Acceptability of couple antenatal education: A qualitative study of expectant couples attending antenatal clinics in Blantyre, Malawi

Maria Chifuniro Chikalipo1, Ellen Mbewa Chirwa2, Adamson Sinjani Muula3

1. University of Malawi – School of Public Health and Family Medicine, College of Medicine, Blantyre, Malawi
2. University of Malawi, Kamuzu College of Nursing, Blantyre, Malawi
3. University of Malawi, Kamuzu College of Medical Science

Abstract

Few studies have assessed the acceptability and effectiveness of male partner involvement in antenatal education. Yet, involvement in antenatal care including antenatal education has been proposed as a strategy to improve maternal and neonatal outcomes. We conducted this study to add to the body of knowledge on acceptability of male partner involvement in antenatal education following an intervention.

Methods

This was a cross sectional qualitative study using 18 in-depth interviews with 10 couples, 5 women from the couple group and 3 nurse-midwife technicians. Participants were purposively selected and interviewed between July and November, 2017. The study setting was the South Institute and Mpatiko Health Centre and their catchment areas. All interviews were audiotaped, transcribed verbatim and translated from Chichewa into English. Data were coded in Nivo 10.0 and analyzed thematically.

Findings

We identified three themes: benefit of content received; organization of couple antenatal education appropriate for male partner involvement; and delivery of couple antenatal education incentive for male involvement and learning. However, some improvements were suggested regarding content, organization and delivery of the education sessions.

Conclusion

Couple antenatal education was acceptable to the couples and the facilitators in terms of content received, organization and delivery. Nevertheless, adding naming the baby to the list of topics, creating a special day for couples to attend antenatal education and providing a readable leaflet are likely to make couple antenatal education more user friendly.

Keywords: acceptability, male involvement, couple, antenatal education

Background

Male involvement in maternal health services, including antenatal education, has been advocated for internationally with the understanding that men are likely to fulfill their supportive roles as partners if they are made to know about parenthood1. This has seen establishment of couple health programmes in western countries such as antenatal classes for expectant parents2-4. The classes are geared towards providing important information on childbearing and parenting skills with the aim of improving maternal and neonatal outcomes. However, the classes have often not been male friendly, ultimately negatively affecting participation of male partners.5,6. Studies have documented factors which can facilitate male partner participation in antenatal education. Some of the reported factors include: conducting expected fathers’ antenatal classes facilitated by a fellow man5; providing antenatal education to a mixed gender class6; conducting the education in evening hours and weekends7; and use of drama8. These studies have documented improved male partner participation in antenatal education and acceptability of male partner involvement in antenatal education. However, many of these studies have been conducted in high income countries with a few in Africa, where male involvement in maternal health is an emerging practice.9,20. Researchers have argued that for initiatives and interventions to meet intended purposes, needs of the beneficiaries and later on acceptability of the intervention should be determined9,21. Acceptability is the extent to which people delivering or receiving a healthcare intervention consider it to adequately satisfy a need or standard4. In this study, we describe acceptability as the extent to which the education is perceived to have met the need identified during the recruitment period of the couple antenatal education and couples themselves. While acceptability can be determined at different stages of the intervention, participants’ attitudes towards intervention, perceived relevance and suitability of the intervention can be best assessed post intervention9. Intervention studies on male involvement and the acceptability of interventions in antenatal care, particularly antenatal education, are scarce in Africa19,21,22. Therefore, this study aims to assess acceptability of couple antenatal education in Malawi following an intervention.

This study is part of a randomized control trial (RCT), registration number: PACTR 20171002362523. The RCT was informed by an exploratory qualitative baseline study whose focus was to identify learning needs of couples to determine acceptability, feasibility and effectiveness of couple antenatal education. The baseline study led to the development of a tailor-made curriculum and a leaflet which were used during the intervention. The intervention involved providing two antenatal education sessions to two groups. The groups were couples who attended antenatal care to the same health centre, married and married women who belonged to the standard of care arm. The education was conducted during two consecutive antenatal visits in the second trimester. The areas which were covered during the first session were on pregnancy and childbirth while the last session focused on postnatal care. We conducted this study to assess the acceptability of couple antenatal education after the participants had received the education sessions.

Methodology

Study design

We conducted an exploratory cross sectional qualitative study from July to November 2017, among couples and nurse-midwife technicians to explore and describe their perceptions towards couple antenatal education sessions. This study enabled us to have a deeper understanding of the acceptability of couple antenatal education19.

Study setting

The study was conducted in Blantyre district in the Southern region of Malawi. The sites selected were Mpmemb and South Lunzu (SJ). This is because we had piloted specifically-designed qualitative interview questions to meet the education needs as perceived by the participants when we have piloted the education sessions, which were then chosen as they were semi-urban sites representing rural and urban populations. Additionally, the sites were likely to have less mobile population for the intervention and had adequate child health services.

Sampling and selection of study participants

A purposive sample of ten couples, 5 women from the couple group and 3 nurse-midwife technicians who had direct experience with couple education were recruited. The couples and the women participants as learners while the nurse-midwife technicians were facilitators of the education sessions. Variations such as age, gravidity and educational level were considered during the recruitment of couples in both sites in order to obtain diverse views and experiences. The eligibility of the participants depended on willingness to participate in the interviews; ability to provide informed consent, having attended the antenatal education session twice as couples or having facilitated couple antenatal education sessions in the entire period of the RCT which was from January to November 2017, in case of the nurse-midwife technicians.

Data collection

In-depth interviews were conducted using the pretested, semi-structured interview guides containing open ended questions. All in-depth interviews were conducted in Chichewa except for three in English. Each interview lasted 30 to 60 minutes.

One broad question guided the interviews: “What would you say about the couple antenatal education sessions you attended/facilitated?” We probed further based on the three themes.

Results

Participant characteristics

In total, we conducted 3 interviews with nurse-midwife technicians (1 male and 2 females), 10 couples with 5 separate couples from the couple group. The mean age for the women in the couple group was 29 years and 33 for men. Most of men and most women attended primary education with 2 couples who attended secondary education and 1 couple attended tertiary education. There were 4 primigravida, 2 multigravida and 2 grandmultigravida. All women except 1 were housewives by occupation. Most of the men ran small scale businesses and some were casual labourers; 2 men were formally employed. The ages of the nurse-midwife technicians were 30, 35 and 43 years. Years of experience in antenatal care for the nurse-midwife technicians ranged from 4 to 10 years.

Data management and analysis

The audiotaped recordings were transcribed verbatim. Transcripts in Chichewa were translated into English and verified by the co-investigators. Another researcher fluent in both languages helped the translation in order to preserve the meaning of the content. The transcripts were managed in NVivo 10.0. The data were analyzed using thematic analysis framework. The data was coded deductively and inductively in order to gather information related to acceptability of couple antenatal education. We read all the transcripts against the recorded data and selected significant issues. One transcript was then deductively and inductively coded and was then reviewed by co-investigators and an independent researcher. Next, we agreed on the final set of codes for categorization based on similarities, differences and recurrence across the data set and were then brought together as overarching themes. The themes were presented as results after the verification process where the themes were checked against the recorded information.

Ethical considerations

The study received ethical approval from the College of Medicine Research Ethics Committee (COMREC), (Certificate No P.11/151821). The Blantyre District Health Office, which is responsible for the management of health services for Mpmemb and SJ Health Centers, also granted permission. We explained the purpose of the study to the potential participants and none of the participants refused participation. We obtained informed consent, or witnessed consent, in writing from all adult participants, and consent from all the participants who met the criteria. All the participants accepted the interviews to be digitally recorded.

Conclusions

This study has provided important insights into the acceptability of couple antenatal education in Malawi. Male involvement in antenatal education was acceptable to the couples and facilitators in terms of content received, organization and delivery. Hence, we recommend that the couple antenatal education be tailored for male involvement. Further research is needed to determine the extent to which the education is perceived to have met the needs of the participants when conducted in other settings.
We identified the themes based on the three domains related to learning needs which are content, organization and delivery of couple antenatal education. The themes are presented with subthemes as follows:

Benefits of content received
There was a general feeling among the participants and facilitators of couple antenatal education that the content covers all maternal health essentials.

“The sessions were good … all the things an expectant couple has to know were there at the end of the session most men would come away and say how good sessions were because of most of them that thought it would just be a waste of time. They were even seeing very for those who did not come…” (Facilitator 1)

Participants further felt that providing couple antenatal education sessions was beneficial to both men and women for various reasons.

A. Couple antenatal education enhances communication, decision making and male partner support.
Participants expressed that because couples received the education together, both partners became knowledgeable. Additionally, it was easier to communicate and make decisions together; ultimately, the number of misunderstandings declined. Furthermore, male partners were able to provide the needed support. All men, women and facilitators were of the view that men were able to provide such support as the men trusted the information.

“I heard everything for myself … I was therefore making an effort to follow and do whatever our facilitators did because I know it was true, so I therefore decided to take part in the preparations for the birth of our child and also support my partner in any way possible.” (Husband 9)

“It (couple education) helped us because we received the education together … we used to discuss and agree on what to do.” (Wife 1)

Additionally, it also enabled the information gathered to be dispelled some traditional myths associated with pregnancy.

“People believe a woman with swollen feet is expecting a male child. After receiving the education, I realised that swollen feet is a danger sign.” (Husband 10)

Although the content taught was adequate, because the information gathered enabled the participants to dispel some traditional myths associated with pregnancy.

“People believe a woman with swollen feet is expecting a male child. After receiving the education, I realised that swollen feet is a danger sign.” (Husband 10)

The study has demonstrated that couple antenatal education was acceptable as it brought awareness and improved communication among couples, which led to male partners' support on safe motherhood practices such as birth preparation and birth preparedness readiness. This finding is comparable with other studies which have demonstrated that male partners' knowledge of maternal health issues translated into joint decision making and male partners' support in maternal health practices 28,29. Although adding name of a baby to the strategy may not be bigger for people who didn’t go far with education to read easily.”

We further found that time on Fridays would not be associated with HIV testing, which has been reported widely as a factor hindering men from participating in antenatal care30.31. Participants felt that the duration of the sessions was adequate in the sense that they received relevant information in a short period of time. Consequently, some studies have reported sessions lasting less than one hour in sub-Saharan Africa32. Spending less time on antenatal education may have affected delivery of relevant topics during antenatal education thereby defeating one of the core aims of focused antenatal care strategy which promotes provision of health education and counselling to improve the knowledge and performance of parents. However, participants felt that waiting time for the other study participants and other antenatal services made them stay long periods at the facility. Time has been reported in several studies as a factor in determining the effectiveness of antenatal care services. We suggest that couple antenatal education sessions should be scheduled on a determined day, which should be solely for this purpose. Antenatal sessions are usually conducted during the work hours which can be difficult to be available all day in order to spread the flow of clients and prevent delays. Couples recommended group education; this could be considered in future studies given the advantages in group education, creation of interaction among male partners beyond the scheduled antenatal education sessions.

Therefore, we propose that providers should induce interaction during antenatal sessions, creating interactions among male partners beyond the scheduled antenatal education sessions. Future studies should also be conducted to identify the strategies which can stimulate participation rather than focusing on giving information in a didactic manner, as is the case...
Conclusions for the authors do not declare that they have competing interests.

Authors' contributions

The first author (MCC) planned and developed study methods and data analysis and acted as an invitation letter, which is known to encourage participation. The co-authors (ASM and EMC) supervised the planning, development of the study methods and data analysis and contributed to and supervised the manuscript writing. All authors read and approved the final manuscript.

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