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Community Health Program on Increase of Male Involvement in Reproductive and Child Health Services at Haydom Lutheran Hospital Mbulu Manyara United Republic of Tanzania

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Abstract

Introduction: Male participation in child-bearing decisions is crucial and also has a positive impact on the acceptability of PMTCT interventions. Well-informed men will be more likely to participate positively in the decision making for the well-being of the couple

There are reasons of involving men in reproductive health which are: expanding the range of contraceptive options; supporting women's contraceptive use preventing the spread of sexually transmitted infections such as HIV/AIDS and to use the forum of reproductive health programs to promote gender equity and the transformation of men's and women's social roles

Statement of the problem: A study done in Magu district Shinyanga region in Tanzania has showed that Male involvement in pregnancy and antenatal care in Magu district is low. Barriers for male involvement included: traditional gender roles, lack of knowledge, perceived low accessibility to join antenatal care visits and previous negative experiences in health facilities. The data obtained at Reproductive Health clinic at Haydom Lutheran Hospital shows that the number of male attended for reproductive health services for the past six months i.e. January to June 2016 is 920 (18.7%), while the targeted population at this catchment area is 9798 per year and 4899 per six months. As per this data it is obvious that male attendance is low due to either inadequate education on the importance of attending RCHC. So this program is done for the purpose of keeping aware men and the whole community about the importance of their attendance to RCHC hence good number of clinic attendance.

Objectives: to increase the number of male involvement to RCH clinic services at Haydom Lutheran Hospital

Program Stake holders: Health officers of all levels, Leaders and staff (HLH), division, ward and village leaders, politicians, education officers who will be involved in the program

Implementation of the program: During program implementation health education was given to the community for five days with good attendance of 92 male and 420 female. Reasons for not attending to RCHS by men was obtained after interview to 20 men. The results was as follows: 12 (60%) men said that there was low attendance due to sociological factors such as believes, attitudes, communication between men and women followed by 4 (20%) who said it is due to lack of space to accommodate partners So it shows that believes, attitude and communication plays major part in the low attendance of men to RCHC.

List of abbreviation

RCHC - Reproductive and Child Health Clinic
HLH - Haydom Lutheran Hospital

Introduction

Reproductive health is an important component of men's overall health and well-being.

Too often, males have been overlooked in discussions of reproductive health, especially when reproductive issues such as contraception and infertility have been perceived as female-related. Every day, men, their partners, and health care providers can protect their reproductive health by ensuring

effective contraception, avoiding sexually transmitted diseases (STDs), and preserving fertility. Common issues in male reproductive health include: Contraception, avoiding sexually transmitted diseases and Infertility/fertility (www.nichd.nih.gov/health)

Man plays a key role socially and economically-first as a husband, then as a father- in the formation of the family, in child education, and in the health and nutrition of the family members. A husband is also required to be supportive of the decisions and needs pertaining to the reproductive health of his wife. There is evidence that not only couples, but also men and women of the extended families participate in fertility and in decision-making of contraceptive use (Asian-Pacific) Resource and Research Centre for Women, (1996)

According to family care international is that it is important for men to take more responsibility for their sexual and reproductive behavior and family life. Everyone is more aware than ever of the need to involve men in reproductive health programs.

Several NGOs are also conducting research to determine what men's reproductive health needs are, and to better understand their sexual, marital, parenting, and family decision-making roles (http://www.familycareintl.org)

Male participation in child-bearing decisions is crucial and also has a positive impact on the acceptability of PMTCT interventions (Aluisio A, et. al 2011, Semrau K, et. al 2005 Baiden F, et. al 2005, Farquhar C, et. al, 2004, Maman S, et. al 2003 and Delvaux T, et. al, 2009). First, well-informed men will be more likely to participate positively in the decision making for the well-being of the couple (Duff P, et. al. 2011)

Male participation is an important component in the optimization of Maternal and Child Health (MCH) services. This is especially so where prevention strategies to decrease Mother-to-Child Transmission (MTCT) of Human Immunodeficiency Virus (HIV) are sought. Providing suitable medical information to men has several important consequences related to PMTCT interventions (Semrau K, et. al.2005).

Research suggests that male involvement can increase uptake and continuation of family planning methods by improving spousal communication through pathways of increased knowledge or decreased male opposition (Hartmann M. 2012)

In the past, men's involvement has sometimes been opposed by women's health advocates, who understandably fear that adding these services will damage the quality of women's services and create additional competition for already scarce resources (Grady W et al., 1996)

In United Republic of Tanzania, the Maternal Mortality Ratio (MMR) has remained high for the last 10 years without showing any decline and is currently estimated to be 578 per 100,000 live births. While significant progress has been made to reduce child mortality in Tanzania, the neonatal mortality rate remains high at 32 per 1,000 live births, and accounts for 47% of the infant mortality rate which is estimated at 68 per 1,000 live births (Mswia R.2003). The maternal and child mortality is due to several issues such as prolonged labor, eclampsia, fetal distress, obstructed labor antepartum, intrapartum and post-partum hemorrhage, neonatal sepsis etc. In order to reduce the maternal and child mortality rate, there should issue of male involvement in reproductive and child health services so as to cater along this matter.

There are reasons of involving men in reproductive health which are: expanding the range of contraceptive options; supporting women’s contraceptive use preventing the spread of sexually transmitted infections such as HIV/AIDS and to use the forum of reproductive health programs to promote gender equity and the transformation of men’s and women’s social roles (PATH 1997).

Studies have shown that in countries with high HIV prevalence there is also a high incidence of HIV infection in women during pregnancy or in the post-partum period.

Indeed in this period women are particularly vulnerable to become HIV infected, therefore it is very important that partners of pregnant women are also tested for HIV and that antiretroviral treatment is considered if they are found to be HIV infected (De Schacht C, 2011, De Paoli MM, 2004 and Katz DA, 2009).

Statement of the problem

There is a strong inverse relationship between low male participation in PMTCT services and high MTCT risk in exposed infants.

A study conducted in Nairobi/Kenya between 1999 and 2005 found that MTCT risk in exposed children was significantly associated with low male participation in Maternal and Child Health (MCH) services. In women whose male partners had come to the antenatal care (ANC) clinic, there was less MTCT compared with women whose partners did not take part in the PMTCT interventions.

Although there is lack of evidence that male involvement will directly help reduce maternal deaths, their involvement has shown benefits for other maternal health outcomes and is therefore highly recommended by the World Health Organization (WHO, 2015 and Yargawa J, 2015)

A study done in Magu district Shinyanga region in Tanzania has showed that Male involvement in pregnancy and antenatal care in Magu district is low. Although men perceived antenatal care as important for pregnant women, most husbands had a passive attitude concerning their own involvement. (E.Vermeulen et. al. 2015)

According to the data obtained at Reproductive Health clinic at Haydom Lutheran Hospital the number of male attended for reproductive health services for the past six months i.e. January to June 2016 is 920 (18.7%), while the targeted population at this catchment area is 9798 for the year 2016. This figure is obvious an indicator of poor involvement of male in Reproductive health services. So to meet the goal intended of having 100% attendance measures should be taken such as creation of awareness to people on the importance of male participation in Reproductive health clinics.

Objectives

Broad objective

1. To increase the number of male involvement to RCH clinic services at Haydom Lutheran Hospital

Specific objectives

To explore the reasons of low involvement of male to Reproductive and child health clinic.
To create awareness to individual, families and community about the importance of male Involvement in Reproductive and child health clinic.
To explain the role of Community Health Nurse in the community.

Literature review

Barriers for male involvement included: traditional gender roles, lack of knowledge, perceived low accessibility to join antenatal care visits and previous negative experiences in health facilities (E. Vermeulen et. al. 2015)

Methodology

Study design

The study design which was used to this study was cross sectional study design, of which the data was collected in a specified point in time. This means data were collected from the whole study population at a single point in time.

Target population and study samples

The target population included all reproductive age men from 18 to 45 years old, attended for RCHC at Haydom Lutheran Hospital clinic. The study excluded male of less than 18 years and more than 45 years old, and those who were not attended in RCHC.

Sample size and sampling process

The sample size was identified by using the method of cost analysis approach. Consideration was done to avoid much cost due to insufficient funds to assist in coverage of cost due to large sample size. The non-probability sampling method was applied to obtain the study population conveniently (on availability basis).

Study methods and data collection

The method of data collection used in this study was interview which was conducted to clients. Interviewer was asking questions from clients and thereafter it was filled in the interview form.

Time frame

The time frame was only 10 days due to the fact that it was just a mini research study done to those clients being a ladder to another major research which will include large sample size with coverage of other context. Although it was for 10 days only but all the process of research study was considered.

Ethical consideration

As far as clients have rights to participate or not to partcipate without coercion, the consent was obtained from clients after thorough explanation of the benefits and risks of participating in the study. Patient were promised of maintenance of privacy and confidentiality as no names will be used in the questions response papers. Patients were given informed consent to sign after the participation agreement.

Limitation of the study

The study was limited by several factors such as time as the study was conducted within 10 days only and the results were out. Also it was limited by personnel this means, everything was done by investigator due to lack of funds etc. Questions for interview guide was few which didn't cover everything as a result cannot be related with other variables Sample size was also small not equivalent to the required population attending at RCHC.

Results and findings

The interview was conducted to 20 male clients attended at RCH clinic, with age's ranges from 18 years to 45 years. Their level of education ranges from informal to primary and secondary level. All were married with variation in number of children, their wives were alive.

There were different reasons which were given of why male are not attending to
RCHS clinic as follows:

Demographic characteristics

Table 1. Reasons not attending RCHS (n - 20)

S/N	VARIABLE	FREQUENCY	%
1	Behavior of health providers	3	15
2	Lack of space to accommodate male partners	4	20
3	Sociological factors(believes, attitudes	12	60
4	Economic status	1	5
5	Health services factors(opening hours)	0	0

Discussion

The study was done to 20 men of age ranging from 18 to 20 years old, so according to the results findings it showed that 12 (60%) men said that there is low attendance due to sociological factors such as believes, attitudes, communication between men and women. This study is contradicted by a study

done in Magu district Shinyanga Tanzania which showed that traditional gender roles, lack of knowledge, perceived low accessibility to join antenatal care visits and previous negative experiences in health facilities are factor hindering men attendance to RCHC (E. Vermeulen et. al. 2015)

Conclusion

So according to the study is that there is low attendance of men to RCHC IS due to sociological factors such as believes, attitudes, communication between men and women

Application

The study was a mini study, but once done as a major study, will be of great importance to health fields as it will be used as a basis for teaching the community about the importance of male participation in RCHC. Also it can be used also as a basis for further study as per identified gaps.

Create awareness to individual, families and community about the importance of male involvement in RCH clinic services

Health education program to community

Justification of the program

This program is intending to provide health education to individual, families and community at Haydom village. The health education will be provided to patients/ clients coming to Haydom Lutheran Hospital reproductive and child clinic about the importance of involving male in Reproductive health services. The outcome measures for the program will be to have large number of male seeking for reproductive health services.

Description of program area

Haydom Lutheran Hospital a place where this clinic is accessible is located in the North of Tanzania, around 300 km South-West of Arusha. In the Mbulu area this is the biggest hospital, with more than 400 beds, serving around one million people in its direct catchment area and a population of 3 million for its secondary function as a referral hospital regional wise.

Haydom Lutheran hospital reproductive health clinic has its catchment areas where clients for reproductive health services are coming from. Usually the village leaders and people in those have being kept aware of where to receive those services.

This clinic provide other outreach reproductive and child clinic services to other areas outside either by car or flight, with intention of supporting the health of community around (see map indicating RCH services done by HLH reproductive and child health clinic)

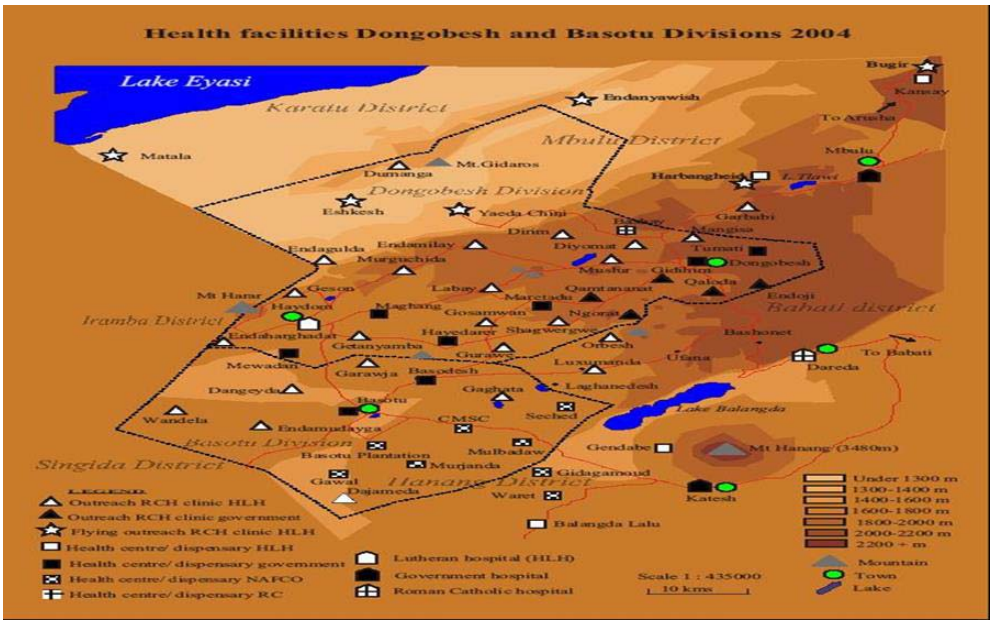

Figure 1. Map showing RCHC services by HLH

Figure 2. Photograph 1. RCHC outreach services served by HLH

Figure 3. Photograph 2. RCHS services served by HLH

Figure 4. Photograph 3. Safer birth

The role of Public Health Nurse on promotion of Reproductive and health services in the community

- **Build healthy public policy**

Encourage and support community-based advocacy for health public policy at all levels and in all sectors (e.g. justice, education, housing, social services, recreation)

Direct advocacy for healthy public policy.

Educate and encourage decision makers in all sectors and at all levels to participate in the development of healthy public policy.

Foster partnership with community decision makers to evaluate public policy.

- **Create supportive environments**

Assess and directly act on the factors affecting health in the social, emotional, spiritual, physical and ecological environment.

Encourage and participate in health promoting initiatives with other communities and sectors.

Increase awareness of the ecological and social environments affecting the health of individuals, families, groups or communities.

Encourage and support related action.

- **Strengthen community action**

Mobilize individuals, families, groups and communities to take individual and collective action on the determinants of health in the contexts in which they live, learn, work and play (e.g., schools, workplaces, homes, economic and social environments).

Develop and support community-based and self-care services in which community members have ownership and an active role.

- **Reorient health services**

Primary role in community assessment. Provide consultation with decision makers (e.g., RHA management and board regarding community strengths and needs as a foundation for health care decisions.

Promote responsible and effective use of the health care system and community resources.

Refer individuals, families, groups and communities for appropriate service.

Engage other sectors in addressing the determinants of health.

- **Develop personal skills**

Mobilize individuals to take individual and collective action on the determinants of health.

Provide information regarding choices. Counsel and facilitate healthy choices.

Stake holders to the health education program

The community health program will involve several stake holders but attention will be mostly such as HLH reproductive and child health clinic staff, Community, Regional and district medical and Nursing officers, Regional and district health officers, RCHC coordinators (regional and district levels), Management (HLH), division, ward and village leaders, politicians, education officers(for primary, secondary and tertiary education) and all people who by any means will be part and parcel of the program

Duration of the health education program

The program will be of six months but the first round will start three days starting from 16th/August -18th/August 2016. It will cover the provision of health education to clients coming to RCH clinic.

Community health program preparation

Conduct preparation meeting with all stake holders to keep them aware of the upcoming project.

The following preparations will be done:

- Participants for provision of health education and conduction a minor research
- Teaching aids and material.
- Adequate number of staff
- Announcement for the campaign program in school, market, mosque, churches, temple etc.
- Preparation of brochures, leaflet for distributing to people

- Ensure proper functioning of television in RCH venue
- CD presentation by using television which will be more attractive to patient as it will draw attention hence good concentration
- conducive environment for teaching
- Different methods of family planning (long and short term), interview guide or questionnaires, screen materials (for blood tests) etc.

Organization and management

Due to severity of the problem the program will be of six months and it will be done for 5 working days in a week

Program coordinator together with the nurse in charge of RCH clinic will organize the program with cooperation other staff. Through this cooperation the program will be successful as every staff will be aware of it.

Outcome of the program

It will be very easy to identify the outcome of the project as many men will be coming to Reproductive and child health clinic with their wives seeking for the services compared to their number right now.

Impact of the program

Through this program communities will see the need for attending to RCH clinic and eradicating the misconception that that clinic is for women only.

Benefits and risks

The benefits due to this program will be the reduction of maternal, infants, neonatal morbidity and mortality rate in the country which seems to be still high, to reduce the mother to child transmission of HIV/AIDS and last to increase the income to the country hence prevention of economic crisis.

Program budget

Because the program will be conducted within the hospital campus with hospital staff particularly during their working hours, so the same routines will be applied as per usual work done by this staff. So the health education to the clients will be within the usual staff duty schedule.

Commitment and follow up

This program will be overseen by the hospital at which the clinic is situated so follow up will be done by management to see whether things are running as per program Schedule.

Implementation of the program

For the first week of the program implementation the following issues were covered:

1. Health education to clients

The heath education took place for five days among clients attending in Reproductive and child health clinic. The health education was given to clients after services of which at that time they were calm and hence good concentration.

The teaching was through discussion of which client's knowledge was obtained before teaching. It was a very interesting topic as men were very eagle to know importance of attending reproductive and child health clinic.

During the 5 days of the health education program the number of clients attended

Were as follows:

Male	92	Female	420

Through this data it is obvious that male attendances to reproductive health Clinic is low.

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