# ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES OF MEN TOWARDS ACCOMPANING THEIR SPOUSES FOR ANTENATAL CARE AT KIUTH BUSHENYI DISTRICT

**BY**

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## DECLARATION:

I Tusimiire Mercy declare that this research report is my own work and it has never been presented to any university or any other institution for the award of a degree diploma or any other academic qualification whatsoever. Where the work of other people has been included, acknowledgement to this has been made in accordance to the text and reference.

SIGNATURE……DATE**……**

## APPROVAL:

This is to certify that this research has been prepared under my supervision and has never been presented anywhere for the same purpose and is now ready for submission to the school of Allied health sciences

**SUPERVISOR**

**MR.MBURUGU MARTIN**

**SIGNATURE ……..**

**DATE ……..**

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## ABBREVIATIONS:

| | |
|---|---|
| **AIDs** | Acquired immunodeficiency syndrome |
| **ANC** | Antenatal Care/Clinic |
| **ARV** | Antiretroviral drugs |
| **EMTCT** | Elimination of Mother to Child Transmission of HIV/AIDS |
| **FP** | Family Planning |
| **HIV** | Human Immunodeficiency Virus |
| **KIUTH** | Kampala international university Teaching Hospital |
| **MDGs** | Millennium Development Goals |
| **PMTCT** | Prevention of Mother-to-Child Transmission of HIVAIDS |
| **RH** | Reproductive Health |
| **STIs** | Sexually Transmitted Infections |
| **UNICEF** | United Nations International Children Emergency Fund |
| **VCT** | Voluntary Counseling and Testing |
| **WHO** | World Health Organization |

## DEFINITION OF TERMINOLOGIES

**Attitude:** A man's belief or feeling about escorting his wife for antenatal services

**Knowledge**: Information or facts that men possess on involvement in Antenatal care.

**Practice:** This pertains to how men conduct themselves or what they do in relation to ANC

**Involvement:** This pertains to active participation of men in activities related to ANC

## ABSTRACT

Back ground: Male involvement in reproductive health is a complex process of social, behavior emotional and psychological change that requires men to play more responsible role in reproductive health

Males' involvement in antenatal care through accompanying their spouses for antenatal care service has greatly reduced on mental mortality and mobility from pregnancy related complications.

Significance of study: The study is aimed at .assessing the knowledge attitude and practices of men towards accompanying their spouses for antenatal care at KIUTH Bushenyi Uganda descriptive cross-section design quantize bin nature was used . Convenient sampling methods was employed to recruit sixty seven respondents

Methods: Questionnaire was used for data collection and data was analyzed manually.

Results: 67.2% of respondents stated that there was need for men to accompany their spouses for antenatal care services.

32.8% stated that it was not necessary for men to accompany their spouses from antenatal care services

Conclusion: The research concluded that most of the men knew the importance for escorting their spouses for antenatal care service but they did not know they benefited from the services offered and their roles as far as antenatal care service are concerned

# CHAPTER ONE

## 1.0 **INTRODUCTION**

Every year, more than 500000 maternal deaths occur worldwide, 4 million newborns die and another 3 million babies are stillbirths. Nearly all these deaths take place in low and middle income countries and most could be prevented with the current antenatal medical care under which male involvement is very crucial.

In this study am talking about KAP (Knowledge, Attitude and Practices) among men towards male involvement in antenatal care services. Why? As a move to reduce on maternal mortality and morbidity. During their absence or nonparticipation, what has gone wrong that has contributed to the high morbidity and mortality?

What is the global, regional, national and local KAP among men in respect to reduction in morbidity and mortality.

## 1.**1 BACKGROUND TO THE STUDY.**

Antenatal care (also known as prenatal care) refers to the regular medical and nursing care recommended for women during pregnancy (Dreanman M 2008). Prenatal care is a type of preventative care with the goal of providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child. During check-ups, women will receive medical information over maternal physiological changes in pregnancy, biological changes, and prenatal nutrition including prenatal vitamins. Recommendations on management and healthy lifestyle changes are also made during regular check-ups. (Allen S *et*, al.2013) The availability of routine prenatal care has played a part in reducing maternal death rates and miscarriages as well as birth defects, low birth weight and other preventable health problems. (Inhorn 2014).

Male involvement in reproductive health is a complex process of social and behavioral change that requires men to play a more responsible role in reproductive health. It not only implies contraceptive acceptance but also refers to the need to change men's attitude and behavior towards women's health, to make them more supportive of women using health care services and

sharing child-bearing activities (Falness E *et*, al.2011). Participation of men in reproductive health leads to better understanding between husband and wife, it reduces not only unwanted pregnancies but also reduces maternal and child mortality in connection with pregnancy and labor by being prepared in obstetric emergencies (Greene M 2010

## 1.2 PROBLEM STATEMENT

The World Health Organization in 2013 stated that 2,86,000 of maternal deaths in developing countries were due to preventable complications. The Primary cause of maternal deaths are the result of three delays; delay in seeking care, delay in reaching health care facility and delay at an institutional level in providing appropriate care.(WHO 2013.)

Appropriate antenatal care helps in early detection, treatment and prevention of conditions that are associated with maternal morbidity and mortality. Unfortunately, many women in developing countries do not receive such care.(Aluisio A et al 2011) Understanding knowledge and practices of the community regarding care during pregnancy and delivery are required for program implementation. Partner's involvement in seeking timely antenatal care is important and studies have shown that women are more likely to use antenatal services when their husbands accompany them for ANC visits .In USA, partner involvement in pregnancy has increased utilization of antenatal care 1.5 times.(Ntabona A 2012).

In Uganda men involvement in seeking antenatal services with their spouses is very low and the society largely sees it a role for women and therefore my study on assessment of knowledge, attitude and practices of men towards accompanying their spouses for antenatal care in Kampala international university teaching hospital will provide more information since there is scarce literature about this problem, hence a solution can be devised to solve this problem

## 1.3OBJECTIVES

### GENERAL OBJECTIVE:

To assess the knowledge, attitude and practice of men towards accompanying their spouses for antenatal care at KIUTH.

### SPECIFIC OBJECTIVES

- To assess knowledge of men towards accompanying their spouses for antenatal care at KIUTH.
- To assess attitude towards accompanying their spouses for antenatal care at KIUTH.
- To assess practices in accompanying their spouses for antenatal care at KIUTH.

- To identify factors influencing male involvement in accompanying their spouses for antenatal care at KIUTH.

## 1.4 RESEARCH QUESTIONS

- What knowledge do men have towards accompanying their spouses for antenatal care at KIUTH.
- What is men's attitude towards accompanying their spouses for antenatal care at KIUTH
- What are men's practices in seeking antenatal care for their spouses at KIUTH
  What are the factors influencing male involvement in accompanying their spouses for antenatal care at KIUTH.

## 1.5 STUDY JUSTIFICATION

In sub-Saharan Africa, pregnancy and childbirth continue to be viewed as solely a woman's issues. A male companion at antenatal care is rare and in many communities, it is unthinkable to find male companions accompanying a woman to the labor room during delivery.

However, men have social and economic power, especially in Africa, and have tremendous control over their partners. They decide the timing and conditions of sexual relations, family size, and whether their spouse will utilize available health care services. Hence this situation makes male partner involvement critical if improvement in maternal health and reduction of maternal morbidity and mortality is to be realized.
This study will help to reveal to what extent men know about the antennal care, their attitude and involvement towards antennal care services

## 1.6 THE SIGNIFICANCE OF THE STUDY

The study will enable the ministry of health, Non-government organizations and health care providers to come up with better solutions for increasing the utilization of ANC Services among pregnant women by actively involving in their male counterparts who play a vital role in decision making in the family. The findings of the study could be used as a basis of reference or comparison for other places in the country and applicable intervention in each locality and nationwide.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 INTRODUCTION

In many societies, men are responsible for the decisions that directly impact their partners' and children's health, such as the use of contraceptives, access to health services, food quality and availability, and women's workload [Were N 2009].Men may therefore play the role of 'gatekeepers' to healthcare, despite the fact that they often lack relevant knowledge [Ngechu M 2014].

Men who are poorly informed or disengaged from pregnancy and childbirth may present serious barriers to women's ability to act in their own and their children's interests. Despite their frequent position as primary decision maker, men tend to be excluded from health services and spaces in which they could learn more about family planning, pregnancy and childbirth. The exclusion can be sociocultural, in that pregnancy and childbirth is often considered 'women's business', and there are economic drivers for men to work away from home (Vagas Pinto 2012)

It can also be programmatic; an exclusive focus on women in maternal health programs may result in health services that are inaccessible to men. This exclusion may mean that men are less able to make informed decisions about reproductive and maternal health, and less willing to engage in such decision-making with their partners. For example, the omission of men from family planning programs may have placed the burden of contraceptive decision-making onto women (Beck C 2014).

## 2.2 MEN KNOWLEDGE ON SEEKING ANTENATAL CARE

A study in Northern Nigeria on husbands' participation in antenatal care among 400 men. The study revealed that men had inadequate knowledge regarding antenatal care. When asked to identify situations they would consider as danger signs in pregnancy, more than half (51.9 percent) considered bleeding, about a third considered convulsions (37.8 percent) and loss of consciousness (33.2 percent). Others considered a pale appearance in the mother (21.6 percent) and cessation of fetal movement (15.4 percent) as danger signs. Fever was considered a serious sign by only 4.1 percent of respondents. Only 19.5 percent of respondents made savings for obstetric emergencies and a mere 10.5 percent identified a decision-making process in case of obstetric emergency. Only

32.1 percent of husbands accompanied their wives at least once to the hospital for antenatal check-up. The researcher concluded that the husbands' knowledge regarding antenatal care should be improved. (Medley A et al 2014).

A cross-sectional survey conducted in Gulu district of Northern Uganda to assess the knowledge of husbands on antenatal care among 331 married male respondents aged 18 years or more, whose spouses had childbirth within 24 months prior to the survey The proportion of male partners that participated in at least one ANC visit was 65.4 percent; 52.5 percent were willing to attend subsequent ANC visits with their spouses. The ANC visits were mostly begun during the spouse's first trimester (59.2 percent). Male partners' knowledge about ANC services offered was limited; about half (49.9 percent) could correctly mention two or fewer services offered, 47.1 percent mentioned 3-5 services, and only 3 percent mentioned at least five services offered. The researcher concluded that empowering male partners with knowledge about ANC services may increase their ANC participation and in turn increase skilled delivery. This strategy may improve maternal healthcare in post-conflict and resource-limited setting. (Grady W 2008).

A quasi-experimental non-equivalent controlled study was conducted in New Delhi to find men's participation in antenatal care among husbands of 581 pregnant women. Eighty-eight husbands of clients at intervention sites were interviewed at the pre-survey. At the post-survey, 327 women and their husbands from the intervention group and 302 women and their husbands from the control group were interviewed. The study revealed that with minor differences, control and intervention women were quite similar in their socio-demographic characteristics and in reports of their husbands' characteristics. Knowledge of husband's involvement in antenatal care was significantly higher among the intervention group women (24 percent) compared to 13 percent of the control group women. Husbands' actual involvement was significantly higher in the intervention group compared to the control group during antenatal consultation (Larsson E. C 2010).

**2.3 Men attitude toward accompanying their spouses for antenatal care.**

Traditional community perceptions have been reported as inhibiting male participation in antenatal care. Most men perceive antenatal care as a woman's affair and men seen going with their wives to antenatal clinics are perceived to be a weaklings or being jealous (MojolaA *et al.*, 2013).

Culturally men are not allowed to get involved in women health issues, more especially in antenatal clinics and labor wards as these areas are culturally perceived as places for women. Similar findings were reported by Homsy et al and Msuya et al who reported that it is culturally a taboo and shameful for a man to be found where women go to give birth (Homsy et al., 2008; Msuya et al., 2008)

Several studies have reported negative perceptions towards men attending ANC services. In one report, men who accompanied their wives to ANC services were perceived as being dominated by their wives or weaklings by their peers. Frequently men perceive that ANC services are designed and reserved for women, thus are embarrassed to find themselves in such "female" places. Some men believe it is not good to follow your wife to the antenatal clinic even though she exposed her privacy to you at home and that male participation in ANC services is superfluous and that ANC is "a woman's responsibility" (Byamugisha et al. 2010).Certain women too, do not like to be seen with their male partner attending the ANC service.

Some 24 studies from peer reviewed journals; 21 from sub-Saharan Africa, 2 from Asia and 1 from Europe identified barriers to male involvement as mainly at the level of the societal perception of antenatal care (ANC) as a woman's activity, and it was unacceptable for men to be involved, the health system factors such as long waiting times at the ANCS and the male unfriendliness of ANC services were also identified(Dudgeon M 2014). The lack of communication within the couple, the reluctance of men to learn their Human Immunodeficiency Virus (HIV) status, the misconception by men that their spouse's sero status was a proxy of theirs, and the unwillingness of women to get their partners involved due to fear of domestic violence, stigmatization or divorce was among the individual factors.(Roy K, 2012)

2.3 **Men practices and involvement towards accompanying their spouses for antenatal care.**

In a study which examined the male spousal participation in Western Kenya, of 2104 pregnant women who accepted voluntary counseling and testing (VCT), 15% of these women and their male spouses received testing, while only 5% of couples received counseling together (Farquhar et al.2008). Male partner support has been shown to be a crucial component in facilitating women's ability to accept preventive interventions. Women who disclosed their HIV status to their partners were more likely to return for post-test counseling, three times more likely to adhere to their ARV prophylaxis/ treatment during pregnancy and at the time of delivery, and five times more likely to adhere to prescribed breastfeeding protocols, accept and modify infant feeding

practices and increase condom use in the postpartum period than those who did not (Farquhar et, al. 2008).

Men are clearly asking for more participation in the childbirth process. It is also interesting to note how, in a recent survey on men and work, 75% of the men would accept slower career advancement if they could have a job that would let them arrange their work schedule to have more time with their families. At the prospect of becoming a father, men are filled with excitement, fear, wonder, worry, love, and confusion. Throughout the pregnancy and birth, the man, who is now becoming a father, is trying to find ways to express and integrate these and many more feelings.

In contrast, other programs have been successful in achieving greater participation of couples during expanded weekend hours (Allen et, al. 2013).

By giving women emotional and instrumental support, men can also clearly positively affect women's attitude towards pregnancy (Kroelinger & Oths, 2010). During pregnancy and delivery, men can give important psychological and emotional support to the women (Early, 2011). There are evidences suggesting that men's presence in the labor room shortens the period of labor and reduce the number of children ever born with low birth weight (Dudgeon &Inhorn, 2009).

Byamugisha et al. (2010), scored male involvement using 6 variables: The man accompanying his wife during ANC services; knowing the ANC schedule; discussing the ANC interventions with the female partner; supporting the ANC fees; Knowing what happens at the ANC and Using a condom with the female partner during the current pregnancy. Scores between 0–3 were considered weak male involvement and scores of 4 and above were considered as high male involvement. While this scoring system is a useful first step, it remains to be validated

### 2.4 factors that influence men involvement in seeking ANC services with their spouses.

#### 2.4.1 Social and cultural factors

Social and cultural factors influence health by affecting exposure and vulnerability to disease, risk-taking behaviors, the effectiveness of health promotion efforts and access to, availability of, and quality of health care. Social and cultural factors also play a role in shaping perceptions of and responses to health problems and the impact of poor health on individuals' lives and well-being .(Polit D F 2014.).

**2.4.1.2 Age and marital status**: Most studies reported that older age and cohabiting were associated with male involvement. A group conducted a study in Kinshasa and found male involvement was 1.2 times higher among men whose female partners were 25 years or older. Monogamous partners and cohabiting men were twice and 1.6 times respectively more likely to be involved. In contrast, Reece M et al., reported that Cameroonian men in polygamous relationships Showed higher involvement in ANC involvement.

**2.4.1.3 Education:** A study in Uganda found that men who had completed 8 or more years of

education were twice more often involved compared with those with less than 8 years of education. This was not confirmed in a study in Kinshasa where the level of education of 13pregnant women or their male partner did not influence male participation. (Ngechu M 2014).

**2.4.1.4 Profession:** In Uganda, taxi drivers and "Bodaboda" riders (motorbike taxi riders) were less likely to participate than men with other professions such as farmers or construction workers. (Reece et al.2010) reported that Kenyan men having only an occasional job were less likely to participate in MCH services. Another study from Rwanda reported that men with a well-paid job were more likely to participate in PMTCT interventions compared to those not well paid.

**2.4.1.5 Communication**: Poor communication between men and their female partners was associated with poor male involvement. On the other hand, good couple communication was associated with high seropositive status disclosure and support between husband and wife. For instance, in this study the focus of involvement of men in antenatal care was on their readiness to provide Support to their female partners in core PMTCT interventions which include counseling and testing, use of prophylaxis antiretroviral drugs and choice of baby's feeding options (Detels R et al. 2012).Participation increases spousal communication about sexual risk and behavour change.

According to Matiang M this becomes especially critical in discordant couples, where

Men's involvement in testing may enable the couple to address condom use, decrease sex with outside partners and thus help to prevent HIV and other STI transmission to the uninfected partner). Studies have also shown an association between men's involvement and contraceptive use. (Roth et al. 2010; Allen et al. 2013

### 2.4.2 Economic factors

Financial constraints: Financial constraints of clients and health facilities have been identified as impacting health services uptake and male participation. A Ugandan study reported that some health providers charged extra beyond the official ANC fees to bridge their own financial gaps while other authors have identified low health providers' salaries as limiting factors for male involvement. (Becker S 2009).

A qualitative study conducted in western Kenya by Reece found that the distance that the male partners have to travel to the clinics for participating in the education, blood tests and 15counseling, the costs of the transport to the clinics and the amount of time per appointment at the clinic were identified as barriers to male involvement. Access or logistical challenges on the part of men prevented them from participating in ANC. Men talked about their perceived principal responsibilities as providers. Thus, time spent at clinics and away from work or other income generating activities was clearly perceived as a barrier to their participation in ANC program Distance, the cost of transport and the clinic operation hours were also mentioned with some frequency (Reece et al. 2010).

Data from another study from Uganda showed that majority of participants said that the health facilities were few and located far from the people, making the health services such as counseling and testing inaccessible. Most of the male partners and men in general preferred the health services to be implemented and extended to their villages or close to their homes in order to save them the costs of time and travel fee.

### 2.4.3 Health services factors

**2.4.3.1 Behavior and language use**: Byamugisha et al. (2010), reported that harsh, critical language directed at Ugandan women from skilled health professionals was a barrier to male participation. Harsh treatment of men by health providers discouraged them from returning or participating in antenatal activities. Furthermore, some providers did not allow men access to clinic settings. Men mentioned the negative attitudes of staff members: "Staff members' lack of common courtesy, their "rough handling" of pregnant women and health-care workers not allowing men to enter the antenatal clinic with their partners".

In fact, men experienced healthcare workers who were reluctant to encourage male attendance in antenatal care at all, felt unwelcome and disrespected and thought it was clear that services were designed without taking their particular needs into consideration. The charging of unofficial user fees was another barrier cited, the lack of integration of services was mentioned as discouraging men from getting tested, since they felt they would be "exposed" through special clinics or opening hours (Larsson et al. 2010)

Venue and space constraints: In a study in the DRC, men were invited for voluntary counseling and testing (VCT) in three venues: a bar, a health center or a church. Male involvement in VCT was higher in the bar 26.4% and church 20.8% compared to the health center 18.2%. These results suggest that more friendly and convenient venues for men are needed. The lack of space to accommodate male partners in ANC clinics was also reported to 16 adversely impact male involvement. Clinics are often unable to concurrently accommodate pregnant women and their partners because of a lack of space. Gender specific services to address uniquely male issues do not exist. Targeted interventions for men, such as tailored messages, specific health education sessions, and innovative strategies to identify male friendly venues would be valuable for increasing male involvement. (Medley A et al 2014).

**2.4.3.2 Waiting time**: Frequently women have to wait for a long time before receiving ANC services because of burdensome administrative procedures which result in poor patient/client throughout the health facilities. Men, who are in the paid workforce, are often not in a position to spend virtually the entire day participating in ANC services. (Ngechu M 2012).

**2.4.3.3 Quality of care**: In a study in Rwanda, it was shown that essential services were often not proposed by health providers thus contributing to the weak ARV prophylaxis uptake among clients and poor appointment schedules. Health services providers are often overworked stressed getting burn-outs and have to work in an infrastructure with severely limited resources.
In such context, the quality of services is compromised and taking care of participating male partners is considered an additional burden. (Ntabona A 2012).

**2.4.3.4 Time of day for providing ANC services**: Increased male participation in the antenatal series occurred in Kinshasa when the MCH services are open in the evenings between 5:00 – 8:00 pm and at weekends. Most health facilities offer these services only on weekday mornings, when

the majority of men are at work. Yet several studies have identified ANC opening hours as a limiting factor for male involvement. Geographical constraints impact health services uptake and male participation. Lack of decentralized services is a reason for low health services uptake and limited male involvement. (Reece M et al 2010)

**2.4.3.5 Dominance by female staff**: Most clinics are dominated by female staff and patients, which can be off-putting for men. At the male health centers positive men form support groups and both reactive and non-reactive men are counseled on the importance of accompanying their partners for antenatal visits. The men also receive education on issues that are usually taboo for men such as the importance of exclusive breastfeeding for seropositive mothers (Kroelinger C 2010).

# CHAPTER THREE

# METHODOLOGY

## 3.0 INTRODUCTION

This section included information about study design, area of study, population of study, sample size determination, sample selection, methods of data collection, data analysis, and problems that were encountered during the study.

## 3.1 STUDY AREA

The study was carried out at Kampala international university teaching hospital (KIUTH) located in Ishaka municipality, Bushenyi district. Ishaka is located on Bushenyi-Kasese road, 75km by road, northwest of Mbarara, the largest city in the Western region of Uganda.

## 3.2 STUDY POPULATION

All men accompanying their spouses for ANC services who consented to participate in the study were be recruited in the study.

## 3.3 STUDY DESIGN

The research was a cross-sectional study. A combination of qualitative and quantitative data collection methods were used.

Survey questionnaires was administered to men accompanying their spouses for ANC services at ANC clinic at KIUTH.

## 3.4 SAMPLE SIZE DETERMINATION

Sample size, = $Z^2PQ/d^2$

Where S = Sample size

Z = Standard deviation at required degree of accuracy which at 90% which gives 1.96

P = Proportion of population with desired characteristics. (17%)

Q = 1-P

d = Degree of error you are able to accept

S = $(1.96)^2*0.17(1-0.17)/0.09^2$

S = **67 men.**

### 3.5 SAMPLING METHODS

Simple random sampling method was used where pregnant mothers were selected randomly at the ANC unit of KIUTH.

### 3.6 INCLUSION CRITERIA

All men accompanying pregnant mothers attending ANC Unit at KIUTH who can consented to take part were included.

### EXCLUSION CRITERIA

Those who did not consent were excluded.

### 3.7 DATA COLLECTION METHODS

Questionnaire method were a set of questions which were used and respondents answered in writing. A semi-structured questionnaire focusing on demographic characteristics, socio economic indicators, knowledge of ANC, to men accompanying their partners for ANC were administered to the participants.

Questionnaires were given to the men who consented to take part and data was analyzed, tabulated, and then represented in pie charts and bar graphs.

They included both open and closed ended questions for the respondents and answers are expected to be brief.

### 3.8 DATA ANALYSIS METHODS

The data collected was analyzed using simple calculators and computers. Descriptive statistics including frequencies and cross tabulations was used to generate output on all variables.

### 3.9DATA QUALITY CONTROL

Checking all missing data in the questionnaires were done and if not filled completely it would be returned to the respondent and asked for clarification.

Pre-test

To ensure quality control, the researcher prior to the exercise was conducted one day training for two research assistants who thereafter were set for field testing of the study tools in

another area apart from Kampala international university teaching hospital total of ten questionnaires were distributed for pre-test.

### 3.10 DATA PRESENTATION METHODS

Data was presented in frequency distribution tables, Pie chart and bar graph while other data was presented in statements.

### 3.11 STUDY LIMITATIONS

Anticipated study limitations include, financial constraints, limited time and men declining to consent in order to make the study successful

### 3.12 ETHICAL CONSIDERATION

A letter of approval was obtained from the KIU allied health school research and ethics committee as well as an introductory letter to the ANC Clinic where research was conducted. The purpose and objectives of the study was explained to the relevant authority at the clinic and to the respondents. No names were disclosed during or even after the study. Informed consent was obtained and a questioner was used.

# CHAPTER FOUR RESULTS

## 4.0 INTRODUCTION

This chapter deals with the analysis and presentation of data collected inform of bar- graphs, pie charts and frequency tables.

Out of 67 respondents, 67 respondents were met and the completely filled questionnaires thus a response rate of 100%.

## 4.1 Bio demographic data

Table 1: shows the bio-demographic data of the respondents' on the knowledge, attitude ad practices of me towards accompanying their women or ANC Services.

Out of the 67 respondents, those aged between 23-28 were the majority (41.8%) and those aged between 39-43(3.0%) were the least.

Respondents who were farmers (62.7%) were the majority whereas those who are Business-men were the minority (14.9%) in this study.

Christian respondents dominated the study with 62.7% whereas the Muslim respondents were the least (37.3%).

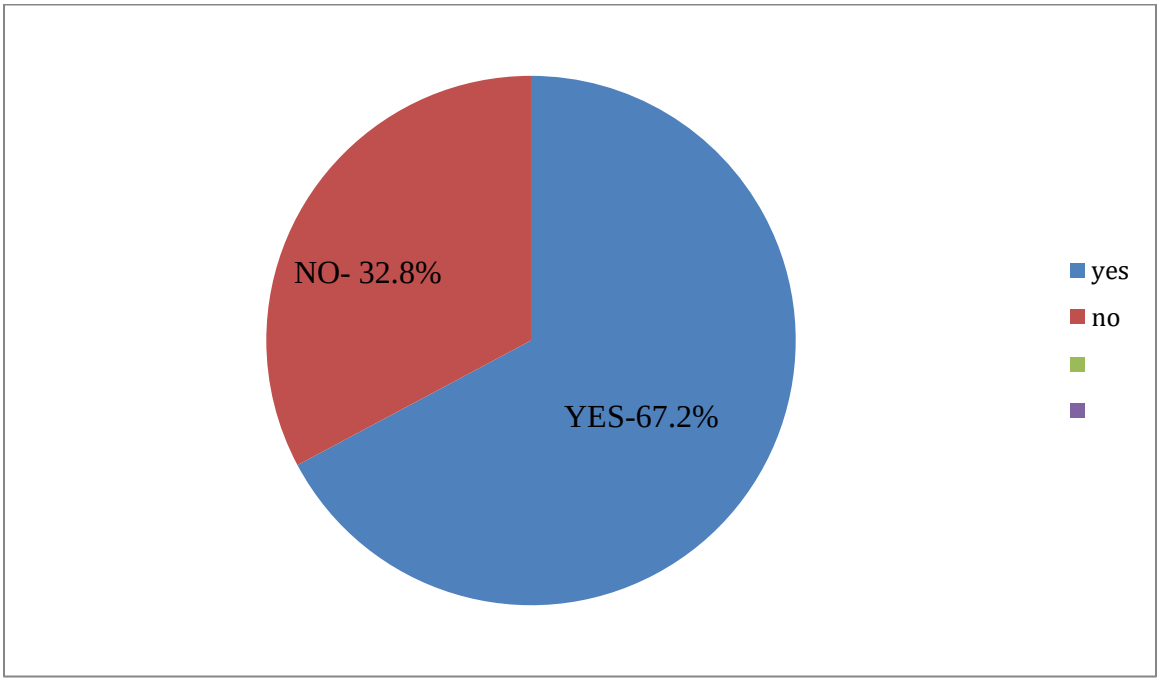
Respondents who had gone up to the tertiary level (44.8%) were the majority whereas those who did not attend school at all (4.5%) were the least.

Respondents who had a fairly-high level of income participated more in the study (44.8%) and those with a low-income status (16.4%) participated least I this study.

| Bio-demographic parameters | | Frequency(n) | Percentage (%) |
|---|---|---|---|
| **Age(years)** | 18-22 | 05 | 7.5 |
| | 23-28 | 28 | 41.8 |
| | 29-33 | 22 | 32.8 |
| | 34-38 | 03 | 4.5 |
| | 39-43 | 02 | 3.0 |
| | 44-48 | 07 | 10.4 |
| | **Total** | **67** | **100** |
| **Occupation** | Farmer | 42 | 62.7 |
| | Businessman | 10 | 14.9 |
| | Civil servant | 13 | 19.4 |
| | Others | 02 | 3.0 |
| | **Total** | **67** | **100** |
| **Religion** | Christians | 42 | 62.7 |
| | Moslems | 25 | 37.3 |
| | Traditionalists | 00 | 00 |
| | Others | 00 | 00 |
| | **Total** | **67** | **100** |
| **Level of education** | Primary level | 05 | 7.5 |
| | Secondary level | 22 | 32.8 |
| | Tertiary level | 30 | 44.8 |
| | Institution | 07 | 10.4 |
| | None | 03 | 4.5 |
| | **Total** | **67** | **100** |
| **Level of income** | Fairly high | 30 | 44.8 |
| | High | 11 | 16.4 |
| | Low | 26 | 38.8 |
| | **Total** | **67** | **100** |

**4.2 knowledge, attitude and practices o me towards accompanying their women for ANC services**

**Fig.1:** pie-chart showing the percentage of men's response on the importance of accompanying their women for ANC services




Out of 67 respodents,45 of them(67.2%) said that there is need for accompanying their wives for ANC services whereas 22(32.8%) said that there is no need for accompanying their wives for ANC services

**Table II: showing respondents' importance of accompanying their wives for antenatal.**

The table below showed that most respondents accompany their wives for antenatal care to book 32(47.8%), to know danger signs of pregnancy 20(29.9%), to show love and testing blood with their partners 15(22.3%).

**n=67**

| Importance of accompanying Their wives(yes) | Frequency | Percentage (%)\ |
|---|---|---|
| Booking and check up | 32 | 47.8 |
| To know danger signs | 20 | 29.9 |
| To love and testing blood | 15 | 22.3 |
| **Total** | **67** | **100** |

**Table III: showing the roles of men in antenatal care.**

The table below, the study found out that most respondents that is 17(25.4%) accompany their wives to know the requirements needed by health workers, 10(14.9%) to acquire knowledge or to be health educated, 15(22.4%) to provide social, economic and psychological support, 25(37.3%) to escort and transport their wives.

**n=67**

| Roles of men in antenatal care | Frequency | Percentage (%) |
|---|---|---|
| Escorting and transporting their wives | 25 | 37.3 |
| To provide social, economic and psychological support | 15 | 22.4 |
| To know the requirements needed by health workers | 17 | 25.4 |
| To acquire knowledge or to be health educated | 10 | 14.9 |
| Total | **67** | **100** |

**Table IV: showing men's perception on involvement in antenatal care.**

The study found out that 45(67.2%) of the respondent perceived that men involvement in antenatal care will help them to prepare mothers for pregnancy, 17 (25.3%), helps them to know their STI status, and 05(7.5%) perceived as a wastage of time.

**n=67**

| Perception on men involvement | Frequency | Percentage (%) |
|---|---|---|
| Helps a mother to prepare for pregnancy | 45 | 67.2 |
| Helps in knowing STI status | 17 | 25.3 |
| Wastage of time | 05 | 7.5 |
| Total | **67** | **100** |

**Table V: showing benefits of men accompanying their wives for antenatal care**

From the study above, out of 67 respondents10 (14.9%) benefited in identifying their HIV status, 32(47.8%) in preparing their wives for safe delivery and support, and 25(37.3 %%) for proper care and provision of balanced diet.

**n=67**

| Benefits of accompanying | Frequency | Percentage (%) |
|---|---|---|
| Preparing for mother's safe delivery and support | 32 | 47.8 |
| Identifying HIV status | 10 | 14.9 |
| Proper care and provision of balanced diet | 25 | 37.3 |
| Total | 67 | 100 |

**Table VI: shows some of the issues in Antenatal clinics that discourage men from accompanying their spouses in seeking ANC services**

Out of the 67 respondents, 22(32.8%) said that they have no time for accompanying spouses for ANC services, 10(14.9%) said it under looks men's' respect in public, 5(7.5%) said that they have no money, 20(29.9%) said that they are not informed earlier whereas the rest 10(14.9%) did not specify any reason for accompanying their spouses for ANC services.

| Variable | frequency(n) | Percentage (%) |
|---|---|---|
| **Issues in ANC that hinder men from accompanying** | | |
| No time for them | 22 | 32.8 |
| Under looks men's respect I public | 10 | 14.9 |
| No money | 05 | 7.5 |
| They are not informed earlier | 20 | 29.9 |
| Others | 10 | 14.9 |
| **Total** | **67** | **100** |

### 4.3 Other factors that influence men involvement in ANC services

**Table VII: Shows other factors that influence me involvement in ANC services**

Out of 67 respondents**:** 35(52.2%) respondents had spouses between one and two pregnancies, 25(37.3%) had spouses who had between 3-4 pregnancies whereas 7(10.5%) had spouses who had more than 4 pregnancies.

30(44.7%) had between 1-2 children with their spouses, 32(47.8%) had between 3-4 children with their spouses and 5(7.5%) didn't have any child with their spouses.

11(16.4%) had spouses whose gestation age was between 1-2,12(17.9%) had spouses with gestation age between 3-4,23(34.3) had spouses with gestation age between 5-6,15(22.4%) had spouses with gestation age between 7-8 and only 6(9.0%) had spouses with gestation age at 9 months

22(32.8%) respondents moved a distance of 0-5km from home to the health facility for ANC services,35(52.3%) moved a distance of 6-10km and only 10(14.9%) respondents moved a distance more than 10 km to the health facility. 12(17.9%) respondents out of 67 said that the ANC clinic is open daily,10(14.9%) said that it is open weekly,30(44.8%) said that its open twice a week and 15(22.4%) respondents didn't know when the ANC clinic is open.

| Variable | | Frequency(n) | Percentage (%) |
|---|---|---|---|
| Number of pregnancies spouse has ever had | 1-2 | 35 | 52.2 |
| | 3-4 | 25 | 37.3 |
| | More than 4 | 07 | 10.5 |
| | **Total** | **67** | **100** |
| Number of children born to the ma by the spouse | 1-2 | 30 | 44.7 |
| | 3-4 | 32 | 47.8 |
| | None | 05 | 7.5 |
| | **Total** | **67** | **100** |
| Gestation age of the spouse | 1-2 months | 11 | 16.4 |
| | 3-4 months | 12 | 17.9 |
| | 5-6 months | 23 | 34.3 |
| | 7-8 months | 15 | 22.4 |
| | 9 months | 06 | 9 |
| | **Total** | **67** | **100** |
| Distance from home to health facility | 0-5km | 22 | 32.8 |
| | 6-10km | 35 | 52.3 |
| | More than 10km | 10 | 14.9 |
| | **Total** | **67** | **100** |
| Opening days for ANC services at health facility | Daily | 12 | 17.9 |
| | Weekly | 10 | 14.9 |
| | Twice a week | 30 | 44.8 |
| | Don't know | 15 | 22.4 |
| | Monthly | 00 | |
| | **Total** | **67** | **100** |

# CHAPTER FIVE: DISCUSSION, CONCLUSION OF RESULTS AND RECOMMENDATIONS

## 5.0 Introduction

This chapter deals with discussion of the findings, conclusions and recommendations about the knowledge, attitude and practices of men towards accompanying their spouses for ANC services at Kampala international university teaching Hospital. Out of 67 respondents recruited in the study,67 questionnaires were returned completely filled thus a response rate of 100%.

## 5.1 Discussion of findings

### 5.1.1 knowledge towards accompanying spouses for ANC services

From the study findings**,**67.2% of men stated that it was important for men to accompany their spouse for ANC services.This implies that most of the fathers have knowledge about accompanying their spouses for ANC services and can employ it as good health seeking behavior among them.This findings was similar to a finding done in a cross-section study in Gulu district of northern Uganda by Grady W 2008 who concluded that the proportion of male partners that participated in at least one ANC visit was 65.4 percent; 52.5 percent were willing to attend subsequent ANC visits with their spouses.However,32.8% stated that it was not important for men to accompany their spouses for ANC services.These still lacked knowledge on the importance of men accompanying their spouses for ANC services.

Most of the respondents 47.8% stated that the most important aspect of accompanying their spouses for ANC services was booking and checkup. This implies that most men have a knowledge of the activities and services that are offered in Antenatal Clinics and are for the good of their spouses and the expected baby. This increases on their confidence on the idea of accompanying their wives for ANC services.This findings differed from a study in Gulu district of northern Uganda By Grady W 2008,who discovered that Male partners' knowledge about ANC services offered was limited; about half (49.9 percent) could correctly mention two or fewer services offered, 47.1 percent mentioned 3-5 services, and only 3 percent mentioned at least five services offered. The researcher concluded that empowering male partners with knowledge about ANC services may increase their ANC participation and in turn increase skilled delivery.

### 5.1.2 Attitude of men towards accompanying their spouses for ANC services

Majority of the respondents(37.3%) stated that their major role in accompanying their spouses for ANC services was just escorting them and provide them with the transport means and costs.This means that majority of the men had not yet appreciated the importance of accompanying their spouses and need to be taught the advantages of doing it and the disadvantages of not accompanying them.This findings was contrary to that of Byamugisha et al. (2010),who scored male involvement using 6 variables: The man accompanying his wife during ANC services; knowing the ANC schedule; discussing the ANC interventions with the female partner; supporting the ANC fees; Knowing what happens at the ANC and Using a condom with the female partner during the current pregnancy. Scores between 0–3 were considered weak male involvement and scores of 4 and above were considered as high male involvement. While this scoring system is a useful first step, it remains to be validated,affirming that the role of men in accompanying is far greater than than just escorting and meeting transport costs.However,22.4% showed role in providing social,economic and psychological support,25.4% had a role in knowing the requirements needed by health workers and 14.9% needed to acquire knowledge or health educated about ANC services.

Majority of the respondents still (67.2%) perceived that accompanying their spouses for ANC services helps their women to prepare well for the current pregnancy. This implies that the men's perception about this can enable them towards positive health seeking behaviors and facilitate them in accompanying their spouses for ANC services.This findings contradicts the findings of MojolaA et al., 2013 w3ho discovered that most men perceive antenatal care as a woman's affair and men seen going with their wives to antenatal clinics are perceived to be a weaklings or being jealous.Furthermore, according to Homsy et al., 2008; Msuya et al., 2008 Culturally men are not allowed to get involved in women health issues, more especially in antenatal clinics and labor wards as these areas are culturally perceived as places for women. Nevertheless, 7.5% of the participants perceived accompanying their spouses for ANC services as wastage of time.

### 5.1.3 Practices of men towards accompanying their women for ANC services

Majority of the participants(47.8%) showed that accompanying their spouses for ANC services enable them to Prepare for mother's safe delivery and support.This shows that men have realized the benefit of their direct involvement in the ANC services and how they can in the unrealized long run be of helpful in accompanying their spouses for ANC services.This finding is clearly in line with Farquhar et, al. 2008 done in western Kenya where he observed that male partner support

has been shown to be a crucial component in facilitating women's ability to accept preventive interventions. Women who disclosed their HIV status to their partners were more likely to return for post-test counseling, three times more likely to adhere to their ARV prophylaxis/ treatment during pregnancy and at the time of delivery, and five times more likely to adhere to prescribed breastfeeding protocols, accept and modify infant feeding practices and increase condom use in the postpartum period than those who did not.The least of the respondents (14.9%) stated that they only get proper care out of ANC services.

Majority of the participants(32.8%) expressed that men have no time in accompanying their spouses for ANC services.This implies that men have not fully been sensitized on the importance of accompanying their spouses for ANC services and are most likely to discourage their spouses from completing the appointments they have with their antenatal clinics which is a threat to both the mother and the unborn baby and furthermore precipitates low ANC turn up.This finding is in contrast with that of Allen et, al. 2013 also carried out in western Kenya who discovered that men are clearly asking for more participation in the childbirth process. It is also interesting to note how, in a recent survey on men and work, 75% of the men would accept slower career advancement if they could have a job that would let them arrange their work schedule to have more time with their families. At the prospect of becoming a father, men are filled with excitement, fear, wonder, worry, love, and confusion. Throughout the pregnancy and birth, the man, who is now becoming a father, is trying to find ways to express and integrate these and many more feelings.
In contrast, other programs have been successful in achieving greater participation of couples during expanded weekend hours

### 5.1.4 Other factors that influence men to accompany their spouses for ANC services.

Majority of the participants 52.2% had spouses who had between 1-2 pregnancies. This was possibly because the couple are new and are eagerly waiting to have their first born and the love that bonds them together is still strong. For the case of those with second pregnancies, it could be possibly because they learnt from the previous pregnancy and they are willing to take on the ANC services together. The least were those who had more than 4 pregnancies10.5%.
Most of the respondents had between 3-4children.This is possibly because these men have seen the benefits that stem from accompanying their spouses for ANC services and the importance of their direct involvement together as a couple. The least were those with no children (7.5%).

Majority of the respondents 34.3% had women who had gestation age of between 5-6 months. This is probably because it is at this age where the issues that complicate pregnancies are severe and where adequate fetal growth and development monitoring is much required. The least were those with spouses whose gestation age was at 9 months.

Majority of the participants 52.3% moved a distance of between 6-10 km from home to the health facility indicating the fact of easy accessibility of the hospital facilitating the access of ANC services. The least (14.9%) moved a distance of over 10kms from home to the facility.

Majority of the participants 44.8% reported that the facility opened twice a week for ANC service and this was favorable for them. This is possibly because they can easily plan for the access of the facility any of the two times in a week. The least (17.9%) said that the ANC at their facility is open daily.

**5.2 Conclusions on the findings from the study.**

From the study findings, 41.8% were of age range 23-28 and majority of the respondents 44.8% had attained a tertiary level of education and most of the respondents 67.5% had knowledge about mens role in accompanying their spouses for ANC services. It is concluded that men were aware of the importance of accompanying their spouses but did not know their role in accompanying them.

32.8% men stated that they do not see any importance in accompanying their spouses for ANC services. These men therefore cannot be easily convinced on the importance of accompanying their spouses and expose them to low turn up for ANC services because it's possible that they do not offer the necessary support to them.

However much a large percentage had a good knowledge on the necessity of accompanying their spouses, their role in accompanying them, the benefits of accompanying them and the services offered at the Antenatal clinics. However, 77.6% knew that accompanying was for only booking and offering transport support, hence only came and sat aside instead of becoming actively involved in acquiring the service.

Antenatal clinics have done a great role in sensitizing the men on the importance (benefit), the service offered and their role in accompanying their spouses for ANC services hence increasing their knowledge, attitude and practices positively towards accompanying their spouses for ANC services.

### 5.3 Recommendations from the study findings

The recommendations for future research are;

Future researchers should sample a bigger size to get an inclusive information form a diverse group of respondents.

Researchers should in future carry out research on bigger hospital and on regional or national level to get a comprehensive picture and findings that give a clearer image of the Antenatal Care and Men's involvement.

The Literature about district, regional or country in future should be documented well to help other researchers interested in making research in the field of Antenatal care and or Men's involvement in similar programs.

### 5.4 Research Limitations

- There was limited literature regarding the antenatal care and men's involvement in KIUTH and Bushenyi district specifically
- Research was done on a small scale in one Teaching Hospital and so many not give a comprehensive picture of the whole country or region.
- A relatively small sample size was used in the study due to time constraints.

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## APPENDIX I: INFORMED CONSENT

**Introduction**:

I am Tusimire Mercy, a student at Kampala international University carrying out a research project for the award of Diploma in Clinical medicine and community health. The research aims to assess the knowledge attitude and practice of men towards accompanying their spouses for antenatal care at KIUTH. I kindly request your help in this process, your participation is voluntary and the information you give is confidential. You might also stop the interview at any time you wish and hope this information will be used in improving the welfare of pregnant mothers. Your contribution is highly appreciated.

THANK YOU VERY MUCH

## APPENDIX II: QUESTIONNAIRE

### SECTION A: DEMOGRAPHIC DETAILS

1. Age

a)18-22b)23-28 c)29-33 d)34-38 e)39-43f)44-48

2. Occupation

A) farmer b)Business man c)Civil servant

Others, specify……

3. Religion

a) Christian b)Muslim c)Traditionalist

4. Level of education

a) Primary level b) Secondary c) Tertiary institution d) none

5. Level of income

a) Fairly high b) Low c) High income

**Knowledge Attitude and practices of men towards ANC**

Do you think ANC is of importance to your spouse and pregnancy in general

Yes ……. No ……..

If yes Of what importance is it

And if no why

……

What services do you know that are offered in the antenatal clinic?

……

What would you say about the attitude of the health care providers towards men accompanying their spouses for ANC services?

……..

What is your opinion on the antenatal clinic setting/environment?

……..

What do you think are the issues in the antenatal clinic that would make men not to Accompany their partners?

A) No time
B) It under looks men's respect in public.
C) No money

D) They are not informed earlier

Others specify……..

What other reasons do you think men give for not attending the antenatal clinic?

……

What would you suggest to improve the clinic environment to be conducive for the men?

……..

What strategies do you think we can use to get your spouse or more men involved in the Antenatal clinic?

……..

**Other factors that influence men involvement in ANC services.**

.How many pregnancies has your spouse had.

a) 1-2 b) 3-4 c) More than 4

. Number of children born to you with your spouse

a) 1-2 b) 3-4 c) None

. How old is the pregnancy of your spouse?

A) 1-2 months b) 3-4 months c) 5-6 months d) 7-8 months e) 9 months

. How far is it from your home to this Health Facility?

a) 0-5 km b) 6-10km c) more than 10 kms

b).What mode of transport have you used to this health facility?

……

. What are the opening days for ANC at this facility?

a) Daily b) Weekly c) Twice a week d) don‘t know e) Monthly

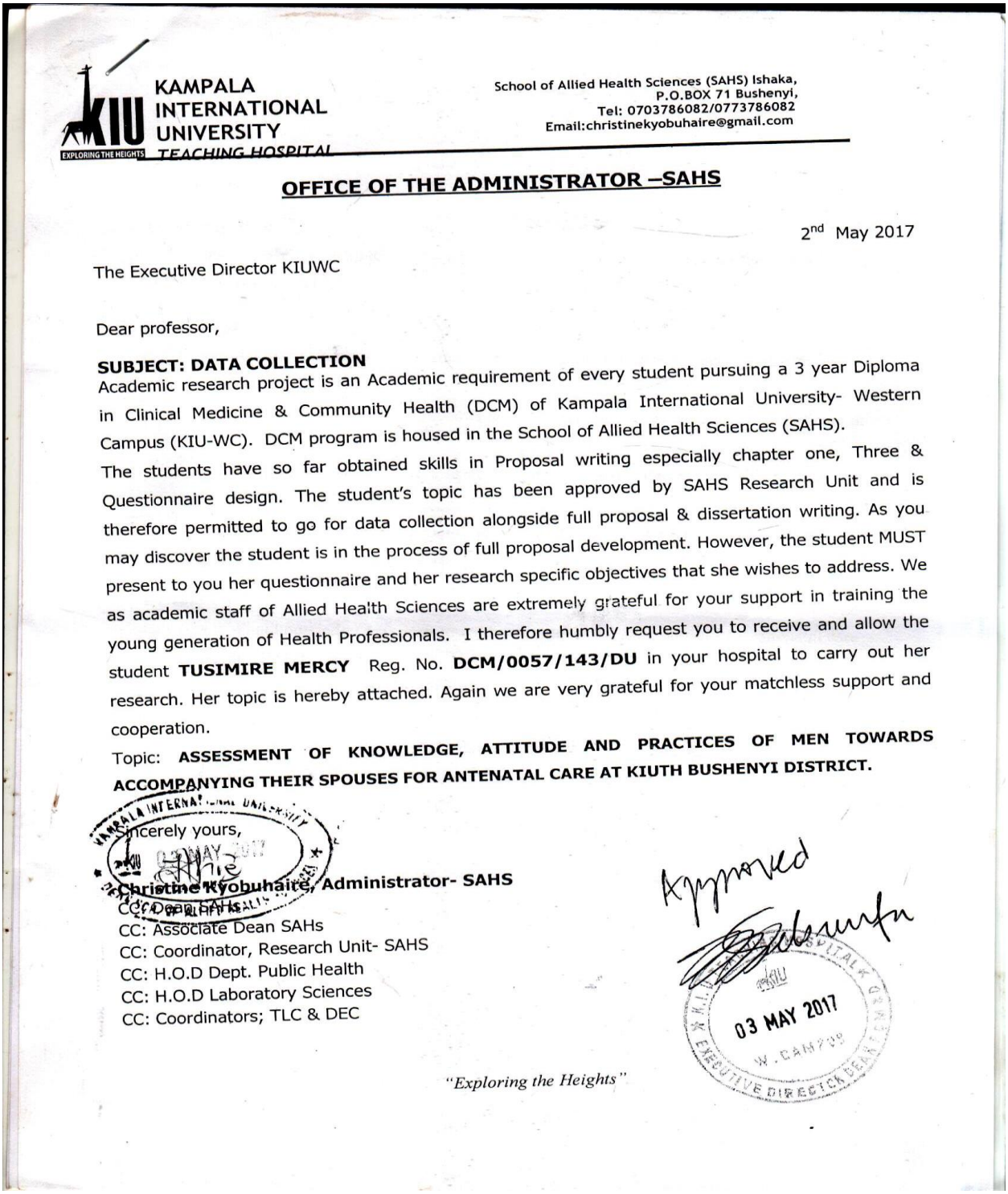
Are the opening days convenient for you?

a) Yes b) No

Give reasons for your answer above

……

# APPENDIX III: INTRODUCTORY LETTER



KAMPALA INTERNATIONAL UNIVERSITY
EXPLORING THE HEIGHTS
TEACHING HOSPITAL

School of Allied Health Sciences (SAHS) Ishaka,
P.O.BOX 71 Bushenyi,
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**OFFICE OF THE ADMINISTRATOR –SAHS**

2nd May 2017

The Executive Director KIUWC

Dear professor,

**SUBJECT: DATA COLLECTION**

Academic research project is an Academic requirement of every student pursuing a 3 year Diploma in Clinical Medicine & Community Health (DCM) of Kampala International University- Western Campus (KIU-WC). DCM program is housed in the School of Allied Health Sciences (SAHS).

The students have so far obtained skills in Proposal writing especially chapter one, Three & Questionnaire design. The student's topic has been approved by SAHS Research Unit and is therefore permitted to go for data collection alongside full proposal & dissertation writing. As you may discover the student is in the process of full proposal development. However, the student MUST present to you her questionnaire and her research specific objectives that she wishes to address. We as academic staff of Allied Health Sciences are extremely grateful for your support in training the young generation of Health Professionals. I therefore humbly request you to receive and allow the student **TUSIMIRE MERCY** Reg. No. **DCM/0057/143/DU** in your hospital to carry out her research. Her topic is hereby attached. Again we are very grateful for your matchless support and cooperation.

Topic: **ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES OF MEN TOWARDS ACCOMPANYING THEIR SPOUSES FOR ANTENATAL CARE AT KIUTH BUSHENYI DISTRICT.**

Sincerely yours,

**Christine Kyobuhaire, Administrator- SAHS**

CC: Dean SAHs
CC: Associate Dean SAHs
CC: Coordinator, Research Unit- SAHS
CC: H.O.D Dept. Public Health
CC: H.O.D Laboratory Sciences
CC: Coordinators; TLC & DEC

Approved

03 MAY 2017

*"Exploring the Heights"*

**APPENDIX IV: MAP OF ISHAKA MUNICIPALITY IN BUSHENYI DISTRICT**


**KEY:**

⇦ **: AREA OF STUDY(KIUTH)**

## APPENDIX V: MAP OF UGANDA SHOWING THE STUDY AREA