



QUALITATIVE RESEARCH ON INTERMITTENT PREVENTIVE TREATMENT FOR MALARIA DURING PREGNANCY IN RURAL ZAMBIA

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Treatment
ARV	Antiretroviral (drug)
BP	Blood Pressure
CCP	Center for Communication Programs
DHS	Demographic and Health Survey
DOT	Directly Observed Therapy
FGD	Focus Group Discussion
Hb	Hemoglobin
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
IPTp	Intermittent Preventive Treatment during Pregnancy for Malaria
ITN	Insecticide Treated Net
K	Kwacha
NMCP	National Malaria Control Program
PMTCT	Prevention of Mother-to-Child Transmission
RDT	Rapid Diagnostic Test
SP	Sulfadoxine-Pyrimethamine
STI	Sexually Transmitted Infection
TT	Tetanus Toxoid
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
UTH	University Teaching Hospital
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
ZISSP	Zambia Integrated Systems Strengthening Program

EXECUTIVE SUMMARY

BACKGROUND

Malaria is endemic in Zambia and it is the leading cause of health facility visits. There were 3.2 million cases of malaria in 2008. Malaria is particularly harmful to pregnant women and their fetuses. Control of the disease is one of the Zambian Government's highest priorities.

Intermittent preventive treatment malaria during pregnancy (IPTp) for malaria in Zambia is currently defined as taking at least three doses of an effective antimalarial drug, sulfadoxine-pyrimethamine, during the second and third trimesters of pregnancy. The first dose should be administered in the sixteenth week with the second dose following a month later and the third dose a month after the second dose. Antenatal clinic attendance during pregnancy is high in Zambia, 94% of pregnant women attend ANC at least once; however, pregnant women on average come for their first antenatal visit at 5.1 months gestation. Therefore, pregnant women in Zambia often begin IPTp treatment after the recommended start of the sixteenth week and few take the recommended three doses, thus reducing the effect of the treatment and increasing the likelihood poor birth outcomes as a result of malaria infection during pregnancy.

The Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) is a Zambia Integrated Systems Strengthening Project (ZISSP) implementing partner. As a ZISSP partner, CCP conducted a qualitative formative assessment, specifically focus group discussions and in-depth interviews with men, women, and health providers, to gauge the factors that promote or inhibit timely IPTp uptake during pregnancy. This formative assessment aims to guide and refine subsequent ZISSP/CCP behavior change communication projects.

METHODOLOGY

The objective of this study was to understand the factors that facilitate and inhibit the timely use of IPTp in Zambia from the perspectives of adult men and women as well as health providers.

A total of 24 focus group discussions and 24 in-depth interviews were conducted in December 2011. The groups were stratified by sex, parity and region. The data were coded using ATLAS.ti software and analyzed using the thematic content analysis approach.

KEY FINDINGS

The study shows that knowledge about IPTp as malaria prevention is widespread in the study communities and indeed in some instances the possibility of accessing malaria prevention interventions at a health facility were a motivation for attending ANC. However, there was clearly a disjoint between being aware of the benefits of IPTp and accessing it at the appropriate time. Accessing IPTp was mainly dependent on accessing ANC on time as the data indicates that once a pregnant woman attended ANC, the likelihood of her taking IPTp was high.

Pregnant women are reluctant to attend ANC until they are sure that they are pregnant – most often this is around 4 months gestation. Possible reasons for waiting until they are sure to attend antenatal could be the monetary, physical and social costs of accessing antenatal care. Financially it can be costly to travel to the clinic. There could also be costs associated with antenatal care – paying fines or purchasing equipment required by the clinic. Finally, there is the cost of losing a day of work. The physical cost is the toll it takes to travel long distances to the clinic while pregnant. The social costs are

the ridicule women receive from the health care providers. In addition, there could be social pressure to only acknowledge a pregnancy when it is in its advanced stages to avoid signaling a false alarm, and consequently, risking a spontaneous abortion.

Many male and female study participants indicated that they are motivated to attend ANC to confirm whether their suspicions of a pregnancy are true or not. Men in particular were very keen to learn the “truth”. Since both women and men are anxious to know whether the suspected pregnancy is really a pregnancy or not this could be a great time to start ANC with couples – encouraging both men and women to come early for that initial ANC visit to see the test results and start the ANC services.

There was a low awareness about the recommended number of antenatal clinic visits recommended for pregnant woman – especially among male community members. Men tended to grossly exaggerate the number of antenatal visits recommended, as well as the time to initiate ANC, which they said was as soon as one suspects she is pregnant. It was alarming that women with one child were more likely to indicate a pregnant woman only needs to make 1 antenatal visit – especially due to their increased susceptibility to malaria during pregnancy and the need to receive at least 2 doses of IPTp.

According to the focus group discussants, most pregnant women were motivated to take Fansidar during pregnancy in order to prevent themselves and the fetus from malaria infection. Women who attended ANC were able to access Fansidar, except in cases of stock outs. Providers reported that when stock outs are threatening priority of medication is primarily given to women coming for their first antenatal visit. ANC providers indicated that Fansidar should be taken at 16 weeks of pregnancy; however, providers reported that pregnant women most often access the first dose of Fansidar as late as 20 weeks.

To ensure that pregnant women receive all 3 recommended IPTp doses, it was most prominently suggested by ANC providers that pregnant women should access ANC on time, or earlier than the current practice. ANC providers also suggested the need to sensitize communities on the importance of early initiation of ANC for IPTp and malaria prevention. Reducing Fansidar stock outs and increasing the number of ANC providers to combat the current trend of long queues and subsequent long wait times among pregnant ANC attendees, were also suggested routes of increasing IPTp uptake.

RECOMMENDATIONS

In light of the data that emerged from the focus group discussions and in-depth interviews in rural Zambia numerous programmatic recommendations can be made. What follows is a list of recommendations for different aspects of program development.

Overall recommendations:

- Communities – especially via the traditional leadership – should be sensitized about the importance of attending ANC on time and consistently for all 4 visits.
- IPTp stock outs should be eliminated. In addition, stock outs of other malaria medications should be eliminated – so Fansidar sharing within clinics to non pregnant women ends.
- If at all possible programs should consider setting up systems to provide pregnant women with simple food to eat prior to taking Fansidar at ANC to reduce the side effects of taking Fansidar on an empty stomach.

Demand generation messages:

- Programs should emphasize that the number of recommended ANC care visits is just 4. This emphasis might encourage attendance as the recommended number of visits are less than the number perceived by community members, so hence are a barrier to accessing ANC.
- Pregnant women are reluctant to initiate ANC until they have an obvious pregnancy bump. At the

same time, study participants consistently overestimated the gestational age of pregnant women in photos during the FGDs. Programs should create messaging to remind community members that pregnancy bumps are not an accurate measure of pregnancy duration – and should not be used to judge whether a women is ready to access ANC or not.

- Programs can emphasize the fact that at ANC couples can determine the “truth” about the suspected pregnancy – encouraging couples to attend ANC on time and together.
- Programs should encourage male involvement in pregnancy and ANC as the involvement of male partners is one of the main motivators for women to access ANC.

ANC service provision messages:

- Rural health centers providing services to pregnant women and their partners are struggling to meet the demand. Providers would likely treat the clients better and more efficiently if they had a lighter workload. In addition, as programs continue to encourage more male involvement the burden on health providers will likely increase as they are dealing with couples instead of groups of individuals.
- ANC service providers would benefit from very clear guidelines on when pregnant women should initiate ANC and the number of visits they should make. It would likely assist providers if they were given guidelines that cater to numerous scenarios – such as recommended timing of follow up visits given the gestational age of the initial visit. These recommendations should take into consideration the fact that guidelines for HIV transmission and malaria prevention differ – the guidelines should corroborate the disparate guidelines into a simple template that the providers can use on a daily basis to advise pregnant couples.
- ANC service providers should allow women to take Fansidar at home, and trust that they have taken it, instead of insisting they come to the clinic to swallow Fansidar in their presence during instances of stock outs.
- ANC providers need clear guidance on the number of recommended IPTp doses. Most providers in the study indicated a pregnant woman should receive 3 doses of IPTp but a number indicated that pregnant women should receive 4 doses. Guidelines on the number of IPTp doses, in recognition of the number and timing of ANC visits, should be very clear and provided to ANC providers at all levels of the health system.
- Many community members and a few ANC providers indicated that pregnant women were turned away from receiving care from the antenatal care clinic if they initiated antenatal care without the man responsible for the pregnancy. While it is good for male partners to be involved in antenatal care, withholding potentially life-saving care from women who access care due to decisions the man responsible for the pregnancy makes, which are out of the woman’s control, is inappropriate.
- Many women were motivated to attend ANC to receive the ANC card. While it is great to have motivating factors for ANC attendance – it isn’t appropriate for health providers to treat laboring women differently based on whether they have an ANC card or not. Future programs can find ways to maintain the card as a motivation while removing the barrier to safe delivery.

INTRODUCTION

Malaria is a complex public health problem in Africa, where globally most cases and deaths occur due to the disease. An estimated 74% of the population on the African continent live in areas that are highly endemic for malaria and 19% of the population live in malaria epidemic prone areas. In Africa, only 7% of the region's population lives in low risk or malaria-free areas (WHO, 2006; Antwi, 2009). A malaria situational analysis revealed that all nine provinces of Zambia are endemic for malaria with 90% of the population at risk.

In pregnancy malaria is a critical public health problem and it is said to affect around 50 million women per year in malaria endemic areas (Wilson et al., 2011). Wilson et al. (2011) further note that maternal anemia and low birth weight babies are two important consequences of malaria in pregnant women. Intermittent preventive treatment during pregnancy (IPTp), insecticide-treated nets (ITNs) and case management of malaria illness and anemia were recognized for malaria prevention and control during pregnancy in areas of stable malaria transmission (WHO, 2004).

IPTp is taken through at least three doses of an effective antimalaria drug - sulfadoxine-pyrimethamine (SP) - during the second and third trimesters of pregnancy. The first dose should be administered in the sixteenth week with the second dose following a month later and the third dose a month after the second dose.

Results from the 2007 Zambian DHS showed that 87% of women took an antimalarial drug during their last pregnancy in the two years preceding the survey (93% in urban areas and 85% in rural areas). The survey also collected information on the number of doses of SP/Fansidar taken by pregnant women. Overall, 87% of pregnant women received at least one dose of SP/Fansidar to prevent malaria during pregnancy and 66% of pregnant women received two or more doses of SP/Fansidar. However, when IPT uptake was assessed using ANC facilities as the delivery point, 82% of women reported receiving at least one dose of SP/Fansidar for malaria prevention during an ANC visit, while 63% reported receiving the recommended two doses of SP/Fansidar (Zambia DHS, 2007). Therefore, one of the major problems in Zambia is that pregnant women often begin IPTp treatment after the recommended start of the sixteenth week and few take the recommended three doses, thus reducing the effect of the treatment and increasing the likelihood of poor birth outcomes as a result of malaria infection during pregnancy.

The World Bank and UNAIDs (2009) report states that despite the fact that ANC coverage stands at 94% in Zambia, only 19% of women have their initial prenatal visit in the first trimester of pregnancy. This late ANC attendance has severe consequence for malaria cases. Time of registration of the first ANC visit has been reported to be very crucial to the coverage of effective IPTp. Early registration is said to increase a woman's opportunity of receiving the recommended doses of SP provided ANC is attended regularly and SP is available. Late first ANC attendance has been found to contribute to incomplete IPTp (van Eijk et al., 2004 cited in Antwi, 2010). Therefore, early first ANC attendance may contribute to the high uptake of IPTp and the reverse can be said if there is low or late ANC attendance.

Wilson et al. 2011 have noted in their study that educational level has an impact on the uptake of IPTp. In this study there was a significant difference in women using IPTp between those who had attained a secondary as compared to a primary education level. The chance of malaria infection among educated (secondary and tertiary) pregnant women with at least secondary education was 48% that of women with no education. The chance of malaria infection among pregnant IPTp users in this study was just 18% that of women not using IPTp during pregnancy.

The President's Malaria Initiative Report (2011) reveals that although there are clear signs of improvement, malaria continues to be a major cause of morbidity and mortality in Zambia. The report also notes that 70% of pregnant women took 2 or more doses of IPTp. However, in spite of impressive gains in IPTp use, the 70% national average does not reveal the substantially lower rates in rural areas and among poorer women. Two major barriers to increasing 2-dose IPTp coverage have been noted to be SP stock outs, due to procurement issues and misuse of sulfadoxine-pyrimethamine (SP), as well as late attendance of women for ANC care.

A 2008 assessment in Central and Eastern Provinces of Zambia found that 95% of 54 facilities surveyed experienced a stockout of SP in the previous year. Stock outs of SP were reported throughout 2010 due to delays in Ministry of Health and Global Fund procurements. The bigger issue is reported to be the inappropriate use of SP for treatment of acute malaria which is a drain on SP supply. Unpublished chart reviews in one district, as well as National Malaria Control Program (NMCP) observations, have reportedly found that some healthcare workers give SP to patients with fever who test negative on RDTs. Regarding the late attendance of women for ANC; women may present themselves late at health facilities because of confidentiality issues. It has been observed that it is a cultural tradition in Zambia for women to not reveal their pregnancy until after they are showing.

The study reported here investigated the factors that facilitate and inhibit the timely use of IPTp to prevent malaria during pregnancy in Zambia. This was done by soliciting perspectives of adult men, adult women and the health providers in the country. Clearly there are underlying issues hindering the effective uptake of IPTp treatment in this country. Therefore this research study has been an attempt to unearth the socio-cultural barriers that might have an impact on the uptake of IPTp treatment.

METHODS

STUDY DESIGN

This study used qualitative methods to achieve the study aims. Specifically focus group discussions (FGDs) and in-depth interviews (IDIs) were employed to obtain information on the barriers to IPTp during pregnancy in rural Zambia. The interviews and discussions were guided by Topic Guides (see Appendix 1). Projective techniques were used, which provided an indirect approach to gain information about underlying norms that can be overlooked or otherwise influenced by direct questioning or facilitator bias.

The specific projective techniques used include:

- Photo elicitation – visual aids to explore participants’ perceptions of pregnancy (see Appendix 2)
- Storytelling – using a fictitious story with follow-up questions to explore social norms and perceptions of decision-making surrounding antenatal care access
- Ranking – exercise to evaluate risk perception of malaria in pregnancy vis-à-vis other pregnancy complications

STUDY POPULATION

FGD study participants, adult men, adult women were drawn directly from two rural districts in the Eastern, Lusaka and Northwestern provinces of Zambia. FGD study participants were recruited by local leaders who informed and mobilized potential study participants based on the inclusion criteria (age, sex, parity). All FGD study participants had to have had a child in the past year – the purpose of this inclusion criterion was to ascertain recent individual experience with the health system. In addition, it was important to discern whether barriers to ANC and IPTp differed by parity. After study recruitment, verbal informed consent was obtained from all study participants before proceeding. There were a total of 24 FGDs in December of 2011. The FGD were separated by region, sex and parity.

The following focus groups were held in each region:

1. Women, 18+, with one child 12 months of age or less
2. Women, 18+, with 3+ children, the youngest child 12 months of age or less
3. Men, 18+, with one child 12 months of age or less
4. Men, 18+, with 3+ children, the youngest child 12 months of age or less

There were a total of 2 IDIs in each district study site with ANC providers and administrators for a total of 24 IDIs. The antenatal health care workers and administrators were purposively recruited at the health centers where they work. This was done via letters from the Zambian Ministry of Health introducing the study aims, procedures, participants, risks and benefits.

PROCEDURES

Ethical approval to conduct the study was obtained from the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, and in Lusaka, Zambia (ERES Converge).

Qualified and experienced research assistants were recruited and trained by the research firm hired to conduct the study. The training covered issues such as an overview of the ZISSP project, qualitative research methods, fieldwork ethics and teamwork. The research teams were familiarized with the discussion guides in both English and the local languages; each question in the guides was thoroughly discussed. In addition, the research assistants carried out role-plays to practice leading focus group discussions and in-depth interviews. The topic guides were pre-tested with rural residents after the training and were further refined based on the pre-test results.

DATA ANALYSIS

All discussions, with the consent of the participants, were audio taped and the recordings were transcribed verbatim in the local languages. The transcribed texts were then translated into English. Data sorting and analysis were carried out using ATLAS.ti software and group level matrices. In addition to using the discussion guides to develop the analysis codes, all transcripts were read to identify emerging themes and allow for the generation of new codes based upon the participants' own words. In this study, 'coding up' as opposed to 'coding down' was utilized; meaning that the codes were developed based on the data and were not defined prior to data collection (Keenan et al. 2005). The data analysis was guided by the thematic content analysis approach (Green and Thorogood 2004).

After all of the transcripts were coded, matrices were created to help identify patterns in the data. The matrices were at the focus group discussion/in-depth interview level. Each row in each matrix represented one focus group and the relevant data from study participants in that group was placed in the cell under the column headed with the matching code. The matrices were useful in grouping the different nuances within each theme, discerning differences and similarities between groups within themes, and making connections broadly between themes.

CHAPTER I. SIGNS OF PREGNANCY

I.1 PERCEPTIONS ABOUT PREGNANCY APPEARANCE

At the beginning of the focus group discussions, using the photo elicitation technique to encourage discussion among the respective groups, participants were shown 3 photos of Zambian pregnant women accessing antenatal care. The first photo showed a young woman alone who was about 3 months pregnant. The second photo showed a young woman, alone, who was 6 months pregnant. The third photo showed a young couple, of which the wife was 3 months pregnant. Participants were asked some questions about the photos in order to stimulate dialogue. The participants made many comments in response to the questions.

Most of the participants' responses related to whether or not it was the women in the picture's first pregnancy and the perceived size or age of the pregnancy. It was evident that participants made assumptions of these characteristics by basing them on the physical appearance of the women in the photos. Participants generally tended to gauge the age of a pregnancy by the size of a pregnant woman's bump. Therefore, the bigger the bump, the more advanced the pregnancy was perceived to be. A few of the participants' guesses were correct or very close to the actual sizes of 3 and 6 months.

Picture 1 is three months...I have said so because the pregnancy looks small; it has not gone very far along.

Male, 33 years, 3 children, Nyimba

Picture 1 is 4 months; I can see this by its shape clearly. It's showing that it is 4 months old. Picture 2 could be 6 months because its shape is showing.

Male, 33 years, 3 children, Nyimba

Although some of the participants correctly guessed the size of the pregnancies in the pictures, in most cases, participants overestimated their guesses. For instance, the pregnancy in picture 1, which was actually 3 months, was reported to be as much as 9 months; picture 2, which was actually 6 months, was guessed to be as much as 9 months and nearly due for delivery; and picture 3, which was actually 3 months was also guessed to be as much as 9 months and almost due for delivery.

For the woman in picture 1, her pregnancy is more advanced in months than that in picture 2...From my observation; the picture 2 pregnancy seems to be in the 7th month whilst the picture 1 pregnancy seems to be in its 9th month.

Female, 40 years, 3 children, Luangwa

The woman in picture 1...is about 5 months pregnant while the woman in picture 2's pregnancy is about 9 months and she is about to give birth.

Female, 32 years, 3 children, Mambwe

For the woman in picture 2, her pregnancy looks big and is about 9 or 8 months old.

Female, 28 years, 3 children, Mambwe

These pregnancies are different in terms of size. In picture 1, the pregnancy looks bigger than picture in 2...The picture 1 pregnancy seems to be in its 8th month, whilst the picture 2 pregnancy seems to be in its 5th.

Female, 27 years, 3 children, Luangwa

Many study participants also estimated the pregnancies in picture 1 and picture 3 to be of different size when in actual fact, both were 3 months old.

I think the pregnancy in picture 3 is less advanced as compared to the one in picture 1.

Female, 18 years, 1 child, Mambwe

The pregnancy in picture 1 looks like it's still in its early stages. But for the pregnancy in picture 3, this woman is about to deliver because it looks like it is in its advanced stage; she has few more months or days before she delivers.

Male, 23 years, 1 child, Zambezi

The woman in picture 1 her pregnancy looks big compared with the woman in picture 3, which is smaller.

Female, 24 years, 3 children, Mambwe

The estimation of the pregnancy in picture 3, which was 3 months, was at times linked to the fact that the woman was being escorted by her male partner. For instance, some participants believed that being escorted by a male partner implied that her time for delivery was due. On the other hand, others linked being escorted by her husband to her first antenatal visit for booking.

The woman in picture 3 has reached her term of 9 months and maybe she is being escorted by her husband to give birth.

Female, 20 years, 3 children, Mambwe.

For picture 3; the one being accompanied by her husband; she will return because her pregnancy is still "small."

Male, 30 years, 3 children, Nyimba

A few participants argued that the size and age of a pregnancy is not necessarily proportionate to the size of the bump. They reported that the physical appearance of the women could be deceiving because their perceptions could depart from reality. For example, between a bigger bump and a smaller bump, the smaller bump could be older than the bigger bump.

A pregnancy cannot be differentiated according to its size because some women develop a big pregnancy and yet it could be in its early stages. Others would have quite an advanced one and yet it does not show.

Male, 26 years, 1 child, Luangwa

Women are different. For some; their pregnancies don't grow very big while for others; they grow really big.

Male, 33 years, 3 children, Luangwa

It's difficult to tell because bodies differ. You may find some with small bodies whose pregnancy is advanced and not showing.

Male, 26 years, 3 children, Solwezi

The participants used the same method to determine whether or not the woman would return for another antenatal visit. Those whose pregnancies were thought to be very advanced were reported as ones who would not return for another antenatal visit.

Based on their perception of the pregnancies in the photos, participants were asked to say how many antenatal visits they thought the women had had and what they thought prompted them to start antenatal. While some participants commented that it was not possible to know, others based the appearance of the women's pregnancy to determine the number of antenatal visits they thought the women had had.

We don't really know. We cannot tell how old the pregnancies are just by looking at the pictures. If we could tell exactly how old the pregnancies are, then we could also tell how many times they have been to the clinic.

Female, 25 years, 1 child, Zambezi

1.2 PHYSICAL PREGNANCY CHANGES

During the focus group discussions, participants were provided with a hypothetical story about a married woman aged 22 years and her husband. The couple had not had any children yet. However, the woman was suspecting that she was pregnant. The first question about the story sought to find out, from the participants, some of the reasons that would make the woman in the story suspect that she might be pregnant.

1.2.1 INTUITION THAT ONE HAS CONCEIVED

According to a few participants, some women and men had the sensitivity to know if she had conceived, immediately after intercourse. Participants reported that one is able to know that that day's encounter had resulted in conception. This may be as a result of how the woman feels or as a result of behavior during the sexual act.

I think that when a woman is impregnated by a man...she comes to know from that very day. She knows from the first day that this man is the one who gave me this pregnancy. She feels the signs within...The signs for a woman are that she feels the difference in the body...That day [that she conceives] she feels ...she knows that even if I have [recently] slept with other men, this is the man who has got me pregnant.

Male, 40 years, 3 children, Luangwa

We can detect [that she is pregnant] because of how she felt when conceiving.

Male, 25 years, 1 child, Nyimba

Nowadays, the husband may even be the one to tell you that you are pregnant because they know how it feels when you are conceiving.

Female, 32 years, 1 child, Zambezi

There are some women who, immediately after having sex with her, will tell you that 'my friend the sex that you have given me...today is different. Just today alone, if I'm not pregnant, then I don't know! However, the way I feel today ...You have finished me; you have fixed me (you have made me pregnant).

Male, 33 years, 3 children, Luangwa

1.2.2 MISSING MENSTRUAL PERIODS

However, the most prominently reported reason for suspecting that one could be pregnant was missing one's menstrual periods. A few respondents revealed that missing her menstrual periods was enough reason to suspect that a woman may be pregnant.

The moment you discover that you have missed your monthly period; you begin thinking you are pregnant.

Female, 18 years, 1 child, Zambezi

In most cases however, missing one's menstrual periods the first time was not necessarily seen as confirmation that a woman is pregnant. Rather, it is when they have missed their menstrual periods for a longer duration that they may begin to believe that they may be pregnant.

You start asking yourself; "what is happening?" because the date for my periods has passed. You start thinking that "maybe it is normal let me just wait for another month for me to see what will happen."

Female, 32 years, 3 children, Solwezi

Comments reveal that in order to ascertain if missing of their menstrual periods was indeed a result of pregnancy, women waited to see if they would miss their periods for 3 months in a row.

Yes, sometimes in the first month, surety is not guaranteed it might just be delayed periods. Even on the second month she can still doubt but getting into the third month that's when she can be sure that she is pregnant.

Male, 26 years, 1 child, Mambwe

1.2.3 FLUCTUATIONS IN APPETITE

Many participants reported that fluctuations in a woman's appetite for food were a sign that she was pregnant. The fluctuations include either the loss of appetite for food in general or a dislike for specific foods.

Some of us when we are pregnant, we become very picky, the foods we used to like, we do not want anymore.

Female, 18 years, 1 child, Mambwe

On the other hand, the fluctuations may imply a desire or craving for particular foods; including food that the pregnant woman normally did not like to eat when she was not pregnant. She may not even eat the food when it is given to her and may crave for yet another type of food.

Sometimes if she used to dislike okra, you will find that she falls in love with okra and will immediately demand for okra. Sometimes, she will demand for what is not available at a particular time.

Male, 25 years, 1 child, Nyimba

When a woman is certain that she is pregnant, there are some things that she starts to do... Sometimes she will start refusing to eat particular foods. If she used to eat fish, she will start refusing to eat fish. At other times if she used to eat beans, she will also start refusing... If she used to eat a good size of nshima; you will find that she will change; maybe by reducing [the size of nshima she eats].

Male, 38 years, 3 children, Luangwa

She will say that "I want such relish." When you buy that relish and bring it home, she will say something like, "I will eat later." She will only eat a bit and say, "No, this is bad [food]." This will go on until at last, [she delivers]. You will then find that everything goes back to normal.

Male, 37 years, 3 children, Mambwe

Some of the women were reportedly affected by geophagy (craving soil).

When a woman becomes pregnant she... starts eating soil. All the time it is soil [that she is eating].

Male, 22 years, 1 child, Nyimba

1.2.4 ILLNESS

Some participants mentioned illness as a sign that a woman is pregnant. For instance, a woman may have malaria or malaria-like symptoms such as fever and headache. Participants reported that such symptoms appear after a certain period of time after conception; such as 3 months. Other reported pregnancy related illnesses that were seen as signs of pregnancy included dizziness, abdominal pains, painful legs and swelling of legs.

When a woman is 2 or 3 months pregnant, she will begin to suspect she is pregnant because she will feel like she is suffering from malaria.

Female, 20 years, 3 children, Mambwe

1.2.5 VOMITING

Vomiting was quite commonly reported as one of the other signs of pregnancy. Sometimes, vomiting may be perceived to be the result of eating a certain type of food.

You find that in just a short time she starts vomiting and from there, you will know that there is something that God has put inside [the womb].

Male, 33 years, 3 children, Luangwa

She may suddenly [begin] vomiting each time she eats some of the food. Then you will know she is pregnant.

Female, 36 years, 3 children, Zambezi

By 2 months, you would know that you are pregnant because... whenever you eat food that you are not craving for, you would vomit.

Female, 28 years, 3 children, Mambwe

In some cases, vomiting could be the effect of the scent of a type of food.

You start... vomiting when you eat certain foods or just certain smells from all this, you could know that you are pregnant.

Female, 30 years, 3 children, Mambwe

Interestingly, vomiting was also said to be due to the fact that some pregnant women may not be able to stand their husband's scent.

When she sees him (husband); she feels as if he smells and could feel like vomiting [as a result].

Female, 23 years, 3 children, Solwezi

1.2.6 FATIGUE

Another common symptom for pregnancy seemed to be feeling weak or tired. This may lead to their inability to do their routine chores. Some women were said to feel sleepy all the time and may spend a substantial part of their time sleeping.

Some [women] get tired easily. If you want to do this [or that work] your body gets tired.

Female, 32 years, 3 children, Solwezi

The other thing that would make her suspect to be pregnant is... wanting to sleep [frequently]. If she was very active and liked playing around, she will start sleeping most of the time.

Male, 29 years, 3 children, Chongwe

[A sign of being pregnant is] feeling tired easily. You can't [even] work effectively and all you want to do is sleep.

Female, 23 years, 3 children, Zambezi

Feeling sleepy, with the eyes closing anyhow; even when she has not done any work, she just wants to sleep.

Female, 25 years, 3 children, Zambezi

1.2.7 IRRITABILITY

An interesting sign of pregnancy that was reported was "irritability". It was also interesting that "irritability" as a sign of pregnancy was reported overwhelmingly by males. Pregnant women were described as very temperamental and easily irritated. The husband was reported as a common victim of this temperament because their pregnant female partners may not bear to see him. Sometimes, such

irritability could lead to quarrels and physical fights between the couples. A pregnant woman was also described as unusually moody. Some of the male partners were reported to be understanding and therefore adjusted their behavior to suit their female partner's irritation. For instance, some men were said to be more obliging and keen to do as they were ordered to by their female partners. Rather than answer back; other men opted to keep quiet to avoid confrontation.

Our friends (pregnant women)...become short tempered...Even where there is nothing to be angry about, they will be angry...As a man, you need to lower yourself so that you remain calm when she is angry...You need to realize that the person is not usually like this and that she is acting like this because of the pregnancy.

Male, 29 years, 3 children, Luangwa

Some women even hate their husband when they are pregnant...If they start a conversation [with their husband]; they are likely to quarrel and could even physically fight.

Female, 27 years, 3 children, Solwezi

1.2.8 CHANGES IN THE BREASTS

For some participants, pregnancy is detected by means of observed changes regarding the breasts. Changes related to the breast were reported mostly by female participants and among whom had only 1 child. The most commonly reported change in the breasts was that the nipple area darkens in color.

When a woman is 2 or 3 months pregnant she will begin to suspect she is pregnant because ...the top part of her breasts changes because they become darker.

Female, 24 years, 3 children, Nyimba

Some women the tip of their breasts becomes black.

Female, 19 years, 1 child, Chongwe

When her nipples darken, she can know.

Female, 18 years, 1 child, Nyimba

Another prominently reported sign of pregnancy was change in the size of the breasts. Participants reported that a pregnant woman's breasts increase in size.

When a woman sees her breasts start growing [in size]...She will then know she is pregnant.

Female, 20 years, 1 child, Chongwe

Participants reported other signs of pregnancy in women. For instance, the nipples may begin to hurt or may become tender.

Even the nipples starts hurting, she will know that something is wrong.

Male, 23 years, 1 child, Chongwe

When squeezed, the nipples may also produce breastmilk.

When you squeeze them [breasts], they discharge water. It is then that you know you are pregnant.

Female, 20 years, 1 child, Chongwe

1.2.9 SKIN FLUCTUATIONS

Yet another sign of pregnancy was changes in the texture and complexion of the woman's skin. Participants commented that when a woman is pregnant, her skin, in general becomes lighter, smoother and softer. Particular mention was made of the face and hands.

For some women their hands change, even their facial complexion changes and elderly people will tell by looking that you are pregnant.

Female, 22 years, 1 child, Chongwe

When a woman is pregnant, usually the skin becomes very soft, too.

Male, 33 years, 3 children, Luangwa

The eyes were also reported as becoming whiter.

The complexion may also change ...It becomes nice and men may even start getting attracted to you...The eyes become very white and the skin becomes smooth. She looks beautiful and admirable.

Female, 23 years, 1 child, Zambezi

The face becomes beautiful and light and the eyes also become extra white.

Female, 24 years, 3 children, Zambezi

1.2.10 FETAL MOVEMENTS

A number of participants, mostly female, reported that knowledge that a woman is pregnant is a result of her ability to feel the fetal movements or sensations in the womb. This includes being able to feel the baby kicking. Some participants explained that a woman is able to feel that there was something about her body that had changed. In some cases, a woman may feel that her stomach had become heavier. There were variations in the participants' opinions about the time that it takes before they begin to experience such feeling. The reported time ranged from about 2 weeks to 5 months.

What makes us know; about 2 weeks [after conception], is when you start feeling something moving, because the baby moves. Then you will know that, "I am pregnant."

Female, 30 years, 3 children, Solwezi

To know that she was pregnant...she could tell that there was a difference between the way she was feeling this time and the way she was feeling before.

Male, 26 years, 1 child, Mambwe

In the first month, you are not sure whether you have conceived or not...When 3 months elapse, you feel there is something in the womb. Then you become sure that you are pregnant.

Female, 25 years, 1 child, Zambezi

Some will know when the pregnancy is 3 months old because by then, the baby has started making minor kicks.

Female, 18 years, 1 child, Mambwe

It takes 2 months for a woman to really know that she is pregnant. She gets to know this because she will be feeling a sensation in the womb like “pyapyapy” (respondent making mouth sounds).

Female, 19 years, 1 child, Mambwe

1.2.11 SIZE OF BUMP

Another sign of pregnancy was the development of a bump as the fetus begins to grow. Other than a checkup at a health facility, a bump seemed to be the surest sign of pregnancy, and appeared to confirm any other preceding signs and suspicions. A bump also seemed to be a trigger for seeking antenatal care services from a health facility; either for confirming the pregnancy or for maternal-related prevention and treatment services.

By 3 months one should be able to detect some kind of a lump [in the abdomen].

Female, 32 years, 3 children, Zambezi

You find that there is something like a lump in your abdomen and then you become sure that you are pregnant...When a pregnancy is about 3 months old, a lump can be felt. She must have said to herself, “What is this lump in my abdomen? Let me go and have it checked at the clinic to confirm whether I am pregnant or not.”

Female, 18 years, 1 child, Zambezi

SUMMARY

Signs of Pregnancy

At the beginning of the focus group discussions, using the photo elicitation technique to encourage discussion among the respective groups, participants were shown 3 photos of Zambian pregnant women accessing antenatal care. Many study participants put the gestation of all 3 pregnancies at 9 months while only a few gave the correct gestation (3 or 6 months). In a picture with a pregnant woman and her partner, the gestation age was put at either 3 months or 9 months because the presence of the male indicated that this was either the first ANC visit or she was due for delivery. Only a few participants argued that the size and age of a pregnancy is not necessarily proportionate to the size of the bump.

During the focus group discussions, participants were provided with a hypothetical story about a married woman aged 22 years and her husband. The couple had not had any children yet. However, the woman was suspecting that she was pregnant. Asked what would lead the woman to suspect she was pregnant, the focus group study participants reported a number of signs including, intuition that one had conceived on the day of conception, missing menstrual periods, fluctuations in appetite, illness, vomiting, fatigue, irritability, changes in the breasts, skin fluctuations, fetal movements and size of bump.

Among these signs, missing menstrual periods was the most prominently reported reason for suspecting that one could be pregnant. Missing menses only once was not seen as confirmation that a woman is pregnant. It was when menstrual periods had been missed for at least 3 months that suspicions of pregnancy were confirmed.

CHAPTER 2. FIRST COMMUNICATION ABOUT THE SUSPECTED PREGNANCY

2.1 MALE PARTNER

When asked who was the first person informed when a woman suspected that she was pregnant, responses overwhelmingly revealed that it was the woman's husband. The most common reason was that the husband or male partner was responsible for the pregnancy and, therefore, must be the first person to know when a woman suspects that she is pregnant. In relation to this, it was very commonly reported, especially by male participants, that if the husband was not told early enough, he was likely to deny that it was his pregnancy and suspect his wife of having an affair with another man.

The husband has to be the first to know. If she waits for 4 or 7 months to break the news, the husband may deny responsibility for the pregnancy.

Male, 33 years, 3 children, Luangwa

Even if it is his pregnancy, he will be thinking that maybe it's not mine. Why didn't she tell me [earlier]? [Instead] she went to tell that other one.

Male, 33 years, 3 children, Mambwe

If you as the wife, in the first place, did not tell him when you first missed your periods, only to tell him when you are 3 months pregnant when you want to start antenatal, he will refuse and say, "It's not me who is responsible for this pregnancy because if I was; you would have told me the moment you saw that you had missed your periods for the first time. Maybe it is for someone else you were meeting [for sex] in the bush."

Female, 30 years, 3 children, Mambwe

Participants argued that a wife and husband were one unit and needed to be free to share private information with each other. It was reported by some male participants that a wife who does not tell her husband first may be perceived as not being free with him and will cause the husband to have doubts about her trustworthiness and faithfulness. Further, it was felt that in today's world, a husband was a wife's closest friend.

The husband and wife are like one body. They share the bed and blankets. Therefore, you are not supposed to share secrets with outsiders.

Male, 23 years, 1 child, Zambezi

Your wife should be free to disclose everything to you. If your wife is not free to share everything with you, you will begin to doubt her and ask yourself questions such as why she is hiding [information] from you.

Male, 30 years, 3 children, Zambezi

A problem shared is a problem solved. The woman you sleep with on the bed...If I married that woman; her mother won't know her the way I would know her. You see! I sleep with her and I am found with her daily. She is my sister; she is my everything; so she has to be free with me.

Male, 23 years, 1 child, Chongwe

It was also felt, particularly by female participants that failure to inform their husband first would cause conflict to the extent that he would not only refuse responsibility for the pregnancy, but may also become violent and beat up his female partner on suspicions of unfaithfulness. To this end, informing their husband first was seen, among some women, as a way of showing their trustworthiness and faithfulness.

The one who should be informed about it [pregnancy] first is the husband, for he is the one who made that woman pregnant. Informing someone else other than her husband would be a mistake because it [implies] that that pregnancy also belongs to him. If the husband learns about it as the last person, it would bring conflict in a home.

Male, 26 years, 1 child, Mambwe

She cannot go to tell her relatives who are far away before telling the husband. Since husbands have the habit of beating their wives, they have to be told first. This is so that they can minimize the beatings.

Female, 19 years, 1 child, Zambezi

She will tell her husband first as she would want her husband to trust her and also she would want to demonstrate her faithfulness to her husband that she does not go out with other men outside her marriage.

Male, 35 years, 3 children, Zambezi

If the man was not told early enough, he may refuse to provide financial and material support as well as any other support that would be required during pregnancy and childbirth, such as escorting her for antenatal care.

If you do not tell him, when the time comes to draw up a monthly budget and tell him to include requirements for the baby, he will refuse. You need to tell your husband the moment you miss your menstrual the first month, remind him in the second one and say it again in the third.

Female, 26 years, 3 children, Luangwa

Informing their husband first was seen as a way of not only to begin preparations to provide financial and material support to their wife and unborn baby during her pregnancy, but also for him to get involved in the planning for these activities, including escorting her for antenatal care.

It has to be the husband first because ...the woman will need the man to accompany her to the clinic.

Female, 19 years, 1 child, Chongwe

When a woman discovers that she is pregnant she is supposed to tell her husband. He will then start to prepare things needed for this woman up to 8 months as well as making readily available, all the materials required for the baby.

Male, 27 years, 1 child, Nyimba

You need to tell your husband the first month that you have missed your menstrual period so that you can plan together...He will also escort the woman when it is time to go the clinic. You will also plan together, the things to get for the baby because both of you are aware of what is coming.

Female, 32 years, 3 children, Luangwa

Participants commented that informing the man first, in some cases, served as a way of providing feedback on his desire and efforts to impregnate his wife. This was especially so if, prior to this, the couple had been unsuccessfully attempting to conceive. Therefore, the man was obliged to know that his efforts had succeeded because his wife had conceived. Informing him was therefore meant to relay the good news that he was soon going to be a father.

The other reason for informing them [husbands] is...as you may know at times in a home there is happiness, it could be a situation where you have been trying for a baby and therefore, they are both expectant. Therefore, when it is discovered that she is truly pregnant, it brings joy.

Male, 22 years, 1 child, Mambwe

Some participants believed that informing other people first instead of one's husband could lead the woman to lose her pregnancy through a miscarriage.

When you tell your friend first and if she is talkative; she may go and tell someone else. This way, you could have a miscarriage.

Female, 26-40 years, 3 children, Solwezi

Similarly, according to some female participants in Solwezi, telling one's husband first was also meant to warn him that he should not be promiscuous. This is because sexual relationships with other women, when his wife is pregnant, is believed to cause miscarriage or may make the delivery difficult.

No double eating, no! When you say double eating what do you mean? It means not having sex with other women because your wife will have problems in labor.

Male, 23 years, 1 child, Chongwe

While in most cases, male partners were informed first, it seemed, in a few cases, that some husbands were only keen to be told about pregnancy if the female partner was very sure that she was pregnant. Therefore, informing a male partner was seen as conditional to certainty that it was actually a pregnancy. Therefore, some women did not inform their husbands of suspicions of being pregnant until they were very sure that they were actually pregnant.

You can't tell the man if you are not sure [that you are pregnant].

Male, 24 years, 1 child, Chongwe

After she is certain that she is pregnant; when a woman is really sure that now she is pregnant she will tell her husband... She will say "I'm not fine, I'm pregnant."

Male, 40 years, 3 children, Luangwa

2.2 GRANDMOTHER OR MOTHER

While most participants indicated a husband as the person to inform when a woman suspected she was pregnant, a few of them reported informing a grandmother. Even fewer mentioned informing a mother. The women chose to inform their grandmother because, apart from a husband, she was the person that they could talk to without restrictions. Single women informed their grandmother knowing that she was less likely to be angry with them for becoming pregnant out of wedlock than their mothers.

The choice of informing another person was based on various factors and for some women, it was because their husband or grandmother was not available to inform at the time. Even if she did not initially mean to inform her husband first, she may be compelled to do so, if her grandmother is not readily available. For instance, her grandmother may be living far from where the woman may be living. Similarly, as much as the woman would want to inform her husband first of all, he may not be at home for some time, and this would compel the women to inform another person such as her grandmother instead.

Sometimes you find that the husband is not there and they don't get along, she will tell the grandmother so that they can be given advice...

Male, 24 years, 1 child, Chongwe

For one reason or another, some women were said to find it difficult to tell their husband and would instead inform their grandmother. Shyness was a factor that was reported as preventing some women from informing their husband.

Sometimes it's difficult to tell your husband, you can find it easy with your mother.

Female, 26 years, 3 children, Solwezi

Some women are too shy to tell their husbands that they are pregnant thus they opt to go to their grandmother's place.

Female, 18 years, 1 child, Zambezi

I would be shy to tell my husband since it is my first pregnancy. Therefore, I would tell my grandmother that I am suspecting that I am pregnant.

Female, 19 years, 1 child, Solwezi

Other women do not tell their husbands because of strained marital relations that may make them hesitate to inform him. For instance, the woman may have been accused of infertility and therefore, she does not feel compelled to inform her husband about the news. Participants also reported of husbands who, when they are informed, may deny being responsible for the pregnancy.

There are some men who, when they are told, will deny that they are responsible for that pregnancy.

Male, 24 years, 1 child, Chongwe

Some male partners were reported as being violent and for this reason; women would be afraid of informing them about the pregnancy.

[Some men] are always with high tempers... The woman is always scared of informing him. She prefers telling her grandmother first and the grandmother would then go and tell the husband... When a man is ever angry, it is difficult for a woman to disclose many things [to him].

Male, 27 years, 1 child, Nyimba

A few participants made comments that reflected practices that related to traditional beliefs. Their comments convey that a woman may not inform her husband first of all; for fear that she may have a miscarriage. Therefore, the grandmother or another appropriate person must be informed first, for her to examine the woman and confirm the pregnancy. Confirmation of the pregnancy was therefore another reason for informing a person other than her male partner first. When the pregnancy is confirmed, other people are then informed, including the wife's family. After this, the husband is informed. Before this, she cannot discuss her suspicions with anyone, including her husband. It was reported among some participants that such a practice pertains only to first pregnancies. Although the factor about traditional beliefs did not come out prominently among the participants, it was mentioned in three districts: Zambezi, Solwezi, and Nyimba.

She is supposed to tell her grandmother first. When her grandmother confirms that she is pregnant, she will inform the woman's husband... The woman's relatives come with some money; maybe 1 thousand Kwacha and say, "Now in this house there is joy." They then confirm that it is true [that his wife is pregnant]... after which they will inform the man's grandmother.

Male, 22 years, 1 child, Nyimba

Those who inform their grandmother first do it for traditional reasons. Some people believe that when a woman is pregnant, especially for the first time, there are some rituals that should be done. Otherwise, if another person other than the elderly learns about the pregnancy, the woman may miscarry.

Female, 18 years, 1 child, Zambezi

Tradition says that if a woman is pregnant for the first time, she must wait for an appointed person to tell her that she is pregnant. If someone who is not supposed to tell her does so, he commits a case against the spirits... She may even lose the pregnancy through abortion.

Male, 30 years, 1 child, Solwezi

It is my grandmother who will tell my husband. My husband will then ask me [about the pregnancy] and that is the time I would be free to tell him [about it].

Female, 19 years, 1 child, Solwezi

A husband who is linked to infidelity may not be informed by his wife that she suspects that she is pregnant. Traditionally it is believed that such a man may cause difficulties in delivery to the extent that the woman or baby may die.

Let's be honest so that we are all clear about this. What causes woman to tell their grandmother first is because men are not usually faithful. For instance, a man may be having an affair with 6 other women....So we...believe in "inchila"; ...a situation where a woman finds difficulties in giving birth. It is believed that this situation is brought about by the husband's infidelity. Sometimes, the baby is born as a stillbirth...To prevent this; the grandmother has to be told in time so that she can prepare some roots. These are put in a basin of water and the woman is made to sit in the water. Some of it is put in a cup and for to drink while some of it is poured onto her stomach...After this ritual...it is believed that the baby is then safe.

Female, 23 years, 1 child, Zambezi

Informing a grandmother or mother was common among single women; especially the young. This was mainly because their grandmother was least likely to be very annoyed with them for being pregnant out of wedlock, unlike her parents.

When young girls get pregnant, they do not inform their boyfriends first. Instead, they inform their grandmother. The grandmother will then advise and encourage her to tell the guy. It is then that she will tell him that she missed her period and that the pregnancy is his.

Male, 21 years, 1 child, Chongwe

If you are not married, you will feel embarrassed [because the pregnancy is out of wedlock]...If, however, you tell your grandmother, it will be very easy for her to tell your mother.

Female, 19 years, 1 child, Solwezi

It's easier telling her grandmother than her mother; she knows that the grandmother is more like a friend. She cannot rush to her mother to tell her that she is pregnant...because the mother can kill her if she knows that she is pregnant, and her temper rises.

Male, 21 years, 1 child, Chongwe

Other participants felt that a woman is supposed to tell her mother first because a mother is responsible for her daughter.

If I am staying with my mother and I am not married; I am supposed to tell her (mother).

Female, 19 years, 1 child, Solwezi

This was said to be especially the case knowing that her mother would have to be the one to look after her during and after her pregnancy.

In my opinion...the one she is supposed to inform first is her mother...Okay the point is she is supposed to tell the mother first because when she returns from the hospital she will go straight to her mother's house...The mother is the one who brought her to this world.

Male, 22 years, 1 child, Mambwe

2.3 EASE OF INFORMING THE MALE PARTNER ABOUT THE PREGNANCY

When asked whether it was easy or hard for pregnant women to inform their male partners about the suspected pregnancy, it was prominently reported that it was easy. Most participants argued that as long as a couple was married, informing a male partner about a pregnancy was easy.

When you are one flesh, your wife can't be scared of telling you that she is pregnant because you sleep and eat together. Therefore, there is nothing that she would be afraid of to tell you. It's an easy thing.

Male, 26 years, 3 children, Chongwe

This was in comparison to a situation whereby the woman was single because the man may doubt if he is the person responsible for the pregnancy or because he is not ready to have a child with the woman.

Informing your husband is not a difficult thing unless he is just a boyfriend. Telling a boyfriend is quite tricky.

Female, 25 years, 3 children, Zambezi

If they are married, it is very easy to inform the husband that, "I am pregnant."...When it is mere friendship [and not marriage], it becomes very difficult...fearing that the man may deny responsibility or stop coming.

Male, 27 years, 1 child, Nyimba

If she is not legally married to this man, it becomes very difficult for the wife to inform the husband but if this woman is legally married to this man it should not be difficult...and the conversation becomes an easy one.

Male, 25 years, 3 children, Zambezi

Those who get upset are those who have not married you. If you tell him that I am pregnant, he will be angry with you.

Female, 28 years, 1 child, Solwezi

Announcing a pregnancy was seen as something that was normal, expected and inevitable. Every couple, once married, was therefore expected to have children and these, reportedly, served to cement a marriage.

The conversation will be very easy because when people are married what is expected from that marriage is a child. When she tells her husband, he will be very happy to know.

Female, 22 years, 1 child, Chongwe

It's not a difficult thing because it is expected in marriage. We marry with a view of having children and pregnancy strengthens a marriage...It can't be difficult because that's the purpose of marriage.

Male, 26 years, 3 children, Chongwe

The conversation won't be difficult because when people enter in to a marriage, they both expect a child.

Female, 28 years, 3 children, Mambwe

When you tell your husband that you suspect you are pregnant, he will not be surprised because he knows that what goes inside [sperm] is capable of making a baby.

Female, 24 years, 3 children, Nyimba

It was also easy to inform a male partner who was looking forward to having a baby and therefore, looking forward to receiving, and were happy with, news that their wife had conceived.

When you get married and want a kid, there is no time to play...The only thing that you want is to make a baby. When the next thing you hear is that she has missed her period, it becomes a joyful moment.

Male, 20 years, 1 child, Mambwe

If he was expecting such news to come his way, he would be very happy.

Male, 22 years, 1 child, Mambwe

A woman who knows without doubt that the man is the one that is responsible for the pregnancy will find it easier to inform him of her suspicions of pregnancy.

[It is easy] if he is the one responsible [for the pregnancy].

Male, 38 years, 3 children, Luangwa

The woman is supposed to be free because she knows that is there is no one else she is sleeping with.

Male, 37 years, 3 children, Mambwe

After all he knows he is the one that is responsible for the pregnancy.

Male, 20 years, 1 child, Mambwe

It will be easy. It is not another man who gave me this pregnancy but him. Therefore, I would tell him without hesitating.

Female, 33 years, 3 children, Luangwa

You will tell him that "I am pregnant" because you know that you have had sexual intercourse with him. Therefore, that should not be difficult.

Female, 18 years, 1 child, Mambwe

Just as it is easy for a woman to inform her male partner about the pregnancy if she is sure that he is the one that was responsible, she was also likely to find it hard if she thought that the person responsible for her pregnancy was someone else. It may be that she is afraid that he will not accept responsibility for the pregnancy.

Some women...even when they are married usually indulge in extra marital affairs; therefore, she might not be very free to reveal to the husband even when she has missed her monthly periods.

Male, 29 years, 1 child, Mambwe

What makes a woman decide not to tell their husbands is because sometimes the husband is not the one who has made her pregnant.

Male, 23 years, 1 child, Zambezi

He may simply say something like, "You mean you have fallen pregnant just these few times we have slept together? I am sorry, I am not responsible. Just go and tell the one responsible." The woman is therefore reluctant to open up to the man.

Female, 20 years, 1 child, Zambezi

In contrast, a woman may find it hard to inform her male partner about a pregnancy if she thinks that that partner is married or has other female partners.

But if the pregnancy is from the bush (outside marriage), he will say I have left a wife at home, it's your own baby to nest I don't know anything, I don't think that I'm responsible. He will refuse and start giving excuse to say maybe we were 3.

Male, 33 years, 3 children, Luangwa

It's hard for some...[If] the man is promiscuous, it could be difficult.

Male, 22 years, 1 child, Chongwe

The other reason that can make [the woman] not to tell [her partner] is that they may not be relating well with each other; maybe he is eating [having sex] somewhere else...Even if he is told, it is as good as troubling him.

Male, 28 years, 3 children, Mambwe

Among some participants, it was believed that informing a male partner about the pregnancy is eased when the woman waits for an opportune time, when her male partner was in a mood that was good enough for him to receive the news positively. Such, for instance, would be when he was happy and not drunk.

It can't be difficult. She needs to tell him when they are both happy.

Male, 24 years, 1 child, Luangwa

It happens when you are both happy. That day, the woman will tell you everything saying, "My husband, it seems I am pregnant"...That's what happens most of the times.

Male, 23 years, 1 child, Nyimba

[The best time is] at the time that he is sober [or] when he is in a very cheerful state.

Male, 20 years, 1 child, Mambwe

Bedtime seemed to be a particularly good time for a woman to inform her husband about the pregnancy.

She can wait until it's time to sleep; that is when a woman will have a better chance to explain.

Male, 21 years, 1 child, Mambwe

After a good bath, a nice meal and they have gone to bed, she will say, "I have stayed for 2 months without having my monthly menstrual, it is like am pregnant."

Male, 22 years, 1 child, Nyimba

For her to start the conversation, they need to be comfortable and in bed.

Female, 20 years, 3 children, Solwezi

In an instance where a man was not looking forward to having children at that time, his partner would be scared of informing him for fear that he would be annoyed with her for failing to prevent the pregnancy. For example, it could be that he feels they have enough children or that he just does not want to have children, or because they do not have the financial means to care for another child.

Some are too scared to tell their husbands for fear of being beaten. This would be an instance where the husband tells his wife not to fall pregnant again.

Female, 18 years, 1 child, Zambezi

Maybe they get offended when their wives are pregnant. Some men do not like children. So the woman earns a beating for breaking the news about the pregnancy.

Female, 21 years, 1 child, Zambezi

If a couple is living in abject poverty and have children...he would ask her how she could dare break such news to him when he was struggling to look after the children they already had...Hence the woman would rather not tell the husband.

Female, 18 years, 1 child, Zambezi

2.4 MALE PARTNER'S RESPONSE TO NEWS OF PREGNANCY

When asked how a male partner would respond to news from his female partner that she suspected that she was pregnant; participants in most cases reported he would respond positively. Participant remarks revealed that the male partner would be elated with such news and would show this in various ways including going out to drink, arriving home earlier than usual or buying the women a present.

It's a joyous thing, it calls for celebration.

Male, 21 years, 1 child, Chongwe

When the husband is informed about the pregnancy, his response would be that of joy and support to his wife.

Male, 28 years, 3 children, Zambezi

I would even go and get drunk, have a good time, and even buy her pizza.

Male, 23 years, 1 child, Chongwe

Even before you see the baby, if you used to go home at 19:00 hrs, you change and start going home at 15:00 hrs.

Male, 21 years, 1 child, Chongwe

Some of the men, as soon as they were informed about the suspected pregnancy, began to discuss preparations for the expected baby.

If the husband is told that his duty has been fulfilled, he starts making preparations by getting things needed for antenatal care and for the unborn baby.

Male, 24 years, 1 child, Luangwa

What is expected from the man is him saying, "Alright, we need to start preparing for the things for the baby."

Female, 18 years, 1 child, Mambwe

Since the husband wants a baby in a home he would prepare for the baby by buying cloths, blankets, etc., and he would also buy a "chitenge" wrapper for the woman to wear.

Female, 20 years, 3 children, Mambwe

It was reported that a male partner would be especially happy if, for various reasons, they had been looking forward to having a baby.

He will say that it's good...Because they really wanted a child

Female, 40 years, 3 children, Chongwe

Both the man and the wife will be very happy because what they really wanted has now been achieved, how can they be angry?

Male, 22 years, 1 child, Mambwe

Participants' comments seemed to reveal how, as they look forward to their first pregnancy, some newly wedded couples may have doubts about whether the woman would be able to conceive. Therefore, he becomes very happy when he receives news that she could have conceived.

No, he will respond nicely because it's their first time to have a child so, he will just feel nice.

Female, 23 years, 1 child, Solwezi

Men that have never had any child really get excited at the news of finally having one.

Female, 29 years, 3 children, Zambezi

From the participants' comments, a particular cause for a male partner's euphoria for news that they could be expecting a baby was in a situation where a couple had been childless for some time.

[The woman in the story] had been married for some time without having a baby. I am sure they used to point fingers at each other; believing that the other person was the cause for this. Therefore, they would both be happy that a baby is on its way.

Female, 19 years, 1 child, Mambwe

He will say...it [pregnancy] has [finally] become possible. We had no child but are now counting days because we are now going to have a child.

Male, 27 years, 3 children, Luangwa

Having received the news, not all the men believed what they were told. Some of such men opted to confirm by waiting for time to see, over the following months, if it was true that the woman was really pregnant.

He would answer saying that, "No! I do not believe you...Is it really a pregnancy?" He will have doubts and think that she is lying; maybe it's not a pregnancy.

Male, 29 years, 3 children, Mambwe

He would say it's okay; let's wait and see if you are really pregnant.

Female, 33 years, 3 children, Nyimba

When [she] tells her husband that she thinks she is pregnant, he will say "Oho!" meaning he is agreeable and will want us to wait and see if it is really a pregnancy.

Female, 22 years, 1 child, Chongwe

Participants' responses showed that, upon receiving news of suspected pregnancy, one major concern for some of the male partners was whether the pregnancy was really theirs. This affected a man's response to the news about the pregnancy. Certainty that the pregnancy is his derived a positive response while doubt about responsibility for the pregnancy derived a negative response. Doubt about paternity was less if the woman was their wife.

If it is your wife that tells you that she is pregnant then your response will be to tell her to relax and take it easy because after all, that's what we wanted.

Male, 50 years, 3 children, Luangwa

He can't do anything but be happy about it; after all, he knows he is responsible for the pregnancy.

Male, 20 years, 1 child, Mambwe

Even if a woman is their wife, some men may question the paternity of the pregnancy if they were often away from home; suspecting that the wife may have been using this opportunity to engage in a relationship with another man. Other men may get annoyed if a woman falls pregnant even when they had decided they were not ready for a child at that time.

Some male partners respond by questioning the wife because sometimes, this male partner or husband is away most of the times. Therefore, he would ask so as to know the truth.

Male, 34 years, 3 children, Zambezi

Some husbands when they expect their wives to be using family planning and she comes to tell the man that she thinks she is pregnant the man would not be happy about it because already you have a lot of children and some men when they are upset they would even make you pack to go back to your people.

Female, 30 years, 3 children, Mambwe

Male levels of uncertainty about the paternity of the pregnancy seemed to be higher in situations where the pregnancy was outside wedlock; including if the girl is still in school; if the man is already married or is simply not ready to take responsibility for the pregnancy. In some situations, some men had doubts about whether they were actually responsible for the pregnancy. In these cases, they may either refuse or suggest that the pregnancy be terminated.

If she tells you that she is pregnant, you will have doubt in a situation where she had relationships with other men, a man will have doubts and say, "Don't involve me because I don't know if I am the one that is responsible since there were many of us who found ourselves in your house."

Male, 50 years, 3 children, Luangwa

[If] she tells you that she is pregnant and you are married to another woman, you refuse and become upset.

Male, 25 years, 1 child, Chongwe

Others are afraid of committing themselves; especially if they are not married. They fear the responsibilities that come with pregnancy. This is more so if the girl in question is still in school.

Female, 32 years, 3 children, Zambezi

Others just want to refuse and argue that they have only slept with you a few times so it is not possible that they are responsible.

Female, 25 years, 3 children, Zambezi

A boyfriend would usually be quick to suggest abortion; especially if he was not interested in having a child with you.

Female, 32 years, 3 children, Zambezi

A common cause for doubt was where a female partner delayed to inform her male partner of her suspicions. Similar doubts occurred in cases where the male partner learns of the pregnancy from a source other than his female partner.

If a man just sees that aah it's a pregnancy or he just hears about it somewhere else that is a problem.

Male, 28 years, 3 children, Mambwe

Even when it is his pregnancy, he will ask himself and say "Maybe it's not mine. Why didn't she tell me and instead went to tell that one?"

Male, 33 years, 3 children, Mambwe

If you do not [tell him in time], he will ask... "Who is the owner of this pregnancy because you did not tell me. I have just seen it growing, who is the owner?"

Female, 18 years, 1 child, Nyimba

SUMMARY

First Communication about the Suspected Pregnancy

The first person to be informed of the pregnancy was the male partner primarily because he was responsible for the pregnancy. Male participants noted that if the male was not informed of the pregnancy early enough, he might doubt his responsibility for the pregnancy. It was assumed that if partners shared an intimate relationship, sharing news of a pregnancy would not be problem. Inability to quickly disclose a pregnancy to one's male partner could be taken as a sign that the woman was not trustworthy and had been unfaithful.

Study participants reported that grandmothers were the second most favored person to be informed of a pregnancy - even more so than mothers. This was particularly the case for single women who felt their grandmothers were less likely to be upset with them if they had fallen pregnant outside wedlock. Other reasons for telling a grandmother or mother first were to elicit their assistance in the performance of traditional rituals that were seen as securing the safety of the pregnancy by averting a miscarriage. Miscarriages were also said to result in instances where the male partner had been unfaithful.

It was reported that within the context of marriage it should be easy to inform one's husband of pregnancy because children were an expected outcome of a marriage. Further discussion showed that the ease of informing the male partner of the pregnancy depended on a number of factors including the desire for a child, certainty of the paternity of the pregnancy and whether the male partner was suspected or known to have other partners.

The male partner's response to the news of a pregnancy was said to be positive in most instances and that men often responded with happiness and began making financial and material preparations for the pregnancy. Negative responses were noted in cases where the man was not sure that the pregnancy was his and particularly if the pregnancy was conceived out of wedlock.

CHAPTER 3. MALE SUPPORT DURING PREGNANCY AND CHILDBIRTH

FGD participants were asked about the type of support that pregnant women receive during pregnancy. In discussing this theme, they not only brought up the support provided by male partners, but also desired support.

The husband needs to provide for his wife in all areas so that when she goes to the hospital to have the baby, she will not be ashamed.

Female, 31 years, 3 children, Mambwe

Health providers noted how male partner support at ANC is most helpful.

...they (male partners) are really helping us to achieve our antenatal care goals.

Female, ANC Provider, Chongwe

3.1 FINANCIAL SUPPORT

While discussing monetary support, women pointed out the need for men to accompany their pregnant partners to ANC appointments, as a starting point. This was said in light of the difficulties they tend to go through to convince their partners about what is required in preparation for delivery. They mentioned that a man needs to attend ANC in order to be informed of the whole range of monetary requirements, particularly on pregnancy care and birth preparedness from someone other than the female partner. Very prominently, both male and female participants' responses show that men were primarily responsible for all financial obligations related to pregnancy. It is for this reason, for instance, that the male partner should be informed early enough to provide him ample time to organize financial resources.

He should go with her so that he can also learn how to care for the pregnancy, birth preparedness like jik (bleach), a bin liner, gloves and baby clothes. On all these items, the man is the one who handles them.

Female, 19 years, 1 child, Mambwe

When a woman is pregnant, she is supposed to eat good food as recommended at the clinic so that the baby can grow to be healthy. All these things have to be bought by the husband...

Female, 18 years, 1 child, Mambwe

The assertion that male partners' attendance at ANC enhanced their support of their pregnant female partner's financial needs was supported by IDI study participants.

Another problem in this is that most of our women are not in employment and depend on their men. Therefore, if the man receives information about birth preparedness from the health facility, he would be conscious [of it] and will be able to assist his wife in one way or another.

Female, ANC Provider, Chongwe

It's good because we need to teach them together. They should plan for the birth together: where the woman will give birth from? who is going to attend to the pregnant woman? what the woman will need to prepare for the coming baby? if the wife has complications, why and where the wife has been referred to? This is so that they know what to do next. Even at delivery, if a woman comes alone, it's really very difficult if there is a complication.

Female, Administrator and ANC Provider, Luangwa

Male involvement in ANC was said to facilitate a lot of things and was ultimately helpful towards achieving the health providers' objectives. Health providers also benefit because their workload is reduced as they do not have to talk to the female partner and the male partner separately while the role of the male partner also helps to enhance their work in various ways.

This is a rural area...The mothers don't work. They depend on their husbands so if you tell them...they need to prepare for the baby, they'll say, "You should talk to the father of my child." This means you (health provider) have an extra job of going to tell the father of the need to prepare for the baby.

Male, Administrator and ANC Provider, Luangwa

During pregnancy, money was required for several things - maternity wear, food and transport costs, as well as items for the unborn child. Both men and women, as well as health providers, attest to the fact that health centers are far from the villages and hence providing transport money to a pregnant woman would make it easier for her to achieve the required number of ANC appointments. In doing so, a husband was expected either to prepare money as bus fare or to pay for any other available form of transport to the health facility either for antenatal clinic visits or for delivery. Alternatively, he could carry his wife on a bicycle. If there are any complications during delivery, the husband would be responsible for arranging for transportation to a referral health facility.

The husband will be involved by looking for money for the wife, buying her maternity clothes, buying her food to eat when going for antenatal. Also if a man has a good heart he should prepare transport for the wife.

Female, 22 years, 1 child, Chongwe

For birth preparedness; because there are things that they need to buy for the baby and the woman. The man should also take part in that and also prepare transport money when the woman is in labor or in case anything happens before delivery.

Female, Administrator and ANC Provider, Chongwe

The husband becomes very important to a pregnant woman. He is the one who buys napkins, wrappers, shawls and other things that the baby would need...The husband also prepares for any emergencies that come. He prepares the money for transport costs to use for taking the wife to the hospital. It is important for the husband to understand that he has the responsibility to buy whatever is required in preparation for the baby.

Male, 33 years, 1 child, Solwezi

Where you need money, at least there is need to keep some money in case of any complication or in case labor has started...they should have money for transport and the like to come to the hospital quickly. If the man is not aware of all this, then it means the woman will be at a loss.

Female, ANC Provider, Mambwe

Even at delivery, if a woman comes alone, it's really very difficult if there is a complication. It being that we don't have an ambulance as a facility and instead of the husband running up and down looking for transport; it would be a nurse doing that, leaving the patient alone. It is very good for men to accompany their wives for antenatal care services.

Female, Administrator and ANC Provider, Luangwa

I think the advantages are that in case a woman needs a blood transfusion and the husband is available at the clinic and is in the same blood group, it makes work easier for the nurses because you can quickly draw from him and give to the wife. This is instead of looking for donors when there is no blood in the blood bank.

Female, Administrator and ANC Provider, Chongwe

The advantage is that, they have got an informed choice. They don't receive second hand information; they receive first-hand information from health workers. He or she will be there to advise them fully, what this particular woman is expecting so that if there is an emergency it is well explained and you will get it first-hand. We don't expect complications to do with delays when the husband is also informed...Those are issues that we try to minimize as much as possible by having their spouses informed.

Male, Administrator and ANC Provider, Zambezi

Men were quick to point out the difficulties associated with raising money in the village. As such they echoed the importance of early preparation for birth and delivery. They also pointed out the need to set aside some money in case of an unexpected emergency.

The only thing we can provide is good [nutritious] food for the baby to grow healthy. However, some of the requirements, we can't afford.

Male, 26 years, 3 children, Chongwe

Here in the village, it is quite challenging to find money to arrange for everything that she will need at the clinic. It is also challenging to arrange transportation...To find transport to take her also requires money.

Male, 33 years, 3 children, Luangwa

In terms of ranking the most critical birth preparedness items, men and women did not differ much in what they felt was most important. Money was viewed as the most critical component in the preparation for the coming baby.

For me, I see money to be the most important thing needed. Money is needed to buy things for the baby and the wife during pregnancy, things like food, clothes and transport money.

Female, 25 years, 1 child, Luangwa

The first thing should be money...Yes because every help will come from money

Males, 22 years, 1 child, Nyimba

The feeling that money was the most important thing was almost universal and participants felt that money needed to be raised regardless of financial standing. This was because they recognized the critical role that money plays during pregnancy and preparations for birth.

Even though most of us in this community are poor, it is important to make adequate preparations, when time for a woman to go to the hospital comes and she does not have money it's never a good thing. She has to have clean clothes and some money.

Male, 22 years, 1 child, Mambwe

3.2 EMOTIONAL SUPPORT

Women also expect their partners to show them care and love during pregnancy. They argued that providing necessary support and requirements is important but it is also important to show love. Women said that they found it easy to cope with the pregnancy when their partners were there for them by providing various support such as spending time with them, showing concern and staying involved at every stage of the pregnancy.

There are some men who love their wives and you find such men supporting their wives. They are always there for their wives.

Female, 32 years, 3 children, Nyimba

There are men who love their wives while there are others who do not. In the former situation, the husband will support the wife in many ways. However, where there is no love between the couple, no matter how advanced a pregnancy may be, the wife is not expected to complain [even though she may be hurting].

Female, 23 years, 1 child, Zambezi

The man should show love before and during pregnancy because he knows that the pregnancy she is carrying is his. We have to move together; whether there are problems or good things.

Male, 30 years, 1 child, Solwezi

Love and care, if you love her then everything is there, love, care and understanding, if you remove understanding, you will never get along.

Male, 23 years, 1 child, Chongwe

He needs to ensure that the wife is not stressed. To be closer to her, shower her with love and not only buying her nice foods. Attention is also needed because without it, that pregnancy will be full of complaints

Female, 28 years, 3 children, Chongwe

Helping her really means love, because without love you cannot help your wife, because you will just look at her as if she is not a human being because you don't love her.

Male, 23 years, 1 child, Nyimba

The argument that women feel loved when they are accompanied for ANC by their male partner was also echoed by health providers. They reported of the positive psychological effect that male support has on their female patients. The women are especially affected when they compare themselves to other women, who unlike them, are escorted and supported by their male partners. Some women feel that the time that a woman is pregnant is the only time that she is feted and they take pleasure in receiving this attention. For example, it is the only time she could have some beverages.

That is psychological care on the part of the woman. They feel loved. When a woman comes [to the health center] accompanied by her husband...even you (asking the interviewer), how would you feel?...You would feel good. However, when you come to the clinic, without being accompanied [by your husband] while your colleagues are [accompanied]; you will feel you are not loved. It's an encouragement to the woman. They move with their heads high. Psychologically, they feel supported and they really would want to be supported in such a manner.

Female, ANC Provider, Chongwe

The other thing is that if a male partner accompanies his wife, the wife will have that feeling of being loved and cared for by their partner.

Male, Administrator and ANC Provider, Nyimba

There is a lot to be done on that day [of delivery]. The wife will be crying for love from the husband. The wife needs the man's presence and she will feel proud and cared for by the husband. Then the wife will be...for example, if she needs a drink the husband will rush to buy for her.

Male, Administrator and ANC Provider, Luangwa

For the wives, it is even more because they feel that they are loved and cared for by their husbands; [when] the husbands are always there by the bedside. I wish you could see them when they come for delivery. They come with their husbands carrying the suitcase and walking hand in hand with the wife, with food, drinks. The pregnant women say that the only time they get to take some drinks is when they are pregnant. [They are unable to afford it on a regular basis]. The wives are happy and they tell us that we have done a great job because now they tell their husbands before coming for delivery that when a woman is in labor, she needs to take a lot of fluids, so they buy cases of drinks for them. When they come here, they ask us to keep the drinks for their wives in the refrigerator. So the women are very happy nowadays.

Female, Administrator and ANC Provider, Chongwe

It was further emphasized that emotional support was especially needed when it was the first pregnancy. This was because the woman was experiencing everything related to pregnancy for the first time and needed utmost support from her partner during this period.

If it's the first pregnancy, the woman needs a lot of comfort, some men neglect their wives when they become pregnant, that hurts the wife, she needs comfort and she should feel good, the husband needs to ask her what she wants and buy her food. When you neglect her, she will be sad and her health will deteriorate.

Male, 24 years, 1 child, Chongwe

Both men and women stressed the importance of patience and understanding from the man during the pregnancy period. This was said with the understanding that a pregnant woman experiences a lot of mood swings, which definitely require a man's patience to deal with her.

When a woman is pregnant, they have tempers and as a husband, she will be shouting at you every day. As a man you have to reduce yourself to zero (be passive and obliging). She is acting like that because she is pregnant... You have to understand.

Male, 23 years, 1 child, Chongwe

Escorting a pregnant partner to ANC appointments was viewed as one of way to show love and provide emotional support to women as doing so made the pregnant woman feel that 'the two of them are in it' together. Some participants observed that those women who visited ANC appointments with their partners looked happier than those who were not escorted.

When we look at these people, they are the two of them (husband and wife). They look happier than the one who is alone.

Male, 33 years, 1 child, Solwezi

Some men also mentioned that a pregnant woman needs the attention of the husband for her to enjoy her pregnancy. This was because by not doing so, the woman would feel that she has lost value as a result of being pregnant and hence she might start feeling lonely and depressed, which might affect her and the baby's health negatively.

Don't leave her alone or arise her emotions in a negative way constantly because if you do that you will give her a headache to say, since I have become pregnant now he is leaving me alone, so you find that she will be depressed so you find that she is disturbed.

Male, 33 years, 3 children, Luangwa

Women also said that they appreciate it and feel loved and well cared for when he is able to attend to them whenever they need something from him.

When my pregnancy is in its advanced stage for instance and I am feeling hot, I would feel good if I ask for a wet piece of cloth and my husband brings it. In the cold season, when I request for a cup of tea especially at night and he makes it for me, I would really feel nice. Legs can ache time and again during pregnancy and it would be nice if my husband massaged my legs.

Female, 18 years, 1 child, Zambezi

3.3 HEALTHY RELATIONSHIP

A few participants stressed the importance of a husband's healthy relationship with their pregnant wives. They argued that unhealthy relationships negatively affect the pregnant woman's health. They advised that if there were differences between husband and wife, the solution should be to put those differences aside and then work together.

When you are in a situation where you are always quarrelling and fighting with your husband, it becomes bad for you as a pregnant woman.

Female, 21 years, 1 child, Zambezi.

If between the two of you; husband and wife, there are some differences; you must put them behind and start working together. This brings happiness in that home and helps to boost the health of a woman.

Male, 26 years, 1 child, Mambwe.

3.4 HELPING WITH HOUSEHOLD CHORES

Across all study populations and locations, it was generally agreed upon that pregnant women need to be relieved of some of the household chores they normally perform. Specifically, both men and women were in agreement that a pregnant woman must be relieved of household chores that are labor intensive such as fetching water, collecting firewood and working in the fields.

The most important thing is to look at the chores; how to help her with the chores, now that she is pregnant. You know that with our friends [pregnant women] the energy becomes low...if she used to carry 20 liters [of water], she will change and start carrying 5 liters.

Male, 33 years, 3 children, Luangwa

...If she discovers that she is pregnant; she thinks she needs to stop doing chores. Even us the men don't allow them to do the chores.

Male, 21 years, 1 child, Chongwe

When she is pregnant...the pressure will be on me because I have to be the one to go and fetch firewood;...at least let her do the easier chores like washing plates. Those are the chores that she should do and do away with those heavy duty chores.

Male, 27 years, 3 children, Luangwa

Health providers also reported informing couples to make efforts to ensure that a pregnant woman is relieved of some of the work she does and receives adequate rest.

If they (male partners) are involved and get the information from health workers; it would be cardinal and it would really help to take care of the women. A pregnant woman is not able to say [to her husband], "I can't go to the garden (vegetable field) to lift heavy buckets of water." since some depend on gardening for their income. When she comes back, she will be complaining of backache and her husband will say, "You are lazy." However, when she attends antenatal care with her husband here and we teach them about the importance of light duties for an expectant mother; their husbands would understand that it is genuine when the wife says, "Let me rest because I am tired." He will be able to support the wife.

Female, ANC Provider, Chongwe

Both men and women also emphasized that there are also some special occasions when additional help may be needed by the pregnant woman. A pregnant woman may require further assistance with household chores when she is not feeling too well—stemming from the understanding that pregnancies come with myriad complications. Therefore some men emphasized the need for a man to pay particular attention and be very observant regarding how his partner is looking on a daily basis to check for any signs of illness.

Pay attention to how she is looking and then helping her with the house chores, cooking “Nshima,” doing the dishes, sweeping the house. All that should be done when you see that she is not too well.

Male, 22 years, 1 child, Mambwe

When she tells her husband or he himself notices that the wife becomes too heavy, he can help out the wife with pounding, taking the cassava to the river, going to the field and preparing “Nshima.” He can even put a calabash on the head.

Female, 23 years, 1 child, Zambezi

Some women were able to list some of the help with household chores they received when they were pregnant. Women mentioned receiving help with drawing water, washing and being excused from working in the field.

Like me, when I am pregnant most of the time I don’t do a lot of work, he helps me draw water, washing and also going to the field. Because they teach us that when you do hard work it brings problems in your body. That’s why they have to help us in some house chores and if you can, you do it and if you can’t you don’t.

Female, 32 years, 3 children, Solwezi

Things such as fetching water for her so that she does not have to lift heavy, 20 liter containers. This is because carrying heavy items can lead to premature births. When it comes to field work, the man should not expect his wife to work on a large portion of land as this can be dangerous for a woman in her condition. Moreover, he should help out with the laundry and if the woman has to do it, she should do it while seated.

Female, 23 years, 1 child, Zambezi

What I can say is that men are different. I can give an example of myself, when I was 7 months pregnant; my husband stopped me from handling heavy duties. Every time we would come back from the fields, he would not allow me to go and draw water, because he did not want what had happened with other women to happen to me, where she falls by the side or from the front; may be the unborn baby or its mother is hurt. He used to help me draw water using a bicycle.

Female, 19 years, 1 child, Mambwe

Some men were able to testify how they helped their partners with household chores when they were pregnant. They also went further to mention what motivated them to do so.

As for me, I personally support my wife when she is pregnant; to avoid premature deliveries, if she is doing heavy house chores.

Male, 28 - 35 years, 3 children, Nyimba

However, some obstacles to men helping with household chores were also identified. According to some women, most societies have not yet come to accept that a man can assist with household chores. They said that despite that some men may feel comfortable to help, most men usually do not do so for fear of being looked upon as weak. These notions, the women said, are normally propagated by a man's family and particularly mother-in-laws who believe that a man should never carry out chores that are classified as feminine such as washing, sweeping, cooking and fetching water, among others.

When your husband is the one who draws water and goes to the field alone you are accused of not being woman enough. Most of us have either seen or heard about such things. When it comes to household chores, there are men who help out; however, in-laws are a hindrance. It is very difficult in this community for a man to go and fetch water, fire wood and cassava for the wife.

Female, 32 years, 1 child, Zambezi

Some women also mentioned the need for men to care for them by helping with personal hygiene as way to show love and concern for them as they pass through pregnancy.

I would want my husband to bath me. When a pregnancy is advanced, it becomes difficult to bend down and wash one's feet properly and even help me shave the pubic area so that I can be clean and smell fresh when I go for antenatal visits. At the clinic, the midwives usually complain about the bad smell from the women's bodies. "Doesn't your husband wash you?" is usually their cry. A man must therefore shave his wife so that on the day of delivery, he is not embarrassed.

Female, 23 years, 1 child, Zambezi

Despite the discussion by both men and women regarding the need for a man to help his pregnant partner with household chores, some participants felt that the current situation is not pleasant. It was reported by some that it was rare to find men who help their partners with household chores.

Because what is known is that, the man's job is to make someone pregnant. After he has made someone pregnant his job is finished. He will only be seen when she has delivered, at which time he will buy some things...some clothes and other such things. As far as work is concerned, the woman continues to work; sometimes up to the day that she goes to deliver.

Male, 28 years, 3 children, Mambwe

3.5 APPROPRIATE WEAR IN PREGNANCY

Participants also emphasized the need for the man to support pregnant females with the provision of appropriate wear during pregnancy. This they said is very important as it affects how confident a woman is to make ANC appointments. Some also felt that the way a woman looks also extends to how their marriage is perceived, whether it is a loving marriage or not.

By buying her what is needed when going for antenatal like clothes to wear, maternity clothes that every pregnant woman needs to wear.

Female, 22 years, 1 child, Chongwe

To start buying for her things that will be needed when she is going for antenatal clinic. The thing such as clothes so that she looks nice so that as the pregnancy grows it is well taken care of, not clothes that will squeeze her.

Male, 22 years, 3 children, Luangwa

The wife needs to dress properly [in a maternity dress] and look clean for the hospital appointment. She needs to look like the married woman she is. That is the husband's first role.

Male, 20-26 years, 1 child, Luangwa

3.6 NUTRITIONAL SUPPORT

Regarding nutrition and the food requirements of a pregnant woman, it was generally agreed that a pregnant woman requires nutritious food for her health and that of the unborn baby. Participants' responses showed that they were aware of the importance of a balanced and nutritious diet for both the pregnant woman and the unborn baby.

A pregnant woman likes to eat well so the husband needs to buy his wife good foods like oranges and bananas for the baby to grow well in the womb.

Female, 24 years, 3 children, Mambwe

The other thing is the issue of diet. A man needs to ensure that the wife eats well balanced foods so that the unborn baby grows healthy...A balanced diet is a must for every person. Food is life and without it, you cannot go on living.

Male, 26 years, 1 child, Luangwa

As a man, he will need to provide fruits like oranges, bananas, etc. to the pregnant wife because they are required to eat fruits and many other nutritious foods to keep healthy.

Male, 32 years, 3 children, Nyimba

It was also recognized that a pregnant woman may become picky with what she eats and in order for her not to be starved and indirectly starve the baby; she needs to be provided with what she needs at any particular time.

When it comes to food, the woman becomes picky so he needs to help the wife by providing her with what food she wants.

Male, 20 years, 1 child, Chongwe

I would want a situation where I wake up on a particular day and I tell him that I do not want vegetables, he should be able to give me money so that I can buy eggs, that way he is giving me support. When he buys for me good food, clothes and birth preparedness items, it is a sign that he is supporting me.

Female, 26 years, 3 children, Luangwa

The provision of good nutrition was also seen as important to provide the woman with the energy she needs. It was also recognized that a pregnant woman may require feeding at regular intervals.

You also have you prepare food for her, because now you know that she is not alone they are now two, or even the way she will start to eat, you find that it is different, you find that she feels hungry constantly and you find that in many times she wants different kinds of things, just like that you have to prepare to be able to give her all that she tells you that she wants, you have to pay attention to say this person is not like this usually and you have to sit and realize that it is because of the pregnancy for her to start acting like this.

Male, 33 years, 3 children, Luangwa

Apart from providing the food, participants also emphasized on the importance for male partners to learn about the nutritious food that a pregnant woman requires so that they can support her to eat the right foods that are important for her health and the growth of the baby.

The women are also advised on what kind of food to eat. The husband should then make an effort to look for the food that the wife needs to eat.

Female, 25 years, 1 child, Zambezi

There was a concern that mostly men provide nutritional support and ensure that there is enough food of the right quality and variety when the woman is pregnant for the first time. This, they said, is not the case when it comes to pregnancies of a higher order. Because by the time the woman is having a second child, she is expected to have acquired the necessary experience to take care of herself.

To be honest, you find that if the woman is pregnant for the first time, the man will be asking what she would like to eat. If she mentions eggs, he buys those. He may even take the initiative and buy something else and if the wife does not want that, he does not hesitate to buy what she prefers. However, if the woman has had children before, the man tells her not to behave as though she is an amateur in pregnancy.

Female, 23 years, 1 child, Zambezi

3.7 MALE SUPPORT AND THE FIRST ANTENATAL VISIT

The third photo, showing a young couple, elicited interesting comments about male involvement in his female partner's pregnancy. Spontaneously, responses glaringly revealed that accompanying a pregnant woman for antenatal care services was largely associated with the woman's first antenatal visit. Subsequent male ANC visits did not seem as mandatory as the first one.

The rule these days is that when a woman is pregnant, she must be accompanied by her husband when she goes for her first antenatal visit.

Male, 23 years, 1 child, Zambezi

The woman in picture 3 looks like that it is when she is going for her first antenatal visit because she is accompanied by her husband.

Female, 22 years, 3 children, Nyimba

In picture 3 it is like it is the first time for the woman to visit antenatal clinic because she is with her husband. This is because when a pregnant woman is starting antenatal care, she has to go with her husband for the first visit.

Female, 26 years, 1 child, Chongwe

I think that it is her first visit, since she is with husband.

Male, 22 years, 1 child, Nyimba

It could even be her first visit for antenatal care since she is accompanied by her husband to the clinic. When a pregnant woman is going for antenatal for the first time or for her first booking, she has to go with her husband.

Female, 19 years, 1 child, Chongwe

For the first visit, they went together to the clinic and...they were told that the woman can thereafter start going on her own; depending on the condition of the pregnancy. Therefore, during the second and third visits, she went alone.

Male, 29 years, 1 child, Mambwe

Health provider's comments reveal that some providers stress that male partners accompany their female partners for the first visit only. This was mostly because they stressed the need for both partners to be screened for STIs, including HIV. Male attendance of ANC was reported to be informative about HIV, including knowledge of their HIV status, and the knowledge they gained enabled them to discuss and make informed decisions relating to HIV.

For me I am comfortable with the initial visits (males should accompany wives for the initial visit). Because in the component of ANC, a man should be tested for HIV and syphilis...Suppose a woman is tested alone and the results come out negative...You don't know what the husband is doing...He may have syphilis and yet you will indicate nil on the card. The chances are therefore very high that woman will get syphilis as well.

Male, Administrator and ANC Provider, Mambwe

We have had very poor male involvement at this facility and in the district as a whole. This is a policy that was recently introduced and most men try at least to escort their wives when they come for ANC booking. When we do the tests, the women come alone and we ask them to tell their partner to come as well so that they can be tested for syphilis and HIV.

Male, Administrator and ANC Provider, Luangwa

They will also know once they are tested...it is one of the advantages. They will know their [HIV] status, unlike when they don't come. It is actually one of the advantages, because once they know, through counseling at the health facility, they will know what their next step should be.

Male, ANC Provider, Solwezi

Male involvement is very important because you know that it is traditionally...in African tradition it's taboo to talk about certain issues such as the need to use a condom when a partner has tested positive for HIV. If a man is provided with information about the importance of using a condom when they (couple) do not know their status; or when one partner has been tested positive while the other partner is negative, it would really help us to fight the deadly HIV infection.

Female, ANC Provider, Chongwe

It was also prominently thought that male partners were obliged to accompany their female partners only during their first antenatal visit and not necessarily any of the subsequent visits. Therefore, many participants reported that male partners accompanied their pregnant female partners only for their first antenatal visit and left them to go alone for the subsequent visits.

She (pregnant woman) goes with her man for her first visit. For the second one, she goes alone.

Male, 20 years, 1 child, Mambwe

The only time that a man is supposed to go with his woman to the hospital is when she is going there for the first time. They only go together for the first visit.

Male, 20 years, 1 child, Mambwe

When the pregnancy is big, the woman can then go alone.

Male, 29 years, 3 children, Luangwa

After they register, they will be examined, and given a day when the woman should go back for review. That time, she will go alone and her husband will remain home.

Male, 33 years, 3 children, Mambwe

Health providers' responses also supported those of the other respondents that males usually accompanied their female partners to ANC often only for the first visit.

Mostly the practice has been the first antenatal visit and when they are due for HIV testing; they do accompany their wives. Those who haven't been tested usually come with their wives and to take the HIV test.

Female, ANC Provider, Chongwe

Apart from the belief that male partners were expected to accompany their female partners only for their first antenatal visit, other male partners reportedly did not accompany them for subsequent visits because they did not see it as a male responsibility. Other male partners were reportedly uncomfortable accompanying their female partners for antenatal care at health facilities where they were overwhelmingly outnumbered by women

My husband escorted me once when I went for my first visit for that pregnancy. After that, he stopped, telling me it was a woman thing.

Female, 25 years, 3 children, Nyimba

When going for antenatal for the first visit, many men accompany their wives. For subsequent visits, they don't accompany their wives for antenatal saying, "It's a woman thing; what do you want me to do there? There are too many women [at the clinic] and very few men."

Female, 27 years, 3 children, Nyimba

Health providers reported that there were few men accompanying their pregnant female partners to ANC.

Participation [by male partners] is quiet low. Some of them come but I think just a quarter of the men come. Sometimes half, but mostly, the participation is low.

Female, Administrator and ANC Provider, Chongwe

The work of health providers was said to be made easier when partners attend ANC together as a couple. This is because it implies that the number of trips the woman may have to make to discuss with her husband and subsequently back to the health providers for consultation will reduce.

When they come together...our work is made very easy. It is easier to counsel and test them together because they will be planning together. For us, it will be a half solved problem. You also lessen on the number of visits to be made by the woman to the clinic

Male, Administrator and ANC Provider, Luangwa

By attending antenatal clinic with his female partner, a male partner was seen as able to learn about the pregnancy which would raise his awareness about his need to support his female partner during pregnancy. This would consequently enhance his involvement in, and his support for his female partner and also enhance the quality of their health. Some health providers reported that by attending ANC with their female partners, male partners come to hear for themselves what is expected of them.

They learn more about their wives. Men just think it's simply just the pregnancy and the baby will then come out. They don't know what really happens in the body. Therefore, as they come, they also come to know what is happening with their wife.

Female, ANC Provider, Mambwe

They have to go with the husband for the first visit so that the nurses teach them together, what is required of them both during that pregnancy.

Female, 26 years, 1 child, Chongwe

Even the men gain knowledge, through their wives' antenatal care. They learn about HIV prevention; they learn about the advantages of male circumcision. They can protect their wives from getting cervical cancer and know how they can reduce the risk of contracting HIV.

Female, ANC Provider, Chongwe

A husband must accompany the wife when going for antenatal for the first visit where they will be taught many things for the pregnant woman to live a healthy life during pregnancy.

Female, 19 years, 1 child, Chongwe

It is a hospital requirement that when a pregnant woman is visiting for the first time for that pregnancy, she needs to be accompanied by her husband so that they are tested together and taught together about how to take care of themselves during pregnancy.

Female, 30 years, 3 children, Mambwe

There are husbands who are very brutal and these are many. Should they be involved in ANC, their anger at home; their attitude at home will be changing as they continue to come; as you talk to them...They will learn...and then they will adjust.

Female, ANC Provider, Mambwe

Providers discussed how some male partners would rather believe what the health providers say rather than what their female partners say.

If I had a way, I would have been bringing all the men because men are not easily moved [to escort their wives to the health centre]...they are naturally just like that. There are very few who would listen to their wife when she explains information [received] from the clinic [that], "At the clinic, the health care providers have said I should deliver at the hospital; that I should go and have a scan." This husband would simply say, "You just want to be walking about aimlessly." If the husband is involved and has gotten it (information) from the health worker, it will carry weight.

Female, ANC Provider, Chongwe

We have had situations where a woman goes back; maybe you have told this woman that she has to deliver at the hospital. When she goes home, she tells her husband and the husband will say she is lying. If the husband is here and he hears it from us, that would make things a little easier for the women.

Female, Administrator and ANC Provider, Chongwe

When you look at the birth preparedness form, and you have talked to them in presence of male partners, it is advantageous to us in that the male partner will know exactly what to buy during the birth of that baby, unlike when a woman goes home and then starts to tell the husband of what was said at the health facility. Really it is simple for us to talk about birth preparedness if the woman and man are there.

Male, Administrator and ANC Provider, Nyimba

In some cases, some male partners come to change their attitude and behavior relating to their female partners and their pregnancy. Such behavior change in attitudes and behavior include that which relates to family planning.

The advantage to us that when the man sees his wife crying, he sees the need for family planning and agrees that she has to rest. It has helped a lot and many people are now accessing family planning. One man told his wife this statement: "You people have to rest, you really labor, I did not know."

Female, Administrator and ANC Provider, Chongwe

Men know what is required of them as well as their wives in order to have a healthy pregnancy. They also know when to register a pregnancy and how to space children.

Female, ANC Provider, Zambezi

Male folk should be involved so that at least they understand everything and when a woman says let us have 3 or 4 children they will understand why the woman is saying so; what she goes through, and also as women, we have a problem because we know that to undergo labor it is difficult. However, we don't tell our husbands and hence they think that we are just lazy.

Female, Administrator and ANC Provider, Nyimba

3.8 PERCEIVED PREVALENCE OF MALE SUPPORT DURING PREGNANCY IN COMMUNITY

Generally, participants reported that males in the community supported their wives during pregnancy - unlike in the past.

In my opinion we men are supportive to our pregnant wives, unlike in the past when this was not so. Since we have been taught the importance of supporting our wives, we have been doing it.

Male, 26 years, 1 child, Luangwa

Responses also revealed that while some male participants agreed that they supported their wives during pregnancy, some female participants were of the view that community prevalence of male support for pregnant women during antenatal was still low. The women's position was also supported by a few males.

In this community, most men don't support their wives during pregnancy; you find a man will escort the wife for antenatal once after that they stop.

Female, 33 years, 3 children, Nyimba

In this community many men drink a lot and do not encourage their wives to go for antenatal. You will find the woman going about; doing piece work [short term employment] to raise money for things needed for the baby and transport money for going to antenatal care.

Female, 20 years, 1 child, Chongwe

Men differ; you find there are some men who support their wives by preparing for them whatever they need during pregnancy. You will also find men who really don't care if the woman is managing her pregnancy well or not.

Female, 32 years, 3 children, Nyimba

SUMMARY

Male Support during Pregnancy and Childbirth

FGD participants were asked about the type of support that pregnant women receive during pregnancy. In discussing this theme, they not only brought up the support provided by male partners, but also desired support. The areas where male support was noted as being required were financial support, emotional support, harmonious relationship, helping with household chores, appropriate wear in pregnancy and nutritional support.

Very prominently, both male and female participants' responses show that men were primarily responsible for all financial obligations related to pregnancy. Money was viewed as the most critical component in the preparation for the coming baby. It is for this reason, for instance, that the male partner should be informed early enough to provide him ample time to organize financial resources. IDI participants noted that by being involved in ANC, male partners were better able to prepare for the financial needs of their pregnant partners.

Emotional support was said to be critical, especially for the first pregnancy. Women said that they found it easy to cope with the pregnancy with the emotional support from their partners. Both the IDI and focus group study participants argued that women feel loved when they are accompanied for ANC by their male partner.

Across all study populations and locations, it was generally agreed upon that pregnant women need to be relieved of some of the household chores they normally perform. It was said that though some men may feel comfortable to help, most men usually do not do so for fear of being looked upon as weak especially by their family members.

Generally it was reported that there was more male support during pregnancy than in the past though the levels of support were still low. Male support for the first ANC visit was said to be higher than for subsequent ANC visits. Support for subsequent visits did not seem as mandatory as the first one as reported by both the FGD and IDI study participants.

CHAPTER 4. BARRIERS TO ANC

FGD study participants were probed via the storytelling technique to find out why pregnant women and their male partners chose to not access ANC during pregnancy. A variety of barriers surfaced. The following is the list of the barriers mentioned by community members, in order of frequency: HIV testing, ANC providers, male partners, unaware of benefits of ANC, financial constraints, laziness, distance to the health facility, shyness, tradition, lack of proper maternity ware, age and parity. The interviews with the health providers on barriers to ANC brought up a similar list of barriers with HIV testing and male partners being the most prominent responses.

4.1 HIV TESTING

Finding out whether one is HIV positive during ANC was the top barrier to ANC described during the focus group discussions and in-depth interviews. It was noted as a barrier for both women and men; however, it was more commonly mentioned as a barrier for women. Women in the FGDs were twice as likely as men to indicate HIV testing is a barrier to ANC.

That also has contributed to some women shunning the clinic for antenatal [services] because we test every pregnant woman. We have to know the women we are dealing with. We have to safeguard the unborn baby. We have to do the interventions of prevention of mother to child transmission of HIV. So those who are really not sure...they don't know their status...Some fear [that] "If I will be tested..."

Female, ANC provider, Chongwe

It is the fear of being tested. They don't want to come here for an HIV test. The reason why we have to do the test is to know the status of the person so as to know what to do with the baby because if we know the status of the mother we can definitely put the person on drugs to protect the baby. Pregnant women will not come for fear of being tested.

Male, Administrator and ANC provider, Zambezi

The other fear is HIV...should they be tested positive, should they be tested negative... especially in the villages it's...it's a challenge.

Male, ANC provider, Mambwe

The fear of HIV testing kept some men from escorting their partners to ANC. The health providers said much of the fear was because the men were afraid of being HIV positive while their partners were negative.

They don't want to know their [HIV] status. They are afraid that they may be found to be positive while their wife would be negative.

Female, ANC provider, Chongwe

They [the male partners] are scared of the HIV test because they know that they have lived a promiscuous life.

Female, 33 years, 4 children, Luangwa

The other thing that can make a woman not start going for antenatal is when the husband refuses to accompany her for the first antenatal visit where he knows he will be tested for HIV/AIDS and because he has not been faithful to the wife he is not sure of the results hence the fear. The husband is afraid in case he is found to be HIV positive.

Female, 22 years, 1 child, Chongwe

Why many refuse [to attend ANC] it seems the disease that comes in the house, most especially HIV/AIDS it comes through men, so they are always afraid more especially to be found with HIV. The wife will start talking that you see I used to tell you to behave. So as a result, that noise will start in the house. If there are squabbles in the house gossiping will start and it will reach the woman's family members that when we went to the clinic we were found with HIV and it seems the one who brought it is my husband. Therefore, they fear such politics, maybe my wife will run away from me, maybe we will not live well with family members on her side.

Male, 29 years, 3 children, Mambwe

There are some men who refuse to accompany their wives for antenatal because they are afraid to be tested for HIV/AIDS. They are afraid because they know how they live immorally and they know that sometimes they can be found HIV positive.

Female, 33 years, 3 children, Nyimba

Mostly what makes us men to refuse to go to the clinic it is because we know that but 'for me I fail to behave with other women'. That is what causes that in most cases. Because the wife at home refuses that for me no I take care for myself, while you are the person who is very busy, you are the one who brings diseases in the house.

Male, 37 years, 5 children, Mambwe

Other men were said to know that they were HIV positive but wanted to keep the information concealed from their partners.

Others, it could be that they already know their HIV positive status. They did test for HIV elsewhere without the knowledge of their wife. He will give all sorts of excuses until the wife will come alone.

Female, Administrator and ANC provider, Mambwe

The individual reaction among FGD participants to receiving a positive HIV test was extreme – from depression to death through suicide or intense stress.

For some women it is because of the issue of testing for HIV/AIDS that they are afraid of [attending ANC]. They do not want to know their status for fear of being depressed or committing suicide when they know the truth.

Female, 20 years, 1 child, Chongwe

It wasn't only finding out that one is HIV positive that was a deterrent – it was that others in the community would likely discover the information as well.

Some women are afraid of people laughing at them if they are found HIV positive.

Female, 38 years, 6 children, Mambwe

What I think is some of them have fear, some of them actually assume that they are sick because they know that they have been around with different men, they have slept around with different men therefore they fear that if they go to the hospital they might be found to be positive. So most of them end up hiding until they are due for delivery and for them to deliver they just negotiate with the women responsible for delivering in a village setting to help them deliver secretly. They fear that they will be found positive and then people will know that they are positive, that's what makes them decide not to go.

Male, 20 years, 1 child, Mambwe

In this community we know that such and such people are on ARV's so you find when they are not around people will talk about them, gossip about them but when they are around people will pretend, smile at them as if they were not gossiping about them or talking about them. It is so common and maybe you are part of these people so when it is your turn to go for antenatal you're afraid that maybe your friends around will be doing the same things to you.

Female, 27 years, 3 children, Nyimba

They are scared of people knowing their status because if they do it means he will never have another chance to play around with other people's spouses.

Female, 18 years, 1 child, Nyimba

4.2 ANC PROVIDERS

After issues related to HIV testing the second most common deterrent to ANC discussed by community members were the health providers. The antenatal care providers were described by the FGD participants as uncaring, rude and inconsiderate of privacy. Individuals with 3 or more children were more likely than those with 1 child to discuss this issue of uncaring providers.

...the major problem that women in this community face is the working attitude from nurses. They don't work in accordance with what they were taught during their trainings. Many women are delivering from their homes because they fear to be insulted by these nurses, over petty issues. They [the nurses] will send her back home and tell her to return the following week. If that woman is insulted once, she will never return for ANC services at the clinic. She will deliver from home because of the nurses' attitudes at the clinic...

Male, 26 years, 3 children, Chongwe

They [the nurses] want to belittle you always...

Female, 23-40 years, 3-4 children, Chongwe

It's not everyone who knows how to read who accesses ANC services. There are those who can't write but can understand English. Sometimes if you haven't understood something and ask them [to explain to you] they will respond very rudely by telling you that you are an adult so think on your own. So you may think of boycotting the next visit.

Female, 23-40 years, 3-4 children, Chongwe

A lot of women are afraid of the nurses because they would scold a woman publicly when the friends and neighbors are around. All these people who will hear will start talking about it even in the village so as you are walking you will be laughed at...

Female, 25 years, 3 children, Nyimba

The other deterrent is coming from government because some women make an effort to go to the hospital but you will find that the nurses do not even take good care of these women. That is why you find that woman goes back home she will never return for antenatal care services because she will be thinking of the ill treatment and neglect.

Male, 26 years, 1 child, Zambezi

The negative attitude of antenatal care providers was also noted by a few of the IDI study participants.

The way we handle them when they come - because even they would first ask about personnel who is attending to them. If it's a particular person with a bad attitude they won't come. But I wouldn't really say that the staff are bad. That's just my opinion.

Male, Administrator and ANC provider, Mambwe

Providers were said to refuse services, or ridicule antenatal clinic attendees for initiating antenatal care late, or even charge a late fine. Men were twice as likely as women to initiate this theme in the FGD discussions. Providers contributed to this theme in the IDIs.

When they go at 5 months sometimes they are denied the services at the clinic, so it must be 4 months exactly.

Male, 20 years, 1 child, Mambwe

Some women because they know that they have delayed in starting antenatal they are afraid of what the nurses will say to them.

Female, 32 years, 3 children, Nyimba

When some women know that their pregnancy is too big you even find some telling the nurses at antenatal clinic that they are may be 4 months pregnant meanwhile they are 6 months pregnant.

Female, 24 years, 3 children, Nyimba

RP: Sometimes they even charge a fee, when 5 months pass they tell you to pay some money.

M: Okay, that's some very interesting news you have introduced. They make you pay when you go late in this community, such a thing happens?

RP: It happens in our area, they do that to people here, when the period just comes to 5 months and you go to the clinic, they make you pay a K10,000 (\$2). It is true such a thing happens, when you go at 5 months they make you pay a K10,000 and some people are poor, where they come from it's not easy to find such an amount. In situations where they don't have the money they are made to go until they deliver.

Male, 26 years, 1 child, Mambwe

According to one mother I asked, she said that a nurse from a certain clinic, which I can't mention, confiscated her antenatal card saying that she needed to pay twenty thousand kwacha (K20,000) for booking her pregnancy very late (at 8 months). When I asked the mother as to why she was told to pay that amount she said she didn't know because the antenatal care services are free. I made a follow up to find out why that happened. When I asked the nurse, she said that, they were charging them for booking late so that next time in their pregnancy they book early.

Male, Administrator and ANC provider, Solwezi

Other fees imposed by the clinic are for the following reasons: registering fees, not accessing ANC and not delivering at the clinic. Men were more likely than women to raise the issue of clinic fees. The IDI study participants also mentioned the charging of fees and included not coming with a male partner as one of the issues for which fees were charged.

When you deliver from the village, for you to have your baby registered you have to get your card back but for you to get your card back; you have to pay K50,000.

Male, 26 years, 1 child, Mambwe

In some clinics, there are proposals to say that if a woman does not come with the husband, she should be sent back (without being attended to). But, you know what...that woman will never come back for antenatal. So it's not good. And in other places, she will be charged 5 thousand kwacha (K5,000). But, in the end, she won't come, because of that 5 thousand kwacha.

Male, Administrator and ANC provider, Luangwa

The barriers extend to delivery – not having the finances to supply the items required by the nurses at the clinic for antenatal care or delivery and fearing the repercussions from the staff.

What is also important is money to buy gloves, jik (bleach), surf (soap) and a black plastic if I don't have all these, they [the health care providers] will shout at me...

Female, 19 years, 1 child, Solwezi

Health providers turn women away when they try to initiate antenatal care without their male partners – or ask for intimate information unnecessary for providing pregnancy care.

The reason why we are saying he will accompany her is because if [she] will go alone she will be returned to go with her husband. Even if you as a man will refuse there is nothing you have done because you are just delaying your wife or drawing her backwards.

Male, 28 years, 1 child, Zambezi

At the clinic they want to know if the man you bring is your husband or someone else's husband...

Female, 26 years, 1 child, Chongwe

Nurses were also said to ridicule women who were older or who had many children for not using family planning.

There are some women who are elderly or too old and sometimes they have a lot of children. So you find such women are scared to go for antenatal to face the nurses to explain why they are not using family planning.

Female, 19 years, 1 child, Chongwe

Another barrier related to the health providers was the sex of the provider. The sense was that pregnant woman are not comfortable being seen by male providers. This could potentially stem from the fact that traditional birth attendants are usually female so the norm is that those providing care during pregnancy, labor and delivery are female. Mostly male study participants with 3 children noted this as an issue.

...most times these women don't go for antenatal care because sometimes you find that the problem is at the clinic. A situation where the clinical officer at the clinic has a system of making advances at other men's wives, sometimes instead of examining these women properly, he starts undressing them unnecessarily dropping everything down.

Male, 33 years, 4 children, Luangwa

So you find that when woman come home you hear them say, 'where they sent me to be attended to, I'm not going back there'. When women find that the clinical officer has an evil or careless mind, they start doubting going back there. They ask people who is attending to people that day, maybe that day there is a woman from the PHC they will go, if it's that man, she says I'm not going and will dodge.

Male, 33 years, 4 children, Luangwa

Sometimes when you go to the clinic, you find that it is the male health care providers who attend to you. Our clinic here is a good example. Our female nurse left for Lusaka and we only have a male nurse left. It becomes difficult because the one attending to you might be your uncle, father, brother or even neighbor.

Female, 23 years, 1 child, Zambezi

The IDI study participants noted that in most instances, it was the women's partners that did not want their women to be attended to by a male. Women therefore opted to go to other facilities where they would be attended to by a female and if no such facility was available, they opted to stay at home.

...we are telling the women to come and deliver at the clinic but when men are there, we tell them all because some men don't want their wives to come and be delivered by a man....at present there is no lady at this center...we are all men...so if men are not sensitized well, they will not allow their wives to come and deliver at the center.

Male, Administrator and ANC provider, Nyimba

4.3 FINANCES

In addition to the fees imposed by providers, financial issues were cited as a barrier to ANC care. The main financial barrier mentioned were clinic requirements for ANC and delivery. Women were much more likely to bring up financial clinic requirements than were men.

...the requirements needed for a delivery are too much. They should reduce on that.

Female, 26 years, 3 children, Chongwe

Some are scared of costs; there is a new rule that came that men ought to buy things for the baby, like clothes and the mother as part of birth preparedness, so that both can look smart on the day of delivery.

Female, 19 years, 1 child, Nyimba

For some its money that is the issue so people would prefer to just stay home and deliver with the help of the village women.

Male, 36 years, 3 children, Solwezi

Just a couple of participants noted the barrier of not having money to buy food while accessing antenatal care that is a long distance from their homes – these comments were only made by women.

...when they go for antenatal they have no money to buy food while there at the clinic.

Female, 19 years, 1 child, Chongwe

4.4 MALE PARTNERS

Another barrier to antenatal care mentioned by the study participants was the male partner – in particular how he refuses to join the pregnant female partner for antenatal care. Men and individuals with 3 or more children were more likely to indicate that male partners refuse to attend antenatal care with their pregnant partners.

...in most cases the men refuse this issue of escorting the woman to the antenatal clinic.

Male, 31 years, 3 children, Luangwa

The man is not supposed to accompany the woman [to ANC].

Male, 22 years, 1 child, Mambwe

Maybe the husband refused to escort her for antenatal and that's why she delayed.

Female, 24 years, 5 children, Mambwe

Another barrier to ANC mentioned by the study participants was marital status, specifically, that attending ANC was difficult for unmarried women. Men and women were equally likely to mention this barrier to ANC; however, those with only 1 child were more likely to bring up this topic than those with 3 children.

If a woman is not married she won't go to the clinic.

Male, 25 years, 1 child, Chongwe

Pregnant women if they are married go to the clinic, but those that are not, don't go.

Male, 21 years, 1 child, Chongwe

It could be that the woman was just impregnated by a man who is not married to her. That could make it difficult for her to access ANC on time.

Male, 23 years, 1 child, Luangwa

Maybe that woman is single, so those single women sometimes they shun coming for antenatal services....

Male, ANC provider Nyimba

According to the FGD study participants, there is a new rule that male partners have to accompany their pregnant female partners to the first antenatal care visit. Single women, or women whose male partner was not available, not only delayed ANC attendance – some were said to avoid ANC completely in addition to delivering in a health facility. The existence of such a rule was corroborated by health service providers who said that women were supposed to attend ANC with their partners.

...it is just recently that we have seen men escorting their wives, sometime back, the men used to refuse. But now you find that at the clinic they stated a rule saying if you don't come with your husband you will not be attended to unless you come with your husbands, so you find that it is the woman who pulls the man to say let's go to the clinic and you find that the man tags along behind trying to hide, so it is the women who tell the men to go to the clinic.

Male, 31 years, 3 children, Luangwa

What causes other women to not go for antenatal care services is that the women want to come with their husbands on their first visit. She can tell the husband that they have to go to the clinic, but the husband would say, "I do not want to go there." The other thing is that the nurses at the clinic want you to prepare for the coming of the baby as a couple, so they give you information on birth preparedness; they would ask you to buy things like a baby blanket, washing soap, cotton wool and other things, but when you tell your husband he refuses to go with you, what can you do? Those are the causes as to why women do not access antenatal care services.

Female, 36 years, 5 children, Luangwa

Some of them have trouble going for antenatal because perhaps they got married and as soon as they got pregnant, the man decides to leave saying that he does not need her anymore. So the woman will have difficulty going to the clinic because the rule is that we should go with our husbands, what will she do? She will keep on postponing the trip until she ends up delivering from home.

Female, 20 years, 1 child, Nyimba

...all pregnant women are supposed to come with their husbands...so you will find sometimes maybe the husband is refusing to escort his wife to the clinic for antenatal services.

Male, ANC provider, Nyimba

Comments revealed that some health facilities provided antenatal care services to a pregnant woman on condition that she was accompanied by her male partner. Women who were not accompanied were reportedly not attended to.

In the past most men never used to accompany their wives for antenatal care visits. These days there is a law from government stating that when a woman is pregnant when going for the first antenatal care visit she must be accompanied by her husband. If a pregnant woman decides to go for her first antenatal visit alone she will be turned back to come with the husband.

Male, 23 years, 1 child, Zambezi

Accompanying your wife for antenatal care is a requirement. If a woman goes alone, she can't even be attended to by health care providers.

Male, 42 years, 5 children, Chongwe

...when the pregnancy is about 4 months they need to go for antenatal clinic and register. You find that the women will tell you that today is the day to go and get registered for antenatal clinic and the man will say I'm not going, I don't have time just go alone. The woman will go alone but there she will be told that you come with your husband and you find that the woman is returned. Come another time and again she tells you to say, let's go like they said to the clinic, and the man refuses again saying I have other things to do, and the woman will refuse to go there alone because the last time she went there she was returned and now to be returned again? No, so she also stops going to the clinic.

Male, 50 years, 6 children, Luangwa

Here in our community what happens is that when a woman is starting antenatal clinic she has to go together with the husband. If she goes alone she will be sent back without her accessing the service or she has to pay for the service. So if the husband refuses to accompany her and she has no money it means the woman will just sit at home with her pregnancy.

Female, 26 years, 1 child, Luangwa

When you visit antenatal clinic for the first time without your husband, you will be sent back to bring your husband because every pregnancy has its owner, the man who is responsible for it.

Female, 23 years, 1 child, Luangwa

This situation seemed to disadvantage women that became pregnant through premarital or extramarital sexual relationships. If she isn't married to the male partner who impregnated her, and he is married to another woman, she won't ask him to attend antenatal care with her. Only female study participants brought up this scenario.

Some women do not access antenatal care because of the issue of going for the first visit with the husband. If she was impregnated by a married man how can she go to him to say, "Let us go for antenatal?"

Female, 26 years, 1 child, Chongwe

The reasons that could cause a woman not to access antenatal care services differ. For instance, I am a married woman; I cannot fail to go for antenatal care services when I become pregnant. Now there are those who become pregnant with another woman's husband, they know that at the clinic, it is a must to come with your husband on the first visit...That is where a woman becomes hesitant to go for antenatal.

Female, 40 years, 5 children, Luangwa

You can only fail to go for antenatal care services if you are not married because when you decide to go to the clinic, you will not be able to call another woman's husband to come with you. That is what causes some women not access antenatal care services because they are scared that they will be asked by the nurse where the man is.

Female, 41 years, 4 children, Luangwa

IDI study participants said that men who had more than one partner or those who were married but had extramarital affairs did not escort their partners to ANC as doing so would expose their extra partnerships.

Some have got concubines; they have impregnated a girlfriend who wouldn't love to be seen [at the health centre] with a person that is not the wife. Do you think such a man would be free to come?

Female, ANC provider, Chongwe

The other challenge is that when a woman is made pregnant by a married man, she won't come with him to the clinic to avoid fights with the man's wife.

Female, Administrator and ANC provider, Luangwa

Even if the responsible man isn't married to another woman – but if he refuses to take responsibility for the pregnancy she can't ask him to accompany her for antenatal care. Issues relating to responsibility for the pregnancy were discussed more often among males and individuals with 1 child – possibly indicating this is a more significant issue for couples with no or few children.

Sometimes, men refuse responsibility and this may cause the woman to go late for antenatal or she may decide not to go at all.

Male, 22 years, 1 child, Luangwa

If you want to access antenatal services for the first time you need to go with your husband or the person responsible for the pregnancy. So if he is a married person how do you say, "Let us go for antenatal?" Or maybe it is someone who just damaged you and has refused to take responsibility. You find you have no one to go to the clinic with and you do not access antenatal services.

Female, 22 years, 1 child, Chongwe

RP: Some of the women get pregnant out of wedlock and then she has to be accompanied by a man when going to the hospital to register.

M: Okay?

RP: Yes, so it becomes difficult for them to go to the hospital since they know that when they get there they will be asked, "Where is the man responsible for this pregnancy?" So when she gets there they return her so that she comes with the man responsible for that pregnancy. So because of not knowing what to do next they prefer to stay home and deliver from there.

Male, 26 years, 1 child, Mambwe

It was however reported by some participants that being accompanied by a male partner was no longer a condition for access to antenatal care services.

Long time ago, nurses used to send away women coming for the first visit without the man responsible for that pregnancy. These days, they are attended to.

Female, 22 years, 1 child, Chongwe

Male partners did not accompany their female partners for a variety of reasons. There were some differences and similarities in the reasons given by the IDI and FGD study participants. The FGD study participants' main reason was that it isn't the norm for the male partner to accompany his female partner for ANC. To a small extent, this argument was supported by the IDI study participants.

Sometimes it could be that your wife goes with her friends to the clinic, so you may feel out of place to be among women.

Male, 28 years, 3 children, Nyimba

...today I saw a male partner who accompanied his partner for antenatal who looked to be shy among women because he was the only man in the group of women. I was actually encouraging him to be strong and to tell others about the benefits that are there in accompanying their wives for antenatal care services.

Male, Administrator and ANC provider, Zambezi

I think they just refuse knowing traditionally the man is not supposed to follow the wife to the antenatal clinic...they are still in the olden days. In the past, the men thought that escorting the wife to the clinic who is pregnant is taboo.

Male, ANC Provider, Nyimba

Others felt that anything antenatal is for women.

There are few men who support their wives but a lot of them don't support their wives saying antenatal is a woman's thing.

Female, 25 years, 1 child, Luangwa

Some men are told or informed by their wives but male partners are very reluctant and sometimes the responses are bad, you will discover that after being informed that the wife is pregnant and that he has to accompany the wife to the antenatal clinic some men respond in this way, "Why should I go to the clinic while it is you who is pregnant?" This really puts the wife off.

Male, 35 years, 3 children, Zambezi

The issue of antenatal is difficult for men...maybe it's because of the way the services are offered...or I don't know...they are not concerned, they say it's a woman's thing.

Female, 28 years, 3 children, Chongwe

Sometimes men, they don't feel part and parcel of antenatal care, they feel that, that part...that service is only for women.

Male, ANC provider, Mambwe

Some men were reportedly discouraged from providing support to their pregnant wives because they were afraid of being laughed at as having been given love potions, or “charmed,” by their wives.

When you assist a lot, they label you saying you have been charmed.

Male, 33 years, 3 children, Luangwa

Some men are just shy and think they will be ridiculed if they escort the wife. They fear they may be the only husband who will be there to be with the wife. They fear that people may think they have been charmed and are under the wife's control. 'Ona iyala amudisha' (that man has been fed) implying that the man has been given some charms to be under the wife's control. When the man hears such comments, he can never go with the wife for antenatal care. He may even say something like "I am not the one who is pregnant. You are the pregnant one. So you go and be attended to."

Female, 21-23 years, 1 child, Zambezi

This view was also expressed by IDI study participants.

Ideally, men need to be educated because they fear to be stigmatized by their male counterparts, they will think that maybe he is charmed by the wife, so they fear that. We need to sensitize the general population. If we do that, men will learn and understand the importance of being at the antenatal clinic with the wife.

Male, ANC provider, Luangwa

In addition, at times the men were said to be too busy working – or even working at a location far from their homes.

Ehee, there are times when I as a man would be working from outside, and when a woman goes to the hospital, they return her unattended to and tell her to come with a man regardless of the fact that maybe the man would be [working in a distant place] or may be busy at work. How can you manage to escort you wife for registration? Yes, so they try to go there may be 2 times but they still return them until the due date draws near. Yes and by the time you show up, they can let you register but then they will tell you that, "You must leave your card; we want K10,000." So...for one to get their antenatal card back, they have to go with K10,000.

Male, 26 years, 1 child, Mambwe

For IDI study participants, this was the main reason given for why men did not escort their partners to ANC.

...some of the reasons that women give are that the husbands are away, the husbands are at work or the husband isn't in town, those are some of the reasons. Maybe those who are

working in formal employment, there is a problem with those but they usually come during weekends or at any convenient time to them, and we have allowed, even on Saturdays they can make appointments.

Female, Administrator and ANC provider, Nyimba

Then the other thing is that some men are fishermen and usually go out fishing. And so the wife may not wait for the husband to come back and will therefore attend antenatal clinic alone.

Female, Administrator and ANC provider, Luangwa

Yaah...I think these men (especially miners) should be given at least a day off by their employers to accompany their wives for antennal care services.

Male, Administrator and ANC provider, Solwezi

Men also found it difficult to leave their work commitments because ANC sometimes took too long.

One of the factors is time. If antenatal mothers are being attended to fast, that can prompt male partners to accompany them than when they take too long to be attended to. I suppose if a woman comes and she is attended to as soon as possible, that can prompt the male partners to accompany her the next time she wants to come for antenatal. This is so because male partners are always busy running up and down doing things. So if they take too long here, they will look at it as if they are wasting time to do other things.

Male, Administrator and ANC provider, Nyimba

He might also choose to not accompany his female partner if he doesn't love her, or feels he will be ridiculed for showing his love.

When the husband refuses to escort the wife to the clinic then he doesn't love her.

Male, 25 years, 1 child, Chongwe

Those without love will never escort you until you deliver, climbing alone those hilly mountains to get to [the clinic].

Female, 18 years, 1 child, Nyimba

Some men love their wives and would love to escort their wives but they don't like being made fun of by their friends who think they spend too much time with their wives.

Female, 18 years, 1 child, Zambezi

The IDI study participants also expressed this view.

It depends on the man himself. If there is true love among the two couple and when the woman requests the partner for an escort, a man will be for the idea. But if the love between the two is not there, a man will deny coming to the clinic and as a facility will not force that man to come to the clinic. So it's the responsibility of a woman to discuss and convince the husband to come to the clinic or to escort the woman for her antenatal care.

Male, Administrator and ANC provider, Solwezi

Another issue that is a barrier for women to access antenatal care is relationship conflict – this issue was only discussed by male participants.

One other cause that makes women not want to go to the hospital is conflict at home between that man and the woman. When there is conflict at home, the woman will not go to the hospital. Not until that conflict is resolved, she will stay home.

Male, 22 years, 1 child, Mambwe

Males discussed the issue of financial requirements for antenatal care and delivery preparation, which discourage them from motivating their wives to attend antenatal care.

Most of the time us who have hospitals nearby when you accompany your wife to the hospital the health providers will start telling you the requirements for the baby so that you can start buying the requirements. When you look at the requirements, as a man you start even considering not allowing your wife to go and deliver from the hospital because of the expenses involved when a woman delivers from the hospitals... Coupled with the fact that you don't work, men just tell their wives that they can't manage to raise the money required to buy all the requirements by the hospital due to lack of sources for income. If you take your wife to the hospital for delivery and you fail to buy the requirements, you will be humiliated. This is the same reason why even during antenatal the health providers encourage men to be accompanying their wives. But men don't accompany their wives for fear of such things.

Male, 26 years, 1 child, Zambezi

According to our economic status, we can't manage the requirements, like showers, puma baby blankets and many more, by the hospital. We just tell our wives to find a traditional birth attendant to help her deliver at home.

Male, 28 years, 1 child, Zambezi

A barrier for male partners attending ANC mentioned by both the FGD and IDI participants was the lure of alcohol. According to the study participants, consumption of alcohol, coupled with unemployment kept some men from escorting their partners to ANC.

Mostly, they don't play much of a role, they are involved in drinking beer too much. I think it's because they are not employed but that should not stop them from playing a role and getting involved.

Male, Administrator and ANC provider, Luangwa

Despite the barriers mentioned – a few the study participants noted that pregnant woman can overcome these barriers.

She said to herself, "Let me just go alone, this man is just drawing me backwards."

Male, 22 years, 1 child, Nyimba

In response to this issue of absent male partners, especially for unmarried women, the communities had put a system in place to reduce this barrier. The pregnant woman could request a note from the chief that she would present to the health providers at the clinic.

RP: They (health care providers) don't attend to those who go without male partners. They are turned away in this community... (all agrees)... unless, she goes with a written letter from the chief.

M: Tell me more about it... how is it done?

RP: If the man responsible for the pregnancy is unavailable, the woman will need to get a letter from the chief to take to the hospital, then she will be attended to.

M: What message does the letter contain?

RP: It confirms about the absence of the man... it could be that he is dead or he is travelled.

Male, 28 years, 3 children, Nyimba

4.5 MATERNITY CLOTHES

Women also argued that the availability of appropriate wear may also affect the time they make their first ANC appointment because they would normally wait until the husbands buy the appropriate wear for them to feel comfortable to go for their first ANC appointment.

What may cause a woman to initiate her pregnancy late, it could be that... because at the clinics, they want a pregnant woman to wear a nice maternity dress and chitenge. But, if you can't afford such things, you will delay to initiate pregnancy in the process of having such things. You may book at 4 or even 5 months.

Male, 33 years, 4 children, Chongwe

Some presented the proper dress for ANC as something imposed by the clinic providers – others noted it was an issue for women among their peers.

Some women take it as a competition, if she sees that her friends are putting on expensive and nice maternity dresses that she does not have, she can decide to not go for ANC. Instead of not just washing and ironing her chitenge to put on with a top, she will think of it in a competing way.

Female, 40 years, 3 children, Chongwe

Some women will tell you that they do not have a petticoat and/or a wrapper. Like that, a person cannot go for antenatal if the man has not bought those materials because when a woman goes for antenatal care services, she has to look clean. If you do not have these things, you will feel shy to go there because your friends are looking clean whilst you look dirty.

Female, 27 years, 3 children, Luangwa

Also, after delivery, the pregnant woman is required to have new clothes for herself and the baby. The expense of purchasing these clothes could deter a woman from delivering at the health facility – or a man from allowing her to deliver at a health facility.

Other women are afraid of the requirements they are asked to present at the hospital that includes four chitenges now instead of the two previously, plastic paper, bleach, pads, etc. For those that can't afford, they decide that it's better to deliver at home.

Female, 25 years, 3 children, Zambezi

Others are just scared that they will be asked why their babies are not dressed properly and nicely like the others, it will bring shame upon them. They have the desire to go to the hospital to deliver and maybe the husband is a nobody who can't even provide for her, it's embarrassing for even the parents to take her to the hospital they just decide she will deliver at home.

Female, 29 years, 5 children, Zambezi

Women were more likely to bring up this theme than men – and parents with 3 children were more likely to discuss clothing barriers than parents with 1 child.

4.6 LACK OF AWARENESS OF ANC BENEFITS

Some were said to not access ANC due to a lack of awareness about the benefits of ANC. Men were more than twice as likely to contribute to this theme than women.

M: Why do other women make a decision not to go to the clinic for antenatal?

RP: Ignorance.

Male, 19-25 years, 1 child, Chongwe

Sometimes the women are ignorant of the benefits of going to antenatal care so they decide not to go.

Male, 26 years, 1 child, Luangwa

A lot of women delay in starting the antenatal care services because they don't know the goodness of going for antenatal. Some think they are fine, they don't have any sickness. Unless they start going for antenatal services that's when they can appreciate the goodness of the services.

Female, 20 years, 1 child, Luangwa

In my opinion, those who do not go for antenatal do so out of ignorance. They do not know the importance of going for antenatal care services. Even if you feel shy, you just have to go because shyness cannot help you in any way. She has to know whether there are any problems in the body and if so, she can be given medication early. These days, we have this problem of HIV and the woman could be a victim of the disease. If she only decides to go to the clinic on the day of delivery, it could be too late.

Female, 25 years, 1 child, Zambezi

There are people who take what their grandparents tell them to be gospel truth. Even when they are told something different from what the grandmother told them at the clinic, especially in cases of 'darkness in the head' meaning that the person has never been to school, or maybe the person is too primitive, the person will simply say that the grandmother already gave her medicine to take and getting something from the clinic can't make much of a difference.

Female, 18 years, 1 child, Zambezi

This barrier was also mentioned by a few service providers and among those that mentioned it, some of the responses were tied to primagravidas whose use of ANC services was said to improve with health talks and subsequent pregnancies.

If somebody is knowledgeable enough about antenatal, they will come earlier than those who are not as they don't see the importance of receiving these services.

Male, Administrator and ANC provider Nyimba

Some...like those who are pregnant for the first time, they know little about the importance of ANC. I can say that they are blank. But after healthy talks, they are able to adapt. But those who are pregnant for the second time or more, most of them, already know the importance of ANC.

Male, Administrator and ANC provider Mambwe

IDI study participants gave the inability for women to understand information given at ANC as a reason why some women choose not to attend ANC. This inability to understand the information was attributed to the fact that the women could not read or write. Some service providers held the opinion that there was nothing that could be done to improve the capacity of illiterate women to comprehend the information provided at ANC.

This depends on the scope of the individual. For example an illiterate woman who does not know the importance of antenatal care provision would decide to sit at home. What this implies is that you cannot improve the standard of understanding of that person.

Male, Administrator and ANC provider, Solwezi

The IDI study participants held the opinion that some men did not attend ANC because they were unaware of the benefits of attendance.

I think the other thing is what I have already talked about, is that of having information. If the male partner is fully informed of the importance of antenatal services, he can accompany and even remind the wife of the day she is supposed to go there.

Male, Administrator and ANC provider, Nyimba

Mmm...I think that still goes back to the importance of sensitization on ANC. Because if at all the man has understood the importance antenatal booking, for sure he can't shun.

Male, Administrator provider, Mambwe

4.7 DISTANCE TO THE HEALTH FACILITY

Distance from the village to the clinic was noted as a barrier to ANC. Distance was mentioned as a factor in every region except Luangwa and slightly more often by individuals with at least 3 children as opposed to those with just 1.

In other cases what causes women to go late among them is the distance factor. Some people live very far from the hospitals.

Male, 20 years, 1 child, Mambwe

When it is in the month of October (during summer) it is really hard to even walk that long distance.

Female, 18-26 years, 1 child, Nyimba

Others what causes them not to go for antenatal, maybe they stay very far from the clinic. For her to walk with the pregnancy and reach the clinic she will get tired. Unless you have someone to take you but if that person refuses to take you, then you won't go because for you to walk and come back you will get tired. Besides, they teach us that someone who is pregnant is not supposed to walk long distances.

Female, 26 years, 3 children, Solwezi

The other thing is that there are no hospitals where they stay. For them to think of coming all the way to the clinic it's very far. So distance is hindering some people. This has resulted in women delivering at home with the help of unskilled birth attendant. Due to distance to the hospital women fail to go to the hospital.

Male, 23 years, 1 child, Zambezi

Most pregnant women find it difficult to access antenatal care because of distance from the far places where they live to where the clinic is located. So for this reason it becomes so tiring for pregnant women to walk these long distances or ride bicycles to this clinic.

Male, 27 years, 3 children, Zambezi

Distance to the health facility was prominently noted as a barrier to ANC attendance among the IDI study participants. It was observed that pregnant women who lived far from the health facility often opted to attend ANC towards the end of the pregnancy. In most cases, the distance from health facility was not just viewed in terms of kilometers but also by availability of modern public or private transport facilities that pregnant women could use to get to the clinic.

Looking at distance, those women come from very very far so they cannot manage to walk...and then here we do not have easy transport we can't compare ourselves to other places where there are taxis, minibuses and the like, we cannot...Here we rely on bicycles so they cannot manage to cycle on their own so their husbands will...should help to bring them here on time.

Female, ANC provider, Mambwe

The other constraints are that here we don't have modernized mode of transports, so no matter how far they stay, they just have to walk whether it is at night or during the day...so transportation is difficult here, it is a barrier to ANC attendance. People just use bicycles, ox-carts or merely walking, because most people stay very far from the clinic and nearer to the rivers because most of them depend on fishing here in Luangwa.

Male, ANC provider, Luangwa

4.8 LAZINESS

One barrier to ANC mentioned frequently by the participants was “laziness” on the part of the pregnant woman.

For some women it is just laziness that makes them not access antenatal care.

Female, 22 years, 1 child, Chongwe

Sometimes it's laziness, but they forget that it [attending ANC] will help their life.

Male, 19-25 years, 1 child, Chongwe

Women were reported by FGD participants to be lazy to attend ANC due to the distance to the clinic facilities they would have to travel, especially while feeling ill, or uncomfortable, as a result of the pregnancy.

For some women it is because of laziness due to distance from the village to the clinic...

Female, 19 years, 1 child, Chongwe

For some women they are lazy to go for antenatal because they have a mother or grandmother who is a skilled birth attendant who can help them when her time to deliver comes. So they see no need to go for antenatal because for them it is like wasting time and looking at the distance from this village to the health center when they have help around them.

Female, 20 years, 1 child, Chongwe

Laziness was also reported as a reason for delayed initiation of ANC.

Some women feel lazy walking the distance to the clinic, they decide to start late so that they do not have to make a lot of trips to the clinic - they would rather start in the 6th or 7th month to cut down on the number of visits.

Female, 19 years, 1 child, Mambwe

Male partners reported one aspect of their role was to motivate their pregnant partners to access ANC.

The reason why I have said they do encourage their wives is because when the male partner sees that their wife is pregnant they will encourage them to go for antenatal care visit so as to be given malaria prevention medicine. In that some women if left alone they are lazy and may not go to the hospital.

Male, 26 years, 1 child, Zambezi

4.9 TRADITION

Another barrier to ANC mentioned by a few participants was the tradition of giving birth at home. Elder females in the community were said to motivate this behavior.

The other thing is that in the villages there are elderly women who influence pregnant women by telling them that they know how to help a woman deliver. This is making pregnant women not go to the hospitals instead they deliver at home.

Male, 26 years, 1 child, Zambezi

For pregnant women who had elder female relatives who were knowledgeable and experienced in attending births – attending ANC was especially difficult for them. One of the most common reasons for delivering at home was having a female relative who could assist with the delivery.

Some women are reluctant to go for antenatal services when they have a relative who has some knowledge about birth attendance. They take advantage of that fact because they expect to be helped by the relative.

Female, 18 years, 1 child, Zambezi

For some women they decide not to go for antenatal because they have mothers who can help them to deliver from home or their grandmothers who can help them. That is why they do not see sense in going for antenatal. But they do not know how unsafe it is because if there are any complications the mother and the baby can both die.

Female, 26 years, 1 child, Chongwe

The reason why some of them prefer not to go is because like we had mentioned earlier that they know that their grandmother has good knowledge of the remedy. They tend to slacken knowing they can be helped off any problem that might arise in the process at home. So they feel lazy and decide not to go.

Male, 26 years, 1 child, Mambwe

4.10 PREVIOUS DELIVERY EXPERIENCE

A few study participants discussed the attitude of women who have given birth previously without any problems – some were cautious to access ANC for subsequent pregnancies.

Some get reluctant to go to the antenatal clinics because they have delivered from home before - especially if they had no complications during their first pregnancy.

Female, 26 years, 3 children, Chongwe

My contribution to this is that, some prefer not to go because they feel they are grown; they have given birth before so they can't experience anything new. They are better off delivering from home because they have done it before, the passage is wide enough.

Male, 29 years, 1 child, Mambwe

4.11 AGE

Another less commonly mentioned barrier to ANC was a woman's age. She could be "too young" to be pregnant and therefore feel uncomfortable accessing ANC.

The ones who really feel shy are us, school going ladies, we feel shy, we say, "Ahhh, I should go and sit there with the rest of the women, what will my friends think of me, they will start talking about me, that I am pregnant." We end up staying home until the pregnancy has reached its advanced stage.

Female, 19 years, 1 child, Mambwe

More often mentioned in relation to age was the woman being older and fearing ridicule or not fitting in with the others at the ANC clinic.

Some you find that the women are old and they become pregnant, they feel that their friends will laugh at them...

Male, 19 years, 1 child, Chongwe

For some it has do with age, when they know that they are too old after having so many children they wouldn't want to go to the hospital where there are young stars. They decide it is better to give birth [without going to ANC] than to mix with the young women.

Female, 25 years, 3 children, Zambezi

4.12 PARITY

There were only a few comments in regards to the number of children a woman has as a barrier to antenatal care. The theme was that a woman with many children will feel experienced and above the need for antenatal care. Surprisingly, only individuals with 1 child contributed to this theme.

Those who have had children before are the culprits but if you've never had a child before, then one has to be careful [and attend antenatal care].

Female, 25 years, 3 children, Zambezi

In addition, others might avoid ANC if they lack the recommended birth spacing duration.

For others they feel shy because of lack of proper child spacing. Say for instance you gave birth last year, you would really feel uncomfortable going to antenatal this year if you find out that you are pregnant again.

Female, 20 years, 1 child, Zambezi

Sometimes, even if it's not love, there is that excitement that can [drive] a man to accompany his wife for ANC so that they protect the life of the unborn baby and the mother. But if you conceive frequently [without adequate child spacing] they may not accompany you, they will say, "How will people look at us, last year, we were there and again this year???? Aah...no."

Female, 26 years, 3 children, Chongwe

4.13 COMMUNITY SENSITIZATION FOR INCREASED ANC UTILIZATION

There was a plea among the FGD participants to use community avenues to educate women and men about the benefits of ANC.

Some of them it's not that they are lazy but they don't know anything about antenatal, you can find someone is just in the village and has heard nothing about antenatal, so it would help if clinic officers took some time to go through the village and educate the people.

Male, 36 years, 4 children, Solwezi

On the other hand, IDI study participants outlined a number of activities that they engaged in to promote ANC attendance. Working with community members through Safe Motherhood action Groups to promote ANC attendance was a particularly prominent theme among the IDI study participants. Other community workers that were said to contribute to sensitization efforts were lay counselors, Neighborhood Health Committee members and traditional birth attendants.

We have what we call safe motherhood action group (SMAG), they really help to bring antenatal services as close as possible to the mothers.

Female, ANC provider, Nyimba

Apart from working with the community, the IDI study participants also indicated that media and drama were used to promote ANC attendance though these themes were not widely mentioned. The IDI study participants who mentioned these themes, however, indicated that they were an important avenue for reaching the community especially in cases where the community members were more amenable to listening to local language information from such sources rather than from nurses.

The mothers if sensitized in their local language through drama, they will know that malaria is really bad in pregnancy. Unlike when you teach them as a nurse, they will think that you just want them to take Fansidar because you are a nurse and it's your duty. Awareness programs are important.

Male, Administrator and ANC provider, Solwezi

Yah, we have some sketches because we have a drama group here at the centre. We normally take them out where we know that the message has not reached them. We take the drama, there are some sketches, singing and dancing; through that, the people see that, that is what they are supposed to be doing. So I think that has helped a lot.

Female, Administrator and ANC provider, Chongwe

The advice from the focus group study participants was to treat all women, especially the illiterate women, sensitively at the clinics.

They need to be helped and also taught so that they book early on time the next time that they fall pregnant. They need to be helped in whatever way required... These women should not be insulted or intimidated. They need to be welcomed and attended to because they are citizens of this country, Zambia.

Male, 29 years, 3 children, Chongwe

In fact, a few participants indicated that the numbers of pregnant women accessing ANC has increased – and one focus group attributed this increase to community sensitization.

Many pregnant women access antenatal care because of the health talks (sensitization undertaken). They have come to know the benefits of attending antenatal care. Previously, very few women used to access ANC.

Men, 22-30 years, 1 child, Luangwa

SUMMARY

Barriers to ANC

Through the storytelling technique the FGD study participants were asked to explain the barriers pregnant women, and their partners, face in accessing antenatal care. The barrier mentioned most frequently, by both men and women, was the HIV testing that occurs at ANC. Both sexes were scared of the test (or reported that the opposite sex was afraid to test), extremely negative reactions to positive test results (from depression to suicide) and fears that community members would learn of positive test results.

The second most commonly mentioned barrier to ANC was the health providers. Health providers were reported to be uncaring, refuse provision of services or charge fees for a variety of reasons. Another health provider related deterrent to ANC was the sex of the health providers. Pregnant women were said to be uncomfortable with male ANC providers.

Via refusing to accompany their pregnant wives for ANC, male partners were a barrier to ANC services. Health providers reportedly refused services to women who come for services the first time without the responsible man. Also, women who were impregnated out of wedlock, or with another woman's husband, were unable to attend ANC as they had no male partner available to accompany them for services.

Some pregnant women were said to be "ignorant" of the benefits of ANC, others couldn't manage the financial requirements of the clinics, and others were too "lazy" to attend ANC – primarily due to the distance from their homes to the facility. Delivering at home was desirable for some multigravida women – especially those with female relatives who had experience attending previous deliveries and were available to assist.

In rural Zambia pregnant women are reluctant to attend ANC until they have a physical pregnancy bump that community members can witness and recognize as a pregnancy. Some pregnant women are shy to attend ANC, others don't have the funds needed to by appropriate maternity or infant ware, some are too young, others are too old, and finally, some have poorly spaced children so they fear ridicule by the ANC providers. FGD participants suggest programs use sensitization to increase ANC attendance among pregnant women and their male partners. IDI participants referred to the current ongoing sensitization occurring in the communities.

CHAPTER 5. FACILITATORS OF ANC

As with barriers to ANC, FGD study participants were probed via the storytelling technique to find out what motivates pregnant women and their male partners to access ANC during pregnancy. A similar number of motivating factors were mentioned – albeit at a higher frequency than the barriers, potentially indicating that the motivation to attend ANC was stronger than the deterrents. The following is a list of the facilitators of ANC in order of frequency mentioned: male partners, confirming the pregnancy, malaria prevention, HIV testing, fetal position, fetal health, maternal health, fetal growth, general prevention, safe delivery, registration card, nutrition advice, treatment for ailments, anemia prevention, education, first pregnancy and avoiding community fines. Two facilitators of ANC were noted as barriers to ANC, too, however, at different rankings: male partners and HIV testing. Male partners were mentioned most often as the facilitators of ANC out of all themes mentioned whereas HIV testing was the most often cited barrier to ANC.

On the other hand, the list of facilitators of ANC from the perspective of ANC providers only comprised of male partners, the registration card, incentives, peer influence and leader imposed fines.

5.1 MALE PARTNERS

The main reason pregnant woman accessed ANC was their male partners as they motivated their female partners to attend ANC. Men and those with 1 child were more likely to discuss the important role of men in motivating their female partners to attend ANC than were women and those with 3 or more children.

M: Who reminds the other to say we have to go for antenatal clinic, is it the man or woman?

All: It is the man.

Men, 27-52 years, 3+ children, Luangwa

For a woman to go early, in fact, a woman is under a man in a home setting, so it is the responsibility of a man to teach his woman the importance of going to the clinic early and the dangers of staying at home while you are pregnant. So a woman should always be reminded by her man when it is a good time to go for antenatal...it is our responsibility as men to ensure that we encourage our women to go early to the clinic for antenatal.

Male, 26 years, 1 child, Mambwe

The involvement of male partners was seen as a major contributor in encouraging women to access ANC services by the IDI study participants. Male involvement was said to be critical to accessing ANC by having influence on various areas of the pregnant woman's life and these areas were similar to those highlighted by the FGD study participants.

I think even the involvement of males is also helping. At this facility about 70% of males are involved in their wives accessing ANC. I think with the introduction of male involvement more mothers are coming.

Female, Administrator and ANC provider, Nyimba

Male partners motivated their pregnant female partners to attend ANC by attending ANC with them.

The husband is supposed to encourage the wife by being the first one to say, "Let us go for antenatal."

Female, 19 years, 1 child, Chongwe

The reason why I said it's the man, in most cases, he is the one who has the upper voice in the house, because there are women when a man does not voice out, you find that she is seated just like that. So when you tell her to say look at your state you need to go there [to the ANC clinic] prepare yourself so that we go together, so you find that she prepares herself and you will go.

Men, 27 years, 3 children, Luangwa

We know that when one is pregnant, they need comfort just like a person who is HIV positive. If someone is sick and people keep on running away from him because he is sick, they may have a heart attack because of stress. It is the same thing with a pregnant woman. She expects the husband to touch her and to also escort her to the clinic. She feels good and well taken care of and she goes to the clinic whole heartedly.

Male, 33 years, 1 child, Solwezi

IDI study participants also expressed the same view.

It is through the process of escorting them to the clinic. If you escort the madam you are showing commitment to your wife.

Male, Administrator and ANC provider, Solwezi

Just to encourage them to come early for antenatal and to escort them also because if the husband says, "You get up today - I am going with you to antenatal." You just feel good. So you just encourage them to come early.

Female, Administrator and ANC provider, Chongwe

If the pregnant woman refused, or felt shy, to attend ANC the male partner would attend with her.

...if as a man, you don't tell your wife that it's time to go for antenatal care, she will be reluctant to go for antenatal care. As a man I need to be in the forefront to remind my wife about accessing ANC as a couple.

Male, 30 years, 4 children, Nyimba

According to what was said, regarding being shy to access antenatal care services, I would like to state that health issues should not be taken for granted and any pregnant woman shouldn't be shy to access antenatal care, they should be free and willing to attend or start antenatal care, so the male partner also has a big role to play by ensuring that the wife must start accessing antenatal care through encouragement and accompanying the wife to the health centre.

Male, 28 years, 4 children, Zambezi

Sometimes the language used by the community members to describe how male partners motivated their female partners came across as harsh.

She needs to be accompanied...because a first pregnancy may have complications. She may start refusing to go to the hospital for ANC. But as a man, since it's your pregnancy, you will force her to go to the clinic for ANC to book her pregnancy whether she likes it or not.

Male, 33 years, 4 children, Chongwe

Male partners can also escort her to the clinic to assist and protect her during the long journey to the clinic.

... I would say that in this area, the clinics are far from our homes. Now this woman is going alone to the clinic, what if she gets tired on the way. How would she help herself in situations where she is attacked by an illness? The husband needs to be there to motivate and encourage her as they go.

Male, 22 years, 1 child, Luangwa

Some want to protect their wives and unborn baby that is why they escort the wife because there are a lot of things on the roads; you might come across a lion, so he would rather escort you to ensure that you go to the clinic and come back home safely.

Female, 20 years, 1 child, Nyimba

For instance, in our area there are elephants and leaving her to go to the clinic alone exposes her to danger. This would mean losing two lives at once i.e. the mother and the unborn baby.

Male, 22 years, 1 child, Luangwa

Some health providers reported that when male partners attend ANC with their female partners, they are more forthright, less shy and ask more questions than their female partners. The presence of their male partners during ANC was also said to make the women more comfortable in the presence of the health providers.

When we are counseling them, it's open. You know the women are often shy and men are more open; even when asking questions. In fact...they really ask a lot of questions unlike when the women come alone. It's a big role that the men play. The presence of men also makes their female partners feel comfortable.

Male, ANC Provider, Solwezi

Some [men] even ask questions [such as], “Sister, what should I do if my wife is pregnant?” They are very free to ask; even very funny questions... You have to answer that question. They want the answer.

Female, ANC Provider, Chongwe

There are some situations where, for instance, women may not become all that open; for instance, when we are screening for STIs... A man doesn't have so those issues. Rather, they may ask: “Why is it that my wife has [HIV] when I don't have?” For such issues, women do not become all that open.

Male, Administrator and ANC Provider, Luangwa

However, a disadvantage identified by IDI study participants was that male participation sometimes limited the ability of the male's partner to express her views in his presence.

...but you would find men will be speaking... men will be answering questions and asking questions when women are silent.

Male, ANC Provider, Nyimba

Health providers reported that male partners were able to understand certain information better than their female counterparts. Partly, this was because female partners were less likely to be as educated as their male counterparts. Therefore, male partners were able to grasp certain issues that their female partners were not able to.

If you tell the wife alone, she may miss out some points. But, if they come as a couple and one misses out, the other one may take it up and discuss it.

Male, Administrator and ANC Provider, Mambwe

One advantage is that we have a situation where most of these young women or ladies are those that are dropouts from school. Meaning even when you educate them they will not understand everything. So if there is a husband who can understand things. They will be reminding each other when one forgets.

Male, Administrator and ANC Provider, Zambezi

This being a rural area, most women are not literate. Men are the ones who are mostly literate. There are times when you can be saying something and the woman is not able to understand you but if she is with the husband, the husband is able to explain what you mean.

Female, ANC Provider, Zambezi

A number of the women are not able to provide the information that is needed at the health facility such as about the birth of their first child. In such instances, male partners become a useful source of information to the health providers.

It's an advantage because even the information that we need during ANC, it's the man who will help us gather that information... So we may ask the husband things that the wife does not know of, for example, when the first child was born. Some women tend to forget, so we try to gather that information from the husband. While others have given birth through caesarian, they don't even remember when it was. But the men can help us. So it's an advantage because they help us gather some information.

Female, ANC Provider, Mambwe

The IDI study participants saw men as often times being more literate than their partners, male involvement in ANC would help women access appropriate services at ANC. Service providers highlighted that this happened even without the male physically attending the health facility in cases where the male partner simply wrote a note and gave it to his partner to give the service providers. The note would give the service provider information that the woman would not otherwise be able to explain.

Male partners also help their female partners remember to take medication during pregnancy and go for follow up visits. Men were more likely to bring up the issue of reminding pregnant women to take medication or go for return visits during pregnancy than women. Male partners also served by reminding their female partners of the necessary items that are needed as part of preparations for delivery as well as of anything else that health providers expect of them.

She will be given medicines for blood and appetite but if we are not involved, you will find that she won't be taking those tablets at the correct time. We will need to be reminding her to take the medicine accordingly.

Male, 32 years, 3 children, Chongwe

I help on time when it is time to drink if she has forgotten to drink I remind her that, "It is time to take medicine."

Male, 23 years, 1 child, Nyimba

The need to prevent the unborn baby from getting malaria encourages them [male partners] to encourage the wife to take the drugs. When a woman has malaria, the baby will also be born with malaria.

Female, 22 years, 1 child, Mambwe

The type of encouragement that is there is when you wake up in the morning and you tell yourself that you will take the drugs later, if he checks in the house and still finds the drugs to be taken on that day, he will come to you and ask, "Have you taken the drugs?" Then I say, "Not yet." and he will say, "Get the drugs now and take them." Then you take the drugs. That is how they encourage us.

Female, 20 years, 1 child, Mambwe

The health providers also noted this role of male partners – to remind his female partner about follow up visits and the need to take her prescribed medicine.

I think the other thing is what I have already talked about, is that of having information. If the male partner is fully informed of the importance of antenatal, he can accompany and even remind the wife of the day she is supposed to go there.

Male, Administrator and ANC Provider, Nyimba

The male partners need to encourage their wives. They also need to come so that they know the dates of re-visits so that they can remind their wives to say, "It's now 4 weeks, let's return for your second dose."

Male, Administrator and ANC provider, Solwezi

If there are medications to take, they will remind each other.

Male, Administrator and ANC Provider, Zambezi

If I see males around, I really hammer the whole story (emphasize the importance of male involvement) to make them understand because usually, we talk to women most of the time. Therefore, some men are able to take information and put it into practice. If the wife wants to ignore what she learnt (from the health centre), the husband will be there to remind her and say, "Sister at the clinic said this; she said this and this," and so on.

Female, ANC Provider, Chongwe

Sometimes even for the Fansidar, if you have to give her, she'll not take it. But if there is somebody who knows the reason why she is taking, he will even encourage that person to keep on taking and will even check to see if she has taken her drugs.

Female, ANC Provider, Chongwe

At least they will receive the support...It is just a matter of reminding each other of what was learnt at the clinic and it will not be a matter of trying to convince each other...It will be easier for them to remind each other about what needs to be purchased and also reminding the wife to take the drugs so they also benefit.

Male, Administrator and ANC Provider, Luangwa

Male partners also facilitated ANC attendance for their female partners via providing funds. Money was needed to prepare proper clothes for ANC, transport, purchasing medication in case of stock outs as well as food and drink while traveling to and from the clinic.

If a husband can give his wife money to use for transport to go for antenatal and money to buy other things that she needs like food while at the clinic this will motivate me as a wife to continue going for antenatal.

Female, 22 years, 1 child, Chongwe

When you see your husband support you on the issue of going for antenatal by buying you a chitenge wrapper, blouse, shoes, and a half slip for you to wear when going for antenatal. I will be very encouraged to be going for antenatal for my husband to be very happy and see what his efforts have done.

Female, 26 years, 1 child, Luangwa

The involvement of male partners also affects the timing and number of ANC visits a pregnant woman will make.

M: How do wives respond to this support from their husbands?

RP: We are encouraged to continue attending antenatal care services.

Female, 22 years, 1 child, Chongwe

When I receive or see any support from my husband on the issue of antenatal, I will make sure that I go for antenatal every appointed day and drink all the medicine I am given at the clinic so that I please my husband that his efforts are not in vain. I will also make sure at home my husband is happy by cooking him good food and if he is coming from somewhere with parcels I make sure I receive these things and put them nicely.

Female, 20 years, 1 child, Luangwa

When you see the support your husband has given you like escorting you etc., you feel happy and you want to continue going [to ANC] to please the man and you also say thank you.

Female, 24 years, 5 children, Mambwe

You also lessen on the number of visits to be made by the woman to the clinic [when male partners accompany them], it is a welcome move to us.

Male, Administrator and ANC Provider, Luangwa

The role that male partners play in facilitating ANC attendance was highly valued among service providers to the extent that male partners who escorted pregnant women were given rewards and/or priority to receive services.

That's why we thought of rewarding those who come to deliver from here and those who come with their husbands for antenatal care services by giving them first priority and some soap or chitenge material just to say "thank you." To motivate them for showing interest in their marriage and the lifestyle with their wives.

Male, Administrator and ANC provider, Luangwa

Priority was given to appreciate the males' involvement as well as to prevent men from being discouraged from attending subsequent visits due to long queues and subsequent long waiting times. Service providers felt that it was important for males to spend as little time as possible in the health facility because the males were breadwinners who had work commitments to attend to.

I would say its...its...it's a good idea and usually what we do when those women are accompanied by their husbands, we make sure that we attend to them as quickly as possible...so we would not like to keep them here longer than necessary, so when those men come, we make sure that we attend to them as quickly as possible so in any way it's also an encouragement to...to the women as well, because those that have come as a couple, we attend to them as first priority before we attend to those that have without their husbands.

Male, Administrator and ANC provider, Mambwe

5.2 PREGNANCY CONFIRMATION

It surfaced during the focus group discussions that it was very important for women and men to know if and when they, or their female partners, were pregnant – especially so for men. The clinic was seen as a place to establish the “truth” about the suspected pregnancy via a pregnancy test. Alternatively, mentioned by only a few participants, one could purchase and use a home pregnancy test to establish whether the woman was pregnant or not.

M: What will follow after she suspects she is pregnant?

RP: She will go to the clinic.

Male, 32 years, 3 children, Solwezi

What prompted her to go to antenatal care is to confirm if indeed she was pregnant.

Male, 29 years, 3 children, Chongwe

You'll want to go to the clinic and confirm if it is truly a pregnancy.

Male, 50 years, 3 children, Chongwe

RP: In order to confirm, she needs to go for antenatal care for a check-up.

M: What makes you say that?

RP: Because the clinic is the only place where her suspicions can be confirmed.

Male, 22 years, 1 child, Luangwa

What we gain by going for antenatal is to know if the thing growing in your womb is a baby or something else.

Female, 24 years, 3 children, Mambwe

In addition, what I can say is the reason why women go to the hospital, is because there is no other means available to prove if the child is present or not in the womb, it's only at the hospital. So at home at times you can see that your woman is pregnant and yet there is no child in there. At the hospital they do the tests to come up with some proof so that the two parents can have tangible evidence, the woman is pregnant and the child is really in the womb. Yes, because at time surprises do arise where a woman settles on the fact that she is pregnant and even her belly is growing and yet there is nothing in there.

Male, 26 years, 1 child, Mambwe

Going to ANC for the pregnancy test was often referred to as a couple activity.

If the man is told then he will respond by saying then let us go to the hospital for a pregnancy test.

Male, 30 years, 1 child, Zambezi

You agree now that we have to start planning to go to the clinic. So that they see how this pregnancy is, is it a real pregnancy or not.

Male, 38 years, 4 children, Luangwa

What I am trying to say is when a woman starts complaining that she is not feeling too well as a husband you should take her to the clinic for checkups because it's only at the clinic where they can determine if she's pregnant or not, so that she can be registered for antenatal care.

Male, 28 years, 3 children, Zambezi

It is very important for the woman to work together with the husband because when she is pregnant, it is not known what is in the womb, if you just sit at home you don't know what is in the womb, sometimes you find that it is anything growing, so that's why it is very important for a man and woman to work together to say my wife let's go to the clinic, when we go to the clinic we will know what is in the womb either it is a human being or it is a cloth.

Male, 29 years, 3 children, Luangwa

At the clinic one could also determine exactly when the woman was impregnated.

Once you discover the lump in your abdomen, it is advisable to go to the clinic so that you can be checked and you make sure that the lump is not actually an illness. At the clinic, you can be told whether you are actually pregnant and how old it is.

Female, 23 years, 1 child, Zambezi

...the first thing she needs to know is how far along she is, there are some women who don't even know how to count the months. So when she goes to the hospital, she might get that help and tell her what to do and when to go back to the clinic, but if she is ignorant, she will stay back and she will lack that knowledge. The best thing is to go to the clinic.

Male, 23 years, 1 child, Chongwe

This information could be very important information for one who is unsure about the paternity of the child.

The other thing is maybe she is not your wife and she has boyfriends, the woman is the one who knows who the father of the baby is. So the tester can lie, you can think you made her pregnant, but going to the clinic you will be told how old the pregnancy is then calculate the day you had sex with her then it will be automatic, you know whether or not you are the one that made her pregnant.

Male, 23 years, 1 child, Chongwe

The information confirming the pregnancy was also used as a motivator for the male partner to begin preparing financially for the child.

This man needs to confirm whether the wife is really pregnant. Then he needs to support the wife by buying her clothes and necessities required for the baby. They should prepare for the baby in advance.

Male, 26 years, 1 child, Luangwa

When we come back from there, and the doctor has confirmed that it is true she is pregnant, you ask your wife how the budget should be about, you say, "Madam how much is needed for that baby that is yet to be born?"...now we start accountability...the blanket...K30000, dishes K25 000, until we arrive at the total amount of money...then we reserve some money in case of emergence...we keep K100 000, after the discussion, we then go and bank the money.

Male, 22 years, 1 child, Nyimba

5.3 AWARENESS OF ANC PREVENTION BENEFITS

Pregnant women who were aware of the benefits of ANC, particularly prevention, were more likely to attend ANC.

All pregnant women go [to ANC] because they see that there are a lot of benefits you find in going for antenatal clinic, if she just sits she cannot know that this is good and this is bad, but if she goes she will know that this has gone well because I have gone to the clinic if I didn't go I would not have had this benefit.

Male, 29 years, 3 children, Luangwa

The reason we want to go to the clinic is to quickly receive prevention for it to help us not to have problems.

Female, 40 years, 6 children, Solwezi

At the health centers, we go to be screened and told whether we have illnesses in our bodies or not and whether the babies we are carrying are fine.

Female, 25 years, 1 child, Zambezi

That way [going for ANC] you are able to protect yourself against many diseases.

Female, 18 years, 1 child, Zambezi

5.4 REGISTRATION CARD

During a pregnant woman's first visit to ANC she registers at the clinic and receives an ANC card. The FGD study participants indicated that receipt of the ANC card motivated pregnant women to attend ANC. Women were more likely than men to discuss the ANC card as a motivating factor for attending ANC.

What is important is registration (at the hospital).

Female, 29 years, 5 children, Zambezi

This view was also mentioned by the health service providers who felt that some of their clients valued the ANC card more than other ANC services.

Logistically, ANC was seen as an important gateway to safe delivery at a health facility due to the ANC card distributed during ANC registration at the clinic. Women were reportedly "turned away" from the health facility during labor if they presented without an ANC card.

Some women register early for antenatal care due to implications that may arise if they are to deliver from home. In an event where there is a complication during delivery, hospitals do not accept such cases. That is why it has been emphasized that we register for antenatal.

Female, 31 years, 4 children, Zambezi

The ANC card was coveted as it was a ticket to a hassle free facility delivery.

A lot of women are afraid to give birth from home so they go for antenatal for them to have a card so that when the time to deliver comes she goes to the hospital and delivers.

Female, 26 years, 1 child, Luangwa

If you have no antenatal card because you were not going for antenatal it is difficult for you to be given proper care when you are in labor.

Female, 30 years, 6 children, Mambwe

The fear is that when you don't have a card and you encounter a problem during labor or delivery it becomes very difficult to be attended to the hospital.

Female, 25 years, 3 children, Zambezi

...if you go to the clinic to deliver they will refuse to attend to you if you were not going for ANC. This is because they don't know how you are (medical history).

Female, 22 years, 1 child, Solwezi

The ANC card also opened up the geographic possibilities for delivery – as a laboring woman with an ANC card would be accepted at any health facility.

For some it is very important for them to have the antenatal card to avoid problems when they go into labor at the clinics or hospitals. When you are in labor and want to deliver at any clinic or hospital they will first ask you for the antenatal card so that they look at your records of your pregnancy.

Female, 22 years, 1 child, Chongwe

Every pregnant woman has to go for antenatal because when the time to give birth comes the nurses would want to see your antenatal card to see how your pregnancy was growing and if you do not have it they will not help you because they do not know if you are carrying a baby or not or how you have been fairing during your pregnancy. If you have an antenatal card when you go into labor and you are not near your clinic any hospital or clinic will welcome you and help you because of the record you have on the card.

Female, 22 years, 1 child, Chongwe

The ANC card also paved the way for follow up on any suspected complications during the pregnancy.

For a woman to know the position of her baby in the womb, first you will be checked and if the baby is not well positioned they will send you for a scan to see what is wrong and this can only be done if you have the antenatal card.

Female, 22 years, 1 child, Chongwe

The challenges associated with not having an ANC card trickled down to issues for the child at the under 5 clinic as well. If she doesn't have the antenatal card she also has to pay a fee to take her child to the under 5 clinic – or she won't access the under 5 clinic at all.

RP: What happens next is you cannot go to the hospital without the card for antenatal. You will deliver from the village but then; when you deliver from the village, when it's time to register your baby, they make you pay a K50, 000. (\$10)

M: Really?

RP: Yes, when you deliver from the village, for you to have your baby registered you have to get your card back but for you to get your card back; you have to pay K50,000.

Male, 26 years, 1 child, Mambwe

When you don't go for antenatal the child you will bear will have no card meaning the child you will have won't be able to access under 5 clinic.

Female, 24 years, 3 children, Mambwe

5.5 INFORMATION AND EDUCATION AT ANC

Pregnant women, and their male partners, were motivated to attend ANC to learn how to stay, or to support staying, healthy throughout the pregnancy. Men were twice as likely as women to mention this motivation for attending ANC.

[We are motivated to go for ANC] to be educated at the clinic on how to take care of yourself and the baby inside you.

Female, 26 years, 1 child, Chongwe

At the clinic we are taught how to look after ourselves. They also tell us the disadvantages of not going to the clinic.

Female, 23 years, 1 child, Zambezi

There are times when the couple is having a baby for the first time and they don't have any experience, if you go to the clinic, they will have the knowledge.

Male, 23 years, 1 child, Chongwe

The goodness of going for antenatal clinic is the lessons which are given.

Female, 26 years, 1 child, Luangwa

According to me why women want to access antenatal care so as to help them know when to go for delivery, how to go about the whole process of pregnancy and to be equipped with information on what to do should there be any complications with the pregnancy.

Male, 41 years, 3 children, Zambezi

The health providers also used health education to promote ANC attendance. This was mentioned fairly significantly. In fact, some IDI study participants felt that giving health education was the best and only thing they could do as they could not afford to give incentives as was being done by some mission health facilities within their localities.

I wouldn't say we do much apart from giving them the health education, we give them the health education as well as ensuring that there is always a staff attends here such that when these women come, they are not made to wait for a long time...then we also tell them to say that when they come early, they'll assist us to.

Male, Administrator and ANC provider, Mambwe

Encouragement is just the health education we give them. We are not like mission establishments, we can't afford. We can't afford the incentives as we are government; we are public and cannot afford to give them incentives they get from mission hospitals. But here we just share with them the knowledge essential for their good health and I don't think if there is anything more than giving them knowledge about their conditions.

Male, Administrator and ANC Provider, Zambezi

5.6 MALARIA PREVENTION

FGD study interlocutors indicated that prevention of malaria motivated pregnant women to attend ANC. Women were nearly twice as likely to mention malaria prevention and/or treatment as a motivation for attending ANC as men.

Some go for antenatal to access the anti-malaria drug Fansidar in order to prevent malaria in their pregnancy.

Female, 32 years, 3 children, Nyimba

There was awareness that malaria in pregnancy not only affects the pregnant woman but the unborn child as well.

We go to the clinic if pregnant so that we receive Fansidar to prevent malaria from transmitting to the unborn baby.

Female, 23 years, 1 child, Solwezi

What makes a woman take the drugs is that she wants to prevent herself and the unborn baby from getting malaria; when the woman gets malaria, even the unborn baby will also get it.

Female, 32 years, 3 children, Luangwa

What causes a pregnant woman to seek antenatal care services are some diseases that easily attack a pregnant woman. So when a pregnant woman goes for antenatal care services, the nurses run some checks and tests on her, including malaria tests. It is important to go for antenatal care services for medical tests so that you can know your health, so that if you have malaria, the nurses can give you Fansidar. A woman ought to receive Fansidar to protect herself and the unborn baby from malaria, because if she gets malaria, the unborn baby will also contract it.

Female, 40 years, 5 children, Luangwa

Malaria prevention was also noted as a motivation for early initiation of ANC.

So that the baby is born healthy without malaria. Because if you delay, you can't even take Fansidar. But if you go early, you will take all the 3 doses of Fansidar. Then your baby will be born free of malaria.

Female, 26 years, 4 children, Chongwe

Another motivating factor for ANC attendance during pregnancy was the opportunity to treat malaria infection.

If a woman has malaria, when she goes to the health center, they treat the malaria without hesitation and she gets cured.

Female, 23 years, 1 child, Zambezi

In particular, the free malaria prevention and treatment services offered at ANC clinics was particularly attractive.

To protect their unborn baby from malaria knowing they can only access free drugs from the antenatal clinic.

Female, 20 years, 1 child, Luangwa

Malaria prevention and treatment were desired during pregnancy to avoid negatively affecting the unborn child.

A lot of women have had miscarriages and this has made people realize the importance of going to the clinic so that they can get malaria drugs.

Female, 21 years, 1 child, Zambezi

So that she can prevent herself from malaria. When a pregnant woman is sick with malaria, she can end up having a miscarriage. So that is motivation enough for her to make sure the baby is safe.

Female, 20 years, 1 child, Nyimba

(Health clinics)...are very helpful, especially in the area of malaria. Nowadays the malaria parasite is attacking the womb, you could just be 2 months pregnant and the baby is already infected; therefore, it's important to seek medical care to eradicate the malaria to save the baby.

Female, 25 years, 3 children, Zambezi

The clinic helps us know the welfare of the baby and ourselves, too, after the nurse has run the tests. They will tell you whether or not the baby is breathing or turning. The other thing is that when you have malaria, they will give you drugs to take because if not, the baby can have malaria after being born, including its mother. That is the benefit I have found at the clinic. You protect your life and the baby's.

Female, 19 years, 1 child, Mambwe

5.7 HIV TESTING

The opportunity to test for HIV at the ANC clinic was noted as a motivation for pregnant women to attend ANC. In fact, knowing one's HIV status was equated with knowing one's overall health status. HIV testing was a motivation noted nearly equally by men and women – and by those with more and fewer children. Interestingly, this theme did not arise among the IDI study participants as a facilitator of ANC.

She needs to go [to ANC] so that she can know her [HIV] status.

Male, 21 years, 1 child, Chongwe

So that we know how our "health" is, that is to know our HIV status.

Female, 19 years, 1 child, Solwezi

When you go to the clinic, they will test your blood for HIV so you can know your health status...

Female, 18 years, 1 child, Mambwe

The most important reason why pregnant women go to the clinic is that one, they test for what they call HIV/AIDS so that they know their status...

Male, 29 years, 3 children, Mambwe

The motivation for pregnant women with unfaithful husbands, or who have had many sexual partners, to test for HIV is particularly high.

When his movements are suspicious the woman starts assuming she could be a victim of his maleficent behavior thinking he could not be well [HIV+] and yet be quiet about it. So in that case she is forced to go to the clinic quickly so that she can know her [HIV] status.

Male, 20 years, 1 child, Mambwe

Testing for HIV was also noted as a main reason for couples to attend ANC together; for the sake of their own, as well as their unborn baby's health.

...the main reason why it is important to get tested together, it helps the baby in the women against what they call...“mother to child transmission”.

Male, 23 years, 1 child, Mambwe

The nurses at the clinic request us to bring our husbands on the first visit so that we can be tested together for the safety of the baby you are carrying.

Female, 20 years, 1 child, Chongwe

This was in recognition of the fact some women or men do not inform their partners about their seropositive status.

When a woman goes alone on her visit for antenatal and she has been found HIV positive, she will not tell the husband of the results that can affect the baby she is carrying through the husband who does not know but when they go together they will both know at the same time about their status and be helped to avoid infecting the unborn child.

Female, 20 years, 1 child, Chongwe

Testing for HIV at ANC led to protecting the unborn child from HIV infection throughout the pregnancy, during childbirth and after through education and medication.

What would cause these women to access antenatal care services in the future is the desire to know about their HIV status so they can protect their unborn baby from contracting the virus. If they are found with the virus, they would wish to know how they should take care of themselves as pregnant women.

Female, 32 years, 3 children, Luangwa

...if her blood is infected with HIV, she will be advised to take some drugs that will prevent the child from contracting the virus from its mother.

Female, 26 years, 3 children, Luangwa

So that the nurses can carry out tests on her; this helps her to know her status and if she is HIV positive, so that they can be giving her drugs to prevent the child from contracting the virus from its mother.

Female, 20 years, 1 child, Nyimba

You need to go for an HIV test so that you can know if you have to go to the clinic during delivery and also know the drugs you are supposed to take.

Female, 20 years, 1 child, Nyimba

Some study participants cautioned that when a pregnant woman initiated ANC too late in the pregnancy she would lose her opportunity to protect her unborn child from HIV.

There was a perception among some study participants that home deliveries made either the pregnant woman or the birth attendant more susceptible to HIV transmission than facility based deliveries.

It is true that some time back people used to deliver from within the village especially because there were no hospitals back then and diseases such as AIDS did not exist. Nowadays they want all to deliver from the hospital because of AIDS.

Male, 20 years, 1 child, Mambwe

Many people from this community acquire HIV/AIDS through home deliveries. You will find that an old woman is positive to the disease [HIV] because of conducting a home delivery without putting on gloves or any other kind of protection. We need to go to the clinic for antenatal and we need to stop the habit of delivering from home.

Male, 29 years, 3 children, Chongwe

Delivering from home you would find that the one responsible bruises herself and the blood mixes with that of the delivering mother then that's it, she ends up contracting AIDS. So that's why the government thought wisely to compel people to be going to deliver from the hospital and totally prohibit delivering at home.

Male, 20 years, 1 child, Mambwe

5.8 PREVENTION OF ANEMIA

Another issue that motivates pregnant woman to access ANC is prevention of anemia. In the FGD participants words anemia was equated to a lack of “blood” in the body. Participants interpreted anemia as reduced blood quantity in pregnant woman that is particularly harmful during pregnancy and delivery - when significant amounts of blood are lost. Men were more likely than women to note the motivation of anemia prevention for ANC attendance in the focus group discussions.

At the clinic, they give them drugs so that the blood can increase in the body because if a woman is pregnant and they are not going to the clinic, their blood reduces.

Male, 21 years, 1 child, Chongwe

If she goes to the antenatal clinic, it may be found that sometimes others don't have blood in their system. So when they examine them they will tell them that you have less blood in your body so what you need is to be drinking Mazoe so that your blood increases.

Male, 27 years, 3 children, Luangwa

This is what will make a woman want to access antenatal care as to prove whether or not she is pregnant and how is her blood level. This is because sometimes someone might look fine when their blood level is low. These are things that make a woman want to access antenatal care services.

Male, 28 years, 1 child, Zambezi

There was also a fear that reduced blood in the body made pregnant women more vulnerable to infection.

What causes a woman to start accessing antenatal care services early is the fear that the blood levels in her body really go down when she is pregnant, as a result she is prone to any disease.

Female, 26 years, 3 children, Luangwa

5.9 NUTRITION ADVICE

Receiving information and education on nutrition during pregnancy was another motivating factor for ANC. Males were 3 times more likely to mention nutrition as a motivating factor for ANC than females.

The other thing, why we go to the clinic is to know if the food the pregnant woman is eating is beneficial to the mother and unborn baby. A good diet is very important to pregnant women.

Male, 29 years, 3 children, Chongwe

A woman needs to go [to ANC] early so that she can be told what food to eat that can give the unborn baby nutrients. If your friends are having babies weighing 3 point something Kgs and then you have a baby weighing 1 Kg, is that normal...? To help the unborn baby, the woman needs to go at an early stage.

Male, 19-25 years, 1 child, Chongwe

There was a feeling that certain pills obtained at ANC were meant to increase the pregnant woman's appetite.

The main thing why a woman is required to go to the hospital, they first of all want to see how she is in terms of health and then like we mentioned earlier, they give medicine meant to boost your appetite because at that time some of the women don't have a strong appetite. So the main thing is to check if they are in good health and to get pills to boost their appetite.

Male, 22 years, 1 child, Mambwe

The first medicine they give are red in color and the others are yellow, they are meant to boost one's appetite and the others to increase one's blood. They ones for appetite are supposed to be taken so that they can start eating a lot so that they can have lots of energy.

Male, 20 years, 1 child, Mambwe

5.10 POSITION OF FETUS IN UTERUS

One of the main motivators of ANC attendance was to check the position of the fetus in the uterus. This motivator stems from the fact that participants were keenly aware that complications during delivery due arose from the "incorrect" fetal position- in fact, they seemed more aware of this type of delivery complication than any other.

It is only when you go for antenatal when you can know that your baby is not well positioned in the womb.

Female, 32 years, 3 children, Nyimba

How the child is positioned to say, is it a good position.

Male, 40 years, 5 children, Luangwa

You will find that if a pregnant woman is not going for antenatal care, she won't know if the baby is in the right position. That's why there are a lot of operation cases at UTH [University Teaching Hospital] on the women from these rural areas that don't attend antenatal care services to seek help from nurses. We need to avoid operations or forced labor deliveries.

Male, 29 years, 3 children, Chongwe

If the fetus was in a breech or transverse position the pregnant woman would have to make follow up visits. Also, it was noted that the fetus may move during the pregnancy so regardless of the position consistent monitoring of the fetal position is necessary.

They go to the antenatal clinics for the doctors to check or screen how the baby is doing in the womb. Because, if they go today for a checkup and find that the baby is in a nice position and they stop...the baby moves in the womb, so it may change its position...so, she needs to be going for ANC up to that time of delivery so as to be checked by the doctors frequently...to see if the baby is in the right position.

Male, 28-35 years, 3-6 children, Nyimba

She might have to visit the next level of facility if the fetus is in a breech or transverse position.

She might want to know the position of the baby in the womb; if the baby is in a good recommended position, if not, she will be referred to the General Hospital.

Female, 33 years, 4 children, Luangwa

Participants showed their misunderstanding of how the health providers monitored the fetal presentation in the uterus.

If the unborn baby is not in its proper position, so she will need to receive drugs to take so that the baby can come back into its normal position.

Female, 18-22 years, 1 child, Mambwe

5.11 FETAL HEALTH

Study participants noted motivation to attend ANC to monitor the health and wellbeing of the fetus; however, this was second to fetal position. Those adults with only 1 child were more likely than those with 3 children to contribute to this theme.

When we go for antenatal, the nurses check the state of the unborn baby. That is why these women are encouraged to go for antenatal.

Female, 18 years, 1 child, Mambwe

What makes a woman decide to go for ANC is so that they know how the baby in the womb is, how the baby is breathing.

Female, 22 years, 1 child, Solwezi

They would decide to go for antenatal to see how the baby is doing in the womb and to see to it that everything is fine. Also to see the position of the baby and also to see if what you are carrying is really a baby and you can only find out about all these by going for antenatal.

Female, 20 years, 1 child, Chongwe

...every pregnant woman is supposed to go for antenatal care checkups so that she can know the wellbeing of the baby in her womb; so she can know if the child is alive and kicking.

Female, 32 years, 3 children, Luangwa

The unborn babies die because the women don't go to the clinic. At the clinic, they do checkups so if you don't go to the clinic, you don't know how that unborn baby is developing in the end and they die.

Male, 19 years, 1 child, Chongwe

There was awareness that the health of the pregnant woman could affect the fetal health.

[You go for ANC] so that you can be tested and checked if you have any sickness in your body, which can affect your baby inside you.

Female, 24 years, 3 children, Mambwe

Checking the health of the fetus was a motivator to attend ANC early and consistently throughout the pregnancy.

...my wife needs to start going for antenatal so that the nurse gets to know how that unborn baby is doing in the womb, from the beginning (3 months) to the end (delivery time).

Male, 29 years, 3 children, Chongwe

Fetal health checks also motivated men to accompany their wives for ANC.

The main reason why we take our wives for antenatal care is to know how the baby in the womb is.

Male, 42 years, 5 children, Chongwe

...we go for antenatal care so that we know how the father, mother and unborn baby are, if they have the disease or not... So that the healthcare providers or midwives know how to protect the baby from any diseases during delivery. Like for me, that's the reason why I accompany my wife for antenatal care. I want to protect my unborn baby from problems or diseases he/she doesn't know of.

Male, 29 years, 3 children, Chongwe

5.12 FETAL GROWTH

Men and women were motivated to attend ANC to monitor the growth of the fetus. Women were more likely than men to contribute to this theme.

What makes some women decide to go for antenatal care is because they want to know if they are fine and how the baby is growing in the womb.

Female, 22 years, 1 child, Chongwe

[Pregnant women attend ANC] in order to go and find out how the baby is progressing in the womb.

Female, 32 years, 3 children, Zambezi

It is important for a pregnant woman to attend antenatal care so as to learn the development of the baby inside the womb...

Male, 43 years, 5 children, Zambezi

Monitoring the fetal growth could motivate men to accompany their wives to ANC, too.

A man needs to accompany the wife for antenatal. So that they get to know together how the baby is growing in the womb. If a man has greater love for the wife and the unborn baby, there's nothing that can prevent him from accompanying her to the clinic to see the healthcare provider who observes pregnant women.

Male, 29 years, 3 children, Chongwe

5.13 MATERNAL HEALTH

The pregnant woman's health was also a motivation for attending ANC. Women were 3 times more likely than men to initiate discussions about the theme of maternal health as a motivation for ANC.

What causes them [pregnant women] to go for antenatal is to know if they are well in terms of health.

Male, 35 years, 6 children, Solwezi

In addition, if there are people who are in danger, it's mostly the women who are pregnant even worse than an HIV patient or any other patient. She can die at any time. That is why they have to go early to the clinic for protection.

Male, 33 years, 1 child, Solwezi

Most often, the pregnant woman's health was mentioned in addition (but usually secondary) to the unborn child's health,

We go to the clinic so that we know our unborn baby's healthy and our own.

Female, 19 years, 1 child, Solwezi

Why we want to go for antenatal is to know how the baby is in the womb and even for us to know whether we are fine or maybe we are sick. That's why we like going to the clinic for us to receive help to have life.

Female, 32 years, 5 children, Solwezi

Women go for antenatal clinic to see how the baby is growing in the womb and to check if you as a mother are also healthy.

Female, 26 years, 1 child, Chongwe

At any time a woman is pregnant, she is supposed to go to the clinic, you know about the body for the child as well as for her.

Male, 36 years, 4 children, Mambwe

They are motivated to go for antenatal care services so that they can know about their health and the state of the baby in the womb.

Female, 24 years, 1 child, Nyimba

She will seek antenatal services so that she is checked and tested if everything is well for both the mother and the baby inside so that if there are any complications she is aware of them.

Female, 24 years, 3 children, Nyimba

– or in reference to keeping the unborn child healthy.

Also as mothers to be you want to make sure you are physically fit to carry the pregnancy to full term.

Female, 20 years, 1 child, Chongwe

5.14 FIRST PREGNANCY

Study participants noted that women who were pregnant for the first time were more eager to initiate ANC early during their pregnancy and throughout the pregnancy than those who had prior experience with pregnancy and childbirth. Men were more likely than women to comment on the differences in ANC attendance between primigravida and multigravida women.

I know this is the stage when she started developing fear because it was her first pregnancy. She could not just sit at home and had to go for antenatal.

Male, 27 years, 1 child, Solwezi

Some women who are pregnant for the first time have that zeal but those that have had children before will tell her that nothing happens and she should start going to the clinic at 6 months. They are following their own experience - they know all the benefits start at 6 months.

Male, 24 years, 1 child, Chongwe

...if they are not told, pregnant women would access antenatal care only when they, themselves feel or think that the pregnancy is old enough to access antenatal care; that is the time she will start accessing antenatal care... Others start accessing antenatal as early as 4 months. The former is more common to those women who had children before. They don't even worry about going for antenatal care at 7 or 8 months in the pregnancy. But those women who are pregnant for the first time they fear and access antenatal access services too early. Generally, accessing antenatal care is a good practice because they will give you medicine.

Male, 28 years, 1 child, Zambezi

There was a sense that those who are pregnant for the first time don't know what to expect during labor, and they may be at risk of a complication during delivery, so it is more important for them, as opposed to multigravida women, to attend ANC.

Since it's her first pregnancy, she will need health education to be told how to look after herself.

Female, 23-40 years, 3-4 children, Chongwe

Additionally, participants commented on how the woman, as it is her first pregnancy, will not know if the sensations she feels are normal or not – so she will need the assistance of the health workers to confirm her suspicions of pregnancy and determine whether the fetus is progressing normally.

It being her first time, she may not know the well being of the baby in the womb.

Male, 33 years, 1 child, Solwezi

5.15 ILLNESS DURING PREGNANCY

A facilitator of ANC, albeit mentioned less frequently, was illness of the pregnant woman. Those with just 1 child were more likely than those with 3 or more children to indicate illness as a facilitator of ANC.

...some despite being pregnant you find they are healthy. So such women cannot rush for antenatal clinics but if a pregnant woman does not feel too well then she will rush to antenatal clinic.

Male, 26 years, 1 child, Zambezi

One benefit I have found at the clinic is that, when I fall sick, they give me drugs so that I remain in good health and protect the unborn child from getting sick.

Female, 41 years, 4 children, Luangwa

Participants indicated awareness of the sensitivity of pregnant women, and developing fetuses, to medications during pregnancy and the need to seek out medical advice from a health professional before taking any medication during pregnancy.

Why the woman would go to the clinic is because she can get sick and when she does she needs to go to the clinic so that they can tell her what drugs to take. She can't take any drug when pregnant, because these pills can lead to pregnancy termination.

Male, 19-25 years, 1 child, Chongwe

Some participants specified that pregnant women bleed and the bleeding should be checked by a health provider.

...pregnant women can bleed anyhow so she has to go there in order to fix the problem.

Male, 36 years, 4 children, Solwezi

Alternatively, she could be aware of a problem from a previous pregnancy or a family history of illness. Also, she might be concerned about her health because her husband has been unfaithful so she fears she has been exposed to an agent that might harm her unborn child.

What I would like to say is, some people rush...some people rush to go to the clinic...some of them assume they could have some impurities in their blood so they go to the hospital to get tested so that they can know exactly how they are and also how to protect their baby.

Male, 29 years, 1 child, Mambwe

5.16 SAFE DELIVERY

Pregnant woman accessed ANC to ensure they experienced a safe labor and delivery. Men were 3 times more likely than women to contribute to this theme – potentially reflecting their role as financially responsible for labor related expenses.

...there is a difference in delivery between a mother who was going for antenatal and the one who was not.

Male, 27 years, 1 child, Solwezi

When a woman knows that she is pregnant, she wants to access antenatal care services for safe delivery and good growth of the baby in her womb.

Female, 26 years, 1 child, Chongwe

Going to the antenatal clinic for a pregnant woman is a very good thing because she needs to go there, like we said earlier, she needs to go there from the months which you mentioned up to the time of delivery so that when she goes to deliver she can deliver well and not to be found with any problem, it is like you are being protected, that's the reason why she should go there.

Male, 27 years, 3 children, Luangwa

They do that, in order to avoid problems on the day of delivery and the baby to be born safely. If you don't go to the clinic for antenatal care services on time, the nurses will find it difficult to initiate help at delivery. Now, if there is any problem or complication, they will refer you to the university teaching hospital (UTH). But if you go to antenatal care on time and consistently up to the 9th month, you will help each other with the health care providers to have a safe delivery.

Male, 26 years, 3 children, Chongwe

...it is so dangerous if a pregnant woman does not go for antenatal care these are women who go through problems during delivery, also they are the ones who go through operations at the hospitals because of their not going for antenatal care for checkups to ascertain whether the child inside is well or not.

Male, 43 years, 5 children, Zambezi

Attending ANC was a route to accessing more skilled help for expected complications during delivery.

It is only at the clinic when you go for antenatal that they will know that you have complications when giving birth and they will refer you to UTH where there are more skilled medical staff.

Female, 20 years, 1 child, Chongwe

Therefore it is important because it helps to verify that the baby is really forming and well positioned and will go through a successful delivery. They can also tell if the baby has to be taken to Kamoto or if the delivery can be done right at the clinic.

Male, 26 years, 1 child, Mambwe

The risk of not attending ANC was an unsafe delivery, and at times, mortality of the mother and/or infant.

A pregnant woman who does not access antenatal care, sometimes, she will find that the baby will be born dead or maybe the woman may die when giving birth. Sometimes the baby will be born quite well but it won't reach 2 or 3 months, it will be dead.

Male, 46 years, 6 children, Chongwe

But things are changing everyday and in change there is a lot of gain, because sometime back women never used to go for antenatal clinic and it used to be found that a lot of women died. Maybe you find that the child is not nicely positioned in the womb and during delivery you find that the mother trying to deliver dies, so the health sector thought to bring antenatal clinic, I see a lot of women going there and you find that they deliver nicely without complications.

Male, 27 years, 3 children, Luangwa

5.17 INCENTIVES, LEADER FEES AND INTEGRATION

IDI participants said there were activities to improve ANC attendance and these included providing rewards to ANC clients, working with community leaders and integrating ANC information into other services.

The IDI study participants felt that giving incentives to ANC clients had the most significant impact on improving ANC attendance. They noted that when incentives were available, attendance would improve but reduce when there were no incentives being given.

The other thing is to give them some incentives if it is possible. This is because those that maybe have come for antenatal care between fourteen to sixteen weeks, it can be ideal to give them incentives so as to attract women to come for antenatal as early as possible even before fourteen weeks.

Male, Administrator and ANC provider, Nyimba

The most commonly noted incentive was mosquito nets. Other incentives included soap, baby powder, baby petroleum jelly and chitenges (sarong wrappers). In a few instances, money was given as another incentive.

We talk about antenatal care as part of the health education talk, and also giving of mosquito nets is another motivation to them because they know that if I go for antenatal booking I will be given a mosquito net.

Female, ANC provider, Nyimba

Work with community leaders was another method that IDI study participants said was used to increase ANC attendance and health facility deliveries. It seemed that the health providers were using the community leaders' ability to impose sanctions, for instances fees, to convince community members to attend ANC. This was particularly used also to encourage male participation in ANC.

They usually come at 6 months, they usually come late. We one time even told the sub-chief...then he said using his headman he will have a way in which he will encourage these mothers to be coming for antenatal early...

Male, ANC provider, Solwezi

Yes, through the chief who has passed a policy to say, no woman should deliver from home and every woman should go for ANC booking with the partner. If they fail to do that they pay something to the chief as penalty fee, so we have been assisted through that. We try to talk to influential leaders and the chief came in to say that they should book early and when they come late for booking or deliver at home the penalty fee will be paid to the chief and not the clinic.

Male, ANC provider, Luangwa

The chief directed the head men to make sure every man escorted their wife to the clinic during antenatal care services and not only for booking during the first ANC. But women do come alone during the revisits. Having men coming with their wives is mainly because if you test a woman for HIV and is found positive, they never used to tell their spouses. They were scared of telling them. So we thought it was going to be good if we test and reveal the results whilst together. Therefore, we involved the chief because he is the owner of the people. They talked and went in their community to talk to the people and the results were good.

Female, Administrator and ANC Provider, Luangwa

A few FGD male study participants, especially those from Luangwa, corroborated this information from the health providers. The FGD participants noted that the traditional chiefs in the villages charge men who allow their female partners to deliver from home – the charge for the offense is often a goat.

Here there is a rule from the chief to say, no one should give birth from home, if one delivers from home, they make sure that person is punished at the chief's place.

Male, 31 years, 3 children, Luangwa

The last method that IDI study participants said was used to encourage ANC attendance was integration of ANC into other clinics.

Maybe, if they come for general screening at out-patient department (OPD). Just by looking or examining her, you'll tell that she is pregnant and you will probe further. If she is due/ eligible to have Fansidar, then you can give her. But also, you've to tell that client to come for antenatal booking.

Male, Administrator and ANC provider, Mambwe

SUMMARY

Facilitators of ANC

Male partners were mentioned most frequently when FGD study participants were asked to identify reasons pregnant women access ANC. Male partners facilitated ANC via motivating their female partners to attend, attending ANC with them, escorting them along the long distances to the clinic, reminding them to attend follow up visits and to supply funding for ANC requirements, transport, maternity ware and food.

The second most frequently mentioned facilitator of ANC was to confirm the pregnancy at the clinic with a pregnancy test. At the clinic the couple can not only confirm the pregnancy but also determine the gestational age of the pregnancy, with the assistance of the health care providers. Male partners used the information confirming the pregnancy to begin preparing financially for the expenses during pregnancy, labor and delivery and in regards to the newborn.

Prevention of malaria during pregnancy was cited as the third motivating factor for ANC. Accessing malaria prevention at the clinic helped pregnant women avoid malaria during pregnancy, and as a result, negatively affecting the unborn child from the illness.

Despite the fact that HIV was noted as a deterrent for ANC, it was also mentioned as a reason for attending ANC – to understand one’s “health” status and protect the unborn baby from infection.

A slew of motivations to attend ANC related to the fetus were mentioned – top most was discerning the position of the fetus in the uterus. Monitoring fetal health and growth are also motivators for ANC attendance. Second to fetal health is maternal health – most participants recognized that the health of a pregnant mother directly impacts on the health of the unborn child.

Pregnant women are motivated to attend ANC as they are aware of the benefits of ANC and they want to reduce the risk of having a complicated delivery.

Pregnant women are issued an ANC registration card during their first ANC visit. This card motivates women to attend ANC as it is necessary for entrance to a health facility for delivery, and removes barriers to delivery.

Information and medication to prevent anemia, advice on good nutrition and pregnancy related ill health were all motivations to attend ANC during pregnancy. In addition, those who were pregnant for the first time were motivated to attend ANC as they lacked the knowledge and experience of those with children. Finally, pregnant women attend ANC to avoid paying fines to the local chiefs, often in the form of a goat, for delivering at home. Providers give incentives, work with local leaders and integrate ANC into other health departments in order to increase ANC uptake and revisits.

CHAPTER 6. THE TIMING AND NUMBER OF ANC VISITS

6.1 INITIATING ANC

6.1.1 EARLY INITIATION IS A GOOD IDEA

Generally, FGD participants felt that it is good to go to the clinic early to avoid miscarrying, complications during labor and transmitting disease from the mother to the unborn child.

We go early so that we can know the welfare of the unborn child. We are scared not do to so.

Female, 33 years, 4 children, Luangwa

It's good to go to the clinic in the early stages of the pregnancy because if you don't take care of it, it can come out.

Male, 19-25 years, 1 child, Chongwe

It's true, a pregnant woman needs to go for antenatal care early because nowadays, there are a lot of diseases, so if you go on time, they will teach you about how to protect the baby and how you can look after yourself if you have an infection.

Female, 29 years, 3 children, Chongwe

There is a need for you to go for antenatal when the pregnancy is small or the months are still there so that they give help to prevent what is in your womb and even your body.

Female, 32 years, 5 children, Solwezi

The second most common response to the recommended initiation of ANC among health providers was as soon as a woman suspects she is pregnant.

Immediately they discover that they are pregnant, they should come and start antenatal care.

Female, ANC Provider, Chongwe

As soon as one notices that they are pregnant they are supposed to come and book their pregnancy.

Female, ANC Provider, Solwezi

They are supposed to come early when they suspect that they are pregnant - once they miss their menses. They should come at least in the range of 1 to 3 months for booking. As soon as one notices that they are pregnant they are supposed to come and book their pregnancy.

Female, ANC Provider, Solwezi

Only male FGD participants indicated women should attend antenatal care as soon as they suspect they are pregnant – or in the first couple of months of pregnancy.

The moment she knows that she is pregnant she's supposed to start going for antenatal.

Male, 21 years, 1 child, Chongwe

We don't see 2 weeks or 1 month pregnant women going for antenatal care and this is because of ignorance. The time when most of these women in our community go for antenatal care is 5 months...

Male, 27 years, 3 children, Zambezi

Alternatively, there was a sense among FGD participants that if a pregnant woman attends antenatal care too early, the providers will not be able to detect any issues.

What cause a pregnant woman to go for antenatal care at 4 months instead of at 2 months or at 3 months is because she could be suffering from anemia where there could not be enough blood in the body, besides when she goes early for antenatal care maybe this problem or complication can't be detected.

Male, 28 years, 3 children, Zambezi

In the IDIs some providers confirmed the difficulty to detect the fetus early in the pregnancy.

We need them to come especially when they just finish their first trimester - that is the first 3 months, that is when we invite them because in the first and second month you are not sure. But by the time you are reaching 12 weeks or 9 weeks, around there, you are able to palpate something...

Male, Administrator and ANC Provider, Zambezi

In contrast, some providers noted this misconception about health providers' inability to care for pregnant women early in the pregnancy.

Most of them have been taught that they should start going for antenatal care at 4 months because that is when the fetus can be felt in the womb. This time around, we are saying they should start at 8 weeks. However, you find them asking questions like, "If I come at 8 weeks, what are you going to find?" Those are the challenges we are finding but we are trying our best to educate them.

Female, ANC Provider, Zambezi

ANC providers were probed to explain how they respond to women who access ANC before the recommended gestation. The responses were overwhelmingly positive. No provider in the sample indicated that they would turn any pregnant women away from care based on gestational age. Responses from ANC providers show that rather than send them away, they are praised for coming early. One ANC provider saw this as a way of encouraging pregnant women to attend ANC in time as recommended.

M: How do health workers at this clinic respond when a pregnant woman comes for antenatal services, say much earlier than expected?

RP: Actually, we thank those who come early.

Female, ANC Provider, Zambezi

RP: That's good when they come earlier than what is recommended. We just enroll them and tell them that you have done is very good thing.

M: What exactly happens thereafter if they come earlier than what is recommended?

RP: What exactly happens is that when somebody has come for antenatal earlier, the services are commenced there and then.

Male, Administrator and ANC Provider, Nyimba

No, no, we don't chase her away; you book her and tell her when to come back again. You also make a follow up to remind her to say tomorrow or such and such a day, she should come for ANC. If you chase her and tell her to come back at the correct time, she won't come.

Male, Administrator and ANC Provider, Luangwa

We should praise that woman for a good job. So that she goes back and tells others that she did the right and she was praised.

Male, Administrator and ANC Provider, Mambwe

Usually we really praise them. If it was those days when we even had ITNs, we can give as reward 1 or 2 free ITNs and tell them that they have done very well because it would enable us to monitor her and the baby. If she comes as early as that, we give her more months to rest before she comes for her subsequent visit. We tell her that unless she had a problem, she need not come until that time.

Female, Administrator and ANC Provider, Luangwa

6.1.2 RECOMMENDED TIME TO INITIATE ANC

It was acknowledged that the majority of pregnant women initiate antenatal care at 4 months; however, most FGD participants felt that 4 months was too late and that women should start antenatal care at 2 or 3 months.

What makes them access ANC late...is when a woman gets pregnant, they want to wait up to a certain period...to see if they are truly pregnant. Maybe she'll wait for 2 to 3 months and go to the antenatal clinic at 4 months, which is late. A pregnant woman needs to know that she needs to book her pregnancy at 2 or 3 months.

Male, 32 years, 4 children, Nyimba

Despite the fact that most FGD respondents indicated women initiate antenatal care at 4 months – many noted that the clinic “rules” indicate a woman should initiate antenatal care at 3 months.

According to the rules of the clinic one is supposed to start antenatal when they are 3 months pregnant.

Female, 22 years, 1 child, Chongwe

That is what the rules say, when a woman is pregnant she has to wait only up to 3 months then she has to go to the hospital.

Male, 22 years, 1 child, Mambwe

In line with the FGD findings, most ANC providers interviewed indicated that pregnant women should initiate ANC at 3 months or 12 weeks of pregnancy. However, the timing of ANC initiation, according to the ANC providers, ranged from as early as possible to 16 weeks.

Many interviewed providers gave reasons for initiating ANC at a particular gestation. The main reason given for a particular gestation was related to HIV – whether it was prevention of mother to child transmission or changing medication due to concerns about potential teratogens. Provision of deworming tablets and IPTp were also mentioned as reasons for initiating ANC at a particular gestation.

We are encouraging them to start 14 weeks these days, so that they are given medicine to prevent mother to child transmission.

Female, Administrator and ANC Provider, Chongwe

The recommended time is when the pregnancy is at least 14 weeks or 3 months because with the intervention of PMTCT services, if a mother is found HIV positive, they need to start the PMTCT regime at 14 weeks. This prevents the baby from acquiring the virus from the mother. Then when a mother comes for antenatal care, we check their blood pressure (BP), Hb levels to see if they are anemic so that we rule out any possible risks on time. It can be effective if they book early.

Female, ANC Provider, Nyimba

Because of the PMTCT, things have changed. Before this, we used to start at 28 weeks but this time it's 16 weeks. If somebody comes late, it would be about 28 or 30 weeks and that way, she won't take enough of that prophylaxis and it will not be effective for the well-being of the baby. The other thing is also that in order to know about her health, since we test for RPR, the earlier the better. If we know that the woman is positive, we treat her as well as for the good of the baby.

Female, Administrator and ANC Provider, Luangwa

Some FGD participants gave vague responses in regards to initiating antenatal care – possibly indicating they were not aware of the recommended gestational age at which to begin antenatal care.

The woman always knows because they are taught to say, when the pregnancy is this old, you need to start coming for antenatal clinic.

Male, 33 years, 4 children, Luangwa

There are no specified dates when a pregnant woman is supposed to start accessing antenatal care services. It's up to the individual pregnant woman to choose when to start accessing antenatal care.

Male, 25 years, 1 child, Zambezi

Some ANC providers, as some of the FGD participants, seemed confused about the recommended gestation at which to initiate ANC. These providers indicated there was no specific gestation age at which a pregnant woman is supposed to initiate ANC.

In short, I should just say there's no recommended time.

Female, ANC Provider, Chongwe

...the rule is that every woman, anyone who feels she is pregnant is supposed to come for antenatal services, there is no certain time when we tell them to come....

Male, ANC Provider, Nyimba

Some ANC providers indicated that pregnant women should initiate ANC at 14 weeks for HIV prevention and return at 16 weeks gestation for IPTp prevention.

In the 14th week, we encourage them to come for booking, but they start IPTp in the 16th week. The reason we ask them to come in the 14th week, is so that we can test them for HIV and start the necessary interventions. The interventions for HIV (ARVs) have changed but for IPTp it is 16 weeks. They can come in the 14th week, get counseled and tested, if they are HIV positive, they start the prophylaxis (ARVs), then for IPTp, we tell them to come in the week when their pregnancy will be 16 weeks old.

Female, Administrator and ANC Provider, Chongwe

According to the focused antenatal care, the first visit should be at 16 weeks, but the guidelines now say that it should be at 14 weeks and we are trying to pass on this information. They are saying we should start at 14 weeks because we have to start the short course treatment of HIV for those we find to be positive. Then, at 16 weeks we initiate IPTp to those who are due.

Female, Administrator and ANC Provider, Mambwe

In this setting of focused ANC – where the total number of recommended visits is 4, based on the recommendations of these providers, 2 of the ANC visits would occur within 2 weeks of each other in the beginning of the second trimester.

6.1.3 ACTUAL INITIATION IS MUCH LATER

When giving actual gestational ages at which women begin accessing antenatal care the FGD participants' responses ranged from the 1st month to the 9th month. The mode response was 4 months, followed by 3 months and then 5 months. Individuals with 1 child were more likely to specify 3 months was the time to initiate antenatal care among pregnant woman while individuals with at least 3 children were more likely to indicate 5 months as the time to initiate antenatal care.

The pregnancy is in its 4th month, which is the time when she is supposed to start going for antenatal.

Female, 20 years, 1 child, Nyimba

At 4 months, that is when you start to receive prevention treatment for both the mother and the unborn baby.

Male, 33 years, 1 child, Solwezi

Others wait to make sure that it [pregnancy] has not disappeared as is the case sometimes, 4 months is an assurance that it is indeed a pregnancy.

Female, 32 years, 3 children, Zambezi

There's a problem in the rural areas, I am not lying, our women, if they are less than 3-4 months pregnant, they don't go to the clinic. They wait to go until its 5 months.

Male, 24 years, 1 child, Chongwe

Like I know, even my wife, if the pregnancy is less than 3 months, you tell her to go to the clinic, she says she'll only go when the pregnancy reaches 4 months.

Male, 24 years, 1 child, Chongwe

There are some women that don't go to the clinic especially those that are 3 months and below. They say they will go when it reaches 4 months not knowing that they are lagging behind in some things.

Male, 23 years, 1 child, Chongwe

Some FGD participants indicated that women initiate antenatal care very late in the pregnancy – at 5, 6, 7, 8 or 9 months. This initiation of ANC was acknowledged as too late by the participants.

They usually go at different times, some even go at 9 months...others at 7 months even at 8.

Female, 32 years, 3 children, Zambezi

ANC providers were also questioned as to when pregnant women in their catchment areas actually initiate ANC. Responses ranged from 2 to 9 months with the most common responses between 3 and 7 months.

M: At what time during pregnancy, at what stage of their pregnancy do these women come at the clinic?

RP: Aaah....most of them come 20 weeks or later.

Male, ANC Provider, Nyimba

Usually they come very late, we usually see them in their second trimester – at about 20 weeks. Those are the majority, only a handful come at 16 weeks, unless if she is sick that's when you see her come early, otherwise the majority don't, they wait.

Female, Administrator and ANC Provider, Solwezi

I think they have taken it to come late like that stage because I have seen most of them coming at 20 weeks, 32 weeks and some at 36 weeks.

Male, ANC Provider, Nyimba

Okay, some do come as early as 2 months, others come at 3 months at least the majority comes early, I mean in the second trimester though others come very late that is in the third trimester, they only attend 2 ANC visits and deliver. We are trying to have them attend at least 4 visits, although the majority delivers before their third visit.

Male, ANC Provider, Luangwa

Someone might come maybe at 6 months, 7 months, others sometimes though very rare even at 8 months, we'll tell them to say no no...no, this is not what you are supposed to do, we don't send them back, we do attend to them.

Male, Administrator and ANC Provider, Mambwe

Others you find that she will be delivering like next month then she comes for antenatal maybe at 8 months - 7 months, especially at 7 months it's very common. 8 months they are there but not so many. And those are the women that come just for 1 antenatal visit then the next time you see them they have babies.

Female, Administrator and ANC Provider, Chongwe

I think as at now, almost every woman tries to come to antenatal, it's only that they come in the late stages.

Male, Administrator and ANC Provider, Luangwa

Many pregnant women only attend ANC once; they book at ANC and then deliver.

Most of them come; maybe just once before they deliver. They do come except that they do their booking; maybe during the third trimester or at 32 or 34 weeks and will deliver the following month.

Female, Administrator and ANC Provider, Luangwa

Various reasons were offered by the ANC providers during the IDIs as to why pregnant women initiate ANC late in the pregnancy. These included the lack of appreciation of the importance of ANC as well as the traditional belief that a woman would lose the pregnancy if other people are informed too early about it.

I must be truthful enough to say that most of them come when they are 6 months and above of their pregnancy. They still don't understand the importance of early booking. They feel if they are seen for antenatal care with a small pregnancy, they will be seen as to be lazy, you know all those cultural beliefs.

Female, ANC Provider, Nyimba

We try to sensitize them through health education, they say, no, when a pregnancy is 14 weeks, you cannot even tell your neighbor that you are pregnant because you can end up having an abortion. So they are very few, I think they are just about 8%. Most of them come when they are 24 weeks pregnant, which is about 5-6 months.

Female, Administrator and ANC Provider, Chongwe

ANC providers also indicated the potential consequences of initiating ANC late – especially in regards to HIV transmission and malaria prevention.

M: You have said that a lot of women in this area come for antenatal care services except that they come late. According to you, what would you say about them coming in the sixth month? Do you think it is the right time for them to come, what do you think as a midwife?

RP: As a midwife, I think it is a late time, because sometimes you find by the time they come, you test them for HIV and the results are positive and you are supposed to start the prophylaxis; the ARVs. Sometimes, by that time, because they have come late, you start the interventions late then you find that when the baby is born, you conduct the PCR; the test done to exposed babies, meaning the baby that is born from a mother who is HIV positive. You will find that the baby is already positive. Today, you will find that among 10 babies, one will be HIV positive especially those who would have booked late, but for those who start early, we put interventions in place and the baby is born HIV negative.

Female, Administrator and ANC Provider, Chongwe

6.2 BARRIERS TO TIMELY ANC ACCESS

6.2.1 ENSURE PREGNANCY

The focus group participants were prompted to explain why pregnant women don't access antenatal care early in pregnancy. The most common reaction was that women don't like to access antenatal care until they are sure that they are pregnant. A woman is assured she is pregnant if she doesn't menstruate for 3 months in a row. Contributions to this theme were made more often by individuals with only 1 child than those with 3 or more children.

Sometimes in the first month, surety is not guaranteed it might just be delayed periods. Even in the second month she can still doubt but getting into the third month that's when she can be sure that she is pregnant.

Male, 26 years, 1 child, Mambwe

M: Why do you think she waited up to the fourth month to go for registration?

RP: She wanted to be sure that she was pregnant. After the fourth month, there can be no doubt whatsoever.

Male, 22-30 years, 1 child, Luangwa

She wanted to be sure if really there was a baby in her womb.

Female, 28 years, 3 children, Chongwe

From the time she suspected that she was pregnant, she kept waiting to see if in the coming month she will miss [her menses] again, so for these 3 months she was just waiting to see if she is really pregnant. Yes so when all the 3 months elapsed [without her period], that's when she now knew that she was pregnant so she went to the clinic.

Male, 26 years, 1 child, Mambwe

She must have been waiting for her monthly period. She really wanted to confirm that it had stopped and in the 4th month she decided to have a checkup.

Female, 21 years, 1 child, Zambezi

She only decided to go in the 4th month because no one can just conclude that they are pregnant when they have missed their period for 1 month only. You might even be suspecting illnesses till the 3rd or 4th month when you are almost sure it's a pregnancy.

Female, 20 years, 1 child, Zambezi

6.2.2 PREGNANCY BUMP AND QUICKENING

The most important body sign is an actual pregnancy bump that can be seen visibly by others. The pregnancy bump gives women more confidence that they are pregnant. It also shows the community that they are pregnant so they can avoid ridicule when accessing antenatal care. Women were more likely than men to note this barrier; however, men did contribute to this theme as well. This theme was also reported by the IDI study participants.

...others go at 5 months or 4 months to show that it is clearly seen that she is pregnant, not only by mouth to say I'm pregnant, no, that also sets one back because we are not seeing any pregnancy.

Male, 38 years, 4 children, Luangwa

Some women when the pregnancy is in its 5th month the womb does not show as a result they feel shy to go to the clinic when the pregnancy has not yet started showing. They are scared that their neighbors and friends will laugh at them that they are going for antenatal services but they are not pregnant.

Female, 18 years, 1 child, Mambwe

They would want the pregnancy to start showing first, then that's when they will come for booking, only a few will come early especially those who know the importance of early booking.

Female, ANC provider, Nyimba

I mean that is the belief which they have, where they say, it is too early for them to come for antenatal services because the neighbors will ask the woman, "What are you going there for, when the pregnancy is not even seen?" Some suspect that a woman could be HIV positive, hence, has been going for ART services. There is a lot of talk that goes around in the villages about HIV. That is why; they shun the clinic and come when the pregnancy is advanced.

Female, Administrator and ANC provider, Chongwe

Another sign a pregnant woman waits for before accessing antenatal care is "quickenings" or feeling the fetal movements.

She had the confirmation that she was really pregnant by the changes in her body and by now she could feel the baby moving in the womb.

Female, 20 years, 1 child, Chongwe

6.2.3 FETUS FORMED

Another reason given for accessing antenatal care later in pregnancy had to do with the fetus – community members felt that the fetus is not yet formed before 4 months so it is difficult for the health workers to locate the fetus and therefore assess the health of the unborn child.

...for others she is 2 months she will start antenatal, but mostly because others say the baby is not yet formed it is still in bloody-bloody form. So I will just start at 3 to 4 months.

Male, 33 years, 4 children, Luangwa

It's important to register your pregnancy at 4 months because if you go to book at 2 months, they won't be able to see the fetus because they will just see some blood or something else.

Female, 19 years, 1 child, Solwezi

What I can say is that, some women wait for that period to elapse so that the health providers will have less difficulty locating the fetus. If you go early, it takes a long time for them to get results when they do observations or tests. It's better to go at 4 months so that the machine detects the baby's growth easily. For example, if a 1 month old pregnant woman goes for ANC together with that one of 4 months, the earlier one to leave the doctor's room will be the one with a big pregnancy. The other one will delay because it won't be easy for the fetus to be detected.

Male, 26 years, 3 children, Chongwe

6.2.4 SHYNESS

A pregnant woman might also feel “shy” and these feelings will cause her to delay antenatal care. Fathers were more likely to contribute to this theme than mothers.

According to me, most pregnant women attend antenatal care late because they are shy. You could find that it's taking them even 4 months before they can start attending antenatal care.

Male, 34 years, 4 children, Zambezi

A few respondents gave reasons for this shyness – pregnant women don't want people in the community to know they are pregnant.

RP: For some its shyness.

M: Why do they feel shy?

RP: They feel shy because they think it's an embarrassment for them if people in the community learn of their pregnancy.

Female, 23 years, 1 child, Zambezi

The way I see it, when a women becomes pregnant for the first time, she feels shy, I don't know why, maybe they fear that their friends are going to laugh at them.

Male, 22 years, 1 child, Chongwe

If I can answer that question, for other women, they don't care about going to get examined may be its shyness and others just refuse, they say I can't go there; you want them to touch me anyhow.

Male, 31 years, 3 children, Luangwa

One reason a woman might feel shy is if her youngest child is still young. Not surprisingly, this theme was more dominant among individuals with 3 or more children than those with just 1 child. Health service providers also indicated that women who were still breastfeeding their youngest child found it difficult to attend ANC on time.

In our community some pregnant women do not attend antenatal care at the right stage especially where she has another small child - they are always shy.

Male, 27 years, 3 children, Zambezi

While I was at the clinic I saw nurses telling pregnant women to inform their male partners to accompany them for antenatal care but of course others who do not practice child spacing, you will discover that while she is pregnant she also has a little child, this causes them to be ashamed together with the husband, this is also the other reason they go for antenatal at 7 or 8 months late.

Male, 25 years, 5 children, Zambezi

6.2.5 FINANCES

A pregnant women might also wait for her husband to “finish preparing” for her before attending antenatal care – meaning he has accumulated the funds and goods necessary to support her financial needs during pregnancy, delivery and after delivery.

She waited until 4 months to start her antenatal care because she wanted to be sure she was really pregnant and she was waiting for her husband to finish preparing for her.

Female, 33 years, 3 children, Nyimba

6.2.6 TRADITION, IGNORANCE, WITCHES, LACK OF ILLNESS, UNKNOWN

There were a number of themes that were mentioned by just health care service providers alone as being barriers to timely ANC attendance and this included pregnancy being a normal event, tradition, lack of awareness of benefits of ANC, fear of witches, laziness, not feeling ill and not being aware of the pregnancy.

The reliance on traditional ways of doing things during pregnancy and childbirth was another reason that IDI study participants felt women did not access ANC on time. In a few instances IDI study participants gave lack of awareness of the benefits of ANC as the reason some women did not attend ANC.

The reason we look at is how much knowledge they have. If somebody is knowledgeable enough about antenatal, they will come early than those who are not as they don't see the importance of receiving these services.

Male, Administrator and ANC provider, Nyimba

Some women were said to not attend ANC on time because their pregnancies did not bring any feelings of being sick.

Usually they come very late, we usually see them in their second trimester about 20 weeks. Those are the majority, only a handful who come maybe at 16 weeks, unless if she is sick that's when you see her come early, otherwise the majority don't, they wait.

Female, Administrator and ANC provider, Solwezi

Pregnant women were said not to come for ANC on time because they feared that the growing fetus would be sucked by witches if they started attending ANC early. The fear of witches could be an illustration of specific traditional belief that influences ANC. However, this perspective was not widely held and did not surface in all discussions.

People are suspicious. They say they live with witches in their homes and compounds; they say that there are some witches who suck babies. As a result, women wait until the pregnancy starts to show before coming to the clinic. They say those witches suck the fetus out of the wombs when it is still between 14-18 weeks. That is what they say.

Female, Administrator and ANC provider, Chongwe

In some instances, the service providers could not give reasons for the late initiation of ANC by their clients. It was felt that enough information had been given to the clients on the importance of early booking but that the clients chose to book late for unknown reasons. Because of widespread knowledge of the importance of early booking, some clients were said to even lie about the gestation age of their pregnancy during booking for fear of being questioned about booking late.

I wouldn't be in a better position to tell, but we ask them (mothers) every time, and they are aware of booking early, hence they cheat on the gestation period of their pregnancy, but after palpitation you will find that the pregnancy is about 7 months yet they say the pregnancy is only 3 months. When you start "debating" then they tell you the truth, so that is another challenge we have in this area, but people know that they are supposed to book early.

Female, Administrator and ANC provider, Nyimba

6.3 NUMBER OF ANC VISITS

According to the ANC providers pregnant women should make a total of 4 ANC visits during the pregnancy.

...mothers are supposed to visit the clinic for ANC only 4 times unlike in the past were they would attend the ANC clinic 7 times. This time it is focused.

Female, Administrator and ANC Provider, Nyimba

...a pregnant women should attend the ANC clinic at least 4 times before she delivers...Yes, they say at 16 weeks, 24 or 28, 32 and 36.

Female, Administrator and ANC Provider, Luangwa

When asked how often pregnant women actually attend ANC, some providers indicated it is often less than the recommended number of 4 visits.

We are trying to have them attend at least 4 visits, though the majority delivers before their third visit.

Male, ANC Provider, Luangwa

The FGD respondents gave a range of 1 to 9 times when asked how many times a pregnant woman attends antenatal care; however, the most common response was either 3 or 4 visits. Male FGD participants were slightly more likely to indicate pregnant woman make 3 antenatal care visits while female FGD participants were twice as likely as males to respond that pregnant women make 4 antenatal visits.

Sometime back, we used to go 3 times, but now the law has changed, we have to go 4 times...

Female, 32 years, 3 children, Luangwa

A few FGD respondents indicated that the total number of antenatal care visits depends on the timing of the first visit.

It is different. It depends on the time you started, some go there 3 times and others 4.

Female, 32 years, 3 children, Luangwa

Distance to the health facility was noted as a factor affecting the number of antenatal care visits, according to the FGD participants.

The other factor is that if they stay in far places from the hospital when a pregnant woman thinks of the antenatal care visits, she is supposed to be visiting the hospital for example, 6 to 8 visits before giving birth, she will even reduce the antenatal care visits to probably 4 or even less due to distance. But if the hospital is near it is very easy for a pregnant woman to access antenatal care as required and at the right time.

Male, 28 years, 1 child, Zambezi

Some FGD respondents were very specific in their response to the prompt.

A woman is supposed to register her pregnancy at 2 months. The second visit comes after 2 months and the third one at 6 months. Then the last visit is at 9 months.

Male, 24 years, 1 child, Luangwa

While other FGD respondents, only men, gave vague responses in regards to the number of antenatal visits a pregnant woman should make.

The way it is, is that when you go to the clinic you are told if you are supposed to come again or not, for example if you are 3 months pregnant you have to return.

Male, 36 years, 4 children, Solwezi

The most common response after 4, 3 or 5 visits was that pregnant women attend antenatal care monthly. Male FGD participants were almost 4 times more likely to indicate the visits occur monthly than female participants.

A pregnant woman needs to be going to the clinic every month. I am emphasizing, every month without missing...from the time a woman gets pregnant she has to be going to the clinic.

Male, 23 years, 1 child, Chongwe

Usually, the visits are supposed to be once a month. Therefore, it means that she has been for antenatal 9 times.

Female, 25 years, 1 child, Zambezi

Among those indicating visits occur monthly, some FGD participants indicated that the frequency of visits can even increase to biweekly or weekly at 8 or 9 months gestation.

After starting antenatal at 4 months then you go monthly towards the end of your pregnancy, at month 8 and 9 they will reduce the weeks maybe its two or three weeks apart.

Female, 22 years, 4 children, Nyimba

One starts antenatal visits at 3 months, so we can start counting from 3 months to 9 months and deduce from there how many visits they would have made. I say so because from the 3 months to say 8 months, the women visit the clinic once a month. When they reach the 9th month, they are advised to go to the clinic weekly because the health care providers know that the woman is due for delivery.

Female, 23 years, 1 child, Zambezi

Some FGD participants indicated a pregnant woman can attend antenatal care even more often if she has a health issue.

According to me, when she goes for the first time, she will be given appointments until the day of delivery. The doctors at the hospital even know when she will give birth. The number of times varies. Some attend 4 times while others its 5. It all depends on the health of the person. Some people get pregnant when they are sick and they are told to go to the clinic more often to check on the health of the baby.

Male, 33 years, 1 child, Solwezi

Some of us who had problems with our BP were going almost every day.

Female, 18 years, 1 child, Nyimba

IDI participants also contributed to this theme.

...we tell them that they need to come at any time they notice any danger signs.

Female, ANC Provider, Solwezi

But we really emphasize [that] if there is a problem; [if] you see a danger sign, don't fear to come back...you can still come back to the clinic.

Female, ANC Provider, Chongwe

If she has any headache, she has to come to the clinic (as soon as possible) we really care...we don't want to lose babies.

Male, Administrator and ANC Provider, Luangwa

A few FGD respondents noted that pregnant woman only go for antenatal care 1 time. The main reason given is that registering the pregnancy at the clinic is the only important aspect of antenatal care. Women and those with only 1 child were more likely than men and individuals with at least 3 children to give the response of 1 visit.

They stop going to the hospital after they register, saying I have already registered, so I will wait for some days to go, they go in the late days....some stay away completely after registration.

Male, 23 years, 1 child, Nyimba

M: Is it necessary for one to go to antenatal care after the first visit? Do many go back?

RP: Others don't really go back.

M: Is that so?

RP: Yes.

M: Just the fear of Fansidar?

RP: What is important is registration [at the hospital].

Female, 23-36 years, 3-5 children, Zambezi

SUMMARY

ANC Timing

The FGD and IDI participants indicated that 12 weeks was the recommended gestational age to initiate ANC. Despite the high awareness about the recommendations, community members and providers indicated that pregnant women access ANC anywhere between 1 and 9 months gestation.

A number of barriers to accessing ANC early were noted by the study participants. A pregnant woman doesn't want to rush to ANC until she is sure she is pregnant (missed menses for 3 months in a row) and has a physical pregnancy bump (so her neighbors can see she is pregnant and the providers can locate the fetus). Other reasons a pregnant women will delay in seeking ANC include: shyness (sometimes due to a lack of recommended birth spacing), inadequate finances, tradition, pregnancy seen as a normal event, fear of witches, ignorance about ANC benefits, lack of illness, unaware of pregnancy or, providers indicated, reasons unknown.

According to the IDI participants and some of the FGD participants, pregnant women should make a total of 4 ANC visits. FGD participants gave a large range of recommended ANC visits – from 1 to monthly. ANC providers indicated that most pregnant women come for ANC less than the recommended 4 visits.

CHAPTER 7. ANC SERVICES

The study moderators asked the study participants to discuss the type of services offered at ANC clinics. The topics that arose, in order of frequency, included HIV, education, malaria, nutrition, clothes and finances.

Pregnant women are liked very much at the clinic, with a baby in the womb there is a lot of care.

Male, 36 years, 4 children, Mambwe

Among the prominent services mentioned by the service providers were HIV testing, prevention and malaria prophylaxis. Other services mentioned were anemia prevention, de-worming, birth preparedness, family planning, nutrition and tetanus prevention. Some service providers indicated that the provision of ANC services was so critical that they made themselves available 24 hours a day to attend to ANC clients.

For ANC services to be complete, it's a component of different issues. One of them is PMTCT, the prevention of malaria, the prevention of anemia, the de-worming activities, the provision of the anti tetanus toxoid to the mothers, the vaccines for themselves, then you are talking of the full service which is given to the mother who has come for ANC..

Male, Administrator and ANC provider, Solwezi

The first ANC visit seemed to have significant meaning to the service providers because this was when most of the critical ANC services like HIV testing and screening for STIs were conducted. It was also during the first ANC visit that male involvement was seen to be paramount.

7.1 HIV TESTING, PREVENTION AND TREATMENT

Study participants, when describing the type of services offered at ANC, mentioned HIV services most frequently. Adults with 1 child were more likely to discuss HIV services at ANC than adults with at least 3 children.

When you go there for the first time, they check your blood; they inject you right here on your shoulder then they get your blood and then they check to see if there are any diseases either AIDS or other STIs.

Male, 20 years, 1 child, Mambwe

The testing, prevention and treatment of HIV at ANC was a recurring and significant service mentioned by IDI study participants. The confidential and quick testing of HIV seemed to have a positive impact on ANC attendance with IDI study participants indicating that clients chose to use their facilities for these reasons. On the other hand, some clients who found out they were HIV positive during ANC were said to not come back for other ANC services.

HIV testing at ANC was often referred to as a couple activity by the FGD participants.

First of all, they will tell you about VCT (Voluntary Counseling and Testing) so that they test you for HIV as a couple. If one or both of you is positive with the virus, they know how to protect the baby during delivery at the health center or clinic.

Male, 24 years, 1 child, Luangwa

And references to HIV testing at ANC were often followed with details about treatment options after a positive result.

If you have been found HIV positive at the clinic they will give you the right drug so that the disease is not transferred to the baby. Also you are taught as husband and wife how to protect the unborn child.

Female, 22 years, 1 child, Chongwe

She [the nurse] will then refer you to go for an HIV test together with your husband. After that, she will teach you on how you ought to carry yourself whilst you are pregnant; she will also teach your husband how he is supposed to take care of himself whilst you are pregnant. If they have found that you are both HIV positive, she will teach you on how you are supposed to care for the baby so that it does not get infected with the virus; she will give information on the drugs to be taken when labor starts, where to deliver from, that is, either the clinic or hospital and not from home. However, even when you are not HIV positive, they will still give you the same information of delivering from the clinic.

Female, 32 years, 3 children, Luangwa

Health providers asserted that women who attend ANC without their male partners do not usually disclose their sero-positive status to their male partners. Therefore, the presence of their male partners removed the problem of non-disclosure between the couples.

The woman would need the husband to be present so that when the results come out, they would see them together. That is the reason why male partners should accompany their wives for antenatal care services. When a woman is tested and is found positive; it will not be easy for her to go and disclose to the husband.

Male, Administrator and ANC Provider, Zambezi

There's also the issue of HIV. We are talking at disclosure as it is one of the challenges. If you counsel this woman alone and the test happens to be reactive. It will be very difficult for her to go and disclose to the partner.

Male, Administrator and ANC Provider, Luangwa

In most cases, women's reluctance to disclose their seropositive status to their male partners stemmed from the fear of being beaten up or being divorced as a result of being suspected of infidelity. The fear of sero-discordancy in a situation where the male partner was sero-negative heightened the women's fear.

When they come, together, issues of disclosure become easier because both of them are present. This is unlike when she comes alone as she may find it difficult to disclose the results to the partner or husband if [she is found to be] HIV positive. She may be accused of having brought the disease in the home.

Male, Administrator and ANC Provider, Luangwa

In this era of HIV and AIDS, if a woman comes on her own here, takes a test and is found to be positive; because of fear of being divorced, she will not disclose to the husband, and will keep quiet [about it]... In the past, we've had incidences of husbands battering their pregnant women [because they were tested HIV positive]. If they test together, they will stop that and will know the dangers of wife battering.

Female, ANC Provider, Chongwe

When a woman is counseled and tested together with her male partner, he is more likely to be understanding and respond more positively to his wife's HIV status than when she is counseled and tested alone. This also removes the woman's burden of having to inform her male partner about her seropositive status. The situation is the same if it is the husband who is found to be seropositive.

If we have male partners accompanying their women, the advantage is in terms of counseling, we will do the counseling together and whatever outcome, the couple will know it together. They will not worry about how to tell the husband about the results in cases where one has been found to be HIV positive.

Male, Administrator and ANC Provider, Nyimba

As they come together, there are those who test positive and others test negative. But when you counsel them, they understand and live together because they are getting the information together [as a couple] and they need to agree with each other before taking action. It really helps.

Female, ANC Provider, Mambwe

Men play a very big role because they are responsible for that pregnancy. In the past, there was a trend of husbands accusing their wives of being promiscuous if they tell them that they have been found with HIV or STI's. It used to bring problems and marriages would end just like that...As much as we want to screen these women for these diseases, the husbands must understand. Basically a role a man plays is when they come together with the wife, they will be counseled and tested together for HIV, and they will understand the results better together.

Female, ANC Provider, Nyimba

Health providers reported that male partners also benefit from accompanying their female partners to ANC by being tested for STIs, including HIV and consequently being treated if found to be infected.

To the husbands themselves, health wise like I mentioned earlier on, they are also tested, they also access our health care package of screening them. If they have STIs, they are treated together. Therefore, they also benefit. If he just stayed at home; he wouldn't even know that he has an STI. If on the other hand they come together with the wife and are screened and tested together, he will also benefit in a way. In fact, he will benefit health-wise.

Male, Administrator and ANC Provider, Solwezi

7.2 EDUCATION

Study participants noted education was an integral aspect of ANC services during the focus group discussions. Men and women equally noted this theme; however, parents with 1 child were more likely to contribute to this discussion than those with 3 or more children – potentially reflecting that those with more children pay less attention to the educational component of ANC or multigravida parents receive less health education at ANC.

The clinic is a place where people receive a lot of information.

Female, 19 years, 1 child, Mambwe

To start with, the first thing that they do at the hospital is they give lessons...

Male, 26 years, 1 child, Mambwe

When they reached the hospital they were taught how to basically look after themselves, up to the time of giving birth...

Male, 25 years, 1 child, Nyimba

If you go to the clinic for antenatal care...you do blood tests, as you wait for the results, there is health education about how to live healthy and have a safe pregnancy by eating healthy foods, going for return ANC visits and taking all the drugs given at the clinic. They also teach about safe deliveries. They teach a lot of things about pregnancy.

Male, 32 years, 4 children, Nyimba

Pregnant women were not the only ones receiving health education at ANC.

As men we need to be there [at ANC] so that we go and learn together how to look after the child.

Male, 26 years, 3 children, Chongwe

It is important to go with your wife for antenatal care so that you learn a lot and when the child is born, you can take care of the baby through these lessons.

Male, 30 years, 1 child, Solwezi

Men indicated that they were not only learning – but helping translate and remember the health information for the pregnant wife.

The other thing why we accompany our wives is that, when a woman is pregnant for the first time, she'll not be able to understand most things that will be said by health care providers. But, if we go together, as her husband, I will grasp everything and do as required. They do that because they know that a pregnant woman is forgetful.

Male, 26 years, 3 children, Chongwe

7.3 NUTRITION ADVICE

Another aspect of ANC services mentioned by the study participants was nutrition advice given by the health care workers. Parents with 1 child were more than twice as likely as those with 3 or more to indicate education on having a nutritious diet during pregnancy was an aspect of ANC services.

It was felt that if pregnant women ate enough nutritious food they could increase the blood levels in their bodies for the pregnancy and in preparation for blood loss during delivery.

They advise on how that woman is supposed to eat, that she should be having a balanced diet so that she can have enough blood.

Male, 26 years, 1 child, Mambwe

A nutritious diet gave the pregnant woman energy for daily living and delivery.

When they go for antenatal, they teach them what type of foods they should eat as pregnant mothers and these help them. These foods include body building food, protective foods and energy giving foods so that when they eat, their bodies are in good shape.

Male, 30 years, 1 child, Solwezi

The first medicine they [ANC providers] give are red in color and the others are yellow, they are meant to boost one appetite and the others to increase one's blood. The ones for appetite are supposed to be taken so that they can start eating a lot so that they can have lots of energy.

Male, 20 years, 1 child, Mambwe

A pregnant woman with a nutritious diet would also ensure a healthy baby.

Health advice that she will need is about a nutritious diet. The foods that she will need to eat during her pregnancy so that the unborn baby grows healthily.

Male, 33 years, 4 children, Chongwe

You are also instructed on a lot of other things such as how to look after the pregnancy. For instance, the diet or kind of food the wife should eat so that the baby grows healthy.

Male, 22 years, 1 child, Luangwa

In addition, when they get tested and they tell them that the baby in the womb is not getting any vitamin from the mother, she has to hear what the nurse will say and what to look for, for the baby in the womb to have strength even when giving birth. Sometimes the babies that we give birth to and if your body is not fit...or if the food is not enough you are not getting enough vitamins, the body comes very weak. But if you have vitamins, you are eating well and you are comfortable the baby will come with strength.

Female, 26 years, 3 children, Solwezi

7.4 MATERNITY WEAR

During the focus group discussions the participants discussed the proper way to dress during pregnancy. There was a sense that dressing inappropriately could cause harm, even death, to the unborn child. Men were the only participants to discuss this theme and it was discussed more often by those with more than just 1 child.

With my knowledge, the baby in the womb needs to have enough breathing space. That's why we don't allow pregnant woman to be putting on tight clothes. They need to put on loose clothes so that the unborn baby can have spacious breathing space...if the unborn baby has less breathing space or if it wants to turn, it can't be possible, and, as a result, the woman may undergo an operation because of trying the chitenge inappropriately.

Male, 29 years, 3 children, Chongwe

...if a woman is pregnant, the appropriate dressing is to tie a chitenge so nicely and put on a maternity dress. But, this woman in the second picture, her dressing is not good because the baby in her womb is not breathing properly. The chitenge has tied the baby tightly.

Male, 28 years, 4 children, Chongwe

A service offered at ANC was advice on how to dress during pregnancy, and consequently, a way for community members to know if a pregnant woman had accessed ANC or not.

That case happens when a woman is not going to the clinic or her friends have been telling her to not keep the pregnancy, she will start tying her stomach and as such, the baby won't be comfortable, the unborn baby will feel the pressure and will have no oxygen, that's how they die.

Male, 21 years, 1 child, Chongwe

I think it is the first visit for the woman on picture 2 because she has learnt how to wrap her chitenge, she knows that it is wrapped like this when you are pregnant. She was just wrapping anyhow, so these others that have been there already have learnt how to wrap the chitenge...that is why there is a difference between women on picture 1 and 2. It seems the woman on picture 1 has some knowledge from the hospital...that for the baby if you wrap like this it will be safe in the womb, now for the woman in picture 1...oh sorry...there is nothing she knows. She knows that she is pregnant but she is just wrapping the way she used to wrap before.

Male, 27 years, 1 child, Nyimba

In Picture 2, it is clear that the woman has never attended any antenatal. Even the way her chitenge is tied shows that she has never gone for antenatal.

Male, 33 years, 1 child, Solwezi

What is showing that these women have been attending antenatal is their dress code. Their dress code clearly shows that these women have been taught that when you are pregnant, you are not supposed to put on a mini-skirt or wear something that is tight but you have to put on a maternity dress or a chitenge.

Male, 30 years, 1 child, Solwezi

The IDI study participants also cited the importance of appropriate dress during pregnancy.

We need to teach them of well-fitting clothing not somebody is pregnant you force her into this tight skirt. At this stage during pregnancy she needs something loose, so that the pregnancy is not disturbed, not oppressed.

Male, Administrator and ANC provider, Zambezi

7.5 FINANCES

Study participants indicated that at ANC they learned about the financial needs of the pregnancy, childbirth and new baby. Women were more likely to contribute to this subtheme than men.

They [ANC providers] tell you to start buying the requirements for delivery whilst the pregnancy is still in its early stages so that by the time it is in its advanced stages, you would have finished.

Female, 24 years, 1 child, Nyimba

She went for registry, they have to tell you how to prepare yourself. You have to prepare for the baby that's the first thing that they want. You prepare gloves, nappies, clothes a baby blanket and your clothes, too. That's what they are supposed to tell you.

Female, 26 years, 3 children, Solwezi

Discussions of financial needs were easier for the pregnant women, who in these areas are often financially dependent on their male partners, if the male partner was present for the discussion as opposed to hearing about the needs via the wife at home after the ANC visit. Health providers saw male partners as the decision makers and therefore, they make a big difference with regard to the extent of a woman's preparation for ANC and delivery services.

At the clinic they want both husband and wife to be taught together so that the husband is aware of what things to prepare for the wife. If the woman goes alone for antenatal and she is given a list of things needed, when she goes home to tell the husband about the list of things the husband may not believe her or help her.

Female, 19 years, 1 child, Chongwe

If the husband comes with the wife and the husband hears for himself that this is what is needed; when they go back [home], it will be very easy for them to implement; to buy the requirement than when a woman comes alone [to the clinic] and goes back to inform her husband about the items that are needed...If they come, they will hear for themselves, the importance of those services and importance of buying those materials to be used during delivery.

Male, Administrator and ANC provider, Zambezi

7.6 MALARIA PREVENTION AND TREATMENT

FGD study participants noted that malaria prevention, and treatment, was a component of ANC services. Health providers educated pregnant women and their male partners on IPTp, sleeping under insecticide treated bednets and reducing potential mosquito breeding grounds in the environment surrounding the house. FGD participants with only 1 child were more likely to discuss malaria related ANC topics than those with more children, possibly indicating that the malaria education at ANC is stronger for primigravida couples.

7.6.1 IPTp

FGD participants most often mentioned receiving Fansidar under this theme. All but two groups discussed this aspect of malaria prevention at antenatal care.

The antenatal care providers will teach us the importance of taking anti-malaria drugs when a woman is pregnant.

Female, 23 years, 1 child, Luangwa

On the issue of malaria in pregnant women, the clinic helps them by teaching them to say when you are pregnant you have to take Fansidar medication so that the child is not born with the same disease.

Male, 31 years, 3 children, Luangwa

When giving [pregnant women] the malaria drugs, the health care provider must have said something like, “This drug I am giving you is not for fun or just to be taken for formality. It is meant to protect you and the baby against malaria.”

Female, 23 years, 1 child, Zambezi

The IDI study participants placed great importance on the prevention of malaria in pregnancy as a key service at ANC. This theme was very prominent across among all the IDI study participants. Malaria ANC services included the provision of information as well as the Fansidar prophylaxis. Information on the use and provision of mosquito nets was another aspect of malaria prevention.

That is on the malaria prevention, so mostly we give the IPTp, the ITNs as well as the health education on malaria prevention.

Male, Administrator and ANC provider, Mambwe

The provision of IPTp was universally mentioned as an activity at ANC by IDI study participants. Most IDI study participants mentioned IPTp spontaneously when asked what ANC services were provided at their facility.

Most community member participants understood that Fansidar was a prophylaxis – that is, given as prevention not as cure.

The very first time when she goes to the hospital to register, they explain things about malaria; things like sleeping in a net and then whether they are found with malaria or not they are given some medicine, Fansidar is what they give here in our area.

Male, 26 years, 1 child, Mambwe

Like for me when I was pregnant, I had no malaria but I was told to take the drug to protect the baby I was carrying from malaria and I was given Fansidar 3 times during my pregnancy.

Female, 20 years, 1 child, Luangwa

7.6.2 ITN

The second most commonly mentioned advice from health providers, according to the FGD participants, was sleeping under insecticide treated mosquito nets (ITNs) – ITNs were mentioned about half as often as Fansidar.

They say that a pregnant woman should sleep under a mosquito net to protect against mosquitoes that transmit malaria.

Male, 28-35 years, 3-6 children, Nyimba

Some FGD participants mentioned the free distribution of insecticide treated nets that periodically occurs at ANC clinics. While information on malaria prevention was given at every stage of ANC, the distribution of mosquito nets was said to be done mostly at the first visit.

They will explain everything about malaria and how you should take care of yourself. They will even give you a mosquito net because they teach us that a pregnant woman should sleep under a mosquito net.

Female, 40 years, 6 children, Solwezi

When you go for antenatal, the nurse will tell you to sleep under a mosquito net to prevent yourself from getting malaria, they ask you a lot of questions and you respond from your understanding. When you come to the clinic, they will tell you that there are mosquitoes that cause malaria, they will also tell you what time they bite and they give mosquito nets to pregnant women to prevent them and the unborn baby from getting malaria.

Female, 40 years, 5 children, Luangwa

We give them ITNs, and provide education on the prevention of malaria such as sleeping under ITNs and the need to cover themselves in the evenings when they are outside; wear long sleeved clothes, covering their feet and so on. We also give them education on hygiene because if the grass is tall; it becomes breeding ground for mosquitoes.

Female, Administrator and ANC provider, Luangwa

IDI study participants also noted the potential distribution of insecticide treated nets at ANC. Twice as many health providers indicated ITNs stock out often as compared to those that said ITNs never stock out.

We also provide mosquito nets but they finish very fast because many women are getting pregnant. When mosquito nets are available, we give them out to pregnant women.

Female, ANC Provider, Solwezi

When she [pregnant woman] comes [for ANC], we also put emphasis on the use of treated mosquito nets - unless it's out of stock.

Male, Administrator and ANC Provider, Luangwa

7.6.3 ENVIRONMENT

The FGD study participants also discussed the information they received from antenatal care in regards to keeping the environment “clean” to reduce the prevalence of mosquitoes.

And others are told that the home surrounding should be clean, the house should be clean because if there is a lot of grass at home malaria becomes too much. Therefore, a pregnant woman is not supposed to be found with malaria that is why they are advised to clean the house.

Male, 29 years, 3 children, Mambwe

To avoid malaria, we need to clear up the environment so that there aren't any stagnant waters. That's what the health providers tell us.

Male, 29 years, 3 children, Chongwe

At the clinic the women will be told to keep their yards at home clean, not letting the grass grow tall, which makes the place a breeding ground for mosquitoes.

Female, 20 years, 1 child, Chongwe

There were a few areas where the external environment in relation to malaria prevention was mentioned as a topic discussed at ANC by IDI study participants. In the areas where it was reported as a topic, the main focus was on slashing of tall grass and burying of ditches that could harbor stagnant water. Other issues that were mentioned as being discussed in relation to the external environment were the need for pregnant women to wear long sleeve tops and clothing to cover their feet when outside in the evening.

On the prevention of malaria, the males are involved because we talk about slashing (clearing) of their surroundings. If the window is broken, the man should come in and fix that window so that mosquitoes don't access their homes; even burying dug pits around the homes. They should know all these things. He should not just jump over the grass, but should get a slasher and clear the overgrowing grass.

Female, ANC provider, Chongwe

Some responses indicated that the messages about keeping the environment “clean” may not be understood by the community members.

We have to ensure that our yard is clean, we have to remove all the dirt that way you help you woman from the dangers of malaria. The yard has to be clean.

Male, 22 years, 1 child, Mambwe

Malaria is not good in a pregnant woman so we are taught to be in places or homes that are clean, not dirty. Like when you have a baby don't let it sleep at a dirty place or wear dirty clothes.

Female, 39 years, 9 children, Mambwe

7.6.4 TREATMENT

FGD participants also mentioned the rapid diagnostic tests (RDT) given to pregnant women to detect malaria infection and the treatment provided when the test gave positive results.

About malaria, they do tests (RDT) to detect if we have it or not...if we have malaria, they give us drugs so that the baby is born healthy.

Male, 30 years, 4 children, Nyimba

While most of the IDI study participants spoke of testing for malaria at the first visit, in one locality testing for malaria was conducted at every ANC.

Then we use RDT to test for malaria and it is done during all the 3 consecutive visits.

Male, Administrator and ANC provider, Luangwa

7.6.5 CONSEQUENCES OF MALARIA IN PREGNANCY

Community members noted that the lessons at ANC included the potential consequences of malaria infection during pregnancy.

They talk about the dangers of malaria in pregnancy and how to protect yourself against malaria when you are pregnant.

Female, 28 years, 3 children, Chongwe

The consequences of contracting malaria during pregnancy, according to the FGD study interlocutors, is primarily miscarriage, followed by death, and premature delivery.

A lot of women have had miscarriages and this has made people realize the importance of going to the clinic so that they can get malaria drugs.

Female, 21 years, 1 child, Zambezi

Malaria is also most risky because when the body of a pregnant woman is infected with malaria, the parasite goes further to harm the baby in the womb. Like we have been taught, the baby may die.

Female, 18 years, 1 child, Zambezi

The IDI study participants also highlighted the same issues associated with malaria infection pregnancy, including low birth weight, convulsions and anemia as consequences of malaria.

Malaria is more risky because the malaria parasite attacks the placenta. So, when the placenta is attacked and nothing is done about it, the mother may have an abortion (miscarriage). It can also lead to pre-mature babies.

Male, Administrator and ANC provider, Solwezi

Normally, malaria causes anemia in pregnancy, it can also cause abortion in pregnancy.

Female, Administrator and ANC provider, Chongwe

Malaria in pregnancy is most risky because malaria can contribute to low birth weight of the baby, can contribute to abortion, lead to anemia in pregnancy hence leading this woman to die, also the complicated one going into cerebral malaria and this woman might die together with the baby.

Female, ANC provider, Chongwe

When a pregnant woman is sick with malaria, she can end up having a miscarriage. So, according to the FGD participants, that is motivation enough for her to make sure the baby is safe.

M: Is there any type of woman who prefers not to either observe the instructions or take these pills that they are given at the hospital?

RP: *There isn't any!*

M: *There isn't any?*

RP: *That means she doesn't want the pregnancy.*

Male, 29 years, 1 child, Mambwe

SUMMARY

ANC Services

According to the FGD study participants, services provided to both pregnant women and their male partners at ANC included HIV testing, health education, prevention of malaria, nutrition, appropriate maternity wear and finances. Health providers indicated that, in addition, anemia prevention, de-worming, birth preparedness, family planning information and tetanus prevention were also provided at ANC. The health information was provided to improve the quality of life of the pregnant women and increase the probability of a safe and healthy delivery.

Malaria prevention and treatment was a main component of ANC services. Health providers educated pregnant women and their male partners on IPTp, sleeping under ITNs, reducing potential mosquito breeding grounds around and in the house. Both community members and health providers noted that ANC clients were also taught the potential consequences of malaria infection during pregnancy.

CHAPTER 8. INTERMITTENT PREVENTIVE TREATMENT DURING PREGNANCY FOR MALARIA

8.1 FACILITATORS OF IPT_p

The focus group discussants asked the study participants what motivates pregnant women to take Fansidar during pregnancy. Over a third of the groups, mostly female, discussed the benefits of protecting the mother from malaria.

...when you receive Fansidar together with some other things that they give us to take, you don't look tired but you look fine.

Female, 26 years, 3 children, Solwezi

In over a half of the groups the issue of protecting the fetus from malaria was discussed. Women were more likely to note this advantage than men.

It helps her to start Fansidar at the recommended time and the right way. The intake of Fansidar is meant to protect the unborn baby in its mother. That is the reason why they have to go for antenatal care services.

Female, 32 years, 3 children, Luangwa

If the pregnant woman gets sick often, the baby in the womb becomes affected because the placenta becomes weak. As a result, the infection can be transmitted to the baby.

Male, 22-30 years, 1 child, Luangwa

Many comments in response to this theme indicated the protection of both the mother and fetus from malaria in the same statement.

It is easy for a woman to get infected with malaria in the body because she is sharing energy with the child, so when she begins antenatal care she has to start taking Fansidar so that it protects her and the child in the womb.

Male, 33 years, 4 children, Luangwa

8.2 IPTp ACCESS

In almost every focus group discussion, especially among women and individuals with at least 3 children, the study participants indicated that pregnant women access Fansidar at the local ANC clinics – mainly reasoning that professionals dispense the medication at clinics.

RP: They obtain Fansidar from the clinics.

M: Why do they obtain Fansidar from the clinics?

RP: Because at clinics, they will tell you the recommended dosage.

M: Anything else?

RP: Because at clinics, they can't give you expired drugs.

Female, 23-40 years, 3-4 children, Chongwe

The only place to go and access this medicine should be at the clinics because it is there where people who are trained to give the correct information about these matters work.

Male, 41 years, 3 children, Zambezi

8.3 IPTp STOCK OUTS

FGD participants from Mambwe, Nyimba, and Zambezi noted that Fansidar does stockout at times.

I collected [Fansidar] 2 times during my pregnancy. When we went there [to the ANC clinic] on a day we were supposed to collect, we were told that they had run out of drugs at the clinic.

Female, 18 years, 1 child, Mambwe

The ANC providers interviewed were also asked if stock outs occur at their respective facilities. Over half of the respondents indicated stock outs of Fansidar does occur.

M: What about Fansidar, is it always available to your clients?

RP: Fansidar...is not always available...for example, yesterday, we didn't have Fansidar. It was out of stock.

Female, ANC Provider, Solwezi

A similar number of IDI participants indicated that stock outs of Fansidar does not happen, ever. Female providers and administrators were more likely than male providers and non-administrators to respond that Fansidar stock outs do not occur.

M: So, are these services readily available to women here at this clinic?

RP: Oh yes, they are readily available.

M: Do you have instances where women come and they find that you have run out of the drugs?

RP: No, no, they are always available...We do not have any stock outs.

Female, Administrator and ANC Provider, Chongwe

Interestingly, nearly half of the IDI participants indicated in the same interview that stock outs never occur and that they do occur some of the time. This participant even indicates they never occur and they do occur in the same sentence.

Yes we always have the drugs, though at times there is some...which month was that...it was out of stock, but later on the District procured, then we got, sometimes we experience that, it's not always that we have stock.

Male, ANC Provider, Solwezi

The ANC providers supplied information about the duration of the stock outs. Stock outs were reported to be as short as one day to as long as 5 months.

When we don't have Fansidar it is maybe for about 1 or 2 months.

Male, Administrator and ANC Provider, Solwezi

The Fansidar is also not always available. For example, in the last quarter we never had Fansidar and the pregnant women did not receive Fansidar during that period. This is what I mean when I say that these services are not always available.

Male, Administrator and ANC Provider, Zambezi

For instance, at the beginning of this year, we ran out of Fansidar and we were only able to have some available around May...Yes it has an impact. I say so because the community has been sensitized to be taking these drugs and when they come to the clinic and they are told that there are no drugs, some refuse to buy for themselves. Their argument is, "What is the Government doing?" As a result, many of them fall sick because they are not protected.

Female, ANC Provider, Zambezi

During stock outs, or nearing stock outs, the ANC providers described the great lengths they go to obtain Fansidar.

Actually sometimes we have less supplies of Fansidar. I should urge the District to be stocking more Fansidar so that we do not run out of stock because the Fansidar is very vital...we cannot afford to have shortages of IPTp in stock.

Male, Administrator and ANC Provider, Zambezi

When we don't have Fansidar at MCH (Maternal and Child Health) we rush to other departments like the female ward and the main pharmacy, so that at the end of the day, we ensure that every pregnant mother gets IPTp...because malaria is really bad in a pregnant woman.

Female, ANC Provider, Nyimba

When we know that the supplies are not there, before antenatal we go to the pharmacists. But if the pharmacist says the supplies are not there and at the District pharmacy supplies are not there, too, there is nothing we can do even when the neighboring health centers may have the same situation as ours because we all rely on the district pharmacy.

Male, Administrator and ANC Provider, Zambezi

8.4 ACCESSING IPTp AT THE PHARMACY

FGD participants noted that Fansidar is available at chemist or pharmacy shops - explaining that accessing Fansidar at a location other than the clinic is a backup option when there are stock outs of the medicine at the clinic.

It is at the clinic where trained personnel can be found to give the correct information but there is something disappointing about these rural clinics, you go there expecting to receive some medicine but you find that they don't have these medicines in stock i.e. the Fansidar. This happens even when a pregnant woman is sick of malaria. You can find that at the clinic there is no medicine and this can take weeks to months [to stock] that's where you find this sick pregnant woman can now start looking for other options like buying from other sources.

Male, 25 years, 5 children, Zambezi

Most FGD respondents indicated that the health care providers at the clinics were the people who encourage community members to access Fansidar from the shops during stock outs.

When the medicine is out of stock at the health centers, we are advised to go and buy from the chemists. They (the chemists) even tell us how to take the medicine.

Female, 23 years, 1 child, Zambezi

The majority of IDI participants affirmed that health providers tell pregnant women to access Fansidar from shops during stock outs – especially those providers in Chongwe.

Sometimes it runs out and we tend to tell them to buy Fansidar if we don't have.

Male, Administrator and ANC Provider, Mambwe

We sometimes run out of stocks then we advise the mothers to buy the mosquito nets and Fansidar from elsewhere.

Female, ANC Provider, Zambezi

M: Do pregnant women access IPTp from (other) sources other than this clinic?

RP: Like I said, when Fansidar runs out of stock we tell the mothers to buy although it's very rare for Fansidar to run out of stock. But it happens, and as a result, we ask them to buy.

Female, ANC Provider, Solwezi

A few providers reported not telling women to access Fansidar from other locations at the expense of the women not receiving all 3 doses of Fansidar.

I earlier mentioned to say that the time when we don't have Fansidar of course it's just maybe about 1 month or 2 months that's all, and when you look at the way its tabulated the 3 doses of Fansidar in the first trimester if a mother registers in the first trimester maybe in the first, fourth or fifth month of the pregnancy of course that mother will have another chance of getting the dose when you come meaning that that mother may not get all 3 doses but at least have a chance of getting the 2 doses of Fansidar so what I mean is to say that we do not encourage them to say that they go and buy Fansidar, no, instead they are just...next visit when they come of course they will be given that service.

Male, Administrator and ANC Provider, Solwezi

Other providers noted that Fansidar, in their catchment areas, was only available at the clinic so pregnant women did not have the option to access Fansidar at any other locations.

M: Do pregnant women from this area access IPTp from other places apart from this clinic?

R: No, since we do not have drugstores in the district, the clinic is the only place to get drugs from.

Female, Administrator and ANC Provider, Chongwe

M: Why do you think women would go and access IPTp somewhere else?

RP: Well... anyway maybe that one can be much more applicable in the urban areas unlike the rural areas because in the rural areas there's nowhere where they could buy these drugs apart from the clinic.

Male, Administrator and ANC Provider, Luangwa

In these scenarios there is no back up option when the ANC clinic experiences Fansidar stock outs.

8.5 PRIORITIZING IPTp

A couple of FGD participants indicated that when stock outs do occur, or are threatening, priority of medication is given to women coming for their first antenatal visit.

When there is a shortfall [of Fansidar] those coming for their first antenatal visit are given priority.

Female, 24 years, 5 children, Mambwe

ANC providers were more likely to discuss this issue of prioritizing Fansidar when nearing stock outs - and to give a wider variety of responses. As with the FGD participants, prioritizing those pregnant women accessing ANC for the first time was the most prominent theme.

At this clinic, some women have already received 2 doses, others 3 and there are some 20 new faces who have started today. I would rather give to the 20 who have started today because the rest have had already and by the time they are coming after a week, they will find the drug but those who have come for the first time must have IPTp.

Female, Administrator and ANC Provider, Chongwe

Like those that got maybe the previous month, those ones we tell them to wait but we give those that are booking, those that are coming for the first time. We consider those first because at least these others have got a dose or 2.

Male, ANC Provider, Solwezi

The second most common responses on this theme were either to give to those who are nearing delivery (only female providers indicated this priority) or by a first come first serve policy (mostly males only administrators indicated this type of priority selection).

We give to those that come first. We give to those who come on time, not to say, those who have a bigger pregnancy get priority over those with a small pregnancy... We follow the queue and when Fansidar finishes we tell them that it has finished.

Female, ANC Provider, Solwezi

On that one, we follow the queue, it's first come, first serve. As long as that woman is due, she will get... In order to show them that we are not being biased in any way.

Male, Administrator and ANC Provider, Mambwe

There is no prioritizing. It's [Fansidar] given on a first come first serve basis.

Male, Administrator and ANC Provider, Nyimba

Another response to this theme by the providers included prioritizing those who had already begun the treatment over those who had yet initiated IPTp.

Though I remember when we were giving the last tablets we didn't want to start on those that were not on IPTp, we wanted to give to those who were on third or second. And those that were coming for the first visit we were telling them that imwe muzakatenga [you receive later]...

Female, Administrator and ANC Provider, Chongwe

Other providers mentioned prioritizing Fansidar for those coming from malaria endemic areas or who are at an increased vulnerability due to HIV or anemia.

Priority is given to those who are most vulnerable to infection such as HIV positive pregnant mothers... We also consider those with low HB (low blood count).

Female, ANC Provider, Zambezi

8.6 COMMUNITY LEVEL USE OF IPTp

Facilitators asked study participants if most women in the community access Fansidar during pregnancy – all responses to this question indicated that the majority of women access Fansidar. The reason given for most women accessing Fansidar is due to the fact that most women, if not all, access antenatal care and the respondents felt that if a woman access antenatal then she is also receiving Fansidar.

RP: They are many...because malaria has been a challenge. They go to get (Fansidar) from the clinics to prevent malaria...

RP: Yaah, I concur with what he said, many people access (ANC) Fansidar...

M: How has this changed (helped) over time?

RP: It has helped because the malaria burden has reduced. Previously they used to die a lot.

Male, 28-35 years, 3-6 children, Nyimba

8.7 SEASONALITY

When asked if women are more likely to access Fansidar in one season versus another the dominant reaction was no – women go for antenatal care throughout the year, and hence, they receive Fansidar

whenever they access antenatal care. Women and individuals with at least 3 children were more likely than others to indicate pregnant women access Fansidar throughout the year at the same rate.

...many people die from malaria...there is no season...there is nothing like...this is the dry or rain season...it's throughout the year.

Male, 28 years, 3 children, Nyimba

There were fewer comments indicating that access does differ by season; however, not all comments about seasons affecting access were specific to increased malaria prevalence during the rainy season. One participant commented that it is difficult to get to the clinics during the rainy season due to the heavy rains, another said the heat of the summer can be oppressive and hinder clinic attendance, and another said women are more likely to access the clinic in the rainy season as they fear the cold can negatively affect the unborn child (not malaria). Men were more likely to indicate that seasonality does affect Fansidar access than women.

8.8 MALE PARTNER ENCOURAGEMENT

Male partners encourage their female pregnant partners to access IPTp by encouraging them to attend antenatal care, either through verbal encouragement or by providing transport, and to take the preventive medication given to them by the health care providers – or even purchasing the medication when the clinic experiences stock outs. Females were more likely to contribute to discussions about male partners encouraging wives to access IPTp during pregnancy than males.

Some male partners are concerned with the welfare of their pregnant wives, so they would make sure that their partners are taking the drug every time they visit antenatal care.

Female, 32 years, 3 children, Nyimba

It is the same even for them; they encourage the woman because they are scared that she might end up having a miscarriage in her 6th or 7th month. So he makes sure that when there are no drugs at the clinic, he gives you money so that you can buy from the nearest shop.

Female, 20 years, 1 child, Nyimba

Only a few participants indicated that male partners can discourage their pregnant, female partners from accessing antenatal care. Respondents noted that it is only the “ignorant ones” who discourage the women from accessing IPTp via forbidding them from attending antenatal care.

8.9 FAMILY MEMBERS ENCOURAGEMENT

FGD participants were asked whether family members encourage pregnant woman to access malaria prevention medication during pregnancy.

Ah! There is no one who can stop them unless they are crazy!

Male, 20 years, 1 child, Mambwe

Female family members, especially mothers, were noted as the ones who encourage pregnant women to access malaria prevention medication during pregnancy. Women were more likely to contribute to this discussion than men.

Family members encourage us to drink the medicine for malaria prevention especially like our mothers who know that if a woman is attacked by malaria it is dangerous for her and the baby. She can have a miscarriage.

Female, 20-26 years, 1 child, Luangwa

Family members encourage pregnant women to go for antenatal care, take their medication and assist with chores to facilitate her ANC visits.

M: On family matters, apart from the husband, what do other family members do to help this pregnant woman go to get medicine?

RP: Her family helps by reminding her... “Do you have the medicine?” Then she will say “Yes I have.” When it finishes you escort her to go and get, she is helped with house chores so that she goes fast to the clinic.

Male, 22 years, 1 child, Nyimba

According to our study interlocutors, in addition to general concern for the pregnant woman’s wellbeing, family members might be involved positively when unexpected financial issues arise, the pregnancy occurred outside of wedlock, or the male partner is not particularly attentive to the wife.

Participants were more likely to indicate family support for pregnant woman accessing IPTp than discouraging access. Only a few participants, more likely among women and individuals with 1 child, discussed two scenarios in which family members would discourage a pregnant woman from accessing IPTp. Family members might discourage a pregnant woman from accessing IPTp if they don’t have a good relationship with the woman or her male partner.

If they hate you they can’t even speak the truth to your wife, when it is time for her to go and get medicine they disturb her saying, “These medicines have no meaning.”

Male, 27 years, 1 child, Nyimba

They might also discourage a woman from accessing IPTp if they are older and they believe in traditional medicine and fear the negative repercussions of western medicine, especially a miscarriage.

The grandparents, they are used to traditional medicine so what they will usually do is look for something in the bush and give the woman. They will tell her, “This medicine I have given you is enough to cure you. There is no need for you to go to the clinic.”

Female, 21 years, 1 child, Zambezi

8.10 IPTp VIA DIRECTLY OBSERVED THERAPY

ANC providers indicated that Fansidar is provided via directly observed therapy (DOT) to pregnant women during ANC visits.

They use the DOT method whereby the pregnant mother takes the drug in presence of the health care provider.

Male, Administrator and ANC Provider, Nyimba

It is given by directly observed therapy. We have water and Fansidar, we make sure the mother has swallowed all 3 tablets. We don't give them to take home- they are taken here before they leave the clinic.

Male, ANC Provider, Solwezi

That is why we make sure that they take Fansidar instantly because we can't rely on nets. We are not there when they're sleeping.

Male, Administrator and ANC Provider, Luangwa

FGD study participants indicated women were more likely to get Fansidar these days due to the rule of administering Fansidar via DOT. Apparently, in the past prior to the establishment DOT for Fansidar treatment women would carry the Fansidar home but rarely actually take the medication. Male and female FGD participants were equally knowledgeable about DOT. Individuals with 3 or more children were more likely to comment on DOT method of administration, possibly due to their experience of pre DOT and post DOT Fansidar regulations.

There were two reactions to DOT for Fansidar prophylaxis among community members – the most common reaction was to indicate that DOT was good in that if the providers did not use DOT than pregnant women would either throw away or “pack” (store) the medicine in the house without actually taking it.

Previously, only a few used to take because they were asked to take from home. But as of now, many pregnant women are taking Fansidar because of DOT.

Female, 40 years, 3 children, Chongwe

The women are told to take it from clinic because some women have a habit of not taking the dose when they carry it home- some even dump it on their way back home.

Male, 32 years, 3 children, Solwezi

In the past, we used to take the Fansidar at our homes but some people never used to drink the medicine. Instead, they would put the tablets under their pillows. But now, you are given at the clinic and you take the medicine while the nurse is watching.

Female, 23 years, 1 child, Zambezi

ANC providers echoed the finding that without DOT pregnant women would avoid taking Fansidar.

What we do...we give them Fansidar, and they take Fansidar at the spot. Yes...because what we have seen is that when we give them to go and take Fansidar at home, most women do not take Fansidar, they just keep it or throw it away.

Male, ANC Provider, Nyimba

The other, much less common comment about DOT among community members, indicated that the new procedure of DOT was “forcing” women to take Fansidar and they had no option to refuse the medication.

They do it by force; they force you how can you refuse when the doctor has said it?

Male, 20 years, 1 child, Mambwe

Despite DOT, according to the FGD participants, some pregnant women still find ways to avoid taking the medicine:

They just give you whilst at the hospital, that is the new rule, they even give you a cup of water to drink there and then. Although others will still pretend to drink it yet they drop it in their shirt, a lot do that.

Female, 32 years, 3 children, Zambezi

Some providers were aware of these “tricks” to avoid taking Fansidar, however.

RP: It's Directly Observed Treatment...we give them from this room, a cup of water there and the bucket of water there also, we observe them as they take.

M: Why?

RP: You know, I have been here for quite some time now, it's really a challenge, we used to give them so that they drink from home. But they never used to drink the drug, they were just packing it while others I hear that they were throwing. There was this woman, when I told her to drink, she threw them in her dress (while I was busy looking elsewhere) but when she stood up wanting to leave the room, the Fansidar fell from her dress. So this time I am observant.

Female, Administrator and ANC Provider, Mambwe

Only female providers indicated that during Fansidar stock outs they would instruct pregnant women to purchase the drug from other sources and return to the clinic to take the medication under the watch of the health provider in order to continue DOT during stock outs.

We tell the women to buy and then bring to the center. Why we do that is that we don't want to see her come and say, “I bought and drunk,” when, in fact, she didn't. Therefore, we emphasize you go and buy then come with medicine because we want us to see you drink from here. If they tell us that, “I will buy and drink,” We tell them, “No!”

Female, ANC Provider, Chongwe

RP: We used to tell the mothers to go and buy and after buying they were required to come with the drug and take it here at the clinic. This is to ensure that they take the prophylactic drug.

M: That means that they had to come with their own drug when they came for antenatal care?

RP: Yes, we tell them a month before that they are supposed to take Fansidar the following month so they are supposed to come with it but those who can't provide for themselves do not take.

Female, ANC Provider, Zambezi

However, not all providers indicated they told women to return to the clinic with the purchased Fansidar so they could watch them take the prophylaxis.

We have to make sure that these women who come here swallow all 3 tablets of Fansidar in our presence (DOT). That's how we do it, but it becomes a challenge if we don't have Fansidar and we ask our clients to purchase it. So we don't know what happens if they go, we just indicate that Fansidar has been given. Yet we don't know if they swallowed it at home.

Male, Administrator and ANC Provider, Mambwe

8.11 SIDE EFFECTS OF IPTp

The main reason given for pregnant women not taking Fansidar at home prior to DOT was due to the side effects associated with it. When FGD study participants were prompted to explain why women wouldn't want to take Fansidar— very few participants responded to this prompt.

When they drink Fansidar it makes them feel bad.

Male, 29 years, 1 child, Mambwe

A variety of side effects of Fansidar were mentioned. One of the most common side effects of Fansidar noted by FGD participants was how it makes pregnant women feel weak – IDI participants were less likely to note this side effect.

Many pregnant women fear to take Fansidar because it weakens you.

Female, 23 years, 1 child, Solwezi

Fansidar is given to all women who are pregnant but there are a good number of them whose blood does not go too well with Fansidar. Some of them when they take it, it makes them feel weak in the joints so that's why they ask them if they like Fansidar before they give them. In that case they give them other tablets; even myself I don't take Fansidar, it makes me weak.

Male, 20 years, 1 child, Mambwe

The second most common side effect mentioned for both FGD and IDI participants was vomiting, especially if the medication was taken on an empty stomach.

M: Why would some women throw the medicine away?

RP: Some would say when they take this drug they feel dizzy and powerless - like me, the time I was pregnant when I took Fansidar I felt dizzy and sometimes vomited.

Female, 19-26 years, 1 child, Chongwe

Most ANC providers responded to this issue by administering Fansidar right before excusing the pregnant woman – so she could reach home to eat something before she started to feel the ill effects of Fansidar on an empty stomach. Others gave women advice on eating before, during and right after the ANC appointments.

When they come, they say that they have not eaten so it is better if they take [the Fansidar] from home after a meal. We just encourage them to eat before coming for antenatal care or at least carry something that they will eat as they are here. And now that they are being accompanied by their husbands we tell them jokingly to say, “Since the owners of the pregnancies are here let them buy a drink for you, so that you can take Fansidar.”

Female, Administrator and ANC Provider, Nyimba

A few FGD and IDI study participants noted that the drug Fansidar has a bad smell, which turns women off from taking the drugs.

The drugs have a bad smell; some women do not like them.

Female, 36 years, 5 children, Luangwa

The male partner was noted as a person by the FGD participants who could motivate pregnant women to take Fansidar despite the smell. Female FGD participants were more likely to identify this side effect than male FGD participants.

For those who may not like the smell of the medicine, if the husband is with her, he can encourage her to take the medicine.

Male, 33 years, 1 child, Solwezi

Another side effect mentioned by a few FGD study participants was dizziness; however, this was the main side effect discussed by the health providers interviewed.

The fear that Fansidar can cause a miscarriage only surfaced in 3 focus group discussions – all were among discussions of men and women with 1 child. The only fetal effect noted by the health providers was pregnant women’s unfounded fear that Fansidar would make a fetus very large.

Some FGD participants noted that individuals can take Panadol to counter the side effects while taking Fansidar.

While taking the Fansidar course the women also take Panadol in order to weaken the side effects of Fansidar.

Male, 26 years, 3 children, Solwezi

8.12 SHARING IPTp

Another reason pregnant women didn’t take Fansidar prior to DOT was to share the malaria medication with others. None of the FGD participants mentioned the issue of pregnant women sharing the malaria prophylaxis with others; however, female ANC providers mentioned this as another reason for providing Fansidar via DOT. Pregnant women supposedly shared Fansidar with sick family members prior to DOT.

They may not drink...some would divert the medicine, they would say “Me, I am not sick,” or “I have got a sick child at home so I will give the Fansidar for malaria to my baby at home.” What we want is to be sure that this woman has really taken...We don’t just enter on the card minus witnessing her drink. For the deworming tablets, we make them chew whilst we are observing them and the same applies to Fansidar, they drink whilst we are there.

Female, ANC Provider, Chongwe

It is DOT, when a woman comes, she is given the tablet to swallow whilst you are watching, you make sure she swallows the 3 tablets because some women used to cut them and share with their husbands.

Female, Administrator and ANC Provider, Chongwe

I still think we should involve men in the uptake of IPTp in pregnancy because they are fond of sharing the medicine here and that's another reason why we don't allow them to go and drink from home.

Female, Administrator and ANC Provider, Mambwe

In alignment with the sharing theme, there was some mention among providers of sharing Fansidar with sick patients at the health center who were not pregnant.

...in certain cases you cannot...you want to save life...that pregnant woman is not there and then someone else comes and that's the only drug that can help. You end up breaking the rule that this is for pregnant women only.

Female, ANC Provider, Chongwe

8.13 INITIATING FANSIDAR

The FGD facilitators asked the participants when a pregnant woman should begin taking Fansidar during her pregnancy. Answers ranged from during the 1st month to the 6th month – with 4 months as the mode answer. In most cases 4 months was mentioned in conjunction with the typical timing for the first antenatal care visit.

At the clinic they will look at the size of your pregnancy if it is too small like 2 or 3 months they will not give you malaria drugs but if you are 4 or 5 months pregnant they will start giving you the anti-malaria drug to protect the baby in your womb from being infected with malaria.

Female, 20 years, 1 child, Chongwe

ANC providers were asked when pregnant women should receive the first dose of Fansidar. The mode response among providers was 16 weeks, however, answers ranged from the first trimester to 28 weeks.

At 16 weeks or when you are meeting with this pregnant woman for the first time, like for those that come late you cannot give them at 16. So you give them the moment that you meet them.

Female, Administrator and ANC Provider, Chongwe

Some providers gave very specific responses to the question about initiating Fansidar and administering the remaining doses.

After 16 weeks that is in the second trimester, that is the first dose and the second dose is given in the subsequent visit that is 4 weeks from the first dose and the third dose is also given after 4 weeks of taking the second dose which is at 24 weeks.

Female, Administrator and ANC Provider, Nyimba

While other providers were much less sure about the administration of Fansidar.

The second dose is in the second visit in the second trimester but I am not sure if it's after 1 month or...uhm I am not sure but what I know is that the first is sixteen weeks, the other one, it should be at twenty-eight...no I am not sure...on the ranges but I know that at sixteen weeks if we give the first, then second visit the third visit it should be last one.

Female, ANC Provider, Mambwe

Many providers understood why Fansidar was not initiated in the first trimester of pregnancy.

The right time is when the baby is viable. If the woman is not able to give you the history of the last menstrual period, they are unable to calculate the gestation age of that pregnancy. We use the fetal movement depending on the history from the woman. If she says she feels the fetus moving; it means this baby is now viable...We don't give before 16 weeks, for fear of disturbing the formation of the fetus.

Female, ANC Provider, Chongwe

IDI facilitators also probed ANC providers as to when pregnant women typically access the first dose of Fansidar. The most common gestation noted by the providers was 20 weeks – with a range from the first trimester to 28 weeks.

M: You have said that they should get their first IPTp dose after 16 weeks, when do they typically get their first IPTp?

RP: Just as I said earlier they usually come late, they come late that is after 20 weeks that is after the second trimester and that is when we actually start giving them.

Female, Administrator and ANC Provider, Nyimba

M: Are you saying everyone starts at 16 weeks?

RP: No, it is not uniform. Some women come for the first visit at 20 weeks, 26 or even 28 weeks. Their first dose depends on when they first come to the clinic.

Female, ANC Provider, Zambezi

Usually...since they come late for bookings, they get it [IPTp] at 6 months and above.

Female, ANC Provider, Nyimba

8.14 NUMBER OF FANSIDAR DOSES

The facilitators asked the FGD participants about the number of times pregnant women take Fansidar during pregnancy. The number of doses mentioned ranged from 1 to 4, with 3 being the most common response. Women and individuals with 1 child were more likely to respond to the prompt about number of Fansidar doses.

I was given Fansidar 3 times during my pregnancy.

Female, 23 years, 1 child, Luangwa

There was less variability in the responses among IDI participants; however, the mode response was also 3 doses.

Well, the main time is when the mother comes, at what stage does the mother come from there you are able to divide...what we want is by the time the mother is giving birth the mother would have gotten 3 doses.

Male, Administrator and ANC Provider, Luangwa

The only other dose discussed by ANC providers was 4 doses. The comments about 4 Fansidar doses indicated that the 4th dose was a new development – some clinics were giving 4 doses but most indicated it is the future direction of IPTp dosage. Female providers and administrators were more likely to discuss a 4th dose than male providers and non administrators.

According to the knowledge I have, she should receive 3 doses during her pregnancy, but recently 4 doses has been introduced, though currently we are giving 3 doses.

Male, ANC Provider, Luangwa

Way back, we used to give 3 doses, but now we have changed to 4...The change was because there were still some instances of malaria in neonates immediately they are born, so that is why the doses were increased to 4. From the time they increased in 2002, the levels of malaria have gone down.

Female, Administrator and ANC Provider, Chongwe

ANC providers noted that delayed initiation of care by pregnant women reduced the number of doses they received.

Fansidar is given in 3 doses. If the a mother registers in the first trimester, which maybe in the fourth or fifth month of the pregnancy, that mother will have another chance of getting the dose when she comes for the subsequent visit. This implies that the mother may not get all 3 doses but at least will have a chance of getting the 2 doses of Fansidar.

Male, Administrator and ANC Provider, Solwezi

We give Fansidar 3 times before a woman delivers. But, you may find that the mother will come for booking at 8 or 9 months. So, you will find that this woman will just take Fansidar once and they deliver.

Female, ANC Provider, Solwezi

They get Fansidar as soon as they come for their first antenatal visit although most of them don't finish all 3 doses because they start late. Some take once, the majority take twice while others take all the 3 doses, because they book late.

Female, ANC Provider, Solwezi

She will be late, if she comes at (3-4 months) and she will not complete all the doses.

Male, Administrator and ANC Provider, Luangwa

A few FGD participants indicated that if a pregnant woman begins antenatal care too late in her pregnancy she will not receive any Fansidar.

M: *What about those who go at 8 months?*

RPs: *They will only take once. Sometimes, others don't even take.*

Female, 23-40 years, 3-4 children, Chongwe

One of the issues of when a pregnant woman should start accessing anti-malaria drugs depends on individual women when they started going for antenatal and how many months pregnant they were when they started. Meaning that if you start going for antenatal very early it means you will take anti-malaria drug for many times and you have high chance of chance of protection from malaria – both you and your baby. But if you delay starting antenatal you may receive malaria drug once or twice then you deliver.

Female, 25 years, 1 child, Luangwa

...if you delay, you can't even take Fansidar. But if you go early, you will take all the 3 doses of Fansidar. Then your baby will be born free of malaria.

Female, 28 years, 3 children, Chongwe

Some FGD participants responded with specific gestational timing and dose information:

At 4 months, the first dose of Fansidar is given. The doctors say they give the dose at 4 months because if they do so earlier, it can cause an abortion.

Male, 33 years, 1 child, Solwezi

She is given [the medication] between the 16th and 17th week.

Female, 18 years, 1 child, Nyimba

For me, the way we learnt about, they said that a pregnant woman is supposed to start drinking Fansidar at 3 months, when 3 months passes, then next dosage is at 6 months, then the last dosage is at 9 months.

Male, 31 years, 3 children, Luangwa

And others gave more vague responses. Individuals with 3 or more children were more likely to give vague responses – possibly indicating that individuals with first pregnancies receive more attention in regards to IPTp education than those who are multigravida.

You are given on the first visit; you are given again when you go back for the next visit.

Female, 21 years, 1 child, Nyimba

You start taking the moment you are given the drugs until the next appointment date when you are given some more medicine. You continue until you deliver.

Female, 23 years, 1 child, Zambezi

When you start antenatal you are given Fansidar every 2 months until you deliver.

Female, 26 years, 1 child, Luangwa

When a woman starts antenatal she needs to start taking malaria drug. If she starts going for antenatal when she is 4 months pregnant it means she can take anti-malaria drug for about 4 times before delivering her baby.

Female, 20 years, 1 child, Luangwa

They take [Fansidar] only when she goes for antenatal care visit. Then when she returns for additional antenatal care visits that is when she is given the medicine again to take. In short, she will be taking Fansidar every time she goes for her antenatal care visitation until the pregnancy is old or advanced.

Male, 26 years, 1 child, Zambezi

Some ANC providers gave incorrect information about when to administer Fansidar.

The third dose is when someone has delivered because they are supposed to come for postnatal, when they come for postnatal there are a number of activities that we do for them. We have to ensure that she maintains the negative status of malaria; we don't want this woman to be sick when she is breast feeding her baby.

Male, Administrator and ANC Provider, Zambezi

8.15 INTERMITTENT PREVENTIVE TREATMENT DURING PREGNANCY FOR MALARIA AND HIV

When asked if IPTp is ever withheld from pregnant women nearly half of the ANC providers, most often females and administrators, responded that HIV+ women aren't given IPTp due to similarities with the other medication they take.

...the HIV positive mothers who are on Septrin.....we don't give them Fansidar because they have equal medicinal components.... in Septrin there is sulfadoxine, which is also in Fansidar, so those women are an exception.

Female, Administrator and ANC Provider, Nyimba

In the FGDs, a few participants noted that those who are HIV+ are not given Fansidar at the clinic and this is a potential route for the community to ascertain one's HIV status.

At the clinic your friends are being given Fansidar while you who is HIV positive won't be given any because you are already on other medications. So from there people would know that you have been found HIV positive. So if people would start gossiping about you one would rather commit suicide.

Female, 32 years, 3 children, Nyimba

ANC providers also indicated that pregnant women who are allergic to Fansidar (skin reactions were noted most commonly) did not receive Fansidar.

8.16 INCREASING INTERMITTENT PREVENTIVE TREATMENT DURING PREGNANCY FOR MALARIA UPTAKE

The IDI facilitators asked ANC providers how IPTp uptake could be improved. The most common response noted by two thirds of the providers, by more administrators than non-administrators, was

that pregnant women need to access ANC on time, or earlier than they are now, to ensure they obtain all 3 doses of Fansidar.

The only problem we have is that there is no IPTp third dose to many pregnant women. They take the first 2 doses quite well but when it comes to the third dose usually the dropout rate is high because they are coming late to initiate their pregnancy care. This means that by the time they are supposed to take the third dose they will be due for delivery. For us we want to improve on all 3 IPTp doses it is only early ANC booking that will help us.

Female, Administrator and ANC Provider, Nyimba

Just like I said earlier we need to sensitize them to come early so that they start in good time. You find that some women come at 7 or 8 months and those are the ones that maybe just get 1 dose and then 2 doses but they don't get the third. If they come early...then they can get all their doses on time.

Female, Administrator and ANC Provider, Chongwe

They should just book early. Everything will be taken care of if they book early.

Male, Administrator and ANC Provider, Mambwe

In line with starting ANC earlier ANC providers discussed the issue of sensitizing communities about this issue either through community meetings, via the traditional birth attendants in the communities or through health education with individual or groups of patients. Only male providers contributed to this suggestion.

They need to be sensitized - they need to know the importance of early antenatal care.

Male, ANC Provider, Nyimba

I will talk of sensitization, whereby we come up with a program and specifically talk about IPTp. We can even go into the community and encourage them to ask questions and answer them appropriately.

Male, Administrator and ANC Provider, Mambwe

The second most common item mentioned by providers to improve IPTp uptake by pregnant women was to eliminate all stock outs of Fansidar. Male providers were more likely to mention eliminating Fansidar stock outs than female providers.

I actually feel that this is the only major thing because when we have IPTp stocks readily available, it's going to help reduce this malaria burden in pregnant women.

Male, Administrator and ANC Provider, Zambezi

It's having the things, making sure that you have stocks equivalent to the services you are providing to the woman, or a bit more, so that you don't run out of the IPTp drugs.

Male, Administrator and ANC Provider, Nyimba

I think there must be constant supply of Fansidar and nets – even though I said that it's very rare to have Fansidar out of supply. It should always be there because if we just tell them to go and buy, they may not buy. They will tell us that they bought and took Fansidar, as a result we

will just tick to indicate that Fansidar was taken. We need to have it always so that we protect our mothers.

Female, ANC Provider, Solwezi

Increasing the number of ANC providers to combat the current issue of long queues and subsequent long wait times among pregnant ANC attendees was the third most commonly mentioned way to improve IPTp uptake among ANC providers. This item was only discussed by the administrators.

M: What could be done at this facility to improve IPTp administration to the pregnant women?

RP: Staffing here is a problem. We need more midwives so that the women do not have to queue for IPTp...On a day like this, we should have had 4 midwives for Maternal Child Health, but we only have 1. We have a lot of work as the women come to take IPTp and we have to observe them because we are using DOT. If we have 4 midwives, we would be clearing the queue quickly.

Female, Administrator and ANC Provider, Chongwe

As you can see, this clinic caters for clients from a large catchment area. As a result, someone may stay away because they think they will spend a lot of time at the clinic due to long queues. They may be discouraged because of that.

Female, ANC Provider, Solwezi

Normally when we have antenatal clinics, there are always a lot of mothers at MCH department - close to 50 or 60 against 2 or 3 staff. So the issues of staffing is a problem.

Male, Administrator and ANC Provider, Solwezi

A few ANC providers indicated that cups, or even food, to assist with the administration and reduce the side effects of IPTp could increase IPTp uptake.

If we can have utilities like jugs, cups or buckets supplied to us that way we will avoid sharing of one jug. If we have that we can improve IPTp administration at this facility to our clients. Like for the learned ones, they wouldn't want to share a cup with others, so the limited number of cups hinders us from administering IPTp efficiently.

Male, ANC Provider, Luangwa

It's just that maybe you know because of funding sometimes if there could be enough funding as these women come if maybe there is something, some maybe, some cup of a...some cup of tea, a drink...it's much better if there's some kind of food because most of them, they walk long distances coming here, so that's their complaint to say, "No, you are giving us Fansidar and as we are walking back home these drugs will make us feel dizzy, we are passing through the hot sun," but if someone has taken something it's...it's much better.

Male, Administrator and ANC Provider, Mambwe

Maybe to have finances to help prepare common meals for these women because they say that Fansidar affects them if they take it while hungry. They say that, they leave home early in the morning without eating because they stay very far.

Female, ANC Provider, Nyimba

SUMMARY

IPTp

According to the focus group discussants, most pregnant women were motivated to take Fansidar during pregnancy in order to prevent themselves and the fetus from malaria infection.

Fansidar was reportedly most accessed from the local ANC clinics; mainly because the medication was dispensed by professionals. During stock outs at the clinic, Fansidar is accessed from chemist or pharmacy shops, if possible. When stock outs are threatening priority of medication is primarily given to women coming for their first antenatal visit.

Both ANC providers and FGD participants indicated that pregnant women avoided taking Fansidar, due to the side effects associated with it, in the past. In response, Fansidar is now provided at ANC using DOT. As a result of this, and because Fansidar is given during ANC, most pregnant women in the community access IPTp.

The FGD participants' views' on when a pregnant woman should begin taking Fansidar, ranged from the 1st to the 6th month, with 4 months being the most mentioned. In most cases, 4 months was mentioned in conjunction with the typical timing for the first ANC visit. ANC providers' reported recommended time for pregnant women to receive the first dose of Fansidar ranged from the first trimester to 28 weeks. Providers reported that pregnant women most often access the first dose of Fansidar at 20 weeks.

FGD participants' views on the total number of doses that pregnant women should receive ranged from 1 to 4, with 3 being the most common response. IDI participants mostly reported 3 as the recommended number of doses. Responses from some health providers indicated that some clinics give 4 doses. Late initiation of IPTp reduced the number of doses that pregnant women receive.

To ensure that they receive all the recommended IPTp doses, it was most prominently suggested that pregnant women should access ANC on time, or earlier than the current practice. ANC providers also suggested the need to sensitize communities on the importance of early initiation of ANC for IPTp and malaria prevention. Reducing Fansidar stock outs and increasing the number of ANC providers to combat the current trend of long queues and subsequent long wait times among pregnant ANC attendees, were also suggested ways of increasing IPTp uptake.

CHAPTER 9. MALARIA PREVALENCE

9.1 MALARIA BURDEN IN THE COMMUNITY

Under this theme, the IDI study participants discussed how prevalent malaria was in their communities and what interventions had been used to mitigate the spread of malaria. The IDI study participants rated malaria prevalence from low to high. For areas where malaria was said to be high, this was often related to location.

The malaria burden is very high...maybe it is because we are surrounded by these two rivers namely Luangwa and Zambezi rivers. We have a lot of mosquitoes coming into our homes, and most people use mosquito nets for fishing instead of sleeping under them, so this has led to the increase of malaria incidences in our clinics or districts.

Male, ANC provider, Luangwa

Malaria being one of them because malaria is quite prevalent in this region, it being a valley.

Male, Administrator and ANC provider, Mambwe

In other instances the prevalence of malaria was said to be low or to have reduced as a result of interventions such as the distribution of ITNs and indoor residue spraying.

From the time the indoor residue spraying started, there's a reduction of malaria. The rapid test...the RDT tests...We usually do malaria tests and then the previous months, we had distributed some nets to under five children and our antenatal mothers.

Female, ANC provider, Chongwe

The prevalence of malaria was also related to seasonality.

The current picture, it's low but what happens, it varies according to the season. There are certain points when it goes high! Yeah, cause like for the past three months, three months, four months we had very low synthesis of malaria but as these months we are going on, we are expecting malaria to go higher that's why we are trying to protect all the places that we can so that we can reduce that ...the incidence.

Male, Administrator and ANC provider, Luangwa

The malaria burden in the population was said to be higher among population above 5 and those who were not ANC clients.

In children, it is low as well up to under fives, above 5 years, the burden increases. That means we are doing fine with IPTp, they are protected up to 1 year olds, it is extremely rare to find a child below 1 year old to have malaria.

Female, Administrator and ANC provider Chongwe

9.2 MALARIA PREVALENCE IN PREGNANT WOMEN

The majority of the IDI study participants said that malaria in pregnant women within their localities was very rare. This was attributed to the success of IPTP and ITN interventions among pregnant women.

In pregnant women...No, the burden is low...In this year, I think we've just had one case of malaria in a pregnant woman.

Male, Administrator and ANC provider, Luangwa

We rarely receive mothers who come with malaria in pregnancy for the simple reason that there is provision of Fansidar for prophylaxis which is effectively working. Other than that, there is also provision of ITNs.

Male, Administrator and ANC provider, Solwezi

9.3 IMPACT OF ITN ON MALARIA PREVALENCE

According to the IDI study participants, ITNs were an effective tool for keeping malaria prevalence low especially among pregnant women and children under five.

This time it is low, reasons being we have given them (community) a lot of mosquito nets, maybe the family could get two or three, we were not considering what type of person we were dealing with whether old, young, baby as long as they have a bed we were just giving the mosquito nets per bed, if they are four beds in the house we give four mosquito nets.

Male, ANC provider, Solwezi

9.4 IMPACT OF INTERMITTENT PREVENTIVE TREATMENT DURING PREGNANCY FOR MALARIA ON MALARIA PREVALENCE

From the perspective of the IDI study participants, IPTp had been very effective in keeping the prevalence of malaria among pregnant women low.

Since they are given prophylaxis treatment, Fansidar...its less but if they were not going to be given Fansidar I think we would have...we were going to see a lot of malaria in pregnancy...uuhm but now no, I think it's because of the same Fansidar that we are giving.

Male, ANC provider, Mambwe

SUMMARY

Malaria Prevalence

IDI study participants report mostly low malaria prevalence in pregnant women due to the use of IPTp, ITNs and other malaria control measures, especially in comparison to children over 5 years old and adults who are not pregnant.

CHAPTER 10. RISK RANKING

Study participants were asked to identify the risk associated with 8 different problems during pregnancy; pre-eclampsia/eclampsia (BP), malaria, sexually transmitted infections (STIs), maternal anemia, tetanus, maternal HIV infection, inadequate birth spacing and delivery at home without a skilled birth attendant. For each health problem, participants were asked to vote to determine whether they perceived the issue to be most risky, somewhat risky or least risky. The 3 levels of risk were signified by cards of 3 respective colors and depending on their perception of risk, participants were asked to raise the corresponding card. Red denoted most risky; yellow denoted somewhat risky and green denoted least risky.

The results of the voting revealed that the FGD participants viewed all the health problems as most risky, apart from tetanus, which was perceived to be least risky. In order to determine the participants' perceived degree of risk the participants attached to each health problem, the number of votes for all the health problems that were seen as most risky were compared. Below is a listing of the health problems in the order of the level of risk as perceived by the participants; beginning with most risky.

1. Malaria and HIV
2. Anemia
3. Delivery at home without a skilled birth attendant
4. Pre-eclampsia/eclampsia, Sexually Transmitted Infections, and inadequate birth spacing
5. Tetanus

Malaria and HIV, in the same level, seemed to have been thought of as the most risky of all; followed by anemia, delivery at home without a skilled birth attendant, pre-eclampsia/eclampsia, followed by STIs and inadequate birth spacing in the same level. Tetanus was the only health problem that was perceived as the least risky.

The health providers were also asked to state their perceptions about the level of risk that they attached to the same health problems. Below is a listing of the health problems in the order of the level of risk as perceived by the Health Providers; beginning with most risky.

1. Pre-eclampsia/eclampsia and delivery at home without a skilled birth attendant
2. Anemia
3. Tetanus
4. Malaria
5. HIV
6. Inadequate birth spacing
7. Sexually Transmitted Infections

Based on the number of Health Providers who reported the level of risk of the specific health problems, eclampsia/pre-eclampsia and delivery at home without a skilled birth attendant was generally perceived to be the most risky of all the health problems. This was followed by anemia, tetanus, malaria, HIV, inadequate birth spacing in that order. Sexually transmitted infections was seen as the least risky of them all. Below a table to illustrate how both categories of participants, community members (FGD) and Health Providers (IDI), ranked the health issues in terms of their perceived level of risk.

Rank No.	Focus Group Participants	IDI Participants
1	Malaria and HIV	Pre-eclampsia/eclampsia Delivery at home without a skilled birth attendant
2	Anemia	Anemia
3	Delivery at home without a skilled birth attendant	Tetanus
4	Pre-eclampsia/eclampsia Sexually Transmitted Infections Inadequate birth spacing	Malaria
5	Tetanus	HIV

While malaria and HIV were seen as the most risky of all by FGD participants, they were ranked only fifth and sixth respectively by IDI participants after BP, home delivery, anemia, and tetanus.

For the IDI participants, the health problems that pose the greatest risk are BP and home delivery; ranked in the same level of risk. For them, malaria was ranked fifth, being placed in the lower half of the risk continuum. BP, ranked as the most risky by IDI participants, was in contrast, ranked second from the bottom of the continuum for FGD participants.

Among all the 8 health problems, the one that was seen as the least risky of all, by the FGD participants is tetanus, which for the IDI participants, was ranked third.

STIs were seen as the least risky of all by IDI participants. The perception of risk posed by STIs, for the FGD participants, was almost similar to that of IDI participants. This is because STIs were ranked second from last, by FGD participants, on the risk continuum.

The only health issue that was perceived at the same level of risk by both IDI and FGD participants is anemia; which they both ranked the fourth most risky health problem. The perceptions of FGD participants and IDI participants were also almost similar when it came to ranking inadequate birth spacing, which both ranked lowly, placing it second from the bottom, on the continuum.

Both Focus Group and IDI participants were further asked to explain why they chose the level of risk that they did and why one health problem was identified more or less risky than another. Their responses, according to the health problem, are presented below.

10.1 MALARIA IN PREGNANCY

Alongside HIV, malaria was perceived to be the most risky among all the given health problems.

Participants provided a number of reasons to justify their perception. While most FGD participants saw malaria in pregnancy as most risky, only about half of the IDI providers felt that it was that risky. One major reason seemed to be that the disease was fatal as one could die within a short time of being infected.

Malaria is dangerous to... a pregnant woman; especially when she hasn't taken any preventive measures. If one has malaria, she could even die... It is a deadly killer.

Female, 26 years, 3 children, Solwezi

Malaria is most risk because it is very fatal... Malaria can kill instantly.

Male, Administrator and ANC Provider, Zambezi

If malaria is not treated early, there is not a chance [of being cured]. Both the mother and baby will die as a result.

Female, 28 years, 3 children, Chongwe

Despite the fact that malaria can be treated; both FGD and IDI participants saw the risk of malaria in the inconsistent availability of malaria drugs and the sale of expired drugs in retail shops.

I agree that medication is available and it is also true that people get cured after taking it. However, it is not all the time that you find medicine at the hospital. Sometimes they tell us to go and buy from the drug stores ...and the shops sell expired medication!

Male, 20 years, 1 child, Mambwe

Malaria in pregnancy; at times we may control it but at times we don't have drugs. Someone will die when you don't have drugs; when you have a woman with malaria.

Male, ANC Provider, Nyimba

What is causing the high malaria prevalence is that when a person gets malaria and goes to the clinic, he or she will find that the drugs have run out stock. This is a problem.

Male, 37 years, 3 children, Mambwe

The risk of malaria was also said to be because it takes time before symptoms begin to manifest. By that time, the malaria would have reached dangerous levels.

Malaria is risky because, just like other illnesses, it takes some time for someone who has malaria to show symptoms.

Female, 25 years, 1 child, Zambezi

Both FGD participants and health providers reported that one reason for the greater risk of malaria was that it caused other health problems in a pregnant mother such as anemia, miscarriage or still-birth.

The major complication that can be there, one of them is miscarriage, the other one is anemia in pregnancy. If anemia in pregnancy comes again if it is not controlled again it might also end up in miscarriages.

Male, Administrator and ANC Provider, Mambwe

It (malaria) is dangerous because it can cause a miscarriage in woman.

Female, 31 years, 3 children, Mambwe

Malaria it has an emergency component. When malaria goes into... a pregnant woman, it will start causing convulsions ...and they'll also get to the child. This will then also be an issue of the reduced blood because the malaria has that effect. The parasites attack the blood cells bringing about anemia and ...if the blood is reduced, there will be fetal death or maternal death.

Male, Administrator and ANC Provider, Luangwa

Malaria is dangerous in this area because it makes a woman have a still born baby.

Female, 18 years, 1 child, Nyimba

Malaria is more risky. Anemia is one of the complications of malaria and we go back to the same issues of anemia which may cause still-births and low birth weight babies.

Male, Administrator and ANC Provider, Solwezi

Other participants saw the risk of malaria in terms of its high prevalence levels despite various interventions such as treatment.

[Malaria] is a big problem because we see that every day; there are at least 4 or 4 people that get infected ...This place is ...a breeding place for mosquitoes because they are many.

Male, 42 years, 3 children, Mambwe

Malaria is risky...in the sense that malaria is common...

Male, Administrator and ANC Provider, Nyimba

There are many chances of getting malaria in this community... [The situation] is really bad. It has challenged us very much.

Male, 29 years, 3 children, Nyimba

It was argued by the FGD participants that the high risk of malaria was a result of failure to heed to advice received from the clinic. For example, although mosquito nets were distributed, not everyone was using them to protect themselves from malaria.

Health workers tell us that we should sleep under a net from January to December. However, we fail to follow that instruction.

Male, 36 years, 3 children, Mambwe

It is true that some people do acquire some nets from the clinic. Yet, there are few who use them.

Male, 42 years, 3 children, Mambwe

A few participants reported that malaria was either somewhat risky or least risky. They explained that although the health problem was prevalent, it was controllable since drugs, mosquito nets, as well as cleaning of surroundings could prevent or cure the problem.

[It is less risky because] mosquito nets are available.

Male, 27 years, 1 child, Zambezi

The reason we raised yellow cards [indicating somewhat risky] is because while we know that this disease is high, there is medication for it... [After treatment], they get better.

Male, 26 years, 1 child, Mambwe

When a woman has malaria, she can go to the health center and get treated. Without any doubt ...when they give her Fansidar, ...she can get cured.

Female, 23 years, 1 child, Zambezi

Some participants emphasized that the reduced risk to malaria in their community was dependent upon how quickly an infected person accessed treatment. For other participants, their perception that malaria was of lesser risk was based on the duration that it took to cure the disease. They argued that some diseases take long to cure while malaria is cured in just a few days.

Malaria is somewhat risky. This is because once the person feels sick, she is quickly rushed to the hospital and medication is administered.

Female, 23 years, 1 child, Zambezi

A person taking malaria will finish the dosage in seven days unlike one taking BP drugs, which last for a long time.

Female, 29 years, 3 children, Luangwa.

Sometimes you find that when you are given Fansidar, within 3 days, you will be well.

Female, 36 years, 3 children, Luangwa

The Health Providers did not attach as much risk to malaria as the FGD participants. While half of the Health Providers reported malaria as most risky, the other half did not. They saw malaria as something that could be easily managed; either through prevention or treatment.

Others based their perception of malaria as of low risk because of the low prevalence rates of malaria in their communities.

If a pregnant woman follows all 3 IPTp doses, she is at less risk of catching malaria.

Female, ANC Provider, Mambwe

The moment that somebody has got malaria, there are interventions to put in place to ensure one doesn't lose her pregnancy.

Male, Administrator and ANC Provider, Zambezi

Malaria is no longer common as it used to be. That is why it is less risky. A woman who has had 2-3 malaria bouts might end up having anemia, but since our area is almost malaria-free, malaria is low in pregnant women.

Female, Administrator and ANC Provider, Chongwe

For example, as a midwife, if two clients come for delivery, one has malaria while the other has high blood pressure; I will refer the client with high blood pressure to a doctor and will attend to the one with malaria [successfully myself].

Male, Administrator and ANC Provider, Solwezi

10.2 MATERNAL HIV INFECTION DURING PREGNANCY

Maternal HIV in pregnancy was reported by most of the FGD participants as the most risky of all, at the same level as malaria in pregnancy. In contrast, Health Providers did not seem to think that HIV was of high risk in their respective catchment areas. Out of the 24 respondents, more than half perceived did not think that HIV was most risky. A few of the Health Providers however, also believed that HIV is most risky. A number of comments were given to explain the views and these are outlined below.

The most prominent reason perceiving HIV as most risky was because it had no cure. The participants reported that whatever interventions were done, an infected person is sooner or later bound to succumb to the disease.

I have said that it's most risky because HIV is not curable.

Male, 42 years, 3 children, Chongwe

Because HIV during pregnancy has no cure...

Male, Administrator and ANC Provider, Zambezi

This disease has come to finish people and it has no cure.

Male, 30 years, 1 child, Zambezi

I say it is very risky is because you would never be free of HIV even if you took medication.

Female, 30 years, 3 children, Solwezi

When the child is infected with HIV; it is a life time problem... unless you take drugs continuously.

Male, ANC Provider, Nyimba

Like I said in HIV infection there are a lot of infections there which will need to treat apart from ARVs we still need to give these other things, like the antifungal and all that but for STIs just...it's just one treatment.

Female, Administrator and ANC Provider, Chongwe

[There is no cure for HIV] Even if you are taking medicines, you'll die because the body is "rotten." Therefore, it's most risky.

Female, 22 years, 1 child, Solwezi

10.2.1 HIGH HIV MORTALITY RATES

Among the FGD participants, another reason for perceiving HIV in pregnancy as high risk was because it was fatal. The disease was reportedly responsible not only for high maternal and child mortality rates, but also for the death of many in the general population.

This is the biggest problem that affects most of our pregnant women in this community. It also has claimed many lives of pregnant women in this community. That is why we think this problem is most risky.

Male, 41 years, 3 children, Zambezi

HIV is the biggest problem that has affected us, just like malaria. Many pregnant women have HIV and many die during delivery.

Male, 38 years, 3 children, Luangwa

10.2.2 MATERNAL TRANSMISSION OF HIV

Another of the reasons provided for perceiving maternal HIV as most risky was based on the fact that HIV was transmittable from one person to the other. In particular, participants reported the likelihood of the transmission of HIV from a mother to her unborn baby. Pregnancy, in itself, was also reported to be very risky. This risk is increased when a woman with HIV becomes pregnant.

When a woman is pregnant and has HIV she can transmit it to the unborn baby if she is not treated.

Male, 20 years, 1 child, Chongwe

On maternal HIV infection during pregnancy, its most risky...because as we know, the mode of transmission it can be uteri during delivery or post-delivery during breastfeeding...So its most risky if we don't follow the regulations that we need to take, it's very, very risky.

Female, ANC Provider, Mambwe

Maternal HIV is most risky because the chances of this woman passing on the virus to the baby are very high. I don't know what the problem is with these women who are getting pregnant after [undergoing] counseling and testing them. They still go on and get pregnant yet they are on ART. This is because pregnancy itself is risky on its own, because of the physiology changes that take place in their bodies.

Female, Administrator and ANC Provider, Nyimba

HIV during pregnancy is also most risky because the chances of passing on the virus to the baby in the womb are very high. What we must bear in mind is that pregnancy reduces a woman's immunity...Therefore, when one is pregnant and has HIV, there are a lot of risks.

Female, ANC Provider, Nyimba

It (HIV) is dangerous if the woman does not go for antenatal and gives birth from home. If she has some cuts or bruises, it is easy to infect the baby.

Female, 22 years, 1 child, Chongwe

If delivery is not handled properly, the baby could get infected. Therefore, I feel that HIV is serious because the baby won't live long.

Female, 24 years, 3 children, Nyimba

Health Providers also felt that maternal HIV infection was most risky because women initiate ANC late and by this time, it would have been too late to prevent mother to child transmission.

It is risky; especially for those who come late for booking when they are pregnant. They come in their 7th month when the pregnancy is already advanced. One can give birth in the 7th or 8th month, but if the interventions are started during this period, it is already late and even if you start the interventions, it will not work. By the time the woman is delivering, the child will be infected with the virus.

Female, Administrator and ANC Provider, Chongwe

Further, HIV was said to weaken the immune system which, as a result, makes the infected person vulnerable to opportunistic infections.

Maternal HIV will lower the immunity system of the body and the woman will be vulnerable to all infections.

Male, Administrator and ANC Provider, Luangwa

Sometimes in maternal HIV, you find a lot of things there...all the OIs (opportunistic infections) can be there.

Female, Administrator and ANC Provider, Chongwe

Then you also have a weak immunity system. There are risks of the child getting the virus as well.

Female, Administrator and ANC Provider, Nyimba

10.2.3 MATERNAL HIV INFECTION – LOW RISK

The majority of the Health Providers and a few FGD participants reported that maternal HIV infection during pregnancy was of low risk. The general argument for this was that a person living with HIV could take measures that could enable him or her to live a healthy life.

For most of the FGD participants and Health Providers who perceived HIV in pregnancy as less risky, they recognized that although the disease had no cure, an infected person could live a long time as long as they went for health care, they could be treated for various opportunistic infections and provided with information about living positively. Health Providers added that effective treatment was possible only if health services were sought in good time.

Because it is easy (to prolong life) if it (HIV) is detected early. There are medicines to prolong life.

Male, 50 years, 3 children, Chongwe

HIV is less risky because when one comes at the right time and they are found with HIV, we give them drugs if their CD4 count is above three hundred-fifty (350)...Therefore, HIV in pregnant women is less risky.

Male, Administrator and ANC Provider, Solwezi

It (HIV) is not very dangerous if one starts treatment early.

Female, 20 years, 1 child, Chongwe

Depending also on the stage of the HIV...If it is stage is in stage I, it is not a very big risk, as far as I am concerned. It's not a big risk because one can use of ARV's...I think it is manageable.

Male, Administrator and ANC Provider, Zambezi

Hospitals teach that those with HIV should avoid getting pregnant. Therefore, the risk to HIV is in the middle (somewhat risky). Most avoid getting pregnant because they know that they could die of HIV.

Male, 31 years, 3 children, Luangwa

It's (HIV) somewhat risky because when we go to the clinic for ANC, they give us medicines. They also educate us that we should not have unprotected sex.

Female, 23 years, 1 child, Solwezi

We have said it is not very risky because when you ...are found to have the virus, they will help you and give you medication.

Female, 26 years, 3 children, Solwezi

10.2.4 PREVENTION OF MOTHER TO CHILD TRANSMISSION

Yet another argument for the lower risk of HIV was that, despite there being no cure, there were measures that could be employed to alleviate the problem. As long as one sought VCT in good time; it is possible to prevent the transmission of HIV to her unborn child. She could also be provided with information on how to prevent mother to child infection. Some of the mitigation was noted by the participants, such as exclusive breastfeeding until the baby is 6 months old.

When you are about to give birth, you can receive treatment to prevent the baby from being infected.

Female, 20 years, 1 child, Chongwe

For HIV, we are giving preventive measures to prevent mother to child transmission (PMTCT). If the mother follows the instructions correctly, the child will be born HIV free and the mother won't be affected during pregnancy, delivery and post natal period; that is if the drug is taken accordingly.

Male, Administrator and ANC Provider, Solwezi

It (HIV) is not very dangerous if the pregnant woman goes for VCT early. There, she would be advised on what to do or not to do in order to prevent the baby from infection.

Female, 19 years, 1 child, Chongwe

This one also [is less risky] if identified early. The woman can be put on treatment.

Female, ANC Provider, Chongwe

Although HIV has really made people to suffer, medication is available for pregnant women. Even if a woman has HIV, she can get medicine and deliver a baby that is free of HIV.

Male, 29 years, 3 children, Luangwa

10.3 ANEMIA IN PREGNANCY

Anemia was generally seen by both FGD participants and Health Providers as most risky. However, while it was the third most risky health problem for the FGD participants after malaria and HIV infection, it was rated as the second most risky health problem by the Health Providers, after home delivery without a trained birth attendant. Some of the FGD participants attributed this to the belief that anemia was very common and that they had information of many that had died from anemia in their community. The Health Providers generally saw anemia as fatal.

We have seen many women die in this community...The old and the young have died from the same.

Male, 22 years, 1 child, Mambwe

When I go to the hospital, I see many people with lack of blood (anemia)...most pregnant women lack blood.

Male, 23 years, 1 child, Nyimba

We know that if there's a time a woman needs a lot of blood; it's during pregnancy...We expect the woman to have enough Hb levels. If not, then we are likely to have fetal death or maternal death.

Male, Administrator and ANC Provider, Luangwa

Some FGD participants reported that anemia was a big problem in their community because it was a major cause of death and that many pregnant women had died as a result. Most of the risk of anemia seemed to be associated with delivery as pregnant women were said to have higher chances of bleeding during that time.

It's [anemia] most risky because if all the blood "dries up" in your body, you can die unless they do a blood transfusion.

Female, 22 years, 1 child, Solwezi

It [anemia] is a big problem because when delivering, a woman bleeds a lot. If she has less blood, she will die after she has delivered.

Male, 21 years, 1 child, Chongwe

It [anemia] is dangerous in pregnant women because she will be experiencing dizzy spells and after delivery; if she has less blood, she could die.

Female, 26 years, 1 child, Chongwe

Other FGD participants believed that some women were at even greater risk than others. For instance, rural pregnant women were more susceptible to death from anemia during delivery because health facilities there were less likely to have the capability to do blood transfusions. Similarly, women who did not seek antenatal care where they could be given drugs to boost their blood levels were at greater risk. Having received the drugs from the antenatal clinics, those who may decide not to take them are also at greater risk. Others who were at greater risk were women that delivered from home because of the inability of a blood transfusion if their blood levels were low.

Anemia in a pregnant woman is very dangerous because one can fall because of feeling dizziness and hurt herself and the baby because she has no blood.

Female, 26 years, 1 child, Luangwa

That's why, we have kept on saying that it's important to go for antenatal care because they give iron tablets to boost the blood levels. If you take those tablets, you will not lack blood. But if you don't, you will become anemic.

Female, 29 years, 3 children, Chongwe

Unless it is their wish not to drink the medication...but if they take it the same way they are taught there [at antenatal clinic], pregnant women don't die because of lack of blood.

Male, 33 years, 3 children, Luangwa

You can deliver from home, but if you do not have blood, there is nothing much you can do, you can die right after delivery.

Female, 18 years, 1 child, Nyimba

Compared to other health problems anemia was reported to be riskier. For example, unlike BP which was intermittent, anemia was constant. This implies that one with anemia has to contend with the problem throughout the time that she is anemic while one with BP will experience the problem intermittently. It was argued that primarily, life depends on adequate blood; without which one would die. For this reason, anemia was reported to be most risky.

The one who is anemic has a problem because for her, that problem is there every day. For one with BP, it is periodic; it has episodes.

Female, 40 years, 3 children, Luangwa

Both can kill but you cannot compare anemia to BP because BP just shoots up once only while anemia is there [with you all the time].

Female, 20 years, 3 children, Luangwa

[Anemia is most risky] because blood is the fuel that the body uses without which someone cannot live, but sexually transmitted diseases (STIs) is a parasite that is there which can be treated...anemia is human fuel and someone can die without it.

Male, Administrator and ANC Provider, Zambezi

Maternal anemia is most risky because hemoglobin level of a pregnant woman is low. A pregnant woman is different from any ordinary woman because she needs to pump more blood to the growing fetus but anemia makes it difficult for this woman to pump blood to the fetus. She may become weak and die.

Male, Administrator and ANC Provider, Mambwe

On the other hand, some participants reported anemia as being either somewhat risky or least risky. They justified this by asserting that anemia was not very common among pregnant women and subsequently, few pregnant women were dying from anemia in their communities.

I raised a green card because it's very rare to see a pregnant woman with less blood [who is anemic]...they are very few.

Male, 30 years, 3 children, Nyimba

Anemia is not very common in this area. It is risky...but it is not common here. We do not have very many anemic patients here who end up bleeding after delivery. Therefore, it is not a big problem.

Female, Administrator and ANC Provider, Chongwe

This problem is not big. When they go to the clinic, not many are found with anemia; only very few.

Male, 28 years, 3 children, Mambwe

The people who are dying with anemia are few even if you go to the clinic and check the records, they will show you that they are few.

Male, 36 years, 3 children, Solwezi

Health Providers who thought that anemia was less risky attributed this to the fact that the health problem was in 3 forms; mild, medium and severe. In this case, most of the pregnant women that were attended to usually did not have severe anemia. Having women with severe anemia still did not pose a challenge because such cases were referred to larger health facilities.

We have never had a case of severe anemia...I think in this community...the people that we attend to have mild anemia.

Female, Administrator and ANC Provider, Chongwe

Depending on the stage of the anemia; if it's mild then it's less risky but if it's severe, then it can be most risky...A woman can't die from mild anemia

Female, Administrator and ANC Provider, Chongwe

A common reason for the reduced risk of anemia to pregnant women was that antenatal clinics prescribe drugs to boost the blood levels of pregnant women. Therefore, women who sought antenatal services and followed instructions as prescribed by the health providers were less likely to be negatively affected by anemia. On the other hand, those who did not seek antenatal services were likely to be negatively affected by anemia.

It [anemia] is not very risky because I have gone through it before. It is not very risky if you follow what the nurse is telling you then you can be healed.

Female, 28 years, 3 children, Solwezi

Even this one is less risky because we provide them with the irons we have folic acid, ferrous sulphate which we give them. We don't actually experience maternal anemia because we provide the antenatal mother with the irons and we also encourage them to be eating a good diet which is rich in iron, vitamins all that kind of things during our counseling sections.

Male, ANC Provider, Solwezi

I have never heard of a woman whose blood has finished [has low blood levels]. I have never heard because of the medicine they are given at the clinic.

Male, 41 years, 3 children, Luangwa

If it's not treated then it would be most risky, but if it's treated early or if a woman comes early when still mild it could be just be here, it can just be treated with the iron tablets and the folic acid. So it depends on the severity.

Female, Administrator and ANC Provider, Chongwe

Not many, when they go to the clinic, are found with anemia; they are very few. This is because when they go to the clinic for antenatal care, all those things are talked about...how best they can boost their blood levels.

Male, 28 years, 3 children, Mambwe

10.4 DELIVERY AT HOME WITHOUT A SKILLED BIRTH ATTENDANT

Delivery at home without a skilled birth attendant was also reported as most risky. Tabulation of the FGD participant's votes showed that it fell below malaria, HIV and anemia in pregnancy. As far as most participants were concerned, home delivery without a trained birth attendant was most risky. For the Health Providers, delivery at home without a skilled birth attendant was the most risky of all the 8 health problems that were put to them. Of the twenty four Health Providers that were interviewed, only 4 did not indicate this problem as most risky. Such delivery could be fatal for both the mother and the baby; especially if the delivery proved to have complications.

This one definitely has to be most risky because this woman is in danger. If anything should happen then...If there are any complications like PPH, antepartum, hemorrhage...this woman will just die at home.

Female, Administrator and ANC Provider, Chongwe

The problem is that the woman could have a problem when giving birth; when there is no one to help her. She could die together with the baby. But if it's at the clinic, they would receive assistance.

Male, 21 years, 1 child, Chongwe

Home delivery is riskier because the chances of losing both mother and child are very high. This is because we may not know how serious the complications may be. When one is at the hospital, the complication may be detected early.

Male, Administrator and ANC Provider, Mambwe

During delivering some women go numb or powerless. If she is delivering at home, she could die but if she is delivering from the hospital, she would be given an injection to help her.

Female, 19 years, 1 child, Chongwe

...she might develop a complication at home and if there is no skilled person to attend to her, she will die.

Female, ANC Provider, Chongwe

Both FGD participants and Health Providers stated some of the specific problems that may arise as a result. These included breech presentation of the fetus; presence of placenta or blood clots in the womb after delivery; delay in the baby coming out; loss of too much blood during delivery; lack of hygiene during delivery. Home delivery was also reported to increase the chances of transmission of HIV to the baby.

Sometimes the placenta remains in the womb, at times the baby will delay in coming out, which can cause the baby to die. This is why we are saying that home delivery is most risky.

Female, 32 years, 1 child, Zambezi

I will put that one on 'most risky.' I have seen a lot of complications that arise from home deliveries. Sometimes a woman comes when the baby is already dead, at other times there is obstructed labor. Others have infections after delivery and end up losing their uterus or worse still, dying.

Female, ANC Provider, Zambezi

Home delivery is very risky because sometimes clots of blood remain in the womb after delivery and this may cause the death of the mother.

Male, 26 years, 1 child, Luangwa

Some can develop PPH; that is post pattern hemorrhage and if there is nobody who is skilled, doesn't know how to attend to this woman, she will die because she will lose a lot of blood and die.

Female, ANC Provider, Chongwe

If you deliver at home without a skilled birth attendant, you may not be cleaned properly and be delivered under unhygienic methods. As a result, your stomach may start bulging because of blood clotting.

Female, 28 years, 1 child, Solwezi

I think delivery at home without skilled birth attendant is most risky because of complications. These may arise and a birth attendant who is not skilled may not know. There is what we call CPD where a birth canal cannot allow a baby to pass. Those who know will detect that it's CPD and they will rush to the hospital where there are doctors for operation. But, someone who doesn't know will just be waiting for the baby to come. And in the process, the mother and child may die.

Male, Administrator and ANC Provider, Solwezi

[It is risky because] that unskilled birth attendant does not know your (HIV) status and you don't know hers.

Female, 23 years, 1 child, Solwezi

According to FGD participants, the number of pregnant women delivering from hospitals was said to have increased because many had been sensitized to the risks of delivering from home and had come to know the importance of delivering from health facilities. In some districts such as Nyimba and Luangwa, this was coupled by interventions from local traditional rulers whereby every home delivery was punishable.

Such cases have reduced because these days a good number go to deliver from the hospital. This is because in the past, we used to have a high number of women dying. Now that they have known how important it is [to deliver from hospital], they have stopped delivering from home.

Male, 22 years, 1 child, Mambwe

This was a problem in the past but after much health education that home delivery without skilled birth attendants can result in the death of the mother, the practice has gone down.

Male, 26 years, 1 child, Luangwa

Things have changed because of the rule that was put in place. If a woman delivers from home, starting with the man, the woman, everyone is called to go to the chief's palace where they are charged with an offence. They either have to work or pay something so that next time they won't repeat the same thing.

Male, 27 years, 3 children, Luangwa

Here [in Nyimba] if she delivers at home you get a goat and give to the headman.

Male, 23 years, 1 child, Nyimba

10.4.1 REASONS FOR HOME DELIVERIES

Some home deliveries are as a result of the distance to the health facilities while others simply begin to prepare to go to the healthy facility for delivery at a point that is too late and find themselves delivering from home.

When women fall pregnant, they know they are not supposed to live far from the clinics but some go to their fields which are far from the clinics. So when the time to deliver comes, they are far from skilled help.

Male, 20 years, 1 child, Solwezi

I said it is least risky because those who deliver at home usually do so by accident. You find that maybe they are overtaken by events and by the time they think about leaving for the clinic, it would be too late.

Male, 33 years, 1 child, Solwezi

10.4.2 HOME DELIVERIES - LESS RISKY

In a few cases, participants argued that delivery from home without a trained birth attendant was less risky. The fact that many pregnant were known to have delivered from home without any complications or death was enough reason to think that home delivery was safe.

In this area, we have had women delivering from home but have never heard that anyone has died from it.

Female, 18 years, 1 child, Mambwe

People have been delivering at home in the community anyway.

Male, Administrator and ANC Provider, Luangwa

Delivering from home without a trained birth attendant is less risky because you can safely deliver at home without the help of a trained birth attendant.

Female, 18 years, 1 child, Nyimba

The reason I have said so is because it [death from home delivery] does not happen. If it happens, then it may be only 1 out of one hundred. That is why it's less risky to me.

Male, 32 years, 3 children, Solwezi

We have said that because we are seeing many pregnant women delivering from homes, on the roads and many other such places and God is helping them [to delivery safely].

Male, 23 years, 1 child, Zambezi

10.5 PRE-ECLAMPSIA/ECLAMPSIA

FGD participants ranked pre-eclampsia or eclampsia (high blood pressure or BP) fifth after malaria and HIV, anemia, and delivery at home, in that order. For the Health Providers however, pre-eclampsia or eclampsia was ranked as the most risky of all; at the same level as home delivery without a skill birth attendant. As was the case with the other health problems, BP was perceived to be fatal.

Many pregnant women die from high BP.

Male, 25 years, 1 child, Chongwe

This is most risky; the reason being that when a pregnant woman has raised blood pressure, she can fit and will be in danger. She can either die or both baby and mother will die because of the fitting, if not properly managed.

Female, ANC Provider, Chongwe

BP also kills especially if it attacks a woman who is in labor.

Female, 25 years, 3 children, Zambezi

To me it is the most risky because if no interventions are taken, it would lead to the death of both mother and baby.

Male, Administrator and ANC Provider, Solwezi

If a woman is pregnant and she has BP, she can even die with the pregnancy.

Male, 52 years, 3 children, Luangwa

BP is more serious because when a pregnant woman is attacked, she could die without reaching the hospital.

Female, 24 years, 3 children, Nyimba

The high risk of eclampsia was illustrated by participants' emphasis that it kills very quickly, thereby providing no opportunity for mitigation. Some Health Providers responded that BP is difficult to control. FGD participants and Health Providers saw eclampsia as a problem whose fatal effects were underestimated and described it as a silent killer.

You might find someone is alright one minute and the next minute, the BP rises. By the time she arrives at the clinic, she is dead.

Male, 36 years, 3 children, Solwezi

It is most risky in the sense that normally the BP which comes with pregnancy is very difficult to control and either usually leads to fetal death or the medical. Personnel may decide to terminate that pregnancy. That's why I feel it's most risky.

Male, Administrator and ANC Provider, Luangwa

One could be sick with BP in the morning and by evening; they are no more [they will have died].

Female, 21 years, 1 child, Nyimba

BP kills instantly. It ruptures the veins and you become paralyzed and die.

Male, Administrator and ANC Provider, Luangwa

Blood pressure is a "silent killer" if it just shoots up, you can die instantly.

Female, 23 years, 1 child, Solwezi

Blood pressure is most risky because if pre-eclampsia is not controlled, it will develop into eclampsia where this woman will fit before, during, or after delivery. Actually it is a fatal disease...BP is a silent killer.

Female, Administrator and ANC Provider, Nyimba

I think that BP is riskier because if it is not given the attention it deserves. Both the mother and the child may die.

Female, 28 years, 3 children, Chongwe

Some comments revealed the high risk posed by eclampsia. This was illustrated by mentions about some pregnant women losing their pregnancies through miscarriages due to BP.

I know that when a pregnant woman's BP shoots up, it could cause her to have a miscarriage. This is why I lifted the card saying it is most risky.

Male, 40 years, 3 children, Luangwa

Blood pressure is most risky because if you have a "small" [early] pregnancy, you could have an abortion.

Female, 23 years, 1 child, Solwezi

In some cases, women with eclampsia may be advised to have forced labor even before the actual expected date of delivery. In other instances, they may be advised to have forced labor, Cesarean Section or termination of the pregnancy.

Usually the pre-eclampsia... ends in the termination of the pregnancy ...or abortion.

Male, Administrator and ANC Provider, Luangwa

Blood pressure is most risky because if the pregnancy is advanced, one could undergo forced labor or “Cesarean Section.”

Female, 23 years, 1 child, Solwezi

The woman might women die; ... and can even lose the pregnancy; the baby inside her.

Female, ANC Provider, Chongwe

Sometimes when your BP goes up as pregnant woman the people at the hospital can recommend forced labor... They recommend forced labor if they have to choose between your life and the life of the baby.

Female, 25 years, 1 child, Luangwa

If we receive a patient with pre-eclampsia here when we are bringing them to the hospital, if we can't control the blood pressure then we do the caesarian section immediately so that we save the child.

Male, Administrator and ANC Provider, Mambwe

Some FGD participants argued that while other diseases are curable, this was not the case with BP. It was reported that treating preeclampsia only served to ease the problem but did not completely eliminate it.

BP cannot be cured if you have medicine. It can only provide relief. This is unlike diseases like STIs that can be cured if you take medication.

Female, 26 years, 1 child, Luangwa

Quite significantly, some participants did not think that preeclampsia was most risky and argued that it was not a common problem to their community. The preeclampsia that existed in their communities was said to pertain to only a few pregnant women. It is noteworthy that such comments came from male participants and from health providers.

In this area, this problem it is not very big. Only a few women are found with BP when they are pregnant.

Male, 33 years, 3 children, Luangwa

I have never come across this one and so it is less risky in this community. It is less risky because I have never come across it in my catchment area.

Female, Administrator and ANC Provider, Luangwa

I have never heard that someone...went for antenatal clinic, was examined and it was found that her BP had shot up too high; I have never heard of that.

Male, 26 – 41 years, 3 children, Luangwa

I have never had some complication of such nature. Maybe because they [pregnant women] just come here for the first and second visit only and then they stay away [from the health centre]. If there are people [pregnant women] who face this condition, then they are unknown to us.

Male, Administrator and ANC Provider, Zambezi

When these women go [to the clinic], we don't hear that they have been found with BP. They go and come back without any complaints.

Male, 22 years, 1 child, Nyimba

Am saying the truth! This BP is not common especially among pregnant women we haven't heard about it here only one old woman here suffered with BP.

Male, 23 years, 1 child, Nyimba

Some participants argued that preeclampsia was not fatal.

The reason I said 'somewhat' is because in our community, this disease (BP) is not a killer disease.

Male, 27 years, 1 child, Solwezi

I have never seen a woman who has died because of BP while she was pregnant. That's why I said "somewhat risky". It is true that some pregnant women have BP but not to a point where it becomes dangerous.

Male, 40 years, 3 children, Luangwa

I have never witnessed any cases of death resulting from BP.

Male, 29 years, 3 children, Chongwe

Among some FGD participants and Health Providers, preeclampsia was not very risky because it could be controlled; medically or socially.

There are very few cases of hypertension in pregnancy and it is managed in 4 stages: the social aspect of the person, her habits, alcohol issues, low salt intake, and others. There are very few patients with blood pressure in pregnancy as compared to the issues of poor family planning.

Male, Administrator and ANC Provider, Solwezi

Again it is because medicine for treating BP is available that we said that it's least risky.

Male, 37 years, 3 children, Mambwe

Blood pressure is managed through frequent visits to the health facility by the pregnant women.

Male, Administrator and ANC Provider, Solwezi

I feel it is not serious because if it goes up; you can rush to the clinic and will be given medicine to bring it down. You will then be observed for some time until its normal.

Female, 32 years, 3 children, Nyimba

This one is controlled. When mothers come, these are the things that we take care of. Every now and then, we check the BP. When they come to deliver, we ask for the antenatal card and check how the BP has been during the period that she has been attending antenatal clinic. We then check the BP here. Therefore, this one is less risky because it is tackled.

Male, ANC Provider, Solwezi

In this area it's not very active. Even if you go to the clinic, you will find that only 3 have BP but even then, they will be treated.

Male, 32 years, 3 children, Solwezi

10.6 SEXUALLY TRANSMITTED INFECTIONS

When asked to rank the risk level of sexually transmitted infections (STIs), FGD participants saw it as most risky. Generally, STIs were ranked as the last of all the health problems that were seen to be most risky. This implies that although it was seen to be very risky, it was not seen to be as risky as malaria, HIV, anemia, delivery at home without a skilled birth attendant, and pre-eclampsia/eclampsia. The health providers did not rank STIs as most risky, rather, they ranked them as somewhat risky. Generally, both the FGD participants and Health Providers mentioned two STIs; namely gonorrhoea and syphilis.

There are some STIs like gonorrhoea, which if not treated in a pregnant woman; the child could be born blind or lame. Some even die and if they have syphilis; the woman could even go mad. It's a very deadly disease.

Male, 23 years, 1 child, Chongwe

Among the FGD participants and Health Providers who perceived STIs to be most risky, it was because of the way they affected the pregnant woman and her baby. For the pregnant woman with an STI, the most common reported effect on her was that the disease would affect her reproductive organs. Health Providers explained how it would affect her uterus and, consequently, her fertility and that it could even lead to her own or her baby's death.

These are also most risky to a pregnant mother. If the mother doesn't get our interventions appropriately, she can lose her pregnancy or the baby can be born with an STI or die in the uterus... If the mother continues with these STI's it can even disturb her fertility; she can even be barren in the end or even have a child who is blind or born with so many congenital malfunctions.

Male, Administrator and ANC Provider, Solwezi

It [STIs] is serious in a pregnant woman because this disease destroys the inside of the woman.

Female, 38 years, 3 children, Mambwe.

Reportedly, the most common risk to a baby born from a mother with an STI was that it could affect its eyes; such as being born blind or with sores on its body and could even die as a result.

Sexually transmitted diseases are danger to the baby in the womb because the baby can be born with sores all over the body and it can affect the baby's eyes.

Female, 22 years, 3 children, Nyimba

STI's are dangerous in pregnancy because it has serious complications. With STI's, one can be mentally disturbed and if syphilis is not treated, the child can be born blind and with deformities.

Male, Administrator and ANC Provider, Mambwe

The baby is born with sores all around it or sometimes with defected eyes.

Female, 38 years, 3 children, Mambwe.

STIs were also reportedly known for causing miscarriages.

Sometimes pregnancies are lost; one may have a miscarriage because of the STI.

Female, 22 years, 1 child, Chongwe

It's most risky. It is another dangerous disease in pregnancy because it causes abortions; she will lose her child. If syphilis is not treated, she will go mad.

Male, Administrator and ANC Provider, Luangwa

Some women who are infected with STIs...just lose their pregnancy through miscarriages. So if this disease is not treated you find them losing their babies.

Female, 25 years, 1 child, Luangwa

STI's such as gonorrhoea also are most risky in the sense that they can be passed on to the unborn baby which may cause abortion. There are STIs like syphilis, and when somebody has syphilis they can pre-dispose a woman to abortion.

Male, Administrator and ANC Provider, Nyimba

The risk of STIs was said to be amplified in various ways. In women, the disease did not manifest itself quickly enough and as a result women continued to live with the disease without their knowledge. Despite suspicions or knowledge that they were infected with an STI, some people did not seek treatment in time for such reasons as embarrassment.

STIs are dangerous in a pregnant woman because in women STIs delay to show signs. When you start seeing signs or symptoms, it means inside it has already destroyed.

Female, 26 years, 1 child, Luangwa

They are most risky, especially if they go untreated. For example the common syphilis can go unnoticed by the client herself. It is a silent killer. If it goes untreated, it causes still birth or habitual abortions...it may affect the brain and this woman may run mad so it is most risky.

Female, ANC Provider, Nyimba

Some STIs take 6 months to appear in some women. Before that time she will become pregnant; while the STI hides inside her.

Male, 21 years, 1 child, Chongwe

STDs are riskier...if you delay to go to the clinic for you to be treated; you will end up dying because the sores will eat up the walls [of the womb].

Female, 19 years, 1 child, Mambwe

There are some STI's that are silent and you may not even see them, for example, syphilis which is most common. You may not see it and so you may even live with it without noticing...You will only be able to tell you have an STI, sometimes if you do the test, sometimes there are no signs and symptoms.

Male, Administrator and ANC Provider, Mambwe

This problem is big because we shun going to the clinic... Sometimes you find that they are curable diseases like maybe gonorrhoea... but people feel shy.

Male, 42 years, 3 children, Mambwe

According to the FGD participants, in some communities, STIs were said to be very prevalent either due to the behavior of multiple sexual relationships or the spreading of the disease because of mobility as people travel in and out of a community.

Then the other reason why I said this disease is most risky here is because there is multiple sexual relationships. If I propose to a girl; that same girl will be going out with my friend, and so will be that one. Therefore, if I have syphilis, it means that even this one has syphilis and that one also has... almost everyone will have syphilis.

Male, 28 years, 3 children, Mambwe

On the other hand, albeit to a lesser extent, some FGD participants reported STIs as lower risk. Most Health Providers did not see STIs as of high risk. In the first place, this was because STIs were not seen as common in the communities. Some participants reported they had not heard of any incidence of STIs in the communities.

Gonorrhoea, here in this area is not common... It is a small problem, it is less than... it may be nothing. They [infected people] are countable [very few].

Male, 33 years, 3 children, Luangwa

STIs are not common in this community.

Female, ANC Provider, Zambezi

I think it is less risky because I have never heard of someone suffering from this infection in our community.

Male, 36 years, 1 child, Solwezi

The perceived low risk of STIs by some participants was also interpreted in terms of the available opportunities and ability to seek early treatment as well as the lack of urgency that was attached to the disease

It is not that serious if one can access treatment very quickly then it can clear without infecting the baby inside you.

Female, 33 years, 3 children, Nyimba

STIs can be controlled when the mother is pregnant unlike anemia... It [anemia] is an emergency unlike STIs.

Male, Administrator and ANC Provider, Solwezi

When one goes to seek medical attention quickly, they are put on injections. Sometimes, even traditional healers have the medicine for this problem.

Male, 34 years, 3 children, Zambezi

Delivery is an emergency and so it becomes riskier when one delivers at home. This is unlike STIs for which you may tell someone to come the following day for the treatment. You cannot tell the mother who is in labor to come the following day.

Male, Administrator and ANC Provider, Solwezi

It's less risky because, with regard to STIs, if you just see that you have sores "here" (pointing in direction of her private parts), you can rush to the clinic for medication.

Female, 22 years, 1 child, Solwezi

These diseases are there, but they can be controlled when medicines are taken.

Male, 20 years, 1 child, Mambwe

For STIs, its less risky because it is treated [curable].

Male, Administrator and ANC Provider, Solwezi

A woman may give birth to a baby with sores all over the body but if she seeks medical attention, she would be fine.

Female, 26 years, 1 child, Luangwa

For STIs, (they are curable); we treat them together with their husbands.

Male, Administrator and ANC Provider, Solwezi

I have seen a baby born with syphilis; with pus coming out from its eyes...nevertheless, it was cured after a week.

Female, 28 years, 3 children, Chongwe

10.7 INADEQUATE CHILD-SPACING

Among the FGD participants, child spacing was the last among the health problems that was reported as most risky. For the Health Providers, although child spacing was reported as most risky, it was least on the continuum of most risky health problems. FGD participants reported large populations in their communities due to inadequate child spacing.

When you go for under 5 clinic, you find that some people have a 1 year old child and are also pregnant. If you want to know how big this problem is, just go to an under 5 clinic and see for yourselves.

Male, 30 years, 1 child, Solwezi

It is very risky in our community because you will find people who are breastfeeding while they also have toddlers.

Male, 33 years, 1 child, Solwezi

The population of children is too high... You can take a survey of just one household and will find that a [young] person like me has 6 children whose ages are not far apart.

Male, 27 years, 3 children, Luangwa

Among some participants, the problem of inadequate child spacing was a result of some husband's demand for more children. Thus, even if the woman is not ready to have another child at that time, she has no option but to give in to her husband's demands.

Just to add on, sometimes it's not a woman's wish to have children without adequate spacing. The husband will say, "Give me a child, if not then go to your parents." For fear of going back to your parents, you will give in.

Female, 23 years, 1 child, Solwezi

Other women will come to the clinic and collect "Jadelle" [family planning method] inserted for 5 years, then the husband will say that he wants a child. She will come to have it removed and get pregnant again. There is no child spacing here.

Female, Administrator and ANC Provider, Chongwe

Participants reported that the lack of spacing compromises the health of the woman and the children. The most commonly reported risk of inadequate child spacing to a woman was the weakening of the uterus, and to an extent, weakening of her body in general. The woman also becomes weakened due to loss of blood during childbirth.

This is most risky in the sense that inadequate child spacing makes this woman risk her health and life...the health of this woman will be in danger. She will not have time to breastfeed this baby adequately and in the end this woman will just have ill health and there will be too many [children] for her to attend to adequately.

Female, ANC Provider, Chongwe

When a woman gives birth, there is supposed to be spacing of at least 3 years and some months, the baby needs to be cared for until it grows. The baby needs to stop breastfeeding at 1 year 6 months, but you find that the baby is 4 month maybe 6 months and the woman is already pregnant, the baby will be breastfeeding and get sick, sometimes it can even die.

Male, 24 years, 1 child, Chongwe

The issue of poor child spacing is common. When a woman subjects her body to frequent births, she weakens her body. She may have a ruptured uterus or other complications during deliver.

Female, ANC Provider, Zambezi

Inadequate birth spacing in a pregnant woman is dangerous because the uterus becomes light or it's overused to the extent when one is pregnant again, the uterus will fail to hold the baby as the baby is growing. As a result, it will break; putting the baby and mother at risk.

Female, 26 years, 1 child, Luangwa

It is dangerous for a pregnant mother because the uterus is not given time to build back since it is continuously being used. This puts the woman at risk because sometimes it can break before the pregnancy hasn't reached full term.

Female, 26 years, 1 child, Chongwe

Poor health is due to constant loss of blood since you are always giving birth. It is important to give yourself time for the blood to go back to its normal levels before you can think of conceiving again.

Female, 25 years, 3 children, Zambezi

The health of the baby and the rest of the family are also compromised because the family becomes too large to support. The large family constrains the ability of the parents to adequately provide for their children's needs such as food, education, clothes and general welfare, including attention. The woman is also not able to cope with the demands of looking after too many children such that she will not only fail to find time for the work, but it will also take a toll on her health.

Why I think giving birth without proper spacing is a problem is because you cannot manage to take your children to school...or buy clothes for them all.

Male, 20 years, 1 child, Mambwe

Even the other siblings may end up with malnutrition because the inadequate child spacing contributes to poverty levels.

Female, ANC Provider, Chongwe

It is risky because it becomes difficult to educate poorly spaced children. It becomes a financial challenge especially when the children reach secondary school education.

Male, 26 years, 1 child, Luangwa

After delivery, the babies are prone to illnesses like malnutrition because she may not be able to properly take care of children and will tend to concentrate on the newly born.

Female, ANC Provider, Zambezi

If I have children who are not well-spaced, how am going to manage to give them a balanced diet?

Female, 19 years, 1 child, Solwezi

If a woman is giving birth every year, she loses a lot of blood and will end up having low Hb because she is bleeding every year. The body should have time to recuperate; it should go back to pre-gravity state so that she builds herself up again.

Female, Administrator and ANC Provider, Chongwe

Inadequate child spacing brings about difficulties. You find that both children will want your attention and you do not have time to do the household chores. The newly born baby may be crying while the other one wants its nappies to be changed... 1 of the 2 children may die.

Female, 20 years, 1 child, Zambezi

For some participants, inadequate child spacing was not of high risk in their communities. They reported that the issue was non-existent and they had not experienced nor seen such a problem. They also contended that most people in their communities had few adequately spaced children each. This was because perceptions about child spacing had changed with time and the communities had been sensitized about the dangers of inadequate child spacing. As a result, families were using modern family methods to space their children.

Some time back, people used to have many children who were not well-spaced... These days with sensitization, we have seen that people have reduced the practice of having children with close range ages.

Male, 29 years, 3 children, Luangwa

Years back it was a problem because there were no preventive measures but now, people are taught how to space their children through family planning lessons.

Male, 33 years, 1 child, Solwezi

Inadequate birth spacing is avoidable because people are using family planning methods... Many people have improved in child spacing due to family planning methods such as Jadelle for five years.

Female, Administrator and ANC Provider, Luangwa

To tell you the truth, this problem has been reduced here in Chongwe. Nowadays everyone is educated and they know about contraceptives. Condoms are available and there are many ways of child spacing. Who doesn't know about family planning?

Male, 23 years, 1 child, Chongwe

Even those who may not have spaced their children adequately were reported to be fine because none of them had died as a result. They contended that as long as there was enough food for the family, close child spacing was fine. Some participants reported that a mother does not stop breastfeeding a baby even if she conceives before the appropriate time for weaning that baby. Some Health Providers contended that as long as inadequate birth spacing was not an illness, then it did not pose any serious risk at all.

I have never heard that a person has died because of inadequate birth spacing. Even though you may find some with 3 children within a short space of time, they don't die. It is not a very risky problem to any person.

Male, 23 years, 1 child, Zambezi

It is rare that we have deaths resulting from inadequate birth spacing. Maternal deaths mostly result from blood pressure and HIV infection.

Female, ANC Provider, Zambezi

Because we have not had a situation where one dies because of inadequate birth spacing. This problem does not kill provided there is plenty of food for the children.

Male, 43 years, 3 children, Zambezi

Inadequate birth spacing is less risky because some families are able to provide all the required nutrients, they are able to afford... It is less risky because there are some people who are doing so well in the community, even if there is poor spacing; as long as they are able to provide enough and nutritious foods for the family.

Male, Administrator and ANC Provider, Mambwe

10.8 TETANUS

Tetanus was regarded by health providers to be a serious problem in their community. For one thing, it was said to be very fatal, affecting both the mother and the baby.

It's a bad disease; very few people recover from that...this one can kill.

Female, ANC Provider, Chongwe

When the baby is born with tetanus, the baby actually can die right then unlike for a sexually transmitted disease is a slow action. It does not kill instantly.

Male, Administrator and ANC Provider, Zambezi

Tetanus, I would also say this is most risky, that is why we are giving the tetanus toxoid because tetanus is fatal, and it can kill.

Male, Administrator and ANC Provider, Mambwe

Tetanus was reported as responsible for convulsions and also affected the brain and blood circulation as well as the respiration of the affected person.

If the mother hasn't been protected against tetanus, then this child can be born with tetanus and when this child is born with tetanus these are the children that convulse...it affects...the brain. This child may end up being an imbecile.

Male, Administrator and ANC Provider, Mambwe

Its management and its effect; there are those convulsions and at times when it's not properly treated...it may bring other complications that may even go to the brain...it has the direct effect on the mother, that may lead to fetal death.

Male, Administrator and ANC Provider, Luangwa

Maternal tetanus is most risky because it is not a good disease, it makes someone go into spasms...It is something like fitting, but it is not. For Tetanus a child or the pregnant woman will go into spasms if there is any noise or light. The muscles, the circulation of blood and respiratory system are affected and the chances of death are high. It is not a good condition.

Female, Administrator and ANC Provider, Nyimba

Tetanus was reported to be difficult to treat. In some cases, drugs to treat the tetanus were reported to be unavailable.

Tetanus is quiet a hard condition to treat; although it is very rare, it exists.

Female ANC Provider, Mambwe

Tetanus is riskier because it may have serious complications as it can affect the brain...This condition is very difficult to treat if the brain is affected.

Male, Administrator and ANC Provider, Mambwe

It's another killer disease. It's really bad. Sometimes there is no treatment for this [tetanus] and the child is going to die and the woman, too.

Male, Administrator and ANC Provider, Luangwa

Pregnant women were reported to receive preventive inoculations. Women that have not received such treatment were reported to be at higher risk of getting tetanus.

So it is better mothers are prevented from having the actual disease so we give them TT so that they do not even contract it.

Male, Administrator and ANC Provider, Solwezi

It is most risky and it is for this reason that during pregnancy, they have to receive T.T. to prevent tetanus. If they don't receive the T.T., then the child that is born could also be infected with tetanus.

Female, ANC Provider, Mambwe

But for a woman who has not been immunized, she is at high risk of having tetanus.

Male, Administrator and ANC Provider, Luangwa

Tetanus is not common. I have never observed it here. We have never had such cases; not even in babies. We have not even had neonatal tetanus or tetanus in pregnancy because these women are protected; we give them 5 doses to prevent them from tetanus.

Female, Administrator and ANC Provider, Chongwe

Of all the health problems, tetanus was the only one that most of the FGD participants reported as least risky. A few Health Providers also indicated tetanus as less risky. For some, it was because tetanus was a rare occurrence in their respective communities.

I tell you, I have never seen a person with tetanus.

Female, ANC Provider, Chongwe

I am a grown person now but I have never seen anyone suffering from it [tetanus]. So for me it is less risky.

Male, 20 years, 1 child, Solwezi

I haven't come across someone who has tetanus in pregnancy since I started work. I haven't found such a person.

Male, Administrator and ANC Provider, Nyimba

Maternal tetanus is less risky because it is very rare...because we prevent it during pregnancy. And we start it early, for those getting pregnant for the first time, we give the TT... We are treating even those in schools as early as fifteen years.

Female, ANC Provider, Mambwe

Responses among the FGD participants revealed that this health problem was also the least known by the participants as most participants reported not knowing what tetanus was.

This disease [tetanus] is not common here we don't even know it.

Male, 22 years, 1 child, Mambwe

Of the participants who knew what tetanus was, most reported that it was not risky because women were vaccinated against it during antenatal clinic visits. For this reason, participants argued that tetanus was non-existent in their communities.

We have never witnessed any woman complaining of tetanus here, it is almost nonexistent. We are always injected to prevent ourselves from catching it, but we have never seen it anywhere.

Female, 26 years, 3 children, Luangwa

The disease is rarely found. There is no one who has ever died of tetanus. That's why we have said least [risky]. Women have been sensitized to go for tetanus injections.

Male, 33 years, 3 children, Luangwa

This disease nearly doesn't exist, because when a woman is pregnant a lot of protection is given to protect the baby, they are given an injection.

Male, 27 years, 1 child, Nyimba

A few participants, however, reported that tetanus was risky because the woman would have seizures if she had tetanus – potentially harming herself and the unborn baby.

It [tetanus] is bad in a pregnant woman if the woman falls she can hurt the baby.

Female, 26 years, 1 child, Chongwe

It [tetanus] is serious because if a pregnant woman starts fitting she can hurt the baby inside her or hurt herself.

Female, 25 years, 3 children, Nyimba

SUMMARY

Risk Ranking

Study participants were asked to identify the level of risk associated with 8 different health problems during pregnancy. FGD participants viewed all health problems as most risky with malaria and HIV as most risky of all; followed, in that order, by anemia, delivery at home without a skilled birth attendant, pre-eclampsia/eclampsia; with STIs and inadequate birth spacing at the bottom of the continuum. Only tetanus was perceived as least risky. The health providers generally rated the health problems in a similar way; rating all of them as most risky, except for inadequate birth spacing and STIs, both of which were rated as somewhat risky.

Almost all FGD participants and half of the health providers viewed malaria as most risky because it is fatal. The associated low risk was that it can be prevented or cured. Maternal HIV was perceived as most risky generally because of the lack of a cure; the transmission from mother to child, as well as its related mortality rates. Anemia was the third most risky health problem for FGD participants and second for the Health Providers.

For the Health Providers, delivery at home without a skilled birth attendant was the most risky of all the 8 health problems because it is fatal to both mother and baby; especially if it has complications. It also increases chances of HIV transmission to the baby.

Among Health Providers, anemia was the most risky of all. Both FGD participants and Health Providers perceived that the fatality of anemia was underestimated because it can kill very quickly. The associated low risk was that it is manageable by medication and lifestyle.

FGD participants ranked STIs lowest among those health problems reported as most risky. Health Providers ranked STIs as somewhat risky. The associated risk was its effect on a woman's uterus and fertility and the effect on the baby who may be born blind or with body sores. The risk is amplified because STIs in women take long before detection. The associated low risk stemmed from its perceived low prevalence and the availability of medication.

Among both FGD and IDI participants, inadequate child spacing was lowest among those ranked as most risky. The associated risks include its effect on the woman's health, as well as the social and economic repercussions on the children. The associated low risk stemmed from the belief that the number of children is irrelevant as long as they are adequately provided for, and also that inadequate child spacing was not an illness that poses serious risk.

Tetanus was the only health problem that most FGD participants reported as less risky because they knew very little about it. Health Providers linked the perceived low risk to the vaccination pregnant women received during ANC and the low prevalence. A few Health Providers perceived tetanus as of high risk because it was fatal and difficult to treat.

CHAPTER 11. DISCUSSION

ANC services seem to be comprehensive and should, if functioning optimally, address all the health issues brought about by pregnancy. The discussion on malaria related services, especially among the health providers was spontaneous and in depth.

The study shows that knowledge about IPTp as malaria prevention is widespread in the study communities and indeed in some instances the possibility of accessing malaria prevention interventions at a health facility were a motivation for attending ANC. However, there was clearly a disjoint between being aware of the benefits of IPTp and accessing it at the appropriate time. Accessing IPTp was mainly dependent on accessing ANC on time as the data indicates that once a pregnant woman attended ANC, the likelihood of her taking IPTp was high.

Women did not attend ANC on time due to a number of reasons. A key issue in attending ANC and accessing IPTp was male participation. The study participants felt that higher male participation would increase ANC attendance and IPTp uptake. However, male participation was hindered by both social and practical barriers. Traditionally, pregnancy and parenting are taken to be the preserve of women, with men expected to take on the role of benevolent providers. Hence, male participation though desirable, needed to be situated in the broader theme of responsible and shared parenting and not confined to the attendance of one ANC visit.

Beyond participation in ANC and provision of the financial and material support required, male involvement was critical in that women often relied of the male partner to give them permission to access certain ANC services such as HIV testing or to be attended to by a male service provider. The issue of being attended to by male service provider could be influenced by the fact that in Zambia, the nursing profession is predominantly seen as a female domain as well as by the fact traditionally it is taboo for a woman, especially a married woman, to be seen naked or to be touched in any way, except maybe by hand shake, by another man. Given the fact that there will likely be a rise in male nurses working in rural areas this is an important area to address with community members.

The prospect of HIV testing elicits both fear and motivation for attending ANC among both men and women. With the generally low levels of voluntary HIV testing in the country, it is not unusual for women and their partners to fear testing for HIV. However, information about the benefits of PMTCT seems to have high level of acceptability for both women and men.

Pregnancy is taken as a sacred time during the life of a woman and particularly so for a first pregnancy. As such every effort to guard the viability of the pregnancy especially during the first few months was necessary. The key to preserving the pregnancy seemed to keep knowledge of the pregnancy as concealed as possible within the first few months as its revelation could lead to a miscarriage brought about by witchcraft or other unknown forces. Apart from the fear of miscarriage itself, the social after effects of the miscarriage for example, witch hunting especially within the family and blaming the woman, could serve as a strong deterrent to accessing ANC. Going against such cultural beliefs can be quite a challenge in rural societies where the community and family still hold strong bonds.

Linked to the need to keep a pregnancy concealed for the first few months is the fact that confirmation of the pregnancy mostly relied on other means of verification of pregnancy such as missing their menstrual period; fluctuations in appetite, illness, vomiting, protrusion of the pregnancy bump, and other such factors. This is a detriment to timely use of ANC because these signs may be caused by other factors apart from pregnancy. Using such signs to determine pregnancy implies that the women may

have to wait up to 3 months in the case of missing periods or up to 5 months if they have to wait until they begin to feel the case of fetal movements or sensations in the womb.

Once a woman made the decision to attend ANC, there were contrasting views as to when a woman should start attending ANC and how many visits she needed to make over the duration of her pregnancy. The health providers recommended the initial ANC visit to be ideally at 14 weeks, because that was the newly recommended time for initiating PMTCT or at 16 weeks for IPTp. However, women were reported to start ANC anywhere from the time they missed their first period to the time they were 8 months pregnant. While the health providers indicated that they provided focused antenatal care with a recommended 4 visits, the communication to start attending ANC as soon as one was pregnant had caused some apprehension in that women feared that they would make too many visits to ANC. This was a particular challenge for women who lived far from the health facility. Clarity about how many ANC visits and how they are scheduled is important but should be weighed against the risk of women sticking to these schedules even when their individual situation may require earlier and more frequent visits.

The need to have safe and comfortable transport to cover long distances to ANC facilities cannot be overstated. The structural, physical and financial challenges that make it difficult for pregnant women to have ANC services near them or to access ANC services that are further away are difficult to address. As such, community based solutions using locally available technologies may offer a short-term solutions to distance barriers.

After getting to the health care facility, the pregnant woman continues to face challenges posed by the health care facilities. One of the challenges is the rigidity with which certain requirements, for instance, the requirement to have a male partner present or attending ANC at a particular time is enforced. Women who are not able to come with their partner or those who come for ANC late are therefore discouraged from attending ANC. Health providers were also said to have a negative attitude towards their clients. This is something which has been noted countrywide among health providers and may be expected to be worse among workers in rural population who work under very constrained circumstances, which includes understaffing and the work overload that is associated with it.

Other health care system challenges particularly in relation to malaria prevention were the stock outs of IPTp and mosquito nets. Stock outs of IPTp were fairly common meaning that pregnant women would not be able to access IPTp at certain time even if they wanted to. Stock outs of mosquito nets were very common, even though the health providers admitted that mosquito nets acted as motivation for pregnant women to attend ANC.

The administration of IPTp was most commonly done through DOT mainly because women feared the side effects of IPTp or shared their IPTp with others. This could be an indication that there were persistent myths around IPTp side effects within the community or that the health education regarding IPTp was not comprehensive enough to cover these issues. Given the high service provider to client ratios that exist in the healthcare system, it is possible that DOT system may not be consistently implemented and thus pregnant woman may not get the full benefit of IPTp if they are not equipped to take personal responsibility for taking it.

One of the prominent ways to improve uptake of ANC and IPTp was to increase community based sensitization involving community members, which has been very successful in Luangwa and Nyimba. This has the distinct advantage of community ownership in which case the community will need to be empowered with the requisite knowledge and skills to drive the sensitization activities. If the community has overall responsibility for implementing sensitization activities, it could provide the opportunity for them to generate local solutions to some of the practical problems that hinder IPTp uptake.

Key to ensuring the success of activities to promote ANC and IPTp uptake is to build consensus between health providers and community members about what ANC issues pose a challenge within their communities. From the card ranking exercise, it is clear to see that such consensus does not

currently exist with regard to most prominent maternal health issues – including malaria. The majority of the IDI study participants indicated that malaria in pregnancy was nearly non-existent in their communities and this could explain why it was given a lower risk rank. In contrast, the FGD participants gave malaria a high risk ranking. It is worth noting that there could have been some bias influencing these rankings as the participants could have skewed their responses to fit what they thought the researchers wanted to hear. Whatever the case could be, consensus could still be built starting around issues such as anemia, which can easily be linked to malaria. The need for consensus is also necessary to avoid activities that would create demand from the community but with no corresponding supply from the health care system.

CHAPTER 12. RECOMMENDATIONS

In light of the data that emerged from the focus group discussions and in-depth interviews in rural Zambia numerous programmatic recommendations can be made. What follows is a list of recommendations for different aspects of program development.

Overall recommendations:

- Communities – especially via the traditional leadership – should be sensitized about the importance of attending ANC on time and consistently for all 4 visits.
- IPTp stock outs should be eliminated. In addition, stock outs of other malaria medications should be eliminated – so Fansidar sharing within clinics to non-pregnant women ends.
- If at all possible programs should consider setting up systems to provide pregnant women with simple food to eat prior to taking Fansidar at ANC to reduce the side effects of taking Fansidar on an empty stomach.

Demand generation messages:

- Programs should emphasize that the number of recommended ANC care visits is just 4. This emphasis might encourage attendance as the number of visits are less than perceived, so hence are a barrier to accessing ANC.
- Pregnant women are reluctant to initiate ANC until they have an obvious pregnancy bump. At the same time, study participants consistently overestimated the gestational age of pregnant women in photos during the FGDs. Programs should create messaging to remind community members that pregnancy bumps are not an accurate measure of pregnancy duration – and should not be used to judge whether a women is ready to access ANC or not.
- Programs can emphasize the fact that at ANC couples can determine the “truth” about the suspected pregnancy – encouraging couples to attend ANC on time and together.
- Programs should encourage male involvement in pregnancy and ANC as the involvement of male partners is one of the main motivators for women to access ANC.

ANC service provision messages:

- Rural health centers providing services to pregnant women and their partners are struggling to meet the demand. Providers would likely treat the clients better and more efficiently if they had a lighter workload. In addition, as programs continue to encourage more male involvement the burden on health providers will likely increase as they are dealing with couples instead of groups of individuals.
- ANC service providers would benefit from very clear guidelines on when pregnant women should initiate ANC and the number of visits they should make. It would likely assist providers if they were given guidelines that cater to numerous scenarios – such as recommended timing of follow up visits given the gestational age of the initial visit. These recommendations should take into consideration the fact that guidelines for HIV transmission and malaria prevention differ – the guidelines should corroborate the disparate guidelines into a simple template that the providers can use on a daily basis to advice pregnant couples.

- ANC service providers should allow women to take Fansidar at home, and trust that they have taken it, instead of insisting they come to the clinic to swallow Fansidar in their presence during instances of stock outs.
- ANC providers need clear guidance on the number of recommended IPTp doses. Most providers in the study indicated a pregnant woman should receive 3 doses of IPTp but a number indicated that pregnant women should receive 4 doses. Guidelines on the number of IPTp doses, in recognition of the number and timing of ANC visits, should be very clear and provided to ANC providers at all levels of the health system.
- Many community members and a few ANC providers indicated that pregnant women were turned away from receiving care from the antenatal care clinic if they initiated antenatal care without the man responsible for the pregnancy. While it is good for male partners to be involved in antenatal care, withholding potentially life-saving care from women who access care due to decisions the man responsible for the pregnancy makes, which are out of the woman's control, is inappropriate.
- Many women were motivated to attend ANC to receive the ANC card. While it is great to have motivating factors for ANC attendance – it isn't appropriate for health providers to treat laboring women differently based on whether they have an ANC card or not. Future programs can find ways to maintain the card as a motivation while removing the barrier to safe delivery.

CHAPTER 13. REFERENCES

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APPENDIX: TOPIC GUIDES

Zambia Integrated Systems Strengthening Program (ZISSP)

Formative Research: Focus Group Discussion Guide

Draft November 8, 2011

Background to the study:

The purpose of this formative research is to understand the factors that facilitate and inhibit the timely use of Intermittent Preventive Treatment for malaria during pregnancy in Zambia.

Objectives of the study:

The objectives of this exercise are to:

- 1) Understand the individual and social barriers to timely antenatal care;
- 2) Explore participants' perceptions of IPTp;
- 3) Understand the individual and social barriers to timely IPTp treatment.

General guidelines:

The topics and questions below should be used to guide the focus group. Keep in mind when conducting the focus group to respond to the answers provided by the respondents by asking additional questions or adapting to more appropriate questions.

In particular, there are 3 main approaches to eliciting more information from the respondents:

- 1) Seek more detail or explanation of a response. For example:
 - Tell me more about _____
 - Can you give an example of _____?
 - What happened next?
- 2) Explore the reasons behind a response. For example:
 - What makes you say that?
 - What was it about _____ that made you decide to _____?
- 3) Seek clarity and check for inconsistencies. For example:
 - Can you explain what you mean by...?
 - Earlier you said _____ but it also seems like _____. Can you explain?

Focus Group Discussion Guidelines:

INTRODUCTION
Suggested time: About 15 minutes

- Thank the participants for coming.
- Explain the purpose of the group discussion:
- We are from the “Zambia Integrated Systems Strengthening Program” and we plan to be involved with your community over the coming months and years. We’d like to talk with you about the use of antenatal care services with a special focus on malaria services. The information we gather from you and other community members will help us develop and improve the programs we will support in your community.”
- Tell the group the amount of time the discussion is expected to last – about 2 hours.
- Introduce the facilitator, the note taker and other team members and explain what each one will be doing.
- Explain that a tape recorder will be used since the note taker can’t write down everything.
- Assure that the discussion will be kept confidential. Remind the participants that anything that is said in the discussion should not be talked about outside of the group.
- Explain that there are no right answers and it is okay to disagree. It is important to respect others’ opinions.
- Ask everyone to speak one at a time.
- Read out the consent script.
- Ask if there are any questions.
- Consent all participants.
- Have participants introduce themselves. If they want they can choose a nickname or fictional name to use during the group discussion instead of their real name.
- Switch on audio recorder

ACTIVITY 1: ANTENATAL CARE ACCESS (Technique: Photo elicitation)

Suggested time: About 40 minutes.

Materials: 3 photo cards

Note to Facilitator:

In this activity, you will use three photos of Zambians accessing antenatal care to encourage discussion among group members. To do this, show each set of photos (1 & 2) and (1 & 3) one-by-one and after each photo set, start a discussion using the questions below.

The photos are:

- 1) Young woman alone, 3 months pregnant
- 2) Young woman alone, 6 months pregnant
- 3) Young couple, wife is 3 months pregnant

Discussion questions/prompts:

- 1) How would you describe the pregnancies of the people in these pictures?
- 2) – How many antenatal clinic visits do you think each woman has had? What are the reasons why each woman would decide to go, or not go, for antenatal care?
- 3) Do you think these women are accessing antenatal care at the right time in the pregnancy? Is it too early? Too late? What are the factors that affect their decisions to access antenatal care at this gestational age?
- 4) What makes women want to access antenatal care? What do they hope to gain from going to antenatal care? What deters women from accessing antenatal care?
- 5) Will these women return for additional antenatal care visits during this pregnancy? How many antenatal visits will they make in total?
- 6) What factors make some women go for antenatal and others not go?

ACTIVITY 2: DECISION-MAKING FOR ANTENATAL CARE (Technique: Story-telling & discussion)

Suggested time: About 45 minutes (20-25 minutes for each part)

Note to Facilitator:

In this activity, you will read out a fictional story about a Zambian wife and husband.

Read out part one, then start a discussion using the questions provided. Next, read out part two, where the story picks up again later, and continue the discussion using the questions provided.

Story, part one:

[Wife's name] is 22 years old and is married to [husband's name]. They don't have any children yet but [Wife] thinks she might be pregnant.

Discussion prompts:

- 1) What are some reasons why [wife] might think she is pregnant?
- 2) How far along will [wife] be when she begins to suspect she is pregnant? What are the factors that affect this timing?
- 3) What do you think will happen next?
- 4) Who does [wife] first tell about her suspicion that she is pregnant?

Probes:

- o What factors affect [wife's] decision to tell this person first?
 - o What would she say?
 - o Will this conversation be easy or difficult for [wife] to initiate? What are the factors that affect this scenario?
 - o Would [wife] talk to [husband]? What are the reasons why she would decide to tell, or not tell, [husband] she suspects she is pregnant? What would she say?
 - o What would [husband] say in response? What are the reasons for this type of response from [husband]?
- 5) What type of health care will [wife] seek during her pregnancy? What are the reasons why she will seek this type of health care?

Probe:

- o How involved do you think [husband] will be in making the decision to go for antenatal care? What are the factors that will affect his involvement?
- o Will [husband] accompany [wife] for antenatal care? What are the reasons [husband] would decide to accompany/not accompany [wife] for antenatal care?
- o What kinds of things can husbands do to support their wives during pregnancy? Which of these items are the most important? Least important?
- o Do most men in this community support their wives during pregnancy? What types of things do husbands specifically do to support their wives during pregnancy? How do wives respond to this support from their husbands? What could husbands do additionally to support their wives during pregnancy? How would wives respond to this additional support from their husbands?

Story, part 2:

When she is four months pregnant, [wife] goes for antenatal care for the first time.

Discussion prompts:

- 1) What do you think prompted [wife] to go to antenatal care?

Probe:

- o What motivated her to start accessing antenatal care?
- o Why did she wait until she was four months pregnant?
- o What role did her husband play in the decision to start accessing antenatal care?

- 2) What are some of the issues that health care providers at antenatal care discussed with [wife]?

Probe:

- o Did the antenatal care providers discuss issues related to malaria with [wife]?
- o What did the health providers discuss with [wife] in relation to malaria?
- o Did the providers offer [wife] - medicine to help prevent malaria in pregnancy? What are the factors that would affect her decision to accept or reject this medicine that would help prevent malaria in pregnancy?

- 3) When should pregnant women take medicine to help prevent malaria in pregnancy? At what time during pregnancy and how often?

Probe:

- o What proportion of the women in this community access medicine to help prevent malaria in pregnancy? How has this changed over time? Does it differ by season?
- o Where do most women in this community go to obtain - medicine to help prevent malaria in pregnancy? Where else might they go? What motivates pregnant women to go to these various locations for medicine to help prevent malaria in pregnancy?
- o What role do male partners take in the decision to access malaria prevention medicine during pregnancy? Do male partners encourage or discourage access to this medication? What are the reasons why male partners act in this way?
- o What role do other family members take in the decision to access malaria prevention medicine during pregnancy? Which family members encourage pregnant women to access - medicine to help prevent malaria in pregnancy? Why do they encourage this behavior? Which family members discourage pregnant women from accessing medicine to help prevent malaria in pregnancy? Why do they discourage this behavior?

ACTIVITY 3: RISK PERCEPTION (Technique: Card-ranking; Discussion)

Suggested time: About 20 minutes.

Materials: 3 risk cards (Most - serious, somewhat serious , least serious)

8 action cards

Note to Facilitator:

Explain that pregnant women face health problems during pregnancy that vary in level of risk for the woman and unborn baby .

In this activity, you will ask participants to identify the level of seriousness they think each condition poses to the health of a pregnant woman and her unborn child.

This is a good opportunity to energize the group after a lot of discussion so make sure all the participants are involved.

During the activity, ensure the note taker records the various levels of seriousness attached to each condition.

Step 1: Give each participant 3 cards - “least serious”, “somewhat serious”, and “most serious”.

Step 2: Ask participants to show one of the cards for each item below, guiding discussion for each card using the following prompts.

Discussion prompts:

- Why is this –condition serious?
- Why is ‘x’ more/less serious than ‘y’?

Action cards:

- Pre-eclampsia/Eclampsia/Hypertension/Hypertension with Fits/Blood Pressure (BP)
- Malaria infection in pregnancy
- Sexually Transmitted Infections (STIs) during pregnancy
- Maternal anemia during pregnancy
- Tetanus during pregnancy
- Maternal HIV infection during pregnancy
- Inadequate birth spacing
- Delivery at home without a skilled birth attendant

CLOSING

- Thank people for their participation.
- Remind them that the discussion will be kept confidential. Anything said in the discussion should not be talked about outside of the group.
- Provide refreshments

Zambia Integrated Systems Strengthening Program (ZISSP)

Formative Research: In-depth Interviews with Health Care Providers

Interview Guide

Draft November 8, 2011

Background to the study:

The purpose of this formative research is to understand the factors that facilitate and inhibit the timely use of Intermittent Preventive Treatment for malaria during pregnancy in Zambia.

Objectives of the study:

The objectives of these in-depth interviews are to:

- 1) Assess providers' knowledge of appropriate IPTp provision.
- 2) Explore providers' experience with providing IPTp.
- 3) Assess whether and how providers distribute or restrict IPTp services.

General interview guidelines:

The topics and questions below should be used to guide the interview but can be adapted as necessary to each interview. Keep in mind when conducting the interview to respond to the answers provided by the respondent by asking additional questions to those proposed below or adapting to more appropriate questions.

In particular, there are 3 main approaches to eliciting more information from the respondent:

- 1) Seek more detail or explanation of a response. For example:
 - Tell me more about _____
 - Can you give an example of _____?
 - What happened next?
- 2) Explore the reasons behind a response. For example:
 - What makes you say that?
 - What was it about _____ that made you decide to _____?
- 3) Seek clarity and check for inconsistencies. For example:
 - Can you explain what you mean by....?
 - Earlier you said _____ but it also seems like _____. Can you explain?

In-depth Interview Guidelines

INTRODUCTION

- Consent the participant.
- Thank the participant for agreeing to be interviewed.
- Explain the purpose of the interview:

We are from the “Zambia Integrated Systems Strengthening Program” and we plan to be involved with your community over the coming months and years. We’d like to talk with you about the health services that you offer in your community, including antenatal malaria services. The information we gather from you and other health providers will help us develop and improve the programs we will support in your community.

- Tell the amount of time the interview is expected to last.
- Introduce the facilitator and the note taker and explain what each one will be doing.
- Explain that an audio recorder will be used to keep a record of the conversation. Assure the interviewee that the interview will be kept confidential.
- Explain that there are no right or wrong answers.
- Ask if there are any questions.
- Turn on the audio recorder.

PART I: CHARACTERISTICS OF INTERVIEWEE AND FACILITY

1) RECORD location: _____

2) RECORD type of facility: Hospital
 Clinic
 Other (specify): _____

3) RECORD position of respondent: _____

4) RECORD sex of respondent: Male Female

5) RECORD age of respondent: _____

PART 2 : IN-DEPTH INTERVIEW WITH PROVIDERS

SERVICES OFFERED

1. What type of antenatal care services does this facility provide?

Probe:

- Any others?
- Does this facility offer malaria prevention services to pregnant women? What exactly are those services?
- Are these malaria prevention services always available to clients? Probe for explanation.

2. - What proportion of women in this community access antenatal care services?

Probe:

- Describe the type of women who always come for antenatal care
- Are there groups of women who never, or rarely, come for antenatal care? If yes, describe these types of women.
- What are some of the reasons why they do not attend antenatal care?

What could be done to encourage these women to come for antenatal care?

3. At what time during pregnancy do women in this community come for antenatal care? Probe:

- What are the reasons for coming at this stage in the pregnancy?
- Should women come earlier, later, or is this the right time for them to initiate pregnancy care? Can you explain your response?
- What, does [name of facility] do to encourage women to come for their first antenatal care visit on time?
- What activities does this facility do to promote these health care seeking behaviors in the community? Probe for explanation.

How do health care workers at this clinic respond when a pregnant woman comes for antenatal services earlier than the recommended time?Probe:

- What do the health providers say to her?
- What do the health providers tell her to do?
- When do they say she should return for services?
- At what time during pregnancy would a pregnant woman not be given antenatal series?

4. What role do male partners play in their wives accessing antenatal services?

Probe for explanation.

Further probes:

- How often do male partners in this community accompany their wives/partners for antenatal care? What are the factors that influence a man's decision to accompany, or not accompany, his wife for antenatal services?
- How do you feel about male partners accompanying their wives for antenatal care?
-
- What would be the advantages of having male partners accompany their wives here for services? For health care providers? For wives? For the male partners?
- What would be the disadvantages of having male partners accompany their wives for antenatal care services? For health care providers? For wives? For the male partners?

INTERMITTENT PREVENTIVE TREATMENT FOR MALARIA

5. What is the level of malaria burden in this community? Is it high, low, moderate?

Probe

- How does the burden for pregnant women in this community compare with others in the community?

6. When should IPTp be administered to pregnant women?

Probe

- How many IPTp doses should a pregnant woman receive?
- When should a provider give the first dose? The second dose? The third dose?

7. Does this facility administer IPTp to pregnant women?

Probe

- How do the staff administer IPTp to pregnant women who visit this facility?
- When do women in this clinic typically get the first IPT dose? What are the factors that affect this timing?
- Does this facility always have the IPTp drugs on supply to offer to pregnant women?
- If there are not enough supplies, which pregnant women get priority? What factors influence these decisions?
- Are IPTp drugs ever withheld from pregnant women? In what scenarios would IPTp treatment be withheld?

8. What could be done at this facility to improve IPTp administration to pregnant women?
Probe for explanation.
9. What could pregnant women do to access IPTp during pregnancy at the correct times?
Probe for explanation.
 - What could male partners do to help their pregnant wives access IPTp at the appropriate times?
10. Do pregnant women access IPTp from sources other than antenatal care in this community? What are those sources?
 - Why do you think pregnant women access these sources for IPTp as opposed to antenatal care services such as the services offered here?

RISK PERCEPTION (Technique: Card-ranking; Discussion)

Suggested time: About 20 minutes.

Materials: 8 action cards

Tape (to tape card to wall) or stones (to hold cards firm on ground)

Note to Facilitator:

In this activity, you will ask interviewees to rank a set of items based on the level of risk they think each action poses to a pregnant woman's health. Interviewees will place each action card in order from least risky to most risky. Engage the interviewee in a discussion while s/he is ranking the cards about her/his decisions.

At the end of the activity, ensure the note taker makes a record of the ranking.

Step 1: Place 3 cards in order on a table, the ground or on the wall – at the far left place “least risky”, in the middle “somewhat risky”, and at the far right “most risky”.

Step 2: Ask the interviewee to place the following picture cards in order from least risky to most risky, guiding discussion for each card using the following prompts. Each action should be more risky than the action to its left.

Discussion prompts:

- Why is this action risky?
- Why is ‘x’ more/less risky than ‘y’?
- Do you think women and men would be more or less likely to use antenatal care if they knew about these risks?

Action cards:

- Pre-eclampsia/Eclampsia Hypertension/Hypertension with Fits/Blood Pressure (BP)
- Malaria infection in pregnancy
- Sexually Transmitted Infections (STIs) during pregnancy
- Maternal anemia during pregnancy
- Tetanus during pregnancy
- Maternal HIV infection during pregnancy
- Inadequate birth spacing
- Delivery at home without a skilled birth attendant

CLOSING

- Thank the interviewee for their participation.
- Remind them that the interview will be kept confidential.