



MEN'S KNOWLEDGE AND ATTITUDE TOWARDS MALE INVOLVEMENT IN ANTENATAL CARE IN AKURE SOUTH, ONDO STATE

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ABSTRACT: *Male involvement in antenatal care is a crucial role in promoting maternal health care and ensuring better birth outcomes. This study assessed Men's knowledge and attitude towards male involvement in antenatal care in Akure south, Ondo State. A descriptive study was carried out among men working as civil servants in three ministries in Akure South, Ondo State using convenient sampling technique to select 91 participants. The participants were adult men between the age of 25 and 60 working as civil servants in Akure South. Data was collected using structured questionnaire and was analyzed using statistical package for social science (SPSS) version 23 software to generate descriptive and inferential statistics and results were presented in tables and percentage. Findings from this study revealed that, majority (69.2%) of the respondents have good knowledge about male involvement in antenatal care, however majority had negative attitude towards male involvement in antenatal care. In conclusion, health promotion is needed to empower men with essential information for meaningful involvement in ANC services.*

KEYWORDS: Antenatal Care, Attitude, Knowledge, Male Involvement, Maternal Health

INTRODUCTION

Men are often identified as the sole decision-makers in all aspects, and play a pivotal role to ensure the welfare of women and children in the society (Craymah, Oppong, & Tuoyire, 2017). Prevention of maternal morbidity and mortality can be achieved by adequate provision and access to antenatal care and skilled birth attendant (Nyamtema, Urassa, & Roosmalen, 2011). Antenatal education is one of the pillars of antenatal care which aims at improving the health of mothers, babies and their families (Enzler & Gass, 2018). The United Nations Population Fund (UNFPA) in 1997, drew a plan for the International Conference on population and development (ICPD), Cairo and the 4th World conference on Women, Beijing where the role of men was identified to be vital in women empowerment. The capability of a woman to seek health care is revitalized by a man, however the women's reproductive health need are alien to her male partner (Pokharel, 2019). According to Lewis, Lee, and Simkhada, (2015) male involvement in antenatal care appears challenging in societies where culture and the role of masculinity are well-defined. The authority of men is philosophical in nature in



majority of African communities, (Aborigo, Reidpath, Oduro, & Allotey, 2018) as men are responsible with decisions in the family (Mullick, Kunene, & Wanjiru, 2005). Permitting men to attend ante natal care gives room for educating men on maternal healthcare and promoting positive behavior towards use of services (Mohlala, Gregson, & Boily, 2012).

According to Kabanga, Chibwae, Basinda, and Morona, (2019), men opined that promotion of maternal health services is women's role, and do not see reasons to follow their wives to Ante natal care. ANC attendance has been recognized as a strategy for male involvement in MCH while male participation is thought to be an essential step leading to positive maternal health outcomes (Vermeulen et al., 2016). Involvement of men promotes men to help their wives to use health services and being birth prepared and complication ready. Men's involvement can impact the delays in the decision in all three phases of delay: delay in the decision to seek care; delay in reaching care; and finally, delay in receiving care, which are contributing causes for increased maternal mortality (Bhatta, 2013; Gibore, Bali, & Kibusi, 2019). In developing countries, men can play a vital role in preventing delays with positive birth outcomes (Odimewu, Adewuyi, Odebiyi, Aina, & Adesina, 1998). However, despite various benefits of Male involvement in maternal health services such as better outcomes in reproductive health activities and better maternal outcomes, a low percentage of men are aware and participate in maternal health services (Mohlala et al., 2012), it is strange to find men attend ante natal care and delivery with their wives (Babalola & Fatusi, 2009). Hence, this prompted the researcher to assess the Men's knowledge and attitude towards male involvement in antenatal care in Akure south, Ondo State.

Objectives of the Study

Broad Objectives

This study was carried out to assess Men's knowledge and attitude towards male involvement in antenatal care in Akure south, Ondo State

Specific Objectives

The objectives of the study include:

1. To assess men's knowledge towards male involvement in antenatal care in Akure South Local Government
2. To assess men's attitude towards male involvement in antenatal care in Akure South Local Government

Significance of Study

The findings of this study will serve as basis for designing suitable programme aimed at improving male involvement in antenatal care that could help to reduce maternal morbidity and mortality. The findings of this study may further help to provide a clue to provide policy makers with respect to the level of male involvement in antenatal care and appropriate interventions obtained. It will also help to enhance midwifery practice and also contribute to the existing knowledge.



Research Questions

1. What is the level of mens knowledge towards male involvement in antenatal care?
2. What is the level of attitude of men towards male involvement in antenatal care?

LITERATURE REVIEW/ THEORETICAL UNDERPINING

The concept of male involvement differs within the context in which it is used and the meaning varies from one literature to another. However, the term used in this context refers to men's behavior of taking part or being responsible for their spousal antenatal health issues. These include accompanying their wives to antenatal care, do birth plans, support them, encourage them as well as assist in decision making to promote maternal health. This form of behavior fosters good communication, understanding and negotiations (Bhatta, 2013). Roseman and Reichenbach, (2010) considered Male involvement in antenatal health issues as the method of social and behavioral modification which is required by male to show enough and accountable responsibility with respect to maternal health care with the aim of safeguarding the women and children and preventing maternal and infant mortality and morbidity.

The idea of male involvement in ANC has been encouraged as an important component of WHO plans for ensuring safe pregnancies (Kululanga, Sundby, Malata, & Chirwa, 2012). It does not depict male supremacy or downgrading of females. Indeed, male autonomous decision-making appears to decrease antenatal care enrolment among pregnant women (Story & Burgard, 2012). A study indicates that male involvement in antenatal care is considered as having a beneficial impact on utilization of antenatal care services and a significant decrease of complications related to pregnancy and delivery. This implies that owe it an essential duty to involve in making sure that, their pregnant spouses obtain the best of care throughout their pregnancy period. Studies suggested that both males and females partners are all in support of male involvement in antenatal care service (Yargawa & Leonardi-Bee, 2015).

Yende, Van Rie, West, Bassett, and Schwartz, (2017) conducted a study titled Acceptability and Preferences among Men and Women for Male Involvement in Antenatal Care which aimed to assess acceptability of male involvement from the male and female perspectives and potential incentives for men to attend ANC. The study used stratified randomly selected 300 participants that included 150 pregnant adult women and 150 adult men. Findings from the study showed that participating men were older, were more likely to be employed, had higher incomes, had attained a lower education level, and had more children than participating women. All men in the study had low knowledge of ante natal care services that are available. A cross sectional study by Nasreen et al., (2012) aimed to assess of men's knowledge and awareness on maternal, neonatal and child health issues among 7200 participants who formed both intervention and control groups in the study. Findings show that a higher percentage of men in the intervention group had good knowledge, while more than half of the participants were able to state care rendered to pregnant women. A study conducted in rural Tanzania by Vermeulen et al., (2016) employed a mixed method approach to understand perceptions, attitudes and behaviour of men regarding their role and involvement during pregnancy and antenatal care visits in a rural district in Tanzania. The study adopted a convenience and snowball sampling technique to select 156 women attending antenatal care. Focus group



discussion was also done with 76 participants. Findings of the study showed that there is low involvement of men in antenatal care, while majority of husbands showed passive attitudes towards their involvement.

Furthermore a cross-sectional descriptive survey was carried out in Atelewo community in Osogbo, Osun State, Nigeria by (Olugbenga-Bello, Asekun-Olarinmoye, Adewole, Adeomi, & Olarewaju, 2013) to examine men's perception, attitude and involvement in maternal care. 400 respondents were selected using multi stage sampling technique and data collected using semi-structured questionnaire. Results revealed majority of the respondents 225 (62.2%) were within the age group 20 to 39 years with a mean age of 36.3 years \pm 10.86. Most of them were skilled workers 144 (39.8%) and many 147 (40.6%) had post primary school education. One hundred and eighty-six (51.5%) of the respondents had poor knowledge while 205 (56.5%) had a good attitude towards maternal health care. Concerning the involvement of the men in maternal health care of their wives, about a quarter 62 (29.1%), 87 (24.0%), 98 (27.1%) ever followed their wives to family planning clinic, antenatal clinic and the delivery room respectively. The level of awareness of men about maternal health was high, but their involvement in giving care was poor. Similarly, a cross sectional research design was employed by Falade-fatila and Adebayo, (2020) to assess the knowledge, perception and involvement of male partners in pregnancy related care among married men. A semi-structured, interviewer-administered questionnaire was used to obtain information from 367 married men selected for the study. Findings of this study revealed that 63 % had good knowledge of pregnancy related care. Majority believed that they had roles to play in their partners' care during pregnancy (89.9%), labor and delivery (92.9%), and in newborn care (97.5%). Overall, 56.9% had good involvement in pregnancy related care. About 20% followed their partners to antenatal care (19.6%) and postnatal (19.9%) clinics. A significantly higher proportion of respondents with good knowledge accompanied their partners for antenatal care ($p = 0.008$) and postnatal care clinic ($p = 0.014$); participated in birth preparedness ($p < 0.001$) and assisted with newborn care ($p < 0.001$). A study titled Attitude and Practice of Males towards Antenatal Care in Saki West Local Government Area of Oyo State, Nigeria by Opeyemi, Olabisi, and Oluwaseyi, (2014) adopted a descriptive design which aimed to examine attitude and practice of males towards antenatal care in Saki West Local Government Area of Oyo State, Nigeria. A sample of 120 men of reproductive age was used. The findings of the study show that a larger percentage of 87% of the respondents had positive attitudes towards ANC.

Knowledge, Attitude, and Practice (KAP) Theory

Knowledge - The understanding of an individual or men about Antenatal care determines their attitude and their involvement in ANC. Men's with adequate and correct information and awareness about antenatal care will be able to get involve in and have a positive attitude toward antenatal health services. Knowledge in general grows through public education therefore men should be given adequate information and education on importance and consequences of seeking and being involved in antenatal care. They should be aware of how decision making on antenatal care benefit or affect their wives who seek antenatal care. Therefore, there is a need for them to be involved and have knowledge about ANC.

Attitude – This describe the thought and point of view of the males about antenatal care. Men with adequate knowledge of antenatal care will surely have an encouraging attitude towards ANC. Men should be made to see and make view of the positive aspect of antenatal



care and this can be done by creating a friendly atmosphere with them in antenatal clinic by health care provider, voluntary HIV counseling and test should be use, assurance of confidentiality of their health information and health status. They should know their beliefs and attitude toward antenatal care affect them and their families negatively or positively.

Practice– The act of participating or getting involved about antenatal care. Men who have better knowledge and understanding of antenatal care and involvement influences the health of their wives and unborn child will be able to get involve and encourage their wives in seeking antenatal care. Therefore, Men should be given attention and space for participation.

METHODOLOGY

A descriptive research design was employed to assess Men's knowledge and attitude towards male involvement in antenatal care in Akure south, Ondo State. The target population of this study includes male adult between age 25-60 years, working as civil servants, in the ministry of works and infrastructure, physical planning and urban development and ministry of transportation in Akure South, Ondo State. The sample size was determined by Cochran's formula where 91 men were selected using convenient sampling technique.

A structured questionnaire was the instrument for data collection. It consisted of 36 items closed ended questions divided into sections A, B and C. Section A consists of 9 item questions on socio demographic data of respondents. Section B consists of 13 item questions on Knowledge of male on antenatal care. The option was Yes, No, with mean score 11.74, those who score 7-11.6 were ranged as poor knowledge while those who scored 11.7-15.9 were regarded as having good knowledge. Section C consists of 14 item questions on attitude of male towards in antenatal care. The option was based on a 4-point attitudinal scale of Agree, strongly agree, Disagree and strongly disagree and was scored 0-4 with combination of negative and positive questions. The mean score was calculated to be 6.7; those who scored 1-6.6 were ranged as negative attitude while those who scored 6.7-10 were regarded as positive attitude.

The face and content validity of the instrument was ascertained by giving the instrument to the other experts in the field of nursing science and suggestion was considered. The Reliability of the instrument was done by the use of pre-test method by administering 10% of the questionnaire, which is equivalent to 10% of the target population 9 questionnaires to men working in the ministry of statistics. Response was compared to ensure consistency in the answers that was given. Ambiguous and difficult questions was identified, clarified and restated.

Knowledge of male on antenatal care, the reliability test result is 0.647, suggesting that the items had good internal consistency. Attitude of men towards male involvement in antenatal care the reliability test is 0.615, suggesting that the items had good internal consistency. The relationship between the socio demographic factor and attitude of men towards male involvement in antenatal care the reliability test result is 0.694, suggesting that the items had a good internal consistency. This implies that the reliability test is reliable.

Ethical clearance on permission to conduct the study was obtained from the three ministries. The participants were informed about the study, benefit and purpose of the study. Data was



collected from Ministry of Physical planning and urban development, Ministry of Transportation and Ministry of Works and infrastructures, Akure, once in a week for three weeks and respondents were not allowed to take the questionnaire home. Data was collected through distribution of questionnaire to the selected men and data was analysed using descriptive statistics in form of frequency, percentage, mean and standard deviation. Inferential statistics of Chi Square was used to test hypotheses at 0.05 level of significant and the results were presented in tables.

RESULTS/FINDINGS

Table 1: Socio Demographic Data of Respondents

Socio Demographic Data	Frequency	Percentage %
Age		
25-34	27	29.7
35-44	42	46.2
45-54	21	23.1
Marital Status		
Married	72	79.1
Single	18	19.8
Divorce	1	1.1
Religion		
Christian	83	91.2
Islam	7	7.7
Traditional	1	1.1
Education		
Secondary	11	12.1
Tertiary	80	87.9
Ethnicity	90	
Yoruba	1	98.9
Igbo		1.1
Types of Family		
Monogamous	81	89.0
Polygamous	2	2.2

Socio demographic variables of the respondents as shown in Table 1, Majority 42 (46.2%) of the respondents' falls within age-group 35-44 years, 27 (29.7%) of them were within age range of 25-34 while 21 (23.1%) were within the age range of 45-54. Majority of the respondent 83 (91.2%) were Christians, 7 (.7.7%) were Muslim while 1(1.1%) are traditional. Majority 72 (79.1%) were married, 18 (19.8%) were single and only 1 (1.1%) of the respondent are divorced. On level of education majority 80 (87.9%) had tertiary education while only 11 (12.1%) had secondary educational level. Majority 90 (98.9%) were Yoruba while only 1 (1.1%) are Igbo with majority 81 (89.0%) were from monogamous home while 2 (2.2%) operate polygamous family.

**Table 2: Respondent Knowledge on Male Involvement in Antenatal Care (n=91)**

Items	Yes		No	
	F	%	F	%
Have you heard about Antenatal care before	91	100	0	0.0
Antenatal care provides confirmation of pregnancy	77	84.6	14	15.3
Maternal underlying disease condition such as cardiac disease can be detected during antenatal clinic	88	96.7	3	3.0
Anemia in pregnancy can be detected during ANC	85	93.4	6	6.5
Antenatal care consists of HIV counseling and testing, tetanus immunization, prevention of malaria in pregnancy and so on	89	97.8	2	2.1
Abdominal examination is done in the hospital during antenatal clinic	91	100.0	0	0.0
Antenatal care provides early detection of baby's abnormality	87	95.6	4	4.3
Health education on pregnancy and family planning is done during antenatal clinic	86	94.5	5	5.4
Antenatal care prepares pregnant women for labour	89	97.8	2	2.1
Do you know that your involvement in antenatal care will allow you to understand more dangers signs of pregnancy and also to seek obstetric care for your wives	88	96.7	3	3.0

Table 2 shows respondent knowledge on antenatal care all of the respondents have heard about Antenatal. Majority 86(86.0%) of respondents believed that antenatal care provides confirmation of pregnancy while 14(14.0%) said not applicable. 97(97.0%) of respondents said maternal underlying disease condition such as cardiac disease can be detected during antenatal clinic while 3(3.0%) said not true. 94(94.0%) of respondents said anemia in pregnancy can be detected during ANC while 6(6.0%) said not so. 98(98.0%) of respondents agreed that Antenatal care consist of HIV counseling and testing, tetanus immunization, prevention of malaria in pregnancy and so on while 2(2.0%) said no. All respondents believed that abdominal examination is done in the hospital during antenatal clinic. Majority 87 (96.0%) of respondents believe antenatal care provide early detection of baby's abnormality while 4(4.0%) said not applicable. Majority 86 (95.0%) of respondents said health education on pregnancy and family planning is done during antenatal clinic while 5(5.0%) of respondents said no. 89 (98.0%) of respondents said Antenatal care prepare pregnant women for labor while 2(2.0%) of respondents said no. 88 (97.0%) of respondents said that involvement in antenatal care will allow to understand more dangers signs of pregnancy and also to seek obstetric care for your wives.

**Table 3 Level of Knowledge of Respondent on Male Involvement in Antenatal Care**

Categories	Level of knowledge	Frequency	Percentage
7-11.6	Poor	28	30.8
11. 7-15.9	Good	63	69.2

Table 3 shows that majority 63 (69.2%) of the respondent had good knowledge on antenatal while 28 (30.8%).

Table 4: Respondent Attitude Towards Men Involvement in Antenatal

Items	Strongly Agree		Agree		Strongly Disagree		Disagree	
	F	%	F	%	F	%	F	%
Pregnancy is a women's affair and not men's so, there is no need for men involvement in antenatal care of their wives	20	21.9	16	17.5	45	49.4	10	10.9
Men's culture prevents their involvement in ANC	7	7.6	35	38.4	34	37.3	15	16.4
Timing schedule of the antenatal prevents men from accompanying their wives to the clinic	36	39.5	45	49.4	10	10.9	0	0.0
Men do not see any benefit from participating in antenatal care programs	18	19.7	30	32.9	27	29.6	16	17.5
Attitude of health workers prevent male involvement in ANC	29	31.8	33	36.2	12	13.1	17	18.6
Men only go to ANC if requested by health care provider	29	31.8	35	38.4	13	14.2	14	15.3
Occupation of a man affect his involvement in ANC	35	38.4	37	40.6	0	0.0	19	20.8
Dominance of antenatal clinic by female staff is the reason male does not involve themselves in ANC	12	13.1	41	45.0	16	17.5	22	24.1
Men believe that healthy woman should not attend ANC	0	0.0	20	21.9	34	37.3	37	40.6
Husband is only responsible in taking decision about where and when to seek antenatal care	16	17.5	15	16.4	27	29.6	33	36.2



Items	Strongly Agree		Agree		Strongly Disagree		Disagree	
Men do not attend ANC with their partners due to little knowledge about the services	17	18.6	37	40.6	15	16.4	22	24.1
Men consider accompanying their wives to antenatal clinic because they impregnated them	12	13.1	41	45.0	10	10.9	28	30.7
Men do not attend ANC with their partners due to little knowledge about the services	18	19.7	34	37.3	9	9.8	30	32.9
Men consider accompanying their wives to antenatal clinic because they impregnated them	12	13.1	41	45.0	10	10.9	28	30.7
Type of marriage practice by men affect their involvement in antenatal care	18	19.7	34	37.3	9	9.8	30	32.9

Findings from Table 5 showed that majority 45 (49.4%) of the respondents strongly disagree that pregnancy is a women's affair and not men's so, there is no need for men involvement in antenatal care of their wives, 20 (20.0%) strongly agree with it, 16(16.0%) disagree while 10 (10.9%) of the participants agree with the statement. Majority 35 (38.4%) of the participants agree that men's culture prevent their involvement in antenatal care, 34 (37.3%) of the participants strongly disagree with it while 15 (16.4%) disagreed with the statement. It also shows that majority 45 (49.4%) of the respondents agree that schedule of the antenatal prevents men from accompanying their wives to the clinic while 36 (36.0%) strongly agree with the statement. Furthermore, Majority 30 (30.0%) of the respondents agreed that men do not see any benefit from participating in antenatal care programs while 27 (27.0%) of the respondents disagreed. findings also show that majority 38 (38.0%) of the respondents strongly agree that the attitude of health workers prevent male involvement in antenatal care while 12 (12.0%) and 17 (17.0%) of the participants strongly disagree and disagreed with the statement respectively. Also 38 (38.0%) of the respondents strongly agree that men only go to antenatal care if requested by health care provider while 13 (13.0%) of the respondents strongly disagree to the statement. Majority 37 (37.0%) of the respondents agreed that occupation of a man affect his involvement in antenatal care while 19 (19.0%) of the participants strongly disagreed with such assertion. Also, 41 (41.0%) of the respondents agreed that dominance of antenatal clinic by female staff is the reason male does not involve themselves in antenatal care while 22 (22.0%) of the respondents disagreed that dominance of antenatal clinic by female staff should not be the reason male does not involve themselves in antenatal care. Finding shows minority 9(9.0%) of the respondents agreed that men believe that healthy woman should not attend antenatal care while 37(37.0%) of the respondents disagreed to this. Minority 15 (15.0%) of the respondents strongly agree that husband is only responsible in taking decision about where and when to seek antenatal care while 33 (33.0%) of the respondents disagreed that husband should not be the only one responsible in taking



decision about where and when to seek antenatal care. Majority 37 (37.0%) of the respondents agreed that men do not attend antenatal care with their partners due to little knowledge about the services while 15 (15.0%) and 22 (22.0%) of the respondents strongly disagree and disagreed to the statement respectively.

Table 6: Respondent Attitude of Male Involvement Towards Antenatal

Level of attitude	Frequency	Percent
Negative	51	56.0
Positive	40	43.9
Total	91	100.0

Results from Table 6 shows majority 51 (56.0%) of the respondent had negative attitude towards male involvement during antenatal.

Hypothesis Testing

Hypothesis 1: There is no significant relationship between age of the respondent and attitude of men towards male involvement in antenatal care

Table 7: Relationship between Respondent Age and Attitude towards Male Involvement in Antenatal Care

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.513	2	.256	1.023	.364
Within Groups	21.810	89	.251		
Total	22.322	91			

From Table 7, it was observed that there is no significant relationship between age of the respondents and attitude toward antenatal care ($p=0.364$). Hence, the null hypothesis, which stated that there is no significant relationship between respondent age and attitude towards antenatal care, is not rejected.

Hypothesis 2: There is no significant relationship between religion of the respondent and attitude of men towards male involvement in antenatal care

Table 8: ANOVA to Compare Respondent Religion and their Attitude Towards Male Involvement in Antenatal Care

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.496	2	.248	.992	.375
Within Groups	22.031	89	.250		
Total	22.527	91			



From Table 8, it was observed that there is no significant relationship between religion of the respondents and attitude toward antenatal care ($p=0.375$). Hence, the null hypothesis, which stated that there is no significant relationship between respondent religion and attitude towards antenatal care, was not rejected.

DISCUSSION

From the research study all the respondents who participated were male with majority of them being married. Majority of the respondents were between 35-44 years with mean age of 38 ± 6.79 with the Majority of the respondents being Christian. Furthermore, majority of the men were from Yoruba ethnic group.

As regards the level of knowledge of men towards male involvement in Antenatal care, majority 86 (86.0%) of respondents believed that antenatal care provides confirmation of pregnancy, 97 (97.0%) of respondents said maternal underlying disease condition such as cardiac disease can be detected during antenatal clinic. Furthermore, a large percentage of respondents said anaemia in pregnancy can be detected during ANC, Antenatal care consist of HIV counseling and testing, tetanus immunization, prevention of malaria. All respondents believed that abdominal examination is done in the hospital during antenatal clinic. Majority (96.0%) of respondents believe antenatal care provide early detection of baby's abnormality while 4 (4.0%) said not applicable. More than half (95.0%) of respondents said health education on pregnancy and family planning is done during antenatal clinic, while as regards whether antenatal care prepare pregnant women for labour 89 (98.0%) of agreed. The findings show that a larger percentage of the respondents 66% had good knowledge with a score above the mean knowledge score of 11.7 ± 1.16 . This finding is similar with findings of Falade-fatila & Adebayo, (2020); Nasreen et al., (2012) and Olugbenga-Bello et al., (2013). Falade-fatila & Adebayo, (2020) reported a significantly higher proportion 63% of respondents had good knowledge towards pregnancy related care. Nasreen et al., (2012) study support the current study as more than 50% of men across the study areas could state the care given to an expectant woman. Olugbenga-Bello et al., (2013) findings reported a high level of awareness of maternal health among men in their study. However, in contrast with the findings of the current study, Yende et al., (2017) study reported a low knowledge level among participants.

Furthermore, in this study, findings revealed that larger percentage (51%) of the respondent had negative attitude towards male involvement in antenatal care. Majority of the respondents strongly disagreed that pregnancy is a women's affair and not men's. More than half of the respondents strongly disagreed that men do not see any benefit in participating in antenatal care. Larger percentage of the respondents agreed that attitude of health workers prevent their involvement in antenatal care. Also, majority of the respondents disagreed that husband is only responsible in making decision about where and when to seek antenatal care, less than half of the respondents disagreed that men's culture prevent is involvement in antenatal care. The findings of this study is similar to Vermeulen et al., (2016) whose findings showed that men reported unwillingness on attendance and participation in antenatal care services as a result of the uncomfortable feeling of being indulged in the women-only affair and husbands had a passive attitude concerning their own involvement in antenatal care. In contrast to this



finding is a study by Opeyemi et al., (2014) whose study revealed a positive attitude towards antenatal care.

Implication to Midwifery Practice

The findings reviewed that larger percentage of the respondents reported that attitude of the health workers is why they are not involving in antenatal care. This means that the midwives should create a welcoming and friendly atmosphere for men that accompany their spouse to antenatal clinic and also explain what is expected of them to do during the clinic.

CONCLUSION

The findings from this study revealed that majority of respondents have good knowledge about ANC and majority of them had negative towards male involvement in antenatal care. Access to Health promotion is needed to empower men with essential information for meaningful involvement in ANC services. Future interventions should address cultural competence of providers in involving men accompanying their spouses in the ANC service model

RECOMMENDATION

- i. Government should enact policies that will support male involvement in antenatal care
- ii. Antenatal care clinics should be user friendly for couples

Future Research

Future research could be made on the following:

- i. Explore men's expectations on ANC services.
- ii. Factors influencing male involvement in antenatal

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