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Contribution of Men in Safe Motherhood: A Case of Dodoma Municipality

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ABSTRACT

This study sought to ascertain the different ways in which men contribute to safe motherhood, particularly during pregnancy care. The main question was to what extent men play their roles during pregnancy care? In order to solve this question, the study employed simple random and purposive techniques to select a sample size of 165 respondents among the four selected wards in Dodoma Municipality. Questionnaires and interview methods were used to collect data from the selected respondents. Data analysis was done using statistical package for social sciences version 20 and the results were presented in tables. From the analysis, it was found that majority of men are beginning to take care of their wives during their pregnancy, supporting them on aspects of finance, emotional, and with advice. The findings further reveal that men still have little contribution on issues related to antenatal care visits. This implies that reproductive health education should be promoted to the community and to men in specific in order to raise their awareness and involvement in pregnancy care.

KEYWORDS

Men's Involvement, Pregnancy Care, Reproductive Health, Safe Motherhood

1. INTRODUCTION

Safe motherhood refers to a situation in which no woman going through the physiological processes of pregnancy and childbirth suffers any injury or loses her life or that of the baby (Ruzegea, and Mansor, 2011). WHO, in addressing safe motherhood, provided four pillars: antenatal care, clean and safe delivery, essential obstetric care and family planning (Warren and Liambila, 2004). Safe motherhood was an international agenda, which was coined so as to catch phrase for maternal health. Its specific goal was to reduce maternal mortality by 50% by 2000 and 75% by 2015 (Family Care International, 2007). The reasons that cause women to die in pregnancy and childbirth are multi-factorial and multi-layered (WHO, 2001). Behind the medical causes such as haemorrhage, infection, unsafe abortion, hypertensive disorders and obstructed labour, there are logistic causes such as failure in the health system and lack of transport (WHO, 2001); Pembe et al., 2008; Strong, 2010). Again, behind these are all the social, economic, cultural and political factors, which together determine the status of women and girls, their health, fertility and reproductive behaviour (Greene et al., 2006; Bankole et al., 2009).

In addressing the role of men in safe motherhood, PATH (2001) recommended that men could help in safe motherhood by providing resources and transport for ante-natal care (ANC), and accompany

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women there; by arranging for skilled attendance during delivery; by knowing the danger signs of complications and avoiding delays in decision making and transport; by ensuring good nutrition, rest and alleviating women's workload during pregnancy and postpartum, as well as the related physical, financial and emotional support. These recommendations to a large extent have yet to be put into effect in many countries, particularly in Sub-Saharan Africa, though many have endorsed the issue of safe motherhood. Since men are socially and economically dominant especially in many parts of developing countries, they exert a strong influence over their wives, determining the timing and conditions of sexual relations, family size and access to health care (Green et al., 2006). In some societies, since men mediate women's access to economic resources, women's nutritional status, especially during pregnancy, may depend heavily on partners for the improvement of maternal health and reduction of maternal mortality (Nwokocha, 2007). This is particularly so in safe motherhood where men can play an essential role in providing vital safety to pregnant mothers and mothers in general. Unfortunately, men's role has not been adequately addressed.

Studies show that during pregnancy and delivery, men can give important psychological and emotional support to the woman. This in turn has been shown to reduce pain, panic and exhaustion during delivery (Kunene et al., 2004). Some studies also show that men's presence in the labour room shortens the period of labour and reduces the rate of epidural blockade (Iliyasu et al., 2010). Studies conducted in some parts of Asia and Africa show that in both routine care and treatment problems, husbands participated more often by paying for care than accompanying their wives (Roth and Mbizo, 2001). In India, studies indicate that husbands do ignore women's health care during pregnancy, except for awareness of the need for antenatal registration and a nutritious diet (Raju and Leonard, 2000). This indicates that men play little part in reproductive health issues.

Each year, world-wide, an estimated 216 maternal death per 100,000 live birth occur (WHO, 2015; Ceschia and Horton 2016). The highest burden of maternal death is in Sub-Saharan Africa which has lifetime risk of 1 in 180 compared to 1 in 4900 in developed countries (WHO, 2015). In terms of data on maternal mortality and morbidity, the Tanzanian government estimates that for the period 1995-2015 the maternal mortality ratio was 556 per 100,000 live births (URT, 2016). To prevent maternal mortality and morbidity, various interventions have been made on the area of hospital care while less emphasis is placed on adverse maternal outcomes due to societal and cultural factors that impact women's health and their access to services (Afnan-Holmes et al., 2015). This means that maternal deaths are linked to women's low status in society and their lack of decision-making ability and economic power. It is becoming increasingly apparent that men have a leading role to play in addressing this situation. The International Conference on Population and Development (ICPD) in 1994 urged that special efforts should be made to emphasize men's shared responsibilities and promote their active involvement in maternal care (Sternberg and Hubley, 2004). But the question is how do men involve themselves in prenatal and maternal care?

In Tanzania, reduction of maternal mortality has received a high priority in health programme especially after more than two decades of the launching of the Safe Motherhood Initiative and after adoption of Millennium Development Goals (MDGs) (URT, 2005). Tanzania has built reproductive health strategies which focus on accelerated reduction of maternal mortality and severe morbidity related to pregnancy and childbirth as a top priority component of safe motherhood (FCI, 2007). The strategies include reproductive and child health and mother-child package (URT, 2005). However, many interventions concerning reduction of maternal mortality and sever morbidity have been mainly centred on the women forgetting men who are family head and participant towards safe motherhood. Hence, involvement of men and participation in the implementation of reproductive health strategies has remained marginalized given their gender role as heads and decision makers at household, community and policy levels (WHO, 2002). This indicates that even though men seem to have great responsibilities in ensuring good health of the mothers and pregnant mothers, still their contribution has not yet quantified in many places. In fact, men's pivot role towards safe motherhood remains marginal and underestimated. Therefore, this study investigated the contribution of men in safe

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