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Knowledge of men regarding antenatal care in Kajjansi B Cell, Kajjansi Town Council, Wakiso District. A cross-sectional study.

Najjibu Ssenyomo, Jimmy Okwany, Tobius Mutabazi, Francisco Ssemuwemba, Hasifa Nansereko, Jane Frank Nalubega, Immaculate Prosperia Naggulu*
Mildmay Institute of Health Sciences.

ABSTRACT

Background:
The study aimed to assess the knowledge of men regarding antenatal care in Kajjansi B Cell, Kajjansi Town Council, Wakiso District.

Methodology
A descriptive cross-sectional study collected quantitative data on male involvement in antenatal care (ANC) in Kajjansi B Cell, Wakiso District. Adult men aged 18-49 with pregnant partners were targeted. A sample of 54 respondents was determined using the Kish and Leslie formula with finite population correction and 5% non-response adjustment. Convenience sampling was applied. Data were collected using structured researcher-administered questionnaires and analyzed in Microsoft Excel using descriptive statistics. Ethical approval, informed consent, confidentiality, and pretesting of tools ensured data quality and participants' rights during the study.

Results
Most respondents, 19 (35.2%), were aged 26–30 years, while 18 (33.3%) were married and 12 (22.2%) were cohabiting. Nearly half, 25 (46.3%), had attained secondary education, and 14 (26.0%) had tertiary education. The majority, 21 (38.9%), were self-employed, while 14 (26.0%) were casual laborers. Half of the respondents, 27 (50%), earned between 100,000 and 300,000 Ugandan shillings per month. Among those married or cohabiting, most, 23 (76.7%), lived with their partners, and 11 (36.7%) had been in their relationship for 1–5 years. Regarding knowledge of ANC, most respondents, 49 (90.7%), had heard about ANC, and 39 (79.6%) understood it as regular pregnancy check-ups. Most respondents, 47 (96%), knew the benefits of accompanying partners to ANC, particularly providing support to their partners, reported by 21 (47%). Overall, most men rated their knowledge as average.

Conclusion
Men generally had adequate knowledge of ANC, but cultural misconceptions still limit full male participation.

Recommendation
Strengthen community sensitization and education to address cultural beliefs and promote shared responsibility in ANC, while conducting further community-based studies to identify barriers to male involvement.

Keywords: *Male involvement, Antenatal care, Knowledge of ANC services, Health education.*
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Corresponding author: *Najjibu Ssenyomo.*
Mildmay Institute of Health Sciences.

BACKGROUND OF THE STUDY
Male involvement in antenatal care (ANC) is an important component of improving maternal and neonatal health outcomes. However, limited knowledge about ANC services among men remains a major barrier to their participation in many low- and middle-income countries. In several settings, men often perceive pregnancy and ANC services as solely the responsibility of women, which significantly reduces their involvement in supporting their partners during pregnancy.

Evidence from different studies highlights the influence of knowledge on male participation in ANC. In a study conducted in Debre Tabor Town, Northwest Ethiopia, only 36.3% of men demonstrated good knowledge about ANC services, while the majority had poor awareness. The study found that low knowledge was directly associated with reduced male involvement because many men believed that ANC was exclusively a woman's responsibility (Tirukelem et al., 2024). Similarly, a study in Ghana reported that knowledge gaps were indirectly reinforced by low levels of women's education. Male involvement in ANC was only 28% in households where women had no formal education compared to 44% in households where women had attained secondary education or higher, demonstrating how limited knowledge within households can negatively influence male participation (Mohammed et al., 2020).

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Studies from other African countries also report similar findings. In Tanzania, lack of awareness about ANC schedules and services was identified as a major contributor to low male participation, with only 32% prevalence of male involvement among men who had limited knowledge about the importance of accompanying their partners to health facilities (Gibore, 2019). Likewise, a study conducted in Bichena Town, West Central Ethiopia**,** found that men with poor knowledge about ANC services were significantly less likely to accompany their partners, despite an overall male involvement rate of 57% in the area (Gessesse et al., 2024).

Further evidence from Dodoma Region, Central Tanzania, revealed that men who had never received health education from health facilities were nearly half as likely to accompany their partners to ANC visits compared to those who had received such information. Although the overall male involvement in the region was reported at 53.9%, poor knowledge continued to limit participation and reinforced misconceptions that pregnancy care is mainly a woman's responsibility (Greenspan et al., 2019). Similarly, a study conducted in Bench Sheko Zone, Southwest Ethiopia, reported that low knowledge among men about ANC services was a major barrier to their involvement. Only 23.1% of men physically entered the ANC consultation room, with many citing lack of information, fear of embarrassment, and misconceptions about their role in pregnancy care as reasons for non-involvement (Mekonen et al., 2022).

In Uganda, similar patterns have been observed. A qualitative study conducted at Kawempe National Referral Hospital in Kampala found that lack of knowledge among men was one of the strongest barriers to male involvement in ANC. Men who were not informed about ANC services or their supportive role during pregnancy often avoided attending clinic visits, while those who received counseling or health education were more likely to participate actively in maternal health services (Heugh et al., 2025).

The study aimed to assess the knowledge of men regarding antenatal care in Kajjansi B Cell, Kajjansi Town Council, Wakiso District.

METHODOLOGY

Study Design and Rationale

The study employed a descriptive cross-sectional design to collect quantitative data from participants. This design was chosen because it is time-efficient, cost-effective, and suitable for assessing male involvement in antenatal care (ANC) services.

Study Area

The research was conducted in Kajjansi B Cell, Kajjansi Town Council, Wakiso District, Central Uganda. It was chosen because it was convenient for me and easy. Kajjansi is located along the Kampala-Entebbe highway, approximately 16 kilometers south of Kampala City. It is a semi- urban area with a mix of trading centers, residential communities, and nearby health facilities providing ANC services. The area was chosen because of its accessibility, high population density, and observed gaps in male involvement in ANC.

Study Population

The study population will consist of adult men aged 18-49 years residing in Kajjansi B Cell, Kajjansi Town Council, whose spouses or partners were pregnant during the study time or have attended antenatal care services in the last year.

Sample Size Determination

The sample size was calculated using the Kish and Leslie formula of 1965 as follows:

$n = (Z2 * p * (1 - p)) / d2$

Where Z = 1.96 (95% confidence)

p = 0.15

d = 0.08 (margin of error).

$n = (1.96^2 * 0.15 * (1 - 0.15)) / (0.08^2)$

$= (3.8416 * 0.15 * 0.85) / 0.0064$

$= 0.48984 / 0.0064 \approx 77$

Applying finite population correction for a total population of N = 150:

$n_f = 77 / (1 + (77 - 1) / 150) = 77 / (1 + 0.5067) = 77 / 1.5067 \approx 51$

Adjusting for 5% non-response:

$n_final = 51 / 0.95 \approx 54$

Final sample size = 54 respondents

Therefore, 54 respondents were recruited for the study.

Sampling Technique and Rationale

A convenience sampling technique was used, which ensures efficient utilization of the limited resources of time and finances.

Sampling Procedure

All men aged 18 to 49 in the community who were available to respond to the researcher and meet the inclusion criteria, that is, confirming that they have a pregnant spouse or had a pregnant spouse in the last year, and consent to the study, were recruited to the study.

Data Collection Method and Rationale

Data was collected using a structured researcher-administered questionnaire. The questionnaire focused on socio-demographic factors, knowledge of ANC, and health facility–related factors influencing male involvement in antenatal care. This method was used because it was interactive and encouraged openness.

Data Collection Tools

A structured questionnaire with closed-ended questions was used. The tool was written in simple English for easier comprehension. For illiterate participants, the researcher administered the questionnaire through oral interviews in the local language to

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ensure inclusion and accuracy.

Data Collection Procedure

Permission to conduct the study was obtained from the local council chairperson of Kajjansi B cell in Kitende Ward, Kajjansi Town Council. Informed consent was then obtained from all participants, and the researcher directly administered the questionnaire to the respondents.

Study Variables

Independent variables

Knowledge-related factors such as awareness of ANC services, information sources, and misconceptions

Dependent variable

Male involvement in antenatal care services (measured by attendance at ANC visits, participation in decision-making, and support to partner).

Quality Control

Pretesting of the questionnaire was done on 5 men in Lweza B Cell to identify inconsistencies and make adjustments to test feasibility and refine procedures. Ample time was allocated for each interview to give participants a chance to provide appropriate responses without pressure.

Data Analysis and Presentation

Questionnaires were regularly checked for completeness, coded, and entered into Microsoft Excel for analysis. Results were then presented using descriptive statistics such as frequencies and percentages. Findings were further illustrated using tables, pie charts, and bar graphs, accompanied by narrative explanations.

Data Management

Data was securely stored by the researcher. Completed questionnaires were kept under lock and key until final termination of the study. Electronic data was password-protected and backed up on a flash drive to prevent loss. These measures were all put in place to ensure that confidentiality will be maintained throughout the research process.

Ethical Considerations

Ethical approval was obtained from the institutional Research Ethics committee of Mildmay Institute of Health Sciences, an introductory letter was obtained from Mildmay Institute of Health Sciences, and was presented to the local council chairperson of Kajjansi B cell in Kajjansi Town Council, who then granted permission to conduct the study.

All participants were provided with clear information about the study as part of obtaining informed consent before participation. Confidentiality and anonymity were strictly observed, and information obtained was not traceable to the research participants. Participants were informed of their right to withdraw from the study at any point without facing any consequences.

RESULTS

Socio-Demographic Factors Affecting Male Involvement in ANC

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Table 1 Socio-demographic characteristics of respondents (n=54)

Variable	Categories	Frequency	Percentage
How old are you?	18–25	9	16.7
	26–30	19	35.2
	31–35	11	20.4
	36–40	8	14.8
	41–50	7	12.9
What is your marital status? status?	Single	15	27.7
	Married	18	33.3
	Cohabiting	12	22.2
	Divorced/Separated	9	17.7
What is your highest level of education?	No formal education	8	14.8
	Primary	7	12.9
	Secondary (O-Level/A-Level)	25	46.3
	Tertiary (College/University)	14	26.0
What is your occupation?	Civil servant	3	5.6
Casual labor		14	26.0
Peasant/Farmer		10	18.5
Other		6	11.1
Self-employed/Business		21	38.9

Study findings indicate that most of the respondents, 19(35.2%), were between 26 to30 years old, most were married 18(33.3%), Majority, 25(46.3%) had attained secondary education and most, 21(38.9%), were self-employed or doing business.

Half of the respondents, 27 (50%), reported having an average monthly income between 100,000 and 300,000 Ugandan shillings. Of those who were either married or cohabiting, the majority, 23 (76.7%), were living with their partners, and most, 11(36.7%), had been in the marriage or cohabitation for 1 to 5 years.

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Figure 1: Monthly income of respondents

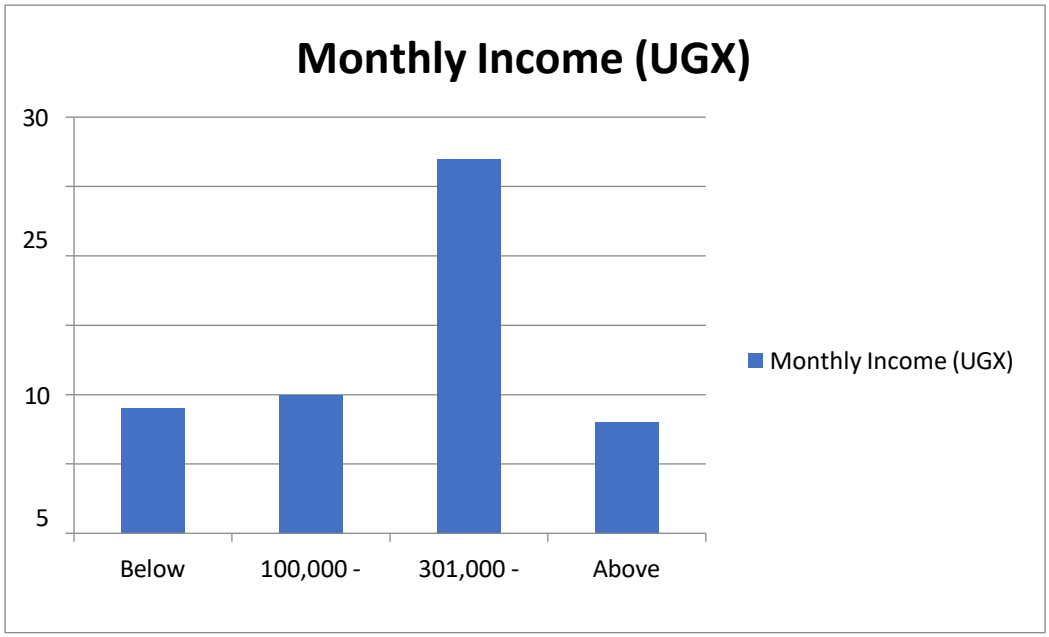

Table 2 Knowledge of men regarding ANC in Kajjansi B Cell (n=54)

Variable	Categories	Frequency	Percentage
Have you heard about	a. Yes	49	90.7
antenatal care (ANC)?	b. No	5	9.3
If yes, what do you	a. Regular check-ups during pregnancy	39	79.6
understand ANC to	b. Care for the baby only	6	12.2
be?	c. Care for the mother only	4	8.2
	d. Other_____		
Do you know the	a. Yes	47	96.0
benefits of	b. No	2	4.0
accompanying your			
partner to ANC visits?			
If yes, which benefits	a. Early detection of complications	15	31.9
Do you know? (Tick all that apply)	b. Support to spouse	21	44.7
	c. Shared decision-making	8	17.0
	d. Other	3	6.4

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Have you ever	a. Yes	41	83.8
received health education about ANC	b. No	8	16.2
at a health facility?			
How would you rate	a. Good	6	12.2
your knowledge about	b. Average	32	68.4
ANC services?	c. Poor	11	22.4
Do you believe ANC	a. Yes	10	20.4
is only the	b. No	39	79.6
responsibility of			
women?			

The majority of the respondents, 49 (90.7%), had ever heard about ANC, the majority of whom, 39 (79.6%), knew it as a regular checkup during pregnancy, and most knew the benefit of accompanying their partner to antenatal care, 47(96%).

Figure 2: Men who have ever heard about ANC (n=54)

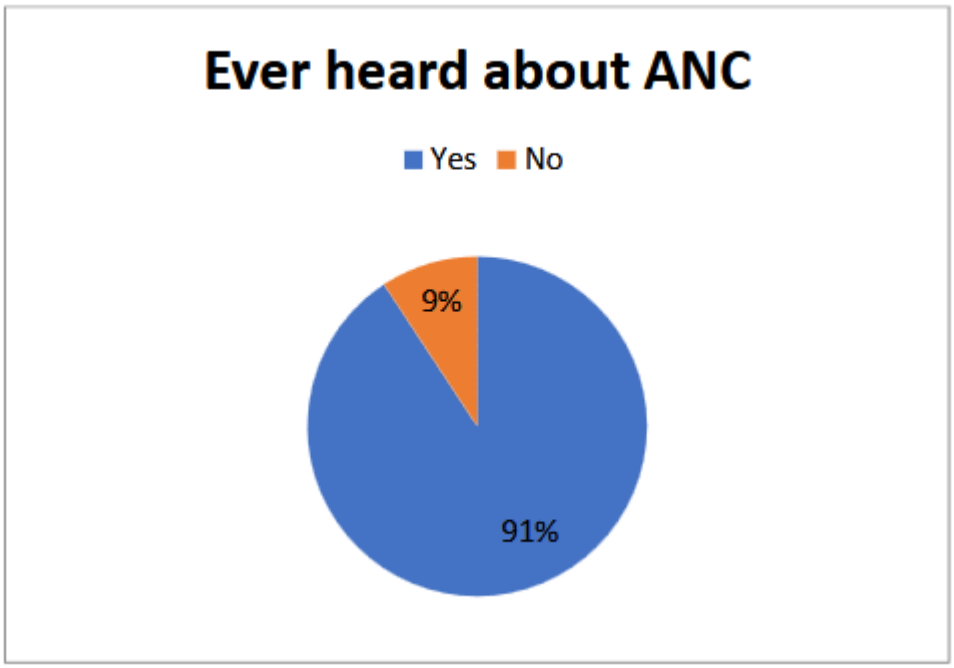

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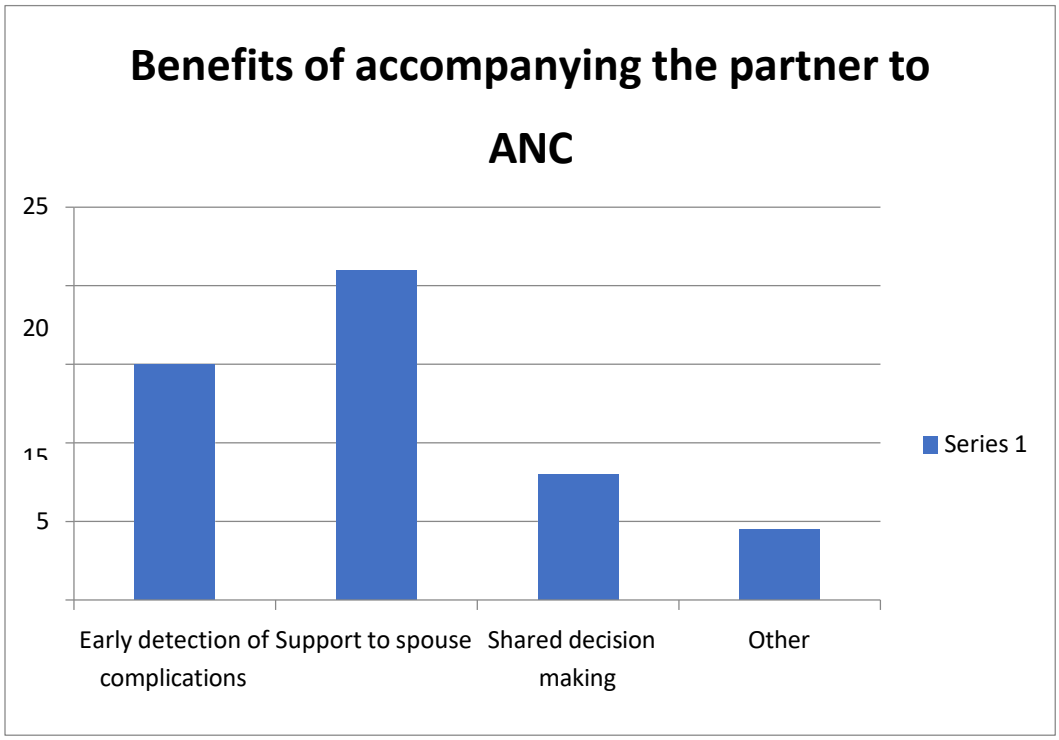
Figure 3: Bar graph showing the benefits of accompanying partners to antenatal care.



Of those who knew the benefit accompanying their partners to ANC, most, 21 (47%) reported support to the partner as the benefit.

DISCUSSION

The findings of this study indicate that the level of awareness about antenatal care (ANC) among respondents was generally high. A large majority (90.7%) reported that they had heard about ANC, and most of them (79.6%) correctly described it as routine medical check-ups carried out during pregnancy. This observation is consistent with the findings of Greenspan et al. (2019), who reported that men who obtain information from health facilities are more likely to support their partners during antenatal care.

In addition, 96% of the respondents were aware of the importance of accompanying their partners to antenatal visits, with many indicating that providing support to their partners was the main benefit. This suggests that most men recognize their supportive role during pregnancy. However, despite this awareness, practical involvement may still be limited due to barriers such as work commitments and prevailing cultural expectations.

Furthermore, although many respondents demonstrated awareness of ANC, about 22.4% rated their knowledge as poor, indicating that knowledge gaps still exist. Similar findings were reported by Tirukelem et al. (2024), who found that only about one-third of men had adequate knowledge of antenatal care in Ethiopia.

Moreover, 20.4% of the respondents believed that antenatal care is exclusively a woman's responsibility. This highlights the persistence of socio-cultural beliefs that discourage male participation in maternal health services. A similar observation was made by Heugh et al. (2025), who identified traditional gender roles as a significant factor

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contributing to low male involvement in antenatal care services in Uganda.

CONCLUSION

Knowledge of ANC among men was generally adequate, but misconceptions still exist. While many men understand the benefits of supporting their partners, cultural influences still discourage full participation.

Limitations

The study had several limitations that may have influenced the findings. First, the use of a cross-sectional study design restricted the ability to establish causal relationships between the identified factors and male involvement in ANC. The study also relied heavily on self-reported information, which is subject to recall and social desirability bias. In addition, the study used convenience sampling, which may have predisposed the study to sampling bias. Finally, the study was conducted under financial and time constraints, which restricted the possibility of using more robust methods.

RECOMMENDATION

The study recommends strengthening community sensitization on the importance of male involvement in antenatal care (ANC) within Kajjansi B Cell. Community education programs should address cultural beliefs that portray ANC as solely a woman's responsibility and instead promote shared responsibility for pregnancy and maternal health. Further small community studies are recommended to better understand specific cultural or household barriers that affect male participation in ANC.

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My appreciation further goes to all the respondents who willingly participated and provided the information needed for this study. Without their contribution, this research would not have been possible. Lastly, I am grateful to my family, friends, and colleagues for their continuous support, motivation, and understanding throughout this journey.

LIST OF ABBREVIATIONS

ANC – Antenatal Care
LC1 – Local Council One
UGX – Ugandan Shillings
N – Population size
n – Sample size
Z – Standard normal deviate (1.96 at 95% confidence)
p – Estimated proportion of population with the characteristic
d – Margin of error
% – Percentage

SOURCE OF FUNDING

The study received no external funding.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY

Data is available upon request from the author.

AUTHOR BIOGRAPHY

Najjibu Ssenyomo is a student pursuing a diploma in clinical medicine and community health. at Mildmay Institute of Health Sciences.

Jimmy Okwany, research supervisor at Mildmay Institute of Health Sciences.

Francisco Ssemuwemba, research supervisor at Mildmay Institute of Health Sciences.

Hasifa Nansereko, research supervisor at Mildmay Institute of Health Sciences.

Jane Frank Nalubega: research supervisor at Mildmay Institute of Health Sciences.

AUTHOR CONTRIBUTIONS

NS: collected the data.
TM: supervised the study.
FS: supervised the study.
HN: supervised the study.
JFN: supervised the study

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Original Article

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