

Influence of Husband Involvement during Antenatal Clinic on Knowledge of Neonatal Danger Signs among Mothers Attending Well Baby Clinics in Nakuru County-Kenya: A Quasi Experimental StudyElizabeth G. Kibaru ^{[1]*}, Amos M. Otara ^[2]^[1]Department of Paediatrics and Child Health, Faculty of Health Sciences, Egerton University, Kenya^[2]Department of Reproductive Health, Faculty of Health Sciences, Egerton University, Kenya**Abstract**

Introduction: Male involvement is associated with improved maternal and newborn outcomes as they play a vital role in decision making in health seeking.

Objective: To determine the influence of husbands' accompaniment to the antenatal clinic on maternal knowledge of neonatal danger signs (NDS) after nurses' capacity building.

Study design: A quasi experimental study.

Method: Eight health facilities were selected at random among facilities in Nakuru County. Mothers attending well baby clinics with children <1 year were interviewed using structured questionnaires. Analysis was done using the SPSS software (version 23).

Results: Two different cohorts of 414 mothers each were interviewed at baseline and at the end with 176 (42.5%) and 200 (48.3%) of mothers respectively being accompanied by husbands for antenatal clinic. At baseline they were likely to identify inability to breastfeed, convulsions and hypothermia as NDS and these were statistically significant with $p < 0.004$, $P < 0.003$ and $P < 0.033$ respectively. Identification of more 3 NDS increased from 37 (21%) at baseline to 99 (49.5%) with all mentioning at least one NDS at the end point.

Conclusion: Male partner accompaniment to antenatal care was found to have a positive correlation to maternal knowledge of NDS with nurses' capacity building playing a big role.

Key words: maternal, antenatal, male partner, newborn danger sign

Introduction

Men involvement in reproductive health service utilization is very crucial in the reduction of maternal and neonatal mortalities. There is a big gap in sub-Saharan Africa where men believe their roles in families is provision of funds for attending clinics, provision of food and arrangement of transport to hospital and the women should be obeying the decisions already made (Kiptoo et al., 2016). Greenspan et al in their study in Tanzania reported that the role of men as mainly organizing for transport to hospital, purchasing medications and taking their partners to hospital during non-routine care (Greenspan et al., 2019). Men are the primary decision makers of most families in developing countries and therefore their involvement in maternal and newborn health could promote a better relationship between couples in the family and enhance maternal wellbeing (Bhutta et al., 2005). The 2015 WHO Recommendations on Health Promotion Interventions for Maternal and Newborn Health focused on interventions to promote active participation of men during pregnancy, childbirth and after birth, to facilitate and support improved maternal and newborn health outcomes. The interventions are recommended on the condition that women's choices and their autonomy in making decisions are respected (WHO, 2015). Male involvement had been identified worldwide as a priority area of intervention to achieve the

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