

## ABSTRACT

**Background:** The Ugandan Government has therefore prioritized reproductive health strategies such as the Male Involvement Strategy which is aimed to support on reduction in maternal mortality related to the pregnancy and childbirth period (Tweheyo, et al., 2010).

**General Objective:** To assess the effect of male involvement on uptake of ANC services in Kanungu District.

**Methodology:** A descriptive cross sectional study design was used with quantitative and qualitative data collection approaches. Purposive sampling was used to select the respondents, a survey questionnaire; focus group discussion-guide and interview-guide were used to collect data from respondents. Data was analyzed by use of the Statistical Package for Social Sciences (SPSS) where Logistic regression, adjusted odds ratio (AOR) and Pearson Correlation Product Moment were used and thematic content analysis for quantitative and qualitative data respectively.

**Results:** Regarding level of uptake for ANC services, 116 (92.1%) of the respondents had attended the 1st ANC Visit, of those who attended ANC, 44 (37.9%) had four ANC visits completed, the first ANC visit was also done within 0-3 months as indicated by 49 (42.3%) of the respondents. Results also reveal that 44 (37.9%) had attended the 4th ANC visit and 88 (75.9%) delivered from the health facility, 126 (100.0%) of the respondents had partners, 103 (88.8%) of the respondents did not have their partners accompany them for ANC and those who were accompanied, 7(53.8%) had been accompanied for the 1st ANC visit. It was found that 118 (93.7%) of the mothers received financial support from the partners, 106 (84.1%) had their partners involved in the discussion and agreement on a birth preparedness plan and 70 (55.6%) had their partners involved in decision making for the place of delivery. At multivariate analysis, Perception of change for early ANC, 4th ANC and facility deliveries service uptake (before and after) was significant (AOR, 3.13, p-value, 0.004, CI 2.69-3.17) and the high effect of change after male involvement strategy (AOR, 2.45, p value, 0.007, CI, 2.18-2.90) to the uptake of ANC., existence or possession of a male partner (AOR, 2.01, p-value, 0.001; CI, 1.89-2.07), number of ANC accompaniment (AOR, 3.91, p-value, 0.009; CI, 2.98-4.01), financial support from partner for ANC (AOR, 4.85, p-value, 0.002; CI, 3.99-4.94) and male partner involvement in decision making for place of delivery (AOR, 2.53, p-value, 0.006; CI, 2.04-3.11) were associated and affected uptake of ANC services.

**Conclusions:** ANC services uptake was high among pregnant mothers expressed by first ANC attendance, attendance within the first trimester, attendance of the 4 recommended ANC visits and seeking for skilled birth attendance from health facilities. Male involvement in ANC services uptake was low in terms of physical presence and accompaniment to pregnant mothers, birth preparedness with spouse and involvement in decision making for place of delivery was moderate. The difference in terms of early ANC, 4th ANC and facility deliveries service uptake based on situation after the male involvement strategy was high, significant and with a positive effect towards ANC uptake. The number of ANC accompaniment to a pregnant mother, financial support from partner for ANC services and male partner involvement in decision making for place of delivery were associated with uptake of ANC services. The association was positive and high among mother who received support compared to their counterparts.

**Recommendations:** The management of Kanungu District Health Office should promote uptake of ANC through 1st-4th ANC attendance. Mothers should be encouraged to come early for 1st ANC visit within the 1st trimester and come with their male partners.