

## KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS MALE INVOLVEMENT IN ANTENATAL CARE AMONG MALE CLIENTS AT MASIRA HEALTH CENTRE III, BULAMBULI DISTRICT. A CROSS SECTIONAL STUDY.

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### Abstract

#### Background

Antenatal care is the care given to pregnant women to have a safe pregnancy and a healthy baby. The purpose of the study was to assess the knowledge, attitude, and practices toward male involvement in antenatal care among male clients at Masira Health Centre III, Bulambuli District.

#### Methodology

A descriptive cross-sectional design. The study population of interest was all male clients attending Masira Health Centre III. A simple random selection technique was used in this study to give equal opportunity to all respondents and to reduce biases. 96 respondents were recruited.

#### Results

The majority of the respondents (35.4%) were aged 24-35 years, followed by (29.2%) aged 15- 24 years, (18.8%) aged 35-45 years and the least (16.7%) aged 45 and above years. Most of them (34.4%) were farmers, (20.8%) were businessmen and (17.7%) were civil servants. The majority 91(94.8%) of the respondents knew about antenatal care services while 5 (5.2%) did not know about antenatal care services. The majority of respondents 84 (88%) agreed that men had important roles to play in their partner's antenatal care services, and 10(10%) disagreed. The majority 75(78%) reported that they have ever accompanied their partners for antenatal care services whereas 21(22%) said that they have never accompanied their partners for antenatal care services.

#### Conclusion

A large percentage of respondents had a good knowledge of the necessity of involving them during ANC, their role in accompanying them, the benefits of accompanying them, and the services offered at the Antenatal clinics.

#### Recommendation

The health facility should also invest more in sensitization and education campaigns in the communities to ensure that male partners receive adequate information on decisions to improve male involvement in antenatal care services.

**Keywords:** Male involvement, Antenatal care, Masira Health Centre III.

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#### Background of the study

Antenatal care is the care given to pregnant women to have a safe pregnancy and a healthy baby (Partin et al., 2021). The World Health Organization (WHO) recommends a minimum of four antenatal visits the first one being not later than 12 weeks of gestation (WHO, 2015). The World Health Organization (WHO) developed the "focused ANC model" in the 1990s to guide routine care at four critical times during pregnancy (ANC4+) which was revised to eight contacts in the 2016 update to improve the experience of care and minimize the risk of poor pregnancy outcomes (WHO, 2016). However, in SSA, while eight in ten (81.9%) pregnant women in SSA report at least one ANC visit, only 53.4% have at least four visits in 2020 (UNICEF, 2021). In Latin America and the Caribbean, 91% of women have ANC4+ visits (UNICEF,

2021). In East Africa, the magnitude of optimal ANC utilization is 56.37% with the highest optimal ANC utilization in Tanzania (62.2%) and the lowest optimal ANC utilization in Uganda (56.7%) (Raru et al., 2020).

At the national level in Uganda, optimal utilization coverage is short of the 70% coverage anticipated to be achieved by 2025 under the EPMM strategy (WHO, 2021). One of the reasons for the late initiation of the ANC visit is the lack of women's decision-making power attributed to men's dominance in the family (Tekelab, 2019). Male partner involvement, among other factors, can significantly influence these two causes of delay and this is now being advocated as an essential element of the WHO initiative for making pregnancy safer (Soltani et al., 2018). According to the International Conference on Population and Development (ICPD), the concept of male

participation in maternal care can be defined as accompanying a spouse to receive maternity care, participation in home affairs, and the provision of health advice to a pregnant woman (United Nations ICPD, 1995). In Africa, different studies have been conducted to assess knowledge about male participation in PNC and results show that only 43.9% of the men can mention at least one danger sign during delivery, 42% of men are aware of danger signs and only 9.4% of them are involved in birth preparedness practice (Bayissa et al., 2016). In Uganda, a study conducted in Eastern Uganda showed that men had an involvement index of up to 26% (Byamugisha et al., 2015) while it was only 6% in Wakiso (Kariuki & Seruwagi, 2016). However, there is a paucity of data regarding the knowledge and attitude of men toward participation in their wives' prenatal care. The purpose of the study was to assess the knowledge, attitude, and practices towards male involvement in antenatal care among male clients at Masira Health Centre III, Bulambuli District.

## Methodology

### Study Design and Rationale

The study adopted a descriptive cross-sectional design. A descriptive study describes a condition and related factors measured at a specific point in time for a defined population. It was descriptive because the goal was to assess a sample at a specific point in time, identify areas for further research, help in planning resource allocation, and provide formal information about the condition. It was cross-sectional because it compared different population groups at the same time and different variables at the same time.

### Study Setting and Rationale

The study was conducted at Masira Health Centre III, in the Eastern Region of Uganda. It is a public health center funded by the government of Uganda. The District headquarters is located within Muyembe town. Masira Health Centre III is located approximately 12 kilometers by road from the district headquarters. This is approximately 242 kilometers by road, Northeast of Kampala, the capital city of Uganda. The Health center has eight (8) bed capacities and serves 02 Sub Counties. It offers services like antenatal care, Maternity Care, family planning, Maternal and Child.

### Study Population

The study population of interest was all male clients attending Masira Health Centre III (About 126 men were assessed).

### Sample Size Determination

Since this population was defined and pre-determined (finite), the process of determining the sample size was calculated by using Solvin's formula (1962) as shown below.

$n$

$$N = 1 + n(E)^2$$

Where;

$N$  = Number of respondents.  $n$  = Target population,  $n=126$

$E$  = Fixed error,  $E= 0.05$

Therefore;

$$N =$$

$$N= 96$$

Therefore 96 respondents were recruited for the study

### Sampling Technique

A simple random selection technique was used in this study to give equal opportunity to all respondents and to reduce biases.

### Sampling Procedure

The researcher selected 10 days of the month. The sample size of 96 was divided equally over the 10 days resulting in 9 respondents per day. This is because the respondents needed to be guided to fill out the questionnaire since most of them cannot read and write. On each day, the researcher allocated numbers to all the present and willing pregnant spouses who were present, those numbers were written on small papers and folded then an independent volunteer was instructed to randomly select five numbers. The owners of the numbers selected participated for that day. The procedure was repeated for the remaining seven days to complete the process.

### Inclusion criteria

The study included male clients who were available during the research agreed to consent and had attended and sought services at Masira Health Centre III.

### Definitions of Variables

Variables are characteristics or values that vary in a study. There are two main types of variables.

### Independent Variables

These were knowledge and attitude as well as demographic characteristics. The demographic data for example age, and level of education while attitude included cultural beliefs, their perception regarding male involvement in early attendance of antenatal care services among male clients, and their wish to be involved in attendance of ANC with their women.

Also, knowledge encompassed what the participants knew as far as ANC is concerned.

### Dependent Variables

These were effects or outcome variables; in this study, they were male involvement in attendance of antenatal care services among male clients or refusal of attendance of antenatal care services and its consequences.

### Data collection tools

Data collection was conducted using a structured questionnaire to obtain all of the required information.

These questionnaires had close-ended questions developed in English. The questionnaire constituted of four main sections namely section A for demographic characteristics of the respondents, section B for knowledge, section C for attitude, and section D for practices.

### Data Collection Procedure

Having presented an introductory letter from the school and getting permission to conduct research from Masira Centre III, the researcher identified the population that met his selection criteria and explained the purpose of the study. The researcher read the questions to the respondent and the responses were filled in the corresponding questionnaire. The researcher read the questions exactly as they appeared on the survey questionnaires for the respondents to answer. The questionnaire was translated into the local language which can be understood by the participant for those who do not English.

### Data Management

Data collected was kept in a locked cupboard to maintain privacy and confidentiality.

### Quality control

Checking all missing data in the questionnaires was done and if not filled it was returned to the respondent and asked for classification.

### Data Analysis

Data was analyzed using MS. Excel and the results were presented in tables, graphs, charts, frequencies, and cross-charts.

### Data presentations

Data was presented in frequency distribution tables, pie charts, and bar graphs while other data was presented in statements.

### Ethical Considerations

A letter was obtained from the Kampala School of Health Sciences introducing the researcher and asking for permission to collect data from the respective facility. The research ethics committee of Masira Centre III permitted the researcher to carry out his work and introduced him to the target respondents. All respondents were consented before involving in the research. All information obtained was treated with a high level of confidentiality.

## Results

**Table 1: Distribution of respondents by socio-demographic characteristics**

Socio-demographic characteristics		Frequency (N=96)	Percentage (%)
Age	15-24	28	29.2
	25-34	34	35.4
	35-45	18	18.8
	45 and above	16	16.7
	<b>TOTAL</b>	<b>96</b>	<b>100</b>
Occupation	Farmer	34	34.4
	Business man	20	20.8
	Civil servant	17	17.7
	Others	26	27.1
	<b>TOTAL</b>	<b>96</b>	<b>100</b>
Religion	Catholic	32	33.3
	Muslim	17	17.7
	Anglican	28	29.2
	Born-Again	19	19.8
	<b>TOTAL</b>	<b>96</b>	<b>100</b>
Level of Education	Primary	27	28.1
	Secondary	36	37.5
	Tertiary	20	20.8
	No education	13	13.5
	<b>TOTAL</b>	<b>96</b>	<b>100</b>
Tribe	Mugisu	31	32.3
	Muganda	18	18.8
	Sabinye	10	10.4
	Others	37	38.5
	<b>TOTAL</b>	<b>96</b>	<b>100</b>

Marital Status	Married	48	50
	Divorced	14	14.6
	Co-habiting	17	17.7
	Others	17	17.7
	<b>TOTAL</b>	<b>96</b>	<b>100</b>

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From Table 1, the majority of the respondents (35.4%) were aged 24-35 years, followed by (29.2%) aged 15-24 years, (18.8%) aged 35-45 years, and the least (16.7%) aged 45 and above years. Most of them (34.4%) were farmers, (20.8%) were businessmen and (17.7%) were civil servants. The majority (33.3%) were catholic, (29.2%) were Anglicans, (19.8%) were Born-Again and

(17.7%) were Moslems. (37.5%) attained Secondary education followed by (28.1%) who attended primary education, (20.8%) who attended Tertiary institutions (and 13.5%) who did not attain any education. (32.3) were bags, (18.8%) were Baganda and the least (10.4%) were Sabinye. (39.6%) were married and (25.0%) were co-habiting

**Knowledge towards male involvement in antenatal care services among male client at Masira Health III**

**Figure 1: Distribution of the respondent's knowledge about antenatal care services or not**

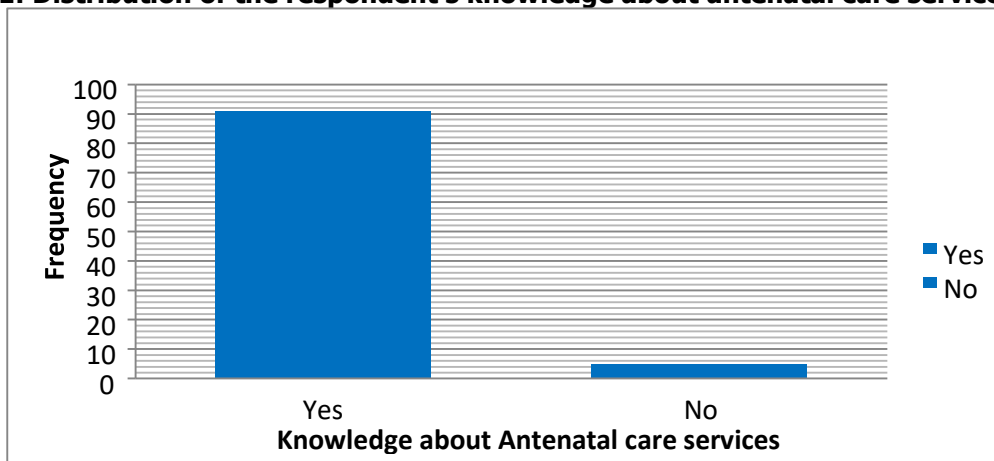


Figure 1, the majority 91(94.8%) of the respondents knew about antenatal care services while 5 (5.2%) did not know about antenatal care services.

**Figure 2: Distribution of respondents by the sources of information about ANC. N=91**

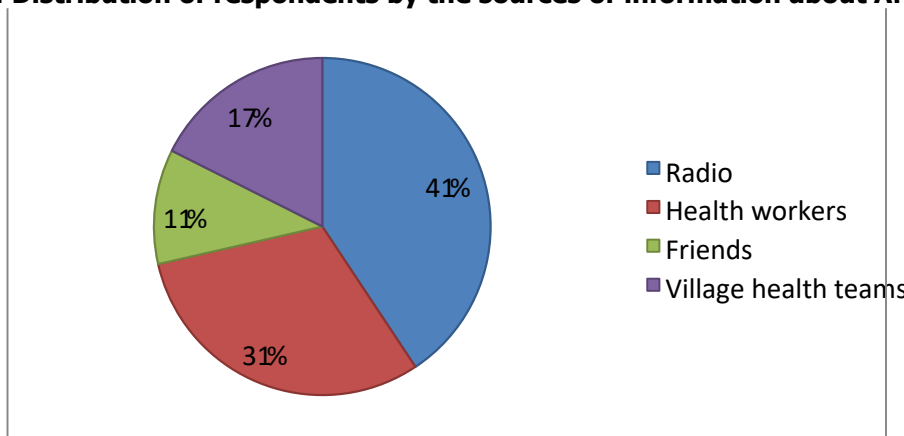


Figure 2, nearly half of the respondents obtained information about reproductive health from radios (41%), (31%) from health workers, (17%) health services from Village health teams, while (11.0%) obtained information about antenatal care services from friends.

**Table 2: Distribution of respondents by knowledge about different antenatal care services.**

Antenatal care services	Frequency (N=91)	Percentage (%)
TT vaccination	20	22
IPT, FeFos and Mebendazole	35	38.5
Birth preparedness and awareness	10	11
Voluntary HIV counseling and testing	12	13.2
All	14	15.4
Total	91	100

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Table 2, most of respondents 35(38.5%) knew IPT, FeFos and Mebendazole, 20(22%) respondents knew about TT vaccination, (13.2%) knew about Voluntary HIV counseling and testing, 10 (11%) knew about birth preparedness and awareness while 14 (15.4%) knew about all the antenatal care services offered.

**Figure 3: Distribution of respondents by their attitudes towards roles to play in their partner's antenatal care services. N= 96**

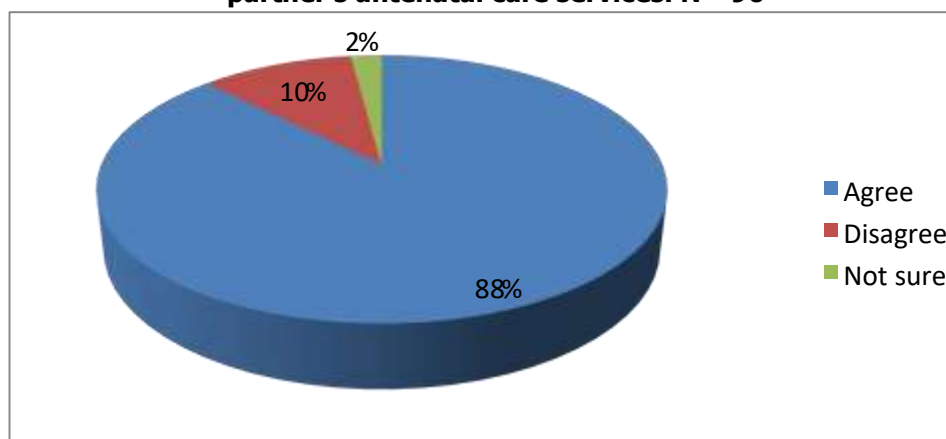
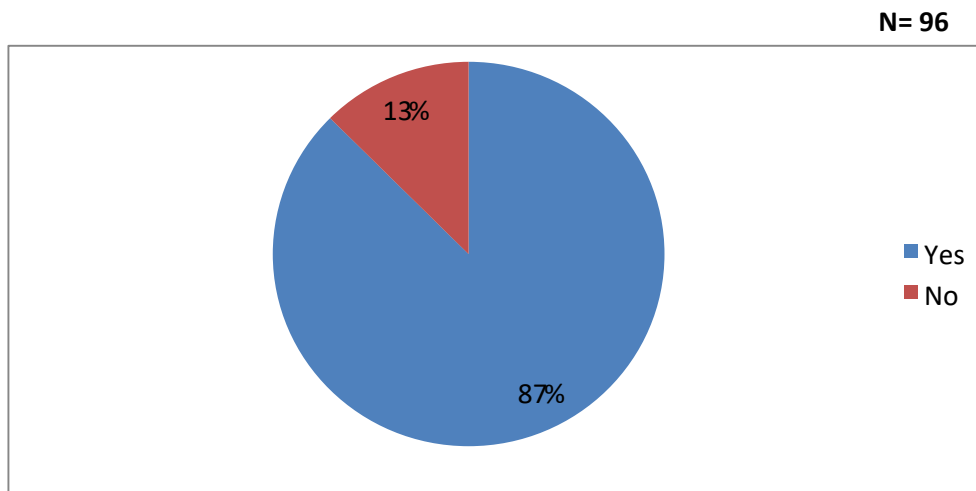


Figure 3, the majority of respondents 84 (88%) agreed that men had important roles to play in their partner's antenatal care services, 10(10%) disagreed with the roles men had to play in their partner's antenatal care services while 2(2%) neither agreed nor disagreed on the roles men had to play in their partner's antenatal care service.

**Figure 4: Distribution of respondents according to the level of recommendation for a friend to utilize antenatal care services**



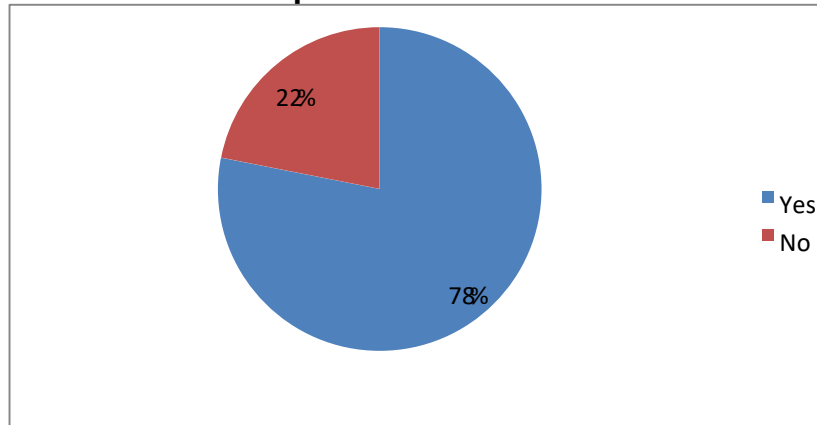
Out of 96 respondents, the majority of the respondents 84 (87%) reported that they would recommend a friend to utilize antenatal care services while a few 12(13%) reported that they would not recommend a friend to utilize antenatal care service.

**Table 3: Distribution of respondents on why they cannot recommend friends for ANC Services**

RESPONSE	FREQUENCY	PERCENTAGE (%)
It wastes time	2	17
Interferes with Cultural norms	3	25
It is a woman's issue.	7	58
TOTAL	12	100

From Table 3, the majority of the respondents 7 (58%) reported they could not recommend for ANC Service since it's a woman's issue, 3 (25%) reported that it interferes with the cultural norms, and the minority 2 (17%) reported of it wasting time.

**Figure 5: Distribution of male clients by attendance of antenatal care services with their partners. N=96**



The majority 75(78%) reported that they have ever accompanied their partners for antenatal care services whereas 21(22%) said that they have never accompanied their partners for antenatal care services.

**Figure 6: Distribution of respondents by different antenatal care services they accompanied their partners to. N=75**

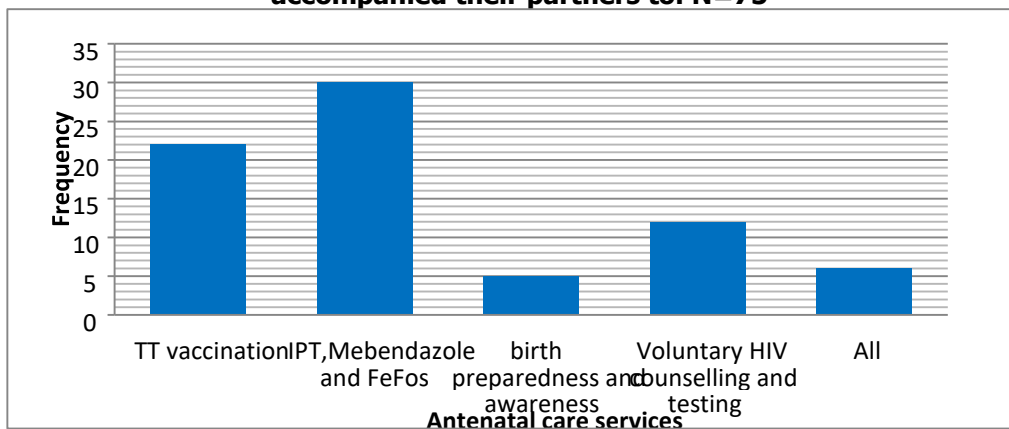


Figure 6, out of the 75 male respondents, 30(40%) reported that they have ever accompanied their partners for IPT, FeFos, and Mebendazole, 22(29.3%) accompanied their partners for TT vaccination, 12(16%) were involved in voluntary HIV counseling and testing with their partners, 5(6.7%) of the respondents were involved in birth preparedness and awareness, 6(8%)

respondents reported their involvement in all the antenatal care services offered.

**Discussion**  
**Knowledge towards male involvement in antenatal care services among male clients.**

The study found that the majority of respondents 91(94.8%) had good knowledge of antenatal care services compared to 5 (5.2%) who did not know about antenatal care services. This could be attributed to awareness about pregnancy-related care, the level of education where most respondents attained secondary education (37.5%) and some attained tertiary education (20.8%). The study was in correspondence to a study conducted by Chibwae et al., (2018) which found that almost all of the interviewed men (95.6%) reported to have heard about antenatal care services. The study found that the common source of information about antenatal care services was the radio (40.7%). This was because radios are easily accessible, cheap, and most used means of communication. (30.8%) got information from the health workers, the Village health team (17.6%) and from friends (11%).

Most of the respondents (38.5%) knew about IPT, FeFos, and Mebendazole followed by (22%) for TT vaccination, birth preparedness (11%), and HIV testing (12%) and (14%) knew all services available at ANC clinic. This implies that most men know about the activities and services that are offered in Antenatal Clinics and are for the good of their spouses and the expected baby. This increases their confidence in the idea of involving them in attendance for ANC services. These findings agree with those discovered by Mengistu et al., (2022) (44.8%) showed that men knew the services available in ANC clinics this showed that Male partners' knowledge about ANC services offered was not limited. The researcher concluded that empowering male partners with knowledge about ANC services may increase their ANC participation and in turn increase skilled delivery.

### **Attitude towards male involvement in antenatal care services among male clients.**

The study found that the majority of the respondents (78.9%) agreed that they had important roles to play in antenatal care services. This was because respondents believed that their involvement in Antenatal care was where they were educated about care during pregnancy and birth preparations for improved pregnancy outcomes. This was in correspondence to the study conducted by Falade-Fatila et al., (2020) which revealed that almost all (98.7%) of the respondents said men do have important roles to play during and after pregnancy.

The study also found out that the majority of the respondents (87.5%) reported that they would recommend a friend to utilize antenatal care services while (12.5%) of the respondents reported that they would not recommend a friend to utilize antenatal care services. These findings correspond with the findings from Allen et al.,(2014) which showed that male partners had a positive attitude toward their involvement in ANC services and could recommend other fellow men for such services however these findings contradict the findings of Mitiangi et al., (2014) who discovered that majority.

(52%) men perceive antenatal care as a woman's affair and men seen going with their wives to antenatal clinics are perceived to be weak or jealous.

### **Practices towards male involvement in antenatal care services among male clients**

Majority of the participants 75 (78.1%) were attending ANC services with their partners. This shows that men have known the benefit of attending the ANC services with their partners. These findings agreed with the study conducted by Falade-Fatila and Adebayo (2020) which found that the majority (98.7) of men had a role to play during pregnancy and were highly involved in antenatal care services however these findings disagree with the findings from Schwartz et al., (2017) whose findings shown that only (14%) were attending ANC services with their partner.

### **Limitation**

Limited funding since the researcher was not funded by any external body. Time also affected the researcher since it took much time to translate the questionnaire to the respondents who could not read. Mal response also limited the research since respondents felt guilty about reporting themselves therefore diverting the researcher.

### **Conclusion**

A large percentage of respondents had a good knowledge of the necessity of involving them during ANC, their role in accompanying them, the benefits of accompanying them, and the services offered at the Antenatal clinics.

### **Recommendation**

The health facility should also invest more in sensitization and education campaigns in the communities to ensure that male partners receive adequate information on decisions to improve male involvement in antenatal care services.

The health facility should design innovative strategies mainstreaming male involvement in line with development trends as well as enhance ethics and integrity among health care workers to increase male involvement in antenatal care services.

Ministry of Health should re-structure health systems to create an enabling environment for men to be involved in the care of their pregnant partners by reducing waiting time in the clinics and having education sessions for expectant fathers amongst others.

### **Acknowledgment**

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### List of Abbreviations

ANC : Antenatal care  
 AIDS: Acquired immunodeficiency syndrome  
 IPT: Intermediate Preventive Treatment  
 TT; Tetanus Toxoid vaccine  
 UNICEF: United Nations International Children's Funds  
 WHO: World Health Organization

### Source of funding

There was no source of funding.

### Conflict of interest

There's no conflict of interest declared.

### Author Biography

Kisombo Derick is a student with a diploma in clinical medicine and community health at Kampala School of Health Sciences.

Mr. Katwe Alex, the research supervisor and a lecturer at Kampala School of Health Sciences.

### References

- Allen S, Meninze-Derr J, Kautzman M, Zulu I, (2014). Sexual behavior of HIV discordant couples after HV counseling and Testing. *AIDS*. 733-740.
- Bayissa D, Abdissa G (2016). Involvement of Males in Antenatal Care, Birth Preparedness and Complication Readiness and Associated Factors in Ambo Town, Ethiopia. 2016; 20-36.
- Byamugisha R, Tusime J, Nulu S, Tylleskär T (2015). Determinants of male involvement in the prevention of mother-child transmission of HIV program in Eastern Uganda: a cross-sectional survey. *Reproductive Health* 2015, 7:12.
- Chibwae A, (2018). attendance of male partners to different reproductive health services in Shinyanga District, Northwestern Tanzania. *Tanzania journal of health research* 20(2);, 1-11.
- Falade-Fatila O and Adebayo M (2020). Male partners' involvement in pregnancy-related care among married men in Ibadan Nigeria. *Reproductive Health*. 17, Article: 14 (2020).
- Kariuki K, Seruwagi G (2016). Determinants of Male Partner Involvement in Antenatal Care in Wakiso District, Uganda. *BJMMR*. 2016 Jan 10 18(7):1-15.
- Mengistu mekonen (2022). The extent of male involvement and associated factors in antenatal care services utilization in Bench Sheko zone, Southwest Ethiopia. *Front Global Women Health*, <http://doi.org/10.3389/fgwh.2022.938027>.
- Mitiangi M, Mojola A and Githae M Male (2014). Involvement in antenatal care among married men in Langata district, Kenya. *African Journal of Midwifery and women's health*. July 2014 7(3): 117-122.
- Partin, M., Sanchez, A., Poulson, J., Berg, A., Parascando, J., & Ramirez, S. I. (2021). *Social Inequities Between Prenatal Patients in Family Medicine and Obstetrics and Gynecology with Similar Outcomes*. 181-188.
- Raru TB, Ayana GM, Zakaria HF, Merga BT (2020). Association of Higher Educational Attainment on Antenatal Care Utilization Among Pregnant Women in East Africa Using Demographic and Health Surveys (DHS) from 2010 to 2018. A Multilevel Analysis.
- International Journal of Women's Health 2022;14 67-77.
- Soltani F, Majidi M, Shobeiri F, Parsa P, Roshanaei G (2018). Knowledge and attitude of men towards participation in their wives' perinatal care. *Int. J. Women's Health Reprod. Sci* 2018; 6:356-62.
- Tekelab T, Chojenta C, Smith R, Loxoton D (2019). Factors affecting utilization of antenatal care in Ethiopia: A systematic review and meta-analysis. *PLoS one*. 2019; 14(4): e0214848.
- UNICEF (2021). Antenatal care. 2021. Available from: [https:// data. Unicef. Org/ topic/ maternal-health/ antenatal-care/](https://data.unicef.org/topic/maternal-health/antenatal-care/)
- United Nations. Report of the International Conference on Population and Development. /CONF. 171/13/Rev. 1, 11-34. 1995. Cairo, Egypt.
- WHO (2015). From MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals. <http://www.who.int/iris/handle/10665/200009>.
- WHO (2021). Ending Preventable Maternal Mortality (EPMM). A Renewed Focus for Improving Maternal and Newborn Health and Wellbeing. *Epmmm\_brief-230921.pdf*.
- WHO (2016). WHO recommendations on antenatal care for a positive pregnancy experience. Geneva; 2016.

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