikachedwa kwambiri?

R: Eya

Q: Kumbali ya mipando, malo okhala mwina titero, malo okhala akabwera, amapatsidwa mipando ndithu ndi kumasuntha ndi akazi awo limodzi, kapena zimayenda bwanji?

R: Akabwera, akapeza kuti mipando imene ili panjayo ndi yonena kuti pali anthu, pa mpandopo ndi podzadza, pamakhalanso mpando wina mkati oti iwowo akamaliza, iwowo alowe

Q: Sipamapezeka kuti azibambo ena akusowa malo, azimai athithikana, azibambo angaimaima?

R: Zimatheka

Q: Kumbali imeneyoyo mukuona kuti zingathe kukhudza bwanji kabweredwe ka azibambo ku sikelo?

R: Zimenezozo ndi chimodzi mwa zinthu zomwe zimagwetsabe mphwayi azibambo kuti ulendo wina asazabwere nao, chifukwa amaziona kuti mwina sakufunikira kwenikweni kubwera kumalo kumenekoko

Fotokozani nthawi yomwe yatenga kuti banja lithandizidwe pano ku ANC?

Q: fotokozani nza nthawi yomwe mumatenga kuti muthandize mzimayi akabwera kwa omwe abwera ndi amuna awo kapena ayi

R: Kawirikaŵiri, pamene mkaziyo abwera amayenera kulandira mautumiki angapo paulendo uliwonse kotero kuti kupezekapo pa zokambirana zonse za tsikulo kungatenge pafupifupi mphindi 30 kapena 40 koma osapitirira ola limodzi kwa mkazi aliyense. Amuna ena amadandaula kuti amachedwetsedwa koma timayesetsa kuonana nawo kaye koma chifukwa ntchitozi zimachitikira m'chipinda chochezera chosiyana kotero kuti kuchoka m'chipinda chochezera kupita kuchipinda chinanso kumatenga nthawi.

Q: Mwanjira zimene zakhazikitsidwazi, ndi ziti zimene mukuona kuti zitha kuwakopa kwambiri azibambo, ndipo akumabwera chifukwa cha chimenechocho? Atha kukhala kuti akumabwera chifukwa cha chinthu china chake chimodzi, kapena zingapo. Ndi ziti zimene mukuona kuti zikumagwira kukopa azibambo?

R: Imodzi mwa izo ndi yonena kuti akabwera akafikira mkati osati kufikira panja

Q: Palinso china?

R: Ayi

Q: Nanga zomwe zakhala zikuwagwetsa mphawayi azibambo, kuti akabwera atha kuona kuti aa, ine ndiye ndisadzabwerenso, mukuona ngati zikhoza kukhala ziti?

R: Zikakhala kuti mmodzi wa awiriwo simunamuikemo mu zochitika. Mwina mukangompatsa moni mzibambo ndi kumusiya, kenako kumalimbana ndi mzimai yekha, kenako chotsatira chimene akumva ndi tsiku lina lodzabweranso, zitha kumawagwetsa ulesi kuti nkosayenera kwenikweni kuti akhaleko

Q: Pa tsiku, mukagwiragwira nchito, mumatha kudziwa kuti lero tinali ndi mabanja angati? Ndipo mumadziwa bwanji? Muli ndi chani chimene chimakulozerani, kapena chimakuthandizzirani ngati chosungira cha zochitikachitika za pachipatala?

R: Zimenezo nzovuta, chifukwa sitimasianitsa kuti anthu omwe abwera ngati banja alipo mwakuti, kuti tilembe.

Q: Kodi pali malamulo ena kapena mfundo zina zomwe zimakuunikirani kuti mungachite bwanji popititsa patsogolo kabweredwe ka azibambo ku sikelo, muli nao kunoko?

R: Ayenera kuti alipo, koma ine sindinawaone

Q: Ngati muli ndi mau ena omwe mutha kutiunikira pa dongosolo la kabweredwe ka azibambo ku sikelo kunoko, ku chipatala cha Mangochi, ngati alipo, mukhonza kutiunikira kapena kuonjezera

R: Ndikuona ngati chinanso kuti tiwaike kwambiri azibambo mu zochitikachitika za ku sikelo, tikuyenera kuti azibambo azitenga nao mbali mu maphunziro a zathanzi omwe amachitika ku sikelo kuno, sinanga nthawi zambiri amakhala kuti ali kumbali, angoperekeza. Tikhazikitsenso njira mkati muno kuti akabwera mkati muno tisamangopanga zinthu zongopindulira mzimai yekha, koma onse azipindula.

Q: Mumadziwa bwanji kuti mzimayi wabwera ndi mwamuna wake weniweni kapena wangotenga munthu kuti adzafulumire, monga kutenga wanjinga, mungadziwe bwanji?

R: Anthu ongotengedwa aja samadziwa kuti mimba ya mzimai ndi ya miyezi ingati, pomwe mwamuna wake weniweni amadziwa.

Q: Mwinanso mukawauza kuti lowani, mwina atha kunyinyirika kuti asalowe, kapena eti?

R: Eya. Chifukwa akalowa atha kumaonekabe kuti anthu awawa sakudziwana

Q: Kutu mwina mukuwavula azimai mukuwayeza, iwo nkuyang'ana kumbali

R: Eya

Q: Kusonyeza kuti nthawi zonse amene akumalowa akumakhaladi kuti ndi banja?

R: Eya

Q: Zikomo kwambiri chifukwa cha nthawi yanu poipereka kucheza nane, komanso poyankha mafunso momasuka. Muli ndi mau ena ali onse pomaliza pakucheza kwathu? Ine ndithokoze chifukwa mwatitsegula maso potiunikira mmene tikuchitira pankhani ya abambo kubwera ku sikero. Zambiri zufunika titaunikira kuti tikope azibambo ochuluka kumabwera ndi akazi awo pambali poti timawaona msanga akangofika sakhala pamzere.

Q: Mwachidule, mwanena kuti abambo amafunitsitsa kupezekapo chifukwa cha chisamaliro chapadera choperekedwa kwa maanja, komabe, amachotsedwa chifukwa alibe malo oti akhalemo, kuchedwa kuchita ntchito zonse, manyazi popita ku maphunziro a zaumoyo, komanso malingaliro a ogwira ntchito yazaumoyo. Ndemanga iliyonse yomaliza kapena kufotokozera?

R: Aaaa ayi ndiliba chowonjezera pazomwe ndanena kale.

Script sample FGD 2 males_English

Q: How old are you?

R: 37

Q: How far did you go with your education?

R: Form 4

Q: Are you staying together with your wife?

R: Yes

Q: You are from what religion?

R: Roman Catholic

Q: What is your tribe?

R: Lhomwe

Q: What do you do for a living?

R: Am doing business
Q: The next person please, how old are you?
R: 31
Q: How far did you go with your education?
R: Standard 3
Q: Are you staying together with your wife?
R: Yes
Q: You are from what religion?
R: Islam
Q: What is your tribe?
R: Yao
Q: What do you do for a living?
R: Am doing business
Q: Next person, how old are you?
R: 25
Q: How far did you go with your education?
R: Form 4
Q: Do you stay together with your wife?
R: Yes
Q: Which religion do you belong to?
R: Assemblies of God
Q: Which tribe do you belong to?
R: Lhomwe
Q: What do you do for a living?
R: Am employed, a primary school teacher
Q: Where are you working?
R: At the forestry
Q: We are here, how old are you brother?
R: 33
Q: How far did you go with your education?
R: Form 4
Q: Are you staying together with your wife at home?
R: Yes
Q: You are from what religion?
R: Assemblies of God
Q: What is your tribe?
R: Sena
Q: What do you do for a living?
R: Am doing business
Q: Yes, that side, how old are you?
R: 40
Q: How far did you go with your education?
R: Form 1
Q: Are you staying together with your wife as a couple?
R: Yes
Q: To which religion do you belong?
R: Islam
Q: What is your tribe?
R: Yao
Q: What do you do for a living?

R: I am a traditional doctor

Q: That far end, how old are you?

R: 34

Q: Do you stay together with your wife as a couple?

R: Yes

Q: How far did you go with your education?

R: Standard 7

Q: What religion do you belong to?

R: Islam

Q: You are from which tribe?

R: Yao

Q: What do you do for a living?

R: I am doing business

Q: Describe your perception about men attending ANCs with their female spouses?

R: To me I take it as an important thing in the sense that when I escort her she does not suffer to wait on the line for sure, because she is assisted right away

Q: So you say you escort her so that she is assisted earlier is that what you said?

R: yes you are right.

Q: Who else wants to add his own views on motivators?

R: As for me when I escort her she is motivated because she has confidence that I love her

Q: Anyone else?

R: The other benefit is that when they are being taught here at ANC you as a man also learn

Q: Anyone else to add?

R: To add on those points the other benefit is that we know our HIV status since we are tested together as a couple. However, some men shun ANC because of its association with HIV testing. The woman is also tested for other things, and since you are there during the time that she is being tested you are able to know the results

Q: How consistent are your values and norms with the issue of men attending ANC together with their female spouses?

R: Many of the values and norms are discouraging in nature. Many men say that they do not see the value of escorting their female spouse to ANC, but this thought depend on individual perception of the matter. It depends on the choice that you make, whether to follow values and norms or to escort your female spouse.

Q: But describe on your part specifically.

R: for me despite that other men feel that men who come here are weak, I just made a choice to be coming because I prioritize the health of my wife and our unborn baby.

Q: any one to add from your perspective?

R: According to our values and norms, the issue of ANC was considered as women's issue. That belief still exists today, when people see a man attending ANC with his female spouse they take him as weak.

Q: How do you perceive the necessity of men attending ANC with their female spouse?

R: As a man you know the things that will be needed when the child is born, as such you are responsible for provision of those things

Q: Describe how you have been influenced by your female spouse to be attending ANC?

R: What I see is that when I escort her everything will be well with me

Q: Explain further on this.

R: As a couple today we will get back home on time, I will go back to my business, and if I have anywhere to go I can go

Q: Anyone to add? At the corner there any additions?

R: For me what motivates me to escort my wife is that I am not happy to see her go anywhere without me that is why I also escort her at ANC

Q: Anyone to add on how you are influenced to attend ANC?

R: Her character influences me to escort me. When you are in harmony with your wife you are influenced to help her in all things

R: The main issue is on the time spent at the ANC when I escort her. When I escort her she is assisted quickly and we get back home on time, where she is able to perform other duties like preparing food for the family.

R: to add on that, when I ask my wife to perform certain things for me she does them willingly, that makes me to escort her when she asks me to do so, because what she does at home makes me feel loved and so I return her love by coming here with her because I feel motivated.

Q: How do you think sociocultural factors can affect men's attending ANC?

R: If you say that women who have been escorted by their male spouses should be treated in the same way as those who have not been escorted then we men may be demotivated

Q: Any addition on can discourage you from attending ANC?

R: Just to add, yes I know that when we men escort our female spouses we are assisted quickly but what I can plea with the staff is that you should still improve on the time taken to be assisted because we leave other things to attend to at home when we come here

Q: Share your experience on the time taken when a man arrives to the time they get assisted?

R: Of course they assist us first at any time we come even if we are late which is what motivate most of us. But at the same time, the women are told to do so many things on every visit so we still take more time with that

Q: Describe the experiences that have demotivated you from attending ANC with your female spouse?

R: There are some women who are not happy to be escorted by their male spouses because they think that they will not be comfortable to do certain things on their way to the ANC, so when a women portray this character men may stop escorting them. On the other hand, when the woman is happy to be escorted then the man is comfortable to escort her

R: When they quarrel...

Q: Please explain more on that.

R: Yes, because sometimes when you get home they may say that without you I could have been assisted anyway. Meaning that how they relate at home can affect the issue of escorting.

Q: What about here at ANC, describe what can discourage men from attending ANC?

R: How the doctors talk to us. There are some doctors who talk to us as we are nothing to them, instead of helping us they talk careless things. When you ask them to help you they talk irrelevant things, instead of helping you they just move up and down, this may make a man to reach a conclusion that let the woman be attending ANC alone

Q: The way you have seen the ANC here, describe your perception towards male participation in ANC?

R: Yes, it is necessary but they should not take long

Q: How would you want to be welcomed here at ANC?

R: If there are numbers corresponding to the time you have arrived here

R: They should learn how to welcome people. When a person comes here s/he is a patient so when you talk to him/her carelessly you may raise his/her BP

Q: Describe the areas that you feel could be areas of improvement in service delivery if we are to improve men's attendance at ANC?

R: What demotivates us is the idea of being tested for HIV, we don't like that.

Q: What do you mean, please clarify.

R: Meaning that us men when we come we must be given an option if we want to have HIV testing or not, for the women because of the baby let them do it but for us we must choose whether to be tested or not because it seems it is a must for men who come to also get tested together with their wives and most men do it because they feel like they cannot say no. Am not saying for us to be tested is bad but we are not given a choice to accept or not and if you want to know that's what other men say they can't escort their spouses because they will be talk to go for HIV testing whether they like it or not.

Q: Is there anything to add?

R: On the part of chairs, there are not enough chairs, we just sat on the ground

R: There is need to have more chairs so that both men and women should be seated on them and not sitting on the rocks outside

R: When we visit other ANC we see that the pattern of sitting is different from how we sit here. In other ANCs a man sits next to his wife, but here it is not so

Q: Describe what you think the challenge is?

R: The problem is the chairs, if the chairs were enough then a man would sit next to his wife

R: The other thing is that women who are not being escorted by their male spouses should be received and not neglected as well because some of them were just impregnated and their spouses left for countries like Mozambique and South Africa to fend for their families

Q: Thank you very much for your openness. One of you, especially the one that I didn't get his personal information, should remain so that I should have that information... How old are you?

R: 33

Q: How far did you go with your education?

R: Standard 8

Q: Do you stay together with your wife?

R: Yes

Q: You are from which religion?

R: Islam

Q: What tribe are you from?

R: Yao

Q: What do you do for a living?

R: I do business

Q: in summary, your responses have indicated that special treatment to couples at ANC, love between couples, prioritizing maternal and child health are some of the factors that motivate men to escort their wives to ANC, while inadequate chairs at ANC, provider initiated HIV testing that acts like mandatory, staff attitude, time spent at ANC clinic, lack of love, pregnancy outside wedlock, gender influence discourages

men to continue coming to ANC clinic. Any more addition or clarifications on the summary? Anyone can come in.

R: Not really these are what we have said no addition from me.

Q: what about others

R: Aaaaa no.

APPENDIX 24: Script sample FGD 2 Males_Chichewa

Q: Muli ndi zaka zingati?

R: 37

Q: Sukulu munalekeza patai

R: Form 4

Q: Mukukhalira limodzi ndi akazi anu?

R: Eya

Q: Ndinu a chipembezo chanji?

R: Roman Catholic

Q: Ndinu a mtundu wanji? Mwina chilhomwe, chiyao

R: Chilhomwe

Q: Mukupanga bizinesi kapena mumagwira ntchito yolembedwa?

R: Bizinesi

Q: Tikatero tisunthire kwa ena. Muli ndi zaka zingati?

R: 31

Q: Sukulu munalekeza pati?

R: Sitandade 3

Q: Mukukhalira limodzi ndi akazi anu kunyumba

R: Eya

Q: Ndinu a chipembezo chanji?

R: Chisilamu

Q: Ndinu a mtundu wanji?

R: Chiyao

Q: Mumapanga bizinesi kapena ntchito yolembedwa?

R: Bizinesi

Q: Kumeneko achimwene muli ndi zaka zingati?

R: 25

Q: Sukulu munalekeza pati?

R: Form 4

Q: Mumakhalira limodzi ndi akazi anu kunyumba?

R: Eya

Q: Ndinu a chipembezo chanji?

R: Assemblies of God

Q: Ndinu a mtundu wanji?

R: Lhomwe

Q: Mukupanga bizinesi kapena ntchito yolembedwa?

R: Ntchito yolembedwa

Q: Mukugwira kuti?

R: Ku forestry

Q: Tiri apa, achimwene zaka zingati?

R: 33

Q: Sukulu munalekeza pati?

R: Form 4

Q: Mukukhalira limodzi kunyumba ndi akazi anu?

R: Eya

Q: Ndinu a chipembezo chanji?
R: Assemblies of God

Q: Ndinu a mtundu wanji?
R: Chisena

Q: Mukugwira ntchito yanji kapena mukupanga bizinesi?
R: Bizinesi

Q: Eya, malume kumeneko, zaka?
R: 40

Q: Sukulu munalekeza pati?
R: Form 1

Q: Mukukhalira limodzi ndi akazi anu ngati banja?
R: Eya

Q: Ndinu a chipembezo chanji?
R: Chisilamu

Q: Ndinu a mtundu wanji?
R: Chiyao

Q: Mukugwira ntchito yanji kapena mumapanga bizinesi yanji?
R: Ndine mnsing'anga

Q: Kumeneko kumapeto, zaka?
R: 34

Q: Mukukhalira limodzi ndi mayi kunyumba?
R: Eya

Q: Munalekeza pati sukulu?
R: Sitandade 7

Q: Ndinu a mpingo wanji?
R: Chisilamu

Q: Ndinu a mtundu wanji?
R: Chiyao

Q: Mukupanga bizinesi kapena ntchito yolembedwa?
R: Bizinesi

Q: Kodi nkhani yoti azibambo azipita limodzi ndi akazi awo ku sikelo mumaiona motani?
R: Kwa ineyo ndimachiona chinthu cha mtengo wapatali, chifukwa ndikamperekeza kunoko samavutika, samaima pali ponse, ndiye ndimaona kuti nkwabwino sinanganso amakhala kuti ndi otopa kale

Q: Ena
R: Ine ndikuona kuti ubwino wake amalimbikitsika kuti mwamuna wanga amandikonda

Q: Ena
R: Ubwino wina ndi onena kuti pa nthawi imene akupanga maphunziro awo aja, nawenso mzibambo umamva nao limodzi

Q: Aliponso ena ali ndi choonjezera?
R: Choonjezera nchakuti mkazinsu amasangalala chifukwa choti tonse timadziwana m'thupi mmene mukuyendera chifukwa tikafika kumene kuja amatiyeza limodzi ndikuona kuti amuna anga akuyenda motere akazi anga akuyenda motere.

Q: Kuyezesa mukutanthauza kuyezesa ngati chani?
R: Kuli zoyezesa zambiri

Q: Ngati chani?
R: Timayezesa HIV. Azimainso amayezesa zinthu zokwana zitatu. Ndiye timadziwa kuti akazi anga akuyenda motere. Ndiye ena samabwera, amathawa zimenezo

Q: Nanga kodi zikhulupiriro zanu zikulumikizana motani ndi nkhani yoti muziperekeza akazi anu ku sikelo? Zikhulupiriro zikhoza kukhala zosiyanasiyana, kutengera ku chikhalidwe chathu, kaya kwa chilhomwe, kaya mmene tikukhalira mmakomo. Ena atha kukhala kuti akamuona mzibambo akuperekeza mzimai ku sikelo amatha kukhala ndi chithunzithunzi china chosiyana ndi mmene zikuyenera kukhalira, inuyo zikhulupiriro ngati zimenezozo zikulumikizana bwanji ndi monga mzibambo kuperekeza mzimai ku sikelo? Mungazilumikize bwanji?

R: Ndinganene kuti zambiri zimakhala zobweza m'mbuyo ndithu chifukwa azibambo ambiri amanena kuti kumperekeza mkazi ku sikelo samachiona chaphindu, komano zimangotengera ndi mmene munthu umazimvera pa nkhani zomperekeza mzimai ku sikelo. Ndiyeno zimakhala kuti ndiiweyo kuti upange chisankho kuti ndiyenera kuti nditsate zikhulupirirozi kapena zonena za anthuzi zingandilepheretse kapena zingandilimbikitse motani kuti ndizimperekeza munthu wamayi ku sikelo

Q: Aliponso amene akufuna kuonjezera kumbali ya zikhulupiriro mmakomo, kaya za chikhalidwe chathu ngati kuchilhomwe, kuchiyao

R: Ine ndikuona ngati njira yabwino imakhala kuti mwina malangizo achipatala malingana ndi mmene dziko likusinthila

Q: Muli ndi kuonjezera?

R: Kuonjezerapo, mmene chilili chikhalidwe chathu kumene tikuchokera kumbuyoku, zinali zoti za ku sikelo mza azimai. Kachikhalidweko sikuti kanatheratu ayi, nkakakuru kwambiri, ndiye munthu akamuona m'bambo akuperekeza mkazi ku sikelo amaona ngati kuti ndi opepera. Ndi chikhalidwedi, ndi chikhulupiriro, mwina pakupita pa nthawi zisinthila

Q: Ndiye ifeyo zikutikhuza bwanji? Timagwetsedwa mphwayi kapena... ifeyo zikutikhuza bwanji pakuperekeza kwathu azimai ku sikelo?

R: Zambiri ndi zimene anena awazi, akulu aja afotozoza bwino

Q: Chabwino, tikupitiriza. Funso ilili munaliyankha kale, amene ali ndi choonjezera aonjezera: Kodi ndikofunika bwanji kuti azibambo azipita ku sikelo?

R: Umatha kudziwa zinthu zofunikira za mzimai pa nthawi yomwe akufunikira kukubweretsera mphatso ya mwana, kuti ukufunika kupeza chani ndi chani. Ndiye ngati mwini wake wa bamboyo umatha kutenga gawo kuti upeze zofunikirazo

Q: Ndi njira ziti zomwe akazi anu ayesa kukukopani kuti muziwaperekeza ku sikelo? Amatani akazi anu? Enatu kuwafunsa maulendo onse ena olo kamodzi kokha osabwerako, inuyo akazi anu amatani, amakukopani bwanji kuti muziwaperekeza?

R: Chimene nnaona nkuti ineyo ndikawaperekeza iwowo zanga zikhala bwino

Q: Mukutanthauza chani? Zitakhale bwinozo nzichani?

R: Sinanga tikhala kuti tibwereranso mwachangu, ngati ndili ndikopita kwina kupita

Q: Ena amene ali ndi kuonjezera

R: Chimene chimandipangitsa kuti ndizimperekeza mkazi, 1 sindimakondwera kuti kumene akupita mkazi azipita yekha, ndiye kubwera kwakuno chimandipangitsa ndi chokhachi kuti kwina kuli konse akupita ndipite nao

Q: Amene angaonjezere, inu amakukopani bwanji?

R: Makhalidwe. Munthu ukamakhala naye bwinobwino, chimenechi chimakupangitsa kuti awa tizithandizana. Monga mmene anenera kuti pamavuto pamtendere chifukwa awawa ndi matenda

Q: Eya kumeneko amkolo, amakuthani bwanji kuti muwaperekeze?

R: Nkhani yaikuru ngati ifeyo imakhala nthawi imene amakhala akapita okha ndi nthawi imene amakhala tikawaperekeza. Tikawaperekeza chonchi amakafika kunyumba kuja nthawi yabwino, akawapangiranso ana chakudya, kusiyana nkuti achoke kuno past 1 kapena 2, ndiye kuti kujako tavutika anthu ambiri

R: Kungoonjezerapo, ndikawapempha kuti andipangire zinthu zoti andipangire amatha kundipangira mosavuta, ndiye ndimachimva kuti ngati wapempha kuti ndimperekeze nanenso ndiwaperekeze

Q: Nanga mukuona ngati ndi zikhalidwe kapena zikhulupiriro ziti zomwe zingakulepheretseni kupitiriza kumabwera ku sikelo? Chimene chingayambe kukugwetsani mphwayi, kumbali ya zikhulupiriro ndi chani?

R: Mutasintha kuti obwera ndi amuna azikhala limodzi ndi omwe abwera okha, titha kudzagwetsedwa mphwayi

Q: Ena? Chimene chingakugwetseni mphwayi chitakhala kuti china chake chachitika kapena chikuchitika, kapena mukuchiona kuti chasintha, ndi chani?

R: Ineyo mungoonjezerapo. Inde ndimadziwa kuti tikabwera timathandizidwa mwachangu, komabe mwina mwake tikhoza kupemphabe kuti kachangu katamachitika chifukwa timakhala kuti tasiya zinthu zambiri

Q: Nthawi yoti mzibambo wafika mpaka akumaliza, isamatalike eti?

R: Eya

Q: Kodi ndi zinthu ziti zimene mwakumana nazo m'moyo mwanu, kaya ndi ku sikelo kuno kaya ndi kunyumba kuja, zimene zinakugwetsani mphwayi kuti musabwerenso?

R: Pali azimai ena omwe sakondwera kuperekezedwa chifukwa amaona ngati samasuka mu njira zina zimene iwowo amapanga, ndiye ngati mzimai akuonetsa khalidwe limeneli mzibambo amatha kusiya kapena osamperekeza, koma ngati mzimaiyo amakondwera kuperekezedwa mzibambo amakhala okondwanso kumperekeza

R: Kusonyeza kuti akayambana...

Q: Zikhoza kutheka... kusonyeza kuti makhalidwe a kunyumba aja akulowanso pompo eti?

R: Eya, chifukwa pena ukafika kunyumba mkazi uja amatha Kunena kuti olo popanda inutu sikelo ndikanatha kukwera bwinobwino

Q: Nanga kunoko, chimene tinakumana nacho chimene tsiku lina chingatipangitse osazabweranso ndi chani?

R: Mayankhulidwe a madokotala. Pali madokotala ena mukalowa mkati muja amalankhula ngati ifeyo sianthu iyayi. Mmallo moti apange chiganizo choti tithandize anthuwa akukalankhula zina. Inu mukupempha kuti tithandizeni, madokotala aja akutulutsa mau ena osayankha zimene mwawauza zija, mmalo moti akuthandize akukalankhula zina nkumangozungulirazungulira, alowe chipinda chipinda ichi alowe chipinda ichi, akukhazika paja. Zimenezi zimapangitsa kuti bola ndisiye sikelo, azipita azikaziwo kaye, kaya azibwera usiku

Q: Kodi inuyo mmene mwakuonera ku sikelo kuno, nkoyenera kuti mzibambo azibwerako?

R: Eya, nkoyenera kubwera koma nkosayenera kuti azikhazikika

Q: Ndi kalandiridwe kotani komwe mungakonde kuti muzilandiridwa nako mukapita ku sikelo?

R: Patakhala manambala

Q: Ena, kulandiridwa, china chiri chonse, kayankhulidwe, kokhala, chani. Awa anena za manambala, ndiye kuti manambala okha amazikonza kuti ine ndikhala apa inde ndikhala apa eti?

R: Eya

Q: Kulowererana, chipwirikiti chimachepa. Ena

R: Tiziphunzirana chikhalidwe chokopa anthu. Munthu akamabwera kuno amakhala kuti ndi odwala, ndiye ukamamulankhulira zinthu zina zake zosakhala bwino, muonanso kuti akamachira muja ena kumagwa BP

Q: Mungakonde ziti zomwe zikuchitika kale koma zitasintha, ku chipatala kunoko, kuti azibambo ambiri azibwera? Chifukwa kuli zinthu zambiri, mwina munaona mipando kaya pokhala azibambo akabwera, mmene alilinsu malo. Ndi chani chimene mukuona kuti achipatala achisinthe kuti chizikopa azibambo?

R: Chimene ineyo ndikuona ndi choti akamabwera kaya azimai aja, chenicheni chimene chimatipangitsa kuti tizifooka kuziwa mmene ifeyo tilili timadana nazo, kuti tiziyeza magazi aja kuti tidziwe mmene tilili, ena ndi zimene zimapangitsa kuti asakhale ndi mphamvu yobwera kunoko.

Q: Ndiye kuti tikamawaunikira azimai aja, kwambiri tizisindika ubwino wa kuyezesa magazi, kuti abambo akakamvetsera adziwe kuti ndikuyenera kupita

R: Eya!

Q: Pali china choonjezera?

R: Kumbali ya mipando koma, timangogubudukatu pafumbitu

Q: Mipando kuyambira kunja eti?

R: Eya

R: kukuyenera kuzipezeka mipando, kuti azimai azikhala apa ndipo azibambo azikhala apa. Tikukhala pa miyala paja

R: Tikapita ngati monga zipatala zina eti, amakhazika mayi bamboo mayi bamboo, ndikuona ngati kunoko sizimachitika

Q: Mukuona ngati vuto ndi chani? Chachepa ndi chani?

R: Ndi kuona ngati mipando yomweyo, chifukwa mipando ikakhala yokwanira akhazika mwamuna mkazi mwamuna mkazi

R: Komanso apa ndinaiwala, mukonze paja pa masikito paja. Anawa ena alibe masikito mmamidzimu, ndiye udzudzu ulipo, kale lija amalandira panopa ena akulandira ena sakulandira

R: Chinanso chongoonjezera nchoti azimai amene akubwerawa muziwalandiranso mwachikoka, pena anyamata akungopereka mimba nkupita ku Jubegi ena Mozambique ndiye muziwalandira mwachimwemwe chifukwa pali kusiyana kwa mavuto amene akuwapangitsa kuti abambo asabwere nawo limodzi

Q: Zikomo kwambiri chifukwa cha kumasuka kwanu. Koma amodzi inu mutsala kaye kuti ndikufunsi mafunso ena chifukwa munabwera mochedwerako. Zaka zanu ndi zingati?

R: 33

Q: Sukulu munalekeza pati?

R: Sitandade 8

Q: Mumakhala limodzi ndi akazi anu?

R: Eya

Q: Ndinu a chipembezo chanji?

R: Chisilamu

Q: Ndinu a mtundu wanji

R: Chiyao

Q: Mumapanga bizinesi kapena ntchito yolembedwa

R: Bizinesi

Q: mwachidule, mayankho anu asonyeza kuti chisamaliro chapadera kwa maanja ku ANC, chikondi pakati pa maanja, kulemekeza thanzi la amayi ndi ana ndi zina mwa zinthu zomwe zimapangitsa abambo kuperekeza akazi awo kupita ku ANC, pomwe mipando yosakwanira ku ANC, opereka chithandizo adayambitsa kuyezetsa kachilombo ka HIV komwe kumakhala ngati kokakamiza, malingaliro a ogwira ntchito, nthawi yomwe amakhala ku chipatala cha ANC, kusowa kwapakati pazachikoka, kusowa kwaubwenzi, kupitilizabe kubwera kwa chikondi. Chipatala cha

ANC. Kodi pali zinanso zowonjezera kapena kufotokozera mwachidule? Aliyense akhoza kulowa.

R: Ayi ndithu izi ndi zomwe tanena kuti palibe chowonjezera kuchokera kwa ine.

Q: Nanga bwanji ena

R: Aaaaa ayi.

APPENDIX G

DESCRIPTIVE STATISTICS OF RESPONDENTS

Table 6.

Detailed Demographic Characteristics of Participants

Name	Age	Sex	Tribe	Religion	Marital status	Occupation	Education level
P1	29	Male	Yao	Muslim	Married	Casual labour	Primary
P2	28	Male	Chewa	Christian	Married	Artesian	Primary
P3	31	Male	Yao	Muslim	Married	Businessman	Primary
P4	33	Male	Chewa	Christian	Married	Businessman	Primary
P5	34	Male	Chewa	Christian	married	Teacher	College
P6	28	Male	Yao	Muslim	Married	Businessman	Primary
P7	31	Male	Lhomwe	Christian	Married	Businessman	Primary
P8	31	Male	Yao	Muslim	Married	Not working	Primary
P9	29	Female	Yao	Muslim	Married	Not working	Secondary
P10	18	Female	Yao	Muslim	Married	Not working	Primary
P11	25	Female	Yao	Muslim	Married	Farming	Primary
P12	31	Female	Lhomwe	Christian	Married	Not working	Secondary
P13	21	Female	Yao	Muslim	Married	Not working	Primary
P14	29	Female	Yao	Muslim	Married	Working	College
P15	35	Female	Chewa	Christian	Married	Not working	Secondary
P16	20	Female	Yao	Muslim	Married	Not working	Primary
P17	22	Female	Yao	Muslim	Married	Not working	Secondary
P18	19	Female	Yao	Christian	Married	Not working	Primary
P19	34	Female	Yao	Muslim	Married	Businesswoman	Primary
P20	35	Female	Lhomwe	Christian	Married	Not working	Primary
P21	33	Female	Yao	Muslim	Married	Businesswoman	Secondary
P22	22	Female	Lhomwe	Muslim	Married	Businesswoman	Secondary
P23	20	Female	Lhomwe	Muslim	Married	Businesswoman	Secondary
P24	20	Female	Chewa	Muslim	Married	Businesswoman	Primary
P25	21	Female	Lhomwe	Christian	Married	Businesswoman	Secondary
P26	21	Male	Yao	Muslim	Married	Businessman	Primary
P27	26	Male	Yao	Muslim	Married	Businessman	Secondary
P28	22	Male	Yao	Muslim	Married	Businessman	Primary

Name	Age	Sex	Tribe	Religion	Marital status	Occupation	Education level
P29	23	Male	Yao	Christian	Married	Businessman	Secondary
P30	25	Male	Yao	Christian	Married	Businessman	Secondary
P31	23	Male	Lhomwe	Christian	Married	Businessman	Secondary
P32	20	Male	Lhomwe	Christian	Married	Businessman	Primary
P33	37	Male	Lhomwe	Christian	Married	Businessman	Secondary
P34	31	Male	Yao	Muslim	Married	Businessman	Primary
P35	25	Male	Lhomwe	Christian	Married	Employed	Secondary
P36	33	Male	Sena	Christian	Married	Businessman	Secondary
P37	40	Male	Yao	Muslim	Married	Traditional doctor	Secondary
P38	34	Male	Yao	Muslim	Married	Businessman	Primary
P39	33	Male	Yao	Muslim	Married	Nurse	Tertiary
P40	32	Female	Lomwe	Christian	Married	Nurse	Tertiary

APPENDIX H

CORRESPONDENCE AND ETHICAL APPROVALS

Telephone: + 265 789 400
Facsimile: + 265 789 431

All Communications should be addressed to: research@health.gov.mw

The Secretary for Health



In reply please quote No
MINISTRY OF HEALTH
P.O. BOX 30377
LILONGWE 3
MALAWI

1st September, 2024

Ida Gwengwe
Adventist University of Africa
Kenya

Dear Sir/Madam,
Re: Protocol # 24/07/4469: Exploratory Qualitative Study of Factors Influencing Male Involvement in Antenatal Care Services at Mangochi District Hospital, Malawi.

Thank you for the above titled proposal that you submitted to the National Health Sciences Research Committee (NHSRC) for review. Please be advised that the NHSRC has reviewed and approved the above titled study.

- **APPROVAL NUMBER** : 4469
- The above details should be used on all correspondences, consent forms and documents as appropriate.
- **APPROVAL DATE** : 11/09/2024
- **EXPIRATION DATE**
This approval expires on 10/09/2025. After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the NHSRC Secretariat should be submitted one month before the expiration date for continuing review.
- **SERIOUS ADVERSE EVENT REPORTING:** All serious problems having to do with subject safety must be reported to the NHSRC within 10 working days using standard forms obtainable from the NHSRC Secretariat.
- **MODIFICATIONS:** Prior NHSRC approval using forms obtainable from the NHSRC Secretariat is required before implementing any changes in the protocol (including changes in the consent documents). You may not use any other consent documents besides those approved by the NHSRC.
- **TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the NHSRC using standard forms obtainable from the NHSRC Secretariat.
- **QUESTIONS:** Please contact the NHSRC on phone number +263 099962683 or by email on mohdoccentre@gmail.com.
- **OTHER:** Please be reminded to send in copies of your final research records (Health Research Database).

Kind regards from the NHSRC Secretariat.



For: **CHAIRPERSON, NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE**
Promoting Ethical Conduct of Research¹

Executive Committee: Dr. M. Joshua (Chairperson), Dr. F. Sinyiza (Vice-Chairperson)
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB/ERB
Number IRB00003905 FWA00005976



Adventist University of Africa

Developing Leaders for Service

A Private Chartered University Accredited by Commission for University Education, Kenya



25th June, 2024

Ids Gwengwe
School of Postgraduate Studies
Adventist University of Africa, Kenya

Reference: AUA/ISERC/11/04/2024

Dear Ids Gwengwe

RE: Exploratory Qualitative study of factors influencing male involvement in antenatal care services at Mangochi District Hospital, Malawi

This is to inform you that the Adventist University of Africa Institutional Scientific Ethics Review Committee (AUA-ISERC) has reviewed and approved your above research proposal. Your application approval number is AUA/ISERC/2024/023. The approval period is 25th June 2024 – 24th June 2025.

This approval is subject to compliance with the following requirements;

- i. Only approved documents (including informed consent and study instruments) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by AUA-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to AUA-ISERC within 72 hours of notification.
- iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others, or affect the integrity of the research must be reported to AUA-ISERC within 72 hours.
- v. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vi. Submission of an executive summary report within 90 days upon completion of the study to AUA-ISERC.

Prior to commencing your study, you are expected to obtain permissions or any other clearances needed.

Yours Sincerely

Josephine Ganu, Ph.D.
Chair, Institutional Scientific Ethics Review C'ttee
ethics@aua.ac.ke

ADVENTIST UNIVERSITY OF AFRICA
ETHICS REVIEW COMMITTEE
PRIVATE BAG MBAGATHI - 00503,
NAIROBI - KENYA

Telephone: 01 594 344/716
Fax: 01 594 292

All correspondence should be addressed to:

The Director of Health Services



In reply please quote ref. No:

**MANGOCHI DISTRICT HEALTH
OFFICE
P.O BOX 42
MANGOCHI**

24th July 2024

Ms. Ida Gwengwe

Dear Sir/Madam

Exploratory qualitative study of factors influencing Male involvement in Antenatal care services at Mangochi District Hospital, Malawi


I write to inform you that Mangochi District Research Coordinating Committee reviewed the proposal mentioned above and was approved.

As you proceed with the study, please take note of the following

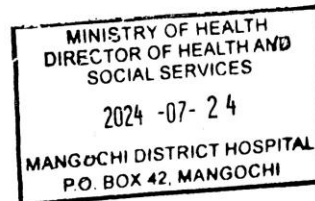
1. The Research Coordinating Committee will be monitoring the conduct of the approved study within the mentioned study period, and any deviation from the approved study has to be done following permission from the Research Regulatory Body and communicated to the District Coordinating Committee or else the study will be stopped.
2. You will be required to disseminate the results to the Research Coordinating Committee physically or virtually and submit a copy of the final report at the end of the project to Mangochi District Health Office.

Looking forward for your cooperation

Yours faithfully


Dr. Victor Kumfunda

For: DIRECTOR OF HEALTH SERVICES



Date	Activity	# of days	# of participants	Location	Observations	Reflections	Comments
26/9/24	- print revised interview guides - print consent forms - procure pens, hard covers and plain papers - prepare for data collection to start actual data collect on 1st Oct 2024	1	-	-	- Date for actual data collection set	Researcher to orient research assistant Ben tools before the onset of data coll	- printing of tools done
27th/30/9/24	- Orientation of research assistant on interview guides (IDI, FGD & KII) - her role as a notetaker during interview sessions	-	-	MDH A/C conference room	- After 2 days of orientation of research assistant verbalised confidence to support data coll	The researcher emphasized on the research assistants' role to take notes during interviews	Activity done and achieved.
1/10/24	Data Collection day 1 - IDI interviews, separately using revised tool & guides - face to face, individual - notes taken - audio recording done - interviews done after they were done with all A/C consultations	1	4 (3 couples)	MDH A/C conference room	- Average time 60m - All participants were open to share info - All agreed to audio recording	- The researcher used paraphrasing notes taken by research assistant - audio recorded - researcher facilitated - researcher focused on data collection and not assumptions	
2nd/3rd/4th	- Transcription of day 1 data - Notes & audio for day 1 data transcribed and typed into word document - Prepare for day 2 data coll (organise consent forms, interview guides)	2	2	MDH A/C conference room	main issues met yet to be identified	- Researchers role manual as data transcriber without preconception - The researcher involved the research assistant to help avoid subjectivity	Activity done

Date	Activity	# of days	# of participants	Location	Observations	Reflections	Comments
4/10/24	Data Collection day 2 - IDI using semi-structured interview guide, chief women - face to face, individual - notes were taken - audio recording done - interviews were done after they were done with all A/C consultations - spouses interviewed separately	1	3 (1 non research women)	MDH A/C conference room	- Average time 55m - participants preferred to use finger prints as they could not sign on the consent form - one woman verbalised feeling too hot, so sitting arrangement was changed to allow her close to the window - participants were open	The researcher facilitated without bias - The researcher did so that assistant took notes those who could not properly sign could use responses throughout interviews and at the end - The researcher paraphrased participants' responses throughout interviews and at the end	To consider procure ink pad so that those who could not properly sign could use finger prints
7-8/10/24	Transcription of day 2 data - notes & audio recording for day 2 to be transcribed and typed into word document - Prepare for day 3 data collection	2	2	MDH A/C conference room	- Data patterns (issues) under all research Qns start to appear	- The researcher started doing preliminary and labeling of emerging issues - The researcher involved research assistant in the transcription - The external data audit was shared with some transcripts and their audio for vertical	ink pad for participants who preferred finger prints bought
9/10/24	Data Collection day 3 - IDI interviews using semi-structured guide - individual face to face - After they were done with all A/C consultations - Notes were taken	1	4 (2 couples F2 M2)	MDH A/C conference room	- Average time 57m - One woman/female participant was not open at the beginning but later opened up - one male participant added examples on what disavowage	- The researcher paraphrased during & after the interviews - The researcher involved research assistant to take note, while the researcher facilitated.	Activity was done

Date	Activity	# of days	# of participants	Location	Observations	Reflections	Comments
10-11/024	- Transcription of day 3 data - notes and audio recording transcribed - Preliminary coding done - prepared for day 4 data collection - print additional consent forms - transcript typed into word document	2	-	MNH ANC clinic	- The 5th male participant did not bring any additional notes - information on synthesis issues - Satirah declared for the escorted women the 4th participant did not bring new or additional information - Satirah suggested	The researcher decided to add more information on male participant and 2 more female participant to confirm data Satirah at 6th interviews also to increase credibility & data confidence - The researcher involved research assistant in transcription	
15/10/24	Day 4 data collection - IDI using semistructured guide, checklist - face to face, individual - After they were done with all ANC consultations - notes were taken - audio recording done - spouses were interviewed separately	1	4 (1 couple 2 non escorted female)	MNH ANC clinic conference room	- Average time 40-55 min - Satirah verified confirmed and at 6th participants for females & males (couple). - interviews stopped at 6th participant - Stop couple IDIs at 6th participant - Continue with IDIs for non escorted females	- continued to 6th interviews after Satirah was done to increase variability of data, credibility and confidence trustworthiness. - paraphrasing done by researcher - The researcher facilitated while research assistant took notes	Activity achieved
16-17/024	- Transcription of day 4 data - notes & recordings transcribed - preliminary coding	2	-	ANC conference room	- Couples data, Satirah in IDI confirmed - Stop couple IDIs	- The researcher focused on transcription of responses & not her notes - research assistant	

VITA

Ida Gwengwe
P.O Box 463
Monkey-bay
+265994577546
luwizagwengwe@gmail.com

Summary

Social worker and registered nurse/ midwife with over 10 years of experience in clinical and community settings.

Supervised Nursing students from various nursing Institutions for 2 years.

Certified by MoH as ART and HTS provider.

Experience in Coordinating different health programs with different NGOs.

Experience in clinical research nurse, Malawi Liverpool and Welcome Trust.

Currently pursuing a Master of Public Health, health promotion.

Education

Adventist University of Africa

Master of Public health, health promotion

Pending graduation June, 2025, Research work in progress

Catholic University of Malawi

Bachelor's degree in social sciences, major social work

Graduated Feb, 2014

University of Malawi, Kamuzu College of Nursing

Diploma in Nursing and Midwifery

Graduated Dec, 2005

Malamulo College of Health Sciences

Certificate in nursing & midwifery technician

Graduated Dec, 1997.

Employment History

I-TECH Malawi

COVID-19 Response District Officer

August 2021-December 2023.

Worked as COVID-19 Response District Officer in Blantyre district where my responsibilities include:

Support the DHO with resources to conduct COVID-19 vaccine demand creation and vaccination Campaign activities.

Supervising COVID-19 sentinel surveillance activities at DHO level supported by I-TECH Malawi.

Managing COVID-19 support resources at DHO level.

Supporting and participating in district coordination meeting on COVID-19 Response

Conducting COVID-19 stakeholders' analysis and mapping

Collaborating positively with district stakeholders in COVID-19 response through.

Participating in COVID-19 data management.

Involving interns in the COVID-19 Sentinel surveillance activities.

MANASO

District Coordinator

February 2021-July 2021

Worked as a District Coordinator for community led monitoring (CLM) project-Blantyre district. My responsibilities among others were:

Supervised and facilitated the implementation of community led activities in 5 health facilities.

Participated in recruitment and supervision of data collectors

Compiled monthly project work plans and reports, submit to the project manager

Coordinated, collaborated, and engaged with district stakeholders

Conducted quality data spot checks, data quality assessment, verification, and validation

Managed project funds at district level according to policy.

Managed administrative issues and a team of five data collectors at district level.

Compiled district emerging advocacy issues for advocacy interface

Conducted direct supervision and mentorship of data collectors

Documented success stories and lessons learnt on monthly basis

Skills achieved

Organization's resources management at district level

People management

Supervision and mentorship

Team building and playing

planning and reporting

Coordination with partners

Data management and reporting

Leadership

Project Hope Malawi

Child Health Officer

January 2017 – 30th November 2020,

Worked as a Child Health Officer for Project Hope-One Community in Machinga district where my responsibilities among others we are to:

Coordinated and supported comprehensive PEPFAR funded OVC and community case management activities at community and district levels.

Coordinated Community based and index HTS program at district level such as index testing, contact tracing, client referral to treatment and viral load testing and moon light testing.

Provided on-going technical supportive supervision and mentorship to 40 Community Engagement Facilitators on community and index testing and 360 Community resource Persons on community mobilization for HIV testing.

Produced timely submission of monthly program activity and M&E reports to the HTS Manager and Community Health Services Manager and M&E unit of the project.

Ensured that all program administration and financial management in the district is in line with Project HOPE's and One Community's procedures, policies and regulations as stipulated by the respective donor agencies.

Represented One Community at relevant district level health platforms with the government and other stakeholders.

Conducted bi-monthly coordination meeting with other implementing partners in the catchment areas.

World Vision Malawi,

Maternal, Newborn and Child Health Coordinator

March 2015 – Jan, 2017

Worked as a Maternal, newborn and Child Health (MNeCH) Coordinator, in Salima and Neno Districts where my responsibilities among others were

Facilitated capacity building of HSAs, Care groups, Health Advisory Committees ((HAC), Village Health Committees (VHCs) to implement maternal and child health related issues at local level.

Collaborated with health facility staff in supporting HTS campaigns.

Managed MNeCH project financial resources for 2 years

Submitted timely project activity reports

Worked closely with DHO especially HTS Coordinator in promoting HTS demand creation

Strengthened relationship with all relevant stakeholders.

Coordinated district quarterly review and experience sharing meetings with district partners' facilities (joint M & E).

Identified and documented project success stories

6. Malawi Liverpool and Wellcome Trust,

Research Nurse

Nov 2009 –Feb 2011

Worked as Research SPINE (piloting electronic patient data capturing using Baobab system at Queen Elizabeth Central Hospital), responsibilities included:

Participated in piloting electronic patient data capturing using Baobab system

Recruited research participants according to research ethics.

Report writing on research activities

Assisted with nursing care of recruited clients in the medical wards

7. Mulanje mission hospital

Nurse midwife technician

1997-2001

Worked as Nurse Midwife Technician, Mulanje Mission Hospital and was responsible for:

Assessed and planned nursing care interventions especially in pediatric, nutrition, MCH and maternity departments

Monitored and administered medication and intravenous infusion.

Taking patient samples, pulse, temperatures, and blood pressure.

Provided emotional support to patients and relatives.

Mentored and supervised student nurses & midwives during their clinical attachment

Daily report writing

Information technology

Proficient in:

Power point, word, excel

Networking

ODK,

Google sheet

Career development

Upgraded from certificate in nursing & midwifery technician to university diploma in nursing & midwifery, 2005

Upgraded from diploma in Nursing & Midwifery to a bachelor's degree in Social work, 2014