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COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND

MIDWIFERYDEPARTEMENT OF MIDWIFERY, MATERNITY, AND RH NURSING TRACK

BARRIERS TO MALE PARTNER INVOLVEMENT DURING LABOUR AND DELIVERY: INTIKUR ANBESSASPECIALIZED HOSPITAL AND TEKLEHAYMANOT HEALTH CENTER, ADDIS ABABA, ETHIOPIA2023 G.C:AQUALITATIVE STUDY

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ATHESISTO BE SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING AND MIDWIFERY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS SCIENCE DEGREE IN MATERNITY AND REPRODUCTIVE HEALTH NURSING.

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APPROVAL BY THE BOARD OF EXAMINATION

This thesis conducted by Shewit Hailu was accepted in its present form by the board of examiners as satisfying the thesis requirement for the degree of master's in maternity and reproductive health nursing.

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DECLARATION

Letter of declaration

By my signature below, I declare and affirm that this thesis is entirely my original work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis, and completion of this thesis. All scholarly matter that was included in this thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis. This thesis has been accepted as a partial fulfillment of the requirement for a graduate degree from Addis Ababa University, College of Health Sciences it has never been presented and submitted in whole or in part, in this or any other university for the award of degree, diploma, or other qualification certificates.

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ABBREVIATIONS AND ACRONYMS

AAU: Addis Ababa University

ANC: Antenatal care

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

ETB: Ethiopian Birr

ICPD**:** International Conference on Population and Development

IDI: in-depth interview

KII: Key informant interview

MOH: Ministry of Health

MCH: Maternal and child health

PI: Principal Investigator

SDGs: Sustainable Development Goals

TASH: Tikur Anbessa Specialized Hospital

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ABSTRACT

Background: Despite initiatives to encourage male partners' participation in childbirth, Male partners rarely involveduring childbirth in low and middle-income nationsincluding Ethiopia. And almost all qualitative studies in Ethiopia examined the barriers to male partner involvement from the perspective of male partners and health workers. while women's barriers to male partner involvementwere left unexplored.

Objectives: This study aimed to explore barriers to male partner involvement during labour and delivery from the perspectivesof clients and midwives in Tikur Anbessa Specialized Hospital and Teklehaymanot health center, Addis Ababa, Ethiopia, 2023G.C.

Methods: Qualitative exploratory and descriptive study design was conducted in TASH and Teklehaymanot health center from March 1-April 1,2023 G.C. Atotal of twenty-six (26) participants (10 midwives & 16 clients) and two (2) key informants were purposively selected. Face-to-face in-depth interviews and key informant interviews were used to collect the datausing interview guiding questions. And data were analyzed with a thematic analysis approach using ATLAS ti9 software.

Result: This study has explored different forms of barriers to male partner involvement during labour and delivery. These are institutional, sociocultural, perceptions, awareness, and fear

Conclusion and recommendations: The result of this study indicates that the barriers differently hinder male partner involvement during labour and delivery. And this denotes the need for addressing the deep-rooted sociocultural practices and perceptions to implement male partner involvement during labour and delivery.

Community-based awareness creationon the benefits of male partner involvementand roles of male partners,creating a couple-friendly environment and use of materials like curtain/large screens to assure women's privacy in health institutions, and couple-oriented counseling on male partner involvementwere recommended based on the study findings.

Keywords: barriers, male, partner, involvement, midwives, clients, labour, delivery

1. INTRODUCTION

1.1. Background

Male partner involvement refers to an engagement of male partners in sexual and reproductive health issues, sexual and reproductive rights, and sexual behavior. To improve the quality of healthcare for women and children, male participation in mother and child health has been encouraged for decades. Different conventions and conferences have been held to integrate men into women's and child's health. The World Health Organization (WHO) initiative to improve maternal health is now promoting the idea of male involvement in maternal health as a new crucial component. (1–3).

Husbands may be involved in three levels of delays in obstetric emergencies, namely delay in recognizing the emergency, delay in seeking medical care, and delay in accessing health care providers(4). Male partner involvement in maternal and newborn health has been shown to have positive effects in numerous studies conducted in both developed and developing nations. These benefits include increased use of maternal healthcare services, better maternal mental health, improved birth preparedness, discouragement of unhealthy maternal practices, decrease stress and pain during delivery, increased chance of spontaneous vaginal delivery, shorten labour, high five-minute APGAR score of a new-born and reduce infant and maternal deaths during pregnancy and delivery (2,3,5–7).

In developed countries, male partner involvement in labour and delivery is almost standard and its advantages are well documented. However, in many African cultures, men are traditionally not supposed to be involved in maternal health matters(2,8). Similarly, the prevalence of male partner involvement in labour and delivery in Ethiopia is low (37.9 %) compared to the WHO's expectations. (3,8–10). Particularly, male partner involvement during labour and delivery in TASH is not common as the researcher's first-hand observations.

Different Studies in Africa revealed barriers such as negative attitudes of the health care provider, lack of clear communication with companions about their roles, possible interference with medical activities, poor road infrastructure, unsupportive ward infrastructure to accommodate husbands, and fear of HIV testing were found to be impeding factors of male partner participation during labour and delivery (6,11–14).

However, almost all studies in Ethiopia have examined the barriers to male partner involvement from the perspective of male partners and health workers while women's barriers to male partner involvement during labour and delivery were left unexplored. Therefore, this study aimed to explore barriers to male partner involvement during labour and delivery from different population groups (clients and midwives) in TASH and Teklehaymanot health center, Addis Ababa, Ethiopia.

1.2. Statement of the problem

An estimated 810 women died each day worldwide from complications related to pregnancy or childbirth in 2017. And 295,000 women die during and after pregnancy and childbirth. Almost all maternal deaths (94%) occurred in lowand middle-income nations(3).In sub-Saharan Africa, the likelihood of a woman dying during pregnancy or childbirth is 1 in 37 (15). As a sub-Saharan African country, Ethiopia has a high maternal mortality rate (412 per 100,000 live births And 85% of maternal fatalities are caused by direct obstetric complications(3,16).

To achieve Sustainable Development Goals (SDGs) target three for global maternal mortality, that states no country should have a maternal mortality rate above 140 per 100,000 live births by 2030, World Health Organization (WHO) recommended that every labouring woman be provided with continuous emotional support throughout labour and delivery by a companion of choice. And a birth companion has been cited as one of the most affordable ways to improve the experience of giving birth. (11,18,19).

Several industrialized nations, such as the United States, Australia, and Sweden, permit the husband to attend and offer assistance during the process of childbirth. (20). However, in many Sub-Saharan African nations, it is incredibly unlikely for a husband to participate in childbirth including Ethiopia, labour, and childbirth are considered as women's issue (3). Men, on the other hand, remained on the periphery and were primarily in charge of providing money for medical expenses and other material needs, as well as naming newborn children (6).

According to studies conducted in the Kaffa zone of Southwest Ethiopia and the town of Debre Tabor in North West Ethiopia, the prevalence of male partner involvement partner during labour and delivery was 36.5% and 37.9% respectively. And this finding was low based on the WHO recommendation, that every labour and delivery should be accompanied by a birth companion (3,8,19). Exceptionally, male partner involvement during labour and delivery is not common in TASH and its catchment areas. To ascertain this, the researcher conducted initial interviews and first-hand observations on the presence of a male partner in labour and delivery in TASH and assured that male partner involvement during labour and delivery is extremely rare.

The unsupportive behaviour of men negatively affects the health of their spouses and children (4). According to controlled randomized trial, the intervention group had a significantly greater decrease in fear score and higher rate of choosing vaginal delivery than control.(21).

In Ethiopia, studies have identified some personal, cultural, and socioeconomic barriers to male partner involvement, including fear of privacy breach, medical interference, and complaints, taking childbirth as a women's affair while husband involvement is a new concept, unavailability due to economic reasons and social habit of khat chewing. However, qualitative studies conducted in Ethiopia have focused almost exclusively on examining barriers from the perspectives of men and healthcare workers. And none of these studies addressed barriers to male partner involvement during labour and delivery from the women's perspective (3,4,11,22–24).

Therefore, this study explores barriers to male partner involvement in childbirth from client and midwife perspectivesin TASH and Teklehaymanot health center Addis Ababa, Ethiopia. And the researcher claimed that understanding these barriers is the first step in solving this problem.

1.3. Significance of the study

As labour and delivery periods are associated with a range of life-threatening complications, WHO has advocated continuous Intrapartum emotional support from a companion of choice to improve feto-maternal health (19,25). Nevertheless, male partner involvement during labour and delivery in Ethiopia is inadequate (3,8). And the barriers that impede male participation in labour and deliveries in TASH and its catchment area have not been understood as well. Therefore, the results of this study will help;

- Addis Ababa health bureau to take proper measures in the implementation of male partner involvement during labour and delivery.
- For policymakers to design relevant solutions for the implementation of male partner involvement during labour and delivery.
- Toimprove maternal and new-born health by identifying barriers to male partner involvement during labour and delivery.
- Furthermore, this study's findings will aid researchers studying this topic.

2. LITERATURE REVIEW

2.1. Introduction

The World Health Organization (WHO) has acknowledged the utilization of a birth companion as a highly economical approach to enhance positive childbirth experiences. (19). However, male partner involvement during childbirth is an important culturally sensitive feature of respectful maternity care that can be influenced by different barriers. And the degree of male involvement in maternity care varies across cultures and nations. Based on studies, barriers to male partner involvement during labour and delivery can be broadly classified as healthcare facility-related, sociocultural, and individual/personal barriers (26–28).

2.2. Barriers to male partner involvement during labour and Delivery

2.2.1. Healthcare facility-related barriers

I.Non-conducive environment: Several Studies in Africa found the health system unsupportive for birth companions in resource-strained hospitals. Barriers include poor road infrastructure and unfriendly delivery unit facilities (Limited space for male partners in labour rooms)(1,13,14,29–32).

Based on the studies, Delivery rooms in low-resource settings have multiple beds and lack privacymaking it difficult to maintain both audio and visual privacy. Therefore, having a male partner for one woman can break the privacy of other women. For this reason, the health systems do not allow men into labour and delivery rooms to protect the privacy of other women (6,30,33–35).

II. Negative attitude of health care workers: A research conducted in underdeveloped countries revealed that 58.8% of obstetricians refused to permit labour companions in their wards. Another Study done in St. Paul's Hospital and Millennium Medical College and its Catchment Centers in Addis Ababa, Ethiopia showed 82.4 % of health practitioners didn't allow labour companions (22,36). The identified obstacles included concerns regarding privacy violation, potential disruption of standard medical procedures in labour and delivery units, the excessive workload for healthcare providers, fear of complaints, and inadequate communication regarding the companion's responsibilities (13,22,30,32,34).

III. Inappropriate services delivery: Insufficient availability of suitable facilities was discovered to have adversely impacted men's involvement in maternal healthcare services. Factors such as negative attitudes from healthcare providers towards male partner involvement. such as well as the abusive treatment of mothers and their partners high price of accompanying women to maternity healthcare (29,31,37).

2.2.2. Sociocultural barriers

In different parts of Africa, Maternal health matters have typically been perceived as the domain of women, whereas men have been conventionally regarded as providers for their families. As a consequence, adverse cultural convictions like the notion that husbands who accompany their spouses are being dominated by their wives and social factors like qualities of marital relationship, relationships with their parents, and community hindered male participation in childbirth. (29,30,32,38).

The primary cause of male neglect towards their spouses in the Somali region of Ethiopia has been attributed to the sociocultural practices prevalent in the area. This is primarily due to deeply entrenched stereotypes and the feminization of maternal health concerns. Men are stigmatized if they are involved in their wives' pregnancy and delivery issues. Fear of HIV testing was another social barrier for men to present during labour and delivery. Because HIV-positive individuals are traditionally stigmatized by their society and close friends (6,24). A study conducted in rural Kenya and the Ibanda district of Uganda revealed that men participating in childbirth encountered a lot of public judgment and were seen as "weaker" partners in the relationship and stigmatized by their peers (29,39).

Furthermore, shyness was found a barrier to male partner involvement. A study conducted in Nepal revealed that women were bashful in the presence of their spouses and the majority of them were hesitant to disclose information about their pregnancy and delivery to their husbands(40). And another study revealed that men feel embarrassed when they attend MCH clinical services with their partners (34).

The traditional division of gender roles was supposed to be a barrier to male partner involvement during childbirth. Several studies conducted in Africa showed that men consider themselves as the primary providers and their primary responsibility during pregnancy and childbirth involves assisting their partners financially, arranging necessary items for delivery,

ensuring women's access to healthcare facilities, and name the new-born. therefore, men found engaging in labour and delivery issues are given a feminine atmosphere as to studies conducted in the Sidama zone, Southern Ethiopia, Kenya, and Tanzania (2,6,30).

Moreover, perceptions hindered male partner involvement during childbirth. Research done in rural Nepal showed that birthing difficulties would be encountered if the husband was present during childbirth (40).

2.2.3. individual/personal barriers

I. Knowledge and attitude barriers: Male partners lacked sufficient understanding of childbirth the process, the skilled birthing process, and potential complications that could occur in childbirth. (1). According to studies conducted in Sidama zone, Southern Ethiopia, and the Somali region, Misunderstandings about childbirth (childbirth is a natural process), Lack of knowledge about partner involvement, and the possible pregnancy and childbirth complications were the identified male participant's barriers to male partner involvement during labour and delivery (2,35). male partners didn't involve in maternal heath due to unwillingness to participate (37).

II. Personal behavior barriers: Based on the qualitative study done in the North Dayi District of Ghana, Barriers such as excessive alcohol consumption and laziness were identified(29).Similarly, Personal behaviors related to alcohol or substance abuse have been some of the cited obstacles to male partner participation. Studies in Kenya and Ethiopia demonstrated that drunkenness and the habit of khat chewing a barriers to male participation in promoting maternal and neonatal health. According to these studies, these behaviors create additional challenges to men in being able to provide the required labour and delivery support and the right attitude towards it (24,39).

III. Economic barriers: The unavailability of male partners during labour and delivery due to economic reasons was another barrier to male partner participation. Since men focus on income-generating activities, they leave their wives at home and they will not be around to support their wives when they give birth (24,29,35).

IV. Lack of awareness: Lack of awareness hindered male partners' involvement in childbirth. Studies in the Ibanda district, Uganda, and Sidama zone, Ethiopia found that men lacked knowledge about male involvement in childbirth (2,29). Likewise, the studies were conductedin Mulago Hospital, Uganda, and Sidama zone, Ethiopia where men were unaware of their role during delivery (2,32).

2.4. Conceptual framework

The Conceptual Framework to barriers of male partner involvement during labour and deliverywas developed after reviewing different literature(1,2,29–35,37–39,6,13,14,22,24,26–28).

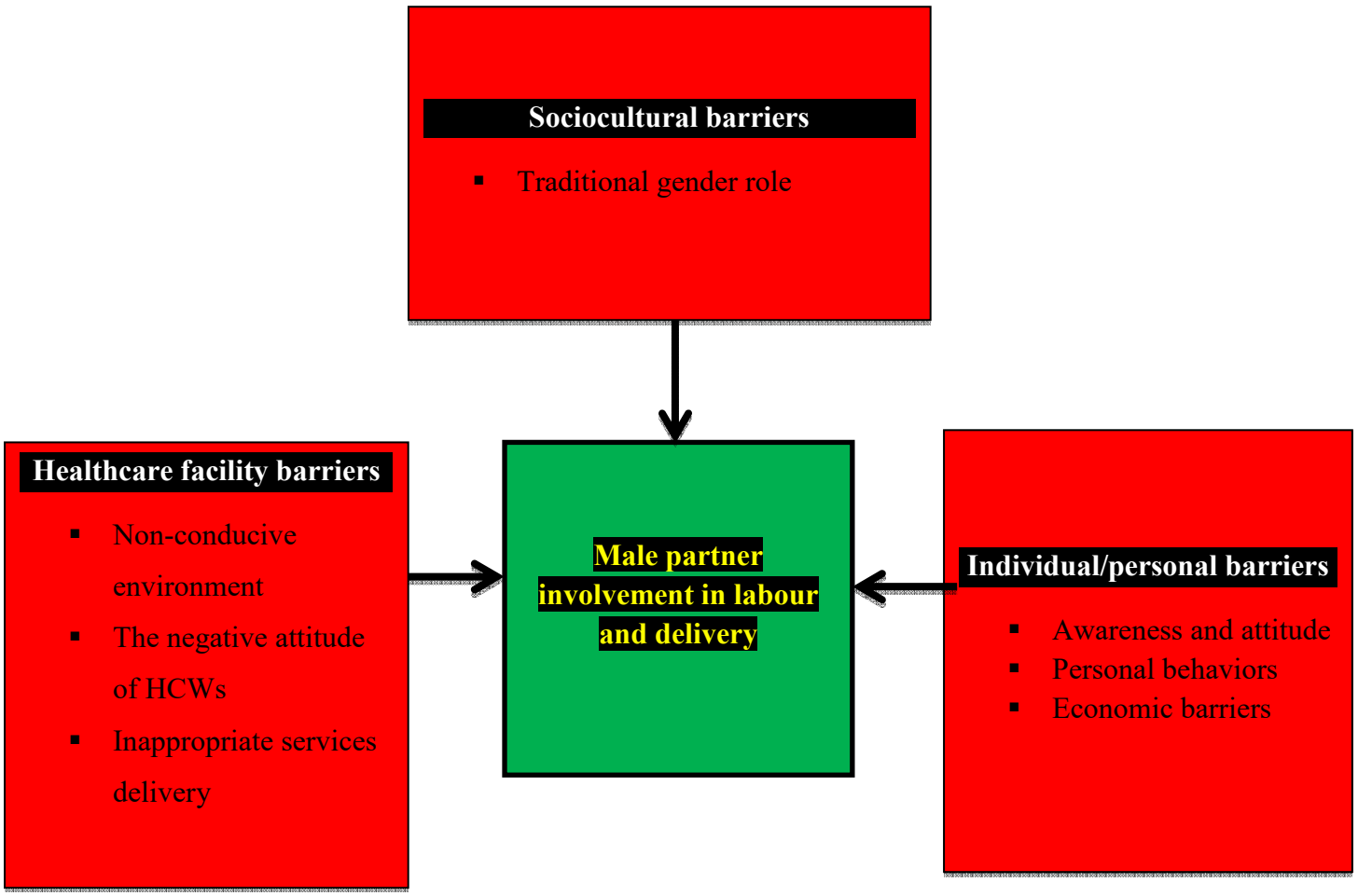

Figure 1. Conceptual framework constructed from literature review of barriers of male partner involvement during labour and delivery in Tikur Anbessa Specialized Hospital and Teklehaymanot health center, Addis Ababa, Ethiopia, 2023 G.C.

3. OBJECTIVES

3.1. General objective

To explorebarriers to male partner involvement during labour and deliveryfrom the perspective of clients and midwivesin Tikur Anbessa Specialized Hospital andTeklehaymanot health center, Addis Ababa, Ethiopia, 2023 G.C.

3.2. Specific objectives

To describe the healthcare facility barriers to male partner involvement in labour and delivery

To explorethe sociocultural barriers to male partner involvement during labour and delivery

To understandmidwives' perception towards male partner involvement in labour and delivery

To understandclient's perception towards male partner involvement in labour and delivery

To describethe client'sawareness of male partner involvement during labour and delivery

4. METHODS

4.1. Study area and period

The study was conducted in TASH andTeklehaymanot health center, Addis Ababa, Ethiopia from March 1 to April 1, 2023. It was established in 1964 and is the country's largest tertiary university teaching hospital, with a capacity of over 800 beds. And it provides medical services in internal medicine, gynecologic & obstetric, surgical, pediatrics&emergency departments (41).

According to data from the hospital's administration, TASH has a total of 70 midwives working in maternal and child health and 19 of them work in labour and delivery unit. And the unit has 12 beds. The report of the first quarter in 2023 G.C showed total deliveries of 1148. TASH has 12 health centers under its catchment including Teklehaymanot health center. Teklehaymanot health centerhas a total of 104 nurses and 11 of them aremidwives working in the maternal and child health unit. Labour and delivery unit of Teklehaymanot health centerhas 7 beds.

4.2. Study design

The study employed an institutional qualitative exploratory and descriptive study design. The rationale behind using this qualitative research design was it is useful in summarizing and understanding an area of interest.Exploratory research is used to understand unknown problems or phenomena.And the descriptive qualitative design is primarily concernedwith describing ideas rather than conceptualizing or interpreting them (42). But the exploratory and descriptive qualitative approach has the potential to both explore and describe barriers to male partner involvement during labour and delivery. Therefore, This design was appropriate to contextualize the perspective of participants about the barriers to male partner involvement during labour and delivery(43).

4.3. Study participants

- Purposively selected midwives who work in labour and delivery unitof TASH and Teklehaymanot health center
- Purposively selected postpartum women and their partners who used labour and delivery services in TASH and Teklehaymanot health centerduring the data collection time

4.4. Sample size And Sampling Strategies

A total of twenty-six (26) study participants (10 midwives and 16 clients) and two (2) key informants were enrolled in this study. Key informants were maternal and child health (MCH) coordinator midwives of TASH and Teklehaymanot health center. And the total number of study participants was determined by the level of information saturation.Data saturation is reached when once the opportunity to acquire new information has been obtained and the formation of any more groups was no longer possible (44). A Purposive sampling technique was used to select the study participants and variations in population,age, and sex were taken into account to get different ideas.

At first, TASHandTeklehaymanot health center were purposively selected due to their limited practice of male partner involvement during labour and delivery as the principal investigator's (PI) observation. Then the PI recruited the eligible client participants together with the health care providers in labour and delivery unit. For the midwife participants, the PI purposively selected the eligible participants who had long work experience in the unit. The MCH coordinatormidwives were taken as key informants considering that they might have better know-how about the barriers to male partner involvement during labour and delivery in their institution.

4.5. Eligibility criteria

4.5.1. Inclusion criteria

- Midwives who worked in labour and delivery at TASHor Teklehaymanot health center for at least 6 months (45).
- Stable postpartum women and their partners who used labour and delivery services in TASH and Teklehaymanot health centerduring the data collection time

4.6. Data collection tool and procedure

Before starting the in-depth interview (IDI), a pretest was conducted on 6 participants of whom 2 participants were from each study population other than the main study participants to check the accuracy of the interview guides and the time required for each interview. Then the interview guide questions were modified according to the findings.

Before the IDI, the PI contacted labour and delivery unit staff of both health institutions to request a quiet room for interviewing the participants. Once the PI met the eligible client participants and received their consent to participate in the study, the PI stayed as close as possible to the study participants to build rapport and give them detailed information about the study. Then the IDI was started after the participants became stable just before they left the healthcare facility. For the midwife participants and key informants, the PI spent one-week building rapport and giving them detailed information about the study before the in depth-interview (IDI) and Key informant interview (KII). And data were collected by the PI using Face to face IDIand KIIwith an assistant data collector who had qualitative data collection experience. And interview guiding questions were used to achieve the research objectives. For each voluntary interviewee, the assistant data collector recorded audio and took field notes. The Amharic language was used to conduct the interviews.

Operational definitions

There is no universal definition of partners' involvement in maternal health care(46).

For this study,

- **Male partner involvement**- is defined as the presence of a male partner with his wife duringinstitutional delivery in all aspects of labour and delivery process to provide her direct physical, financial, and emotional support to improve her and the newborn's health (1).
- **Barrier**- anything either physical, individual, economic, psychological, or sociocultural factor that prevents the presence of a male partner during the institutional deliveryof his wifeto provide her direct and continuous supportthroughout labour and delivery process(47).

4.7. Data analysis and processing method

Analysis of data was started earlier during data collection and data were inductively analyzed by a thematic analysis approach. ATLAS ti9 qualitative software was used during coding and grouping of data analysis and the researcher used six systematic steps (48).

Step 1: **Verbatim transcription**;in this stage, Audio interviews transcribed and translated from Amharic to English. the principal investigator used Atlas t9 qualitative software to analyze the data. Advisors then verified the accuracy of the transcriptions and the audio recordings.

Step 2: **Coding and organization;**The PI coded and organized data systematically, which was checked by advisors and colleagues.

Step 3: Generating themes;The researcher ensured code clarity and consistency by merging some codes into one

Step 4: **Reviewing themes;** The effectiveness and accuracy of data representativeness were evaluated by the researcher.

Step 5: **interpretation and description of codes, categories, and themes;** The researcher then interpreted the data that had been coded, identified categories and themes of data, and outlined the final list of themes.

Step 6: Write up; The researcher analyzed and wrote up the data.

4.8. Trustworthiness

Trustworthiness is the capacity of a researcher to persuade participants and oneself that the results of the investigation are straightforward, accurate, or reliable. To check data accuracy and reliability of data, the PI evaluated credibility, transferability, dependability, and conformability(49).

Credibility: To ensure that the study reflected the midwifeparticipants' views, the PI spent time in the field collecting data from study participants. Despite the limited time to contact the clients, the PI engaged with them in the available time to provide detailed information about

the study to create a comfortable relationship for IDI. And the PI presented the preliminary findings to colleagues and advisors to seek comments.

Transferability: The principal investigator (PI) provided a complete overview of the research the setting, methodology, participants, and final report on the study's context to ensure transferability. And to maximize the variety of in-depth findings, purposive sampling was used to concentrate on participants who could provide rich information about the issues under investigation.And peer-debriefing with colleagues was done.

Dependability: To ensure dependability, the researcher recorded the participant's interview on audio, took notes, and verbatim transcribed the conversation for process cross-checking.

Conformability: In order to establish conformability and lessen bias during data collection, coding, and analysis, the researcher thought back on and considered prior personal expectations and experience. To ensure that the data interpretation accurately reflects the participant's words and not the researcher's perspectives, the participant's words from interview transcripts were used, and peer-debriefing was applied.

4.9. Ethical considerations

An approval letter was taken from Addis Ababa University, college of health sciences, school of Nursing and Midwifery and ethical clearance was obtained from Addis Ababa public health research and emergency management directorate. Written Informed consent was taken from all participants. All interviewee's identities and other private information were kept confidential. The transcriptions and notes were saved as Microsoft Word files and the data were electronically stored as audio records to be used as a backup. To maintain privacy, the MS Word files were protected through a password.

5. RESULT

5.1. Participant's characteristics

A total of twenty-six (26) study participants; 10 midwivesand 16 clients (nine male & seven female) and two (2) key informants were enrolled in this study. All participants were Addis Ababa, city residents. The mean and range age of client participants were 29.3 years and 23 to 35 years respectively. Four clients (three women and one man) had attended Primary education, five clients (one woman and four men) had attended secondary education, and seven clients (three women and four men) had attended university/college. Three women were housewives, one student, eight were Governmental/ private employees (three women & five men) and the rest four men were merchants.

Ten midwives(six from TASH & four from Teklehaymanot HC) were included in this study. And they were four females and six males. Eight midwiveshad attended first degree and two had the second degree. The average year of work experience of midwives participants was 6.3 years. And the mean age of midwives participants was 29.8 years with a range of 24 to 38 years. Two key informants (one from each health institution) were employed and they had working experience of 6 and 30 years. The characteristics of the client and midwifeparticipants were summarized below in Table 1.

Table 1. Characteristics of the client who came for labour and delivery service use and midwife participants at Tikur Anbessa Specialized Hospital and Teklehaymanot health center Ethiopia,2023G.C,(n=26).

Variable	Frequency(n)	Percentage (%)
Age		
15-24 years	1	3.85
25-34 years	14	53.85
35-49 years	11	42.3
Total	26	100
Sex		
Male	15	57.7
Female	11	42.3
Total	26	100
Residence of clients		
Urban	16	100
Rural	0	0
Total	16	100
Educational status		
Primary education	4	15.38
Secondary education	5	19.23
Diploma	3	11.54
First degree	12	46.15
Second degree	2	7.7
Total	26	100
Occupation		
Housewife	3	11.54
Governmental employ	4	15.38
Private employ	3	11.54
Students	1	3.85
Merchant	4	15.38
Mechanics	1	3.85
Midwife	10	38.46
Total	26	100
Years of midwives' work experience		
1-4 years	1	10
5-9 years	7	70
>10 years	2	20
Total	10	100
Population types		
Midwife	10	35.71
Male client	9	32.14
Female client	7	25
Key informants	2	7.15
Total	28	100

5.2. Emerged themes

Five themes of barriers to male partner involvement in labour and delivery have emerged from data analysis of midwives, clients, and key informant'sin-depth interviews. These are Institutional, sociocultural, perception, fear, and awareness barriers. The themes were identified according to all accounts about the barriers to male partner involvement during labor and delivery from the client's and midwives' perspective in TASH and Teklehaymanot health center, Addis Ababa, Ethiopia. These themes with their respective sub-themes and codes have been summarized in Table 2.

Table 2. Themes, sub-themes, and codes were identified through in-depth interviews of midwives and clients in Tikur Anbessa specialized hospital and Teklehaymanot health center, Addis Ababa Ethiopia, 2023.

Theme	Subtheme	Code
Institutional Barriers	Non-conducive environment	Crowdedness
		Cramped Rooms
	Unprotected client privacy	Unseparated rooms
		presence of more women
	Counseling gap	Lack Counseling
		Lack of communication with clients
Sociocultural barriers	Social judgments	Unfriendliness
		Effemination
	Cultural barriers	The traditional division of gender role
		Women's shyness
		Men's shyness
Perception barriers	Perceptions Towards the Impact of partner involvement	Embarrassment of labour
		husband dislike
		Divorce
	Perceptions towards male partner involvement& its Relevance	Men's incapability
		Uncertainty to its relevance
		Women help better

Awareness barriers	Lack of client Awareness	The novelty of the concept of male partner involvement
		Unclear roles partner during childbirth
Fear barriers	Men's fear	Fear of blood
		Worry
		Cry
		Fainting
		Sweating
		Nervousness
	Midwife's Fear & Insecurity	Fear of husband attack
		Fear of complaints
		Work interference
		Fear of Argument

Theme 1: Institutional Barriers to male partner involvement during labour and delivery

The present study revealed that a majority of interviewedmidwife participants and key informants mentioned institutional barriers as impediments to male partner involvement during labour and delivery. Non-conducive environment, Unprotected client privacy, and Counseling gap belonged under this main theme.

Sub-theme 1: Non-conducive environment

The non-conducive working environment was among the mentioned institutional barriers to male partner involvement in this study. As reported by the study participants, the crowdedness of rooms due to increased health personnel was an important impediment for male partners to involve in TASH, given that it is a teaching hospital in nature. *"Since Tikur Anbessa is a Teaching hospital, there are more students. There will be residents, interns, midwives, seniors again, c1, and other students, so it's a bit difficult to add a husband. This is one of the problems. There can be up to ten professionals in one room".* (Midwifeinterviewee X, 28years)

Additionally, the limited availability of space within labour and delivery rooms was identified as a hindrance to the participation of male partners during childbirth in both healthcare facilities.According to the study participant's account, all three or more labouring mothers were admitted into one room as there was no private room for each mother. And there was no space to accommodate husbands of these all mothers at once. *"It is true and we know that for a labouring mother to involve her husband is better than to give her medicine. But how could we let them (the husbands) in? The room is too narrow to even make a curtain, so it was not possible to involve the husband" (*Key informant interviewee I, 30 years)

Sub-theme 2:Unprotected client privacy

The client's privacy concern was supposed to take the best part of all barriers to male partner involvement. This particularly was due to the absence of separate rooms for laboring mothers. Besides, more laboring women are often present in one room. With this in mind, midwives and clients had no courage to implement male partner involvement during childbirth in the study area. *"There is a privacy issue. In a sense, there are more beds in a row in one room. And there are mothers examined every hour, there are laboring women, and there might be a*

woman who gives birth. When a partner enters, he (the husband) sees all mothers in the room. So how are we going to protect privacy?"(Midwifeinterviewee IV, 29 years)

Sub-theme 3: Counseling gap

Client participants said a lack of healthcare provider counseling hindered male involvement during labor and delivery.They also supposed that healthcare workers do not even communicate with clients if men could support and reassures their wives by being by their side during childbirth. *"The health professionals themselves do not tell you if men can involve. When I came to the health center with my wife for a check-up from the very beginning, we were not told anything about the husband's participation in labor and deliver".* (Male interviewee VII, 30 years)Midwivesas well witnessed that counseling on male partner involvement during labour and delivery is unlikely in their healthcare institutions. *"There is also a problem with health care professionals, not making them (clients) aware and not telling the mothers and husbands to come in and help them. It is just doing anything to get men out*". (Midwifeinterviewee X, 28 years)

Theme 2:Sociocultural Barriers to Male Partner involvement during labour and deliverySub-theme 1: Social Judgments

This study explored different social judgments and opinions that prevent male partner involvement. Among these social judgment barriers,unfriendliness and effemination were basically suggested by most study participants. According to this study, a number of client participants have witnessed that if husbands are seen supporting childbirth instead of women, they are ascribed to be an ill-mannered couple who can't get along with people. Particularly, wives are the primary victims of this social judgment and they are recognized as unfriendly and no one can approach them. "*If her(the labouring woman) husband does that, the mothers who are around say, doesn't she have anyone, doesn't she have friends, they just think of her like no one loves her, that she doesn't get along with people and as she is a coarse mannered and friendless woman"* . Female interviewee VII, 30 years)

The other part of social judgment found in this study waseffemination. Based on the result of this study, men who engaged in childbirth support are believed to miss their manliness and they are given different names as if they have woman's traits and are usually effeminated by their peers and society. And they eventually get socially out-casted. *"Moreover, it is better*

when a man does a man's job; otherwise, he (husband) is culturally seen as a womanish (*ሴታሴት*in Amharic*) if someone does such things. From this point of view, I don't support the husband's participation during labour and delivery"*. (Male interviewee I, 28 years)

Sub-theme 2: Cultural barriers

The findings of this study revealed that cultural influence was a fundamental issue that puts men away from their wives during childbirth. The fore mentioned barrier was stated in terms of the traditional division of gender roles and shyness.Based on the data analysis of this study, almost all study participants bore witness that childbirth issues were traditionally assigned to women so women must deal with it. "*It means that most of our society considers assisting childbirth as a women's duty. Yes, most of the time when you go in; you don't usually find a man. And you feel it's only for women. It is very difficult for us to face this because of it; the husband represents his mother, aunt, or another woman".*Hence, men often engage with in money-spinning activities and usually take labour and delivery issues for granted. *"…Childbirth is not a man's issue. A man's work is an outsider's work. It is to work and bring money".* (Male interviewee V, 30 years)

Furthermore, the finding of this study uncovered shyness as an impediment to male partner involvement during childbirth. In accord with the study participants, seeing your partner's body naked is culturally considered shameful. With this in mind, partners do not dare to see each other naked and have childbirth support. Since it makes them embarrass each other. *"But not all women want to see their husbands when they give birth. Some women shy their husbands, including me. To be honest, I don't want my husband to see me when I give birth. I feel shy. I don't know but I do not get freedom anyways if my husband is involved".* (Female interviewee I, 29 years)

Theme 3: Perceptions towards male partner involvement during labour and Delivery

In this study, perceptions held by Individuals were found to influence male partner involvement during childbirth in different ways. Based on the study participant's responses, they had negative perceptions towardsmale partner involvementrelated to different concepts. Their perceptions predominantly relied on male partner involvement relatedto labour impact, marriage impact, and men's capability of childbirth support and uncertainty to the relevance of partner involvement

Sub-theme 1:Perceptions towards the impact of partner involvement

Even though no scientific evidence supports that male partner involvement during childbirth has negative impacts, participants in this study perceived partner involvement related to the embarrassment of labour and dislike/divorce.Menclient participants stated that they perceive male partner involvement during childbirth brings about an embarrassment of labour. As to the participant's own words, they believe that Animals get embarrassed when you see them while they are giving birth and their labour fails to progress. *"If we take animals for example, it is said that if a person sees them when they are about to give birth, their labour gets arrested or delayed because they are afraid".* And they based their opinion on this myth for women as well. Therefore, they do not want to be around their wives when they give birth. *"...In the same way, what I personally think is that when a woman is giving birth, and if a man sees her, she (the woman) will be embarrassed, so her labour might be delayed"*.(Male interviewee II, 32 years)

In this study, most interviewed women had negative perceptions towards male partner involvement during childbirth associated with negative consequences in marriage. They discerned that exposing your whole body to your partner during childbirth has an undesirable impact on marriage and love and it results in Divorce/dislike. *"Women bother about what will my husband say to me if he (her husband) saw me like this? I'm afraid that he might divorce me".(*Femaleinterviewee V, 25 years)

Women in this study have revealed their dread of being disliked and eventually divorced by their husbands. Women participants said that men would lose their previous libido afterward they noticed their wife's private parts naked during labour and delivery. "…*When a woman gives birth, he (husband) sees her private parts with many things. Then he may lose his feelings for her that he has before. It is a fear that he may say that is a woman like that?*" (Female interviewee V, 25 years)

Sub-theme 2: Perceptions toward male partner involvement& its relevance

Myths and misconceptions about male partner involvement during childbirth associated with Men's incapability of childbirth support were dispersed within most clientparticipants in this study. According to the finding of this study, women believe that `men are not competent enough like women to support childbirth. And they think only women have inherited wisdom to support childbirth. *"As to me, I prefer women to enter because women can help well than men most of the time. The reason is that there is wisdom given to us. We (women) can do this kind of comforting and reassuring better than men during childbirth. However, husbands are not capable of reassuring much except for external things, work, and other needs".* (Female intervieweeIV, 31 years)

Men client participants also devalued their ability to support childbirth and believe that mothers can support labouring women more in prayer than men can.**"***Not only this, but mothers also have the ability to help in prayer in terms of their closeness to religion. Therefore, from that point of view, I have an idea that mothers should participate instead of men*". (Male intervieweeI, 27 years)

Despite the fact that the significance of male partner involvement in childbirth outcomes has been scientifically proven,some midwivesdoubt its relevance. *"I do not let them (husbands) in, because I don't think that there is importance due to their involvement"*. According to the study, midwivesperceived that they can provide enough care for labouring woman and she is not even in need of her husband's further support.*"... Yes! We (healthcare workers) are more than her(the labouring woman) husband to support her For example, a mother whom I have attended during her ANC follow-up gets very happy when she come and meets me. So she doesn't like her husband's support"*. (Midwifeinterviewee VI, 29 years)

Theme 4: Awareness to male partner involvement during labour and delivery

The majority of the study participants in this study stated that lack of client awareness was a leading barrier to male partner involvement during childbirth. Midwives explained that clients had no awareness about male partner involvement during childbirth.

Furthermore, client participants themselves conceded that they have never heard that husbands could help their wives getting into a delivery room.**"***To tell the truth, I wasn't aware of it if it were possible for husbands to participate in labour and delivery. I think the role of husbands is only to take them to a health facility and buy them things they need when labour starts".* (Male interviewee I, 27 years)

Although some clients had some information heard from their friends that male partner involves during childbirth in private clinics, they do not know their role during labour and delivery. *"Yes, I have little known how. But I am still confused about what shall I do to help her during childbirth. I do have not enough knowledge about my responsibility when I participate during labour and deliver"* (Male interviewee VII, 30 years) and they think that the husband's role during childbirth is only reaching the labouring woman into a health institution and bringing her material supplies. *(...I think the role of husbands is only to take them to a health facility and buy them things they need when labour starts".* (Male interviewee I, 27 years)

Theme 5: Fearsto male partner involvement during labour and delivery

Individual fears have been discovered to hinder male partner involvement during childbirth in this research. Study participants asserted that their fears were their barriers to male partner involvement during childbirth. In this study, men's fear and midwives' fear&Insecuritywere the identified barriers to male partner involvement in general.

Sub-theme 1: Men's fear

Findings in this study showed that men's fearswere an essential barrier to male partner involvement during labour and delivery. Some study participants had a fear of blood.Based on the findings of this study, being exposed to blood was scaring event for men study participants.And they repeatedly said that they feel disgusted at the sight of blood. *"But I don't think that husbands should go in to support and watch them (women) when they give birth. Like me, if I were with my wife when she gives birth, I would be nervous when I see her (his wife's) bleeding".* (Male client interviewee I, 27 years)

Moreover, fear of the childbirth process was another mentioned barrier to male partner involvement. Men participants suggested that they get panic about the childbirth process due

to excessive concern about the well-being of their wives and foetus. And it makes them anxious enough that couldn't just cope with it when they see their wives screaming and struggling with labour. "*There is no other problem except it disturbs me emotionally. I don't want to see my wife struggling with labour if I start from myself. For example, I get worried that I can't tolerate it when she cries and gets upset. That's why I do not want to enter into a delivery room".* (Male interviewee III, 28 years)consistently midwives said that husbands do not support well even if they were let to involve because of their emotional disturbance. Hence, they cry and make their wives cry too. *"But most of the husbands don't want stress for themselves. Some husbands say, "I don't want it, I'm worried myself" or cry with them (labouring women) instead of doing a treat".* (Midwifeinterviewee VIII, 36 years)

Sub-theme 2: Midwives'Fear &Insecurity

Some midwivesparticipants in this study explained their concern about their security if male partners involved during childbirth.Theydeadly explained that husbands would raise a lot of unnecessary complaints & arguments because they don't know about the care given. Owing to these fears,they were rather reluctant to male partner's involvement. Most importantly, they feel unprotected and vulnerable to husband attack. "*It doesn't give me good comfort, so I prefer not to involve a husband. The reason is that he (the husband) doesn't know what is being done. So, I might be afraid that he might attack me if he feels something is wrong with me".* (Midwife interviewVI, 26 years)

Likewise, midwives set forth that they couldn't perform their work appropriately if male partners involved during childbirth. And this showed that midwives worry much about husbands interference in their work in care delivery. *"Another reason is, the thought that I might not perform properly when I do the procedure in my work. Because we think that husbands should leave for the professional to perform properly".* (Key informant intervieweeI, 28 years)

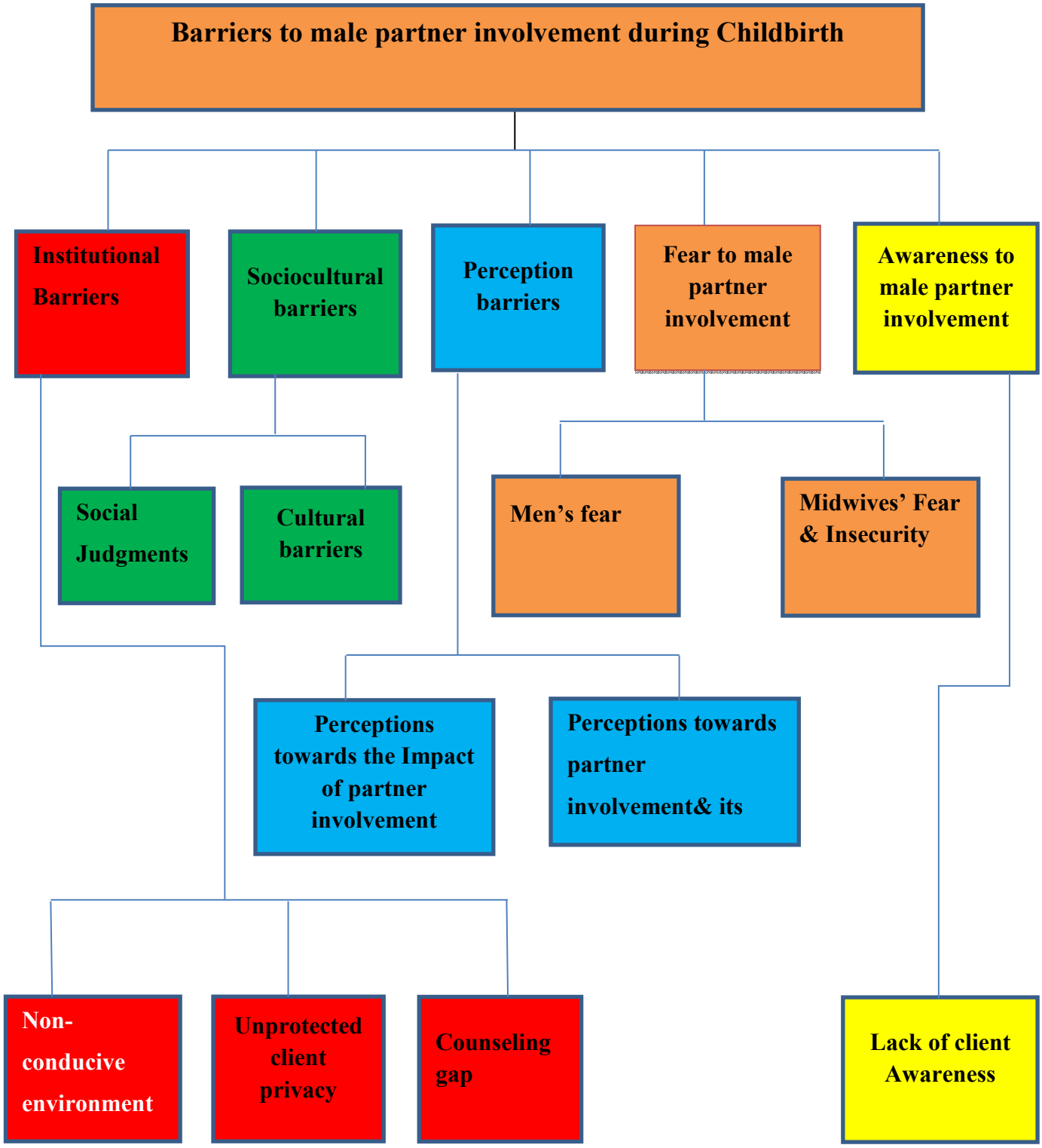

Figure 2. Diagrammatic description of findings on barriers to male partner involvement during labour and delivery in Tikur Anbessa Specialized Hospital and Teklehaymanot health center, Addis Ababa, Ethiopia, 2023 G.C.

6. DISCUSSION

Exploring the barriers to male partner involvement during labour and delivery is the priority concern to find out a pragmatic solution to promote male partner involvement during childbirth. An institutional qualitative exploratory and descriptive study design was used aimed to explorebarriers to male partner involvement during labour and delivery from the client's and midwives' perspective in Tikur Anbessa Specialized Hospital andTeklehaymanot health center.

The non-conducive environment due to crowdedness and congested space of labour and delivery rooms was one of the health institutional barriers to male partner involvement. This finding is consistent with studies conducted in different African countries revealed that Men's involvement in childbirth was hindered by poor healthcare facilities that rooms were too crowded and lacked space for male partners during labor and delivery (1,6,13,29,31,34,50).

On the other hand, unprotected client privacy was another concern due to the absence of separate rooms for laboring and delivering mothers in this study. This result agreed with systematic reviews conducted in Africa and a study done in St. Paul’s Hospital and Millennium Medical College Addis Ababa, Ethiopia (13,21,50,51).In which the labour & delivery rooms were constructed in a way that contains multiple beds and there were usually other women in the room. It was impossible to guarantee women's privacy when a male companion was involved(6). Hence, The overcrowding of shared labour rooms was a serious issue in facilities in limited resources(13). This might be due to the building of labour and delivery rooms being traditionally built in a low-resource setting that contains many delivery beds in one room, in which it was difficult to assure both audio and visual privacy (33,34).

Lack of health care workers counseling on male partner involvement was mentioned to be another barrier to involve in childbirth in this study. Although no study was found related to this finding, a randomized controlled trial showed that spousal counseling of pregnant women increased the mean social support scores of pregnant women (52). This finding denotes the need to incorporate male partner involvement during childbirth counseling into ANC services.

This study explored different sociocultural issues that hinder male partner involvement during labour and delivery including social judgments, social effemination, traditional gender roles, and shyness.

Regarding social judgment, some client participants in this study have witnessed that couples, particularly; wives are ascribed to be unfriendlyand hostile to othersif men are seen supporting childbirth. Moreover, men who engage in childbirth support are effeminated (seen as ሴታሴት in Amharic) by their peers and society.In accordance with this finding, A study conducted in rural Kenya and the Ibanda district of Uganda revealed that Men who attended deliveries were often stigmatized by the public, viewed as "weak" partners in a marital relationship and often criticized by peers (29,39). Anda study conducted in the Somali Region of Ethiopia has shown the same finding that husbands who attempted to involve during childbirth were feminized and stigmatized by their peers (24). This most likely is due to the influence of social and cultural practices of gender roles and norms (8,53). And this finding suggests that efforts are needed to dispel such social practices and motivate husbands who involve in childbirth issues to break the existing social judgments.

Despite progress towards gender equality in sexual and reproductive health, men traditionally left pregnancy and childbirth issues for women in Eastern and Southern Africa (54). Likewise, Childbirth issues are assigned to womenin this study. And men are more often engaging in money-making activities. In line with this finding, several researches conducted in Africa including Tanzania, Ghana, Uganda, Kenya and Ethiopia revealed that men believe they are the family's main provider, and they are especially obligated to help their partners financially, prepare the necessary items for delivery and facilitating women to reach health facilities (2,6,13,24,27,29–31). This might be due to most African countries being patriarchal societies where a gender-based division of labour is common (55).This finding indicates efforts must be made to promote gender equality in sexual and reproductive health in Ethiopia.

Seeing your partner's body naked was culturally considered to be shameful and embarrassing for both genders in this research. Similar to this study, A study conducted in Nepal revealed that most women are often hesitant to discuss pregnancy and childbirth with their husbands. (40). Whereas another study revealed that men feel embarrassed when they attend MCH clinical services with their partners (34).

Men in the study believed that seeing a woman when she gives birth can cause embarrassment in labour and results in failure of labour progress. This finding is similar to what was reported in the study in rural Nepal which reported that if the husband is there during giving birth,

birthing difficulties would be encountered (40). On the contrary, male partner involvement during childbirth has scientifically shown the positive outcome of labour including an increased chance of spontaneous vaginal delivery and shortened duration of labour (7).

One barrier in this study was women's perception that men would lose their libido if they see their wives naked. Therefore, they believe that showing your body to your partner leads to dislike and divorce. However, other studies have demonstrated that male partner involvement during childbirth increased husband and wife love, respect, and trust while fostering harmony within the family(29). this might be due to cultural sensitivity (56).

This study found that men's involvement during childbirth is often misunderstood and leads to doubt about their support and importance. Even though the significance of male partner involvement in childbirth outcomes was scientificallydemonstrated, some Midwives in this research denied its relevance. And perceived that they can provide enough care for the labouring woman and she is not even in need of her husband's further support (5,7). It was one of the surprising findings of this study. This could be because of a lack of understanding on the significance of partner support during childbirth (57).

According to this study,men's fear and midwives' fear& insecurity hindered male partner involvement in childbirth. This study disclosed that men avoid supporting childbirth due to fear of blood and fear of the childbirth process.And they justified that they get extremely concerned about the well-being of their wives and fetus when they see their wives screaming and struggling with labour. This finding was evident in previous studies in which husbands were concerned more about their partner during childbirth (58,59).

Some midwifeparticipants in this study felt unprotected and vulnerable to husband attack during his involvement in labour and delivery. The finding of study conducted in Uganda healthcare workersrather were happy and motivated due to men's participation (29).

Similarly, midwives explained that they couldn't perform their work appropriately if male partners are involved. And they were more concerned about husband's interferences in their work in care delivery. this finding was in accordance with systematic reviews and studies conducted in St. Paul's Hospital and Millennium Medical College Addis Ababa, Ethiopia (13,22,50). This might be due to healthcare providers were not well trained on how to use birth

companions (50). This shows that healthcare providers working in labour and delivery unit need pieces of training on the utilization of male partner involvement in childbirth.

In the present study, the lack of client awareness was an essential barrier to male partner involvement during childbirth. Men and women clients in this study had no information about male partner involvement. And this finding agreed with studies conducted in the Ibanda district, southwestern Uganda, and Sidama zone, Southern Ethiopia (2,29). Likewise, this study has found that men didn't know their role during childbirth. This is consistent with the results of the previous studies conductedin Mulago Hospital, Uganda, and Sidama zone, Southern Ethiopia (2,32)This may be due to the lack of couple-focused reproductive health awareness campaigns in communities (2). This suggests a need for community campaigns on paternal involvement in maternal and child health during childbirth.

STRENGTHS AND LIMITATIONS

STRENGTHS

The study included TASH wherein women usually come with comorbid disease or abnormal labour and psychological support is desperately needed. This study considered variations in study populations to root out circumstantial ideas on the issue under investigation.

LIMITATIONS

Since this study was conducted in the central city, all study participants were urban dwellers and were less likely to be influenced by sociocultural issues. Future researchers could address the sociocultural barriers at large in rural areas where sociocultural practices are most valued. Given that participants were selected purposively, the findings of this study are limited to the study settings.

7. CONCLUSION AND RECOMONDATION

7.1. Conclusion

This study was conducted to explore barriers to male partner involvement during labour and delivery from the client's and midwives' perspective in TASH and Teklehaymanot health center, Addis Ababa, Ethiopia.

The result of this study revealed institutional, sociocultural, perception, fear, and awareness barriers to male partner involvement during labour and delivery.This finding indicates that the barriers to male partner involvementdifferently hinder partner involvement and the need for addressing the deep-rooted sociocultural practices and perceptions to implement male partner involvement during labour and delivery.

7.2. Recommendations

Based on the findings of this study, the researcher recommends;

To the Ministry of Health (MOH): Awareness creationon benefitsof male partner involvementand roles of male partnersduring labour & deliverythrough mass media and campaigning.Training for midwives on utilization of male partners during labour & delivery And Incorporation of male partner involvement counselling into ANC services

To healthcare institutions: Creatinga couple-friendly environment and use materials like curtains/large screens to assure women's privacy in health institutions

To midwives: Midwives should provide couple-oriented counselling on male partner involvement and support fearful expectant fathers during childbirth.

To researchers: Given that male partner involvement is a culturally sensitive issue, the researcher recommends further research on its impact on feto-maternal health through a randomized control trial.

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ANNEXES

Annexes I: English version of the information sheet for a participant in the research study

Dear

Hello, my name is_____ I am pursuing a master's degree in maternity and reproductive health nursing at Addis Ababa University College of health sciences. I am interested in studying about the barriers to male partner involvement during labour and delivery from the perspective of clients and midwives in Tikur Anbessa specialized hospital and Teklehaymanot health center, Addis Ababa, Ethiopia.

Purpose of the Research Project: The aim of this study is to explore the barriers to male partner involvement during labour and delivery from the perspective of clients and midwives in Tikur Anbessa specialized hospital and Teklehaymanot health center, Addis Ababa, Ethiopia, 2023 G.C.

Respondents answer questions kept in a private area for confidentiality. I need your honest response. And I really need your sincere and truthful response. The study's findings should be a valuable contribution to intervention and policy programs

Procedure: This study involves female and male partners and healthcare workers who fulfil the inclusion criteria. If you are willing to participate in the study, you have been chosen to be one of the participants, and we cordially invite you to do so.The data will be collected through interviews. The interview will take 30-90 minutes. And it will be recorded.

We would be so grateful if you would agree to participate, but we need you to understand the purpose of the study and demonstrate your agreement. Finally, we kindly ask that you respond to the interview questions honestly.

Benefits, Risk, and /or Discomfort: By participating in this research project, you may spend some time (30-90 minutes). However, your involvement in the investigation of the barriers to male partner involvement in labour and delivery is unquestionably crucial. Participating in this research project carries no risk and offers no immediate benefits.

Right to Refusal or Withdraw: You have the absolute right to decline to take part in this study. Additionally, you have the complete freedom to leave this study whenever you like. This research project was reviewed and approved by Addis Ababa University, college of health sciences, school of Nursing and MidwiferyYou are welcome to contact us at any time if you have any questions and to ask whenever you want. I thank you in advance for taking the time to answer my questions.

Would you be willing to participate in the study?

1. Yes 2. No

If yes, proceed to the next page.

If not, please stop here.

Name: Shewit Hailu

Phone No: 251955096376

E-mail: shailu201136@gmail.com

Name of data collector_____ signature_____

Date of questionnaire interview _____month_____/2023 G. C.

Supervisor's name _____Date_____ signature_____

Time of questionnaire administer began _____ hours: minutes

Time of administered questionnaire finished_____ hours: minutes

Checked on _____date_____month/2023 E.C.

Consent form

I, the undersigned, have been informed that this study is going to be conducted to explore the barriers to male partner involvement during labour and delivery from the perspective of clients and midwives in Tikur Anbessa specialized hospital and Teklehaymanot health center, Addis Ababa, Ethiopia.I have been informed that the data I provide will be kept private and used only for this research. I am also aware of my right to decline to answer any questions without my interest. I hereby consent to voluntary participation in the research.

Signature_____ Date_____

Annexes II: English version of In-depth Interview Guides

Part I: In-depth Interview Guide for postpartum mother

Date _____ code _____

A. Age in year----------

B. Educational Level ----------

C. Occupation----------

D. Name of institution used ----------

E. Residence address ----------

1. Tell me your experience of involving a male partner during your labour and delivery care time?

2. How do you explain the barriers to male partner involvement during labour and delivery care in this institution? (**Hint:**barriers in 1st, 2nd stage of labour)

Probing questions

2.1. What social barriers do you know? (**Hint:** Partner, Neighbor, Peers/ friends, Community)

2.2. What cultural barriers could you tell me?

2.3. Health care facility-related barriers (**Hint:** Health care providers, labour and delivery classes, resources, instructions and administration and health care service delivery system-related barriers?

2.4. Communication barriers? (**Hint:** with a partner)

2.5. What individual/personalbarriers would you mention? (**Hint:** awareness, perception)

2.5.1. What do you know about male partner involvement during labour and delivery?

2.5.2. How do you perceive male partner involvement during labour and delivery?

3. In your opinion, what do you think the solutions for barriers to male partner involvement during labour and delivery care would be in this institution?

4. Do you have anything you want to add regarding barriers to male partner involvement during labour and delivery care? (**Suggestion, question)**

Part II: In-depth Interview Guide for Male Partners

Date _____ code _____

Age in year----------

B. Residence Address----------

C. Name of institution used ----------

D. Educational level ----------

E. Occupation----------

1. Tell me about your involvement experience during labour and delivery care of your wife.

2. How do you explain the **barriers** to male partner involvement during labour and delivery care of women in this institution? (**Hint:**barriers in 1st stage of labour, barriers in 2nd stage of labour)

Probing questions

2.1. What social barriers do you know? **(Hint:** Partner, Neighbor, Peers/ friends, Community)

2.2. What cultural barriers could you tell me?

2.3. Healthcare facility-related barriers? (Hint**:** HCW, labour and delivery classes, resources, instructions and administrations and health care service delivery system-related barriers?

2.4. Communication barriers? (**Hint:** with partner)

2.5. What individual/personalbarriers would you mention? (**Hint:** awareness, perception)

2.5.1. What do you know about male partner involvement during labour and delivery?

2.5.2. How do you perceive male partner involvement during labour and delivery care of women?

3. In your opinion, what do you think the solutions for barriers to male partner involvement during labour and delivery care would be in this institution?

4. Do you have anything you want to add regarding barriers to male partner involvement during labour and delivery care? (**Suggestion, question)**

Part III: In-depth Interview Guide for Healthcare Providers

Date _____ code _____

A. Age in year ---------- D. Profession----------

B. Sex ---------- E. Year of experience----------

C. Name of working institution ---------- F. Level of education----------

1. How do you explain the practice of male partner involvement during labour and delivery care of women in this institution?

2. How do you explain the barriers to male partner involvement during labour and delivery care of women in this institution? (**Hint:**barriers in 1st stage of labour, 2nd stage of labour)

Probing questions

2.1. What social barriers do you know? **(Hint:** Partner, Neighbor, Peers/ friends, Community)

2.2. What cultural barriers could you tell me?

2.3. Healthcare facility-related barriers? (**Hint:** HCWs, labour and delivery classes, resources, instructions and administrations, and health care service delivery system-related barriers?

2.4. Communication barriers? (**Hint:** with clients, unit coordinators, and colleagues)

2.5. What individual/personalbarriers would you mention? (**Hint:** perception)

- How do you perceive male partner involvement during labour and delivery care of women?

3. In your opinion, what do you think the solutions for barriers to male partner involvement during labour and delivery care of women would be in this institution?

4. Do you have anything to add regarding barriers to male partner involvement during labour and delivery care? **(Suggestion, question)**

Part IV: InterviewGuide for key informant Interview

Date _____ code _____

A. Age in year ---------- D. Profession----------

B. Sex ---------- E. Year of experience----------

C. Name of working institution ---------- F. position----------

G. Level of education----------

1. How do you explain the practice of male partner involvement during labour and delivery care of women in this institution?

2. How do you explain the barriers to male partner involvement during labour and delivery care of women in this institution? (**Hint:**barriers in 1st stage of labour, 2nd stage of labour)

Probing questions

2.1. What social barriers do you know? **(Hint:** Partner, Neighbor, Peers/ friends, Community)

2.2. What cultural barriers could you tell me?

2.3. Healthcare facility-related barriers? (**Hint:** HCWs, labour and delivery classes, resources, instructions and administrations, and health care service delivery system-related barriers?

2.4. Communication barriers? (**Hint:** with clients, colleagues, and other responsible bodies)

2.5. What individual/personalbarriers would you mention? (**Hint:** perception)

- How do you perceive male partner involvement during labour and delivery care of women?

3. In your opinion, what do you think the solutions for barriers to male partner involvement during labour and delivery care of women would be in this institution?

4. Do you have anything to add regarding barriers to male partner involvement during labour and delivery care? **(Suggestion, question)**

Annex III: Amharic version of information sheet

ዉድየጥናቱተሳታፊዎች!

ጤናይስጥልኝስሜ

_____ይባላል፡፡በአሁኑወቅትበአዲስአበባዩኒቨርሲቲበሚድዋይፍሪትምህርትክ ፍልየሁለተኛዲግሪትምህርቴንእየተከታተልኩእገኛለሁ፡፡የሁለተኛዴግሪዬንለመጨረስይረዳኝዘንድበ አዲስአበባከተማበሚገኙጥቁርአንበሳልዩሆስፒታልእናተከለሃይማኖትጤናጣብያእናቶችበምጥናበወሊ ድበሚሆኑበትሰአትወንድየትዳርአጋሮችእንዳይሳተፉየሚያደርጉተግዳሮቶችበሚለዉርዕሰጉዳይላይጥ ናትእያደረኩእገኛለሁ፡፡

የጥናቱአላማ፡የዚህጥናትዋናአላማበአዲስአበባከተማበሚገኙጥቁርአንበሳልዩሆስፒታልእናተከለሃይማ ኖትጤናጣብያእናቶችበምጥናበወሊድበሚሆኑበትሰአትወንድየትዳርአጋሮቻቸውእንዳይሳተፉየሚያደ ርጉተግዳሮቶችንይዳስሳል፡፡ሚስጥራዊነትእናግላዊነትንየሚጠበቀውምላሽሰጪዎችማንምሊያያቸው በማይችልበትየተለየቦታላይመልስእንዲሰጡበማድረግነው።ስለዚህየእርስዎታማኝእናእውነተኛምላሽ እፈልጋለሁ።የጥናቱውጤትለፖሊሲእናለጣልቃገብነትፕሮግራሞችእንደጠቃሚግብአትሆኖያገለግላ ልብለንተስፋእናደርጋለን።

የጥናቱሂደት፡በጥናቱዉስጥለመሳተፍየተካተቱትንመመዘኛዎችያሟሉየጤናባለሞያዎችእናየትዳርአጋ ሮችንይካተታሉ፡፡እርስዎምበዚህጥናትለመሳተፍበታላቅአክብሮትተጋብዘዋል፡፡ለመሳተፍፍቃደኛከሆ ኑ፤እኛበጣምደስተኞችነንእናምየዚህንጥናትአላማበትክክልተረድተውስምምነትዎንእንዲያሳዩእንፈልጋ ለን፡፡በመጨረሻምበቃለ-

መጠይቁትክክለኛምላሽዎንእንዲሰጡበአክብሮትእንጠይቃለን፡፡መረጃውበቃለመጠይቅይሰበሰባል. ቃለመጠይቁከ 30-90 ደቂቃይወስዳል።ድምፅዎትምይቀዳል።ለመሳተፍፍቃደኛከሆናችሁበጣምደስብሎናልእናምየዚህንጥና ትአላማበግልፅእንድትረዱእናስምምነትዎንእንዲያሳዩእንፈልጋለን።በመጨረሻምበቃለ-

መጠይቁላይእውነተኛምላሽእንድትሰጡበአክብሮትተጠይቃችኋል።

ጥቅማጥቅም፤ጉዳትእና/ወይምየማይመችነገር: በዚህጥናትበመሳተፍዎትንሽግዜ (30-90 ደቂቃዎች)

ሊባክንባቹይችላል፡፡ሆኖምግንየእርስዎተሳትፎእናቶችበምጥናበወሊድበሚሆኑበትሰአትወንድየትዳር አጋሮቻቸውእንዳይሳተፉስለሚያደረጉተግዳሮቶችለማጥናትእናአስፈላጊዉንየመፍትሄእርምጃእዲወሰ ድያግዛል፡፡በዚህጥናትበመሳተፍዎምንምአይነትጉዳትወይምቀጥተኛጥቅምአይኖረዉም፡፡

የመቃወምወይምየመተዉመብት:በዚህጥናትዉስጥያለመሳተፍሙሉመብትአለዎትበተጨማሪምጥና ቱንሳያጠናቅቁበፈለጉትሰዓትየመተዉመብትዎየተጠበቀነዉ::ማናቸዉምጥያቄሲኖረዎትበማንኛዉም ጊዜማነጋገርይችላሉበተጨማሪምማንኛዉንምመረጃበፈለጉትጊዜማግኘትይችላሉ::ለጥያቄዎቼመልስ ለመስጠትጊዜስለወሰዱስቀድሜአመሰግናለሁ።

በጥናቱለመሳተፍፈቃደኛኖት ?1. **አዎ 2. አይደለም**

የእርስዎመልስ**አዎ**ከሆነ፣ወደሚቀጥለውገጽይቀጥሉ።የእርስዎመልስ**አይደለም**ከሆነ፣እባክዎትንእዚህያ ቁሙ።

ስም:ሸዊትሀይሉ**ስልክቁጥር:** +251955096376

ኢ-ሜል:shailu201136@gmail.com**አድራሻ:-** አዲስአበባዩኒቨርሲቲየጤናሳይንስኮሌጅ

ጥናቱንየሚሰበስበዉስም _____ ፊርማ_____

ጥናቱመሰብሰብየተጀመረበትቀን _____ወር_____/2015 ዓ/ም

የተቆጣጣሪዉስም _____ቀን_____

ፊርማ_____

ጥናቱመሰብሰብየተጀመረበትሰዓት _____: ደቂቃ

ጥናቱተሰብስቦያለቀበትሰዓት _____: ደቂቃ

የተጣራበትቀን _____ወር_____2015ዓ/ም

የጥናቱተሳታፊዎችፍቃደኝነትቅፅ

እኔየጥናቱተሳታፊየሆንኩኝግለሠብይህጥናትበአዲስአበባከተማበሚገኙጥቁርአንበሳልዩሆስፒታልእናተ ከለሃይማኖትጤናጣብያእናቶችበምጥናበወሊድበሚሆኑበትሰአትወንድየትዳርአጋሮቻቸውእንዳይሳተ ፉየሚያደርጉተግዳሮቶችለመዳሰስየቀረበጥናትመሆኑንተረድችያለው::የምሰጠውምግላዊመረጃዬበ ሚስጥራዊነትእንደሚጠበቅእናለዚህጥናትአላማብቻእንደሚውልተነግሮኛል::ጥናቱውስጥያለፍላጎቴ ተሳታፊሆኜመቀጠልእንደሌለብኝእናመቀጠልባልፈለግሁጊዜማቆምእንደምችልተረድቻለሁ::በአጠ ቃላይከላይየተዘረዘሩትንመብቶቼንበማወቅናየእኔበዚህጥናትላይመሳተፍጥቅምአለውብዬበማመንበ ሙሉፍቃደኝነትለመሳተፍተስማምቻለሁ::ፊርማ_____

ቀን_____

Annex IV: Amharic version of In-depth Interview Guides

ክፍልአንድ፡- የወላድእናትየቃለ-መጠይቅመመሪያ

ቀን _____ ኮድ _____

A. እድሜበዓመት ----------

B. የትምህርትደረጃ ----------

C. ስራ----------

D.የተገለገሉበትየጤናተቋምስም ----------

E. የመኖርያአድራሻ----------

1. በሚያምጡበትእናበሚወልዱበትጊዜየትዳርአጋርዎንየማሳተፍልምድዎምንይመስላል? (**ፍንጭ:**አነሳሽ/ቀስቃሽምክንያቶች፣የምጥደረጃ፣የተሳትፎጊዜ፣ገጠመኝ፣ውጤት)

2. በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትጊዜየትዳርአጋሮቻቸውእንዳይሳተፉየሚያደርጉእንቅፋቶች/ ተግዳሮቶችንያብራሩ? (**ፍንጭ**: በ 1 ኛ, በ 2 ኛየምጥደረጃ)

<u>የማብራርሪያጥያቄዎች</u>

2.1. ምንማህበራዊመሰናክሎችያውቃሉ? (ፍንጭ: የትዳርአጋር፣ጎረቤት፣እኩዮች/ጓደኞች፣ማህበረሰብ)

2.2. ምንየባህልእንቅፋቶችሊነግሩኝይችላሉ?

2.3. የጤናተቋምተዛማጅእንቅፋቶች?

(ፍንጭ:የጤናባለሞያዎች፣የምጥእናወሊድከፍሎች፣ሀብቶች፣መመሪያዎች/ደንቦችእናየጤናአገልግሎ ትአሰጣጥስርዓትተዛማጅእንቅፋቶች)

2.4. የአለመወያየት/አለመነጋገርእንቅፋቶች? (ፍንጭ: ከአጋር፣ከጤናባለሙያዎች)

2.5. ከግለሰባዊእንቅፋቶችምንምንይጠቅሳሉ? (**ፍንጭ:** የግንዛቤ)

2.5.1.በምጥእናበወሊድጊዜስለየትዳርተሳትፎምንያውቃሉ?

2.5.2. በምጥእናበወሊድጊዜየትዳርአጋርንማሳተፍእንዴትይገነዘባሉ?

3.

በእርስዎአስተያየት፣በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትጊዜየትዳርአጋሮቻቸ ውእንዳይሳተፉለሚያደርጉእንቅፋቶች/ተግዳሮቶችምንቢደረግይፈታሉብለውያስባሉ?

4.

በእናቶችምጥእናወሊድጊዜስለወንድየትዳርአጋሮችተሳትፎእንቅፋቶችንበተመለከተማለትየሚፈልጉት ነገርአለ? (**ጥቆማ፣ጥያቄ)**

<u>ክፍልሁለት፡የወንድአጋርየቃለ-መጠይቅመመሪያ</u>

ቀን _____ ኮድ _____

A. እድሜበዓመት ----------

B.የመኖርያአድራሻ----------

C. የተገለገሉበትየጤናተቋምስም---------

D. የትምህርትደረጃ ----------

E. ስራ----------

1.ሚስትዎ/የትዳርአጋርዎበሚያምጡበትእናበሚወልዱበትጊዜያሎትየተሳትፎልምድምንይመስላል?

(ፍንጭ:አነሳሽ/ቀስቃሽምክንያቶች፣የምጥደረጃ፣የተሳትፎጊዜ፣ገጠመኝ፣ውጤት)

2.

በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትጊዜየትዳርአጋሮቻቸውእንዳይሳተፉየሚያደርጉእንቅፋቶች/ ተግዳሮቶችንያብራሩ? (**ፍንጭ**: በ 1 ኛ, በ 2 ኛየምጥደረጃ)

<u>የማብራርያጥያቄዎች</u>

2.1. ምንማህበራዊመሰናክሎችያውቃሉ**?**

(ፍንጭ:የትዳርአጋር፣ጎረቤት፣እኩዮች/ጓደኞች፣ማህበረሰብ?

2.2. ምንየባህልእንቅፋቶችሊነግሩኝይችላሉ?

2.3.የጤናተቋምተዛማጅእንቅፋቶች?

(**ፍንጭ**:የጤናባለሞያዎች፣የምጥእናወሊድከፍሎች፣ሀብቶች፣መመሪያዎች/ደንቦችእናየጤናአገልግሎትአሰጣጥስርዓትተዛማጅእንቅፋቶች)

2.4. የአለመወያየት/አለመነጋገርእንቅፋቶች?(**ፍንጭ**:ከአጋሮች፣ከጤናባለሙያዎች)

2.5. ከግለሰባዊእንቅፋቶችምንምንይጠቅሳሉ? (**ፍንጭ**: የግንዛቤ)

2.5.1.በምጥእናበወሊድጊዜስለየትዳርተሳትፎምንያውቃሉ?

2.5.2. በምጥእናበወሊድጊዜየትዳርአጋርንማሳተፍእንዴትይገነዘባሉ?

3.በእርስዎአስተያየት፣በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትጊዜየትዳርአጋሮቻቸውእንዳይሳተፉለሚያደርጉእንቅፋቶችምንቢደረግይፈታሉብለውያስባሉ?

4.

በእናቶችምጥእናወሊድጊዜስለወንድየትዳርአጋሮችተሳትፎእንቅፋቶችንበተመለከተማለትየሚፈልጉት ነገርአለ? (**ጥቆማ፣ጥያቄ)**

<u>ከፍልሥስት፡የጤናባለሙያየቃለ-መጠይቅመመሪያ</u>

ቀን _____ ኮድ _____

A. እድሜበዓመት ---------- D. ሙያ ----------

B. ፆታ ---------- E. የስራልምድ --------

C.የሚሰሩበትየጤናተቋምስም-------- F. የትምህርትደረጃ ---------

1.

በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትሰዓትየትዳርአጋሮችየተሳትፎልምዳቸውም ንይመስላል? **(ፍንጭ:** አነሳሽ/ቀስቃሽምክንያቶች፣የምጥደረጃ፣የተሳትፎጊዜ፣ገጠመኝ፣የተሳትፎውጤት)

2.

በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትሰዓትየትዳርአጋሮቻቸውእንዳይሳተፉየሚ ያደርጉእንቅፋቶች/ ተግዳሮቶችንያብራሩ? (**ፍንጭ**: በ 1 ኛ, በ 2 ኛየምጥደረጃ)

<u>የማብራርሪያያቄዎች</u>

2.1. ምንማህበራዊመሰናክሎችያውቃሉ**?** **(ፍንጭ**: የትዳርአጋር፣ጎረቤት፣እኩዮች/ጓደኞች፣ማህበረሰብ)

2.2.ምንየባህልእንቅፋቶችሊነግሩኝይችላሉ?

2.3.የጤናተቋምተዛማጅእንቅፋቶች?(**ፍንጭ**: የጤናባለሞያዎች፣የምጥእናወሊድከፍሎች፣ሀብቶች፣መመሪያዎች/ደንቦችእናየጤናአገልግሎትአሰጣጥ ስርዓትተዛማጅእንቅፋቶች?

2.4.የአለመወያየት/አለመነጋገርእንቅፋቶች? (**ፍንጭ**:ከደንበኞች፣ከስራክፍልአስተባባሪዎች፣ከስራባለደርቦችጋር)

2.5. ከግለሰባዊእንቅፋቶችምንምንይጠቅሳሉ? (**ፍንጭ**:፣የግንዛቤ)

- በእናቶችምጥእናወሊድጊዜየትዳርአጋሮችተሳትፎእንዴትይገነዘባሉ ?

3.

በእርስዎአስተያየት፣በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትሰዓትየትዳርአጋሮቻቸ
ውእንዳይሳተፉለሚያደርጉእንቅፋቶችምንቢደረግ**ይፈታሉ**በለውያስባሉ?

4.

በእናቶችምጥእናወሊድጊዜስለወንድየትዳርአጋሮችተሳትፎእንቅፋቶችንበተመለከተማለትየሚፈልጉት
ነገርአለ? (**ጥቆማ፣ጥያቄ)**

<u>ክፍልአራት፡ለቁልፍመረጃሰጭየቃለ-መጠይቅመመሪያ</u>

ቀን _____ ኮድ _____

A. እድሜበዓመት ---------- D. ሙያ ----------

B. ፆታ ---------- E. የስራልምድ ---

C. የሚሰሩበትየጤናተቋምስም---------- F. ሀላፊነት-------

G. የትምህርትደረጃ ----------

1.

በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትሰዓትየትዳርአጋሮችየተሳትፎልምዳቸውም
ንይመስላል? **(ፍንጭ:**

አነሳሽ/ቀስቃሽምክንያቶች፣የምጥደረጃ፣የተሳትፎጊዜ፣ገጠመኝ፣የተሳትፎውጤት)

2.

በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትሰዓትየትዳርአጋሮቻቸውእንዳይሳተፉየሚ
ያደርጉእንቅፋቶች/ ተግዳሮቶችያብራሩ? (**ፍንጭ**: በ 1 ኛ, በ 2 ኛየምጥደረጃ)

<u>የማብራርያያቄዎች</u>

2.1. ምንማህበራዊመሰናክሎችያውቃሉ**?** **(ፍንጭ**:

የትዳርአጋር፣ጎረቤት፣እኩዮች/ጓደኞች፣ማህበረሰብ)

2.2. ምንየባህልእንቅፋቶችሊነግሩኝይችላሉ?

2.3.የጤናተቋምተዛማጅእንቅፋቶች? (**ፍንጭ**:

የጤናባለሞያዎች፣የምጥእናወሊድከፍሎች፣ሀብቶች፣መመሪያዎች/ደንቦችእናየጤናአገልግሎትአሰጣጥ ስርዓትተዛማጅእንቅፋቶች?

2.4. የአለመወያየት/አለመነጋገርእንቅፋቶች?

(**ፍንጭ**:ከደንበኞችጋር፣ባለደርቦች፣ከሌሎችየሚመለከታቸውአካላትጋር)

2.5. ከግለሰባዊእንቅፋቶችምንምንይጠቅሳሉ? (**ፍንጭ**: የግንዛቤ)

- በእናቶችምጥእናወሊድጊዜየትዳርአጋሮችተሳትፎእንዴትይገነዘባሉ ?

3.

በእርስዎአስተያየት፣በዚህተቋምውስጥእናቶችበሚያምጡበትእናበሚወልዱበትሰዓትየትዳርአጋሮቻቸ ውእንዳይሳተፉለሚያደርጉእንቅፋቶች/ተግዳሮቶችምንቢደረግ**ይፈታሉ**በለውያስባሉ?

4.

በእናቶችምጥእናወሊድጊዜስለወንድየትዳርአጋሮችተሳትፎእንቅፋቶችንበተመለከተማለትየሚፈልጉት ነገርአለ? (**ጥቆማ፣ጥያቄ)**

Annex V: Themes, sub-themes, and codes with their description

Theme	Subtheme	Code	Code description
Institutional Barriers	Non-conducive environment	Crowdedness	Crowded labour and delivery rooms due to the increased number of health personnel
		Cramped Rooms	Congested labour and delivery rooms
	Unprotected client privacy	Unseparated rooms	Unseparated labour and delivery rooms expose women's privacy
		presence of more	presence of more women in one room which

		women	exposes women's privacy
	Counseling gap	Lack Counseling	Lack of healthcare professional counseling on male partner involvement
		Lack of communication with clients	Lack of healthcare professional communication with clients about male partner involvement
Sociocultural barriers	Social judgments	Unfriendliness	Social judgments for couples involved during labour and delivery as they are unfriendly
		Effemination	Social consideration of effeminate for husbands participated during labour and delivery
	Cultural barriers	traditional division of gender role	Traditional assignation of childbirth issues to women
		Women's shyness	Women's embarrassment when they see by husbands during labour and delivery
		Men's shyness	Men's feeling of shy to see women's private organs
Perception barriers	Perceptions towards the Impact of partner involvement	Embarrassment of labour	Failure of labour to progress due to women's embarrassment to men
		husband dislike	Women's perception of husbands losing libido after they saw the reproductive organs of their wives
		Divorce	Women's perception of couple separation due to husbands' loss of libido after they saw the reproductive organs of their wives
	Perceptions towards partner male involvement& its Relevance	Men's incapability	Perception of participants that men are not capable of childbirth support
		Uncertainty to its relevance	Participant's Perception of male partner involvement has no relevance
		Women help better	Participant's perception that women are better at helping with childbirth
Awareness barriers	Lack of client's	novelty of the concept of male partner involvement	Being new to the concept of male partner involvement to study participants

	Awareness	Unclear roles partner during childbirth	Participant's lack of knowledge about the role of husbands during childbirth
Fear barriers	Men's fear	Fear of blood	Fear seeing blood during childbirth
		Worry	Men's feelings of worries and fears when they present during labour& delivery
		Cry	Men's Cry in response to childbirth stress
		Fainting	Falling of husbands when they see the childbirth process
		Sweating	Sweating of men due to worry about childbirth when they see it
		Nervousness	Husband's feelings of anxious when they see the childbirth process
	Midwives' Fear & Insecurity	Fear of husband attack	Midwives' fear of husband attack when he involves during labour& delivery
		Fear of complaints	Midwives' fear of complaints when he involves during labour& delivery
		Work interference	Midwives' fear of work interference when husband involves during labour& delivery
		Fear of Argument	Midwives' fear of Arguments when husband involves during labour& delivery