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Research Paper

Development of model to facilitate male involvement in the reproductive health context by the registered nurses

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Abstract

The purpose of this article is to describe the process followed in the development of the model of facilitating male partner involvement in reproductive health (RH) context by the nurses. Namibia is one of the African countries affected by cultural and socio-economic influences that have persuaded gender roles in a way that hinders male-partner involvement in RH context. This phenomenon make difficult for the nurses to facilitate their involvement.

The research methods were done in four phases. Phase 1 entitled concepts analysis. Phase one was done into two steps namely step1 - concepts identification and step 2 - concepts definition. During concept identification, qualitative, exploratory, descriptive design was followed. The target population included male and female partners attending health facilities and all nurse managers (registered nurses in charge) that provided RH services in the health facility in a northern region in Namibia. Individual interviews and focus were conducted until data saturation occurred. During the research three fundamental principles such as respect person, beneficence and justice were adhered. Tech's eight steps of descriptive data analysis were used. Three (3) main categories, six (6) categories and twelve (12) subcategories were identified using open coding and conceptualization. The main concepts of the model were identified and classified using a survey list of Dickoff, James, Wiedenba (Dickoff,James, Wiedenbach, 1968; Mckenna, 2006). Phase 2 dealt with the creation of interrelationship statements between concepts identified in step 1. In phase 3 focuses with the description of the model using strategies proposed by (Chinn & Kramer, 1991). In phase 4, the description of guidelines and evaluation for the model was also done. The applied the principle of trustworthiness through developing dependability, credibility, transferability and confirmability in all four phases.

A model was developed based on a theory generated approach. The model consist of five phase namely, situational analysis in the external environment (community) and internal environment (health facilities); establishment of partnership (male and female partner and Nurses), management process, maintaining the conducive environment and control & terminus/ outcome phase. It was concluded that facilitation of Male involvement in RH care context is needed. Further the recommendations were made to implement a model within the current health care framework in which reproductive health is provided.

Keywords: *Development; Model; Facilitate Male Involvement; Reproductive Health; Context and the Registered Nurses.*

1. Introduction

Male involvement in Reproductive Health care services is a major challenge particularly in Namibia and African countries in general. Fathers accompanying their female partners to reproductive health care services are a real challenge mainly due to cultural and socio-economic influences that have persuaded gender roles in a way that hinders male-partner involvement in reproductive health. Some of the challenges observed are negative perception about male involvement by of the stakeholders ; poor interpersonal relationship, personal attributes, cultural barriers, inadequate and poor management of human and material resources to support this process; inaccessible to health facilities and inadequate management principles, structures, policy, networking and legislation. Poor male involvement in the reproductive health care services jeopardize with the implementation of reproductive health services such as PMTC, HIV/AIDS counselling and testing, family planning, antenatal and postal care and treatment of communicable diseases.

More often, health facilities are not male friendly and most of the available services focus on mother and child at the exclusion of fathers. Yet, for the effectiveness of the reproductive health care services could only take place in an environment where a both partners (male and female) are encouraged to participate; and have the support and guidance of the health workers particular Nurses who are the custodians and advocates in the reproductive health context. The conferences International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994 and Nations 4th World Conference on Women, held in Beijing, in China in 1995 identified that men were virtually neglected in the past, especially on the issue of sexual and reproductive health care. To overcome these problems, the WHO (World Health Organization, 1999) suggested that governments and institutions should come up with centre of development of health care services models of reproductive health services that could serve as platforms where male partners could be involved.

Theory generation design includes theory development and the evaluation of that theory. It is also a dynamic process of research

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whereby scientific knowledge is generated (Babbie&Mouton, 2010; Brink, 2012; Polit et al 2006; Polit & Beck, 2014). It involves a directed, creative and rigorous structuring of dominating ideas that project a tentative, purposeful and systematic view of phenomena (Chinn & Kramer, 1991). Walker and Avant state that theory development is a complex level of theorizing in terms of which the researcher must deal with concept identification, statements, theories, linkages and definitions simultaneously. During the current study a model was developed using practice theory, which implies that a specific goal (in this case, the management of a partnership environment in order to facilitate the involvement of the male partner within the reproductive health context) will be explored to determine actions and guidelines with which to address this goal(Walker et al. 2011).

The proponents and supporters of the development of practice theory in nursing, Dickoff et al., view a nursing theory as a conceptual framework that is invented by theorists for the ultimate purpose of creating situations so as to attain the desired, preferred end results. It is for this reason that the survey list of (Dickoff et al. 1968) was adopted as a thinking map in the construction and formulation of theoretical relationships between the concepts for theory development. The six elements of practice theory are as follows the context, the agent, the recipients; the purpose, the process and the dynamics.

2. Theoretical basis of the study

A study of this nature requires a paradigmatic perspective; this is a collection of logically linked concepts and propositions that provide a theoretical perspective or orientation that tends to guide the research approach to a specific topic (Beck, 2013; Krueger, Casey, 2008; Ulin et al 2002). Assumptions are useful in directing research decisions (Babbie & Mouton 2010, Chinn&Kramer, 1991). Theory of Health Promotion in Nursing (THPN) and Dickoff et al (1968) were used as a paradigmatic point of departure. The THPN focuses on the whole person (body, mind and spirit), nursing, the environment and (Johannesburg, 2006). Dickoff et al. practice theory was used to conceptualize the findings of the study namely Agent (researcher and nurses), recipient (male and female partner), context (health facilities); dynamic (challenges experienced both male and female regarding the involvement), procedure (facilitation male involvement in the reproductive health) and terminus (active involvement of male in the reproductive health) (Dickoff et al 1968) .

3. Methodology for model development

The study aims to develop and describe a model to facilitate the involvement of male partners in reproductive health and to formulate guidelines to operationalise this model. The objectives of this research were to:

- Analyse the concept for the development of the model to facilitate involvement in the RH. [Phase 1]
- Construction of relationship statement [Phase 2]
- Develop and describe a model to facilitate male partner involvement in the reproductive health context in the Oshikoto Region [Phase 3]
- Develop guidelines to operationalise such a model [Phase4]

The method of theory generation, as explained by Chinn & Kramer (1999) and , was adopted and utilised in the current study in order to develop and describe a model for facilitate the involvement of male partners in the reproductive health context. In terms of this method a theory is generated within an existing framework. This study was carried out in a sequence of four phases in accordance Chinn & Kramer, namely concepts analysis, construction of the relationship, description and evaluation of the model and guidelines to operationalize. The steps are described as follow:

3.1. Analysis of concepts (Phase 1)

Phase 1 entitled on concepts analysis and it was done into two steps namely step1 - concepts identification and step2 - concepts definition. During concept identification, qualitative, exploratory, descriptive design was followed. The target population included male and female partners attending health facilities and all nurse managers (registered nurses in charge) that provided RH services in the health facility in a northern region in Namibia. Individual interviews and focus were conducted until data saturation occurred (Babbie & Mouton 2010; Brink, 2012; De Vos 2002; Denzin, Norman ,Lincoln, 2011, Krueger & Casey, 2008). One of the main objectives of this study was to explore and describe the empirical data for concepts and the central statement that comprised one step in the development of the model for the involvement of male partners in the context. The participants consisted of the stakeholders in the process in the Oshikoto Health Region and included both male and female partners and nurses. These participants were selected by means of purposive sampling based on the set inclusion criteria. The following question was formulated in order to fulfil the above-mentioned purpose. "What are your perceptions of male partner involvement in the reproductive health?" Probing questions were employed until data saturated. Communication skills such as interpersonal, congruence, acceptance, reflecting and timing were employed to encourage participants to express their perception (Beck, 2013; Becker, Radius, Rosenstock, 1978; Burns & Grove, 2005; Krueger & Casey, 2008; Polit & Beck, 2014). A tape recorder was used to collect data and the data was transcribed verbatim. Data collected was analysed in line with Tesch's eight steps in the coding process. The researcher and an independent qualitative research expert carried out coding.

The data collection was conducted by means of focus group discussions (16 focused discussions) and individual interviews (10 in-depth interviews). The researcher used a tape recorder to record all the data which were transcribed verbatim. Some of the data were collected by observation. Data collection ceased when the researcher had achieved data saturation of the information on male partner involvement in RH in the Oshikoto Health Region. The quotes from the participants will be addressed. During the research three fundamental principles such as respect person, beneficence and justice were adhered (Babbie, &Mouton, 2010; Burns & Grove, 2005; Polit et al 2006; Polit & Beck, 2014). Tech's eight steps of descriptive data analysis were used. Three (3) main categories, six (6) categories and twelve (12) subcategories were identified using open coding and conceptualization. The process of data analysis used in this study included open coding combined with conceptualization (De Vos, 2002). This was done with the following steps reading, coding, displaying and interpreting the data (Ulin, et al 2002). Main categories, categories and subcategories were identified using the Tesch method – following Tesch's eight steps as illustrated in (De Vos 2002). The central concepts were concluded from the main categories, categories and subcategories. The following main categories, categories and subcategories were identified:

Table 1: Illustrate Main Categories; Categories & Sub Categories; Concluded Factors and Central Concept for a Model Development

Main Categories	Categories And Subcategories	Concluded Factors	Central Concepts For A Model Development
1. Different perceptions of stakeholders regarding male involvement and factors that influence these perceptions	1.1 Positive and negative perceptions of male involvement in RH 1.1.1 Positive and Negative perceptions of male involvement in RH context 1.2 Factors that influence male involvement in RH 1.2.1 Poor interpersonal relationships male & female partner and male partner and nurses: • Negative attitude of the stakeholders • Poor communication between the stakeholders, • Lack of respect, secrecy, confidentiality, trust, responsibility, and support, and ignorance among the stakeholders 1.2.2 A Personal attributes: • Fear of the service received at RH facilities • Shyness and embarrassment on the part of male partners in terms of participation in RH 1.2.3 Sociocultural barriers hindering the involvement of male partner in the reproductive health context: • Polygamous practices • Myths if male involvement in RH context • Gender disparity • Alcohol abuse by male partner • Practices of migratory labour • Household duties/activities	Interpersonal and environment factors Interpersonal factors Interpersonal and partnership environmental factors Environmental factors	Partnership(relationship) Environment Environment
2. Lack of optimum functioning of health care delivery system to facilitate male involvement in RH.	2.1 Inaccessibility of health facilities that cater for RH. 2.1.1 Accessibility to health facilities: Long distances and unavailability of transport for male and female partners to attend the health facilities for RH services 2.1.2 Higher costs involved in the RH services and treatments 2.1.3 Long periods of time spent at the health facilities that provide RH services 2.2 Poor or inadequate management principles and structures that could facilitate in respect of the facilitation of male involvement in RH 2.2.1 Inadequate policy and legislation in respect of male involvement in RH context 2.2.2 Poor and inadequate building and structures housing the RH services 2.2.3 Inadequate human and material resources in respect of the RH services 2.2.4 Poor networking/partnerships between stakeholders and within the health facilities that provide RH services	Environmental factors Management factors Partnership factors	Environment Management Partnership
1. Lack of knowledge and skills as well as understanding of the stakeholders pertaining to RH	3.1 Lack of education and training (lack of up to date knowledge and skills) on the part of both male and female partners and the nurses 3.2 Unavailability of training and education resources to facilitate male involvement in RH	Management factors	Management

*stakeholders: Male partner, female partner and Nurses

After development of the themes and sub themes were followed by the identification of central concepts such as partnership, environment and management was done on the basis of the field work as illustrate in table 1.

3.2. Construction of relationship statement (Phase 2)

Phase 1 contained a discussion of those factors that influence male involvement in RH as revealed by the findings of the study. The data were analysed and presented in the form of main categories, categories and subcategories. The aim of phase is to conceptualize the main concepts of the central statement as identified in table1 in order to describe the conceptual definitions of these main concepts which are needed to develop a model. For the purposes of the development of the model, the concepts need to be clear, precisely defined and explained in such a way that the end product will always be tentative. This approach is necessary in view of the fact that, if two individuals were presented with the same concept, they would usually come up with different attributes, interpretations and connotations. Walker et al. are in strong agreement that what is true today will not necessarily be true tomorrow(Walker, Lorraine olszewski; Avant, 2011). The central concepts and statements were synthesized and deduced from the empirical and literal (literature) data in table 1. The aim of this step of synthesis was to

- generate new ideas/ways of thinking
- provide a method for examining the data for new insights that could add to the development of relevant theory
- enrich the vocabulary and highlight a new area in terms of the topic of the study
- refine the ambiguous concepts in the theory and clarify all overused or vague concepts (Walker et al 2011)

The construction of the relationship was done into steps namely: Identification of the central concepts and Examining central concepts and are describe as follow:

Step 1: Identification of the central concepts

Identification of the central concepts such as partnership, environment and management was done on the basis of the field work as illustrate in table 1. In short, as concluded in table 1, the data revealed that there was poor interaction (partnership) between the male partners and the female partners, as well as the nurses in the RH facilities (environment). This poor interaction was the result of negative perceptions, poor interpersonal relationships between stakeholders, personal attributes on the part of the male partners, the female partners and the nurses, and sociocultural barriers. It was also concluded that this poor partnership may have resulted from a lack of knowledge and skills which had, in turn, come about because of inadequate education and training and an insufficient dissemination of information to the agent, recipient and other stakeholders in the RH services.

Secondly, it emerged that there is a poor and inadequate resources such human, material and health facilities to optimize the functioning of the RH care delivery system (environment) to facilitate (management) male involvement in this RH care delivery service. This was viewed as the result of the inaccessibility of the RH facilities (to both the male and female partners) because of long distances and the unavailability of transport. The costs involved in RH treatments and the lengthy periods of time spent by the male and female partners at the RH facilities also played a role.

Lastly, a lack of management principles, inadequate policies and legislation, as well as the unavailability and poor utilization of human and material resources to facilitate male involvement in the RH services were also cited as problems in respect of this facilitation. Poor management was manifest in the inadequate buildings and the poor infrastructure of the RH facilities as well as in poor networking.

The central concept "management of partnership environment"

Step 2: Examining central concepts

After the identification of the central concepts of "Management of partnership and environment" a detailed conceptualization was carried out. Firstly, the concepts of management, partnership and environment were examined separately. This was followed by an exploration aimed at finding a common meaning for the full concept of "Management of partnership environment". In this process, dictionaries, books, a thesaurus, journal articles, internet exploration, models and theories in respect of the identification of the uses and interpretations of "management partnership environment" were used to obtain synonyms that would convey the commonly accepted usage of the relevant concepts (Chinn & Kramer, 1991,Walker et al 2011)

Step 3: Reduction process of each concepts

After the examining of each the each concept were essential criteria and related criteria for each concepts were identified as illustrated in table 2.

Table 2: Illustrate Essential Criteria and Related Criteria for the Concepts Management, Partnership and Environment

Essential Criteria	Related Criteria
MANAGEMENT Effective management of human, financial, physical and material resources as well as information and time to facilitate male involvement in RH	• Planning includes • goal setting, • action plans • implementation strategy • evaluation strategy • Organising includes • designing the structure, • assigning responsibility and authority • establishing the command structure • establishing a coordination mechanism • Directing and leading involve • Implementing leadership principles and strategies in order to manage the dynamic interaction between the stakeholders. • Control and monitoring (evaluation) involve • setting standards, • measuring actual performance, • evaluating deviations • rectifying deviations • feedback
PARTNERSHIP Create partnership between partners and significant stakeholders to facilitate male partner involvement in the RH context	• Satisfactory interpersonal relationships between the stakeholders based on mutual cooperation, trust, respect and confidentiality • Active participation and involvement in all activities • Collective action, agreement and sharing of resources to accomplish goals together • Adopting the shared vision • Joint decision making • Sharing responsibility • Networking • Collaboration between stakeholders
ENVIRONMENT Create an internal and external environment to promote the active participation and involvement of stakeholders in order to facilitate male partner involvement in RH	• Provide support and a no threatening environment. • Ensure that the stakeholders feel safe, interested and not apprehensive. • Ensure that the environment promotes encouragement, commitment, recognition, praise and reward (motivation). • Adequate resources for attaining goals • Facilitator should demonstrate patience with team member. • Promote continuous support in terms of time, cost and impact. • Less bureaucracy, clear policies and guidelines • Adequate human, technical and financial resources

Step 4: Definition of each concepts

In order to arrive at an adequate and workable definition of the main concepts "management of partnership environment", the essential criterial were further reduced in attempt to refine them so that the intended meaning may be reflected as suggested by (Chinn & Kramer, 1991). In order to achieve that essential and related criteria for each concepts were identified and defined as illustrate in table 3 below:

Table 3: Characteristics of Essential and Related Criteria for the Concepts Management, Partnership and Environment

Essential Criteria	Other Related Criteria
Management	• Planning (situational analysis, goal setting, action plan, implementation strategy, and valuation strategy) • Organising (designing the structure, assigning responsibility and authority; establishing the command structure and coordination mechanism) • Directing and leading (leadership, policies, guidelines and strategies in order to manage the dynamic interaction between the stakeholders • Control and Monitoring (evaluation)(setting standards, measuring actual performance, and feedback
Partnership	• Satisfactory interpersonal relationship between the stakeholders based on mutual cooperation, trust, respect and confidentiality (communication) • Active participation and involvement in all activities • Collective action, agreement and sharing of resources to accomplish objectives together • Adopting the shared vision • Joint decision making • Sharing of responsibility • Networking • Collaboration between stakeholders
Environment	• Conducive internal and external environment • Stakeholders feel safe, interested and not apprehensive. • Motivation (commitment, recognition, praise and reward). • Facilitator should demonstrate patience with stakeholders. • Promote continuous support in terms of time, resources and impact. • Recognition and respect • Adequate resources • Networking

The concepts related to the main concept of the management of a partnership environment to facilitate male partner involvement in the RH context will be now be defined according to their application in the current study.

Management: Management of the health care delivery institutions implies the managing of human, material and financial resources, information and time. The senior registered nurse in collaboration with other stakeholders carries out the planning in terms of which goals are set, action plans developed, and implementation and evaluation strategies formulated. The act of organizing implies that the health care providers working in the RH facilities design the structure, assign responsibilities, and establish the command structure and coordination mechanism to the stakeholders (male partner, female partner and nurses). Through leadership the facilitator manages the dynamic interaction between the stakeholders. Managing include evaluating the outcome by setting standards against which to measure actual performance, evaluate deviations and rectify deviations on the part of stakeholders.

Partnership: The facilitation of the partnership between the stakeholders so as to promote male partner involvement in RH. It implies the adoption of a shared vision, cultural realisation and knowledge, good interpersonal relationships based on mutual cooperation, collaboration, networking, communication, the sharing of resources and responsibilities, joint decision-making, and trust, respect and confidentiality. Through partnership the stakeholders collective action in sharing resources, addressing challenges and barriers and active participation in matter concerning RH.

Environment: Health care institutions should create and promote an internal and external environment which is conducive to the facilitation of male partner involvement in RH. A conducive environment implies that male partners would feel safe and not apprehensive. They should also be motivated to become involved by receiving encouragement and recognition. They should also receive the necessary emotional support and be treated with respect. The nurses should demonstrate patience to all the stakeholders.

Step 5: Definition of the main concepts "management of partnership environment"

The definition of the concept of "management of the partnership environment" was formulated based on the criteria identified in table 3 and it was described as process of managing resources within the context of partnership, active participation and involvement of stakeholders in creating partnership environment which is favourable to the facilitation of male partner involvement in RH context (references).

Step 5: Development of the model case

According to Walker et al. a model case is actually a real-life example of the use of concepts that includes all the critical attributes of those concepts(Walker et al 2011). Accordingly, a model was identified and described for the identification of the critical attributes and their related connotations for the meaningful utilization of a partnership model to facilitate male partner involvement in the RH context. The aim of model case is to present a further approach to the development of the conceptual meaning. It also enables the researcher to construct a case that presents the experiences (perceptions) which is being explored. A scenario was reacted in having two parts, part one was focuses on the themes and sub themes identified. The second part was focuses on the concepts and central themes such as management, partnership and environment. The aim was to create a meaningful of the concepts identified. A four-day conference for registered nurses and midwives was held. The participants came from different clinics, health centers and hospitals. The conference was done within the parameter of the daily problem experienced by the nurses depicting the themes and sub-them as problem identified. This was followed by portraying the possible problem and scrutiny of the causes affecting such problem. The problem depicted were in threefold, namely

- Poor management of human, financial and material resources, and of information,. This was perceived in terms of planning, organizing, directing, and supervision.
- Poor partnerships between male partners, female partners and the other stakeholders who could play a vital role in the facilitation of male partner involvement in RH.
- Deficient environment to promote the active participation, collaboration and involvement of stakeholders.

The participants within the conference were given the opportunity to defined central themes management, partnership and environment. In conclusion, the participants recommended that the steering committee come up with tools or model strategies that could assist the registered nurses in health facilities in their managing of these reproductive health facilities. This would help overcome problems such conflict management arising from poor interper-

sonal relations and attitudes, poor management of time, staff shortages and overcrowding. These strategies would also help provide clinic staff with information to give to the clients in order to motivate and to encourage the male partners to attend the health facilities.

In terms of the second aspect the senior registered nurses decided to establish a sound partnership between the stakeholders (recipient) by establishing and strengthening the interpersonal relationship between the stakeholders based on mutual co-operation, collaboration, communication, the sharing of responsibility, joint decision-making, trust, respect and, confidentiality .

Thirdly, the nurses who participated in the conference urged management to come up with a model that could create or facilitate a conducive internal and external environment, i.e., an environment characterized by safety, interest, patience, an absence of apprehension, adequate resources, commitment, recognition, praise and reward (motivation), in order to facilitate active participation and involvement on the part of stakeholders to facilitate male partner involvement in RH.

Lastly, it emerged that the participants wanted this model to articulate clearly the way in which the nurses should establish a relationship between male and female partners that would facilitate openness and awareness and motivate the male partners to participate in RH. The second step involved empowering the partners with knowledge and skills about their roles, responsibilities and accountability in terms of RH. The aim in empowering the stakeholders to understand and realize their roles, responsibilities and accountabilities is that this empowerment could lead to behavioral changes which would move them to accept their responsibilities. The final product would, then, be the active partnership and involvement of male partners in the RH context which would, in turn, need to be monitored and evaluated.

Step6: This step is focuses on the identification of the essential and attributes as basis for development of the structure to be used in model development. The prosed structure derived from main categories, and sub – categories and identified through

Step 7: Focuses on Conceptual framework as basis for developing a model. The concepts identified in terms of a partnership to facilitate male partner involvement in RH are classified according to the practice model as described by Dickoff et al. (Dickoff et al 1968) using the elements of practice theory. The following section focuses on the conceptualization of elements such as context (environment), agent, recipient, procedure, dynamics and terminus. These concepts are presented in figure 4.1 below:

3.3. Description and evaluation of model (Phase 4)

The description of the model starts first with the proposing of the structures. The proposed structure derived as illustrate in step 6 and7. These structure of the model are divided into five phases, namely, situational analysis, establishment of partnership, management process, maintaining the conducive environment and outcome and this structure are illustrate in figure BBBB

Phase one [Situational analysis]: This phase is focuses on the aspects of both the external environment (community devoted to male and female partner) and the internal environment (health facilities and nurses) to be analysed. The components of the external environment to be analysed include the following.

Table 4: Illustrate Essential Criteria, Attribute and Other Related Criteria for the Concepts Management, Partnership and Environment

Essential Criteria	Atributes	Other Related Criteria
Management	• Human • Material • Information(education and training • Physical (structure) • Time	• Planning (situational analysis and goal setting, action plan, implementation strategy, and valuation strategy). • Organising (designing the structure, assigning responsibility and authority; establishing the command structure and coordination mechanism). • Directing and leading (leadership, policies, guidelines and strategies in order to manage the dynamic interaction between the stakeholders) • Control (setting standards, measuring actual performance, rectifying the deviations and give feedback).
Partnership	• Male partners • Female partners • Nurses(researcher, registered nurses) • Significant stakeholders	• Shared vision • Networking • Mutual co-operation, • Collaboration • Communication • Trust and respect • Confidentiality • Joint decision making • Sharing of responsibility • Participation • Involvement
Environment	• External environment • (community) • Internal environment • (health facilities)	• Safe • Interest • Commitment, • Motivation (recognition, praise and reward) • Patience • Support. • Respect • Adequate resources • Networking

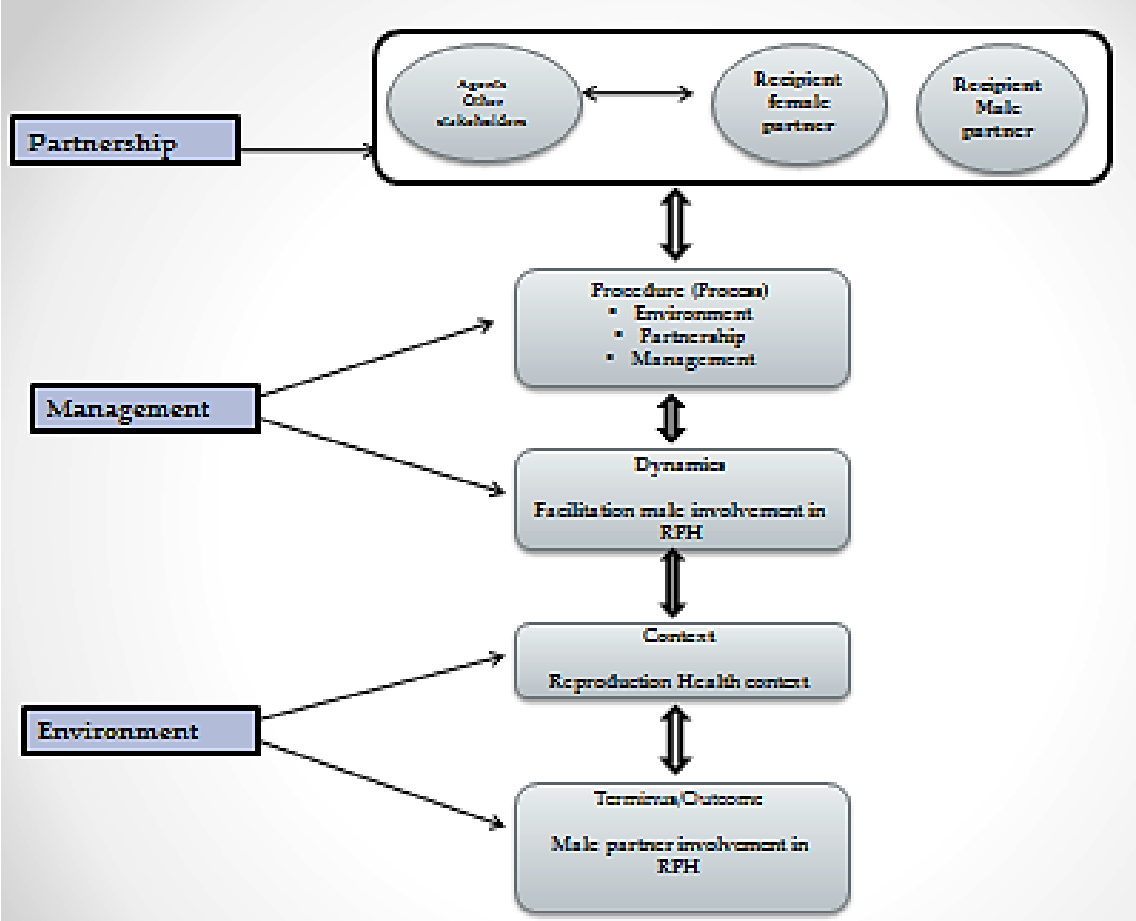


Fig. 1: Researcher's mental map.

- Perceptions and interpersonal relationships, attitudes, respect, confidentiality, and trust, secrecy, personal attributes and a knowledge and skills of the partners
- Sociocultural barriers including polygamy, myths, gender disparity, migratory labour, alcohol abuse and householder activities
- Accessibility to health facilities including distance and shortage of transport, costs involved in the RH services and treatments and time
- The components of the internal environment to be analysed include:
- Interpersonal relationships, attitude, a lack of respect, confidentiality, and ,trust, secrecy and a lack of knowledge and skills
- Policies and legislation on male partner involvement in RH
- Availability of buildings and infrastructure in respect of the RH services
- Availability of human and material resources in the RH services
- Networking/partnerships between stakeholders and within the health facilities that provide RH services
- Knowledge and skills on the part of the stakeholders

Phase two [establishment of partnership]: the relationship (partnership) between the stakeholders – agents (significant others, nurses and the researcher) and the recipients (male partners, female partners). These processes can be achieved though shared vision, networking, mutual co-operation, collaboration, communication, the sharing of responsibility, joint decision making, participation and involvement.

Phase three [management process]: Focuses on the process of managing human, material, and physical resources, time and information through planning, organising, directing and control.

Phase four [maintaining the conducive environment]. The environment consists external and internal. The environment can be achieved by creating a Safe, interest, commitment, motivation (recognition, praise and reward), patience, support, respect, adequate resources and Networking.

Phase five [control and outcome]: The aim of this phase is to ascertain weather all the activities suggested in all four phases are implemented in accordance with the strategies intent and planned. In order to achieve that the process of controlling by Muller (Muller, 2009; Muller, M.Bezuidenhout;Jooste, 2006) as stipulated and verifying during conceptualisation of the main concepts were identified. This process includes setting of the standard; measuring actual performance; evaluation of deviation; rectifying deviations and gives feedback.

The model was evaluated in accordance with the criteria for theory generation of Chin et al.(Chinn, P.L;Kramer, 1991) in terms of which the following questions were passed:

How clear is the model?

The concepts and statements used in model development were explored and described using the protocols and steps described by Wilson in (Walker et al 2011). An intensive literature review was conducted in order to identify the attributes and connotations of a partnership and the facilitation of male involvement in RH. The major related concepts which had been identified were defined and described so as to enhance the clarity of the model.

Throughout the study both the major concepts and the related concepts were used in a consistent fashion. The conceptual map derived from the conceptual analysis provided a framework within which to collect the empirical data in the form of focused groups which comprised the male and female partners as well as the nurses.

The identification of the concepts and statements used in this model for facilitating male involvement in RH were carried out in a systematic way, for example, the researcher commenced with an exploration and description of the empirical data using different research methods and techniques, This was followed by the concept analysis and conceptualisation using the various methods described by (Walker, Lorraine olszewski; Avant, 2011) – the researcher used the methods of synthesis, derivation and analysis

strategies for the formulation of concepts and statements and for the model development. The researcher also used qualitative synthesis (data synthesis from empirical data) and literal synthesis (data synthesis from literature).

The following procedures for concept derivation were used – the researcher identified the concepts and familiarised himself with existing literature relating to the topic of interest. This involved not only reading the literature but also critiquing the level and usefulness of the existing concepts to be found in the literature. The researcher read widely in order to identify relatedness and dissimilarities to the concepts identified and then chose parent concepts or set of concepts from other fields to use in the derivation process. Finally, the researcher redefined the concepts or sets of concepts from the parent field in terms of the topics of interest.

How simple the model?

The concepts used in a model include simple and specific concepts which are supported by the diagram (sketch) in all the phases while core concepts only are used. There is evidence of simplicity, for example, the model is easy to understand and to implement because it indicates, firstly, the context in which RH delivery should be taking place (health context, male and female partner context), secondly, the agent or the facilitators of the process, and, thirdly, the recipients (male and female partners) and the procedures to follow in order to involve male partners in RH.

How accessible is the model?

There is evidence of empirical accessibility in the model due to the fact that the definitions generated for the model are specific and also because related concepts have been defined, therefore, there is conceptual meaning.

How important is the model?

The importance of this model lies in the fact that the model may be used in nursing practice, nursing education and research. In terms of nursing practice this model, which aims at facilitating male involvement in the RH context, could be suitable for all the stakeholders at all levels, namely, community, district, national and regional level. In terms of nursing education, the strategies and approaches in the model may be utilised in the training and educating of the male and female partners and in the community at large on ways in which to participate in RH and also on ways in which to involve, promote participation in, and motivate male partners to become involved in RH. The model was carried out in five phases, namely, situational analysis, development of the partnership, management process, conducive environment and control and outcome. A model also indicated on the significant factors that the facilitator needs to consider, for example, the mobilisation of resources as well as the management of these resources, empowerment of the stakeholders as well as partnerships and the development of networking. The model may also provide essential tools in training the nurses during their initial basic training. In terms of management the model clearly outlines the process of management, for example, planning, organising, leading and control within the RH context. These management approaches within the RH context may be applied not only within a health environment, but within any organisation which wishes to involve the male partner. In terms of research the model may be used as paradigm for those who wish to conduct further studies on males and RH.

3.4. Guidelines for operationalised of the model [phase 4]

The guidelines were developed for the implementation of the model for facilitating male involvement in the reproductive health through management of the partnership environment. The guidelines were written in the form of series from 1 – 5. The guidelines for each phase consist of the aim and activities to that phase. These phase for facilitating male partner to involve in the reproductive health are situatinal analysis, Establishment of the partnership; Management process, maintaining conducice environoment and lastly control and terminus/outcomes.

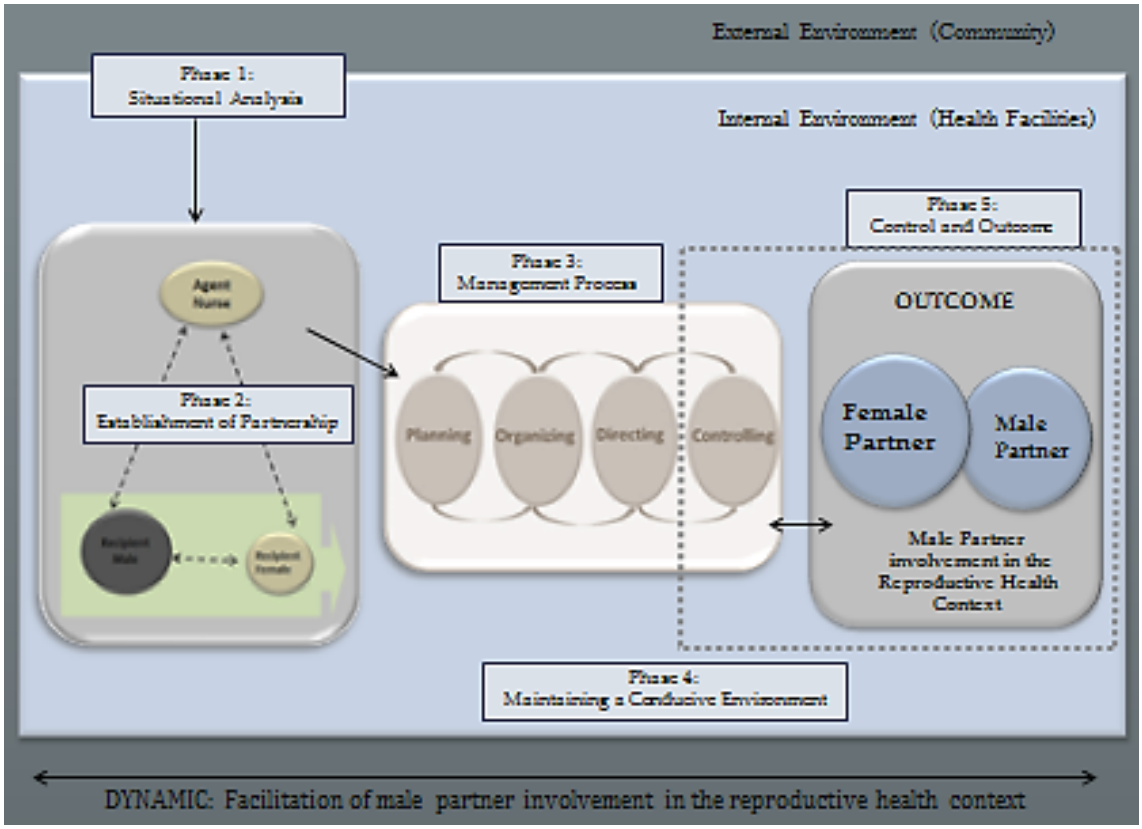


Fig. 2: A Model to Facilitate Male Partner in the Reproductive Health Context.

4. Conclusions

This article dealt with process of developing a model to facilitate of male partner involvement in reproductive health. The development of the model was carried out in five phases, namely, phase 1 which deals with the situational analysis, phase 2 which is concerned with the development of a partnership between the agent and the recipients through shared vision, networking, mutual co-operation, collaboration, communication, sharing of responsibility, joint decision-making and motivation. Phase 3 involves the management process which comprises planning, organising directing and controlling, while phase 4 deals with the promoting of a conducive environment through safety, interest, commitment, motivation (recognition , praise and reward), support, adequate resources and networking. Phase 5 involves control and outcome in terms of which the registered nurse sets the standard of monitoring, measuring performances, rectifying deviations and providing feedback to the stakeholders. The outcome of the entire programme is male partner involvement in RH.

Further the article suggested that the model should be evaluated in accordance with the following set of criteria prescribed by (Chinn& Kramer, 1991): clarity, simplicity, generality, accessibility and importance of the model.

References

[1] Babbie, E.;Mouton, J. (2010). *The practice of social research*. (Cengage Learning, Ed.) (12th Edition). California, USA: Wardsworth: Cengage Learning.

[2] Beck, C. T. (2013). *Routledge International Handbook of Qualitative Nursing Research*. (Routledge, Ed.). New York: Routledge.

[3] Becker M.H, Radius SM, Rosenstock IM,: (1978). Compliance with a medical regimen for asthma: A test of the health belief model. *Public Health Rep*, *93*, 268–277.

[4] Brink, H. I. (2012). *Fundamentals of research methodology for healthcare professionals*. (Juta, Ed.). Cape Town: Juta.

[5] Burns, N ; Grove, S. K. (2005). *The Practice of Nursing Research: Conduct, Critique, and Utilization*. (E. Saunders, Ed.) (5th Editio.). St. Louis: Elsevier Saunders.

[6] Chinn, P.L;Kramer, M. . (1991). *Theory and nursing: A systematic approach*. (S. L. M. Y. Book., Ed.) (6th Editio.). St. Louis: St. Louis: Mosby Year Book.

[7] De Vos, A. . (2002). Qualitative data analysis and interpretation. In V. Schaik (Ed.), *Research atb Grass roots: For the Social Sciences and Human Service Professions* (2nd ed., pp. 339–355). Pretoria: Schaik, Van.

[8] Denzin, Norman K.;Lincoln, Y. S. (2011). *The SAGE Handbook of Qualitative Research*. (SAGE, Ed.)*SAGE* (SAGE.). London.

[9] Dickoff, J;James, P ;Wiedenbach, E. (1968). Theory in a practice discipline. Part 1: Practice orientated theory. *Nursing Research*, *17*(5), 415–435. http://dx.doi.org/10.1097/00006199-196809000-00006.

[10] Johannesburg, U. of. (2006). *Paradigm:Theory of Health Promotion in Nursing*. (University of Johannsesburg, Ed.). Auckland Park, Johannesburg: University of Johannsesburg.

[11] Krueger, D.A.;Casey, M. C. . (2008). *Focus Groups: A Practical Guide for Applied Research*. (SAGE, Ed.) (4th Editio.). California: SAGE.

[12] Mckenna, H. (2006). *Nursing Theories and Models*. (Taylor & Francis Group, Ed.). New York.

[13] Muller, M. E. (2009). *Nursing dynamics*. (Heinemann, Ed.) (4th Editio.).

[14] Muller, M.Bezuidenhout;Jooste, K. (2006). *health care service management*. (Juta, Ed.). Cape Town: Juta.

[15] Polit D; Beck C; Hungler B. (2006). *Essentials of Nursing Research, Methods, Appraisal and Utilization*. (Lippincott Williams & Wilkins, Ed.). Philadelphia 2: Lippincott Williams & Wilkins.

[16] Polit, D. F.; Beck, C. T. (2014). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. (& W. Lippincott Williams, Ed.) (8th Editio.). Philadelphia: Lippincott Williams, & Wilkins.

[17] Ulin, P.R.;Robinson, E.T.;Tolley, E.E;McNeill, T. (2002). *Qualitative methods: A field guide for applied research in sexual and reproductive health*. (FHI, Ed.). San Francisco, USA: FHI.

[18] Walker, Lorraine olszewski; Avant, K. C. (2011). *Strategies for Theory Construction in Nursing*. (Prentice Hall, Ed.) (5th Editio.). Prentice Hall. Retrieved from www.coursesmart.com/strategies-for-theory-construction-in-nursing/

[19] World Health Organization. (1999). Regional Office for Africa: reproductive health. *WHO*, 99:1.