

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES



**PATHWAYS TOWARDS THE EFFICACY OF MOTHER AND BABY PROGRAM IN
INCREASING MALE PARTNER INVOLVEMENT IN MATERNAL HEALTH:**

A CASE OF MT HAMPDEN

By

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A Dissertation Submitted to the Department of Social Work in partial fulfilment for the
requirements for the Bachelor of Social Science Degree in Social Work

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Bindura, Zimbabwe

June, 2025

APPROVAL FORM

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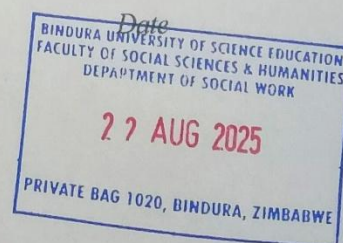
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DEDICATION

The research project is dedicated to my mother. Your enduring strength, infinite sacrifices, and steadfast love have shaped the person I am today. As a single parent, you wrestled with challenges with fortitude and resilience, putting my aspirations before your own. Your faith in me, despite the demanding road, gave me the boldness to keep going. This work signifies a manifestation to your endless endorsement and the morals you instilled in me. Thank you for being my outstanding drive. With all love and gratefulness.

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Motlagabo G. Matseke, Robert A. C. Ruiter, Violeta J. Rodriguez, Karl Peltzer, Geoffrey Setswe, Sibusiso Sifunda. "Factors Associated with Male Partner Involvement in Programs for the Prevention of Mother-to-Child Transmission of HIV in Rural South Africa", International Journal of Environmental Research and Public Health, 2017

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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	10	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	20	
Statement of the problem	10	
Research questions	15	
Assumptions	5	
Significance of the study	15	
Limitations of the study	5	
Delimitations of the study	5	
Definition of terms	10	
Summary	5	

Total	100	
Weighted Mark	15	

Comments.....
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
Conceptual or theoretical framework	10	
Identification, interpretations and evaluation of relevant literature and citations	40	
Contextualisation of the literature to the problem	10	
Establishing gaps in knowledge and how the research will try to bridge these gaps	10	
Structuring and logical sequencing of ideas	10	
Discursive skills	10	
Summary	5	
Total	100	
Weighted Mark	20	

Comments.....
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Chapter 3 RESEARCH METHODOLOGY

Introduction	5	
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Research design	10	
What instruments are you using to collect data?	30	
Population, sample and sampling techniques to be used in the study	25	
Procedures for collecting data	15	
Data presentation and analysis procedures	10	
Summary	5	
Total	100	
Weighted Mark	25	

Comments.....
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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	5	
Data presentation	50	
Is there any attempt to link literature review with new findings	10	
How is the new knowledge trying to fill the gaps identified earlier	10	
Discursive and analytical skills	20	
Summary	5	
Total	100	
Weighted Mark	30	

Comments

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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	5	
Summary of the whole project including constraints	25	
Conclusions- have you come up with answers to the problem under study	30	
Recommendations (should be based on findings) Be precise	30	
References	5	
Appendices i.e. copy of instruments used and any other relevant material	5	
Total	100	
Weighted mark	10	

Comments

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SUMMARY: -

Actual

Total

Chapter 1

Chapter 2

Chapter 3

Chapter 4

Chapter 5

Total.....

ABSTRACT

Maternity is a great experience to many women. However, some find it as the worst experience. This is because maternity may bring negative outcomes. Pregnant mothers face many challenges during maternity. The major problems encountered are maternal and neo-natal mortalities. Maternal and neo-natal problems are caused by socio-cultural factors, health complications, and lack of male partners involvement. The pregnant and new mothers require support from male partners so they enjoy great experience of maternity. The aim of the research is to investigate the pathways towards the efficacy of mother and baby program in increasing the involvement of male partners in maternal health. The study was conducted in Mt Hampden. Mt Hampden is situated in Zvimba District, Mashonaland West Province, Zimbabwe. A qualitative approach using case study research design was used during the study. Using purposive sampling technique, twenty people were interviewed. Data was collected through focus group discussions, in-depth interviews, observations, and key-informant interviews. Thematic analysis was then used to analyse the data. The gathered data highlights that male partners were not participating in maternal health because of socio-cultural factors, for instance, patriarchal norms and values, traditional gender roles, stigma and masculinity, and lack of education. The study therefore come up with pathways towards the increase of male partners in maternal health.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
CHW	Community Health Workers
FP	Family Planning
HBC	Home-Based Care
HIV	Human Immune Virus
IDP	International Development Program
MoHCC	Ministry of Health and Child Care
PMTCT	Prevention of Mother to Child Transmitting
PPD	Post-Partum Depression
SCT	Social Cognitive Theory
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
UNAIDS	United Nations Program on HIV / AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organisation

CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1:0 Introduction

The chapter consists of the background of the study, problem statement, objectives of the study, research questions, assumptions of the study, the significance of the study, study limitations, delimitations of the study, definition of key terms, and the chapter summary.

1:1 Background of the study

Dahab and Sakellariou (2020), state that maternal health marks the foundation of a health life. A sound maternal health involves a population that is productive. Globally, maternal health is a huge problem that requires different pathways towards handling all the services surrounding maternal health issues. In Sub-Saharan countries, Zimbabwe being not in exceptional, maternal researches have been conducted. The research findings had some research gaps that meant that more researches should be conducted. Sub-Saharan Africa is the region of Africa that lie south of the Sahara Desert. Mkandawire (2020), states that Sub-Saharan Africa encompasses forty-eight countries. Mkandawire (2020), highlights that Africa is divided into Sub-Saharan and North Africa. Sub-Saharan countries according to statistical researches, possess the highest rates of maternal mortality across the globe. According to World Health Organisation (2023), most of the cases of the maternal deaths occur in Sub-Saharan Africa, with approximately seventy percentage. Maternal deaths in Sub-Saharan countries are mainly due to inadequate provision to maternal health facilities. According to Dahab and Sakellariou (2020), causes of maternal mortality includes long distance to healthcare facilities, inability to pay the services of maternity, lack of women' autonomy, and absence of spousal involvement. Statista (2024), states that spousal involvement in maternal health is important b[because more than ninety-five percent of the people in Sub-Saharan are heterosexual.

Galle et al (2021), defined male partner involvement as conduct in which male partners accompany the pregnant women in attaining emotional, physical support, and participating joint-decision making. Advantages include greater use of ante-natal care (ANC), prevention of mother to child transmitting (PMTCT), and postpartum depression reduction. Male partner involvement positively affects maternal outcomes. Male partner involvement is a valuable health promotion strategy in developing countries like Zimbabwe. The participation of male partners in maternal health is low. This is because of their perception, traditional norms and lack of education. World Health Organization (2024), states that four-hundred and sixty-two deaths per hundred thousand birth lives is the maternal mortality rate in Zimbabwe. Researches

conducted recommended male partner involvement as a key factor in reducing maternal and neo-natal mortalities. Involvement of male partner involvement requires different strategies and program from government, non-governmental organizations and private sectors. One of the strategy setups to enhance the increase of male partner involvement is the mother and baby program by St John Ambulance Association. The core objective of the program is to prevent the deaths of pregnant mothers and unborn babies from preventable causes during pregnancy, delivery or within few days after delivery. Efforts to reduce maternal mortalities in Sub-Saharan Africa through the program have been successful. According to St John Ambulance IDP (2017), the program seeks to increase male partner involvement in maternal health through home visits.

1:2 Statement of the problem

Participation of male partner involvement in maternal health services is very low despite all the global efforts made by the government, non-governmental organizations, and private sectors. Low male partner involvement in issue of maternity had a negative impact to maternal outcomes. St John Ambulance mother and baby program, designed to improve maternal outcomes through recognizing the role of male partner participation. Participation of male partners is low, with socio-cultural and systematic factors being the contributing factors. According to Ladur (2021), male involvement in maternal health is still a challenge despite several initiatives to promote safe motherhood. Socio-factors like male partner perceptions, traditional norms and values, and lack of education. Systemic factors like inadequate policies and economic challenges. In Kenya, low male involvement is low despite growing evidence showing its benefits in maternal and newborn health.

Cultural and spiritual practices in communities of Mt Hampden, for instance, the white garment sect contributes to low male turnover in maternal issues. The white garment sects exhibit people of both genders from acquiring health care services. There are also cultural practices that are unwelcoming to male partners hence discourage their participation in maternal health services. Traditional norms and values in Mt Hampden ascribed maternal services as women's responsibilities. These practices negatively affect male partners perception towards maternal health hence their participation is undermined. Therefore, there is a need to investigate the efficacy of the mother and baby program in an attempt to enhance the participation of male partners. In doing this, there is need to explore the factors why there is low male partner participation and then come up with pathways towards the efficacy of the program. This will

help to reduce maternal and neo-natal mortalities and thereby increase the male partner involvement in maternal health.

1:3 Aim of the study

The goal of the research is to evaluate the mother and baby program in increasing male partner involvement in maternal health and identify pathways towards the efficacy of the program.

1:4 Objectives of the study

1. To figure out the level of perception surrounding male partner involvement in maternal health.
2. To assess the effectiveness of mother and baby interventions in increasing male participation in maternal health.
3. To identify pathways towards enhancing male partner involvement in maternal health outcomes.

1:5 Research questions

1. To what extent has mother and baby program increase male partner involvement in maternal health?
2. What are perceptions of male partners regarding issue of maternal health?
3. What pathways can be made towards enhancing the efficacy of mother and baby program in promoting the increase of male partner involvement in maternal health outcomes?

1:6 Assumptions of the study

1. Mother and baby program enhance the understanding of male partner roles in maternal health.
2. Spiritual practices that hinder participation of men in ante-natal care now encourages maternal health education being offered to male partners.
3. Lack of knowledge is the primary barrier of low male partner involvement in maternal health.

1:7 Significance of the study

The study is significant because it primarily seeks to enhance male partner involvement in supporting pregnant mothers through executing different roles. The study primarily seeks to improving maternal and neo-natal outcomes, address the socio-cultural barriers, and

strengthens the health systems through having male partners support in maternal issues. Male partner involvement in maternal services like ANC, PNC, HIV testing and counselling have a positive impact in maternal issues. The socio-cultural barriers within the Mt Hampden community are a hindrance to women's health hence the study is significant to the pregnant and new mothers in various ways. For instance, the traditional norms and values enable male partner have a negative perception towards maternal services. The research benefits women and the child to be born. Unborn children will benefit because maternal health taught pregnant mother issues like birth preparedness, health eating, and male partner involvement. The research project will be useful to the health care systems. Research can inform health care providers with insights that may help in promotion of male partner involvement in maternal health. The study itself is a strategy on how best male partner involvement can be increased through mother and baby program hence significant to pregnant mother mothers. The study is also significant to male partners. The program involves different strategies, for instance, mobile outreach clinics, field visits, home visits, and health education. Health education is important because it helps in the transformation of perception levels of male partners thereby reduce maternal and neonatal mortalities. If Mt Hampden community is conscious of the experiences, roles, and maternal outcomes, people are more likely to develop positive attitudes towards pregnant mothers. Therefore, the study is significant in improving maternal and neonatal mortalities and increase the involvement of male partners in issues of maternity.

1:8 Delimitation of the study

According to Hennik, Hutter and Bailey (2020), the term delimitation refers to the boundaries established by the researcher in choosing what to include and what not to include in the research study. The research was confined to the pathways towards the efficacy of mother and baby program in increasing the involvement of male partners in issues of maternal health within the geographical location of Mt Hampden. The study was limited to three objectives. The objectives are; to figure out the perception levels of male partner involvement in issues of maternal health, to assess the effectiveness of mother and baby interventions in increasing male participation in maternal health, and to identify pathways towards enhancing male partner involvement in maternal health outcomes. Geographical location of Mt Hampden is Mashonaland West Province, northwest of Harare. Mt Hampden is located in Zvimba District. The research targeted male partners and also included six key informants (health care providers and community health workers).

1:9 Limitation of the study

In conducting the research study, the researcher faced some challenges. The research study was constrained by the Ministry of Health and Child Care (MoHCC), in approving the request to undertake the study. As a result, the time frame for data collection was interrupted. Again, maternal health involves confidential information which makes it difficult for some of the health care providers to share. This limits the researcher in obtaining sufficient data. However, having encountered all the challenges, the researcher assured the male partners and health care providers that the information to be provided will only be used for academic purposes. Hence, applicability of ethics and values was a necessity.

1:10 Definition of key terms

1:10:1 Maternal health. World Health Organisation (2021), states that maternal health encompasses the overall health of women during pregnancy, moments of giving birth, and post-natal period.

Adenike et al (2017), defines maternal health as the state of social, psychological and physiological state of women during and after pregnancy.

1:10:2 Maternal mortality according to World Health Organisation (2019), refers to the death of pregnant women's or death that come as a result of pregnancy termination forty-days after the act.

1:10:3 Male involvement according to Thompson (2015), refers to the engagement of men in reproductive health and family planning, encompassing various dimensions of emotional support, informational support, and financial support.

1:10:4 Mother and baby program according to St John Ambulance (2019), is a community-based health program that provides education, support, and care to pregnant women, new mothers, and their babies, focusing on maternal and new-born health, nutrition, and hygiene.

1:10:5 Family planning according to United Nations (2019) involves the conscious and deliberate effort by individuals, couples, or families to regulate their fertility, plan their family size, and spacing for children, taking into account their social, economic, and cultural context.

1:10:6 Ante-natal care according to World Health Organisation (2020), refers to health care services provided to women from confirmation of pregnancy until labour with the aim of having best outcomes both to the pregnant mother and the future baby.

1:10:7 post-natal care according to Gathuto (2019), comprises of motherly and medical care given to newly-born infants and the medical care includes services like immunisation, child growth monitoring and vaccination.

1:11 Dissertation Outline

1:11:1 Chapter 1

The chapter consisted of the background, problem statement, research objectives and questions, significant of the problem, delimitations, limitations, and definition of terms.

1:11:2 Chapter 2

The chapter consisted of literature review from different sources relating to the research and theories used during conducting of the research.

1:11:3 Chapter 3

The chapter had the research methodology. The methodology utilizes the research philosophy, approach, design, study setting, the target population, sampling techniques, data collection techniques, and data analysis.

1:11:4 Chapter 4

The chapter consisted of data presentation, interpretation, analysis and discussions of the research findings.

1:11:5 Chapter 5

The chapter consisted of the summary, conclusion, and recommendations for the research conducted. It also includes the area for future study.

1:12 Chapter Summary

The chapter commences by looking at the study background and the problem statement. The chapter also looked at the study objectives, the research questions, and the assumptions of the study. The chapter further looked at the delimitations and the limitations of the research study. The chapter concludes by defining the definition of terms.

CHAPTER 2: LITERATURE REVIEW

2:0 Introduction

This chapter reflects on the literatures relating to the involvement of male partners in issues of maternal health services. The literature reviewed seeks to clearly highlight why there is low turn up of male partner in maternal health services. The literature seeks to enhance the participation of male partners in maternal health. This can be attained through different pathways. The literature will be revealed based on the objectives. The literatures on maternal and neo-natal outcomes will also be reviewed. Maternal mortalities will be best reviewed through statistical figures. The research seeks to use Bandura's theory of Social Cognitive. The interventions from the mother and baby program that hunt for the enhancement of male partners participation in maternal health will be showcased. However, as a program, they are challenges faced hence they is need to come up with pathways towards the efficacy of the program. The reason for reviewing literature is that of addressing the research gaps left from researches conducted. Theoretical framework of social cognitive will help the researcher to better understand the causes and impacts of why there is low participation of male partner in maternal health. The theory will also be used as a pathway towards enhancing better participation of male involvement in maternal health.

2:1 Theoretical Framework

A theoretical framework according to Barbour (2014), refers to an approach that is applied in analysing and interpreting the collected data during the research. The research is premised upon the social cognitive theory (SCT) by Albert Bandura. Social cognitive theory is an interpersonal level theory that was developed by Bandura (1986). The social cognitive theory is a transformation of the social learning theory (Bandura 1977). The theory highlights the dynamic interaction between people, behaviours, and the environments. According to Bandura the interaction between personal factors, behaviours and environment is determined by reciprocal determinism. The theory consists different aspects that strikes to understand how people obtain and acquire behavioural patterns. It also highlights the link between the environment, behaviours, and personal factors interrelate. The concepts of the social cognitive theory are driven from the primary concepts of the social learning theory of 1977. The concepts are there are attention, retention, production, and motivation.

The social cognitive theory highlights the factor of reciprocal determinism, learning through observation, self-efficacy, reinforcements, and behavioural capacity. The theory clearly

highlights how different people regulate different behaviours through controlling and reinforcing to achieve goal-directed behaviour. The theory through reciprocal determinism is significant in increasing male partner involvement in maternal health. According to Schiavo (2019), the concept of reciprocal determinism involves three concepts personal factors, behavioural, and the environment. According to Honicke (2023), the social cognitive theory by Bandura states that reciprocal determinism, self-efficacy and the achievement of academics can mutually influence each other in vast ways. Male partner involvement implies that the personal factors and behaviours of male partners interact. The interaction between the two has as positive impact to the environment hence enhance the participation of male partners in issues of maternal health. The social cognitive theory can help in understanding why there is low male partner involvement in maternal health. One of the key reasons why there are low figures of men who are actively taking part in maternal health is the men's perception and attitudes towards maternal health issues. According to Feminism theory, there is a gender role inequity pertaining to maternal health issues. It is the role of the women to execute most of the reproductive health services, for instance, taking care of themselves during pregnancy, planning for where to deliver their unborn babies, conducting of domestic chores for example cooking, sweeping, taking care of children since most of the men will be out there doing their own jobs, for instance, brick moulding, mining, bricklaying among others. Gender-stereotypes prohibits men from doing women's ascribed jobs, for instance, cooking, sweeping, attending maternal health services like family planning, ante-natal care hence there is a need to find appropriate solutions that addresses the challenges. Schaeffer (2011), states that family as an agent of socialisation states that women roles traditionally are pinned to child bearing and personal life.

Increasing the participation of male partners in services of maternal health services positively improves maternal health outcomes. Having positive maternal outcomes is very beneficial. The core purpose of ensuring that there are good maternal outcomes is through ensuring that all the services relevant to health issues of people is guaranteed. This is through the promotion of the sustainable development goals, specifically goal number 3. The sustainable development goal number states the need of Good Health and Well-Being of people. Observation is effective in enhancing male partner involvement in maternal health through transforming the negative perception of male partners regarding issues of maternity. Mt Hampden community had different practices and values. Some of the values are as a result of traditional norms and values whilst some are due to patriarchal norms. As a result of these practices, many male partners

had a negative perception when it comes to maternal health issues. Nevertheless, some male partners due to observation now supporting their partners during times of ante-natal care and post-natal care. The support is offered in different forms and services. Bandura (1977), states that learning occurs through direct experience. Direct experience through observational learning which is also referred to modelling. Clinical practices should accommodate the involvement of male partners in maternal health services. This is through offering services that are male-friendly. The health care providers have put in place the provision that male partners who supports their partners during seeking of maternal health services are given the first preference. Observing this kind of service will help the pregnant mothers to encourage their male partners to accompany them during acquiring maternal services hence increase their male partners.

Another component of the social cognitive theory is reinforcement. The theory states that receiving rewards or punishment for behaviour, influencing future actions. According to Bandura, a person behaviour can be strengthened by a direct reward. For instance, through money. A person can direct observe another person being rewarded for a behaviour and the same person is motivated in imitating the rewarded behaviour. Applicability of the theory in increasing male partners evolves around rewards and punishment. The mother and baby program make use of this theory. The program offers some rewards to male partners who are actively taking part in maternal health services. One reward given is through offering birth preparedness services (baby ware). The program does not only offer direct rewards to male partners but rather the program work hand in glove with Ministry of Health and Child Care through giving donation like methylated spirits, gloves, cotton, cords, bathing soaps, bathing towels. These services are given to pregnant mothers with early pregnancy registration and some given to those with male partners actively participating.

Mt Hampden is mostly known from spiritual practices like white-garment sect and a myriad cultural barriers. Spiritual practices prohibits both male partners and women from accessing health services. These services are not only limited to maternal services but rather all services are totally forbidden. Cultural barriers are the main reason of high maternal and neo-natal mortalities. Researches proven that lack of male partner involvement increased maternal mortalities due to high cases of post-partum depression (PPD). According to Panola (2024), post-partum depression (PPD) entails the psychological discomfort that women face after giving birth. Gebregziabher et al (2025), define post-partum depression as a severe mental health condition affecting women from child-birth marked by persistent sadness, anxiety,

fatigue, and difficult in functioning. Skinner (1953), coined the Operant Conditioning theory. Enhancing male partners participation in issues of maternal services requires motivation strategies that address both internal attitudes (perception) and external barriers like traditional norms and values. One motivation strategy very effective is use of intrinsic motivation. Intrinsic motivation is when male partners are encouraged to seek personal values and meaning in participation.

Self-efficacy is another aspect of social cognitive theory. The increases of male partners in maternal health evolves around the aspect of self-efficacy. Bandura (1977), defines self-efficacy as one person's resilience in learning and attaining of certain outcomes. According to Schunk (2021), self-efficacy refers the ability to achieve actions effectively. Every male partner should have a goal setting. Engaging in maternal health issues by male partners require them to set their goals and have a deeper understanding. Deeper understanding can be done through seeking educational awareness on why it critical to support pregnant mothers during times of maternity. Pregnant women require emotional support from their male partners. Emotional support ease stress thereby reduces post-partum depression.

Self-regulation enhanced the involvement of male partners in issues of maternity. The mother and baby program aimed at preventing neo-natal, and maternal mortalities. Maternal mortalities can only be reduced through having well designed strategies. Thus, the program came up with some strategies that seeks to address and prevent maternal mortalities. According to St John Ambulance, the core aim of the program is that of preventing cases of pregnant mothers dying during pregnancy from preventable causes. Preventable causes of maternal and neo-natal mortalities include lack pregnant bookings, failure to notice danger signs due to lack of knowledge, and lack of access to health care providers. The program strategies home visits, mobile outreach clinics, and field visits. In all the strategies, people are educated. For instance, in home visits both pregnant and new mothers are taught different issues. Examples of issues taught includes birth preparedness, ANC, PNC, male involvement, danger signs, and health eating. Through education, aspect of male partner involvement can be well understood. The reason why male partner involvement is well taught is because, maternal outcomes is determined by the level of participation from male counterparts. The program consists of special group of people that operates at community level to effective implementation of the program. The community health workers. Community health workers are grassroots workers, trained with basic health skills that involves first-aid knowledge. These people are trained to provide health education and first-aid knowledge. The community health workers operate on

community levels through supervision from Mt Hampden health care providers. There are two groups of community volunteers in Mt Hampden, the St John Ambulance volunteers and the Ministry of Health volunteer health workers. The community health workers operating in Mt Hampden have played a very critical role when it comes to health issues. For instance, took part in mobile outreach clinics, health education. This enhances the participation of male partners because the community health workers consist of both male and female hence male partners observing other males taking part in health act as tool thus enhances the involvement of male partners in services of maternity. Community health workers improved maternal outcomes, reduced disparities in healthcare through increase reach of services especially in low-resource areas like Mt Hampden.

As a theory, there are some limitations that associate it in attempt to increase male partner participation in issues of maternal health. For instance, power dynamics and gender inequality. These are the main causes of why there is low turn up of male partner in maternal health services. Power dynamics refers to how power is distributed between people and groups. Gender inequality refers to unequal opportunities and treatment experienced by people based on their perceived gender. Gender inequality results in disparities in issues like health services, unemployment, and education. Gender inequality has triggered by gender biases and stereotypes. Taking care of family issues and child bearing is a responsibility ascribed to women. Ascribing this role to women limits the involvement of male partners hence negatively affect their participation. Male partners have less responsibilities compared to women when it relates to maternal health. There are many biases and stereotypes surrounding maternal health thereby discourage men involvement. Women are titled to domestic responsibilities, for instance, cooking, farming, sweeping, and childcare thereby increasing the women vulnerabilities in issues like obstetric care. Social norms are also another hindrance. In Mt Hampden, many cases of intimate partner violence, and gender-based violence mostly affects pregnant mothers. This is why there are many cases of maternal and neo-natal mortalities. Therefore, the program in attempt to increase male partner involvement in issues of maternal health, power dynamics and gender inequality negatively affects the program. This thereby highlights that having some pathways towards increasing male partner in maternal health services is very important.

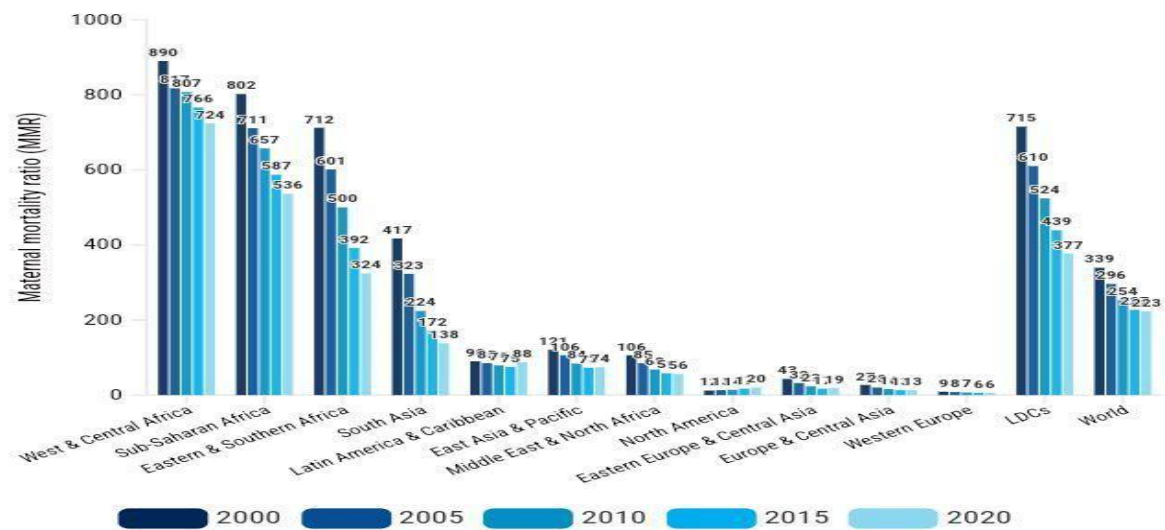
2:2 Extent of maternal and neo-natal mortalities.

2:2:1 Global Overview

Millions of people around the world experiences rampant cases of maternal and neo-natal mortalities every single day. Zimbabwe being not in exception, experiences also high maternal and neo-natal deaths. World Health Organisation (2019), states that maternal death implies the death of a pregnant mothers or after forty days of pregnancy termination. United Nation International Emergency Fund (2020), define neo-natal mortalities as death of deaths children on a scale of 1000 live births. Maternal and neo-natal mortalities are both outcomes and indicator. World Health Organisation (2020), defines neo-natal mortalities as death of infants within first twenty-eight days of life. Many cases of maternal and neo-natal mortalities occur in low-income countries. Africa according to statistical figures has the high prevalence of maternal and neo-natal mortalities. There are different causes of maternal mortalities. The causes differ from continent to continent. However, they are causes that are universal, for instance, abortion complications, hypertension, and post-partum depression. The causes of maternal and neo-natal mortalities are categorised in two. There are direct and indirect causes of maternal and ne-natal mortalities. Direct causes are postpartum haemorrhage (WHO, 2019), hypertension (Lancet, 2016), sepsis (WHO, 2019), and abortion complications (WHO, 2019). Indirect causes of maternal and neo-natal mortalities are malaria (WHO, 2019), HIV/ AIDS (UNAIDS, 2020), and diabetes (Lancet, 2016). There are determinants relates to maternal and neo-natal mortalities. The determinants include poverty, inadequate healthcare services, and cultural barriers (UNFPA, 2020). According to World Health Organisation (2000-2020), Asia rate of maternal and neo-natal mortality rate decreased by sixty-seven percent (67%) between the years of 2000 and 2020. In Sub-Saharan Africa, around seventy percent (70%) of maternal deaths having a high maternal mortality rate of five hundred and thirty-four (534) deaths per one million live births in 2020.

2:2:2 Maternal mortality ratio (MMR) trends by region

Maternal mortality ratio (MMR) trends by region



Source: World Health Organization, UNICEF, United Nations Population Fund and The World Bank, Trends in Maternal Mortality: 2000 to 2020 WHO, Geneva, 2023.

Notes: Maternal mortality ratio (MMR) is the ratio of the number of maternal deaths per 100,000 live births.

2:3 Maternal and neo-natal mortalities in Zimbabwe

According to the Zimbabwe Demographic Health Survey (2010/2011), Zimbabwe maternal mortality ratio is high, approximately nine hundred and sixty (960) deaths per hundred thousand (100000) live births. The statistical data highlights that much is needed in an attempt to reduce maternal and neo-natal mortalities. The figures of maternal and neo-natal mortalities requires that there is need to figure out the causes of these mortalities. Health Policy and Planning (1993), gives the major causes of maternal mortalities in both rural and urban setting. Causes of maternal and neo-natal mortalities according to Health Policy and Planning are haemorrhage, abortion complications, puerperal sepsis, eclampsia, and lack of ANC.

Zimbabwe, specifically, Mt Hampden, major causes of maternal and neo-natal mortalities are unsafe abortion complications, home deliveries, eclampsia, lack of male involvement and severe bleeding. World Food Programme (2020), states that chronic food insecurity in Zimbabwe has negative implications on health outcomes. The increase of maternal and neonatal mortalities in Mt Hampden is due to starvation. Pregnant mothers are starving in Mt Hampden. It is recommended that a pregnant mother should eat health food. Health food consists of all the nutrients. (balanced diet). According to Australia (2024), balanced diet is eating foods that consist all the correct requirements in their corrects measurements.

Neufeld (2023), states that a healthy diet is health-promoting and disease preventing. Lack of balanced diet means that the unborn baby is affected at the same time the pregnant mother is suffering thereby exposing both the pregnant mother and the unborn baby at risk. The risk is thus referred to as maternal and neo-natal mortality.

Participation of male partner in maternal health is premised around feminism. Marxist feminism points out capitalism led to imbalance of services. The imbalance occurring as a result of capitalism results in low participation of male partners in issues of maternal health. In the participation in maternal health with men. Men from patriarchal society are expected to be providers and are subjected to industrial work whilst women are subject to domestic duties. Examples of domestic duties includes cooking, and child bearing. Mt Hampden men are best known from conducting industrial work for example brick moulding. Adenike et al (2015), states that men are providers whilst women are left with child bearing duties. Gender equality as a result of duties ascribed to people on their perceived gender left men with no choice but not participate in maternal health. The socially ascribed duties, gender biases, and gender stereotypes leave male partners with no responsibilities to take part in issues of maternal health. However, different strategies and organisations have been set up to try to enhance the increase of male partners in maternal health services. One of the fundamental strategies is Zimbabwe National HIV and AIDS Strategic Plan (2015-2018). The Zimbabwe National HIV and AIDS Strategic Plan emphasised the importance of why male partners are important in HIV prevention, care, and management. This plan had positive implications of maternal outcomes. This is because if male partners are engaged in HIV and AIDS testing and counselling, they will promote the success of mother to child transmitting thereby reduce cases of maternal and neo-natal mortalities.

2:4 Causes of maternal mortalities

According to Musarandega et al (2022), direct causes of maternal deaths consist unsafe abortion, ectopic rupture, peri-aborted haemorrhage, and hypertensive conditions of pregnancy. Indirect causes are malaria (WHO, 2019), HIV/ AIDS (UNAIDS, 2020), and diabetes (Lancet, 2016). In Zimbabwe, maternal mortalities are caused by both direct and indirect causes.

2:4:1 Haemorrhage

The major cause of maternal mortalities in Zimbabwe is haemorrhage. World Health Organisation (2019), defines the term haemorrhage as the excessive bleeding, either externally or internally. Excessive bleeding results to shock, organ malfunctioning, and death if not treated early. There are different causes of excessive bleeding from pregnant mothers. The causes include diabetes, vitamin K deficiency, alcohol use disorders, and high blood pressure. Haemorrhage causes maternal mortalities because it results in blood loss. Inadequate blood volume and delay in blood replacement and intervention quickly results in shock and death. World Health Organisation (2019), state that shock is a condition through which the body do not receive enough blood. When the body fails to receive enough blood, it results to vital organs receiving inadequate supply of nutrients and oxygen. Zimbabwe have recorded different cases of women abusing drugs. Among the women, were pregnant mothers. Some justify their actions by stating that it was the pregnancy that was forcing them to abuse drugs as a result of craving. In trying to address maternal mortalities caused by haemorrhage, there is need to educate the pregnant mothers to abstain from some practices for example alcohol use. Mt Hampden women abuse their male partner on the basis that the male partners had no understanding of maternity services. Pregnant mothers are requesting a lot of things from their partners stating that it is the unborn baby that want the things. Male partner should have an understanding on maternal health services so that when issue of excessive bleeding occurs during their wife's pregnancy they will better understand.

Mt Hampden community is still behind in terms of education. This means that a lot of people are unaware of their personal health statuses. Issues of maternity requires that both women and men be educated. For instance, a lot can witness bleeding during the time of pregnancy but the same person can be ignorant and fail to take appropriate measures on how best can this been overcome. This leaves the both the pregnancy mother and the unborn baby at risk. Most male partners believes that excessive bleeding is as a result of evil spirits. This means that whenever issues like this occurs, the first thing that come to their attention is that they should seek help from the spiritualists. There are widespread misconceptions pertaining to maternal health risks thus the maternal mortalities are associated with witchcraft and evil spirits. Pregnant mother having excessive bleeding requires quick medical attention but due the belief from Mt Hampden people, they delay the process by seeking spiritualists intervention. Traditional birth practices like home deliveries are the main causes of excessive bleeding. The program through its strategies seek to educate both pregnant mothers and their male partners about danger signs.

People should be aware of the danger signs that associate with pregnancy. Examples of danger signs includes eclampsia, vomiting, excessive bleeding, and headaches. Having knowledge of danger signs helps to detect dangers associating with pregnancy. Therefore, haemorrhage is the cause of maternal and neo-natal mortalities as clearly highlighted.

2:4:2 Hypertension

Another cause of maternal mortalities is hypertension. International Journal of Cardiology (IJC) (2022), defines hypertension as the major risk factor for cardiovascular disease, characterised by a sustained elevation of blood pressure. According to World Health Organisation (2022), hypertension is defined as the systolic blood pressure of 140 mmhg or a diastolic blood pressure of 90mmhg and sometimes it encompasses the two aspects; the systolic and the diastolic. Hypertension is very dangerous especially when it comes to pregnant mothers. There are different factors that causes hypertension, for instance, family history and genetics, age, and lifestyle habits. Psaty (2022), states that hypertension can be caused by different factors. Hypertension factors can be categorised into two; modifiable and non-modifiable factors. Modifiable factors according to Psaty (2022), includes human diet, physical activity, and stress and the non-modifiable factors are age, sex, and genetic predisposition. In Mt Hampden, most cases of hypertensions are triggered by their lifestyle habits. Lifestyle habits of people in Mt Hampden varies from smoking, too much salt in the diet, and drinking too much alcohol. People in Mt Hampden had a belief that the best way to enjoy life is by eating junky food. Every weekend, after the male partners have sold their bricks, they will gather at growth points buying a lot of drinks and chips and enjoy as a family. High levels of cholesterol cause hypertension. Hypertension causes problems like organ failures and infant complications such as preterm and low birth weight. Hypertension can be caused by stress due to lack of emotional support from male partner. The best solutions are increasing the participation of male partner in maternal health. During women pregnancy, the men are the ones conducting most of the duties since women will be forbidden to conduct labour tasks. This means that male partners need to be careful in ensuring that the blood pressure of their women remain normal. By doing this, maternal mortalities will be reduced. Therefore, another cause of maternal mortalities is hypertension as highlighted.

2:4:3 Obstructed Labour

Obstructed Labour is another cause of maternal mortalities. Neilson (2022), defines obstructed labour as a condition that has a serious risk to human life taking place when the foetus cannot pass through the birth canal due to mechanical obstruction, resulting in prolonged labour, maternal exhaustion, and potential complications such as uterine rupture, fistulae, or and perinatal mortality. Most maternal and neo-natal mortalities are due to obstructed labour. This is because pregnant mothers failed to access health care services on time primarily due to long distances. For instance, people from communities like Lumanda and Rainham travel very long distances in an attempt to seek help from Mt Hampden clinic. Obstructed labour is again caused by delays due to pregnant mothers giving first preference to spiritualists. These act of giving spiritualist first preference commonly result in potential complications, for instance, uterine rupture. The time the uterine ruptures, people will try to rush to health facilities but in most cases, it will be too late hence results in maternal and neonatal mortalities. Delays in ANC booking has a negative impact hence causes maternal mortality. In trying to address the maternal mortalities as a result of obstructed labour, the Ministry of Health and Child Care (MoHCC) in conjunction with St John Ambulance through their mother and baby program developed strategies to address obstructed labour. The initiatives like mobile outreach clinics, home visits, use of community health workers helps in promoting safe motherhood and delivery.

2:4:4 HIV and AIDS

Maternal mortalities are also caused by of HIV and AIDS. HIV is defined as a virus that attacks the immune systems. HIV targets the white blood cells, weakening immune systems. According to Beinart (2022), HIV is primary spread through unprotected sex, sharing needles, and mother to child transmitting during pregnancy, giving birth, and or breastfeeding. Packard (2022), states that HIV has become a major public health concern globally, particularly in the region of Sub-Saharan Africa, where the HIV and AIDS has negative effects on communities and economies. Mt Hampden is a compound setup that is characterised by early child marriages, squatter houses, and mostly sex work. According to World Health Organisation (2022), inadequate provision of HIV testing and counselling within the compound setup contribute to spread of HIV and AIDS. Mt Hampden known for brick moulding means that most men living there are not married hence they seek sex workers. Most brick moulders in the community are believed to be rich hence most young girls feel attracted to this people. These brick moulders in some cases abuses young girls luring them with some gifts. Young

girls are exposed to HIV because of unprotected sex. According to UNAIDS (2022), unprotected sex with an infected partner can transmit HIV.

HIV attack the immune systems. HIV makes it difficult for the body especially of a pregnant mother to fight against diseases. Diseases affect the pregnant outcomes. Women living with HIV and AIDS are at great risk of dying during pregnancy or postpartum than their HIV (-) negative peers. Pregnant mothers living with HIV and AIDS are susceptible to causes of maternal mortalities, for instance, haemorrhage. Pregnant mothers are often attacked with diseases like pneumonia, tuberculosis, meningitis, and malaria. Due to the HIV, the white blood cells are weakened and this made it difficult for a pregnant mother to respond to diseases like malaria and pneumonia hence results in neo-natal and maternal mortalities. Therefore, HIV and AIDS is an indirect cause of maternal and ne-natal mortalities.

2:5 Causes of low male partner involvement in maternal health

2:5:1 Patriarchal Society and Traditional Gender Roles

Patriarchal norms and values and traditional gender roles are the reason why male partner involvement in maternal health services is very low. Johnson (2020), states that patriarchal society are characterized by a system of social structure and practices that perpetuate men's dominance over women and other marginalized groups. Walby (2020), defines patriarchy as a system of social organisation that perpetuates men's power over women. In Mt Hampden, men hold more power as compared to women. Patriarchy causes low male partner involvement in maternal health through institutional, cultural, and social norms. Patriarchal norms assign roles to people as per their perceived gender. Traditional gender roles means that nurturing and care giving duties are assigned to women whereas men are expected to be providers. According to patriarchy, men are discouraged from undertaking in caregiving duties. Caregiving duties involves maternal related duties and services. Men roles according to traditional gender roles revolve around characteristics such as dominance and strength. Most men view maternal health as women's responsibilities thus contributing to low men involvement in issues of maternal health, for instance, ANC, PNC, family planning among others.

In Mt Hampden, patriarchy is very common. However, as a result of men having control over women, few male partners are seen supporting maternity. Yes, a lot is being conducted in attempt to increase the participation of male partners in maternal health issue. One attempt is through having male community health workers. There is male partner that are working as health workers in some communities in Mt Hampden. Nevertheless, the number of men

working as community health workers is less. This point out that a lot is required in attempt to increase male partner engagement. In doing this, education is very essential in educating men on why it is important to increase male involvement in maternal health. Therefore, low male partner involvement in maternal health is a result of patriarchal norms and values and traditional gender roles.

2:5:2 Stigma and Masculinity

Low male involvement in maternal health is associated with stigmas and masculinity. Galle et al (2021), states that involvement of male partner in maternal health refers to the act in which the male partner support pregnant mother by offering emotional and physical support and take part in joint-decision making. Masculinity refers to set of attributes, roles, and behaviours. associated with men and boys. There are set of attributes that men are expected to execute. For instance, men are viewed as breadwinner, protector, emotional control, courage, and leader. Male partners who participate in maternal services are labelled weak. This is because, traditional gender roles and patriarchal norms and values ascribed that care giving responsibilities are entitled to women thus men are ascribed to duties that requires more strength. Failure to execute these attributes, men may be seen as less masculine. Societal beliefs have forced men to be providers and women as caregivers. This restricts men from participating in issues to do with maternal health. This is because maternal health issues are limited to care giving responsibilities thus becomes a women responsibility. Men try to maintain their masculinity whilst negatively affects their participation in maternal health. Masculinity just like traditional norms and values associates caregiving with femininity. Associating masculinity with femininity leads to low male partner. Participating in maternal health issues hence result in men losing power and respect. Therefore, the fear of losing power among men will force a lot of male partners not to participate in any duty that is meant to be executed by women. Therefore, low male partner participation in maternal health is caused by stereotypes and masculinity.

2:5:3 Migration

Migration is another factor why there is low male partner involvement in maternal health. Migration refers to displacement of people from one country, locality, and place of residence among other to settle in another place or country. According to International Organisation for Migration (2019), migration refers to the movement of people from one boarder to another. Mt Hampden as a community characterized by compound setup accommodates different groups

of people. There are permanent residents and some staying as a result of work. In Mt Hampden, they are big companies operating within the area, for instance, Beta Bricks, Prince Charles airport, Northcote school. This means that workers from these companies can temporarily or permanently stay in Mt Hampden. Male partners who stay in the area for temporary purposes make it difficult when it comes to male statistics relating to maternal health. Statistics can give us that Mt Hampden had ten thousand male partners but having a clear account on people migrating is a challenge. Most communities in Mt Hampden are compounds. This means that some people staying in the area are criminals, they have migrated to Mt Hampden due to criminal offenses. This becomes a challenge to the male partners to participate in maternal health services due to fear for legal consequences. Also, migrant workers most often operate for long hours. Mbadugha (2019), states that one of the major challenge to low participation of male partner in maternal health is work schedule. Some operate as informal workers hence time to accompany their partners for ANC is a major challenge. Also, lack of knowledge to migrant workers on maternal health issues. A man may migrate to another place and leave her family behind, for instance, a man from Mutoko can migrate to Mt Hampden leaving his family in Mutoko. The migrant people sometimes have no understanding of maternal health services hence their participation is undermined. Male participation does not only mean men with pregnant partners should participate but rather every man can participate in maternal health services either direct or indirect participation. Direct participation like accompanying your pregnant women for ANC. Indirect participation like offering financial assistance to your friend's partners so that she may access maternal health services. Therefore, low male partner involvement in maternal health services is due to migration.

2:5:4 Lack of education

Low male partner involvement in maternal health is caused by lack of education. Education is very crucial in enlightening men's perception towards maternal health. Male partner involvement is a driving force in reducing maternal and neo-natal mortalities. Increase of male partner participation in maternal health evolves around education. One of the reasons why men are not actively participating in maternal health issues is a result of their levels of perception. Male partners should directly involve in maternal health services thus Thompson (2015), defines male involvement as the engagement of men in reproductive health and family planning, encompassing various dimensions of emotional, informational, and financial support. Benefits of male involvement in maternal health includes the decreases in rate of maternal depression, utilizes obstetric services, and improves maternal health outcomes.

Having no knowledge about maternal health by most men in Mt Hampden is one of the major factors why they are low involvement of men in maternal health. Educating male partners on what causes of maternal mortalities and why male involvement is important is a driving force towards increasing male partner involvement in maternal health. Education is a tool of change. According to Gopal et al (2020), the commonly identified factors why there is low male partner involvement in maternal health includes socio-cultural norms, gender roles, and lack of education. Education is a tool in increasing the participation of male partners in maternal. This is because education can help in transforming the perception levels of male partners that are negative to positive perception. Therefore, lack of education causes low male involvement of male partners in maternal health.

2:6 Mother and baby strategies in maternal health

2:6:1 Field visits and home visits

Increasing male partner involvement in maternal health requires different strategies. The mother and baby program as a program embarked on by St John Ambulance, designed three main strategies that seek to have a positive increase of male partner involvement in issues of maternal health. Field visits is one of the strategies from the program. A field visit is defined as a trip to a specific community which two core purposes, one of gathering information through interaction with the intended people and another one being of educating people. Due to high cases of maternal mortalities, the agency sought to reduce maternal and neo-natal mortalities through coming up with the program. The St John conducts a field visit every week in different communities of in Mt Hampden. Community health workers who are grassroots workers work with the community through identifying pregnant mothers and new mothers teaching them on maternal issues. In doing this, community health workers emphasised the component of male involvement. The reason being that, male involvement in maternal health is a weapon used in reducing maternal and neo-natal mortalities.

Maternal health involves a lot of confidential information, thus, during the field sessions, different ethics and principles are upheld, for instance, client-self-determination, nonjudgemental, respect, cultural sensitivity, informed consent as specified in the Social Workers Code of Ethics (Chapter 27:21). The volunteer health workers educate the pregnant mothers and their partners on issue like health eating, birth preparedness, ANC, family planning, and male involvement. Health education ensures that male partners should be sensitized with vast knowledge on maternal issues. Moyer and Aborigo (2019), state that

education is significant in predicting maternal health outcomes in low-income countries. Field visit as a strategy of mother and baby program improves maternal health outcomes through educational teachings. Through field visit, male partners are taught about different services offered during maternity and the role male partners should play. Therefore, field visit increases the participation of male partners in maternal health services.

2:6:2 Mobile Outreach Clinic

Another strategy from the mother and baby program to increase the participation of male partners in maternal health. According to Hill et al (2014), mobile outreach clinics are a type of community-based healthcare delivery model that provides medical services to underserved populations in non-traditional settings, such as schools, community centres, or churches. Rosenblatt et al (2012), defines mobile outreach clinics as an innovative approach to deliver healthcare services to vulnerable populations, for instance, homeless, migrant workers, and those living in remote areas. St John Ambulance in collaborating with Ministry of Health and Child Care (MoHCC), conduct mobile outreach clinics every week in different communities in Mt Hampden. The communities have been grouped into four main centres. These are Homefields and Rainham; Suncrown, Wagon Wheels, and Canvara; Rhobrick; and Lumanda. At mobile outreach clinics, different services are offered. The services are offered free of charge. The services offered includes immunization, vaccination, growth monitoring, HIV and AIDS testing and counselling and family planning.

Education is offered before commencement of every outreach. The education lesson is given by the community health workers or by the health care providers. The aspect of male involvement is apprehended. It is recommended that male partners accompany their partners during outreaches. At outreaches, many lessons are offered. For instance, during outreaches, new mothers are taught about child growth patterns. This is very essential because it gives new mothers insights on how their children are growing. Again, mobile outreach is not limited to new mothers but instead pregnant mothers are offered services like family planning. Education of family planning pills and condoms is given to pregnant mothers. However, it is crucial that male partners attend outreaches so that they will both be educated on family planning so that they choose the most ideal way of planning their family. Male partners who attend mobile outreach clinics are given first preference to access services. This is a way of encouraging and motivating many male partners to attend. The program sometimes offers rewards to male

partners participating. Offering rewards aligns with the social cognitive theory by Bandura (1986) and Operant Conditioning Theory by Skinner (1920s -1930).

Therefore, mobile outreach clinics is another strategy of the mother and baby program that seeks to increase male partner involvement in maternal health.

2:6:3 Volunteer Health Workers

Community health workers is another strategy from the mother and baby program used to increase male partner involvement in maternal health. There are two sects of community health workers operating in the program. There are St John Ambulance community health workers and Ministry of Health and Child Care (MoHCC) community health workers. The program together with the Ministry considers both gender during selecting and choosing of community health workers. There are both male and female community health workers. According to World Health Organisation (2010), community health workers are individuals who, with or without formal training, provide health services to their communities on a voluntary basis, often with minimal or no financial compensation. The mother and baby program in conjunction with the MoHCC assigned duties to community health workers. Community health workers should only execute the duties assigned to them thus conducting jobs outside their responsibilities is now a criminal offense. The roles of community health workers vary but according to the mother and baby program, the key roles are health education and promotion, basic curative care, referrals, and community mobilisation and outreaches. The community health workers are trained for Home-based care (HBC) and First Aid so they are competence with their area of specialization. According to St John Ambulance, First-Aid is defined as the emergency help given to a casualty using readily available materials. The community health workers operating under the mother and baby program, are guided by three main policies. These are anti-fraud or anti-corruption or antibribery policy, confidentiality policy, and child and vulnerable adult protection policy. These policies protect both the volunteers and clients (pregnant mothers and new mothers together with their partners).

Working with people requires that some legislatives and policies should be put in place as a protection tool to both the community health workers and the clients. According to UNFPA (2019), policies promoting male-friendly health services can increase men's participation in maternal health. In this regard the pregnant and new mothers). Community health workers operate on grassroots levels. The interacts with the clients at communal level, educating them on maternal issues. The mother and baby program give each and every community health

worker a book best known as standard operating procedure (SOPs). This is a book that consists of the aim, principles and guidelines of the program. Lessons pregnant and new mothers should acquire. This helps in improving the maternal outcomes hence increase the participation of male partners in maternal health.

2:7 Chapter Summary

The chapter highlighted the theoretical framework that is most appropriate in the research. The Social cognitive theory in addressing the need to increase the male partner involvement in maternal health through improving maternal outcomes and reduce maternal and neo-natal mortalities. The chapter gives literature on perception levels of male partners in maternal issues on global, regional and national level (Zimbabwe). It further gives insight on the causes of maternal mortalities and why there is low male partner involvement. It further discusses the strategies used by the program.

CHAPTER 3: RESEARCH METHODOLOGY

3:0 Introduction

The chapter presents the research methodology used to investigate the pathways towards the efficacy of mother and baby program in increasing male partner involvement in maternal health. The chapter outlines research philosophy, research approach, research design, the study setting, the target population, sampling techniques, sample size, data collection techniques and tools, research procedure, validity and reliability, data analysis, and the limitations. It further outlines the ethical considerations used during the research.

3:1 Research Philosophy

Moon et al (2018), highlights that research philosophy deals with the knowledge exploration, reality, and the existence. Zukauskas (2018), defined research philosophy as the formulation of research assumptions, that consists of knowledge, and nature that the research seeks to extract. The research was guided by the constructivist research philosophy. Allen and Bicknard (2022), state that constructivism philosophy emphasizes that obtaining of knowledge is centred around one's formation abilities. According to constructivism philosophy, learning occurs only when the learners discover the knowledge through experimentation spirit. Constructivism emphasizes social interaction in the construction of knowledge. In the context of male partner involvement in maternal health, constructivism philosophy is important. Constructivism has a lot of benefits to maternal health. The philosophy encourages male partners to actively participate in maternal health services thus transforming male partners from being passive to active participants. Active in different issues, for instance, childcare and parenting duties. The philosophy through social interaction facilitates learning hence increase male partner involvement in maternal services. According to Primarni (2024), constructivism plays a very important role in modern educational philosophy, through promoting active learning and student-centred education.

3:2 Research approach

The research implies the qualitative research approach. Qualitative approach was employed in the research to have an in-depth understanding of how best male partner involvement be increased in maternal health services. Tenny et al (2022) describes qualitative research approach as a research approach that provides deeper insights of real-world problems and have a clear understanding. Galle et al (2021), states that male partner involvement in maternal health involves the emotional and physical support given to pregnant women by male partners.

Having the male partner supporting women in maternal health services is a crucial milestone in improving maternal and child health outcomes. To have an in-depth understanding of how male involvement can be improved, qualitative approach is the most ideal.

According to Oranga et al (2023), the core aim of qualitative research is to gather insight, comprehensive, and detailed concepts from data that is non-numeric. Qualitative data does not imply the need to test hypothesis as in the case of quantitative research but rather the qualitative research focus on the exploration and description of phenomena. Understanding why male partner participation in maternal health is low can be richly obtained through maximizing the sets of qualitative approach. According to Moser and Korsrjens (2017), the qualitative research provides comprehensive insights into real world challenges through using techniques that are non-numeric. Real world challenges include maternal and neo-natal mortalities. Capturing phenomena like attitudes, perceptions, experiences, and behaviours using quantitative means can be very challenging. According to Moser and Korstjens (2018), qualitative approach gives participants the room to showcase themselves on the different reasons perception, experienced they face during execution of an event. Qualitative data collection tools like focus group discussions, observations, and interview are very critical in extracting detailed data on the involvement of male partner involvement in maternal health. Detailed on involvement of male partner can be useful in improving maternal outcomes thereby reduce cases of maternal and neo-natal mortalities. The qualitative research approach is descriptive in nature. This is because, the approach uses inductive reasoning. Inductive reason refers to the process of coming up with conclusions after conducting observations.

3:3 Research Design

The study utilized case studies during the research on the pathways towards the efficacy of the mother and baby program in increasing male partner involvement in maternal health. Mkandawire (2018), states that the study findings conducted on male partner involvement in maternal health seeks to improve nutrition outcomes hence reduce maternal and neo-natal mortalities. Case studies refer to a study of specific subject with the goal of achieving detailed knowledge. A case study can be directed to an individual, group, event, and or organization. Case study designs are important to qualitative research because they offer a lens through which the researcher investigate complex phenomena within their real-life setup, for instance, issues of male partner involvement in maternal health and maternal and neonatal mortalities. (Case of Mt Hampden). Toogood (2023), states that case study promote active learning because

of its capability to work as an educational tool. A case study is a cornerstone in qualitative research. This is because they allow the researcher to conduct in-depth exploration of different phenomena. Having different exploration helps the researcher gain deep insights of specific cases, for instance, cases of maternal and neo-natal mortalities.

3:4 Study setting

The research study took place in Mt Hampden. Mt Hampden is a peri-urban area located in Zvimba District, Mashonaland West Province, Zimbabwe. The area of Mt Hampden is characterised by compound setup with brick moulding as their core business. Apart from housing challenges, the community currently face problems like inadequate access to health care services, water shortages, and early child marriages. Shortages of water negatively affects health outcomes. People are exposed to health outbreaks like cholera and malaria. According to Cheng (2012), inadequate access to clean water has a very negative effect to child and maternal mortality outcomes. This is because pregnant mothers will end up drinking unsafe water hence exposing their health to diseases. Many cases of early marriages due to housing challenges and poverty within the Mt Hampden communities. One of the reasons why there are many cases of maternal and neo-natal mortalities is because of early marriages. The reason why the research was conducted in Mt Hampden was because, the area had recorded different cases of maternal deaths. Maternal deaths in Mt Hampden are exacerbated by the socio-cultural belief within the community. In reducing the maternal deaths, education is very essential. Education to pregnant and new mother together with their male partners. Socio-cultural belief does not only affect maternal outcomes; it also causes low male partner involvement in maternal health.

3:5 Target population

According to Barbour (2018), a target population refers to a group of people that shares common characteristics that the researcher seeks to study and analyse. According to Bryman (2008), a target population is a homogeneous set of observable humans, things, or events that serve as the source and application of data for the study. The study focused primarily on male partners. It also focuses on community health workers and health care providers. These people have direct working experience and contact with male partners. Having a clear target population is very important in executing a research study. This is because it increased validity of the research and improved generalizability.

3:6 Sample size

A sample size can be better understood as the number of people that are included in the research study. According to Andrade (2020), a good sample size requires proper time planning, and also the sample should accommodate enough participants because working with large sample is unethical in research. The sample size for this research was twenty participants. (fourteen male partners, three health care providers, and three community health workers). The researcher managed to come up with this sample size because of data saturation concept.

3:7 Sampling techniques

The research study utilized the qualitative sampling techniques. Qualitative sampling techniques are best described as non-probability sampling techniques. The research study on the pathways towards the efficacy of mother and baby program in increasing male partner involved in maternal health utilized the purposive sampling technique. According to Elfil (2017), a sampling method involves the process through which a sample population is selected from the population the researcher is interested in studying. Ideal sampling technique brings positive research outcomes.

3:7:1 Purposive sampling

Purposive sampling according to Sharma (2017), refers to non-probability sampling technique through which the research chose who to regard as participants in research conducted based on the understanding that the information required can be obtained from the selected participants. Campbell et al (2020), highlights that purposive sampling is simple and is very useful when the researcher requires qualitative data. Purposive sampling matches the aims and objective of the research hence improves the study trustworthiness and data results. Purposeful sampling requires less resources and time as compared to most traditional research methods. The key informants in the research were purposively selected on the basis of their levels of experiences and professionalism. The brings a total of twenty participants that participates during the research (fourteen male partners, three health care providers, and three community health workers).

3:8 Data collection techniques and tools

According to Taherdoost (2021), data collection refers to the art of gathering data aiming to acquire deep-insights relating the research topic. According to Hurst (2023), there are four qualitative data collection techniques and these are interviews, focus group discussions,

observations, and document review. In the research to investigate the pathways towards the efficacy of the mother and baby program in increasing male involvement in maternal health, the researchers used in-depth interviews, focus group discussions, and observations.

3: 8:1 Focus group discussions

A qualitative data collection technique that involves small sect of people selected with specific characteristics engages in a discussion usually facilitated by the researcher. Gundomogula (2020), states that focus groups are very important in research because they complement different data collection methods thereby providing comprehensive information. Focus group discussions promote interaction within the participants hence results to insight and richer discussion. Focus group discussion was conducted to male partners at their workplaces. This was done to save time. Communication techniques of using open-ended questions promote active communication and dialogue. The focus group discussions were guided by the focus group discussion guide.

3:8:2 In-depth interviews

Rutledge (2020), defines an in-depth interview as a qualitative research technique used to conduct interviews with a small number of people. In this regard, the researcher understands complicated phenomena like maternal and neo-natal mortalities through in-depth interviews. Rutledge (2020), highlights that through working with small number of people, the interviewer can extract deep insights relating to people's perceptions. The research will use both structured and semi-structured interviews. In-depth interviews with male partners give the researcher detailed insights on why there is low male partner participation in maternal health services. In-depth helps the researcher with information that seeks to increase male partner involvement in maternal health services. This is because, through in-depth interviews, the male partners managed to come up with some pathways that seeks to enhance the participation of male partners in issues of maternity. The in-depth interviews were guided by the in-depth interview guide. The guide consists both open-ended and closed-ended questions.

3:8:3 Observations

Participant observation involves the process of observing the members or community being researched and simultaneously involves them through their participation in the study at hand. According to Ayton (2023), participant observation provides a complex understanding of the concepts under the research study. In research, especially qualitative in nature, the first step of extracting data is through observations. There are certain traits and actions that people will

never highlight during interviews and discussion, but the information can be better understood through conducting some observations secretly without the participants being aware of what is taking place. Perception levels of male partners were clearly understood using observations. Male partners actions pertaining maternal health are reflected through their perceptions. Observing male partners accompanying their partners for seeking maternal services gives the researcher insight on how male view male involvement. Observations were done to male partners and health care providers also. Observing services offered during maternity to detect if the services are male-friendly. This helps the researcher when coming up with pathways towards the efficacy of the program in attempt to increase male partner involvement in maternal health.

3:8:4 Key Informant Interviews.

According to Pahwa (2023), key informant interviews encompass qualitative in-depth interviews in which the participants are chosen based on their ability and experiences in helping the researcher to better understand different cultural patterns. Key informants involve conversation with a person who is knowledgeable about the issue under research. The research work with two sects of key informants; the community health workers and the health care providers. The criteria used in selecting the key informants was professionalism and level of experience. Six key informants were chosen (three community health workers and three health care providers). Key informants were sharing their experiences with male partners and pregnant mothers. The key informants were very critical in the research because they help the research in coming up with pathways towards the efficacy of mother and baby in increasing male partner participation in maternal health. The researcher designed a key informant interview guide that helps during the interviews. The guide consists both open-ended and closed-ended questions.

3:9 Data Collection procedure

According to Jin, Wang, Ye and Li (2021), data collection entails how data required under the study is being gathered. There was a procedure that the researcher follows in an attempt to conduct research on the pathways towards the efficacy of mother and baby program in increasing the involvement of male partners in maternal health. (Case of Mt Hampden). The researcher obtains a letter from Bindura University. The letter was sent to St John Ambulance for permission to conduct research. The St John Ambulance further wrote a letter to Ministry of Health and Child Care (Mt Hampden clinic) for permission seeking so the researcher may

commence collection of data. The researcher designed a consent form that was signed by participants before taking part in the research. The consent protects the participants because it outlines the ethical considerations to be apprehended during the research. During the research, they were different guide of questions that allows smooth running of the research, for instance, focus group guide. Data was recorded through different recording tools. One of the recording tools was through note taking as the participants were responding and some data was collected through voice recording. The consent forms that were signed by the participants clearly states that the collected data was strictly meant for academic purposes.

3:9 Validity and reliability / trustworthiness

During the research, validity and reliability concepts ensure that the research study results were accurate and consistency. According Ahmed (2021), validity highlights the effectiveness of research instruments in measuring what the research seeks to bring. Trustworthiness in research according to Ahmed (2024) is very important because it strives to establish how reliable are the research findings. Trustworthiness outlines elements that should be adhered to in order to have credible research findings, these are confirmability and transferability of the research findings (Ahmed, 2024). Research reliability entails that degree to which research produces consistent results. The research on the pathways towards the efficacy of mother and baby program in increasing male partner involvement in maternal health is valid and reliable.

3:10 Data Analysis

The researcher employed the qualitative data analysis tools. of thematic. Data analysis serves as a cornerstone of research. Data analysis is the process through which data is collected, transformed, and interpreted uses a variety of approaches. In this research, the researcher used thematic analysis to analyse the collected data. According to Jowsey (2021), thematic analysis is systematically method of analysing qualitative data. Qualitative data gathered through interviews and focus group transcripts. Thematic analysis is a qualitative way of analysing data. Saunders (2023), states that in health research, thematic has been the main common way of analysing the data collected because of its flexibility. This is because with thematic analysis in-depth data is analysed through coming up with common themes and codes. According to Braun and Clarke (2006), thematic analysis organizes qualitative data into series of themes which makes it flexible to interpret and analyse.

Thematic analysis entails that the research analyses the gathered data through developing a coding scheme developed from the main objectives of the research (main themes). There are

steps that should be followed when using thematic analysis. According to Ahmed (2025), there are six steps involved in thematic analysis for qualitative research. The steps in thematic analysis includes initial coding, searching for themes, naming themes, and interpreting the themes. The steps can be categorized into three, qualitative data, codes and themes.

3:11 Ethical considerations

In conducting research, ethics and values are very instrumental. According to Arafat (2024), research ethics refers to moral obligations that influences a research conduct the work. In research, the researchers should apprehend to moral obligations. This means that the research should not conduct wrong conducts or go against the different policies. The researches apprehend the following ethics, confidentiality, informed concern, non-maleficence, and culturally sensitive.

3:11:1 Confidentiality

In research, confidentiality entails that the supplied information from participants shall be protected under any circumstances thus the supplied information was solely for research purposes. Maternal health services consist confidential information, for instance, HIV status and ANC dates. This means that information of this kind should remain confidential no matter the circumstances. The researcher makes sure that the data collected was well protected and was used only for purposes of academics. Protection of data aligns with different legislative, for instance, the Data Protection Act (Chapter 11:22). The participants were not allowed to write their names during the research. This seeks to ensure that participants are well protected in terms of confidentiality issues.

3:11:2 Informed Concern

Informed concern is a cornerstone of research ethics. According to Manti (2018), informed concern is not merely a for signed by participants, but it is a process through which the participants understand the research. Informed concern is important in research because it protects the participants from potential harm. This ethic meant that participant voluntarily agree to participate in the research after the research objectives and goals are made clear to them without any force and intimidation. Eeckhout (2023) states that inform concern entails communication between the researcher and the participants. This means that they should be communication between the male partners and the researcher for effective research study.

3:11:3 Non-maleficence

Non-maleficence is an ethical principle of not causing harm. This means that, during the process of engaging the participants (male partners), they should be no harm as a result of participating in the research. This means that, all the participants, should not face any harm during and after the research. Varkey (2021), defines non-maleficence as the obligation of a physician not to cause harm to patients. All the relevant precautions were taken to make sure that the protection of the male partners under the research was guaranteed. This ethical principle was mainly used when working with participants from cultural and spiritual backgrounds that totally forbids male partners from accessing and participating in maternal health issues.

3:11:4 Cultural Sensitivity

According to Bobel (2022), cultural sensitivity involves comprehending, recognizing, and responding adequately to cultural beliefs, norms, and values without having a biased perspective. This means that the researcher should be competent enough with all the cultural practices of Mt Hampden. This means that the mother and baby program strategies and the pathways towards the efficacy should be culturally sensitive. Having culturally sensitive policies ensure that people respect the program hence increase the participation of male partners.

3:12 Chapter summary

The research study adopted the qualitative research approach and the constructivism research philosophy in investigating the pathways towards the efficacy of mother and baby program in increasing male partner involvement in maternal health. The research utilised the case study research design and thematic analysis. Additionally, the chapter discussed the ethics which were observed during the research.

CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS.

4:0 Introduction.

The research findings on pathways towards the efficacy of mother and baby program in increasing male involvement in maternal health (case of Mt Hampden) were presented in this chapter. This chapter investigate the levels of perception surrounding male partner involvement in maternal health, effectiveness of the bother and baby program strategies, and the pathways towards enhancing male partner participation in maternal health outcomes. A total of twenty participants were interviewed and data was gathered. Some data was gathered using observations were also used during gathering of data. The researcher seeks to present and analyse data using thematic means.

4:1 Participant Demographic Data.

The table below consists information of men, their age, and level of education.

Table 1 Demographic data of participants.

Variables		Males	Frequency
Age	20-30	7	7
	31-40	5	5
	41-50	2	2
Education levels	Primary	9	9
	Ordinary	3	7
	Tertiary	2	2

Twenty people were interviewed during the research on the pathways towards the efficacy of the mother and baby program in increasing male partner involvement in maternal health. Among the interviewed participants, 14 were men. The men comprise of two distinct groups (i) 8 men with no understanding of maternal health (ii) 6 men that are already involved in maternal health services. From the demographic data, the statistics clearly highlighted that most people got married within the range of twenty and thirty. From the statistics, the research interviewed seven people within the range of twenty and thirty. Five people were interviewed

within the range of thirty-one and forty. Lastly two people were interviewed within the range of forty-one and fifty. Altogether, fourteen men were being interviewed. In terms of level of education, there were three distinct groups of men (primary, secondary, and tertiary). The demographic data shows that among the men interviewed, nine had attained primary level, three.

One can argue from the findings that in Mt Hampden, people got married at young ages. One of the main factors why people marry at an early age in Mt Hampden is due to cultural and social factors which the particular area. For instance, traditional community influence, family expectations, and traditional values. These factors forced men to marry at a very young age which most men having no adequate knowledge on what marriage entails hence maternal health issues are not justified. Mt Hampden is best known for brick moulding. This means that people spent more times doing their work hence no time to participate in maternal health services. Also, traditional values in the community, states that maternal health is feminine hence no men should be seen participating. This is why they are high figures of men with no understanding of maternal health as compared to men with knowledge. When it comes to levels of education, most men acquired primary level. This is because of socio-economic factors like poverty and geographical challenges like distance to schools. In Mt Hampden, before people attends school, they work up early in the morning to do brick moulding. This motivates children because, they are offered some money to buy sweets hence they think education is of no use. This is why many men only ends up acquiring primary level. Through the research, the researcher understands that those men who had tertiary levels are not originally the inhabitants of Mt Hampden instead, they are people who only resides for the sake of work.

Table 2 of Demographic data of key informants (n=6)

Informant and Organisation	Position	Years Of experience	Gender	Frequency
Health Provider	Nurse	10	Females	2
	Nurse	17	Males	1
Volunteer	Community	7	Males	3

Information was gathered from three health care providers and three community health volunteers. The level of experience when conducting the research with the health care providers was very critical because it allows the researcher to obtain high and detailed data on the pathways towards efficacy of mother and baby program in increasing male involvement in maternal health. The community health volunteers were very essential in the research. This was because community health volunteers are originally the inhabitants of Mt Hampden hence, they are very much connected with the community members thus information pertaining to male involvement to them is easily accessible. The impact of involving health care providers during the research is that, health providers consist different knowledge surrounding maternal health thereby the coming up with different pathways to enhance male involvement in maternal health outcomes as per say.

4:2 Male partner involvement in maternal health based on the research findings.

The participants were asked different questions regarding maternal health. Question on what maternal health is, men role in maternal health, and how best can involvement of men be increased. The perception levels of males in maternal health were very negative. This was due to different reasons, for instance, patriarchal societies and traditional gender roles, stigma and masculinity, and lack of education. To increase the involvement of men, the research seeks to investigate the pathways towards mother and baby program as a means towards positive increase. The findings will be presented in the form of themes. The themes will be drafted from the research objectives. Each main objectives will have some sub-themes. The collected data was obtained from the participants using qualitative means. The findings are discussed below.

4:3: Perception levels of male partners involvement in maternal health.

The researcher conducted some researches to figure out the level of perception of male partner involvement in maternal health. From the findings, different perception was gathered. The findings demonstrate that, some male partner had negative perception whereas some male partners were very much aware although they were some factors to their failure to participate. These factors shall be highlighted as the findings will be presented. The perception of male partners is discussed below based on the information gathered.

4.3.1. Awareness and understanding.

The participants were asked a question on their understanding of male partner involvement in maternal health. The findings highlighted that male partners generally have a general idea of what male partner involvement entails although some faced some challenges in clearly explaining the term maternal health. From the findings, only one respondent had no understanding of the terms. Most participants have knowledge on maternal health and the roles that male partners should execute during maternity. This was very crucial to the researcher since the core purpose of the research was to gather detailed data.

Participant one state,

“Male partner involvement in maternal health is very important because it helps both partners (males and females) to be aware of the status of their unborn child. Male partner is important also because it allows both partners to receive maternal services like HIV testing and counselling. The respondent goes on to explain the benefits of being tested HIV. HIV testing during pregnancy help both parties to be aware of their statuses hence promoting the health of the unborn baby. If the parents turn out to be HIV positive, immediately the issue of Prevention of Mother to Baby transition will be conducted. (male partner).”

Participant two state,

“Maternal health involves the safety of both partners in terms of mental health, care to the unborn as well nutritious as one major component, family planning, and HIV testing and counselling. (health care provider).”

Participant three state,

“Male involvement is when a man is active and supportive in their partner’s pregnancy until the child is born. (volunteer health worker).

Participant four state,

“Maternal health encompasses the health of women during pregnancy, child birth, and postpartum. (male partner).

Participant five state,

“Male involvement zvinoreva kuenda nemukadzi wako kuchipatara paanenge akazvitakura, kumubatsira kuita mabasa anorema akaita sekutsvaira mumba, Kuchera mvura, kutema huni uye kubhadhara mari inenge ichidiwa kuchipatara panguva yekuzvitakura. (This translates to going to the clinic for ante-natal care with a partner, helping out with house chores like carrying buckets of water and paying the hospital bills). (male partner).

Participant six state,

“Handinzwisise male partner involvement munyaya yevanhukadzi vakazvitakura. (This translates to, “I do not have any understanding of the term male partner participation in maternal is as far as maternal health is concerned). (male partner).

From the findings, one can conclude that most of the participants had knowledge of male partner involvement in maternal health. The findings bring interesting knowledge relating to maternal health. For instance, the first respondent that highlights the aspect of HIV testing and counselling and how it impacted the health of the unborn baby. The findings were not only limited to the definition of the terms, male partner involvement and maternal health but rather the findings further mentioned the services in maternal health that requires male partner involvement. Examples of the services are HIV testing and counselling and Antenatal care among other services. The findings pointed out that regardless of the low figures of male involvement, still the health care providers and community health workers are doing a lot to educate men on this particular issue although they are a lot to be researched on why exactly they are low turnout. The participants understanding of male partner involvement and maternal health aligns with the global definition given by Galle et al (2021). Galle et al (2021), state that male partner involvement in maternal health involves the support given by male partner to women during their pregnancies, either by offering emotional, support or both. High levels of education and the need to accompany wife to maternal health services, for instance, ante-natal

care. Education has a positive significance in birth preparedness and maternal outcomes. Based on social learning theory, observational learning which is key aspect of the theory is fundamental in providing positive perception of male partner towards maternal health (Bandura 1977). The theory emphasises the component of self-efficacy. Perception of people is defined by one's goals.

4:3:2 Stigmatization and discrimination.

The participants were asked a question on the misconceptions about male partners who participates in maternal health. Majority of the participants highlighted stigmatization as the core misconceptions. Participants' states that male partners who participates in maternal health experiences stigma and are discriminated in their communities. Mt Hampden as a community consists different values and beliefs. Most of the beliefs and values are driven by spiritual motives whilst some are patriarchal in nature. In some communities in Mt Hampden, maternal health services have been ascribed as the role and responsibility of women hence no male partners should be seen participating services that concerned to women. However, due to maternal health education, there are male partners that are participating in these services, for instance, family planning and ante-natal care. The male partners experience stigma and some are even discriminated by other male partners.

One male partner state,

“Munguva yekuve vanhukadzi vakazvitakura, nharaudza yedu yandinogara inotenda kuti isu vanhurume hatina basa munguva iyi yavanenge vaine pamuviri asi isu sevarume takakosha munguva yekuti kuchipatara kukanzi kurikudiwa mari ipapo tinotenderwa kubatsira. (This translates to, “It is believed that men are not valued in their partner pregnancy and childbirth process, as society says they are only there for financial support). (male partner).

Another male partner state,

“The society continue to stigmatize male partners who are seen escorting wife to health care centres during their partners pregnancy. Actions of this calibre is a disgrace to manhood. Due to fear of shame and stigma, men hide themselves from participating in maternal health. (volunteer health worker).

From the findings gathered, one of the reasons why there is low male partner involvement in maternal health services is the fear of being stigmatized. In Mt Hampden, they are strong cultural practices. One of the fundamental cultural practices is the white garment sect. This is

a strong spiritual sect that mostly prohibits both genders from accessing health care services hence maternal services cannot be spared. This is aligned to feminism theory that highlight the concept of gender inequality as a result of patriarchy and traditional gender roles and norms. The first respondent brings out a fascinating idea when stating that traditionally, spiritualists, community leaders in some of the communities in Mt Hampden believed that the role of male partners in maternal health is only limited to finances. This implies that male partners should limit their role to finances hence been seen escorting a pregnant person to clinic as a man you will be stigmatized. One respondent goes on to say, some men have secretly decided to support their wives in issues of maternity. This is done through visiting health care providers privately and some works with community health volunteers. Stigmatization has a negative impact to maternal health outcomes. Based on the research findings, social learning theory is very much applicable. Bandura states that they should be a dynamic interaction between people, behaviour, and environments. Observational learning helps to have increase of male partners in maternal health. From the findings, they are some people that do participates in maternal health services and others who due to cultural values and traditional beliefs are prohibited. Male partners should utilize observing learning as a way of learning hence participate in maternal health services. Theory emphasizes that learning occurs through direct experience, observing, and attaining.

4:3:3 Experiences of men participating.

The researcher interviewed the male partners that were already participating in maternal health services. The experiences given were very positive and educative. The experiences vary from the way male partners were treated, the type of services and education they got and some goes on to mention the birth process.

Male partner 1 states,

“Ukaenda nemukadzi wako akazvitakura, uchingosvika pachipatara chedu cheMt Hampden haumbosweri kumeri pamutsetse. Unongonzi huyayi kumberi motobatsirwa, mushure mechinguva chipfupi motonzi endayi kumba. Izvi zvinotibatsira isu sevanhu rume uye zvekare vakadzi vedu nekuti isu varume tinenge tisina nguva yekuti tinoswera takamira kuchipatara nekuti kubasa tinenge tichidiwa. Zvakare zvakanakakirawo vakadzi vedu nekuti havachaseri kuchipatara asi vakungokurumidza kubatsirwa votodzoka kumba vonozorora. (This translates to, “First preference is granted to women with their male partners. This act of service is important to both partners). (male partner).

Male partner 2 states,

“Instead of only offering maternal health services like HIV testing and counselling, antenatal care, family planning and post-natal care, the clinic goes beyond and offer health education. This makes Mt Hampden a one stop shop. This was the best experience of my life because I never imagined this. I only thought, one stop shop is for private clinics and hospital.

(health care provider).

Male partner 3 states,

“Yes, I has participated and my experience was positive as I accompanied my wife to the clinic every month, got tested for HIV and Sexually Transmitted Infections together. I would help by doing most of the chores at home and provided money to buy preparation for the baby. (male partner).

Male partner 4 states,

“Providing emotional care during process of pregnancy, labour and bearing to obtain sound outcome in family. Male partners partake in lady designated duties like cooking and washing during the time the mother is not feeling unfit to execute these duties. This was my experience.

Male partner 5 states,

“Mukadzi wangu paaive nenhumbu ndakatambudzika nekuti Hapana chaanga achaita. Aive ongoti zvese handichagone achingoti zvese ndakanzi nachiremba ndizorore. (This translates to, “My experience was challenging. My wife took advantage of pregnancy and assign all the duties to me. I was the one cooking, washing dishes, and washing clothes. I never refused because she told me that Doctor encouraged her to rest). (male partner).

From the findings, some of the male partners had positive whilst other had negative experiences. One can argue from the findings that, male partners involvement in maternal had positive experiences. Respondent number 1, states that escorting his partner to the clinic was the best experience. Maternal health involves services that are offered to both parties. Examples of these services are family planning and HIV testing and counselling. They are other services that are only limited to women although they are important to men indirectly. Examples of the services are ante-natal care and post-natal care. The findings from the health care providers highlights that health education is very key during maternal health. Emotional support is a requisite during pregnancy. This is because maternity causes depression

(postpartum depression). Basing on the social learning theory, Bandura (1977) emphasises that learning is very critical. According to Social Cognitive theory, learning occurs through direct experience. The process of men observing other male partners participating in maternal health is part of learning. Reinforcement which is another key in social cognitive theory is applicable in this research. People who forbid male partners from participating in maternal health should be punished and those participating should be rewarded. This aligns with the respondent who once states that first preference would be given to wives with their male partners.

4:4 Effectiveness of Mother and Baby interventions in increasing male participation in maternal health.

The researcher gathered data on the strategies to have increase of male partner in maternal health. From the findings, different findings were obtained. Among the findings were approaches, olicies, and intervention. Data presented below is a true reflection of the gathered data.

4:4:1 Causes of maternal mortality

The researcher poses different question on the causes of maternal and neo-natal mortality. This question was more directed to the health care providers and the community health volunteers. Male partners were asked the question on what might be the reasons why they are low male partner involvement in issues of maternal health. The question on the causes of maternal mortality was very essential because it helps to come up with an ideal pathway on what best can be done to increase male partner involvement. Having a clear insight on what generally are the causes on maternal mortality. From these findings, it was clear that, one of the main causes of maternal mortality was lack of male partner support.

Community health worker 1 states,

“Stress, lack of resources, and no ante-natal care are the main three causes of maternal mortality.

Community health worker 2 states,

“Late pregnancy booking, early marriages and age are the primary causes of maternal mortality.

Health care provider 1 states,

“Maternal mortality are caused by delay to book for ante-natal care. Late bookings may have some complications, for instance, multiple maternal children.

Health care provider 2 states,

“Maternal mortality are caused by underlying conditions like hypertension, diabetes Miletus, anaemia as well as poor nutrition.

From the gathered data, it can be argued that maternal mortality is a complex issue. This is because, they are no specific causes on what exactly causes maternal mortality instead they are a plethora of factors. All the participants highlighted different causes. The first respondent mentioned that lack of male partner involvement is one of the factors that causes maternal mortality. This is because maternity requires emotional support. Failure to have support during maternal cause stress. Stress as mentioned by the respondent later becomes a cause of maternal mortality. Before increasing male partner involvement in maternal health, they are the need first to determine why is there a need. By doing this, one can argue that due to high cases of maternal mortality, it is appropriate to have an increase of male partner involvement.

A lot of researches have been conducted before, thus according to Musarandega et al (2022), the driving direct causes of maternal and neo-natal mortalities in Zimbabwe, arises from peribortal haemorrhage, ectopic pregnancies, hypertensive disorders, and abortive outcomes. Direct conditions, negatively contributes to many cases of maternal and neo-natal mortalities. This many occurs in places where there are inadequate maternal health services, for instance, Mt Hampden. Places like Mt Hampden gas a strong in cultural and spiritual practices. Most of the recorded cases of maternal and neo-natal mortalities occurs due to ruptures. People in Mt Hampden due to their cultural beliefs, they first seek spiritual help before acquiring professional help from health care providers hence people are having home deliveries.

Home deliveries which expose pregnancy at risk thereby cause maternal and neo-natal mortalities. Addressing maternal and neo-natal mortalities require both medical intervention and the need to improve reproductive health education that challenges home deliveries. Health Policy and Planning (1993), also states the different causes of maternal mortality in both rural and urban setting. Causes are excessive flow of blood and unsafe abortions. The sustainable development goal number 5, that seeks to ensure health and well-being requires that maternal

mortality should be addressed. One of the ways to address maternal mortality is to increase the involvement of male partner in all maternal health services.

4:4:2 Socio-economic factors.

Millions of researches have been conducted globally to have an insight on rampant cases of maternal mortality. Zimbabwe just like any other countries has high prevalence of maternal and neo-natal mortality. According to Census (2022), maternal mortality ration in Zimbabwe was three hundred and sixty-three per one million live births, and under-five mortality at 38.8 deaths per one thousand live births. Researches on what best can be done to address the problem and one of the prominent strategies was the involvement of male partner during maternity. Male partner involvement in maternal health is very important because it helps to obtain sound maternity outcomes. In Zimbabwe, specifically in rural settings like Mt Hampden, the participation of male partner involvement in maternal health is still low. Different stakeholders like Government through the Ministry of Health and Child Care, Private sectors, and Non-Governmental Organization have joined together in an attempt to increase the participation of male partners in issues of maternal health. The researcher asked male partners in Mt Hampden on what might be the causes of low participation of male partners in maternal health. The gathered data will be presented as follows,

Male partner 1 states,

“Ini ndinoona sekuti munzvimbo dzatinogara mune zvitendero zvakasiyana. Zvimwe zvitendero zvacho zviri izvo zvinotitadzisa kuenda nevadiwa vedu kuzvipatara. Chimwezeve, chandinofunga kuti chingave chikonzero inyaya yekushaiwa ruzivo chairwo. Munharaunda medu muno yeMt Hampden mupurazi naizvozvo munogara vanhu vakasiyana siyana vakadzidza nevasina zvinova izvo zvinoita kuti vamwe vashaye ruzivo nekuti hapana anenge achitozivawo”. (This translates to, “I believe that some of the causes of why they are low involvement in maternal health is religion, the society we live in, and lack of knowledge pertaining to maternal health services”).

Male partner 2 states,

“Low male involvement in maternal health is associated with stigmas and discrimination”.

Male partner 3 states,

“Lack of education”

Male partner 4 states,

“Patriarchal norms and values and traditional gender roles as ascribed by the societies are the main driving forces of low male involvement in maternal health”.

From the findings, low male partner involvement in maternal health is due to different factors. They are socio-cultural and economic factors that highlights why they is low male partner involvement in maternal health. The respondent 4 brings out the socio-economic factors that highlights why they is low male partner involvement. Patriarchy being the leading force. According to Walby (2020), patriarchy is a system of social organization that perpetuates men power over women, In Mt Hampden, traditionally, the society ascribed some duties and responsibilities to women, for instance, duties of care giving, nurtures whilst men revolve around duties that shows dominance and strength. However, due to men holding more, women are not only limited to their duties but rather women are seen executing men's duties. For example, in Mt Hampden, one can come through a women taking part in brick moulding. This means that, the issue of power is now acting as a driving force to abuse women. Women might force their wives to help them executing their duties whereas when it concerned to women duties, male partners refused to partake, for instance, in issues of maternal health duties like ante-natal care, post-natal care and family planning. The factors stated above by the participants requires that different strategies should be put in place. The responded 3 mentioned that the reason why they are low male partner involvement in maternal health is due to lack of knowledge. Knowledge is very important. This is why the theory suits in the research. The theory highlighted that knowledge can be obtained through observing. There are few male partners that are already participating in maternal health. Some participating by supporting their wives whilst others working as community health volunteers. Men with negative perception of male partner involvement due to patriarchal norms and values and traditional gender roles through observing male partners participating in maternal health services may have their perception be rectified.

4:4:3 Mother and Baby program strategies.

The researcher asked the community health volunteers on different strategies that the mother and baby program used in an attempt to increase the male partner involvement and figure out their effectiveness. The researcher gathered out three main strategies. The data gathered will be presented below has been given by the participants.

Community health worker 1 states,

“Mama naMwana purogiramu inobatsira kuti vanababa vapinde muchirongwa chavana amai vakazvitakura kuburikidzwa nechirongwa chemobhayo cliniki. (This translates to, “Mother and baby program used mobile outreach clinics as key strategy to increase male partner involvement in maternal health.)

Community health worker 2 states,

“Field visits and use of community volunteer health workers are two strategies used by Mother and Baby increase to increase male partner involvement in maternal health”.

Community health worker 3 states,

“Community health workers, mobile outreach clinics, field visits, and health education are the key strategies from the mother and baby program to increase male partner involvement in maternal health”.

From the findings presented above, it can be argued that the mother and baby program role in increase the male partner involvement in maternal health is significant. Mobile outreach clinic is one of the effective ways to increase partner involvement. From the researches conducted before, it was mentioned that, the main reason why they are low male partner participation maternal health is because long distance in order to access health services, like HIV testing and counselling. Having this in mind, the mother and baby program come up with a strategy of mobile outreach clinics. This strategy entails that the health care services are now delivered to their settings without them travelling for long distances. This is done through working with the Ministry of Health and Child Care together with the community health volunteers. The community health volunteers who are part of the Mt Hampden community will be leading the mobile outreach clinics through organizing people and offering them health education. Health education on family planning, birth preparedness, male partner involvement. This strategy has been more effective because a lot of male partners were now seen during outreaches searching for services like HIV testing and counselling. Some male partners were now escorting their wives for outreaches. The concept of first preference to those with male partners was adopted hence this allows male partners to participate in issues of maternity. The program recruited men to be part of the voluntary team. This motivates other male partners to participate in maternal health services because the male partners participating were given some rewards in the form of incentives. This act of service aligned to the social cognitive theory that states that

reinforcement is a key factor that promotes male partner involvement in maternal health. The findings highlighted the aspect of health education. Health education was the core purpose of field visits. Community health volunteers taught pregnant mother how to take care of themselves during pregnancy and the role of male partner involvement. Field visits were also important because it addresses lack of knowledge as a cause of low male partner involvement in maternal health. Mother and Baby strategies are critical in trying to increase male partner involvement in maternal health. However, there are some challenges that affect the problem. For instance, the program in as much as it seeks to reduce disparities in the hector sector and promote male partner involvement, they are services that cannot be offered during mobile clinic services. This means that people still need to travel to clinics in search of these services, for instance, ante-natal and post-natal services. The program again is limited only to Mt Hampden hence they are needed to expand the program. Another challenge is of resources. As a Non-Governmental Organization, St John Ambulance faced resource constraints attention is required to the program.

4:5 Pathways towards enhancing male involvement in maternal health.

The researcher after having been gathering data on the mother and baby program, the strategies from the program that seeks to increase the male partner involvement implies some challenges. The researcher asked the participants questions on pathways that may be implemented towards enhancing male partner involvement in maternal health. The researcher asked male partners, health care providers, and volunteer health workers the same questions. Different responses were gathered. The data presented below shows the information gathered from the participants.

Health care provider 1 states,

“Visiting male partners workplaces, educating males on the importance of male importance. Highlighting the men’s role in during women pregnancy. The respondent goes on to say volunteer health workers should regularly visit male workplaces (brick moulding sites), educating the males why it is crucial to participate in maternal health. Instead of men coming to the clinic for education purposes, the respondent alluded that the clinics through the volunteer health workers should be the one visiting the males. This act of service might help the males change their perception hence participate in maternal health.”

Health care provider 2 states,

There is need to modify the clinical practices, for instance, through health talks awareness and campaigns. Since most men will be working during the week days, they are need to have weekend services specifically directed for maternal health services.

Health care provider 3 states,

Another pathway towards enhancing male partner involvement in maternal health is through health talks and engaging grassroots health workers. Examples of grassroots health workers are community volunteer health workers.

Male partner 1 states,

Non-Governmental Organizations should collaborate with the Ministry of Health and Child Care (MoHCC) in assisting of mobilizing of resources.

Male partner 2 states,

There is need of having incentives that are directed to male partners that are participating in maternal health services. This might act as motive to persuades other men to actively participate in maternal health services.

Male partner 3 states,

Another pathway towards enhancing male partner to engage in maternal health services is by providing health services that also benefits men and talking with the community leaders so that they may encourage male partners to participate in maternal services.

Community health worker 1 states,

A good example is St John Ambulance through the mother and baby program that is seen actively working with Mt Hampden clinic providing resources and services that are aimed assisting pregnant and new mothers.

The findings above highlighted different pathways that might be put into consideration in an attempt to increase male partner involvement in maternal health. The respondent number 5 idea of engaging the community leaders during the process is very important. This is because, people have a tendency of listening to their community elders rather than listening to an outsider. Having the support of community leaders will have a positive impact in as far as male partner involvement in maternal health is concerned. Community leaders are very important

in the successful of community development. Community leadership inspires participation in a particular community. Modifying clinical practices is also important in engaging male partner involvement in maternal health. Male partners state the reasons why they do not participate in maternal health services. The reason was that the services are offered during week days which is a challenge to most male since they will be in their workplaces. Modifying the practices to cater for both parties, as respondent 2 mentioned is very important. The clinic should offer maternal health services during the weekends to pregnant mothers with their male partners. This aligns with the research that was once be conducted by Myall (2020), that seeks to explore what happens when changes to clinical practices are proposed and introduced in health care organizations. Social cognitive theory perfects suits in the sense that in trying to come up with pathways towards engaging male partner involvement in maternal health, they are the need to adapt the role of observation and retention. From the findings, it can be argued that, the need to modify the clinical practices to suit a particular community is the most ideal pathway towards enhancing male partner involvement in maternal health.

4:5 Chapter Summary

The chapter presented the findings on the pathways towards the efficacy of Mother and Baby program in increasing male partner involvement in maternal health (case of Mt Hampden). It looked at the level of perception of male partner involvement in maternal health, effectiveness of Mother and Baby program, and the pathways towards enhancing male partner involvement in maternal health. The information presented in the chapter was gathered in accordance with research study goals and objectives.

CHAPTER 5: SUMMARY, CONCLUSSIONS, AND RECOMMENDATIONS

5:1 Introduction

The chapter summarizes the study findings on the pathways towards the efficacy of mother and baby program in increasing male involvement in maternal health in Mt Hampden area. It presents conclusion from the research findings. The chapter also presents recommendations to the implementing Organisation (St John Ambulance), government through the Ministry of Health and Child Care, and the community in trying to enhance the increase of male partner involvement in maternal health. It further highlights the areas for future study. The chapter ends with the chapter summary.

5:2 Summary

The chapter gives the background of study, literature review, data presentation, analyses, and discussion. The study aimed to investigate the pathways towards the efficacy of mother and baby program in increasing male partner involvement in maternal health in Mt Hampden area. The study was guided by three objectives. These were to figure out the level of perception surrounding male partner involvement in maternal health, to assess the effectiveness of mother and baby interventions in increasing male partner participation in maternal health, and to come up with pathways towards enhancing male partner involvement in maternal health outcomes. The social cognitive theory by Albert Bandura was used as a theoretical framework of the study. The study followed a qualitative nature that employed focus group discussions, in-depth interviews, key informant interviews, and observations. The research constitutes twenty participants that were selected using purposive sampling technique. Thematic analysis was used in coming up with main and sub themes.

5:2:1 Level of perception surrounding male partner involvement in maternal health.

The research findings revealed that male partners in the communities of Mt Hampden generally had an understanding of what maternal health. Majority of the male partners are able to define maternal health and some highlight the services that are offered during maternity. There were few male partners that had no understanding of maternal health but different measures were apprehended to make sure every male partner would be aware. The perception levels of male partners were diverse. Some male partners had positive perception whilst other had negative perception. The perception levels of male partner were affected by different factors. There participants mentioned factors like stigmatization and discrimination mainly from people taking part in maternal health issues. It is within the community values and beliefs

that maternal health is for women. The society has ascribed maternal health as a women responsibility thus male partner are forbidden from undertaking this. However, during the research, the participants give insight knowledge relating to why their perception levels are negative. One of the key reasons was lack of knowledge. Education on why there is need of male partner involvement and why it is beneficial. Regardless of the negative perception, they are people that are already participating in maternal health. The experiences of these male partners played a very important part in rectifying the perception levels of other male partners. It is only education that challenges stigmatization and discrimination. Education will raise awareness within the community hence transforming the perception levels of male partners.

5:2:2 Effectiveness of mother and baby interventions in increasing male partner participation in maternal health

The research indicated that regardless of the perception levels of male partners towards maternal health, they are different causes that causes maternal mortality. Before coming up with an intervention, they are the need first to understand why they is need of male partner involvement. Causes of maternal mortality as per the findings given are stress, lack of resources, late pregnancy bookings, early marriages, and underlying conditions like hypertension, diabetes milieus, and poor nutrition. There are socio-economic factors within the location of Mt Hampden that also causes maternal mortality. These factors are patriarchal norms and values, lack of education, stigmas and discrimination, and spiritual practices. Therefore, the study brought out that they were the need to come up with interventions that addresses the maternal mortality. Different researches were conducted and from the researches, the ideal solution was to enhance the male partner involvement in maternal health services. The participation of male partner in issues of maternity were very low due to different factors, for instance, levels of perception and socio-cultural factors.

Mother and baby program respond to this through coming up with different interventions that seeks to increase the participation of male partners. The interventions are mobile outreach clinics, field visits, home visits, and health education. These interventions played a very important role, for instance, home visits. Home visits allow professionals (St John Ambulance staff) to visit pregnant mothers and their partners, educating them on maternal issue in the comfort of their homes hence increase male partner participation in maternal health. Outreach clinic also increased male partner involvement in maternal health because male partners were giving excuses that they are travelling long distance in trying to access the services but due to

mobile outreach clinics, it is now the duty of the clinic to supply the services to people without people travelling long distance. For example, services like family planning and HIV testing and counselling. This increased the participation of male partner involvement in maternal health. Henceforth, the mother and baby program interventions increase the male partner participation in maternal health.

5:2:3 Pathways towards enhancing male involvement in maternal health

In terms of addressing the challenges of why they are low male partner involvement in maternal health, mother and baby program through its interventions played a very big role. However, the interventions faced some limitations because still in Mt Hampden, they are still low turn up of male partner hence more is required in as much as their involvement in maternal health is concerned. The study come up with different pathways. The pathways include visiting male partner workplaces instead of just visiting their homes, modifying clinical practices through implementing measures like health talks and awareness, engagement of grassroots health workers that educates male partner the benefits of their involvement in maternal health, and the need of giving out incentives to every male partner that is participating in maternal health services instead of just giving first preference during accessing maternal services. Lastly, they are need to have services that benefits male partners directly as a way of motivating men to participate. The mentioned pathways were derived from the participants suggestions. Hence the research showed that the pathways used together with the mother and baby interventions promotes the increase of male partner involvement in maternal health.

5:3 Conclusions

Mother and baby program is very significant in increasing the male partner involvement in maternal health. The study concludes that the mother and baby program is very effective basing on its interventions like mobile outreach, field visits, and health education. Health education improved knowledge levels of male partners. Male partners who have negative perceptions on male partner involvement in maternal health were transformed. Health education enhanced the understanding of roles of men in maternal health. Mobile outreach clinics address the fact that men were failing to accompany their partners due to financial challenges. In trying to address this, the mother and baby program in partnership with the Ministry of Health and Child Care address this through establishing mobile outreach clinic centres. The clinic will be the one moving around the community offering services like HIV testing and counselling, health

education thus increase male partner involvement. This shows that the program played a very pivotal role in trying to increase the male partner involvement in maternal health.

However, as a program, the mother and baby faced some challenges. Yes, mobile outreach seeks to address health disparities through offering people services in the comfort of their homes, but they are services that may not be offered during mobile outreaches but only offered at clinics and hospital, for instance, caesarean sections, advanced obstetric care, ultrasound services, labour and delivery services among other services. Home deliveries can be negatively affected by resources and geographical locations. Mt Hampden is a compound setup known for brick moulding. Some areas are now hard to reach due to environmental degradation. This means that, in as much as the program seeks to conduct home visits, some of the areas will be left behind. Also, as a non-governmental organization operating in a huge area like Mt Hampden, resources constraints will be a major hindrance.

Therefore, the research concludes that they are need to have pathways towards the program so that male partner will be increased in maternal health. Pathways may be in the form of different stakeholders like community, non-government organizations, private sector, and government. The government through the Ministry of Health and Child Care should collaborate with non-governmental organizations in mobilizing resources, modifying clinical practices, and come up with different policies that promotes the involvement of male partners in maternal health. There is also the need for organizations like St John Ambulance to source external funding to address financial constraints. Apart from government, there is also need for other non-governmental to collaborate, for instance, organizations offering ultra sound services. Collaboration between government, non-governmental organization, private sector, and community will be very essential in increasing male involvement in maternal health.

5:4 Recommendations

From this study, the following recommendations were made: -

The implementing organization (St John Ambulance), should conduct partnership with diverse organizations and the government. Maternal health implores a plethora of services thus partnership will help the organization offer all the services necessary for maternal issues. Partnership will help in ensuring the sustainability of the program through creating synergies and maximize the impact of the program. Partnership can be done through engaging other stakeholders like community leaders within the program. Community leaders promote support thereby increase of male partner in maternal health per say.

The government through the Ministry of Health and Child Care should develop policies of male-inclusive health education. Health policies should integrate male partners into national health promotion strategies. The male-inclusive health education should also strive to address socio-cultural factors since are main hindrance towards male partner involvement in maternal health. Health education will then challenge societal perceptions henceforth promote increase of male partner in maternal health.

Social workers should advocate for policies and institutional reforms. Policies that promote male-friendly services for maternity. Institutional reforms that challenges and eliminate systemic barriers that hinders men's participation in maternal health. I advocating for policies, social workers should promote gender-responsive education. Gender-responsive education that is culturally sensitive during ante-natal and postnatal services.

Social workers should facilitate social support groups for male partners. There is need to have support groups led by social workers that are conducive in providing safe spaces where male partners share experiences, learn, and ask questions relating to maternal health services.

There is need to modify the clinical practices to accommodate more male partners in maternal health. Clinic hours should be extended to evenings and weekends to accommodate working male partners. Modifying clinical practices increase participation from male partner, for instance, with work.

Need to implement and make use of technology to engage men. Health education on male partner participation in maternal health can be done through mobile apps and messages reminder.

Training and capacity building. Grassroots workers, for instance, community health workers should be trained on male engagement. Training should in cooperates gender sensitivity training that encourage male presence during child delivery and post-natal care services.

Monitoring and evaluation should be conducted effectively. Quantitative data should be gathered effectively to track and analyse the participation of male partners. Evaluation reports help to improves maternal services and essential to policy makers.

Non-discriminatory practices and inclusive should be apprehended by implementing agencies, government, and health care providers. This can be done having policies that reflect inclusive, for instance, recognizing different group of people like single mothers.

5:5 Area for future study

The study also left out gaps on the impact measurement of the program. The question on what impacts does the mother and baby have on maternal and neo-natal mortality have been left out in the research. Also, the researcher recommend that future study should seeks to research on how policies in Zimbabwe deters male partners from participating in maternal health and how best can system level factors improves their participation. Area for future study should also be on how male partner involvement in maternal health reduces cases of domestic violence and improves conflict resolutions in peri-natal periods.

5:6 Chapter Summary

The foregoing chapter gave a summary of the research findings and the conclusion. It further provided the recommendations on what best can be done to increase male partner involvement in maternal health. Some of the recommendations made were derived from the findings gathered. The chapter offered recommendations to the government, implementing agency, social workers, and to the community stakeholders

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APPENDICES

Appendix 1: Focus Group discussions guide

My name is Piniel Anesu Muguti, a student from Bindura University of Science Education. I am currently studying for a Bachelor of Honours Degree in Social Work. I am kindly requesting for your contribution during my research through your participation during the discussions. The topic of the research reads as follows: The pathways towards the efficacy of mother and baby program in increasing male involvement in maternal health. (case of Mt Hampden). Any sort of participation is voluntary and every discussion shall be conducted with the highest level of confidentiality. Please note that, the research seeks not to cause harm of any kind. I will not capture your names. The discussion will take approximately 20 minutes.

Section A: Demographic Data

1. What is your age?
2. How long have you been staying in Mt Hampden?
3. Level of education. (a) Primary (b) Ordinary (c) Advanced (d) Tertiary

Section B: Male perception in maternal health

1. What do you understand about male partner involvement in maternal health?
2. In what ways can men be involved in their partner's maternal health?
3. What are some misconceptions about male partners who participates in maternal health?
4. Have you ever participated in maternal health? If yes, what was your experience?

Section C: Strategies to increase male partner involvement in maternal health

1. How can community create an environment that encourages male partner involvement in maternal health?
2. What strategies can be used to increase male partner involvement in maternal health?

Section D: Pathways towards male partner involvement

1. In your opinion, should every male partner participate in maternal health. Yes / No.
2. What recommendations do you think are beneficial in order to increase male partner involvement in maternal health?
3. Do you have anything else in line with this research that you want to add?

This is the end of our Focus Group Discussion, Thank you for your participation.

Appendix 2: In-depth interview guide

My name is Piniel Anesu Muguti, a student from Bindura University of Science Education. I am currently studying for a Bachelor of Honours Degree in Social Work. I am kindly requesting for your contribution during my research through your participation. The topic of the research reads as follows: The pathways towards the efficacy of Mother and Baby program in increasing male involvement in maternal health. (case of Mt Hampden). Any sort of participation is voluntary and every discussion shall be conducted with the highest level of confidentiality. Please note that, the research seeks not to cause harm of any kind. I will not capture your names.

Section A: Demographic Data

1. What is your age?
2. How long have you been staying in Mt Hampden?
(a) 1-4 years (b) 5-8 years (c) 9-12 years
3. Which religion are you affiliated to?
4. Level of education
(b) (a) Never attended any (b) Primary level (c) Ordinary level (d) Advanced level

Section B: Perception of male partner towards involvement in maternal health

1. What is your understanding of maternal health?
2. Do you agree that maternal outcomes can be positively influenced by participation of men? (a) agree (b) disagree
3. In what ways can a male partner contribute to maternal health positive outcomes?

Section C: Strategies to increase male partner involvement in maternal health

1. Have you ever participated in your partner's maternal health?
2. What do you think are some of the causes of maternal complications?
3. In your perception, what are some of the reasons that deter men from participating in their partner's maternal health?
4. What strategies can be used to increase male partner involvement in maternal health?

Section D: Pathways towards the increase of male partner involvement in maternal health

1. How can health care providers better engage male partners in maternal health discussions
2. What strategies are sustainable and effective in as far increasing male partner involvement in maternal health is concerned?
3. Do you have anything else in line with this research that you want to add?

This marks the end of my interview. Thank you for your participation.

Appendix 3. Key informant interview guide

My name is Piniel Anesu Muguti, a student from Bindura University of Science Education. I am currently studying for a Bachelor of Honours Degree in Social Work. I am kindly requesting for your contribution during my research through your participation. The topic of my research reads as follows: The pathways towards the efficacy of Mother and Baby program in increasing male involvement in maternal health. (case of Mt Hampden). Any sort of participation is voluntary and every discussion shall be conducted with the highest level of confidentiality. Please note that, the research seeks not to cause harm of any kind. I will not capture your names.

Section A: Demographic Data

1. How long have you been working as a volunteer health worker?
2. What is your level of experience working with maternal health issues?
3. Have you received any trainings on male involvement in maternal health (yes/no)?

Section B: Perception of male partner towards involvement in maternal health

1. What do you understand about male partner involvement in maternal health?
2. In what ways can men be involved in their partner's maternal health?
3. In your own opinion, does male partner involvement contribute to maternal health positive outcomes.

Section C: Strategies to increase male partner involvement in maternal health

1. What do you think society should do to create a community that encourages male partner involvement in maternal health?
2. In your own opinions, what are some causes of maternal health complications.

Section D: Pathways towards the increase of male partner involvement in maternal health.

1. In your own opinion, should every male partner participate in maternal health. yes/no
2. Do you think there is need to modify clinical practices to better engage male partners in ante-natal and child birth?
3. Do you have anything else that you would like to share with me.

This marks the end of my interview. Thank you for your participation

Appendix 4. Observation Guide

My name is Piniel Anesu Muguti, a student from Bindura University of Science Education. I am currently studying for a Bachelor of Honours Degree in Social Work. I am doing research on the topic that reads: Pathways towards the efficacy of Mother and Baby program in increasing male partner involvement in maternal health: (case of Mt Hampden). I will be observing male partner involvement in maternal health through having three main issues in mind.

Issues observed from male partners

How males communicate with each other about maternal health issues.

Male partner's attitudes towards maternal health services, ante-natal care, HIV testing and counselling among others.

How health care providers engage with male partners during maternal health services like ante-natal care and post-natal care.

This marks the end of my observation.

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

CONSENT FORM

Introduction

Dear Participant,

My name is Muguti Piniel Anesu, a fourth-year student at Bindura University of Science Education, pursuing a Bachelor of Science Honors Degree in Social Work. As part of degree requirements, each student is required to carry out a research project. I am kindly inviting you to participate in my research study. Before you decide to participate, please you are free to ask or seek clarification on any aspect that is unclear to you. Note that all information provided will be used strictly for **academic purposes**, and will be treated with **utmost confidentiality**. Participation is entirely **voluntary**, thus non one will be forced to take part in the study. You are free to withdraw at any time without experiencing any negative consequences.

The research will **not cause any harm**, either during or after completion. **No remuneration** will be provided as the study solely relies on voluntary participation. Once again, I kindly requests your assistance in carrying out my research. Your time and cooperation are sincerely appreciated.

Title of the study

Pathways towards the efficacy of mother and baby program in increasing male partner involvement in maternal health. Case of Mt Hampden.

Aim of the study

The goal of the research is to evaluate the mother and baby program in increasing male partner involvement in maternal health and identify pathways towards the efficacy of the program.

Contact details

Cell No: +263778270670 or +263710800234

For any queries and clarity, you may contact me on the following details

Email; mugutti8@gmail.com

If you are willing to participate in the study, you may fill your details in the spaces below

Participant signature..... Researcher's signature.....

APPROVAL LETTER

FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK



P. Bag 1020
BINDURA, Zimbabwe
Tel: 263 - 71 - 7531-6, 7621-4
Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 17 FEBRUARY 2025

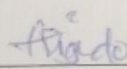
TO WHOM IT MAY CONCERN

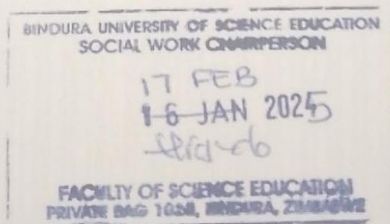
RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer: MUGUTI PINIEL ANESU
Student Registration Number: B2103838 who is a BSc SOCIAL WORK student
at Bindura University of Science Education and is carrying out a research project in
your area/institution.

May you please assist the student to access data relevant to the study, and where
possible, conduct interviews as part of a data collection process.

Yours faithfully


MS E.E. CHIGONDO
CHAIRPERSON



THE ST. JOHN ASSOCIATION OF ZIMBABWE

FOR THE FAITH AND IN THE SERVICE OF HUMANITY
St John First in First Aid



St John

The Patron:
The President of Zimbabwe
The Chairman:
Dr F. Lovemore


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Bulawayo: 263 29 881875
Mutare: 263 2021 69066
Email: info@stjohnambulance.co.zw

17 February, 2025

To whom it may concern

Piniel Anesu Muguti is a 4th year Social work student at Bindura University and is currently doing his research. He did his attachment with us from July 2023 to July 2024. During this period we were working in your area (Mt Hampden) on Mother and Baby project. May you please allow him to carry out his research in your area to complete his degree requirements.

Yours Sincerely


C. Murambiwa
Projects Coordinator
St John Ambulance

THE NATIONAL ST JOHN COUNCIL

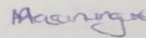
17 FEB 2025

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26 FEB 2025

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