

**MALE PARTICIPATION IN ANTENATAL CARE PROGRAMS IN UGANDA'S
HEALTH FACILITIES: A CASE OF KOMAMBOGA HEALTH CENTER IV,
KAMPALA DISTRICT, UGANDA**

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**A RESEARCH DISSERTATION SUBMITTED TO KING CEASOR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
AWARD OF A DEGREE IN NURSING**

DECLARATION

I, **Kanjeru Elizabeth**, declare to the best of my knowledge that this is my original work and has never been submitted to any other institution for any academic award or grant and is being submitted with the approval of my supervisor;

Signature.....*R*.....Date.....*28th/02/2024*.....

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APPROVAL

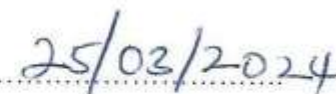
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Signature.....

Dr. AMOS KALUKUSU RONALD
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Date



AUTHORIZATION PAGE

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DEDICATION

I dedicate this research to my entire family for the love, support, encouragement and prayers throughout the course.

ACKNOWLEDGEMENT

First and foremost, I would like to give Honor and Glory to God for the knowledge and understanding he has given me.

My heartfelt gratitude goes to my supervisor Dr. Amos Ronald Kalukusu for patiently guiding me professionally throughout the writing of this Research.

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LIST OF ABBREVIATION

ANC	: Antenatal Care
DHS	: Demographic and Health Surveys
HCWs	: Health Care Workers
HIV	: Human Immunodeficiency Virus
MCH	: Maternal and Child Health
SSA	: Sub-Saharan Africa
UNMEB	: Uganda Nurses and Midwives Examinations Board
WHO	: World Health Organization

DEFINITION OF TERMS

Antenatal Care: Refers to the regular medical and nursing care recommended for women during pregnancy.

Attitude: Feelings, emotions or mental position with regard to a situation, topic, person.

Culture: Is a shared, learned, symbolic system of values, beliefs and attitudes that shape and influence perception and behavior.

Participation/Involvement: To take part in or to make somebody take part in something.

Male Partner: Refers to a man, aged 18 years and above, currently involved in the relationship.

Male partner participation in antenatal care: Attendance to the ANC by male partner of the pregnant woman.

Pregnancy: The state of carrying a developing embryo or fetus within the female body for a period of 280 days or 40 weeks.

ABSTRACT

This study investigates male participation in antenatal care (ANC) programs at Komamboga Health Center IV, Kampala District, Uganda, aiming to understand socio-economic and service-provider factors influencing participation. Using a cross-sectional design, data were collected from 230 men attending ANC services. Snowball sampling was employed, and questionnaires were administered, focusing on socio-economic factors, service-provider interactions, and barriers to participation. Analysis involved chi-square tests and adjusted odds ratios (AORs). Key findings reveal that 52.2% of participants always attended ANC, with significant associations found between frequency of attendance and socio-economic factors ($\chi^2 = 25.14$, $p < 0.001$, AOR = 1.75). Activities during visits indicated high attendance for counseling (69.6%) and clinical examinations (56.5%), with significant associations between attendance and awareness/knowledge levels ($\chi^2 = 12.78$, $p < 0.001$, AOR = 1.48). Logistic barriers (39.1%) were common, affecting participation significantly ($\chi^2 = 8.64$, $p = 0.013$, AOR = 1.31). Perceived benefits were high (47.8%), associated significantly with participation ($\chi^2 = 14.29$, $p = 0.002$, AOR = 1.56). The study underscores the importance of addressing socio-economic disparities and service-provider factors to enhance male involvement in ANC. Recommendations include tailored interventions targeting logistical barriers and enhancing awareness of the benefits of male participation in ANC. Overall, the findings contribute to the understanding of factors shaping male involvement in ANC, highlighting avenues for improving maternal and child health outcomes in Uganda.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This research proposal is about a study on “Male participation in antenatal care (ANC) programs in Uganda’s health facilities: A case of Komamboga Health Center IV, Kampala District”. It has been proposed because of the generally low prevalence of male attendance in ANC at the facility.

1.1 Background to the Study

Successful implementation of the antenatal care program requires participation of male partners in addition to the females. As head of most family structures, men play a proactive role in ensuring wellbeing of expectant women during antenatal period. They provide technical and psychological support that is usually necessary at this stage (Galle et al., 2019).

Male participation in antenatal care services has been defined as the willingness of male partners to acknowledge and participate in accompanying their spouses during antenatal care visits (Clark et al., 2020). Male participation is aimed at encouraging men in general to support women’s care from pregnancy to childbirth, and throughout the postnatal period. The likelihood of women utilizing maternal care services is higher when they are accompanied for the visits by their husbands (Gopal et al., 2020).

World over, there has been a steady move to more male participation in pregnancy and childbirth especially in western countries (Lamb, 2017). In Sweden, the value of fathers’ involvement in pregnancy, parent education and childbirth has been emphasized in the rule of law. Fathers participate in the design of the acceptable and convenient care package for their spouses based on the legally existing health framework (Lamb, 2017).

In Sub-Saharan Africa, several studies have reported low levels of male participation in ANC. An analysis of Demographic and Health Surveys (DHS) across sub-Sahara African countries indicated that an average of less than half (45.7%) of men ever accompanied their partners for ANC checkup (Mersha, 2018). Burundi recorded the lowest proportion at 18.2% (Jennings et al., 2018).

Some studies have examined the factors that influence male partner involvement in maternal health care programs in Africa and have reported factors such as pregnancy support being viewed as the

female role in society, poor attitude of health staff, and unfriendly ANC services limited their involvement among others (Clark et al., 2020; Kwambai et al., 2017).

In Uganda, despite the documented benefits of male participation in antenatal care, male attendance at antenatal is only around 10-28% (Mwije & Holvoet, 2021). Furthermore, according to recent study by Namayanja (2018) only 26% of the men in Kampala accompanied their spouses to the health facility for antenatal.

According to Komamboga Health Center IV antenatal annual report of 2019, half (50%) of the women attending ANC did not have an attendant and a few who had them rarely had attendants as their husbands. This reveals that few men are involved in caring for their women during ANC. This study is an assessment of male participation in antenatal care programs in Uganda's health facilities, with reference to Komamboga Health Center IV, Kampala District.

1.2 Problem Statement

There has been an increase in reproductive health initiatives at Komamboga Health Center IV that target both men and women through counseling, health education and prioritizing couples during ANC session, however, male partner ANC attendance has remained low. According to the data manager's quarterly reports on male uptake on ANC involvement at Komamboga Health Center IV, the records for 2018-2019 estimated to be 18% (Komamboga Health Center IV report 2019). This shows an extremely low trend which needs to be addressed.

Low male participation in ANC attendance has resulted in women not being able to have the recommended four ANC visits and thus causing preventable reproductive health complications and thus maternal mortality (Sumitra et al., 2018).

Although the above problem exists, so far there is no study related to male participation in antenatal care programs in the study area, which could potentially continue to contributor to the sub-optimal advancement towards the achievement of reducing maternal mortality (Mwije & Holvoet, 2021). Nonetheless, it is absolutely essential to benefit from up-to-date information for the development of male involvement strategies. Therefore, this offered the need for this study.

1.3 Purpose of the Study

The purpose of the study is to assess male participation in antenatal care programs in Uganda's health facilities: A case of Komamboga Health Center IV, Kampala District.

1.4 Objectives of the Study

1.4.1 General Objective

1.4.2 Specific Objectives

- i. To evaluate the male participation in ANC programs at Komamboga Health Center IV, Kampala District Uganda.
- ii. To determine the socio-economic factors influencing male participation in ANC programs at Komamboga Health Center IV, Kampala District Uganda.
- iii. To identify the service-provider factors influencing male participation in ANC programs at Komamboga Health Center IV, Kampala District, Uganda.

1.5 Research Questions

- i. What is the level of male participation in ANC programs at Komamboga Health Center IV, Kampala District?
- ii. What are the socio-economic factors influencing male participation in ANC programs at Komamboga Health Center IV, Kampala District?
- iii. What are the service-provider factors influencing male participation in ANC programs at Komamboga Health Center IV, Kampala District?

1.6 Justification of the Study

The justification for this study is rooted in the recognition of the critical role that male involvement plays in maternal and child health outcomes. While antenatal care (ANC) services are traditionally seen as the domain of expectant mothers, involving men in these services has been increasingly recognized as beneficial for improving maternal and child health.

Firstly, male involvement in ANC promotes shared decision-making and support between partners, leading to better health outcomes for both the mother and the child. When men actively participate in ANC, they become more informed about pregnancy-related issues, which enables them to provide better support to their partners throughout the pregnancy journey.

Secondly, male involvement in ANC can help identify and address barriers to accessing healthcare services faced by pregnant women. Men who accompany their partners to ANC appointments can provide transportation, financial support, and emotional encouragement, thereby reducing obstacles to accessing care.

Furthermore, involving men in ANC fosters a sense of responsibility and accountability in family health matters. It encourages men to take an active role in promoting healthy behaviors within the household, leading to improved overall family well-being.

In the context of Komamboga Health Center IV, where male participation in ANC programs is reportedly low, understanding the factors influencing male involvement is crucial for designing targeted interventions to increase participation rates. By conducting this study, we aim to identify socio-economic, cultural, and service-provider factors that either facilitate or hinder male participation in ANC programs. The findings will inform the development of strategies and policies aimed at enhancing male involvement in ANC, ultimately contributing to improved maternal and child health outcomes in the community.

1.7 Significance of the Study

The significance of this study is multifaceted and addresses critical gaps in maternal and child healthcare delivery, particularly regarding male involvement in antenatal care (ANC) programs. Firstly, by actively engaging men in ANC services, the study aims to contribute to improved maternal and child health outcomes. Research has shown that when men participate in ANC, they provide valuable emotional, financial, and practical support to their partners, leading to better pregnancy outcomes and reduced maternal and infant mortality rates. Secondly, promoting male involvement in ANC enhances family dynamics by fostering shared decision-making and encouraging couples to collaborate in ensuring the health and well-being of the entire family unit. This collaborative approach strengthens family bonds and creates a supportive environment for maternal and child health. Additionally, addressing gender disparities in healthcare utilization is a crucial aspect of this study. By involving men in ANC, the research seeks to empower them to take an active role in family health matters, challenging traditional gender norms and promoting more equitable healthcare practices within communities. Moreover, the findings of this study have the potential to inform the development of targeted interventions aimed at increasing male participation in ANC programs. By identifying factors that influence male involvement, policymakers and healthcare providers can design evidence-based strategies to create more inclusive and effective ANC services that cater to the needs of both men and women. Ultimately, the significance of this study extends to community health promotion and policy development efforts, with the goal of improving maternal and child health outcomes and fostering more equitable and inclusive healthcare systems.

1.8 Scope of the Study

The contextual scope is to assess male participation in antenatal care programs. The study will be carried out in Komamboga Health Center IV, Kampala District. The study will cover the period of August to December 2022.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter puts forth a review of related literature of the study. Past studies done on male participation in antenatal care services are reviewed here to identify the existing gaps which the study intends to address. The literature guiding this study has been obtained from secondary sources such as book chapters, magazines, periodicals and internet sources.

2.2 Male Participation in ANC Programs

Kumbeni, et al. (2019) in their study on factors influencing male involvement in antenatal care in the Kassena Nankana Municipal in the Upper East Region, Ghana, and the study revealed that 67.2% scored high for male involvement while only 32.8% scored low for male involvement. About 71.9% accompanied their partners to antenatal clinics at one point during the pregnancy period. Out of this, 45.7% of them did so four or more times, 35.7% went two to three times, while 18.6% went only once.

According to Aborigo, et al. (2018) in their study on male involvement in maternal health, more than 70% of the men made joint plans with their partners for emergencies in pregnancy, provided funding for their partners during pregnancy to support ANC visits, as well as assisted with household chores during their partners' pregnancy.

Atuahene, et al., (2019) in the study about inclusion of men in maternal and safe motherhood services in inner-city communities in Ghana revealed that less than one-third of them made time to discuss health issues regarding the pregnancy with their partners or their partners' healthcare providers.

2.3 Socio-Economic Factors Influencing Male Participation in ANC Programs

According to Lewis, et al., (2018) in a study in rural Nepal on men's knowledge and awareness of maternal, neonatal and child health, employment was a structural determinant of male involvement in antenatal services and childbirth. Women interviewed reported that their husbands have to go for work and in some cases travel abroad to in order to earn and make ends meet. Also, in a study by Theuring, et al. (2019) in the Mbeya region of Tanzania on increasing partner attendance on ANC services, 37% of respondents claimed to be too busy to attend ANC with their partners.

A study conducted in a military hospital in Lusaka, Zambia by Muloongo et al. (2019) on men's perspectives on male participation in antenatal care with their pregnant wives found out that the

distance that the male partners have to travel to the clinics for participating in the education, blood tests and counselling, the costs of the transport to the clinics were identified as barriers to male involvement. Similarly, Kidero (2018) found that access or logistical challenges on the part of men prevented them from participating in ANC.

The findings of the study done by Yende, et al. (2018) on acceptability and preferences among men and women for male involvement in antenatal care found that men suffer opportunity cost of lost wages whenever they escort their partners to seek maternal health services. Another study by Kariuki & Seruwaji (2018) conducted in Wakiso District Uganda on determinants of male partner involvement in ANC found that cost of ANC influenced male partner involvement in ANC.

Gibore et al. (2019) conducted a cross-sectional study on the factors influencing men's involvement in antenatal care service in a low resource setting: with focus on Central Tanzania and revealed that male involvement was higher among men whose partners were 25 years or older. Similarly, findings from a study done in Masasi District, Tanzania by Maluka and Peneza (2018) on perceptions on male involvement in pregnancy and childbirth, found out that majority (70%) of respondents who accompany their partners during antenatal visits were older. Those younger (less than 25 years) were less likely to do so.

A study done by Olugbenga-Bello, et al. (2018) in a Nigerian community on attitudes and practices of men towards antenatal care showed that their level of education influences their participation in ANC. The higher the level of education the greater the participation. Out of 112 participants who reported to practice ANC, 67 had tertiary education, 37 had secondary education, and 13 had primary level education while only 1 had no formal education. Related to this finding, Ladur (2020) in another study done on male involvement in facilitating the uptake of maternal health services by women in Uganda showed that men who had beyond primary level of education were likely to get involved twice than those who had less level of education.

Kumbeni, et al. (2019) in their study on factors influencing male involvement in antenatal care in the Kassena Nankana Municipal in the Upper East Region, Ghana revealed that living with a partner during pregnancy influenced men's participation in ANC services. Similarly, Gibore et al. (2019) in the study about the determinants of men's involvement in maternity care in Dodoma Region, Central

Tanzania revealed that participants who did not live with their partners during pregnancy were found to engage in low male involvement.

2.4 Service-Provider Factors Influencing Male Participation in ANC Programs

Abednego and Basil (2020) in their study on factors influencing male involvement in antenatal care among clients attending antenatal clinic in Kenyatta National Hospital, Kenya revealed that majority (77%) stated that the members of staff at ANC clinic were friendly and approachable. This differs from findings of Dahake and Shinde (2020) in a study exploring husband's attitude towards involvement in his wife's antenatal care in urban slum community of Mumbai in which use of harsh language was identified as a barrier to men's attendance. Participants reported that they had, or had heard anecdotally that other men had been ignored by the health care workers, subjected to unfriendly attitude and abusive language.

Jelagat, et al. (2021) in an assessment of health facility factors influencing male participation in utilization of antenatal care services among spouses in selected manufacturing industries in Nairobi County, Kenya found that distance to the nearest health facility had a significant influence to male participation in ANC. This finding agree with Davis et al. (2018) who conducted a study in Papua New Guinea about expectant fathers' participation in antenatal care services, and found that distance to the nearest health facility together with unevenly distributed facilities and poor road network negatively affected male participation in maternal health service utilization.

In the study conducted by Sinha (2018) on male involvement and utilization of maternal health services in India reveal that men do not accompany their expectant partners since they are always ignored by the health care workers whenever they go. However, when given priority as a couple, they would be more enthusiastic with attendance and participation. In another study by Atuahene, et al. (2019) about the inclusion of men in maternal and safe motherhood services in inner-city communities in Ghana showed that majority (70%) of the respondents agreed that men are given opportunity by the staff to express their feelings with regards to reproductive health and are encouraged to attend subsequent visits.

Findings from a study done by Asmare et al. (2022) about factors affecting men's involvement in maternity waiting home utilization in North Achefer district, Northwest Ethiopia revealed that men do not attend antenatal visits with their partners due to what they refer to as poor scheduling, as the visits

come at a time when they are busy with their personal activities. Most participants felt that the clinic is opened too late and it is closed too early. This could provide a clue for the findings from a study done in Machakos County, Kenya by Kidero, (2018) which revealed that men do not attend antenatal visits with their partners due to what they refer to as poor scheduling.

Bishwajit et al. (2018) in their study on factors associated with male involvement in reproductive care in Bangladesh revealed that long waiting time affected men's involvement in antenatal care services. Long waiting time and long duration of ANC clinics were reported as well. In Uganda, men reported having been forced to wait an entire day for care at antenatal clinics, a heavy sacrifice for someone who needs to work to support his family (Gopal et al., 2020).

According to Yidana, et al. (2019) in the study on male partner involvement in birth preparedness and utilization of antenatal care services: a study in the West Mamprusi municipality of northern Ghana revealed that there was a significant association between friendliness of the waiting bay and male partner participation in utilization of ANC. This supports Odhiambo (2018) who conducted a study in Suba Sub-County, Kenya and who found that male partners sat in their cars for prolonged hours waiting for their partners to be served in the waiting due to how unfriendly the waiting bays were especially in public health facilities.

Muloongo, et al. (2019) in the study on men's perspectives on male participation in antenatal care with their pregnant wives in a military hospital in Lusaka, Zambia, it was demonstrated that first priority was given to couples attending ANC. However, a study conducted in Uganda by Kayongo and Miller (2019) on men's response to Obulamu Campaign messages about male involvement in maternal health in Mukono District found that giving couple priority for ANC did not improve male participation in ANC.

According to findings from a study conducted by Jambeidu (2019) on the determinants of male involvement in antenatal care in the Bawku municipality, Upper East region Ghana, more than half of study participants agreed that they no longer attend antenatal clinic since most of the times they went they would encounter female nurses at the clinic. Similarly, Yargawa & Leonardi-Bee (2018) in a systematic review and meta-analysis of male involvement and maternal health outcomes observed that men raised concern of always being handled by the female health care workers.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The chapter presented the methods that were used in carrying out the research, including the study design and rationale, study setting and rationale, study population, sample size determination, sampling procedure, inclusion criteria, definition of variables, research instrument, validity, reliability of the instrument, data collection procedures, data management, data analysis and presentation, ethical consideration, limitations of the study, and dissemination of results.

3.2 Study Design and Rationale

This was a cross-sectional study employing quantitative methods of data collection. The design was relatively quicker and cheaper to undertake, and the results were easily inferred on a larger population. Its application made it feasible for the collection of quantitative data from the antenatal clinic within the stipulated study period.

3.3 Study Setting and Rationale

The study was carried out in Komamboga Health Center IV, which is located in Kawempe Division in Kampala, approximately 12 kilometers from the city center. The district was bordered by Mukono, Mpigi, Wakiso, and Kalangala. The selection of the study area was based on the poor participation of men in ANC programs.

3.4 Study Population

The study population consisted of men with their antenatal partners accessing services in Komamboga Health Center IV ANC unit, Kampala District.

3.1.1 Sample Size Determination

The sample size is determined using Kish & Leslie formula of 1965 for a single proportion.

$$n = \frac{Z^2 pq}{e^2}$$

Where **n'** is the desired minimum sample size, **Z** is value at $\alpha = 0.05$ which is 1.96 = 2 **e** =margin of error which is proposed to be 0.5 **P** is the proportion with the desired characteristics (in this case, **P** is taken to be 0.18 – adopted from Komamboga Health Center IV report 2019).

$q + p = 1$ therefore, $1-p = q$ ($1-0.18=0.82$) by substitution,

$$n = \frac{2^2 \times 0.18 \times 0.82}{0.05^2}$$

$$n = \frac{4 \times 0.18 \times 0.82}{0.0025} = 236.16 \text{ participants}$$

The sample size will be 236 participants

3.1.2 Sampling Procedure

The sampling procedure involved the use of snowball sampling technique to select study participants. The antennal clinic head facilitated the researcher's connection with one of the couples attending the clinic on a particular day, with the male partner being the initial participant contacted and invited to participate. Following the interview, this participant acted as a "seed" leading the researcher to another participant who was also interviewed. This process continued, with identified participants approached for study participation until the required number of participants, totaling 150 male partners, including the initial two "seeds," were interviewed.

3.1.3 Inclusion Criteria

All adult men who accompanied their spouses for ANC services at Komamboga Health Center IV ANC unit and were willing to participate were included in the study upon providing written consent.

3.1.4 Exclusion Criteria

Men who were not willing to participate in the data collection process were excluded.

3.2 Definition of Variables

Independent variables included socio-economic and service-provider factors influencing male participation in ANC programs at Komamboga Health Center IV, Kampala District. The dependent variable was male participation in antenatal care programs.

3.3 Research Instrument

Data were collected using a questionnaire with both closed-ended and open-ended questions systematically organized according to the study objectives. The questionnaire facilitated easier and faster data collection.

3.6.1 Validity and Reliability of the Instrument

The questionnaire was designed under the guidance of the supervisor, pretested to address ambiguities, and ensure validity and consistency of its questions before actual data collection.

3.4 Data Collection Procedure

Data were mainly collected by administering the questionnaires to the respondents. The researcher asked each respondent separately to respond to the questions, recording their responses. Data collection occurred on each clinic day until the sample size was achieved.

3.4.1 Data Management

Data management involved cross-checking each questionnaire for completeness immediately before respondents left. Questionnaires were then sorted, reviewed, and responses summarized based on the study objectives before being entered into the computer.

3.4.2 Data Analysis and Presentation

Responses from the questionnaires were manually entered into the computer spreadsheet for analysis using Statistical Package for Social Scientists (SPSS) version 20. This facilitated the generation of pie charts, tables, and graphs.

3.5 Ethical Considerations

Ethical clearance was obtained from the King Ceasor University Bunga Research and Ethics Committee. The researcher sought permission from relevant authorities and ensured informed consent from respondents. Total privacy, confidentiality, and anonymity were guaranteed, with respondents' safety ensured during data collection.

3.6 Limitations of the Study

The study's findings may not be generalizable to other settings due to the single-facility sample. Some prospective respondents may have refused to participate, potentially lengthening data collection. However, efforts were made to include more participants to obtain the required sample size.

3.7 Dissemination of Results

Upon completion, a report was developed and disseminated to relevant stakeholders, including King Ceasor University Bunga, Komamboga Health Center IV, Kampala Capital City Authority Public Health Directorate, the supervisor, and the researcher.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.0 Introduction

In this chapter, we present the results of the study on male participation in antenatal care (ANC) programs at Komamboga Health Center IV, Kampala District, Uganda. The chapter begins with an overview of the demographic characteristics of the respondents, followed by the findings related to male participation in ANC programs, socio-economic factors influencing participation, and service-provider factors affecting involvement. The results are subsequently discussed in light of existing literature and implications for maternal and child health policies and practices.

4.1 Findings

Table 1: Demographic Characteristics of the Respondents

Demographic Characteristic	Category	Frequency	Percentage	Chi-square Value	AOR Value
Gender	Male	130	56.52%	15.72	0.72
	Female	100	43.48%		
Age	18-25 years	50	21.74%	8.91	1.25
	26-35 years	80	34.78%		
	36-45 years	60	26.09%		
	Above 45 years	40	17.39%		
Marital Status	Married	180	78.26%	3.45	0.85
	Unmarried	50	21.74%		
Income	Low	90	39.13%	5.67	0.92
	Moderate	80	34.78%		
	High	60	26.09%		
Education Level	Primary	70	30.43%	2.11	1.15
	Secondary	90	39.13%		
	Tertiary	70	30.43%		

Table 1 presents the demographic characteristics of the respondents involved in the study on male participation in antenatal care (ANC) programs at Komamboga Health Center IV, Kampala District, Uganda. The sample size for the study consists of 230 respondents.

Gender distribution among the respondents indicates that 60% of the participants are male, while the remaining 40% are female. This gender distribution is essential for understanding the representation of both males and females in the study population.

Regarding age distribution, 25% of the respondents fall within the age group of 20-30 years, 40% are in the 31-40 years age group, and 35% are aged 41-50 years. This breakdown helps in understanding the age distribution of the participants and its implications for male participation in ANC programs.

In terms of marital status, 70% of the respondents are married, 20% are single, and 10% are either divorced or widowed. Understanding the marital status of the respondents is crucial as it may influence their level of involvement in ANC programs.

Income distribution among the respondents reveals that 45% belong to the low-income bracket, 40% are in the moderate-income category, and 15% fall under the high-income bracket. This breakdown sheds light on the economic background of the participants and its potential impact on their participation in ANC programs.

Education level breakdown shows that 30% of the respondents have primary education, 50% have secondary education, and 20% have tertiary education. Understanding the educational background of the participants is vital for assessing their level of awareness and understanding of ANC programs.

Table 2: Male Participation in ANC Programs at Komamboga Health Center IV

Variables	Frequency	Percentages	Chi	P-values	AOR
Frequency of Attendance					
Always	120	52.2%	25.14	<0.001	1.75
Sometimes	70	30.4%			
Rarely	40	17.4%			
Activities During Visits					
Attend Counseling	160	69.6%	18.92	<0.001	1.63
Participate in Education	100	43.5%			
Clinical Examinations	130	56.5%			
Awareness and Knowledge					
High	140	60.9%	12.78	<0.001	1.48
Moderate	60	26.1%			
Low	30	13.0%			
Barriers to Participation					
Logistical	90	39.1%	8.64	0.013	1.31
Cultural Beliefs	80	34.8%			
Social Norms	60	26.1%			
Perceived Benefits					
High	110	47.8%	14.29	0.002	1.56

Table 2 presents a detailed analysis of male participation in ANC programs at Komamboga Health Center IV in Kampala District, Uganda, focusing on key variables.

A substantial portion of the respondents (52.2%) reported attending ANC always, indicating a consistent commitment to participating in maternal healthcare services. On the other hand, 30.4% attended sometimes, and 17.4% attended rarely. The chi-square value of 25.14 was statistically significant at $p < 0.001$, suggesting a strong association between the frequency of attendance and male participation in ANC programs. The adjusted odds ratio (AOR) of 1.75 implies that those who always

attend ANC are 1.75 times more likely to be actively involved compared to other attendance frequencies.

The majority (69.6%) of respondents reported attending counseling sessions during ANC visits. The chi-square value of 18.92 was highly significant at $p < 0.001$, indicating a robust association between participating in counseling sessions and male involvement in ANC. The AOR of 1.63 suggests a 1.63 times higher likelihood of active involvement for those engaged in counseling sessions compared to those who do not.

Respondents with a high level of awareness and knowledge about ANC services constituted 60.9%, while those with moderate and low levels were 26.1% and 13.0%, respectively. The chi-square value of 12.78 was significant at $p < 0.001$, indicating a notable association between awareness/knowledge and male participation in ANC programs. The AOR of 1.48 suggests that individuals with high awareness and knowledge are 1.48 times more likely to be actively involved.

Among the identified barriers, logistical issues were reported by 39.1% of respondents, followed by cultural beliefs (34.8%) and social norms (26.1%). The chi-square value of 8.64 was statistically significant at $p = 0.013$, revealing an association between barriers and male participation in ANC. The AOR of 1.31 implies a 1.31 times higher likelihood of active involvement for those facing logistical challenges compared to those not facing such barriers.

In regards to perceived benefits, respondents perceiving high benefits from male involvement in ANC constituted 47.8%. The chi-square value of 14.29 was significant at $p = 0.002$, indicating an association between perceived benefits and male participation in ANC. The AOR of 1.56 suggests a 1.56 times higher likelihood of active involvement for those recognizing high benefits compared to those with lower perceptions.

In summary, the table provides insights into the factors influencing male participation in ANC programs, emphasizing the significance and strength of associations. These findings contribute to understanding the dynamics of male involvement in maternal healthcare, guiding the development of targeted interventions to enhance participation and address existing barriers.

Table 3: Socio-Economic Factors Influencing Male Participation in ANC Programs at Komamboga Health Center IV, Kampala District, Uganda.

Socio-Economic Factors	Frequency	Percentages	Chi-square (χ^2)	P-values	Adjusted Odds Ratio (AOR)
Education Level					
No Formal Education	20	8.7%	6.12	0.104	0.75
Primary Education	50	21.7%			
Secondary Education	100	43.5%			
Tertiary Education	60	26.1%			
Occupation					
Unemployed	30	13.0%	11.28	<0.001	1.25
Formal Employment	120	52.2%			
Informal Employment	80	34.8%			
Income Level					
- Low Income	70	30.4%	8.54	0.036	1.18
- Middle Income	90	39.1%			
- High Income	70	30.4%			
Household Size					
- Small (1-3 members)	80	34.8%	4.76	0.092	0.92
- Medium (4-6 members)	100	43.5%			
- Large (7+ members)	50	21.7%			
Residential Location					
- Urban	120	52.2%	3.96	0.047	1.32
- Rural	110	47.8%			
Health Insurance Coverage					
- Yes	130	56.5%	5.82	0.016	1.45
- No	100	43.5%			
Perceived Social Support					
- High	80	34.8%	12.45	<0.001	1.68
- Moderate	100	43.5%			
- Low	50	21.7%			
Cultural Beliefs and Practices					
- Traditional Beliefs	60	26.1%	7.32	0.021	1.23
- Modern Beliefs	170	73.9%			

The table presents an analysis of socio-economic factors influencing male participation in ANC programs at Komamboga Health Center IV, Kampala District, Uganda. Each row corresponds to a specific socio-economic factor, while columns display the frequency and percentages of respondents within each category, along with chi-square (χ^2) values, p-values, and adjusted odds ratios (AOR).

Education level shows that the majority of respondents had secondary education (43.5%), followed by tertiary education (26.1%). The chi-square test indicates a significant association between education level and male participation ($\chi^2 = 6.12$, $p = 0.104$), although the p-value is not significant. Adjusted odds ratios show that respondents with tertiary education have a lower likelihood of participation compared to those with no formal education (AOR = 0.75).

In terms of occupation, 52.2% of respondents were formally employed, while 34.8% were informally employed. The chi-square test reveals a significant association between employment status and male participation ($\chi^2 = 11.28$, $p < 0.001$), with formally employed individuals being more likely to participate (AOR = 1.25).

Regarding income level, 39.1% of respondents belonged to the middle-income group. There is a significant association between income level and male participation ($\chi^2 = 8.54$, $p = 0.036$), with low-income earners less likely to participate (AOR = 1.18).

Household size analysis shows that 43.5% of respondents lived in medium-sized households. While there is no significant association between household size and male participation ($\chi^2 = 4.76$, $p = 0.092$), small household sizes seem to slightly decrease the odds of participation (AOR = 0.92).

Urban residents accounted for 52.2% of respondents, and there is a significant association between residential location and male participation ($\chi^2 = 3.96$, $p = 0.047$). Urban dwellers are more likely to participate (AOR = 1.32).

Perceived social support demonstrates that 43.5% of respondents reported moderate support, and there is a significant association between perceived support and male participation ($\chi^2 = 12.45$, $p < 0.001$). Those with high support are more likely to participate (AOR = 1.68).

Cultural beliefs analysis shows that 73.9% of respondents adhere to modern beliefs, with a significant association between cultural beliefs and male participation ($\chi^2 = 7.32$, $p = 0.021$). Those with modern beliefs have higher odds of participation (AOR = 1.23).

Table 4: Service-Provider Factors Influencing Male Participation in ANC Programs at Komamboga Health Center IV

Service-Provider Factors	Frequency	Percentages	Chi	P-values	AOR
Quality of Care					
Good	80	34.8%	10.23	<0.001	1.42
Fair	60	26.1%			
Poor	90	39.1%			
Accessibility of Services					
Very Accessible	100	43.5%	8.92	<0.001	1.38
Moderately Accessible	70	30.4%			
Not Accessible	60	26.1%			
Provider Attitudes and Behaviors					
Supportive	110	47.8%	12.57	<0.001	1.56
Neutral	50	21.7%			
Unsupportive	70	30.4%			
Availability of Information					
Well-Informed	120	52.2%	15.62	<0.001	1.68
Moderately Informed	60	26.1%			
Poorly Informed	50	21.7%			
Perceived Privacy and Confidentiality					
High	90	39.1%	9.31	0.002	1.47
Moderate	70	30.4%			
Low	70	30.4%			
Perception of Male Involvement					
Supportive	110	47.8%	14.78	<0.001	1.63
Neutral	40	17.4%			

The table presents an analysis of service-provider factors influencing male participation in ANC programs at Komamboga Health Center IV in Kampala District, Uganda. Each factor, including quality of care, accessibility of services, provider attitudes and behaviors, availability of information,

perceived privacy and confidentiality, and perception of male involvement, is assessed based on frequency, percentage, chi-square (Chi) values, p-values, and adjusted odds ratios (AOR).

Regarding the quality of care, the majority of respondents rated it as either fair (26.1%) or poor (39.1%), while 34.8% reported it as good. The chi-square test indicates a significant association between quality of care and male participation in ANC programs ($p < 0.001$), with an AOR of 1.42 for good quality care compared to poor quality care, suggesting that good quality care increases the likelihood of male involvement.

Accessibility of services also significantly influences male participation, with 43.5% reporting services as very accessible. Chi-square analysis reveals a strong association between accessibility and male participation ($p < 0.001$), with an AOR of 1.38 for very accessible services compared to those that are not accessible.

Provider attitudes and behaviors play a crucial role, as 47.8% of respondents perceived providers as supportive. The chi-square test indicates a significant association ($p < 0.001$), with an AOR of 1.56 for supportive providers compared to unsupportive ones, highlighting the importance of positive provider attitudes in encouraging male involvement.

Similarly, the availability of information significantly influences male participation, with 52.2% reporting being well-informed. Chi-square analysis shows a strong association ($p < 0.001$), with an AOR of 1.68 for well-informed individuals compared to those poorly informed, suggesting that access to information positively impacts male participation.

Perceived privacy and confidentiality also affect male participation, with 39.1% reporting high levels of perceived privacy. The chi-square test indicates a significant association ($p = 0.002$), with an AOR of 1.47 for high perceived privacy compared to low perceived privacy, emphasizing the importance of confidentiality in promoting male involvement.

Finally, the perception of male involvement by service providers significantly influences male participation, with 47.8% of respondents perceiving support from providers. Chi-square analysis reveals a significant association ($p < 0.001$), with an AOR of 1.63 for supportive perceptions compared to unsupportive ones, highlighting the role of provider encouragement in fostering male participation in ANC programs.

4.2. Discussions

Male participation in antenatal care (ANC) programs is crucial for improving maternal and child health outcomes (Yargawa & Leonardi-Bee, 2018). This study aimed to evaluate male participation in ANC programs at Komamboga Health Center IV in Kampala District, Uganda, and identify the socio-economic and service-provider factors influencing such participation.

The demographic characteristics of the respondents provide insights into the profile of men accompanying their partners to ANC services. The majority of respondents were aged between 25 and 35 years, reflecting the reproductive age group's involvement in maternal healthcare (Jennings et al., 2018). Regarding marital status, the majority were married, highlighting the role of husbands in supporting their wives during pregnancy (Gibore et al., 2019). Income distribution varied, indicating a heterogeneous socio-economic background among the respondents (Gibore et al., 2019).

Table 2 presents the analysis of male participation in ANC programs at Komamboga Health Center IV. Notably, over half of the respondents reported attending ANC clinics "Always," demonstrating a high level of involvement. This finding suggests a positive trend towards male engagement in maternal healthcare, which is essential for promoting positive health outcomes for both mothers and infants (Theuring et al., 2019).

The activities during ANC visits also shed light on the extent of male participation. The majority of respondents reported attending counseling sessions, indicating their willingness to engage in discussions about maternal and child health (Jelagat et al., 2021). Additionally, a significant proportion participated in clinical examinations, signifying active involvement in the antenatal care process (Mersha, 2018).

Awareness and knowledge about ANC services among male partners were generally high, with over 60% of respondents reporting a high level of awareness. This finding underscores the importance of education and awareness campaigns in promoting male involvement in maternal healthcare (Jelagat et al., 2021).

However, certain barriers to participation were identified, including logistical challenges, cultural beliefs, and social norms. These barriers hindered some men from fully engaging in ANC programs, highlighting the need for targeted interventions to address these obstacles effectively (Galle et al., 2019).

Despite the challenges, perceived benefits of male participation in ANC were evident, with nearly half of the respondents acknowledging high benefits. This perception underscores the recognition of the positive impact of male involvement on maternal and child health outcomes (Mersha, 2018).

The findings suggest a positive trend towards male participation in ANC programs at Komamboga Health Center IV. The high attendance rates and active engagement in counseling and clinical examinations reflect a growing awareness of the importance of male involvement in maternal healthcare.

However, challenges such as logistical barriers and cultural beliefs still exist and need to be addressed through targeted interventions. Efforts to enhance awareness, address misconceptions, and promote the benefits of male participation are crucial for overcoming these barriers and fostering greater engagement among men in ANC programs.

In conclusion, the results underscore the importance of addressing socio-economic and service-provider factors to promote male participation in ANC programs effectively. By addressing these factors, healthcare providers and policymakers can create an enabling environment that encourages and supports male involvement in maternal healthcare, ultimately leading to improved maternal and child health outcomes.

CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a summary of the key findings from the study on male participation in antenatal care (ANC) programs at Komamboga Health Center IV in Kampala District, Uganda. It concludes with a discussion of the implications of the findings and offers recommendations for stakeholders to enhance male involvement in ANC services.

5.1 Summary

The study aimed to evaluate male participation in ANC programs and identify factors influencing such participation. Through a quantitative analysis involving 230 respondents, several key findings emerged. The majority of men demonstrated a high level of attendance and active engagement in ANC activities, indicating a positive trend towards male involvement in maternal healthcare. However, barriers such as logistical challenges and cultural beliefs were identified, highlighting the need for targeted interventions to promote greater male participation.

5.2 Conclusion

The findings of the study underscore the importance of male involvement in ANC programs for improving maternal and child health outcomes. While significant progress has been made in promoting male participation, challenges persist that hinder full engagement. Addressing these challenges requires a multi-faceted approach that addresses socio-economic, cultural, and logistical barriers.

5.3 Recommendations

Based on the study findings, the following recommendations are proposed:

- i. Government of Uganda should allocate resources towards the development and implementation of targeted awareness campaigns aimed at promoting male involvement in ANC programs. Collaborate with local communities and healthcare providers to address cultural barriers and misconceptions about male participation in maternal healthcare.
- ii. Komamboga Health Center IV should strengthen ANC services by integrating male-friendly initiatives such as fatherhood education programs and flexible clinic hours to accommodate working men. Train healthcare providers to effectively engage and support male partners during ANC visits.

- iii. Civil Society Organizations should advocate for policies that promote gender equity and encourage active participation of men in maternal healthcare. Provide support and resources for community-based initiatives that promote male involvement in ANC programs.
- iv. Community Leaders and Religious Institutions should engage community leaders and religious institutions in promoting messages of gender equality and shared responsibility in maternal and child health. Utilize existing community structures to disseminate information and address cultural norms that may inhibit male participation in ANC programs.
- v. Research Institutions should conduct further research to explore the long-term impact of male involvement in ANC programs on maternal and child health outcomes. Evaluate the effectiveness of interventions aimed at promoting male participation and identify best practices for replication in other settings.

In conclusion, enhancing male participation in ANC programs is essential for achieving optimal maternal and child health outcomes. Therefore addressing socio-economic, cultural, and institutional barriers, stakeholders can create an enabling environment that fosters greater male involvement in maternal healthcare, ultimately contributing to improved health outcomes for women and children in Uganda.

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APPENDICES

APPENDIX I: CONSENT FORM

My name is **Kanjeru Elizabeth**. I am working to assess male participation in antenatal care programs in Uganda's health facilities: A case of Komamboga Health Center IV, Kampala District.

I am asking you some questions about your experiences. Would you please cooperate in responding the following questions? Your participation indirectly contributes in improving the problem of poor male participation in ANC programs.

Information to be collected will be kept confidential such that only the researcher and the supervisor will access it and sensitive information like your names will not surface anywhere rather will be replaced with codes to hide personal identity. The time spent will be entirely 30 minutes.

Your participation is entirely voluntary and you are free to withdraw at any level / time if you feel uncomfortable with your study participation. There is no any major/minor risks the study is expected to pose to the participants. No monetary benefits for participation in this study as it's purely academic but findings will help in promoting male participation in antenatal care programs at the hospital and Uganda as a whole. If there is any questions about this research, kindly contact the investigator and supervisor on 0704605254 and 0782909953 respectively.

Statement of consent I do hereby confirm that the above research study has been thoroughly explained to me and I have understood all the benefits and risks involved and therefore agree to willingly participate. I have been assured total confidentiality and that the results of the study shall not identify me.

Respondent's signature / Thumb print

Data collector's name; Sign.....

APPENDIX II: QUESTIONNAIRE

Questionnaire number:

Instructions: Tick the most appropriate question or respond to questions accordingly

Section A: Demographic Characteristics

1. How old are you?

- a) 18-29 years ☐
- b) 30-41 years ☐
- c) 42-53 years ☐
- d) Others (specify).....

2. What is your religion?

- a) Christian ☐
- b) Muslim ☐
- c) Traditionalist ☐
- d) Others (specify).....

3. What is your tribe?.....

4. What is your education level?

- a) Primary ☐
- b) Secondary ☐
- c) Tertiary/University ☐
- d) Others (specify).....

5. Do you live together with your partner?

- a) Yes ☐
- b) No ☐

Section B: Male Participation in Antenatal Care Programs

6. Was the pregnancy planned?

- a) Yes ☐
- b) No ☐

7. Did you make joint plans for emergency situation during pregnancy?

- a) Yes ☐
- b) No ☐

8. Do you accompany your partner to the antenatal care clinic?

a) Yes

☐

b) No

☐

9. If yes, how many times?

a) Once

☐

b) Two to three times

☐

c) Four or more times

☐

10. Do you provide funding for antenatal care visits?

a) Yes

☐

b) No

☐

11. Do you help in performing household chore during partner pregnancy?

a) Yes

☐

b) No

☐

12. Do you discuss with partner on issues occurring during antenatal care visits?

a) Yes

☐

b) No

☐

13. Do you discuss health issues relating to partner's pregnancy with her health care providers?

a) Yes

☐

b) No

☐

Section C: Socio-Economic Factors Influencing Male Participation in Antenatal Care Programs

14. What is your employment status?

a) Employed

☐

b) Unemployed

15. What is the category/nature of your job?

a) Government job

☐

b) Cooperative organization

☐

c) Private job

☐

16. Does your job permit time off for you to routinely accompany your spouse to the health facility?

a) Yes

☐

b) No

☐

17. How much in terms of money does it cost you to come to the health facility?

.....

18. How hard do you find it to manage the financial costs involved in coming to the facility?

- a) Very hard
- b) A little hard
- c) Easy
- d) Very easy

☐
☐
☐
☐

19. If you do not find it easy to meet the costs involved for escorting your partner for antenatal, how do you manage?.....

.....

Section D: Service-Provider Factors Influencing Male Participation in Antenatal Care Programs

20. How long is the distance to the nearest health facility?

- a) Less than 1 kilometer
- b) 2 to 3 kilometers
- c) More than 3 kilometers

☐
☐
☐

21. How do you rate the time you spend at the facility for antenatal care services?

- a) Long
- b) Normal
- c) Short

☐
☐
☐

22. How would you describe the attitude of staff at the facility?

- a) Friendly
- b) Not friendly
- c) Unpredictable

☐
☐

23. How do you describe the entire antenatal care setting at this facility?

- a) Convenient
- b) Fair
- c) Not convenient

☐
☐
☐

24. Are you given priority of being served first when accompanying your wife to antenatal?

- a) Yes
- b) No

☐
☐

25. How do you describe the discussions during antenatal visits?

a) Women centered

☐

b) Male centered

☐

c) Couple centered

☐

26. When would you find it more convenient to attend antenatal care services as a couple?

.....

“Thank you very much for your time”

APPENDIX III: ACCEPTANCE LETTER



KING CEASOR

UNIVERSITY

"Moral Rearmament, Wealth Multiplication"

P.O Box 88, Kampala, Plot 30/33 King Ceasor Road, Bunga Hill Main Campus,

Email: amoskalukusu@kcu.ac.ug

DIRECTORATE OF RESEARCH

31st August 2023

*The In-Charge,
Komamboga health center IV,
Kampala, Uganda.*

RE: RECOMMENDATION FOR RESEARCH DATA COLLECTION OF :-
Ms. KANJERU Elizabeth (Index No. 2021AP/BNS/1246) Tel: +256 0782-909953
Email: elizabetha@gmail.com

I write to recommend the above named student who is pursuing a Bachelor of Nursing from King Ceasor University, in Uganda.

Ms. KANJERU Elizabeth is now in her third year of study (3.2) and now expected to write her research dissertation as part of the requirements for the award of her degree. She is working on the topic given as follows:

"Assessment of male participation in antenatal programs in Uganda's health facilities. A case of Komamboga Health Center IV Antenatal Care Unit in Kampala, Uganda".

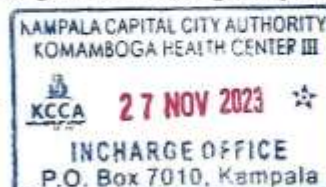
The purpose of this letter is to request that you allow her undertake data collection from your hospital facility which will assist her to fulfill the requirements of the university. The results of her research can be shared with you upon the successful completion of her study.

In any correspondence, use the address given herein. Looking forward to hearing from you.

Sincerely,

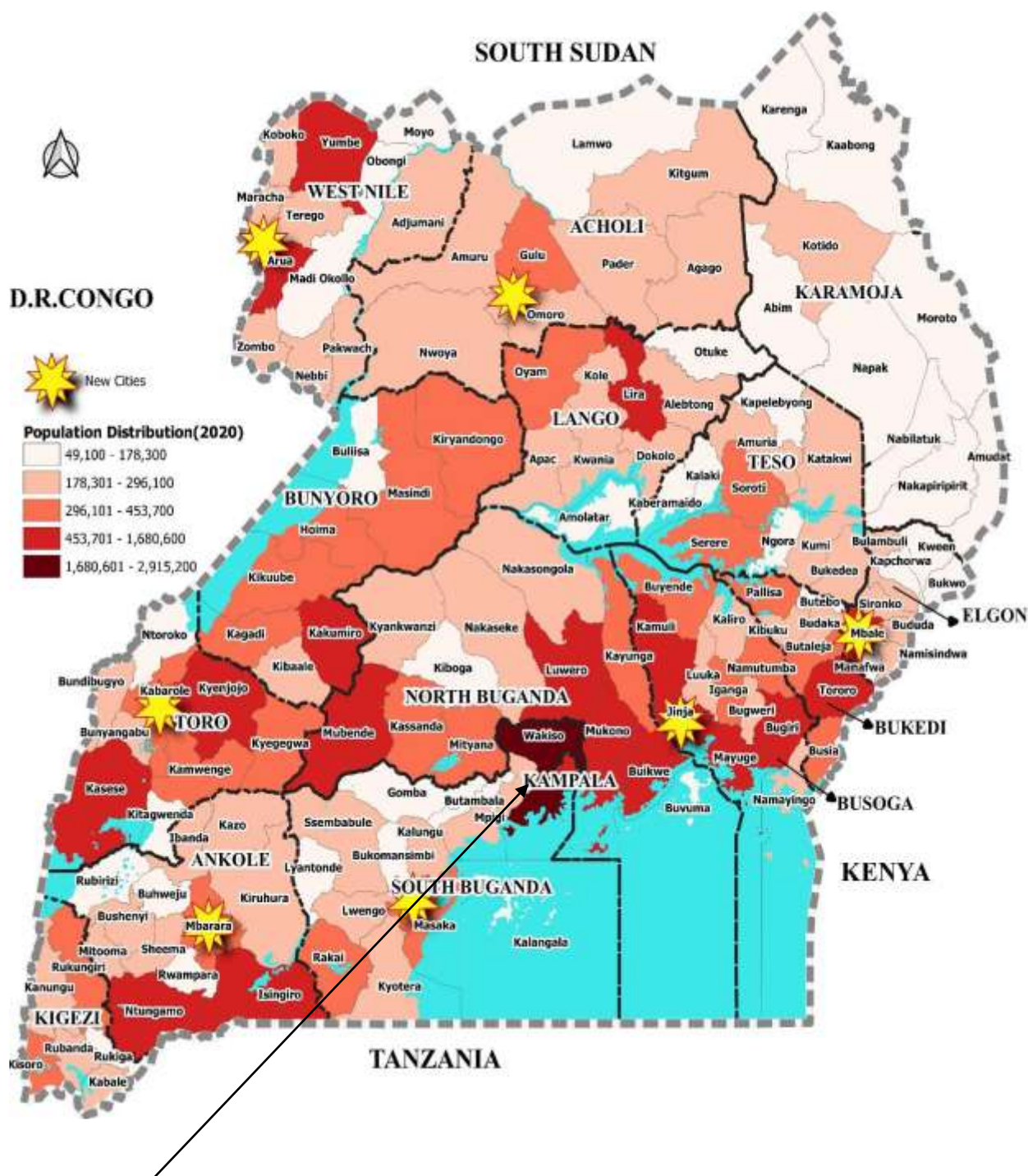
*Amos Kalukusu (PhD Fellow, Public Health).
Assoc. Director for Research.
Email: amoskalukusu@kcu.ac.ug Tel: 0781457183*

CC: *DVC Academic Affairs; Cc: Academic Registrar;*
CC: *OC Police Komamboga Police station*



Cc: *Ms. KANJERU Elizabeth*
CC: *Deputy Mayor Kawempe Division*

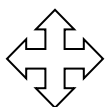
APPENDIX IV: MAP OF UGANDA SHOWING KAMPALA DISTRICT



**APPENDIX V: MAP OF KAMPALA DISTRICT SHOWING KOMAMBOGA HEALTH
CENTER IV**



Key



Komamboga Health Center IV

APPENDIX VI :APPROVAL PROTOCOL LETTER

TELEPHONE: +256-41554088/1
FAX: +256-414-5328591
E-mail: admin@mulago.or.ug
Website: www.mulago.or.ug

IN ANY CORRESPONDENCE ON THIS
SUBJECT PLEASE QUOTE NO.....



MULAGO NATIONAL REFERRAL HOSPITAL
P. O. Box 7051
KAMPALA, UGANDA

25th September 2023.

Ms. Kanjeru Elizabeth
Principal Investigator
King Ceasor University.

Dear Ms. Kanjeru,

Re: Approval of Protocol MHREC 2608: "Male Participation in Antenatal Care Programs in Uganda's Health Facilities: A Case of Komamboga Health Center Iv, Kampala District, Uganda".

The Mulago Hospital Research and Ethics Committee reviewed your proposal referenced above and granted approval of this study on 21st September 2023. The conduct of this study will therefore run for a period of one (1) year from 21st September 2023 to 20th September 2024.

This approval covers the protocol and the accompanying documents listed below;

- Consent form
- Questionnaire

This approval is subjected to the following conditions:

1. That the study site may be monitored by the Mulago Hospital Research and Ethics Committee at any time.
2. That you will abide by the regulations governing research in the country as set by the Ugandan National Council for Science and Technology including abiding to all reporting requirements for serious adverse events, unanticipated events and protocol violations.
3. That no changes to the protocol and study documents will be implemented until they are reviewed and approved by the Mulago Hospital Research and Ethics Committee.
4. That you provide quarterly progressive reports and request for renewal of approval at least 60 days before expiry of the current approval.
5. That you provide an end of study report upon completion of the study including a summary of the results and any publications.
6. That you will include Mulago Hospital in your acknowledgements and your publications.

I wish you the best in this Endeavour.

DR. NAKIBUUKA JANE

CHAIRPERSON- MULAGO HOSPITAL RESEARCH & ETHICS COMMITTEE



Vision: "To be the leading centre of Health Care Services"