

**FACTORS HINDERING MEN INVOLVEMENT IN ANTENATAL CARE
SERVICES AT ISHAKA ADVENTIST HOSPITAL,
BUSHENYI DISTRICT**

**A RESEARCH REPORT SUBMITTED TO
UGANDA NURSES AND MIDWIVES EXAMINATIONS BOARD**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE AWARD OF THE DIPLOMA IN NURSING SCIENCES**

BY

MUSINGUZI LEVI

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ABSTRACT

Globally, it is estimated that nearly 500,000 women die annually from causes related to pregnancy and child birth and 99% of these deaths occur in developing countries. Male involvement in the antenatal care services clearly goes against prevailing gender norms in many places in Sub-Saharan Africa. Despite instituting programme targeted at encouraging male partner participation in antenatal programmes.

The purpose of the study was to investigate factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District. The study was conducted in Ishaka Adventist Hospital and descriptive cross-sectional design in nature and quantitative methods of data collection was used. Data collection took a period of two weeks.

Most out of 56 respondents, 73% influencer of health seeking behavior of a pregnant woman was husband, 18% were mother, 5% influencer were mother-in-law and only 4% influencer were other (grandmother). 86% (48) “Yes” said their cultures support accompanying pregnant female for ANC meanwhile 14% (8) “No” said their cultures support does not. Many respondents 39.3% demanded that they should be given couple first priority, 28.6% said others (employ male nurse), 19.6% space for couple and only 12.5% health talk. The respondents suggested strategies to be used to encourage men accompany their wives/partner to ANC clinic majority with 37 (66%) who reported that through community sensitization followed by 12 (21%) supportive program and only 7 (13%) reported others (improve attitudes, involved village health team. Couple should be given first priority whenever they come for antenatal care services.

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AUTHORIZATION

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AUTHOR: MUSINGUZI LEVI

SIGNATURE..... DATE.....

KAMPALA INTERNATIONAL UNIVERSITY-WESTERN CAMPUS

P.O.BOX 71, BUSHENYI

SUPERVISOR: MR. BYARUGABA FRANCIS

SIGNATURE..... DATE.....

**DEAN SCHOOL OF NURSING, KAMPALA INTERNATIONAL
UNIVERSITY-WESTERN CAMPUS**

MS. KABANYORO ANNET

SIGNATURE..... DATE.....

DEDICATION

I dedicate this work to God and my family for the support, care and time they have always offered me while at school.

ACKNOWLEDGEMENT

I first thank God for this has been the source of my strength and the gift of life that he has protected me.

I acknowledge various people who contributed to the development of this study and I extend my sincere gratitude to you all.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency syndromes
ANC	Antenatal Care/Clinic
<i>et al</i>	and others
HIV	Human Immunodeficiency Virus
IAH	Ishaka Adventist Hospital
KIU-WC	Kampala International University-Western Campus
MCH	Maternal and Child Health
MoH	Ministry of Health
NASCOP	National AIDS and STIs Control Program
PMTCT	Prevention of Mother to Child Transmissions
WHO	World Health Organization

DEFINITIONS OF KEY TERMS

Antenatal care: is the clinical assessment of a mother and foetus during pregnancy, for the purpose of obtaining the best possible outcome for the mother and child.

Assessment: this is a process that the study conducted to make an investigation on factors hindering men in ANC services.

Care: is the provision of what is necessary for the health, welfare, maintenance and protection of someone or something.

Factors hindering men: is a circumstance that contributes to men's outcome of creating difficulties resulting in obstruction to utilized ANC services.

Knowledge: is a familiarity, awareness and understanding someone or something as facts, information, descriptions and skills which is acquired through experience and education by perceiving, discovery or learning.

Male involvement in Antenatal care services: refer to a process through which males participate and help their spouses to participate in matters that include decision making and providing resources for seeking Antenatal care services.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter consisted of the background of the study, problem statement, and purpose of the study, specific objectives, research questions and justification for the study on factors hindering Men involvement in Antenatal care services.

1.1 Background of the study

Globally, it is estimated that nearly 500,000 women die annually from causes related to pregnancy and child birth and 99% of these deaths occur in developing countries (WHO, 2011). According to professor Mahmoud Fathalla, “women are dying during pregnancy and child birth not only because of conditions that are difficult to manage, but women are dying because the society in which they live did not see it fit to invest what is needed to save their lives” (Fathalla, 2008).

Imperatively, Pregnancy and childbirth should be a pleasure of joy for the family and the community, but in most developing countries the reality of motherhood is often accompanied with difficult experiences yet women need to be supported by their male counterparts to abate the situation (Ebba *et al.*, 2010). Nevertheless, this study qualitatively explored socio-cultural factors associated with men’s involvement in care and support of women during pregnancy and childbirth (Ebba *et al.*, 2010).

In Congo and Malawi, studies have shown that low male partner involvement is one of the challenges to the success of the PMTCT programme in a country, as only less than 10% of male partners were reported to have accompanied their partners to ANC

(Ditekemena *et al.*, 2012; Nyondo, Chimwaza, & Muula, 2014). In Tanzania report also noted that very few men joined their partners for Antenatal care services like PMTCT or antenatal activities at five health clinics (Falnes & Engebretsen, 2011).

In the Eastern Province of South Africa and in Uganda , only 5% and 14.9% of male partners were reported to have accompanied their female partners to the antenatal care clinic visits (O’Gorman, Njirenda, & Theobald, 2010; Peltzer, Sikwane, & Majaja, 2011; Byamugisha *et al.*, 2010). Men play an important role in women’s reproductive health matters such as ANC services, family planning among others.

Furthermore the involvement of men in MCH creates an opportunity to address men’s set of unmet reproductive health needs. Failure to realize the factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District has prompted the need to scale up involvement of men in reproductive health matters in this hospital.

1.2 Problem Statement

Male involvement in the ANC services clearly goes against prevailing gender norms in many places in Sub-Saharan Africa (WHO, 2011; Reece *et al.*, 2010). Despite instituting a programme targeted at encouraging male partner participation in antenatal programmes, the observed percentage of men participating in such activities in a facility in Cameroon was only 18% (Nkuoh *et al.*, 2010). In Congo and Malawi, only less than 10% of male partners were reported to have accompanied their partners to ANC (Ditekemena *et al.*, 2012; Nyondo, Chimwaza, & Muula, 2014).

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In Uganda, between 5% and 14.9% of male partners were reported to have accompanied their female partners to the antenatal care clinic visits (Byamugisha *et al.*, 2010). Byamugisha *et al.* (2010), reported that there are different factors which have been identified in other studies as barriers to male involvement in the ANC and they include: Health-facility factors, Cultural factors and Socio-Economic factors.

According to the data manager's quarterly reports on male uptake on ANC involvement at Ishaka Adventist Hospital, the records for 2015-2016 estimated verbally to be 4%. This shows an extreme low trend which needs be addressed. Therefore, this study was to investigate factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District.

1.3 Purpose of the study

The purpose of the study was to investigate factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District.

1.4 Study objectives

1.4.1 Broad objective

The broad objective of this study was to investigate factors hindering Men involvement in antenatal care services at Ishaka Adventist Hospital, Bushenyi district.

1.4.2 Specific objectives

- i. To determine socio-cultural factors hindering men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district.

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- ii. To assess economic factors hindering men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district.
- iii. To identify the strategies that can improve men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district.

1.5 Research questions

- i. What are the socio-cultural factors hindering men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district?
- ii. What are the economic factors hindering men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district?
- iii. What are the strategies that can improve men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district?

1.6 Justification of the study

Antenatal care service during pregnancy is a recognized programme worldwide and a privilege function of women essential for the survival of our species worldwide but often accompanied with potential risk that women deserve to be protected from, and this responsibility summons for collective support of the entire family notably. Perception that ANC offers no clear benefits even in instances where pregnancy is recognized accepted and wanted there may still be reluctance to seek ANC services if there is no belief that it might be beneficial (Centenary, 2010).

In addition, some cultural practices restrict women from seeking health care, reliance on traditional and cultural beliefs among some women who seek advice and support

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from community elders than health professionals (Centenary, 2010). Therefore, it was very vital to investigate factors hindering men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District. The study results would help planners, policy makers and implementers in identifying necessary areas of intervention in a bid to help rural women access antenatal care services in support of their husband. Also it can be used as study references for other researcher in the same field.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviewed the reports and views of different scholars in relation to the literature on socio-cultural, economical factors and strategies that can improve men involvement in Antenatal care services according to the research objectives.

2.2 Socio-cultural factors hindering men involvement in ANC services

Many studies reported that older age and cohabiting associated with male involvement. In Kinshasa, study found male involvement in ANC was 1.2 times higher among men whose female partners were 25 years or older (Ditekemena *et al.*, 2012). In the same study report showed that monogamous partners and cohabiting men were twice and 1.6 times respectively more likely to be involved. In contrast, Nkuoh *et al.* (2010), reported that Cameroonian men in polygamous relationships showed higher involvement.

According to the study conducted 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 (Byamugisha *et al.*, 2010). A study done by Ebba *et al.* (2010), revealed that educated men that escorted their wives were stereotype and subjected to gossip by their male counterparts and interestingly by women found in the clinics while in the process of seeking pregnancy care.

Professions also matters a lot in men involvement towards ANC. Reece *et al.* (2010), reported that Kenyan men having only an occasional job were less likely to participate in MCH services. Meanwhile in Uganda, a study conducted revealed that taxi drivers

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and “Bodaboda” riders (motorbike riders) were less likely to participate than men with other professions such as farmers or construction workers (Byamugisha *et al.*, 2010).

Different factors which have been identified in other studies as barriers to male involvement in the ANC and they include: Cultural factors (Byamugisha *et al.*, 2010).

A study done in Nagoya, Japan revealed only 7.3% of women in Kham district, were informed by their husbands for Antenatal care (Yang Ye *et al.*, 2010).

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).

In many societies men traditionally are not expected to perform the role of supporting women in antenatal care and other women health issues. This can possibly be the main barrier to male involvement because most people want to live by their culture (Aluisio *et al.*, 2011).

In many African settings have shown that male involvement promotes women’s use of health services and it can improve uptake of antenatal care and of PMTCT interventions (Byamugisha *et al.*, 2010; Morfaw *et al.*, 2013).

According to the study done Kalembo *et al.* (2011), report found that male involvement is inhibited by cultural norms, dictating that antenatal care services are not males’ responsibility but systemically a women’s domain. Similar findings have been

confirmed that the perception of male gender inequality as a barrier to male involvement in ANC services, most men believe that ANC is culturally a woman's activity and is exclusively for women and that only weak man, controlled by their partners, visit such clinics (Osman *et al.*, 2012). This has led to gender-based stigma.

According to the study done by Ongweny-Kidero (2014), reported that social and cultural beliefs are reported as factors hindering men from actively participating in these ANC services for example PMTCT programmes in the Machacos county of Kenya. Furthermore, in the same study revealed that men have perceived superiority complex, which dictates that they would be lowering their dignity and self-esteem by accompanying their wives to health facilities (Ongweny-Kidero, 2014).

A study done in Mthatha in South Africa, a similar perception that ANC and PMTCT are primarily a woman's affair and found to be one of the obstacles to men's involvement in the programme. A man attending an ANC clinic with his partner is reportedly perceived as weak by society (Adeleke, 2013). To avoid being ridiculed, men do not attend ANC clinics and difficult for men to approach their employers for a day off to accompany their partners to ANC clinics due to the general societal belief that the programme is meant for women and children only (Adeleke, 2013).

2.3 The economic factors hindering men involvement in Antenatal care services

Though ANC services are officially free of charge in almost all Sub-Saharan African countries, the indirect cost of transport and the loss of income while waiting for long hours at the clinic are so high that many males are deterred from attending.

Factors hindering Men involvement in Antenatal care services

In a study done in Cameroon and in the Machakos county of Kenya report that men complain of high ANC and obstetric care bills, overbearing demand of their wives for ANC money, and long waiting hours at the health facilities as obstacles to their participation in ANC / PMTCT (Kalembo *et al.*, 2011; Ongweny-Kidero, 2014). They feel that accompanying their female partners to hospital is a waste of time that would prevent them from attending to their means of a livelihood (Ongweny-Kidero, 2014).

Meanwhile In South Africa and Uganda; distance, poor roads, undeveloped transport systems, and the cost of getting to the hospital prevented men from being involved in the PMTCT, since most of them have few resources to travel and live a distance from the clinic or a hospital (Nkuoh *et al.*, 2010). In Zambia, men share the same sentiment that they cannot afford to spend time at the antenatal clinic when they must earn money for a living (Auvinen *et al.*, 2014).

At the African Forum in Uganda, Morfaw *et al.* (2013), presented the findings that traditionally, males are the bread-winners of the household, and any work hours lost in a day are likely to cost the family much-needed income. In addition, long distances to health facilities and the higher cost of transporting both partners to the health facility compel male partners to prefer providing transport to their pregnant partners only. In a study done by Said (2014), report findings supported that working long distances from home and being extremely busy at work are some of barriers to male involvement.

Other studies revealed that time factor seems to be another reason why men are not participating in the ANC services. Men are reported to be unwilling to wait for long hours at the health facility even though they would love to attend the clinic with their

partners but are too busy to wait while they have jobs to do (Adeleke, 2013; Auvinen *et al.*, 2014).

Similar views have also been cited in other studies in Africa (Maman, Moodley & Gloves, 2012; Godana & Atta, 2013), that the requirements of men's jobs make it difficult to accompany their wives to PMTCT appointments, particularly the perception that an extended amount of time would be consumed at the clinic.

2.4 The strategies that can improve men involvement in Antenatal care services

Prioritizing the couple in the antenatal clinics was cited as the best way forward to increasing the number of men. In a study done by Gathuto (2014), revealed that 25% of the women said that there was need for making policies in the country which makes it mandatory for all expectant mothers to attend the free maternal health care services accompanied by their spouses with intensive awareness creation round the country on the importance of male participation in reproductive health through media and campaigns.

Nevertheless, in the same study there was a suggestion by 5% to use invitation letters, general public relation to the clients and quick services to avoid delaying men from going back to work. Contacting men through their mobile was also suggested to give a personal invitation (Gathuto, 2014).

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter consisted of study design and rationale, study setting in geographical terms, study population, sample size determination, sampling procedure, inclusion criteria, study variables, research instrument, data collection procedures, data management, data analysis and presentation, ethical considerations, study limitations and dissemination of results.

3.2 Study design and rationale

A descriptive cross-sectional study which employed quantitative method of data collection was used. The questionnaires were issued by a researcher to respondents to collect data on assessment of factors hindering men involvement in ANC services at IAH, Bushenyi district. Data collection took a period of two weeks. This design was chosen because of its proven applicability by other researchers in the same fields.

3.3 Study setting and rationale

The study was conducted in IAH which is one of the hospitals in Uganda. It is located in the town of Ishaka, Bushenyi District in Western Uganda. IAH is located immediately north of the junction of the Ntungamo-Kasese Road with the Mbarara-Ishaka Road (en.wikipedia.org/wiki/Ishaka_Adventist_Hospital#cite_note_1).

Its location is approximately 77 kilometres (48 mi), by road, west of Mbarara, the largest city in the sub-region This location lies approximately 360 kilometres (224 mi), by road, southwest of Kampala, the capital of Uganda and the largest city in that

country. The hospital was founded in 1950 affiliated with the Seventh-day Adventist Church.

Ishaka Adventist Hospital is a 110-bed community hospital that is owned and administered by the Seventh-day Adventist Church in Uganda. It primarily caters to the health needs of the rural subsistence farmers who live in the community where the hospital is located. As of 2010 the hospital's professional staff included 3 Doctor, 4 Medical Clinical Officers and about 43 Nurses, Midwives and Nurse's aides. The hospital maintains a nurse's training school on the hospital premises. IAH is affiliated with Loma Linda University, in Loma Linda, California in United States of America.

3.4 Study population

The population is the entire group of persons or objects that is of interest to the researcher and which meet the criteria which the researcher wishes to investigate (Brink *et al.*, 2012). In this study, the population of interest included all men whose pregnant women partners are attending antenatal care services in Antenatal clinic at IAH, Bushenyi district. A target population is the portion of the study population to which the researcher has reasonable access since studying the entire population is rarely possible (Polit & Beck, 2010). The target population was all men whose pregnant female partners were attending antenatal care services in ANC clinic at IAH, Bushenyi district.

3.4.1 Sample size determination

The sample size of the study participants was determined using Fishers' formula

(1990), which state that; $n = \left(\frac{Z^2 p q}{r^2} \right)$

Where; n =Desired sample size,

Z = Standard deviation at desired degree of accuracy at 1.96, confidence level of 95%.

p = Proportion of men whose pregnant women partners were attending antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district. Since there were no previous studies done to investigate factors hindering Men involvement in Antenatal care services, I estimated p to be 50% = 0.5, Implied that, $p = 0.5$

q = Standardize, $1.0 - p = 0.5$

r = the degree of error acceptable at 5%, $r = 0.05$

$$n = \left(\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} \right)$$

$$n = 384$$

According to Fishers' formula (1990), the sample size would be 384 of men whose pregnant women partners were attending antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district.

But the sample population to be study was less than 10,000. Therefore, N =Total number of men whose pregnant women partners were attended antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district. According to the

ANC record December, 2016 revealed only 63 men accompanied their pregnant women to the clinic.

Therefore the target population, $nf < 10,000$

$$nf = \left(\frac{n}{1 + \frac{n}{N}} \right); \quad nf = \left(\frac{384}{1 + \frac{384}{63}} \right); \quad nf = 56 \text{ respondents}$$

Where; nf was sample size for N , population of men whose pregnant women partners were attended antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district, less than ($<$) 10,000.

n was sample size for N , population less than 10,000. The sample size of 56 respondents (men whose pregnant women partners were attended antenatal care services in Antenatal clinic at Ishaka Adventist Hospital, Bushenyi district)

3.4.2 Sampling procedure

The purposive random sampling was used to select the participants. This was favorable in studying when respondents with the required features happen to be few.

Each day about 3 men whose pregnant women partners were attending antenatal care services in Antenatal clinic who voluntarily accepts to participate in the study were asked to sign an informed consent form and therefore interviewed.

3.4.3 Inclusion criteria

Only men whose pregnant women partners attended antenatal care services in Antenatal clinic who were willing to participate freely in the study, stable physically and mentally during the time of study participated in the study.

3.5 Study variables

3.5.1 Dependent variable

Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District.

3.5.2 Independent variables

Socio-cultural factors hindering men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district.

Economical factors hindering men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district.

Strategies that can improve men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district.

3.6 Research instruments

The research instrument used a standardized structured interview questionnaire written in English consisting of open and close ended questions specifically on different assessment of factors hindering men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district. The researcher could translate into local

language that is Runyankore during data collection to allow understanding of the asked questions especially to those who did not understand English.

3.7 Data collection procedures

Data collections were by means of questionnaires developed by Researcher under supervision that was used as interview guide. The data were collected every morning from 9:00am up to mid-day. Each study respondent was requested to fill the questionnaire in English with the help of Researcher. And at every end of interviews, the respondent were thank for participating in the study. Then, next respondent also interviewed again, this would continue until the required numbers were obtained.

3.7.1 Data management

The collected data were kept confidential between the researcher and the respondents. All data that were obtained from the questionnaires would properly be kept to avoid any access by unauthorized personnel and losses. Data were also be edited, coded and entered in item by item to check for the completion, accuracy and consistence.

3.8 Data analysis and presentation

The collected data were analysed by relating the variables with the view of getting exact relationship underlying between the variables of interest. Descriptive analyses of the data were carried out to show response frequency and percentages using the computer software program Statistical Package for the Social Sciences (SPSS) version 17.0. Data were display in the form of pie charts, graphs and frequency distribution tables, and simple explanations to form the basis for discussion.

3.9 Ethical considerations

A letter of introduction after ethical approval was obtained from the Research Coordinator School of Nursing sciences of KIU-WC which was addressed to the Medical director of IAH and in charge ANC clinic for permission to allow researcher carry out survey.

Informed consent that included identification of the researcher, purpose, objectives, duration of the interview was explained to the respondents and obtains consent.

Client's rights, privacy and confidentiality were respected and the information handled was confidential.

3.10 Limitations of the study

The refusal by some of the men who never wanted to be identified with their female partners was a limitation. Time consumption for interpretation of the questionnaire to the Mothers into local language who didn't understand English language

3.11 Dissemination of results

The approved copies of this research report were distributed to; Uganda Nurses and Midwives Examination Board as partial fulfillment of the award of Diploma in Nursing Sciences, School of Nursing Sciences of KIU-WC, and library of KIU-WC.

CHAPTER FOUR: RESULTS

4.1 Introduction

This chapter presented data which were collected from the study. The finding has been summarized in form of bar graphs and pie-carts, tables, figures and in simple statements as shown below.

Fifty six respondents/men whose pregnant female partners were attending antenatal care services in ANC clinic at IAH, Bushenyi district consented to participate in this study and their responses were collected and presented as mentioned in the above form.

4.2 Socio-demographic characteristics

Figure 1: A bar graph showing age range of respondents

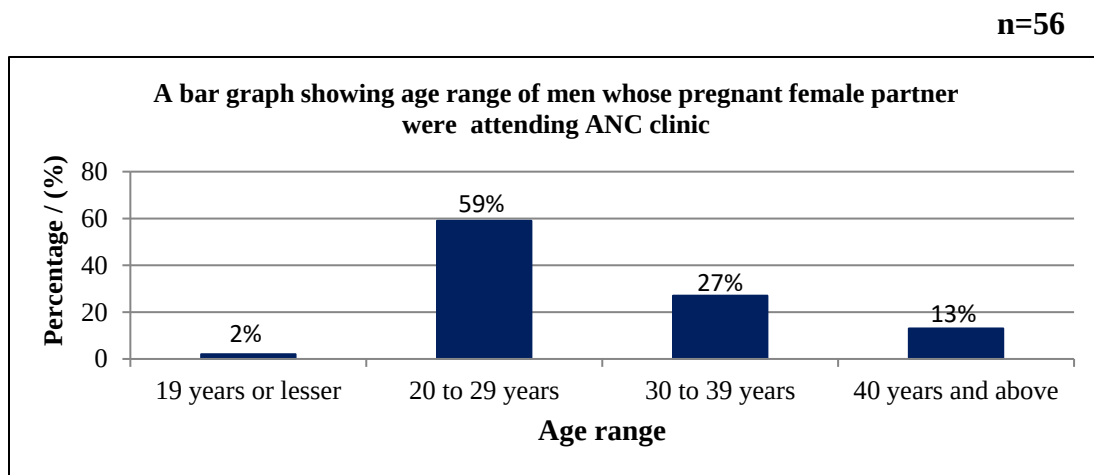


Figure 1 above show men whose pregnant female partners were attending ANC clinic had most with 59% age range 20 to 29 years, followed by 27% age range 30 to 39, 13% were age range 40 and above, while few with 2% were age 19 years or lesser.

Table 1: Show distribution of respondent according to tribe

Tribe	Frequency (n)	Percentage
Banyankole	48	85.7%
Bakiga	6	10.7%
Other (banyarwanda)	2	3.6%
Total	56	100.0%

Table 1 above, most respondents with 48 (85.7%) were Banyankole followed by bakiga with 6 (10.7%) while the least 2 (3.6%) were others (who were banyarwanda).

Figure 2: A bar graph showing distribution of respondent's educational level

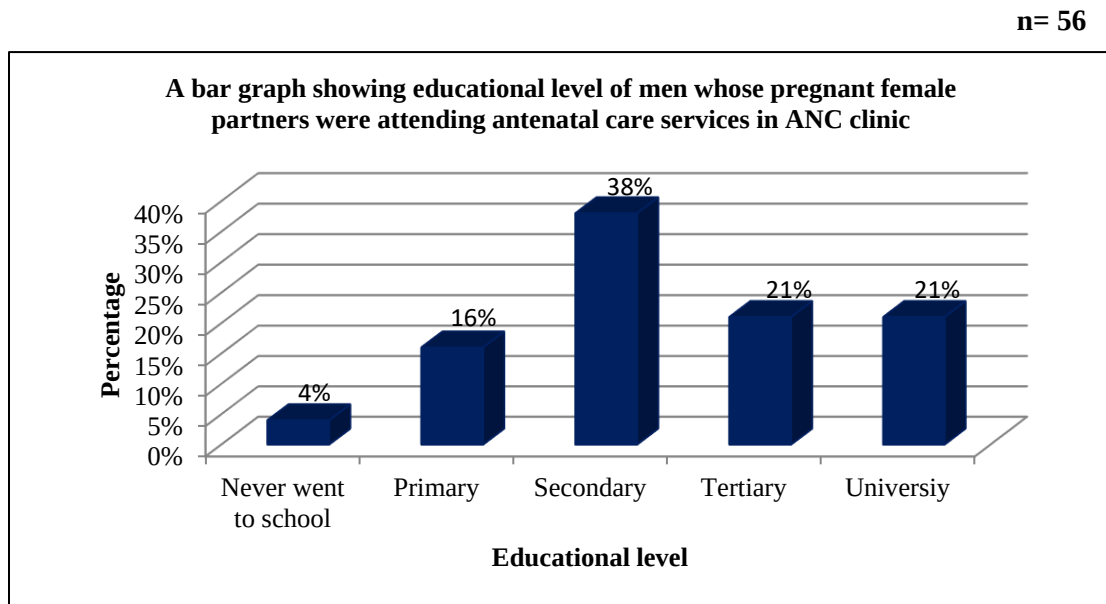


Figure 2 above reveals 38% of respondents had secondary education level while 21% went to tertiary, 21% university, 16% had primary level and 4% never went to school.

Table 2: Show the distribution according relationship with current partner

Variable	Frequency (n)	Percentage / (%)
Wife	41	73.2
Girlfriend and living together	3	5.4
Girlfriend and not living together	12	21.4
Total	56	100.0

Table 2 showed 73.2% of the respondents had their wives followed by 21.4% those with girlfriend and not living together, 5.4% those girlfriend and living together.

Figure 3: A pie-chart showing place of residence of the respondents

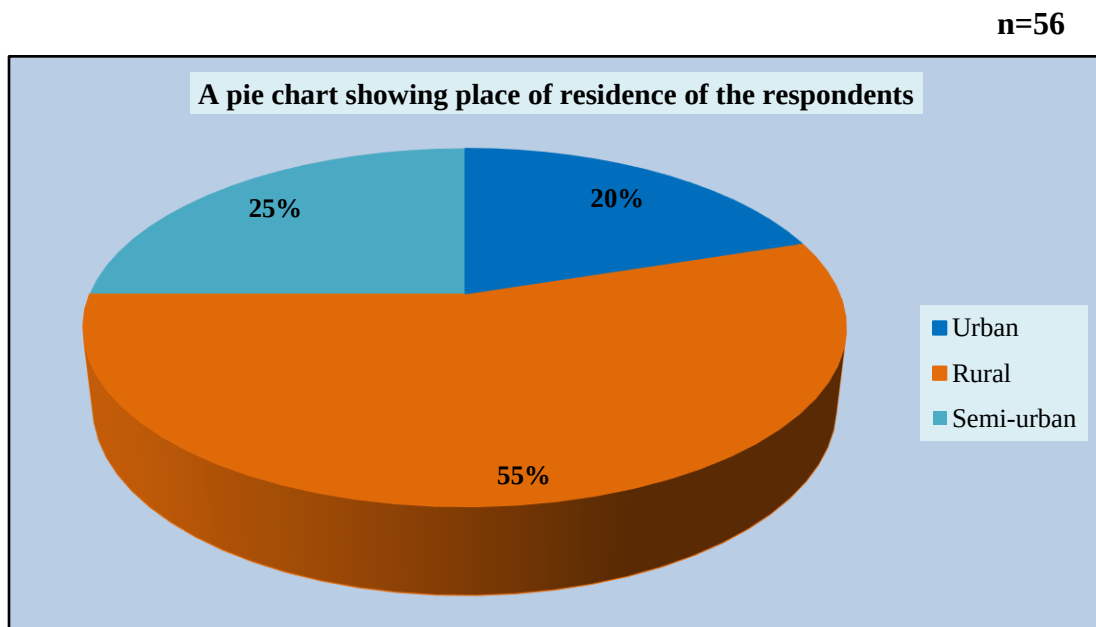


Figure 3 above show 55% were from semi-urban area, 25% from rural and 20% from urban.

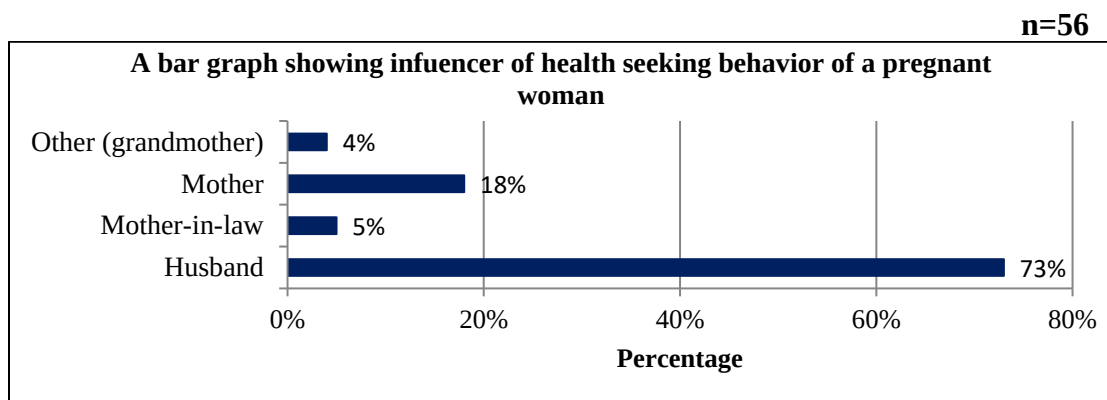
Table 3: Show respondents according to their religious affiliation

Religious	Frequency (n)	Percentage / (%)
Protestant	25	44.6
Catholic	16	28.6
Muslim	4	7.1
Seventh Day Adventist (SDA)	9	16.1
Other (born again)	2	3.6
Total	56	100.0

Table 3 shows that 25 (44.6%) of respondent were protestant, 16 (28.6%) Catholics while 9 (16.1%) SDA while 4 (7.1%) Muslim and few 2 (2.6%) other (born again).

4.3 Socio-cultural factors hindering men involvement in ANC services

Figure 4: A bar graph show influencer to health seeking behavior of a pregnant woman in a community



Factors hindering Men involvement in Antenatal care services

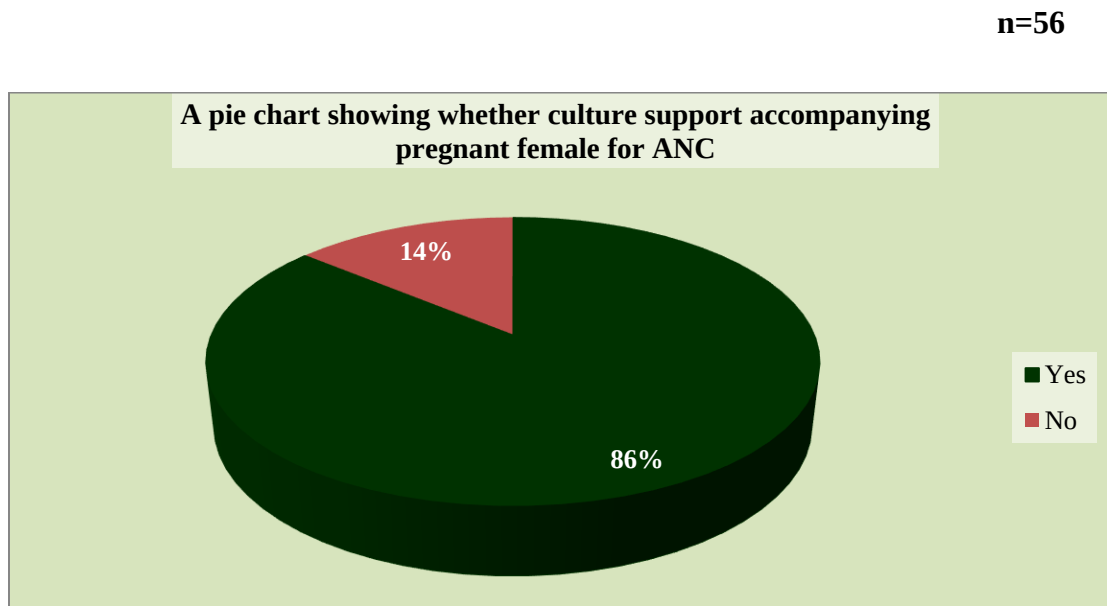
Figure 4 above, most 73% influencer was husband, 18% were mother, 5% influencer were mother-in-law and only 4% influencer were other (grandmother).

Table 4: Show whether men think pregnant women are safe to use herb

Variables	Frequency (n)	Percentage / (%)
Agreed	6	11
Disagreed	42	75
Not sure	8	14
Total	56	100

Table 4 reveal majority 42 (75%) respondents disagreed that pregnant women is not safe to use herbs 8 (14%) were not sure while only 6 (11%) who agreed.

Figure 5: A pie chart showing whether culture support accompanying pregnant female partner for ANC



Out of 56 respondents on figure 5 above, 86% (48) “Yes” said their cultures support accompanying pregnant female for ANC meanwhile 14% (8) “No” said their cultures support does not.

Table 5: Show reason why cultures does not support accompanying pregnant women for ANC

Variables	Frequency (n)	Percentage
Woman’s affair	3	38%
Lowering man’s dignity	1	13%
Weak man control by woman	2	25%
Other (controlling woman)	2	25%
Total	8	100%

On table 5, most respondents with 38% (3) said its Woman’s affair followed by 25% (2) who said weak man control by woman, 25% (2) other (controlling woman) and only 13% (1) responded as lowering man’s dignity

Figure 6: A pie chart showing what respondent thinks ANC are designed for

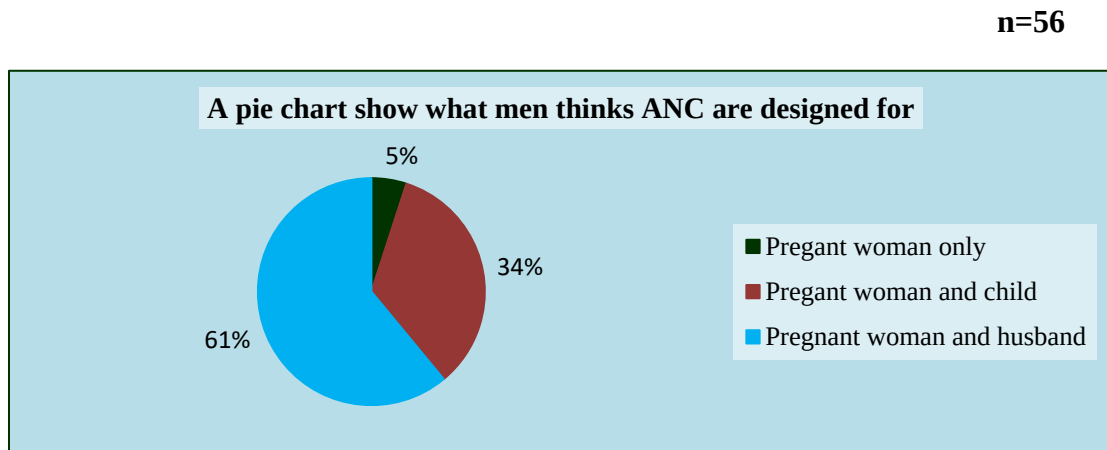


Figure 6 above, many men with 61% thinks ANC are designed for pregnant woman and husband while 34% designed for pregnant woman and child but least 5% said designed for pregnant woman only.

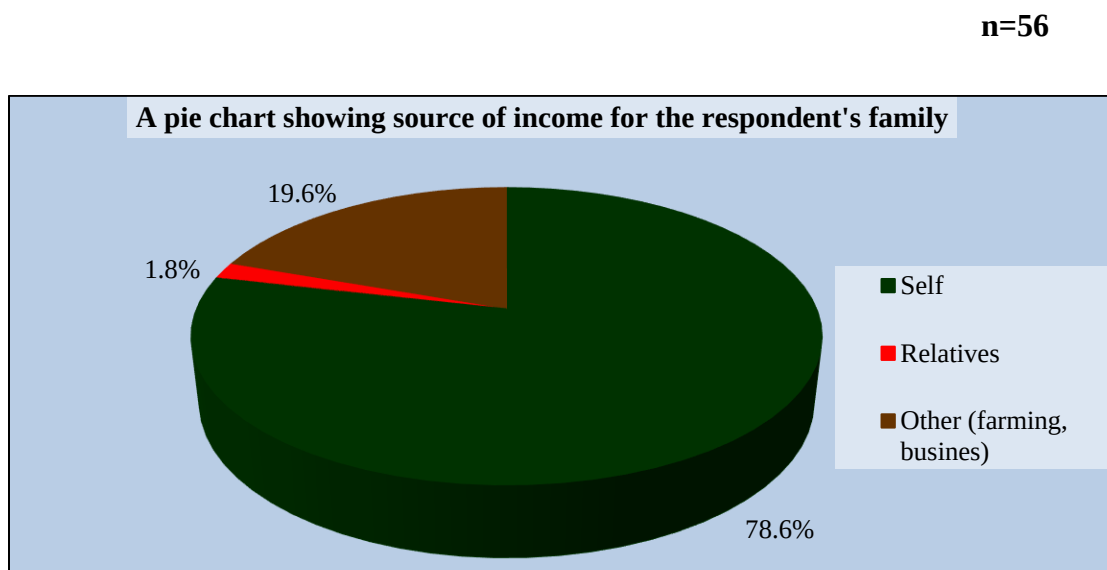
Table 6: Show opinion whether a man should accompanying his wife for ANC

Variables	Frequency (n)	Percentage
Agreed	51	91%
Disagreed	5	9%
Total	56	100%

The findings on table 6 shows most respondent 51 (91%) agreed that a man should accompany his wife for ANC while 5 (9%) disagreed.

4.4 The economic factors hindering men involvement in Antenatal care services

Figure 7: A pie chart showing source of income for the respondent's family



Factors hindering Men involvement in Antenatal care services

The figure 7 above, majority 78.6% (44) of the respondents' source of income were self meanwhile 19.6% (11) others (farming, business) and least with 1.8% (1) source of income from relative.

Table 7: Show cost spend to come to health facility

Cost	Frequency (n)	Percentage
No money	6	11%
1000 Ush	5	9%
2000 Ush	28	50%
Above 2000 Ush	17	30%
Total	56	100%

The table 7 above shows, majority 28 (50%) of the respondents spend 2000 Ush meanwhile 17 (30) above 2000 Ush, 6 (11%) spend no money and 5 (9%) 1000 Ush

Figure 8: A bar graph showing respondents who were employed

n=56

Factors hindering Men involvement in Antenatal care services

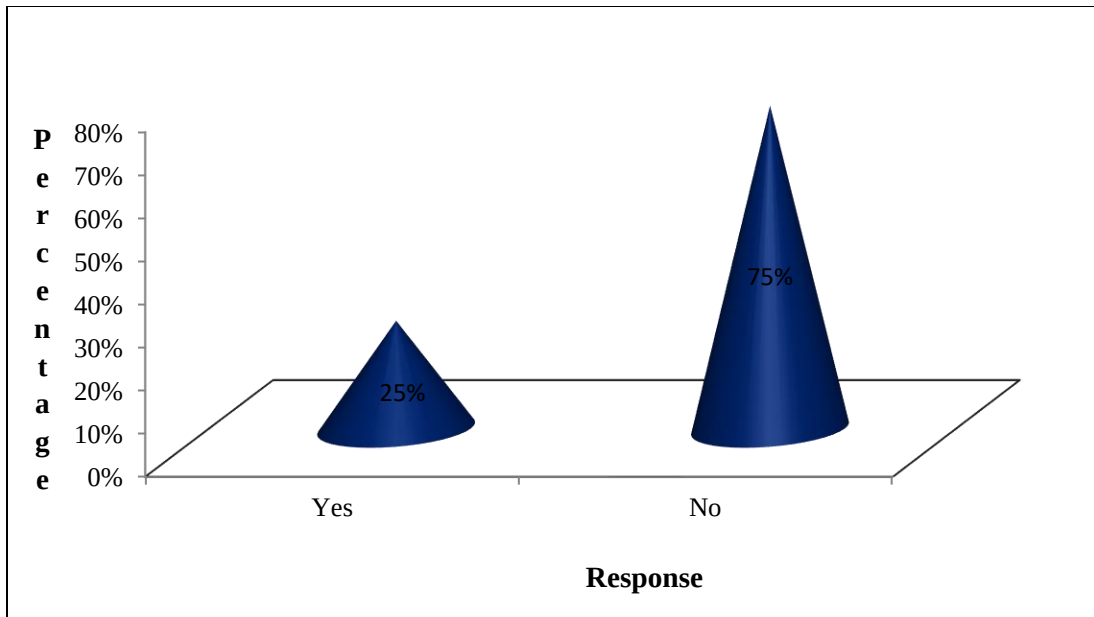


Figure 8 above, majority of respondents 75% (42) “No” were not employed meanwhile 25% (14) “Yes” were employed.

Table 8: Show respondents’ type of employment

Variable	Frequency (n)	Percentage
Government	3	21.4%
Private job	9	64.3%
Cooperative organization	2	14.3%
Total	14	100.0%

Table 8 shows out of 14 employed respondents, 9 (64.3%) respondents had private job followed by 3 (21.4%) who had government employment and 2 (14.3%) had cooperative organization.

Figure 9: A pie chart showing whether part time or full time employment

n=14

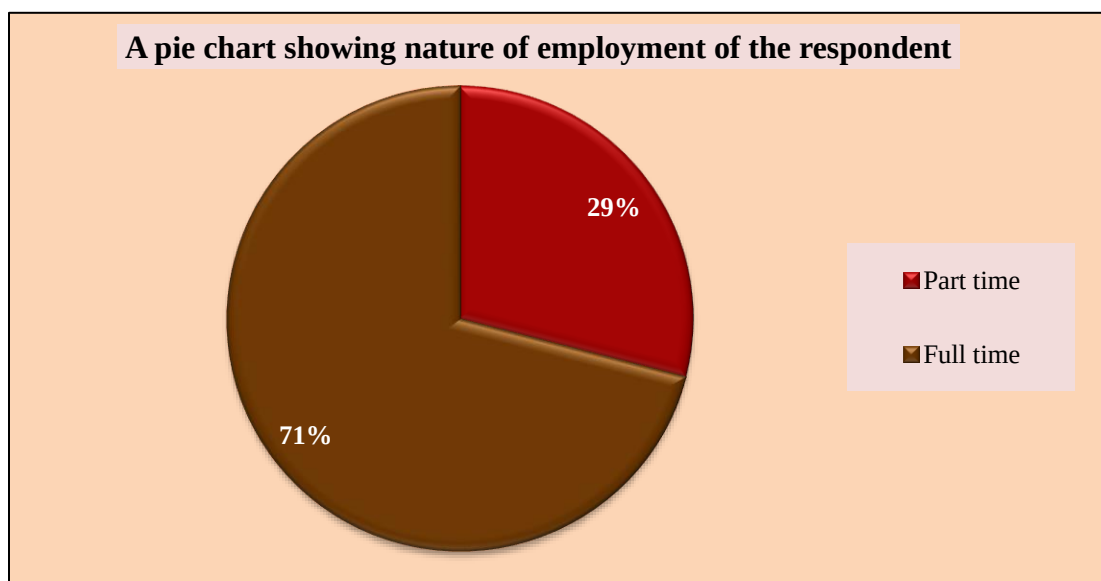


Figure 9 above, majority of 14 respondents' 71% were full time while 29% were having part time employment.

Table 9: Show reason from men why they are afraid of allowing their pregnant women go for ANC

Variable	Frequency (n)	Percentage / (%)
Mistrust their women	7	12.5
Poor transport means	2	3.6
Long distance	25	44.5
Others (busy at work, no time, no need)	22	39.3
Total	56	100.0

Table 9 results showed 25 (44.5%) of respondents reported long distance, 22 (39.3%) were others (busy at work, no time, no need) meanwhile 7 (12.5%) and 2 (3.6%) reported mistrust of their women.

4.5 The strategies that can improve men involvement in Antenatal care services

Figure 10: A bar showing suggestion on how to make ANC clinic conducive

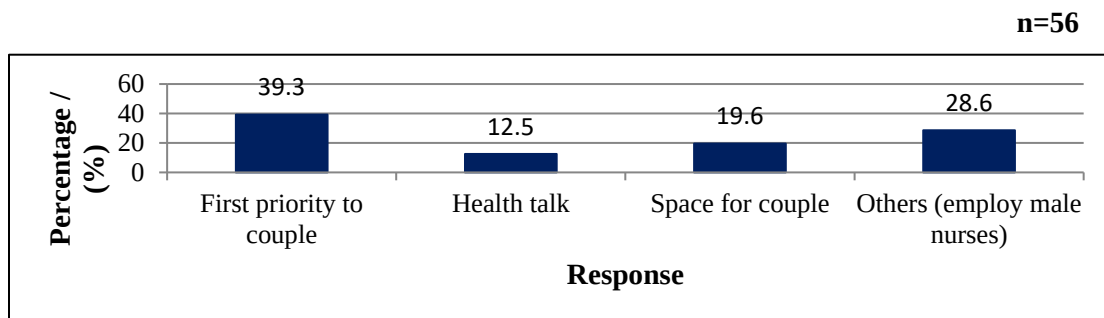


Figure 10 above, many respondents 39.3% said they should be given first priority to couple, 28.6% said others (employ male nurse), 19.6% space for couple and only 12.5% health talk.

Table 10: Show strategies to be used to encourage men accompany their wives/partner to ANC clinic

Variable	Frequency (n)	Percentage
Community sensitization	37	66%
Supportive program	12	21%
Others (improve attitudes, involve village health team)	7	13%
Total	56	100%

Factors hindering Men involvement in Antenatal care services

The finding on Table 10 above, out of 56 respondent's majority with 37 (66%) who reported that through community sensitization followed by 12 (21%) supportive program and only 7 (13%) reported others (improve attitudes, involved village health team).

CHAPTER FIVE: DISCUSSION, CONCLUSION, RECOMMENDATIONS

5.1 Introduction

Under this chapter discusses, conclude and recommend the findings and implications of factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District. Fifty six (56) men whose pregnant female partners were attending antenatal care services in ANC clinic at IAH, Bushenyi district.

5.2 Discussion

5.2.1 Socio-demographic characteristics

In this study, the majority of the respondents 85.7% were Banyankole followed by Bakiga with 10.7% while the least 3.6% were others (who were banyarwanda). This is because the study was carried out in Ankole sub-region where there are many Banyankole tribe however due to migration many others were also present as seen on table 1 above.

The study results from Figure 1 above showed majority of men whose pregnant female partners were attending ANC clinic had most with 59% age range 20 to 29 years, followed by 27% age range 30 to 39, 13% were age range 40 and above, while few with 2% were age 19 years or lesser.

However, Figure 2 above revealed 38% of respondents had secondary education level while 21% went to tertiary, 21% were university graduate, 16% had primary level and 4% never went to school. 73.2% of the respondents had their wives followed by 21.4%

those with girlfriend and not living together, 5.4% those girlfriend and living together as seen on table 2 above.

Most of respondents seen Figure 3 above showed majority with 55% were from semi-urban area, 25% from rural and 20% from urban. The findings from Table 3 revealed that 44.6% of respondent were protestant, 28.6% were Catholics while 16.1% were SDA meanwhile 7.1% were Muslim and few with 2.6% other (who said they were born again).

5.2.2 Socio-cultural factors hindering men involvement in ANC services

The results in the Figure 4 above, most 73% influencer of health seeking behavior of a pregnant woman was husband, 18% were mother, 5% influencer were mother-in-law and only 4% influencer were other (grandmother). Meanwhile from Table 4 reveal majority 42 (75%) respondents disagreed that pregnant women is not safe to use herbs 8 (14%) were not sure while only 6 (11%) who agreed.

Out of 56 respondents on figure 5 above, 86% (48) “Yes” said their cultures support accompanying pregnant female for ANC meanwhile 14% (8) “No” said their cultures support does not beside which of 8 who said their cultures does not support, on table 5, most respondents with 38% (3) said its Woman’s affair followed by 25% (2) who said weak man control by woman, 25% (2) other (controlling woman) and only 13% (1) responded as lowering man’s dignity. This finding agreed with Adeleke, (2013), in concussion with Ongweny-Kidero (2014), who reported that social and cultural beliefs are reported as factors hindering men from actively participating in these ANC services for example PMTCT programmes in the Machacos county of Kenya.

According to the results found on Figure 6 above, many men with 61% thinks ANC are designed for pregnant woman and husband while 34% designed for pregnant woman and child but least 5% said designed for pregnant woman only. Similarly, Ebba *et al.* (2010), revealed that educated men that escorted their wives were stereotype and subjected to gossip by their male counterparts and interestingly by women found in the clinics while in the process of seeking pregnancy care. Though most respondent 51 (91%) agreed that a man should accompany his wife for ANC while 5 (9%) disagreed seen on table 6 above.

5.2.3 The economic factors hindering men involvement in Antenatal care services

Though ANC services are officially free of charge in almost all Sub-Saharan African countries, the indirect cost of transport and the loss of income while waiting for long hours at the clinic are so high that many males are deterred from attending. According to the results on table 7 above shows, majority 28 (50%) of the respondents spend 2000 Ush meanwhile 17 (30) above 2000 Ush, 6 (11%) spend no money and 5 (9%) 1000 Ush yet majority 78.6% (44) of the respondents' source of income were self meanwhile 19.6% (11) others (farming, business) and least with 1.8% (1) source of income from relative in agreement with Nkuoh *et al.* (2010), finding; Kalembo *et al.*, 2011; Ongweny-Kidero, 2014.

Figure 8 above, majority of the respondents 75% (42) "No" were not employed meanwhile 25% (14) "Yes" were employed. Similar views have also been cited in other studies in Africa (Maman, Moodley & Gloves, 2012; Godana & Atta, 2013), that the requirements of men's jobs make it difficult to accompany their wives to PMTCT

appointments, particularly the perception that an extended amount of time would be consumed at the clinic.

Out of 56 employed respondents, 36 (64.3%) respondents had private job followed by 12 (21.4%) who had government employment and 8 (14.3%) had cooperative organization of 56 employed respondents' 71% were full time while 29% were having part time employment. Correspond to Ongweny-Kidero (2014), found out that the reason why men feel that accompanying their female partners to hospital is a waste of time that would prevent them from attending to their means of a livelihood. They have jobs to do (Adeleke, 2013; Auvinen *et al.*, 2014).

However, Table 9 results showed 25 (44.5%) of respondents reported long distance, 22 (39.3%) were others (busy at work, no time, no need) meanwhile 7 (12.5%) and 2 (3.6%) reported mistrust of their women strongly in agreement with study done in South Africa and Uganda found out that distance, poor roads, undeveloped transport systems, and the cost of getting to the hospital prevented men from being involved in the PMTCT, since most of them have few resources to travel and live a distance from the clinic or a hospital (Nkuoh *et al.*, 2010).

5.2.4 The strategies that can improve men involvement in Antenatal care services

Although very few studies on strategies that can improve men involvement in ANC services but prioritizing the couple in the antenatal clinics was cited as the best way forward to increasing the number of men involvement. This study results on Figure 10 above found out that many respondents 39.3% demanded that they should be given

couple first priority, 28.6% said others (employ male nurse), 19.6% space for couple and only 12.5% health talk. Slightly contradict that of Gathuto (2014), study results.

Furthermore, finding on Table 10 above revealed out of 56 respondents on suggestion of strategies to be used to encourage men accompany their wives/partner to ANC clinic majority with 37 (66%) reported that through community sensitization followed by 12 (21%) supportive program and only 7 (13%) reported others (improve attitudes, involved village health team). The results concur with Gathuto (2014), suggestions.

5.3 Conclusion

Thirty eight percent (38%) of respondents had secondary education level while 21% went to tertiary, 21% were university graduate, 16% had primary level and 4% never went to school. 73.2% of the respondents had their wives followed by 21.4% those with girlfriend and not living together, 5.4% those girlfriend and living together.

Most with 73% influencer of health seeking behavior of a pregnant woman was husband, 18% were mother, 5% influencer were mother-in-law and only 4% influencer were other (grandmother). 86% (48) “Yes” said their cultures support accompanying pregnant female for ANC meanwhile 14% (8) “No” said their cultures support does not.

Many respondents 39.3% demanded that they should be given couple first priority, 28.6% said others (employ male nurse), 19.6% space for couple and only 12.5% health talk.

The respondents suggested strategies to be used to encourage men accompany their wives/partner to ANC clinic majority with 37 (66%) who reported that through

community sensitization followed by 12 (21%) supportive program and only 7 (13%) reported others (improve attitudes, involved village health team)

5.4 Recommendations

To Ministry of Health Uganda; should designed policies in the country which makes it mandatory for all expectant mothers to attend the free maternal health care services accompanied by their spouses with intensive awareness country wide on importance of male participation in reproductive health through media campaigns.

To Hospital; couple should be given first priority whenever they come for antenatal care services.

To community; community sensitization, supportive program and involvement of village health team will improve on men's attitudes to accompany their female pregnant wives/partner for antenatal services.

5.5 Nursing topics for further study

The researcher suggests assessment of cultural practices towards the use of antenatal services among women of reproductive age.

5.6 Implications to Nursing Practice

Nurses should emphasize on routine Antenatal care health education and sensitization program on male involvement as well as antenatal care outreaches.

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APPENDICES

Appendix I: Consent Form

TOPIC: Assessment of factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi District.

INTRODUCTION

I am **Musinguzi Levi**, a student of Kampala International University-Western Campus, School of Nursing Sciences who is carrying out a research study as part of the requirement for a Diploma qualification. The purpose of this study is to investigate factors hindering Men involvement in Antenatal care services. Your participation in this study is entirely voluntary. Your withdrawal from the study will not result in any loss of benefits. For any inquiry contact the undersigned.

.....

Musinguzi Levi (Researcher)

Kampala International University-Western Campus, School of Nursing Sciences

P. O. Box 71, Bushenyi, Uganda.

CONSENT STATEMENT

I have been asked to participate in the above study and been explained the purpose of the study in the Language I do understand, I willingly accept to participate.

Signature/ Thumb print: Date:

Witness: Signature:

Appendix II: Questionnaire

Dear Respondents;

This questionnaire is designed to investigate factors hindering Men involvement in Antenatal care services at Ishaka Adventist Hospital, Bushenyi district. Answer according to the instructions

SECTION A: Socio-demographic characteristics

1. Age range (in year);

- | | |
|---------------------|---------------------|
| a) 19 or lesser () | c) 30 to 39 () |
| b) 20 to 29 () | d) 40 and above () |

2. Your tribe;

- a) Munyankole ()
- b) Mukiga ()
- c) Other specify.....

3. Level of education

- | | |
|-----------------------------|-------------------|
| a) Never went to School () | d) Tertiary () |
| b) Primary () | e) University () |
| c) Secondary () | |

4. Your relationship you have with your current partner?

- a) Wife ()
- b) Girlfriend and living together ()
- c) Girlfriend and not living together ()

Factors hindering Men involvement in Antenatal care services

5. Your place of residences?

- a) Urban () c) Rural ()
b) Semi-urban ()

6. Your religious affiliation?

- a) Protestant () d) Muslim ()
b) Catholic () e) Seventh Day Adventist (SDA) ()
c) Other specify.....

SECTION B: Socio-cultural factors hindering men involvement in Antenatal care services

7. Who influences the health seeking behavior of a pregnant woman in your community?

- a) Husband () c) My Mother ()
b) Mother-in-law () d) Other specify.....

8. Pregnant women are safe by local herbs and do not need to go for ANC services?

- a) Agree () c) Not sure ()
b) Disagree ()

9. Does your culture support you to accompany your pregnant female partner for Antenatal care into the antenatal clinic?

- a) Yes () b) No ()

10. If No to question 9, why your culture does not accept? Because it is....

- a) Woman's affair () c) Weak man control by woman ()

Factors hindering Men involvement in Antenatal care services

- b) Lowering man's dignity () c) Others specify.....
11. Identify who do you think antenatal care services are designed for?
- a) Pregnant women only () c) Pregnant woman and the child ()
- b) Pregnant woman and the husband ()
12. In your own opinion, should a man accompany his pregnant wife /partner to antenatal clinic?
- a) Agree ()
- b) Disagreed ()

SECTION C: Economical factors hindering men involvement in Antenatal care services

13. What is your source of income for your family's health?
- a) Myself () c) Other specify
- b) My relatives ()
14. How much does it cost you to come to the health facilit?
- a) No money () c) 2000 Ush. ()
- b) 1000 Ush. () d) Above 2000 Ush. ()
15. Are you employed?
- a) Yes () b) No ()
16. If Yes to question 15, clarify?
- a) Part time () b) Full time ()
17. If Yes to question 15, what is the source of your employment?
- a) Government job () c) Cooperative organization ()

Factors hindering Men involvement in Antenatal care services

- b) Private job ()
18. Why men are afraid of allowing their women attend antenatal care?
- a) Mistrust their women () c) long distances
- b) Poor transport means () d) Other specify

SECTION D: Strategies that can improve the men involvement on antenatal care services

19. Give suggestions on how to make the clinic environment more conducive and welcoming to the men. (tick one or more which is applicable)
- a) Couple given first priority ()
- b) Health talk while waiting ()
- c) Space for the couple ()
- d) Other specify
20. What strategies can we use to encourage other men to accompany their wives/partners to the clinic without feeling coerced? (tick one or more which is applicable)
- a) Community sensitization ()
- b) Supportive programs for men ()
- c) Other specify

Thank for your cooperation

Appendix III: Letter of authorization

 <p>KAMPALA INTERNATIONAL UNIVERSITY WESTERN CAMPUS <small>EXPLORING THE HEIGHTS</small></p>	<p>School of Nursing Sciences, P.O.BOX 71 Bushenyi, Ishaka Tel: +256 (0) 701 975572 E-mail: akabanyoro@gmail.com Website: http://www.kiu.ac.ug</p>
<hr/> <p><i>Office of the Dean - School of Nursing Sciences</i></p>	
<p>TO WHOM IT MAY CONCERN</p>	
<p>Dear Sir/Madam</p>	
<p>RE: MUSINGUZI LEVI - DNS/E/1038/153/DU</p>	
<p>The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science and he is in his final academic year.</p>	
<p>He is recommended to carry out his data collection as a partial fulfillment for the award of the Diploma in Nursing Science.</p>	
<p>His topic is FACTORS HINDERING MEN INVOLVEMENT IN ANTENATAL CARE SERVICES AT ISHAKA ADVENTIST HOSPITAL, BUSHENYI DISTRICT.</p>	
<p>Any assistance rendered to him will be highly appreciated.</p>	
<p>Thank you in advance for the positive response.</p>	
<div style="text-align: center;"><p>RESEARCH COORDINATOR</p></div>	<div style="text-align: center;"><p>ISHAKA HOSPITAL <i>Dr. S. L. FAR</i> Box 111 Bushenyi UGANDA</p><p><i>Adig Medical Director</i></p></div>
<hr/> <p><i>"Exploring the Heights"</i></p>	

Appendix IV: Map of Uganda showing location of Bushenyi District



Appendix V: Map of Bushenyi District showing Ishaka Adventist Hospital

