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FACTORS CONTRIBUTING TO LOW INVOLVEMENT OF MEN IN ANTENATAL CARE SERVICES AMONG MEN ATTENDING MEDICAL SERVICES AT OBER HEALTH CENTER IV, LIRA DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. This study assessed factors contributing to low involvement of men in antenatal care services among men attending medical services at Ober Health Center IV, Lira district.

Methodology

A descriptive cross-sectional research design was used, and a simple random technique was employed. Data was collected on a sample size of 50 respondents using a structured questionnaire; later analyzed manually using tally sheets and computed into percentages using Microsoft Excel, and illustrated as figures and tables.

Results

60%) were in the age group 31-35years, 56% had attained secondary level of education, (58%) had never heard about males' involvement in ANC services, and (58%) reported the expected role of males' involvement in ANC services was to access information on child health care. (72%) Some respondents reported that sometimes their female partner had ever invited them to go together for ANC services, (52%) had ever made a decision on seeking ANC services, and (60%) reported community members were not supportive of male partner involvement. (90%) reported one could have spent 1hour at the facility for an ANC visit, and (68%) reported that they don't pay for access to ANC services at this facility

Conclusion

The study discovered a lack of knowledge, inadequate joint decision making, failure to invite men by their female partners to go for ANC, long waiting, and a day schedule for ANC were the major factors contributing to low involvement of men in antenatal care services among men attending medical services.

Recommendation

The administration of Ober health center IV should continue to promote male friendly services in order to increase male's uptake in ANC services.

Keywords: *Male involvement, Antenatal care services, Ober Health center IV, Lira district.*
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Background

Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy (WHO, 2023). Globally, specifically in sub-Saharan Africa, men are often the primary decision-makers and may determine women's access to resources, including access to transportation, nutritional food during pregnancy, and utilization of healthcare services such as antenatal care (ANC) and emergency obstetric care. Men's knowledge of and active participation in seeking maternal health services throughout the pregnancy and postpartum periods have been linked to higher service utilization by women.

Although the benefits of male engagement in ANC are well documented, challenges to male attendance at ANC in sub-Saharan Africa persist, with rates of male attendance to any ANC visit ranging from 14 % to 55 % (WHO, 2024). In Africa, despite the important role of men in maternal health, the involvement of male partners in Maternal and Child Health in low and middle-income countries, including Ethiopia, is low. Only 23.1% male partners have physically entered the ANC room with their wives in Addis Ababa. Another study from Gondar reported that only 40.1%

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husbands were involved in HIV counselling and testing during their wife's pregnancy (Mengistu Mekonen, 2022). In East Africa, especially in Tanzania, Regional disparities in quality of maternal health care include substandard reproductive health services in developing countries compared to those in developed countries. Socioeconomic, cultural, religious, and ethnic disparities continue to inhibit women's ability to make decisions regarding their health because of men's control of the allocation of family income, transportation, and time, and access to health services. Male involvement in maternal health services remains a challenge to safe motherhood despite its essential roles in providing financial, emotional, and physical support to women. Efforts to engage male partners in maternity care not only prevent delays in receiving appropriate care but also facilitate adequate treatment at the appropriately equipped health facility level (NIH, 2022). Studies conducted in Uganda also indicate that male involvement in MCH is unsatisfactory. Mbale district, in Eastern Uganda, registered 74% low male involvement in Prevention of Mother to Child Transmission (PMCT). In Gulu, Northern Uganda, male involvement was registered as high during antenatal visits, but it was noted that only men with Reproductive Health (RH) knowledge were willing to attend skilled Antenatal Care (ANC). This study assessed factors contributing to low involvement of men in antenatal care services among men attending medical services at Ober Health Center IV, Lira district.

Methodology

Study design

The study utilized a descriptive cross-sectional study design. The design provided a 'snapshot' of the outcome and the characteristics associated with it; it also allowed the establishment of the association between the variables in the study. The design employed a quantitative research method whereby a questionnaire was used to collect quantitative data.

Study area

The study was conducted in an antenatal care clinic at Ober Health Centre IV in Lira district, Northern Uganda. Lira district is 337km from Kampala district. The facility offers various services, including adolescent and youth-friendly services, general medical services, laboratory services, dental services, eye services, ART services, minor and major surgical procedures, maternity services, antenatal services, and family planning services. These services are provided 24hours a day. The facility receives an average of 350 to 400 patients daily.

Study population

The study population was composed of all men attending medical services at Ober Health Centre IV, present and ready to respond to research questions during the time of data collection at Ober Health Centre IV, Lira district.

Sample size determination

The sample size was calculated using burton's formula (1905)
S=2(QR) O
S=required sample size

Q=number of days that was used while collecting data (n=5) **R=**Maximum number of respondents per day (n=5)
O=Maximum time spent on each respondent (n=1 hr.)
S=2×5×5×1=50 respondents
Therefore, a sample of 50 respondents was used to conduct research.

Sampling technique
The purposive random sampling was used to select the participants. Only men who had come for medical services were selected and participated in the study interview at the point of exit. This design was suitable since the study was examining the associations between the study's variables exclusively in men coming for medical services.

Sampling procedure
The purposive random sampling was used to select the participants. This was favourable in studying when the respondents with the required features were few. Each day, about 4 men who had come for medical services at Ober health centre IV, who voluntarily accepted to participate in the study, were asked to sign an informed consent form and were therefore interviewed.

Data collection method
A well-structured questionnaire was used to collect data from the men who had come for medical services through the trained research assistants at Ober Health Centre IV, Lira district.

Data collection tool
The data collection instrument that was used in the study was a questionnaire. Study objectives were critically scrutinized and relevant questions developed. The tool was then taken to the field for testing. The tool was improved after the pre-test to the satisfaction of the researcher. A questionnaire containing both open-ended and closed questions, where respondents answered by ticking one objective on a particular question or writing in spaces where necessary.

Data collection procedure
After approval of the research proposal by the supervisor, a letter of introduction was provided from the research committee of Kampala School of Health Sciences, and was taken to the Medical Director of Ober Health Centre IV, seeking permission to collect data from the health center, and the Medical Director provided the acceptance letter to the researcher. Thereafter, the research assistant, who was trained on how the whole process would be conducted, introduced the respondents to the questionnaire, and each respondent was entitled to the questionnaire under the guidance of a research assistant and the questionnaire was translated into the language the respondent could understand better.

Dependent variable
Involvement of men in antenatal care services at Ober Health centre IV, Lira district.

Independent variable
The independent variables were individual, community, and health facility related factors contributing to low involvement of men in antenatal care services at Ober Health centre IV, Lira district.

Quality control
A filled questionnaire was checked for completeness at the interview site before leaving the place. Partially filled questionnaires were handed back to the respective respondents for completion before being resubmitted to the supervisor. To ensure the consistency of the data, research assistants were trained through a comprehensive training where they were given a brief enlightenment on the benefits of male involvement in antenatal care services, after which they went through the data collection tools. The researcher pre-tested the questionnaire at Wakiso Health Centre IV among 20% of the sample of the study population in order to ensure an accurate questionnaire that covers all the study objectives.

Data analysis and presentation
Collected data was analysed manually by use of tally sheets and computed into percentages using the Microsoft Excel computer program, with illustrated figures and tables for easy interpretation. Descriptive statistics such as percentages, frequencies, tables, graphs, and charts were used to provide a summarised and simplified picture of the outcome of the research.

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Results

Demographic Data

Table 1: Shows the distribution of respondents according to demographic data (N=50).

Variables	Categories	Frequency (f)	Percentage (%)
Age (years)	25-30	12	24
	31-35	30	60
	36-40	5	10
	>41	3	6
Total		**50**	**100**
Tribe	Lango	33	66
	Acholi	9	18
	Iteso	3	6
	Others	5	10
Total		**50**	**100**
Educational level	Never went to school	2	4
	Primary	6	12
	Secondary	28	56
	Tertiary/ university	14	28
Total		**50**	**100**
Religion	Catholic	22	44
	Anglican	13	26
	Muslim	5	10
	Others	10	20
Total		**50**	**100**

Table 1 shows that the majority of the respondents (60%) were in the age group 31-35years, whereas the minority of the respondents (6%) were in the age group 41 years and above. In addition to that, most respondents (66%) were Lango by tribe, whereas the least of the respondents (6%) were Iteso. Furthermore, more than half of the respondents (56%) had attained a secondary level of education, whereas the fewest respondents (4%) had never gone to school. From the results above, nearly half of the respondents (44%) were Catholics by religion, whereas the fewest respondents (10%) were Muslims by religion.

Individual Factors Contributing to Low Involvement of Men in Antenatal Care Services

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Table 2: Shows the distribution of respondents whether they had ever heard about male's involvement in antenatal care services (N=50).

Response	**Frequency (f)**	**Percentage (%)**
Yes	21	42
No	29	58
Total	**50**	**100**

Table 2 shows that most of the respondents (58%) had never heard about males' involvement in ANC services, whereas the least of respondents (42%) had ever heard about males' involvement in ANC services.

Figure 1: Shows distribution of respondents whether it is necessary for a pregnant woman to attend ANC services with the male partner (N=50).

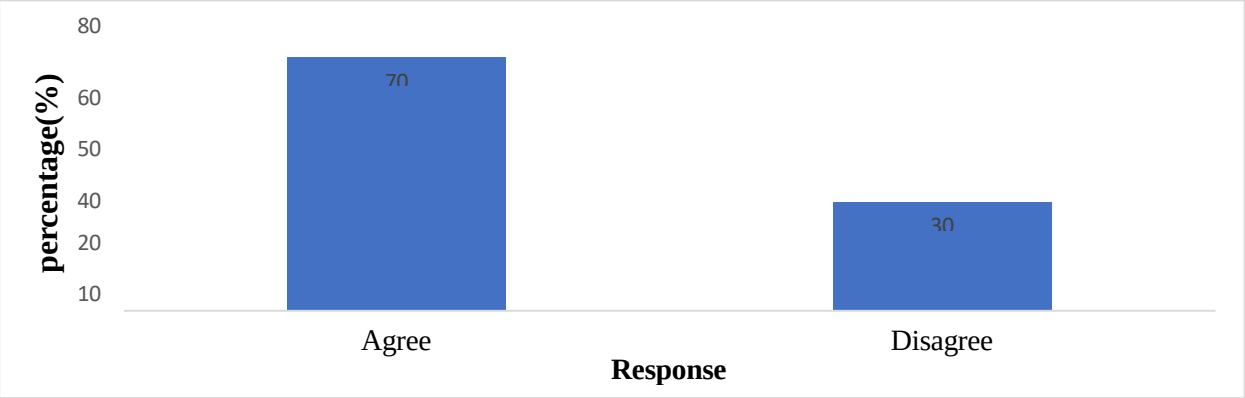

Figure 1 indicates that the majority of the respondents (70%) agreed that a pregnant woman needed to attend ANC services with the male partner, whereas the minority of the respondents (30%) disagreed that a pregnant woman didn't need to attend ANC services with the male partner.

Table 3: Shows distribution of respondents according to how male's involvement in ANC services improve on maternal health (N=50).

Response	**Frequency (f)**	**Percentage (%)**
Improve on psychological status of a pregnant woman	3	6
Improve on decision making among couples	27	54
Improve on family health	13	26
Others	7	14
Total	**50**	**100**

Table 3 shows that most of the respondents (54%) reported that males' involvement in ANC services improves decision making among couples, whereas the least (6%) reported that males' involvement in ANC services improves the Psychological status of pregnant women, and others reported improved family health, promotes love among couples.

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Table 4: Show distribution of respondents according to their views or intentions for accompanying their female partner to ANC services (N=50).

Response	Frequency (f)	Percentage (%)
Felt responsible	35	70
Felt pressured by my female partner	5	10
Felt it was a right thing to do	10	20
Total	**50**	**100**

Table 4 shows that the majority of the respondents (70%) reported that males' view or intention for accompanying their female partner for ANC services was their responsibility, whereas a minority (10%) reported being pressured by their female partner

Table 5: Shows distribution of respondents according to the expected roles of male's involvement in ANC services (N=50).

Response	Frequency (f)	Percentage (%)
Access to critical information of reproductive health	7	14
Access to information on obstetric danger signs	14	28
Access to information on child health care	29	58
Total	**50**	**100**

Table 5 indicates that most of the respondents (58%) reported the expected role of males' involvement in ANC services was to access information on child health care, whereas the least respondents (14%) reported the expected role of males' involvement in ANC services was to access information on reproductive health.

Community Factors Contributing to Low Male Involvement of Men in Antenatal Care Services

Figure 2: Shows distribution of the respondents according to their place of residents (N=50).

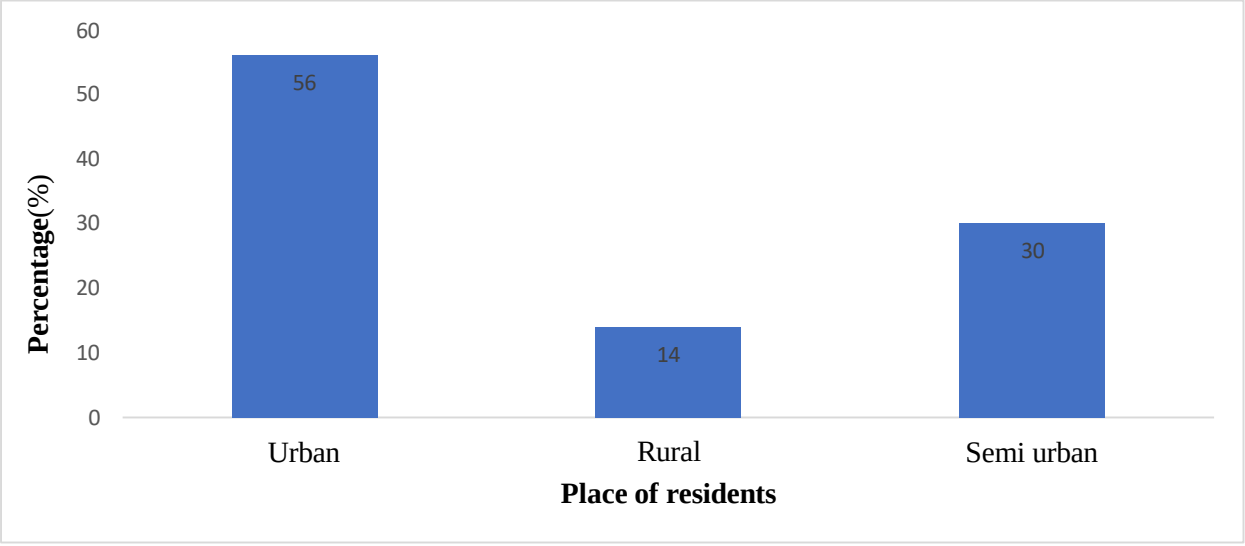

Figure 2 shows that the majority of respondents (56%) come from urban areas, whereas a minority of respondents (14%)

come from rural areas

Table 6: Shows distribution of respondents according to how often does their female partner invites them to go together for ANC services (N=50).

Response	Frequency (f)	Percentage (%)
Always	11	22
Sometimes	36	72
Never	3	6
Total	**50**	**100**

Table 6 shows that more than half of respondents (72%) reported that sometimes their female partner had ever invited them to go together for ANC services, whereas the fewest respondents (6%) had never been invited by their female partners to go together for ANC services.

Table 7: Shows distribution of respondents according to number of wives (N=50).

Number of wives	Frequency (f)	Percentage (%)
One	38	76
Two	8	16
Three	4	8
Total	**50**	**100**

Table 7 shows that the majority of respondents (76%) had only one wife, whereas a minority of respondents (8%) had three wives.

Figure 3: Shows distribution of respondents according to who make decision on seeking for ANC services. (N=50)

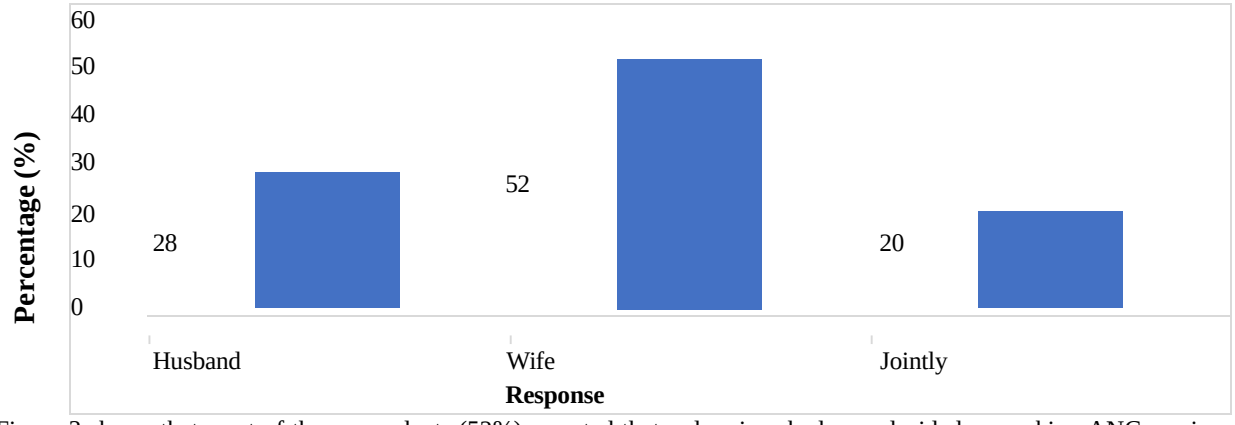

Figure 3 shows that most of the respondents (52%) reported that only wives had ever decided on seeking ANC services, whereas the least of the respondents (20%) had ever made a decision jointly on seeking ANC services.

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Table 8: Shows distribution of respondents according to community member's perception towards male's involvement in ANC services (N=50)

Response	Frequency (f)	Percentage (%)
Supportive	20	40
Not supportive	30	60
Total	**50**	**100**

Table 8 shows that most of the respondents (60%) reported community members' perception toward males' involvement in ANC services was not supportive, whereas the least of respondents (40%) reported community members' perception toward males' involvement in ANC services was supportive.

Figure 4: Shows distribution of respondents whether their religion supported ANC services (N=50)

Figure 4 indicates that almost all respondents (94%) agreed that their religion supported males' involvement in ANC services, whereas the fewest respondents (6%) reported their religion does not support males' involvement in ANC services.

Health Facility Related Factors Contributing to Low Involvement of Men in Antenatal Care Services.

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Figure 5: Shows distribution of respondents whether they had ever been sensitized by the health workers about male's involvement in ANC services (N=50).

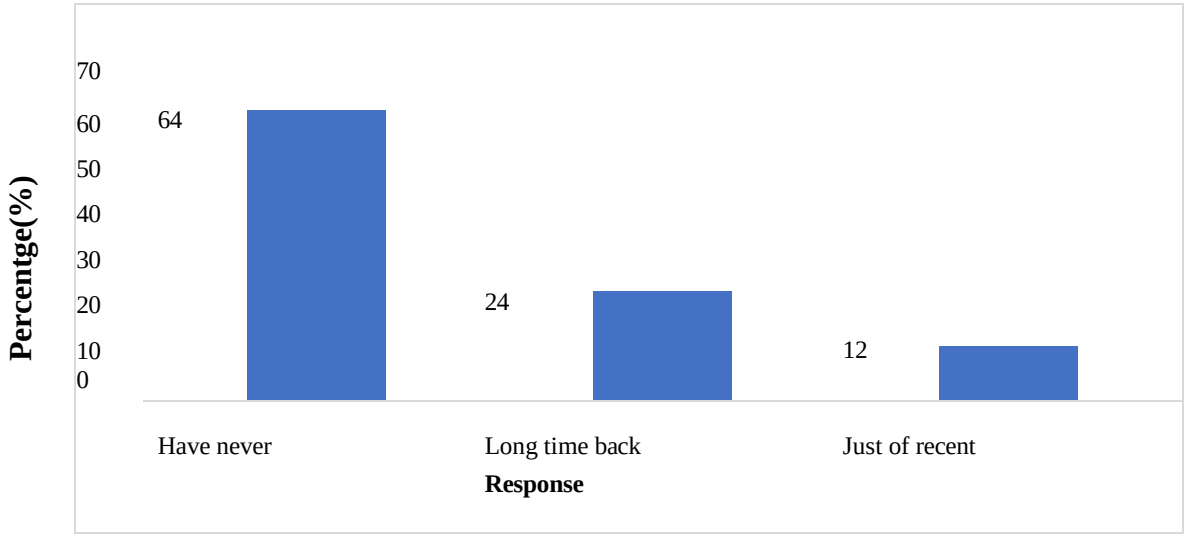

Figure 5 shows that, most of respondents (64%) reported had never been sensitized on male's involvement in ANC services by health workers whereas least of respondents (12%) reported just of recent had been sensitized on male's involvement in ANC services.

Table 9: Shows distribution of respondents according to how long should one spend at the facility for ANC visit (N=50).

Time (hours)	**Frequency (f)**	**Percentage (%)**
1	45	90
2-4	4	8
>5	1	2
Total	**50**	**100**

Table 9 indicates that the majority of respondents (90%) reported one could have spent 1hour at the facility for an ANC visit, whereas a minority of respondents (2%) reported one could have spent >5hours at the facility for an ANC visit.

Figure 6: Shows distribution of respondents according to the distance from their home to the health facility N=50.

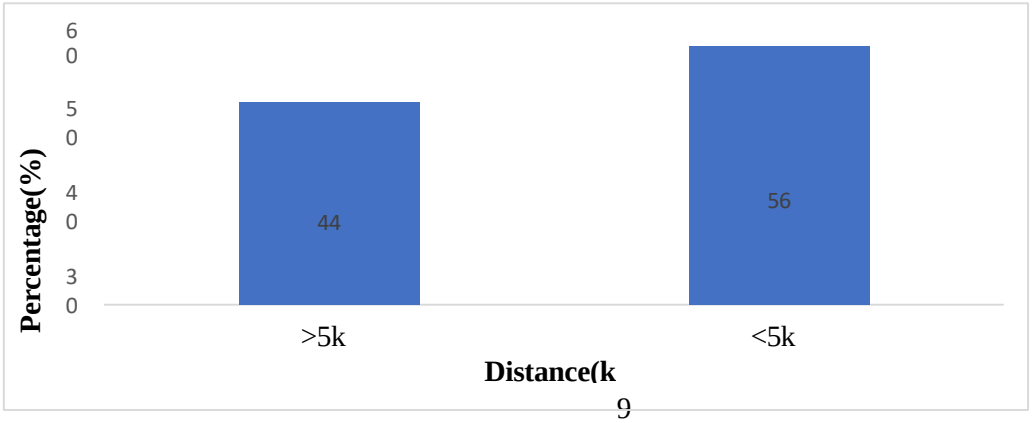

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Figure 6 shows that most of the respondents (56%) reported less than 5-kilometer distance from their home to the health facility, whereas the least of respondents (44%) reported more than 5 kilometers from their home to the health facility.

Table 10: Shows distribution of respondents according to their best day Scheduled that should be for male to go with their female partner for ANC services (N=50)

Days	Frequency (f)	Percentage (%)
Monday	5	10
Friday	12	24
Saturday	31	62
Others	2	4
Total	**50**	**100**

Table 10 indicates that the majority of the respondents (62%) preferred Saturday to be the best day scheduled for males to go together with their female partner for ANC services, whereas a minority of the respondents (4%) preferred other days like Tuesday, Thursday, and Sunday.

Figure 7: Shows the distribution of respondents whether they paid for access to ANC services at this facility (N=50).

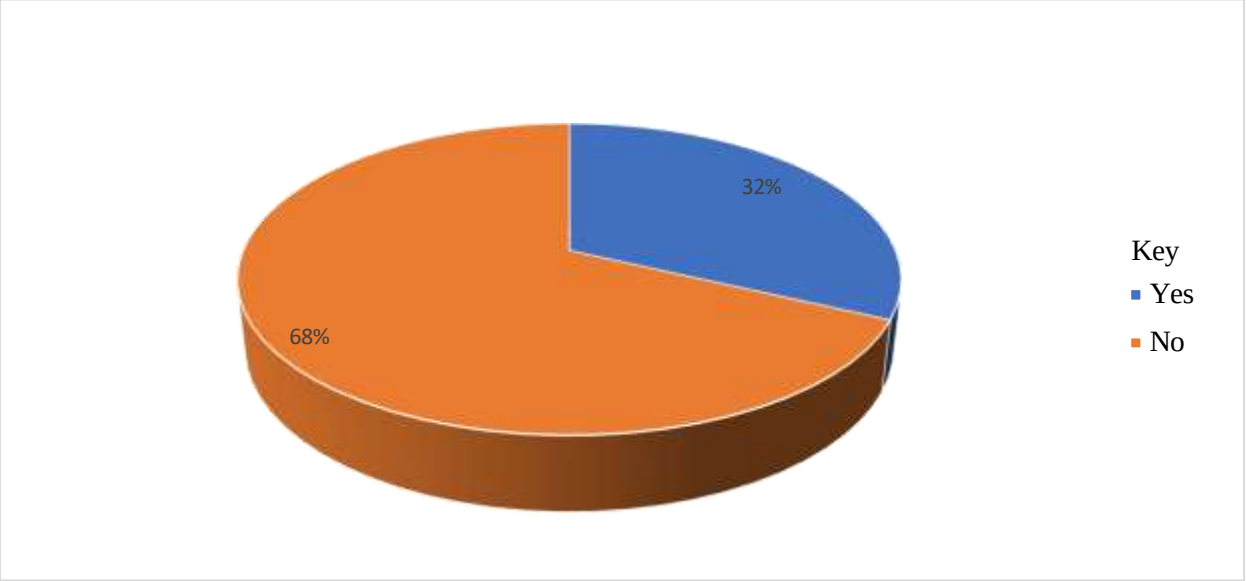

Figure 7 shows that most of the respondents (68%) reported no payment for access to ANC services at this facility, whereas the least of respondents (32%) reported payment for a few services at the ANC clinic at this facility.

Discussion

Individual factors contributing to low involvement of men in antenatal care services among men attending medical services

From the findings, (58%) the respondents reported that they had never heard about males' involvement in ANC services. This indicates that the largest number of respondents were not involved in ANC services due to a lack of knowledge of maternal health care. The study findings were not consistent with a study done by Bosco Mapunda (2022), where findings revealed that (41%) were not involved in ANC services due to a lack of knowledge in maternal health care. Surprisingly, nearly all respondents (70%) agreed that a pregnant woman needed to attend ANC services with her

partner. This implies that respondents had insight for a pregnant woman to attend ANC services with the male partner. The study findings were consistent with the study done by Ghide, Beraki, Ahmed, & Michael (2023), where results revealed that the necessity for a pregnant woman to attend ANC was recognized by almost all (98.7%) of the males. In addition to the above, the majority of the respondents (56%) reported that males' involvement in ANC services improves decision-making among couples. This reveals that a large number of respondents had benefited pregnant women seeking ANC services with their male partner. The study findings were in agreement with the study done by Ghirmay_Ghebreigziabher Beraki (2023), where 95.7% respondents had a positive attitude toward the statement that a male partner should accompany his pregnant partner to ANC for early booking in the first three months. Furthermore, the majority of the respondents (70%)

reported that males' view or intention for accompanying their female partner for ANC services was their responsibility. This indicates that men knew their responsibility when it comes to maternal and child health. This study was in line with the study done by Alka Kothari (2023), where (99%) intended to attend as they felt responsible. In addition to the above, most of the respondents (58%) reported that the expected role of males' involvement in ANC services was to access information on child health care. This indicates that men had expected roles to play in ANC services. This study was in disagreement with the study done by Mbadugha (2019), where 42.8% of the respondents indicated that their expected role in maternity care was helping to take care of the other children.

Community factors contributing to low involvement of men in Antenatal Care Services among men attending medical services

From the study, most of the respondents (72%) reported that their female partner had ever invited them to go together for ANC services. This implies that the respondents were not usually invited by their female partners, hence the low uptake of male involvement in ANC. The current findings were in agreement with a study conducted by Elizabeth Kabanga (2019), where about 51% of all partners accompanying pregnant women were invited by their female partners to go together to ANC clinics. Interestingly, the majority of respondents (76%) had only one wife. This indicates that the respondents were not polygamous. These study findings were not in line with the study conducted by Lowe M., where the results showed that more than half of the respondents (51.9%) were polygamous. Nevertheless, most of the respondents (52%) were wives who had ever decided to seek ANC services. This implies that the respondents had never decided with their female partners regarding ANC services. This current finding was not in agreement with a study done by Gibore.N.S. (2019), where the majority, 89% of respondents, made joint decisions on seeking antenatal care. Furthermore, most of the respondents (60%) reported that community members' perception of males' involvement in ANC services was not supportive. This could be attributed to some of the reasons the study had yet to ascertain. The study findings were not consistent with the study done by Maxwell Tii Kumbeni (2019), where (43.7%) of the respondents reported that it was not accepted by the community for men to accompany their partners to ANC clinics. Results also revealed that the majority of respondents (94%) reported their religion supported males' involvement in ANC services. This could be attributed to some teaching in Christianity that "love your neighbor as you love yourself". The study findings were in line with the study done by Peter Nbaltoe Unawari (2023), where (96.6%) of women who were Christians expected that their male partners follow them to antenatal care services.

Health facility related factors contributing to low involvement of men in antenatal care services among men attending medical services.

From the study, most of the respondents (64%) reported that they had never been sensitized on males' involvement in ANC services by health workers. This indicates that the participants did not have information about males' involvement in ANC services. The study findings were consistent with a study done by Teklemariam Ergat Yarinbab (2023), where (39.4%) only of the respondents had health education, which improved their knowledge and attitude toward ANC services. Among 50 respondents, the majority of respondents (90%) reported that one could have spent 1hour at the facility for an ANC visit. This implies that participants were discouraged by the longer time they took at the facility for the ANC visit. The current findings were not in line with the study done by Femandos K (2019), where only (38.3%) of the respondents reported having been discouraged from accompanying their partners to the clinics because of the time it took for them to be seen. Surprisingly, most of the respondents (56%) reported less than five kilometres from their home to the health facility. This indicates that the majority of the study participants live near the facility. The study findings were in agreement with the study conducted by Joshua Panyin Craymah (2017), where (80%) of the respondents lived less than five kilometres away from the health centre. More than half of the respondents (62%) reported Saturday to be the best day of the week for males to go together with their female partner for ANC services.

This implies that men are always busy at their workplaces. The current study findings were consistent with the study done by Nompumbelelo Yende (2017), where (96%) of respondents preferred Saturday as optimal attendance hours, and men were in favour of a "Father's Day" at the clinic, in which men would attend ANC on the same day.

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However, most of the respondents (68%) reported they don't pay for access to ANC services at this facility. This could be attributed to the fact that all public health facilities are supplied by government services, which are free of charge. The current study findings were not in agreement with the study done by Femandos k. Ongolly (2019), where (67%) were discouraged from participating in ANC services owing to some associated costs that they could not afford.

Conclusion

The major findings in regards to factors contributing to low involvement of men in antenatal care services among men attending medical services were: lack of enough knowledge as (58%) had never heard about male involvement in antenatal care services, failure to invite men as noted by (72%) had never been invited by their female partners to go for ANC services, decision making as (52%) only wives had ever decided on seeking ANC services and community members' perception as noted by (60%) community members' perception towards male's involvement were not supportive. A study established that; Inadequate sensitization as noted by (64%) had never been sensitized on male's involvement in ANC services, long time waiting as (90%) agreed one could have spent an hour for ANC visit and day schedule for ANC as noted (62%) preferred Saturday to be the best day for males to go for ANC services with their partners. Generally, the researcher concluded that factors contributing to low involvement of men in antenatal care services among men attending medical services were a lack of knowledge, inadequate joint decision making, failure to invite men by their female partners to go for ANC, community members' perception, inadequate sensitization, long time waiting, and the day scheduled for ANC.

Recommendation

The researcher recommended that the Ministry of Health should organize more sensitization and awareness programs about males' involvement in ANC services in different parts of the communities. The researcher recommended that the government of Uganda, through the MoH, should develop more policies and motivations towards males' involvement in ANC services. The researcher recommended that the administration of Ober Health Center IV should continue to promote male-friendly services in order to increase males' uptake in ANC services. The researcher recommended that the NGOs should integrate more services that encourage males' involvement in ANC services in their programmes. The researcher recommended that the local and religious leaders should provide continuous health education, guidance, and counselling on males' involvement in ANC services.

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List of abbreviations

ANC	:	Antenatal Care
DHS	:	Demographic Health Survey
HCIV	:	Health Centre IV
HIV	:	Human Immunodeficiency Virus
LMIC	:	Low Middle Income Country
MCH	:	Maternal and Child Health
MoH	:	Ministry of Health
NIH	:	National Institute of Health
PNC	:	Post Natal Care
WHO	:	World Health Organisation

Source of funding

There is no source of funding.

Conflict of interest

No conflict of interest declared.

Availability of data

Data used in this study is available upon request from the corresponding author

Author's contribution

LA designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and SN

supervised all stages of the study from conceptualization of the topic to manuscript writing.

Ethical consideration

The permission to carry out the research was obtained from the principal of Kampala School of Health Sciences. Thereafter, permission was granted by the management of Ober Health Centre IV. The researcher and the research assistants introduced themselves to the respondents. Written informed consent was obtained from all the respondents, informed about any risk arising from the study, and the procedure was not to interfere with the daily activity of the respondents. Confidentiality was ensured by interviewing the respondents in a private place, and none of their personal information (for example, name and contact details) was recorded. The choice to withdraw at any time had no penalty.

Informed consent

The purpose of the study was explained to the participants, and only those who consented were included in the study. Confidentiality, privacy, and anonymity were maintained throughout the study.

Author's biography

Leone Atubo is a student of diploma in clinical medicine and community health at Kampala school of health sciences.
Sharifah Nabukenya is a research supervisor at Kampala school of health sciences.

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