

Knowledge of Males and Their Participation in Antenatal Care in Kirinyaga County, Kenya

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Abstract

The purpose of the study is to assess the knowledge of males and their participation in antenatal care in Kirinyaga county, Kenya. The study adopted a descriptive cross-sectional design. The sampled population was 400 respondents who met the inclusion criteria during the study period and were selected using a stratified sampling method. Data collection was done by the use of structured questionnaires. A pre-test study was done in Embu County, whereby 40 males were selected through a simple random method. Data was analyzed using SPSS version 29, where descriptive and inferential statistics were conducted. On descriptive data, frequencies and percentages were provided. In inferential statistics, chi-square results were used to show the correlation between the variables. The results were thereafter presented using tables, graphs, and pie charts. The results revealed that 216(67.3%) men indicated that pregnant women required a balanced diet, while 58(18.1%) noted that proteins were important, and 9(2.8%) indicated that carbohydrates were needed by pregnant women. In regards to number of feeding times, 148(46.1%) men noted that pregnant women had no limit to how much they should consume in a day but as long as they want to. The minority group of 55(17.1%) noted that the women are required to feed 2 times a day. Further, 316(98.4%) of men were for the idea of pregnant women taking supplements such as Folic acid and Ferrous sulphate 300(93.5%). Further, 161(50.2%) men noted that their wives needed to visit health facilities on a monthly basis, while 106(33%) noted that it should be at least 4 times during the pregnancy. The study noted that most men were also aware of the importance of frequent visits for ANC on the health of the pregnant mother and their child. They also understood that pregnant women required a balanced diet offered at an unlimited frequency of feeding. However, it was noted that men had low knowledge of what constituted a light and heavy workload for pregnant women. When men accompanied their wives during their ANC visit, the topic related to the magnitude of work, in terms of which work was considered light or heavy for a pregnant woman to engage in, was minimally discussed by the healthcare provider. On knowledge, it is recommended that there is a need for the Ministry of Health at national and county level to develop a policy framework. This framework provides clear information about various duties that a pregnant woman is supposed to engage in and what is considered harmful. The same should be communicated to both the males and their pregnant wives. Through this approach, the men get educated on the need for monitoring the kind of household tasks that pregnant women are constantly engaged in.

Keywords: *Knowledge of Males, Antenatal Care, Kirinyaga County, Kenya*

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1. Introduction

Male participation in ANC is defined as the active process through which the male spouse of a pregnant woman discusses health concerns, nutrition, and accompanies them to ANC clinics. This means that they are fully present throughout the pregnancy journey to provide the emotional and financial support needed by their wives. According to Gessesse et al. (2024), only 33.3% of expectant mothers had limited knowledge of maternal nutrition and health. This hence called for the participation of their spouses to be involved in attending antenatal care [ANC] clinics with their wives to learn how to take care of the pregnancy and what type of meals are considered nutritious.

The involvement of men in ANC is not only a novel idea, but it doesn't receive the emphasis it deserves. A global campaign promoting male involvement in caregiving, parenting, prevention of violence, and promotion of maternal and child health known as Men Care is trying to change this perception (Dutta et al., 2024). However, the challenges of not involving men in ANC persist as noted by Falkingham (2022) in Asia. The study revealed that most mother and child welfare services did not actively include the expectant fathers of newborns in ANC programs. This has resulted in male spouses being incapable of making informed choices on what meals to provide and generally take care of their pregnant wives. According to Lusambili et al. (2021), the impact of involving males on behaviors related to health suggests that capacity building for the male gender in the area of ANC may be profitable in terms of health-seeking behaviors during pregnancy, and nutritional feeding of the mother.

In evaluating efforts to include males in pregnancy and childbirth in Europe, Plantin and Michael (2016) noted that the male gender felt left out and ignorant in ANC since most education focused on women. Evidence that male inclusion in this ANC would directly reduce the mortality of mothers is inconclusive, but their inclusion has shown positive change in other areas of maternal health (Galle et al., 2021). Hanna and Gough (2020) noted that most of the research on male involvement is geared to other areas, such as contraception, and less on ANC or nutrition. In Afghanistan, as a result of 69.4% of men being involved in ANC visits, enabled their pregnant partners to begin as early as their first trimester and take care of their nutritional feeding patterns seriously (Alemi et al., 2020). In the majority of the developing countries, men are the main decision makers in areas of private life. They determine women's health-seeking behavior and can therefore encourage ANC visits to health facilities, support proper nutrition, reduce maternal workload, assist in preparation for delivery, and provide support emotionally (UNICEF, 2022).

In sub-Saharan Africa and Africa in general, the area of ANC is considered a woman's domain. It is therefore rare a site to see a man attending an antenatal clinic with their spouse as well as being present during delivery. As noted by Beraki et al. (2023), despite 98.7% of men in Eritrea acknowledging the importance of accompanying their wives to ANC, only 26.6% of them did

it. A similar trend was also noticed among Ghanaian men, where 23.58% of males were involved in ANC visits accompanied by their pregnant partners (Abihiro et al., 2022). Further, Dantas et al. (2020) noted that research over the last several years in the area of involvement of men in ANC has shown incredible results on health outcomes of women and newborns. This has been supported by Gessesse et al. (2024), who revealed that 53.4% of Ethiopian men were involved in ANC caused to educational levels, a positive attitude, and good knowledge provided by ANC providers.

With this in mind, Uganda officially launched a strategy to involve men in 2014, with the main objective of this strategy being to include male spouses in ANC-related tasks such as nutrition, water and sanitation, contraception, the fight against malaria among pregnant women, and HIV/AIDS infections. This strategy was to involve men and encourage them to accompany their partners for ANC visits (Lusambili et al., 2021). A study in Uganda in the district of Gulu, done in 2010, identified outcomes of male attendance at ANC clinics. They included the importance of hospital births, and men desiring fewer children. The study identified knowledge as one of the strongest factors of men participating in maternal health issues (Dantas et al., 2020).

In Kenya, Muia et al. (2022) showed a 34.1% connection between male attendance at least one ANC and their spouses being attended by a skilled birth attendant. Multiple studies have been done to explore the place of the male partners in the area of ANC. It was noted by Ongolly and Bukachi (2019), 55.8% Busia men accompanied their wives to ANC visits, while Nyamai et al. (2022) noted that 61% of males in Eastern attended ANC in the company of their pregnant wives. Males in Nairobi County registered the lowest involvement rate of 26.2% despite 62.5% agreeing on their need to be involved in ANC visits (Kinoti, 2022). According to Danta et al. (2020), inclusion of men in ANC enables them to encourage their wives to attend and also accompany them to antenatal clinics; they are also involved in the preparation of finances to support delivery; and organize transportation to the hospital, among other responsibilities.

In Kirinyaga County, very little information is available about male participation since no previous researches have been done about male participation in ANC yet in the health facilities women attending antenatal facilities are rarely accompanied by their male partners. With this observation, this necessitated the study in Kirinyaga county to identify factors leading to low male involvement.

1.1 Problem Statement

Involving men in ANC enables them to play a more responsible role in the process of behavioral and social change. All this is geared at ensuring proper health for women and children (Masaba & Mmusi-Phetoe, 2020). According to Jakešević and Luša (2021), the capability for male inclusion in addressing gender inequality seems to be unclear in the area of ANC. Program planners, researchers, and policymakers in health have tried to boost the positive male involvement around the ANC, but there is uncertainty on the expected outcome of their involvement towards enhancing health outcomes (Muthiru & Bukachi, 2024).

Studies done in this area include a study carried out in Nepal that showed male involvement in reproductive health services, such as ANC, was low (Sharma & Shrestha, 2020). In Greece, education for expectant fathers carried out at the workplace increased the number of men taking

their partners for the ANC visits and supporting good pregnancy nutrition (Palioura et al., 2023). In Kenya, a study done in various government facilities on adherence partners found that more than 52% chose their spouses as their adherence partners in taking nutrition supplements during pregnancy.

Generally, the studies that have addressed male involvement in Kirinyaga County have indicated that 30-35% of males attended ANC as compared to 65-70% of the women who attended on their own. In comparison, Kamau et al. (2022) noted that Uasin Gishu also recorded that 32% of males were involved with ANC, but that had consequences such as higher neonatal deaths as compared to national levels, similarly to what was also experienced in Kirinyaga County. According to the Kenya Demographic Health Survey (2022), there were 37% neonatal deaths as compared to the 21% in Kenya.

Even while some research indicated that male partner support and accompanying during ANC visits had improved, there were still many obstacles limiting male involvement, including long distances, commitment to work duties, and unwelcoming clinic environments. In Kirinyaga County, cultural norms insist on the exclusion of males from women's activities, reducing their numbers. This therefore necessitated the need for research in Kirinyaga County on male participation in ANC.

1.2 Purpose of the Study

To assess the knowledge of males and their participation in antenatal care in Kirinyaga County, Kenya.

1.3 Research Questions

What knowledge do the males of Kirinyaga County have about antenatal care?

2. Literature Review

2.1 Theoretical Review

Maslow's Hierarchy of Needs theory was developed by Abraham Maslow in 1954. According to this theory, individuals are motivated by survival needs such as finances, food, shelter, and then safety and security needs. Thereafter, people have a social need, for example, to have family and friendships. After these, there are esteem needs that had to be fulfilled. These included self-esteem, achievements and confidence (Muthiru & Bukachi, 2024). Lastly, at the apex is self-actualization needs. These are creativity and leadership needs. This theory proposes that an individual has to fulfil lower-level needs before the desire for the next level of needs. According to this theory, individuals would always desire more (Maluka et al., 2020).

The basic needs start with physiological needs, for example, food and water. Immediately, the physiological needs are met, and security needs set in. They include the need for love and a sense of belonging (Idriss-Wheeler et al., 2021). Social needs are sought to overcome alienation. Self-esteem needs include the need for self-respect. Self-actualization needs include leadership roles in society and creativity. This theory is criticized as being too simplistic in its logic. A product or service could satisfy several needs of an individual at once. Secondly, there is no empirical support for the ordering of the needs. Then, the theory is culture-bound in the sense that it does not have homogeneity amongst different cultures.

The theory was relevant to this study as it presumes that men look at the needs of their pregnant women as secondary to other needs in the family. This enables them to allocate less time and resources to the specific needs of their spouses (Gyan et al., 2022). Due to stereotypes and the desire to fulfill needs at different levels in the hierarchy, the menfolk would not prioritize maternal health participation. This, to them, is less important than material needs.

2.2 Empirical Review

According to Mullany (2007), the most overt barriers to the inclusion of men in maternal health include inadequate knowledge, societal stigma, embarrassment, and career responsibilities. Other obstacles include hospital policy, manpower, and infrastructure problems. Health care providers felt that male-friendly perinatal services would improve the quality of care and understanding of the health needs of expectant women. A shift in hospital policy has been seen as a crucial first step to introducing male-friendly antenatal and delivery services. Favorable attitudes may encourage men to participate in maternal health (Mullany, 2007).

Kunene and Beksinka (2004) evaluated four studies on emotional and social backing provided by men to their women or children. Out of these studies, three were studies of education given in the facility or education given at the workplace, designed to evaluate the effect of male participation. In Turkey, education designed for the workplace for fathers with expectant spouses increased the percentage of men going with their spouses for ANC visits and supporting good nutrition in pregnancy (Sahip & Turan, 2007).

A qualitative study by Jungari and Paswan (2019) proposed to explore the cultural effect of male participation in maternal health care in India. The study sampled 385 respondents and their wives. Data was collected and analyzed. The study findings showed that those men who were tribal seldom participated in maternal health. The participation of men in household chores was better. The respondents explained that the reason for low participation in maternal issues was that they believed the matters were not important and that women were better placed to handle such matters. The study recommended that healthcare providers should educate and encourage men to participate in issues related to maternal health.

Another study by Sharma and Shrestha (2020) carried out a study in Nepal with the objective of determining factors contributing to the involvement of men in maternal health. The study surveyed 374 respondents. The study results indicated that the social and economic factors had a significant role to play in the determination of men's involvement in maternal health. The study revealed communication challenges on maternal health matters between husbands and their wives. The study hence recommended that health practitioners should encourage better communication.

3. Methodology

The study adopted a descriptive cross-sectional design. The sampled population was 400 respondents who met the inclusion criteria during the study period and were selected using a stratified sampling method. Data collection was done by the use of structured questionnaires. A pre-test study was done in Embu County, whereby 40 males were selected through a simple random method. Data was analyzed using SPSS version 29, where descriptive and inferential statistics were conducted. On descriptive data, frequencies and percentages were provided. In

inferential statistics, chi-square results were used to show the correlation between the variables. The results were thereafter presented using tables, graphs and pie charts.

4. Results and Discussion

4.1 Reliability statistics

The study conducted a pilot test in Embu County using 10% of the sample population which was 40 males. Table 1 indicated the reliability results.

Table 1: Reliability Statistics

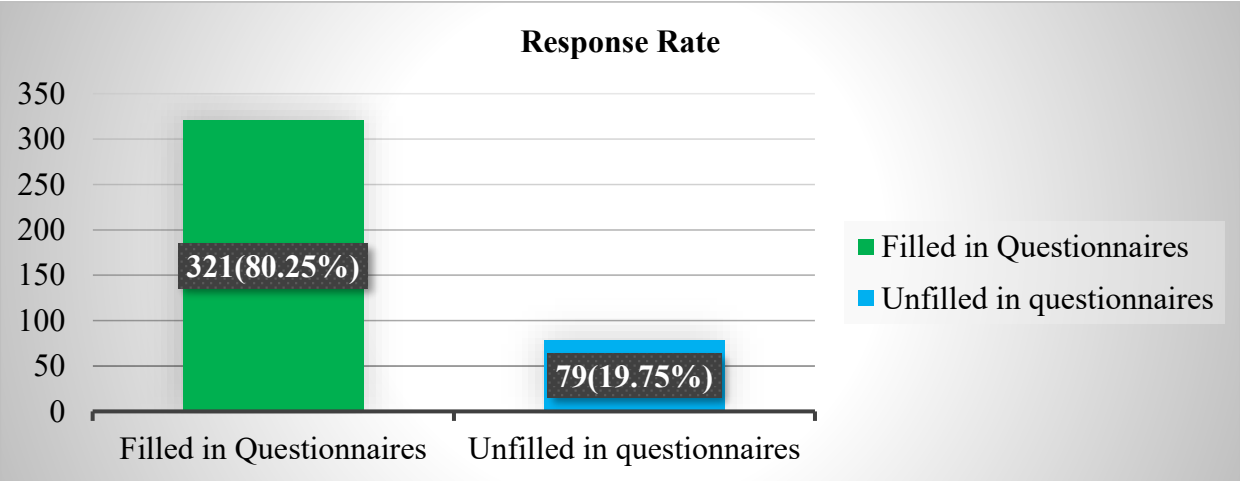
Instrument	Cronbach's Alpha	N of Items
Knowledge on ANC	0.880	40
Male participation in ANC	0.794	40
Average	0.837	40

According to Table 1, knowledge of ANC had 0.880; Health facilities had 0.847; and male participation in ANC had 0.794. As noted by Wadood et al. (2021), when the Cronbach alpha value was more than 0.7, it indicated reliability. To this realization, the study noted that an index of 0.837 was an indication of reliability on the questionnaires towards addressing the main problem of the study. In further explanation, the findings noted that the questionnaires could be used in more than one study and were trusted to give similar findings. This is pegged to the fact that the questions were directly related to the objectives.

4.2 Response Rate

The study had sampled 400 men in Kirinyaga County. They were issued with the questionnaires, and their responses are provided in Figure 1.

Figure 1: Response Rate



As noted in Figure 1, the filled-in questionnaires were 321, which translated to 80%. Additionally, 79 questionnaires were unfilled which was 20%. This high response was enabled

by the fact that the researcher combined data collection exercise through issuing questionnaires in-person and talking to most of them through phone conversations. This was whereby the researcher asked questions via phone conversations to the respondents from numbers issued at ANC clinics, so as to provide the feedback.

This connotes that the study was a success since Ali et al. (2021) ascertained that a response rate of more than 70% was excellent. Therefore, the reason why the study attracted a high response was based on the fact that male participation in ANC is evolving in Kenya, whereby men are willing to take part in support of their wives' pregnancy management. This could also be viewed as a milestone achieved against suppressing traditions against women, whereby the process of pregnancy management and giving birth was considered a woman's affair with no involvement of men in it.

4.3 Knowledge of Males on ANC

The knowledge of males on antenatal care had several questions asked of the men. The outcome is described in Table 2.

Table 2: Knowledge of Males on Antenatal Care

	Frequency	Percent	R	P-value
Pregnant Woman's Food			141.03	0.018
A lot of protein	58	18.1		
Extra carbohydrate	9	2.8		
A lot of vegetables	38	11.8		
A balanced diet	216	67.3		
Number of Feeding Times			90.88	0.002
2 times a day	55	17.1		
3 times a day	56	17.4		
5 times a day	62	19.3		
As well as she can tolerate	148	46.1		
Taking Supplements by Pregnant Women			371.12	0.011
Yes	316	98.4		
No	5	1.6		
Reasons				
Not sure	5	1.6		
They should take Folic acid and Ferrous sulphate	300	93.5		
Does not need to take them since she eats well	16	4.9		
Frequency of Visits to the Health Care Facility when Pregnant			119.28	0.035
Once throughout her pregnancy	16	5.0		
Every month	161	50.2		
At least 4 times during her pregnancy	106	33.0		
Only during delivery	38	3.1		
Delivery to Hospital			447.65	0.017

No	10	3.1
Yes	290	90.3
Not sure	14	4.4
Maybe	7	2.2

Reasons 229.07 0.004

Safe delivery	197	61.4
Complications can easily be addressed by doctors	105	32.7
Close monitoring	8	2.5
Not sure	11	3.4

Who attends to the house chores when your wife is expectant? 306.07 0.001

I perform the house chores	45	14.0
My wife does	107	33.3
My wife does the light duties	118	36.8
I employ someone for her	51	15.9

Reasons

She is at home most times	312	97.2
She needs a little help	9	2.8

As noted by Table 2, 216(67.3%) men indicated that pregnant women required a balanced diet, while 58(18.1%) indicated they required a lot of protein. However, the minority group of 9(2.8%) indicated that the women required extra carbohydrate. In regards to number of feeding times, 148(46.1%) men noted that pregnant women had no limit to how much they should consume in a day but as long as they want to. The minority group of 55(17.1%) noted that the women are required to feed 2 times a day. The results implied that the men who took part in the study were well knowledgeable about matters types of food that pregnant women were to be fed during the pregnancy period. This, therefore, was an indication that the men were keen enough not to deprive the required foods, which could have a negative effect on the growth of the baby.

Additionally, the food was noted to be provided consistently without a limitation on the number of times a pregnant woman had to feed. Comparatively, Forbes et al. (2021) found out that as a result of encouragement to Australia's fathers to attend ANC's, they were knowledgeable that their involvement in perinatal healthcare began with providing nutritious food and in consistent supply to their pregnant wives. Further, Girard and Olude (2012) noted that a balanced diet did not have to be costly, which could be a hindrance to its provision based on the tough economic periods. All that was needed was information on diverse foods and what each contained. This information would help pregnant mothers seek alternatives when one meal is lacking due to a series of factors.

Table 2 also noted that 316(98.4%) of men were for the idea of pregnant women taking supplements such as Folic acid and Ferrous sulphate, 300(93.5%). However, 5(1.6%) were of the contrary opinion based on the fact that the pregnant woman did not need to take them since

they ate well. The results meant that most pregnant women under the care of the men included in the study were allowed to take supplements. The two major supplements included folic acid and ferrous sulphate to boost the growth of the baby. However, some men lacked knowledge on the relevance of the supplements, hence assumed that as long as the pregnant woman ate well, they were not required to take them. This was an error in some of the households, whose implication would be on the irregular formation of the baby's bone structure.

Notably, Alemi et al. (2020) revealed that during pregnancy, women were encouraged to take various types of supplements since they provided micronutrients that the growing baby in the womb would easily assimilate. A similar study by Omotayo et al. (2016) revealed that diseases such as Preeclampsia could be easily avoided through the intake of calcium supplements. Additionally, Cockcroft et al. (2022) linked zinc supplements to boosting pregnancy outcomes for well-nourished infants. Dantas et al. (2020) advised that iron supplements were required to be taken at least daily throughout the pregnancy period for effectiveness. Therefore, as the studies have suggested, the essence of supplements plays a vital role in enhancing pregnancy and reducing irregular bone formation in an infant.

Further, on the frequency of visits to the healthcare facility when pregnant, 161(50.2%) men noted that their wives should do it basis every month. Notably, 106(33%) noted that it should be at least 4 times during the pregnancy. Nevertheless, the minority group of 16(5%) noted that it should be once throughout the entire pregnancy period. Therefore, the men in consideration were open towards allowing their pregnant wives to visit a healthcare facility since they trusted the healthcare workers and systems' assessment of the pregnancy's thoroughness. This was to avoid any abnormalities that would be witnessed in an infant after they are born and could have been corrected while they were developing in the womb.

Comparatively, Dutta et al. (2024) also emphasized the need for frequent assessment of pregnant women by caregivers. According to Dutta et al. (2024), it was preferred that the pregnant women make frequent visits to the healthcare facilities since there was medical equipment and medications in case of an emergency. However, in a case where the pregnant mothers would not make it to healthcare facilities, home visiting interventions were suggested to be implemented.

Table 2 provides the results on the issue of hospital delivery, whereby 290(90.3%) were for the idea, but 7(2.2%) indicated a 'maybe' response to this question. The reasons given were mainly due to safe delivery and so that the complications could easily be addressed by doctors, as noted by 197(61.4%) and 105(32.7%) men, respectively. The minority group of 8(2.5%) indicated that close monitoring was needed. The results implied that hospital delivery was well-known and advocated for by most households. This was to ensure that the survival rate of the mothers and the infant was increased, particularly during the process of delivery.

The traditional practices of home delivery were almost reduced to non-significant values, but still, as noted by 10(3.1%) men, they would discourage their pregnant wives from going to the hospital for delivery. Comparatively, Lusambili et al. (2021) noted that acceptance of the male spouse to support the pregnant wife during the delivery process has been advancing in most parts of Kenya. This was due to consistent training on the importance of spouse support to

ensure that delivery process is successful such as taking their wives to the hospital on time to save their lives.

However, Dantas et al. (2020) disagreed with the finding that in rural Uganda, the pregnant women whose spouses were willing to allow them deliver in hospitals was low. The main impediment was cultural restrictions of men involvement in delivery process and poor rural roads which made the transportation process to the hospital costly. A similar predicament was noted by Gibore and Bali (2020), indicating that the burden of where and when to deliver was left entirely to the woman due to cultural restrictions that forced men not to be involved in maternal health.

Further, Table 2 also noted that 118(36.8%) indicated that their wife did lighter chores when expectant. Additionally, 107(33.3%) indicated that most of their wives still did all the house chores despite the pregnancy. The reasons for these kinds of behavior were due to the fact that most pregnant women were at home most times, as noted by 312(97.2%) men. The minority group of 45(14%) admitted to performing the house chores while 51(15.9%) had the will and resources to employ someone to help their wives. The results therefore pointed out that most of the pregnant wives were given a leeway to do lighter tasks, but there was equally a higher population that still did all chores, though not as many as the prior group.

This therefore proves that men were slowly changing their minds due to knowledge acquired via various platforms on human rights. It was thus noted that most men were willing to do the house chores themselves if they did not have financial resources to employ a house manager. However, there were still cases where women were forced to work on heavy house chores despite their condition. Comparatively, Gyna et al. (2022) noted that due to consistent training of fathers with expectant mothers, Turkey had managed to achieve over 90% hospital delivery, hence increasing the survival rates of the mother and child during delivery.

However, in a low-income nation like Kenya, Kinoti (2022) established that the ability of a woman in the contemporary society into decision-making was still far from being achieved. Therefore, despite their efforts, their place of work remained in household management irrespective of whether they are sick, pregnant, or working at a corporation. Masaba and Mmusi-Phetoe (2020) disagreed with Kinoti (2022) to reveal that it all depended on personal desire, since when it came to saving another person's life, there would be no culture that could limit one's actions. Therefore, through Constructive Men's Engagement (CME), men have undergone training on how to take part in reproductive health.

The study also inquired about the knowledge that the males of Kirinyaga County had on maternal health. The respondents noted that they were well knowledgeable in terms of what type of food to feed their pregnant wives, the frequency that the food should be provided, taking supplements, frequent visits to the health facilities, and the fact that delivery was to be done at the hospital and not anywhere else.

According to Table 2 the Pearson Chi-Square value for all statements was more than 3.841 and the significance value was less than 0.05. This was an indication of a positive relationship between knowledge and male participation in maternal health. Therefore, the results implied that when men gained knowledge on what to feed their pregnant wives, when to visit healthcare facilities, the relevance of supplements, and being available in this critical process, their

participation would be enhanced. Comparatively, Tokhi et al. (2018) noted that maternal health knowledge of men was critical as a measure of enhancing and monitoring the wellness of the pregnant mother and the health of the newborn when delivered.

4.4 Male Participation in ANC

The study posed questions related to male participation in ANC as the dependent variable. The outcome is described in Table 3.

Table 3: Male Participation in ANC

Have you ever received any ANC training to support your wife during her pregnancy?	Frequency	Percent
Yes	119	37.1
No	202	62.9
If yes, where did you get the training?		
Health facility	321	100
Skills towards Participating in Maternal Health		
Excellent	42	13.1
Moderate	119	37.1
Low	160	49.8

As per Table 3, 202(62.9%) men admitted that they had not priory received any ANC training to support their wives during the pregnancy. However, 119(37.1%) men admitted that they had received such kind of training. The results meant that there was a major inclusivity problem in maternal health among men. The entire process of pregnancy became a challenge for most men to cope with since they did not have any prior training on how to ensure that their wives were well taken care of. The result explains why pregnancy has for a long time been associated with increased divorce rates in Kenya (Stiller et al., 2022). According to Mwije and Holvoet (2021), lack of training on what to feed a pregnant woman, how to conduct simple physical examination in assessment of a pregnant mother’s health, and first aid skills, was desired to ensure that the close household members such as male spouses were in a better position in taking care of their pregnant wives.

When the study asked the men who admitted to having been trained at the health facility. This meant that the men who had received training had done so through health facilities. Therefore, this indicates the importance of the health facilities in providing ANC training to the male spouses of pregnant women. In support of the results, Mwije and Holvoet (2021) found that ANC could only be enhanced if the men were trained on how to manage pregnant spouses and the newborn. This training could be provided during the pregnancy period and through the facilitation of the health facility. The reasons given by Okwako et al. (2023) on why training through the health facility was relevant were so that myths and misconceptions that could have been provided at social meetings are discouraged.

According to Table 3, 160(49.8%) men had low skills, and 119(37.1%) men had moderate skills towards participating in maternal health. The minority group of only 42(13.1%) men had excellent skills. The findings revealed that most men with pregnant wives had low skills in maternal health, which is a great concern. This is because the lives of both the pregnant mothers and unborn children were under the care of men with low skills in their management. Therefore, in cases of emergency, the survival rate was not guaranteed, hence the reason why Jungari and Paswan (2019) advocated for pregnant women to allow an experienced family member in terms of maternal health to be with them most time for an easy pregnancy period.

Nyang'au et al. (2021) also established a similar problem, hence advocating for constructive men's engagement to reduce pregnancy complication cases among the women in Bumula sub-county. The problem was not just a local perspective issue but also a global concern as noted by Palioura et al. (2023). The study found out that constant demands of pregnant women on their male spouses, who were mainly their caregivers, caused mental health issues. The reason was that most male spouses were not well trained to handle mood swings, feeding patterns, and handling minor pregnancy complaints. This brought about an increment in their stress levels, and when not resolved, triggered depression among the male spouses.

5. Summary

The results revealed that 216(67.3%) men indicated that pregnant women required a balanced diet while 58(18.1%) noted that proteins were important, and 9(2.8%) indicated that carbohydrates were needed by pregnant women. In regards to number of feeding times, 148(46.1%) men noted that pregnant women had no limit to how much they should consume in a day but as long as they want to. The minority group of 55(17.1%) noted that the women are required to feed 2 times a day. Further, 316(98.4%) of men were for the idea of pregnant women taking supplements such as Folic acid and Ferrous sulphate 300(93.5%). Further, 161(50.2%) men noted that their wives needed to visit health facilities on a monthly basis, while 106(33%) noted that it should be at least 4 times during the pregnancy.

6. Conclusion

The conclusion made on knowledge was that most men were also aware of the importance of frequent visits for ANC on the health of the pregnant mother and their child. They also understood that pregnant women required a balanced diet offered at an unlimited frequency of feeding. However, it was noted that men had low knowledge of what constituted a light and heavy workload for pregnant women. When men accompanied their wives during their ANC visit, the topic related to the magnitude of work, in terms of which work was considered light

or heavy for a pregnant woman to engage in, was minimally discussed by the healthcare provider.

7. Recommendations

On knowledge, it is recommended that there is a need for the Ministry of Health at the national and county levels to develop a policy framework. This framework provides clear information about various duties that a pregnant woman is supposed to engage in and what is considered harmful. The same should be communicated to both the males and their pregnant wives. Through this approach, the men get educated on the need for monitoring the kind of household tasks that pregnant women are constantly engaged in.

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