

Husbands' experience and perception of supporting their wives during childbirth in Tanzania

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Abstract

Background: In order improve the quality of birth care and women satisfaction with birthing process it is recommended that every woman has to be offered the option to experience labour and childbirth with a companion of her choice. Involving husbands who are decision makers in the house holds may play role in reducing maternal mortality which is still unacceptably high despite the targeted goal to reduce this mortality up to three quarters as targeted in the MDGs by 2015. This is still addressed in the Sustainable Development Goals (SDGs) of 2015/30. This study aimed to explore the experiences and perceptions of husbands' support of their wives during pregnancy, labour and deliveries in Tanzania.

Methodology: Qualitative descriptive study design was employed; involving men aged between 24-63 years. Participants under this study were selected purposefully at the clinic and in labour ward of SRRH. The in-depth interview, guided by semi structured interview guide was used to collect the audio recorded and hand written information. Data were analyzed using qualitative content analysis

Results: Nine (9) semi-structured interviews conducted with husbands of women attended for antenatal care and those came for deliveries. Four themes emerged; Demonstrating love and affection, Men's adoption with modern life style, Observing women's right and Meeting social economic difficulties. Husbands' support to their partners a good behavior practiced during matrimonial lives. Husbands who support their partners during pregnancy and delivery consider themselves as being modern men as they take home duties beside their usual tasks to let their partners rest during pregnancy. Men are constrained by poor infrastructures of roads that makes difficult with transport from home to the hospital especially when labour is imminent. Also wards' infrastructures are not supportive to men when they come with their partners.

Conclusion and Recommendations: Men have a significant role in safe deliveries and in maternal health at large. Our health care settings should be made to accommodate men during the routine antenatal and prenatal care for the positive outcome of labour and delivery.

More education to men is needed, either in groups or through media on the importance of male involvement in reproductive and child health issues. Further research is recommended to focus on exploring on how educations and urbanization variations affect men involvement in maternal and child health specifically in urban communities of the low income countries.

Introduction

Childbirth experience is a significant event in a woman's life and is a powerful determinant of the use of maternal healthcare services(1) To improve quality of birth care and women satisfaction with birthing process the World Health Organization recommends that every woman is offered the option to experience labour and childbirth with a companion of her choice (2). The Tanzania Ministry of Health has made strategies to ensure that each woman is accompanied during antenatal and delivery(3). However, male

companion during childbirth is still very rare as many women prefer a female companion who has at least given birth and is able to keep confidential information and is trusted by the woman (4)

In Tanzania as it is in other African countries husbands are head of families, control resources and commonly decide for their wives on where and when pregnant women should seek medical care even when their wives are economically well-off (4,5) Husbands are also social and economic powerful and they are traditionally seen by the community as facilitators of their wives' access to reproductive health services (7). Studies in many countries have shown that involving men in reproductive health interventions can help improve maternal outcomes (7,8,9,10).

Male involvement in maternal and child health has been promoted for over a decade since the International Conference on Population and Development held in Cairo in 1994. However, many cultures in Africa and Asia have been considering pregnancy and childbirth and child rearing as woman's responsibility (9). Involving men in reproductive and child health issues has been a prominent part of the shift from family planning to the broader reproductive health agenda. Men obviously make up significant new customers for programs (10).

To promote quality maternal and child health care in Tanzania, in 2018 various strategies were developed including encouraging men to participate in reproductive and child health services. To ensure that men participate effectively and are involved right from the antenatal checkups, the women were required to come to the clinic with their husbands for them to access services promptly (3). The goal was to encourage husband to support their wives during labour and delivery and adequately prepare for birth and birth complications that may arise (7). This strategy had shown significant impact on prevention of mother to child transmission of HIV program PMTCT (13,14). For example, a health facility based study has reported a prevalence of 70% in Tanzania and 80% in Kenya of women accompanied by someone from their social network to the health facility during their childbirth (15,16).

In spite of some improvement in involving men in reproductive and child health little is known about the experiences and perceptions of men supporting their wives during labor and deliveries in Tanzania. Understanding experience and perceptions of husbands particularly on support they provided or thought they should provide may improve not only their involvement but also to establish strategies that would foster husbands' active participation during labour and delivery.

This study explored experiences and perceptions of support they provide to their wives during pregnancy, labour and deliveries among husbands who accompanied their wives to the health facility at Sekoutoure Regional Referral Hospital in Mwanza Region Tanzania. The findings intend not only form a platform for other studies in this study area, but also to enable policy makers to review the current strategy of male involvement in reproductive and child health using information from this study as evidence and consequently design strategies that improve services with reproductive health targeting male involvement.

Methodology

Study design and participants

A descriptive research design (13) was used to explore experiences and perceptions of support from men who accompanied their wives during pregnancy, labour and deliveries. The study was conducted at Sekoutoure regional referral hospital (SRRH) and Teaching Hospital in Mwanza Region. The hospital is the third referral level in the health system pyramid in Tanzania that offers a wide range of health care services including maternal and child health services.

It is a 320 total bed with 71 beds dedicated for maternity services. About 30–50 deliveries occur each day according Annual hospital report–2015 (14). Participants were selected based on inclusion criteria through purposive sampling among husbands accompanied their wives to the hospital. These criteria included husbands who accompanied their wives for normal antenatal and delivery services, ability to speak Kiswahili and agree to participate in the study. The researcher approached men who accompanied their wives to the hospital explain about the method and procedures of the study and those who agreed to take part in the study the times of the face to face interviews were set up as desired for the participants. Participants signed the consent form after they were told about issues of confidentiality and the voluntary nature of their participation and that they have the right to participate or to withdraw from the study at any time.

Data collection

The semi structured interview guide that was formulated by the researcher through review of literature and based on the experience of the researchers of conducting qualitative studies. The guide was not pilot tested because of its flexibility nature for revision during the course of data collection to allow new emerging issues to be included. The guide had open ended questions and probes related to experiences and perceptions of men who accompanied their partners/wives focusing on support that they provided and challenges encountered.

The process was useful in generating insight, and emerging issues were followed in subsequent interviews. The process did not determine the exact number to be recruited to this study it ended up with the 9 interviews after attaining the data saturation evidenced by repetition of the earlier gained information with no new information in regards to research questions. The first author (DKK) conducted the interview at the quiet suitable side room that was located within the maternity ward without the presence on anyone except the participant. To increase credibility of the findings, interviews were conducted in Kiswahili using semi structured interview guide. Kiswahili language is the national language spoken fluently by both researchers and participants. All interviews were audio recorded with prior permission of the participants to ensure that description of the men's experiences and perception on support they provide to wives is captured. Every after each interview, the audio recorded interview was

listened to and reflected on, and the guide was revised based on new information obtained (13). After each semi-structured interview took approximately 20–35 minutes and field notes were taken.

Data analysis

Data was analyzed based on content analysis framework (15). The advantage of this analytical framework is that it is a concrete that could be readily applied and its ability to analyze data from the participants directly without imposing any other theoretical views by the researcher. The audio recorded interview voices were transcribed and translated from Kiswahili to English language by the first author. The co-authors reviewed the translated transcripts to ascertain the quality of translation (15,16), and there were no significant differences between them. Transcripts were read several times, text, phrases and statements that describes men's experiences when accompanying their wives to the hospital (meaning units) were extracted and condensed by shortening the original text, while maintaining the core meaning(15).

Ethical considerations

Ethical approval was granted by Research and Publication Committee of Muhimbili University of Health and Allied Sciences (MUHAS) (Ref. No. MU/PGS/SAEC/Vol.XIV) and Medical Officer Incharge of Sekoutoure Referral Regional (SRRH) gave permission to conduct the study. Participants provided written consent after they were explained the aim of the study, the procedure of data collection, issues of confidentiality, voluntary nature of participation and that they were free to withdraw their participation at any time, the decision that would not affect services to their wives. Further, oral permission was sought from participants on the use of audio-recorder during interview process.

Results

During data analysis a total of four main themes were identified relating to the experiences and perceptions of husbands who support their partners during pregnancy, labour and delivery. The identified themes were; Demonstrating love and affection, Men's adoption with modern life style, Observing women's right and meeting socioeconomic difficulties during support. These themes together with corresponding categories are presented in *Table 1* below.

Table 1; Themes and corresponding categories describing men's experiences, perceptions and challenges of partner support during pregnancy labor and delivery

CATEGORIES	THEMES
Partner's expectations of support Marriage commitment.	Demonstrating love and affection
Men's responsibilities in support and care during pregnancy labour and delivery. Men's preparations before delivery	Men's adoption with modern life style
Community's perspective on men's support. Men's expectations over support provided to partners.	Observing women's right
Financial instabilities during the process of care provided by men. Constraints with transport for reaching the health care centers. Health care setting and the attitude of health care providers.	Meeting social economic difficulties

Demonstrating love and affection

Participants interviewed in this study had different views about support they provide to their partners/wives during pregnancy, labor and delivery. They reported that support they provided to their partners was geared at ensuring the physical wellbeing of both mother and the coming baby.

"...It is in terms of services like to make sure she (the wife) gets proper diet during the daytime and during the night. All what I am doing is for the mother and for the coming baby..." (PT. No 2)

Other participants shared that the support provided to their wives was seen as the way to appeal to what the couple sworn at the day of marriage. It is a commitment which the two agreed as they married each other.

"...it has relation with the marital oath, though as you swear during marriage you swear to be with the wife for problems and happiness because those were our agreements. So it is also because it was in our agreement that I have to be here to give her support..." (PT. No.5)

Some participants thought that the support provided based on their religious beliefs of which they have to obey in their denominations; and others thought of the relationship they are having with their partners to be the main reason to provide support; or because he is the one responsible for the pregnancy, hence he has to take care, thus being the meaning of support. This was stated as follows:

"..... I see myself as the one who was involved to make her in this condition and if she succeeds it will be fruits to me, that am why I see it is important that we are together..." (PT. No 4)

Participants' also reported that they provided support to their partners because it was women's human rights to be supported and cared. This concept of support further generated an interesting and stimulating status for women. Among men participated in this study, when asked whether what they are doing is all about women's rights, the majority responded in the positive perspective, one insisted that it is more than women's right it is rather human right. The following quote narrate what was obtained from one of the participants:

"...To my understanding I believe I have right to do so (to support my wife), it is all about women's and her right as I don't feel peace when I leave her alone. Because she knows there is somebody behind her and as I understand (we are one thing...)" (PT. No 5)

Men's adoption of the modern lifestyle

Support provided by men was perceived by some participants as a way of conforming to a new life style where it is not uncommon for a man to support their wives when they are pregnant or during delivery. However; some participants reported that for a long time men have been providing support to their partners, though not as it is now where provision of support to their partners make them to be seen as modern men or men who are moving with current era. This was also stated to have improved with the current increase of educations among men compared to old times. As quoted from one of the informants;

"...this was practiced though partially from the past, but because of development with education, people have identified the benefits of providing support to partners compared to previously where education was still low to the majority of men...."(PT. No 3)

Others had different views and argued that supporting partners during pregnancy labor and delivery is not a matter of new fashion but obligation as directed by religious teachings and that according to the biblical writings men cannot escape these responsibilities. The following was quoted from one of the informants;

"...No! It is not a fashion, to me I think it is normal, because even the writings in the word of God have insisted this, thus when you are two you need to assist each other as it is written in the Bible,...it is not good to leave your wife with problems without assisting..." (PT. No 9)

Despite taking the role of a man or husbands in the family, the results revealed that there are specific responsibilities that need to be carried by men in providing support to their partners/ wives when pregnant at home, and during delivery. This is the time when the usual duties of the partner as the wife at home are taken by men as husbands. Informants reported to practice what they were taught during antenatal care visits and therefore their involvement in support were not confined to reproductive health rather it was beyond home activities as quoted hereunder from two of the informants of this study;

"...I just accompanied when I had time in some of the days, to find food and helping in home activities so that she is kept free, to make the unborn healthy. I took all the responsibilities of washing, fetching water

cleaning and mopping....” (PT. No 8)

It was noted that some men were so keen to follow instructions given during antenatal visits especially on the issues to birth preparedness and that they were responsible for preparing all necessary requirements as needed, in response to the concept of individual birth preparedness, which is advocated during the routine clinic teaching. According to informants under this study, they were implementing what they gained from the sessions attended during the antenatal visits which they managed to attend. Hereunder is what was quoted;

“...I remember in the last visit we were told to be prepared for delivery, to have a safe place for delivery that she must have enough clothes, basin to go with; about children at home I was not told, just used experience. Her young sister has remained back at home to look after the young children. About money according to the jobs we are doing I just prepared with a little money for basic needs ...” (PT. No 6)

Observing women’s right

Responses indicated that men commonly reported to feel their involvement in favor of their partner’s rights. These are the men’s concern and attentiveness over women’s rights, they are being supported by the community; and also are men’s expectations of their partners.

Providing support to partners during pregnancy and during laboring process is perceived by the community as a normal event and also as something that needs to be promoted among many other men. It was also established that other men are ready to assist in taking the woman to the hospital even when the owner of the wife is not around. The following was quoted from two informants during the interview.

“...they usually say that this man loves his wife, if men could be like this man, our marriages could be in good condition....” (PT. No 3)

“....I think they see it normal, because as I moved I informed like five people about what I was going to do, of whom nobody was wondering to what I was doing, they just take it as a normal event...”(PT. No 4)

In the other perspective, other men in the community still believe differently; not all are in the same belief of providing support to their partners during pregnancy, labour and delivery. Some do not support while others are still undefined.s stated by one o the participants;

“I see this as a normal event, it is not easy to know how others are thinking, there are others who are happy with what I am doing and others are wondering at me” (PT. No 7)

“.....Every person has his own perspective; others may ignore or may see as a normal issue according to his own culture.....” (PT. No 8)

It came out from the participants that all the efforts men put on the support they provide to their partners has aim to gain profit. This is either in the perspective of increasing number of children as making worth

of, or believing that after recovering, the partner will produce more for the family. Others went further to say that their support prevents the partners from getting psychological problems and predicting the good health status of the unborn baby. This is according to what was quoted from some participants as follows;

".....but the most important thing is; caring makes the woman to have no depression, because if you are not close to her she may have depression, and then you will ask why me, sometimes she may be bothered (kachukia) being filled up with a certain poison, and this may affect the unborn baby. So it is all about making the future of the baby who will be born. It will make you feel happy with the newborn after delivery and not blaming on some behaviors which will be shown by the baby while growing....." (PT. No 8)

Meeting social economic difficulties

Despite the efforts demonstrated by men when accounted for support provided to their partners, some barriers have been hindering their full participation in (providing support) including; financial instabilities during the process of care provided by men, challenge with transport for reaching the health care centers, health care settings and the attitude of health care providers.

As individuals with different sources of income, participants under this study reported to have constrained by financial consequences. This happened either because of having low income depending on a kind of job done, or time spent in the caring of the partner affected the daily flow in their businesses. Others are depended upon by the whole family at home including the partner who has no job. This was mentioned to be their foremost constraint especially to those introduced as wage earners (*kibarua*) and the entrepreneurs (*wajasiliamali*) i.e. all whose income is of middle and low scale. These informants also had a concern with time spent during ANC services in conjunction with being at the hospital during delivery process. In this they were thinking of how to compensate in days which has been spent either at the clinic or at the hospital during delivery process, this is according to how the following participants were quoted;

" I usually have many activities, those days which I am required to go to the clinic it is the market day, therefore when I go to the clinic, the market issues goes down....." (PT. No 1)

In the support provided by men, they are faced by various barriers perceived as challenges from the early stages of pregnancy until they reach the place for delivery. These are in terms of infrastructures which facilitate transport to the health care facility, the general environment at the health care facility and the attitude of the care providers after reaching the facility. Again because the issues of pregnancy were taken as for women only from previously, it is an attitude which will take time to dissolve though it is advantageous to women who are escorted by their partners as they are given priority of services antenatal at the clinic. The following are some responses from informants of this study.

".....Infrastructures are not friendly; I have changed the route so that I can reach here. Roads are not good at all they need a very good driver otherwise the other driver may cause accident..." (PT. No 4)

After reaching in the hospital compound, men have different feelings of what is going on onto their partners while in the labour ward. Because they are forbidden to get inside the ward especially in the labour ward, there are men who would want to be involved in the care of their partners in this process of labour and delivery. Therefore according to the respondents in this study, different feelings came out as to whether they would want to witness their partners during delivery, as quoted from the following participants;

".....Ooh...!! (with a big smile), I would like to assist when struggling especially during pushing by holding her and encouraging her to push. She used to tell me that they use a lot of energy at this point and sometimes help can be available and sometimes no help...." (PT. No 2); "yes! I would like to witness the delivery of my wife, but because there is no possibility, as when we reached here I was told to go out...."(PT. No 9)

In the other aspect, men wanted to be informed of what was going on onto their partners after leaving them to enter inside the labour ward. This was narrated by some informants who were complaining of why they are not informed; instead they just stay outside with tension and sometimes they are chased out. They are not allowed to be in the ward until the visiting hours which may take many hours before any feedback concerning their partners. This communication breakdown between health care workers and the men as relatives was narrated by respondents hereunder;

".....I was received by the gate keeper, after that I was told to come in the ward, here I was told to go home my wife remained handled to a certain mama(nurse) on duty. I was not told of anything....." I was not satisfied as I expected to be told to wait for anything on the progress of my wife, because even the phone was told that I should take it that they don't allow women to stay with phones....." (PT. No 6)

In relation to the perceived challenges faced by men who support their partners, a major part of the suggestion was directed to the government, especially to improve infrastructures for roads. This is for the reason to facilitate easy transport from where people are living towards the health care facility. These were according to responses of informants under this study as follows;

".....Infrastructure of roads should be improved so that patients reach the hospital smoothly, Infrastructures in hospital: environment to be improved, each ward to have patient's care specific for privacy to be improved, so that there should be a place for relatives and partners to meet their patients as how it is in areas like prisons. (PT. No 1)

The other one also cemented on the views on what he thought could be best done to improve the situation of destructed roads and the health care workers; this is what he commented;

"...I think there are people who don't have somewhere to report some information; therefore information may not reach at the required site. Media should reach these peripheral areas so that they inform the

decision makers so that they work on the destructed infrastructures of roads. Also the health care workers have to identify themselves on what they say to clients, the language they use and the care they are providing....” (PT. No 4)

In accordance to informants under this study, each individual man is unique and therefore just encouraging other men will facilitate more men in the community to provide adequate support to their partners/wives, although education is still important to men in taking care of their partners.

“.....Advices to other men is that, they should be left free without interference; but they should be educated more on how they can care for their wives, just to encourage them. Because each family has their protocols, so I cannot interfere with others decision.....”(PT. No 8)

Discussion

In this study men’s support has been referred to as any care provided by a man to a pregnant woman and during delivery, including his physical presence either at home or at the health care facility. The study focused on men as their voice is overlooked in maternal health care also this is under research globally. Men involvement in maternal health care has been found as a new phenomenon in low resourced country as Tanzania, the findings from this study may add up on the bank of information available in this country on men involvement in maternal health. Studies in Tanzania’s maternal health issues have been in the perspectives of either family planning issues or during maternal to child transmission (MTCT) of HIV as their main focuses. The perspective of this study probably may change the focus on men’s support to their partners/wives during pregnancy and the laboring process. (17,18)

Experiences & Perceptions of men who support their partners during pregnancy labour and delivery

Some informants in this study reported to have taken charge in home activities which women could be doing during pregnant state, like the mentioned; cooking, mopping, washing, reminding their partners according to advices obtained during the clinic visit; like taking medications or vitamin tablets or Iron supplements, eat well, and do some exercises. In all these aspects, men are taking care of the home duties to relieve their partners, hence they have obeyed to theoretical focus of this study and the notion of masculinities (hegemonic notion of masculinity) (18)

Men reported to be the overseer of everything at their homes, in parallel to this statement, it has been reported that Men tend to be the decision-makers within families and often take the lead in issues regarding the allocation of money, transport, women’s workload and access to health services, family planning and use of contraceptives (19).

Participants in this study also reported to be the overall supervisors in home related issues as their main responsibilities at the family level. For being an overseer to all home activities/affairs, this emphasizes a

hegemonic masculinity ideal that men are the major decision makers in the home; therefore seem to carry authority than women (20)

Some husbands in this study wished to witness deliveries of their partner; therefore it is either agreeing in one way or contradicting in the other perspective. But we can still agree if we consider a study conducted in Ghana where Men also wanted to be part of the process and support their partners in their own ways. They wanted to see what happens to their wives and babies every day, and help them make it in this critical decision, the idea which is linked to protection of women during pregnancy and childbirth; that are vulnerable during this period and have to be protected (21)

Husbands in this study reported to have been received and handled at the clinics with priority because they were couples. This habit has seen to promote men involvement in maternal health and probably being given a priority, men feel motivated. When they reach at the labour ward the story changes, because there is no space for men as they come with their partners and the handling is different from that at the clinic. (17,22)

Some husbands in this study reported to have taken charge in home activities which women could be doing during pregnant state, like the mentioned; cooking, mopping and even washing. Further more in the responsibilities these men mentioned on how they are responsible with reminding their partners according to advices obtained during the clinic visit. Example taking medications or vitamin tablets or Iron supplements, eat well, and some exercises. In all these aspects, despite that he is exercising fatherhood in the context of the ability to impregnate a woman, he is responding to the notion of masculinities. Further more if the teaching at the clinic is effective, he is exercising the hegemonic notion of masculinity(20).

Husbands under this study stressed that the support provided is for strengthening marital relationship. Probably this is because of the pre-marital education given to couples in preparation of marriage, therefore men have to implement during marriage life. This reason can be linked with what was found in one of the descriptive reviews of male support during child birth, that one of the advantages identified was the improved sexual relationship among couples. If these teachings provided during pre marital session are demonstrated as a essential, couples'sexual and reproductive health may be improved probably even after pregnancy and delivery (22).

Challenges encountered by men who support their partners during pregnancy labour and delivery

Of the challenges perceived by respondents, shortage of time to accompany the partner to the clinic was mentioned by informants during the interview in this study. This is probably may be the cause of insufficient support perceived by men who thought that if there could be adequate time they could have done better. This is also observed in other studies that men's employment situations prevent them from their participation in antenatal clinic programs and even in the postnatal clinic participation (21,25, 26)

In this study men reported to have obstacles when reached at the health care centre. At this point they either faced unpleasant welcome from the entrance by the gate keeper or improper instructions when they waited at the bench or outside (23). The safest way probably could be to have a good welcome from the entrance point and to get any feedback for what is going on after examination of their partners. This feedback is expected to come from a health care provider who received their partner at the clinic for a normal ANC care or in the labour ward for delivery. This was noted in a women centered universal health coverage series; that barriers and challenges to male involvement exist at different societal and health system levels (24). At the health service delivery level, challenges include health providers' attitudes, inadequate staff training, insufficient staff numbers, long waiting times, regulations in health care facilities, cultural and gender norms and men's lack of knowledge regarding maternal and child health. These are features are common in some of the centers which are providing ANC to pregnant women or during delivery (25).

In this study some husbands wished to witness their partners during the delivery process so that one could do something to their loved ones and probably they could feel the somewhat the same as their partners go through. One participant wanted to be there so that he could save something to eat to his partner. The challenge was that they are not allowed to get inside the delivery room at this setting. One observation of the same, in a study done in Nepal, husbands were invited to attend birth i.e they wanted to be involved throughout pregnancy and birth after attending birth preparation classes. Similar observation was noted in a descriptive review which was looking into experiences of men who support their partners during delivery; it was found that men who had an opportunity to be with their partners during the delivery process expressed that they were happy to be present as their partners were going through pain (26).

Lack of space in the hospital setting and the labour ward in specific, had reduced the morale of the informants under this study towards their efforts on support. This probably is because even the space they used to meet their partners during the process of labour was so small and open in such that privacy of the two could not be observed. Contrary to this, the descriptive review done to evaluate experiences of men who support their partners during deliveries indicated lack of privacy as a concern because of inappropriate infrastructures of labour and birthing rooms. This was because most of the birthing rooms in the third world and low resource countries are built in a traditional style where both audio and visual privacy is a challenge (26,27)

METHODOLOGICAL CONSIDERATION AND STUDY LIMITATION

This paper provides an insight of what are the male partners' experiences and perceptions of their support during pregnancy and delivery and the challenges encountered during provision of such support as evidenced by quotes that support the presented findings.

To ensure the findings are credible, participants were purposively selected to involve those husbands who escorted their partners during pregnancy or delivery who provided in depth information about the research

questions under the study. Using expanded field notes that were recorded during data collection further increased credibility and dependability of the data. The first author is an experienced midwife; therefore the findings emerged from analysis of collected data rather than on the researcher's preexisting understanding of the problem. Some limitations were observed despite the efforts to ensure the trustworthiness of the study. The study involved only men, the women's experiences or perceptions would have given similar or different findings hence strengthening the credibility of these results. However the study focused on men as their voice is overlooked and this is under research globally. Also the methodological context of translation in some of the information may have lost/changed its original meaning but the co authors with Swahili language as their mother tongue were contacted so as to make a truck maintained. Generalizability of the results may also be difficult as this study has been conducted at a single point of the country and may call a need to quantify the idea in future studies either at the same area or in another setting but basing on the same concept of male involvement in reproductive health.

Conclusion And Recommendations

Men have a significant position in providing support in maternal health through the roles identified as lived experiences and perception resulted from this study. Therefore recognizing the value of men's roles will be an important step towards finding the solutions towards the challenges faced maternal health care in these settings.

Men involvement in maternal health care, especially during pregnancy have positive outcome of labour and probably afterwards. With this evidence there is a need to involve men from a pre-conception, also making a follow up probably after pregnancy and delivery more than in the current level. Improving the birthing places to accommodate men who wish to take part in birthing process as evidence has indicated of helpfulness for husbands and hence more respect for women. Early mass education so as to increase men's knowledge and participation will be an important intervention.

From the perspective of this study, further research is recommended to explore on how urban variations affect male involvement in maternal and child health, also we recommend another study to quantify the level of knowledge among men on support provided to their partners in the similar settings.

Declarations

Competing interests

The authors declare that they have no competing interest

Authors' contributions

D. K.K conceptualized the study, collected the data, contributed the analysis, and wrote the text of the paper. L. T.M advised on the design and led data analysis; D. A.M. led the organization and presentation of the results and discussion. All the co-authors reviewed and edited the text and approved the final manuscript.

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