

ABSTRACT

Antenatal care is a direct entry to good maternal outcomes and pregnant mothers are very vulnerable groups since pregnancy is change of physiology. It was of special interest to understand roles of males during this period. This study aimed at determining social, health system and knowledge, attitude factors affecting male partner involvement in ANC in Namuwongo community.

Methodology: This study use a cross sectional research design, a sample size of 163 respondents who were male partners between 18-59 years with pregnant wives was selected using stratified and simple random sampling methods. Data was collected using an open and closed ended researcher administered questionnaire.

Results: Out of 163 majority 116 (71%) of the males partners never involved themselves in antenatal care services while a few 47 (29%) involved themselves in antenatal care. Social demographic factors that influenced male partner involvement in antenatal care services included; age ($\chi^2 = 8.59$, $P=0.035$), level of education ($\chi^2 = 6.06$, $P=0.014$), marital status ($\chi^2 = 7.65$, $P=0.022$), Occupation ($\chi^2 = 18.43$, $P=0.001$) and religion ($\chi^2 = 29.18$, $P=0.001$). Individual factors included; whether it was ideal to accompany a wife to attend ANC ($\chi^2 = 5.44$, $P=0.020$), faith ($\chi^2 = 6.06$, $P=0.014$), person responsible for antenatal care ($\chi^2 = 31.78$, $P=0.001$), time off work ($\chi^2 = 32.13$ $P=0.001$) and monthly income ($\chi^2 = 30.08$, $P=0.001$). Health services related factors included; seeking of ANC by the wife ($\chi^2 = 4.51$ $p=0.034$), availability of health care workers ($\chi^2 = 5.79$ $P=0.016$), health education ($\chi^2 = 3.94$ $P=0.047$), source of health education ($\chi^2 = 12.73$ $P=0.005$), behavior of health care workers ($\chi^2 = 5.79$ $P=0.055$) and waiting time ($\chi^2 = 40.18$ $P=0.001$).

Conclusion: There was low male partner involvement in antenatal care services among respondents in Namuwongo community. It was mainly due to old age, low level of education, and being single. Individually, failure to get time off work, low incomes and negative perception of one responsible for ANC. Health services factors included; seeking of ANC by wife, availability of health care workers, health education, source of health education, behavior of health care workers and waiting time.

Recommendations: Intensive community sensitization about the roles and responsibility of men during ANC is required. There is massive need to extend health facilities near to the communities to bring services nearer to people. Extra services like malaria, scanning and ART services to pregnant mothers and HIV positive couples would increase men's involvement and boost good maternal outcomes.