



**BARRIERS TO MALE INVOLVEMENT IN ANTENATAL CARE IN
UGANDA;
A SYSTEMATIC LITERATURE REVIEW**

BY:

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Declaration

I TUMWINE ANDREW hereby declare that this research paper is my original work and has never been submitted before to Health Tutors, College-Mulago or any other institution for any academic award of any qualification. Due acknowledgement is given to the support of my supervisor and authors of articles, research papers and documents referenced in this research paper.

Signature.....

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Approval

This research paper has been written under my supervision. I therefore authorize its submission to Health Tutors' College Mulago.

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Abstract

Introduction: Globally, a husband is a significant figure in decision making processes of the family especially to his expectant partner. During this period, mothers, their unborn babies, family members and more so their husbands are excessively worried This research paper aimed at assessing the barriers of male involvement in ANC services in Uganda.

Methods: A systematic review of journal articles was carried out using search words: “Barriers”, “Male involvement” and “Antenatal Care”. Different medical databases were used of Google scholar, Research gate and Pub med were used. A total of 134 relevant articles were got between 2010 and 2020 years of publication but were reduced to 36 most relevant full text articles of which 20 were Ugandan studies hinting on male involvement in Antenatal Care (ANC) services.

Findings: The review revealed that barriers to male involvement in ANC services in Uganda were classified as gender and cultural norms, lack of services targeting male partners, poor ANC service delivery, free availability of TBAs, poverty, long distances to ANC clinics and long waiting time at health centers, fear of HIV/AIDs testing and lack of specific services targeting men.

Conclusion: Basing on findings from the study, it can therefore be concluded that there are many barriers to male involvement in ANC services in Uganda. Husbands are vital in the life of a pregnant mother thus attending to these barriers could significantly increase male involvement in ANC services.

Recommendations: The government of Uganda should involve community extension workers in sensitizing households on the benefits of husband involvement in ANC as well as improving service delivery and health care centers.

Key words: Barriers, Antenatal Care Services, Male, Uganda

Background

Globally, a husband is a significant figure in decision making processes of the family especially to his expectant partner. During this period, mothers are excessively worried, their unborn babies, family members and more so their husbands (Gibore, Bali, & Kibusi, 2019). Antenatal care is a safety precaution during pregnancy to predict better health outcomes of both the mother and her baby since it prepares her physical and mental wellbeing (Mohammed, Johnston, & Vackova, 2019). This is the period when a mother is advised on healthy eating, lifestyle changes and developing a positive attitude towards health providers such as personal midwife or doctor (Peneza & Maluka, 2018).

The WHO, (2020) suggests that global accessibility of antenatal checkups could greatly reduce maternal deaths, infant mortality and low birth weight. This success is greatly hindered by low male involvement in maternal health care services especially in Africa partly contributing to low turn up of expecting mothers in most antenatal clinics (Teklesilasie & Derressa, 2020). Male exclusion from maternal health services affects service utilization by mothers who risk preventable health problems of maternal and infant mortality (Teklesilasie & Derressa, 2020).

In East Africa, male involvement is considerably low. This has led to high infant and maternal mortality rates compared to other African regions whereby male partner involvement in antenatal care services is at 6% (Gopal, Fisher, Seruwagi, & Taddese, 2020). The behavior and attitude of men greatly influences prenatal results of expecting mothers and their children. Antenatal care services without the inclusion of husbands may result into reduced numbers of mothers attending maternal health clinics (Peneza & Maluka, 2018)

In Uganda, male involvement in antenatal care services is still wanting (Twinomuhangi & Mugenyi, 2018) and little is known as to why male partner involvement in ANC services is very low. The purpose of this paper was to review and analyze studies and assess possible barriers to male involvement in antenatal care services in Uganda.

Methods

The paper was narratively written after the analysis of multiple studies having relevant literature. This was done using search words: Barriers, Male involvement and Antenatal Care. Different medical databases were used in the search and these include; Google scholar, Medline and Pub med medical. A total of 134 relevant articles were obtained between 2010 and 2020 years of publication. These were reduced to 30 most relevant full text articles basing on required content and clarity of ideas by removing duplicates, looking at intended titles and reading abstracts. Out of these articles, 20 were studies conducted in Uganda hinting on male involvement and Antenatal Care services (ANC). Only primary studies which hinted on barriers (and synonyms of barriers) to male involvement in antenatal care services were considered especially those which yielded detailed and sufficient information suggesting ideas related to barriers of male involvement in antenatal care. Only studies written in English were reviewed. Those articles published earlier than 2010 were excluded. References were saved in a data base and the paper written following the APA 6th edition format. The above criteria were followed strictly before the search with an intention of minimizing bias.

Results

From the synthesized articles, barriers to male involvement in antenatal care services were obtained. Among the obtained articles fourteen were from Uganda but with different study populations and study designs. Most of these papers reviewed contained some component ideas of barriers or obstacles to male partner involvement in ANC services in Uganda as explained below.

Barriers to male involvement in antenatal care in Uganda

Effect of gender norms in society

A study conducted in Kabale district south western Uganda revealed that male involvement in antenatal care services by escorting their partners to hospital was low due to male-controlled community morals and standards associated with masculinity roles (Muheirwe & Nuhu, 2019). Ideas from Gopal, Fisher, Seruwagi and Taddese, (2020) indicate that most African societies have got culturally embedded behaviors that discourage men from openly assisting their partners during pregnancy. They highlight that husbands need to be encouraged to develop insights by getting actively engaged in holistic services during ANC period of their female partners which could be done by incorporating community and cultural leaders in the plans for changing society. Similarly, clarifying ideas from Singh, Lample and Dantas, (2014) in their focus group discussion found out that men culturally believed that issues related to pregnancy were in the domain of females and thus male participation was restricted by Buganda cultural and gender norms. They were meant to only be involved to support their pregnant wives in times of financial need. Morgan, Tetui, Kananura, Kiracho, & George, (2017) in their focus group discussion found out that bringing up children is seen as a woman's duty while others reported that women

produce children whom the father may be suspicious of ownership and does not want to take up responsibility while some men even ran away from the house especially if their wives were disabled due to fear of embarrassment from their friends.

Poor Antenatal clinic services

When service provision is poor then male participation in ANC becomes relatively poor. The lack of services targeting and attracting male partners and the fact that certain health care providers lack knowledge about the essence of men's impact in the life of a pregnant woman all hinder male involvement in ANC services of their pregnant wives. It is also indicated that men are not given time even when they appear once resulting into continuous lack of awareness concerning the role of husband involvement in ANC (Kabagenyi , Jennings, & Reid, 2014).

Kaye, et al., (2014) note that health workers who lack customer care and are not welcoming contributed to low turn up of husbands who escorted their partners for ANC services. They go ahead to note that even those male partners willing and eager to support their spouses couldnot receive proper explanation about their role in maternal and child healthcare. The intimating, scaring and non welcoming involvement discouraged male partners from participating in ANC services in Uganda (Kaye et al., 2014).

Ideas from Morgan, Tetui, Kananura, Kiracho and George, (2017) indicate that poor attitude from healthworkers discouraged male partners from escorting their wives for ANC clinics. While on the other hand, abusive behaviour and rudeness of midwives by blaming husbands for failing to meet the needs of the expectant mothers for safe delivery for example baby's clothing, soap and polyethe paper also scared men from escorting their spouses for ANC clinics.

Easy access to traditional birth attendants (TBAs)

Turinawe, et al., (2016) specifies that the perception of women to take a leading role in seeking for maternal services from TBAs was complimentary since it was found out that men equally sought for TBAs services for their pregnant wives since they were near and accessible within the community. They go ahead to indicate that men's trust and confidence in TBAs is due to their welcoming nature while attending to pregnant mothers (Turinawe et al., 2016). Strong cultural attachment for delivering at home in very many African cultures influenced pregnant mothers to give birth from traditional birth attendants (TBAs) who are perceived as friendly and a strong integral part of mothers' birthing needs in rural communities (Dantas, Singh, & Lample, 2020)

Poverty

Waiswa, et al., (2010) in their study indicated that pregnant mothers preferred to have their deliveries from modern health facilities however they fail to afford costs and expenses to meet required medicines and hospital supplies during delivery. They note that husbands are not prepared to meet the demands of their wives which justifies their limited involvement in ANC services. Extreme poverty could also bring about challenges of fulfilling husband roles of providing family needs including pregnancy needs or because they sometimes work far away from home (Morgan, Tetui, Kananura, Kiracho, & George, 2017). Contradicting results from a study to assess trends in antenatal care attendance in northern Uganda showed that husbands who received pre and post-test counseling and received their results with their pregnant wives increased from 13 (16.7%) in 2009 to 130 (89%) in the fourth quarter of 2010 and to 180 (89.6%) in the third quarter of 2011. They go ahead to indicate that pregnant women who

delivered from hospital has increased especially with provision of mama-kits (delivery kits) (Ediau et al., 2013).

Long distances to ANC centers

Tweheyo, Lule, & Tumwesigye, (2010) in their study to assess male partner involvement in skilled antenatal care services found out that the problem of committing long distance of travel, to modern health center of more than five kilometers or longer than 1 hour walking in rural village communities proved difficult for husbands to escort their wives to the hospital for ANC services. A study conducted in Eastern Uganda found out that pregnant mothers who present with pregnancy related disorders sometimes die due to transportation difficulties resulting from the mountainous topography. It was recommended that nearby health units be constructed to reduce walking long distances to access health centers (Wilunda, 2014). Pregnant women cannot walk long distances since they are weak and in pain thus a shortage of accessible and affordable transportation means with the help of a functional referral network during emergency situations (Anastasi, Borchert, & Campbell, 2015).

Mistreatment at health centers

The problem of over staying at the clinic greatly discouraged husbands to escort their expecting wives while lack of privacy, space at the clinic and mistreatment by ANC health care providers also partly discouraged men from attending maternal and child health services with their wives (Twinomuhangi & Mugenyi, 2018). When husbands wait for a long time in hospital, they tend to be discouraged to escort their wives again (Anastasi et al., 2015). Less attention from health workers to husbands and the poor attitudes of health workers with poor time management was a

disappointment and great discouragement to male involvement in ANC services (Kariuki & Seruwagi, 2016).

Fear of HIV/AIDS testing and its associated stigma

A cross sectional survey conducted in eastern Uganda by Byamugisha, Tumwine, Semiyaga and Tylleskär (2010) found out that the fear for an HIV/AIDS testing and disclosing results to their partners has proved to be a barrier to male involvement in ANC. Husbands tend to fear couple counseling and testing thinking they might receive positive test results for HIV. Husbands eventually go and test separately from other health centers different from where their spouses are booked for ANC. HIV testing of parents during prevention of mother to child transmission generated pregnant mothers and their husbands to have an HIV test while the perception that HIV testing is compulsory in antenatal clinics also makes male partners scared of the test outcome especially in cases when proper pre and post-test counseling are not appropriately conducted (Mbonye, Hansen, Wamono, & Magnussen, 2010). On the other hand, other findings indicated that most husbands think that pregnant mothers should consult them on whether an HIV test is to be done or not in order to prepare their mind for disclosure of results. They went ahead to note that routine HIV/AIDS testing is a scaring experience and most men will always find all excuses possible not escort their wives for ANC services (Medly, Mugerwa, Kennedy, & Sweat, 2012).

Lack of specific services targeting men

Lack of services at health care centers focusing on men to encourage them participate in ANC also has discouraged husbands from escorting their wives to hospital (Mbonye et al., 2010). Male

friendly services such as first service to mothers who turn up with their husbands, health education and free medical checkups encouraged husbands to participate in ANC services with their pregnant wives (Kaye et al., 2014).

On the other hand, unfriendly services such as forced HIV testing makes husbands consider their marriage as insecure and suspicious, bring up a thought that couple testing unlikable due to possibility of emerging family conflicts. “Other husbands may not understand why they should be tested if they did not have symptoms”. Unfriendly services discouraged husbands from attending ANC services for their pregnant wives(Larsson et al., 2010), whereas most set ups of health centers for ANC in Uganda are not male user friendly (Byamugisha, Tumwine, Semiyaga, & Tylleskär 2010).

Regarding people with disability (PWD) findings from a study by Ahumuza, Matovu, Damulira, and Muhanguzi, (2014) to assess challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda indicated that lack of government programs to encourage husbands of disabled pregnant mothers brought about low turn up of husbands escorting their spouses. Men with disabled wives need encouragement advices because they fear to be belittled by peer friends as to why they sleep with disabled women while disrespectful language towards these husbands from health workers brings adverse loss of interest. Contrasting ideas from Alupo, (2020) indicated that despite male partner description of ANC services as only meant for checking pregnancy of mothers, time consuming and unpleasant, their involvement in ANC in Uganda has improved. Involvement of broader health care packages targeting men including nutritional education and free random blood sugar monitoring have greatly improved male attendance and escorting their pregnant wives in ANC clinics.

Discussion

The purpose of this review was to assess barriers of male involvement in ANC services in Uganda by looking at facts got from prior research studies done. Gender and cultural norms of believing that pregnancy is a domain of female gender could be because many African cultures consider men as less concerned about pregnancy related issues. These ideas are in line with Kululanga, Sundby, Malata, and Chirwa, (2012), society norms that consider pregnancy as feminine in nature and are hard to challenge. Traditional leaders are custodians of culture and command high respect with in communities whereas looking at service delivery during ANC, the lack of services targeting male partners, poor customer care and attitudes of health workers means that husbands turn up becomes low. Similar ideas from Ditekemena, et al., (2012) clarify that husbands are decision makers in a family thus the only way to win their presence is by extending more male friendly services to them. Men's trust and confidence in TBAs could be as result of easy accessibility of traditional birth services than modern health care centers in rural communities of low socioeconomic statuses. Walking long distances to attend ANC and waiting for long at the health centers for services discourages couples. Clarifying ideas to the above indicate that husbands and their pregnant wives become tired when they walk for ANC services (Konje et al., 2018). The fear for HIV/AIDs testing and disclosure of results could be due to poor sensitization and preparation of couples and consequently a lack of services targeting male partners. Confirming ideas indicate that male partners can be encouraged to escort their pregnant spouses by sending written invitations, good reception at the health center, and continuous health education talks through community health extension workers (Jefferys, Nchimbi, Mbezi, Sewangi, & Theuring, 2015).

Conclusions

The purpose of this review was to generate ideas from earlier done researches by synthesizing ideas in order to extract the barriers to male involvement in Antenatal clinic services in Uganda. A number of barriers were found out which include gender and cultural norms of believing that pregnancy is a domain of female gender, the lack of services targeting male partners, poor customer care and attitudes of health workers all result into low turn up of husbands. Men's trust and confidence in TBAs, low socioeconomic statuses of families, walking long distances to attend Antenatal clinic and long waiting time at the health centers for services were seen to discourage male involvement in Antenatal clinic. The fear of HIV/AIDS testing and disclosure of men and lack of specific services targeting husbands were also seen as barriers to male involvement in Antenatal clinic services in Uganda.

Recommendations

The government of Uganda needs to involve community extension workers to sensitize, educate and encourage families on the benefits of husband involvement in Antenatal clinic services. These services need to be improved through good reception of couples, improved customer care and proper pre and post-test couple counselling.

References

- Ahumuza, S. E., Matovu, J. K., Damulira, J. B., & Muhanguzi, K. F. (2014). Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda. *Reproductive Health journal*.
- Alupo, P. (2020). Male partner involvement in the utilization of Antenatal care services in Kidera Buyende District, Uganda: A cross section mixed methods study. *Research square journal*, 1-24.
- Anastasi, E., Borchert, M., & Campbell, M. R. (2015). Losing women along the path to safe motherhood: why is there such a gap between women's use of antenatal care and skilled birth attendance? A mixed methods study in northern Uganda. *BMC Pregnancy and Childbirth Journal*, 1-8.
- Bhatta, D. N. (2013). Involvement of males in antenatal care, birth preparedness, exclusive breast feeding and immunizations for children in Kathmandu, Nepal. *BMC journal of Pregnancy and Childbirth*, 2-7.
- Bull, S., Nabembezi, D., Birungi, R., & Kiwanuka, J. (2010). Cyber senga; Ugandan youth preferences for content in an internet delivered comprehensive sexuality Education Programme. *East African Journal of Public Health*, 1-19.
- Byamugisha, R., Tumwine, J. K., Semiyaga, N., & Tylleskär, T. (2010). Determinants of male involvement in the prevention of mother-to-child transmission of HIV programme in Eastern Uganda: a cross-sectional survey. *Reproductive Health Journal*, 1-8.
- Dantas, J. R., Singh, D., & Lample, M. (2020). Factors affecting utilization of health facilities for labour and childbirth: a case study from rural Uganda. *BMC journal of pregnancy and child birth*, 1-9.
- Ditekemena, J., Koole, O., Engmann, C., Matendo, R., Tshefu, A., Ryder, R., & Colebunders, R. (2012). Determinants of male involvement in maternal and child health services in sub-Saharan Africa: a review. *Reproductive health journal*, 1-9.
- Ediau, M., Wanyenze, R. K., Machingaidze, S., Otim, G., Olwedo, A., Iriso, R., & Tumwesigye, N. M. (2013). Trends in antenatal care attendance and health facility delivery following community and health facility systems strengthening interventions in Northern Uganda. *BMC Pregnancy and Childbirth journal*, 1-8.

- Gibore, N. S., Bali, T. A., & Kibusi, S. M. (2019). Factors influencing men's involvement in antenatal care services: a cross-sectional study in a low resource setting, Central Tanzania. *Reproductive Health-Journal*, 1-10.
- Gopal, P., Fisher, D., Seruwagi, G., & Taddese, H. B. (2020). Male involvement in reproductive, maternal, newborn, and child health: evaluating gaps between policy and practice in Uganda. *Reproductive health journal*, 1-18.
- Jefferys, L. F., Nchimbi, P., Mbezi, P., Sewangi, J., & Theuring, S. (2015). Official invitation letters to promote male partner attendance and couple voluntary HIV counselling and testing in antenatal care: an implementation study in Mbeya Region, Tanzan. *Reproductive Health Journal*, 1-7.
- Kabagenyi, A., Jennings, L., & Reid, A. (2014). Barriers to male involvement in contraceptive uptake and reproductive health services: a qualitative study of men and women's perceptions in two rural districts in Uganda. *Reproductive health journal*, 1-9.
- Kabanga, E., Chibwae, A., Basinda, N., & Morona, D. (2019). Prevalence of male partners involvement in antenatal care visits in Kyela district, Mbeya. *BMC journal of Pregnancy and Childbirth*, 1-14.
- Kariuki, K. F., & Seruwagi, G. K. (2016). Determinants of Male Partner Involvement in Antenatal Care in Wakiso District, Uganda. *Journal of Advances in Medicine and Medical Research*, 1-8.
- Kaye, D. K., Kakaire, O., Nakimuli, A., Osinde, M. O., Mbalinda, S. N., & Kakande, N. (2014). Male involvement during pregnancy and childbirth: men's perceptions, practices and experiences during the care for women who developed childbirth complications in Mulago Hospital, Uganda. *BMC journal of pregnancy and child birth*.
- Konje, E. T., Magoma, M. N., Hatfield, J., Kuhn, S., Sauve, R. S., & Dewey, D. M. (2018). Missed opportunities in antenatal care for improving the health of pregnant women and newborns in Geita district, Northwest Tanzania. *BMC Pregnancy and Childbirth journal*, 1-8.
- Kululanga, L. I., Sundby, J., Malata, A., & Chirwa, E. (2012). Male involvement in maternity health care in Malawi. *African Journal of Reproductive Health*, 1-9.
- Kululanga, L., Sundby, J., Malata, A., & Chirwa, E. (2012). Male Involvement in Maternity Health Care in Malawi. *African Journal of Reproductive Health*, 145-155.
- Larsson, E. C., Thorson, A., Nsabagasani, X., Namusoko, S., Popenoe, R., & Ekström, A. M. (2010). Mistrust in marriage-Reasons why men do not accept couple HIV testing during antenatal care- a qualitative study in eastern Uganda. *BMC Public Health journal*, 1-9.

- Maly, C., McClendon, A. K., Baumgartner, J. N., & Nakyanjo, N. (2017). Perceptions of Adolescent Pregnancy Among Teenage Girls in Rakai, Uganda. *Global Journal of Qualitative Nursing Research*.
- Mbonye, A. K., Hansen, K. S., Wamono, F., & Magnussen, P. (2010). Barriers to prevention of mother-to-child transmission of HIV services in Uganda. *Journal of biosocial science*, 42 (2). pp. 271-283. ISSN 0021-9320 DOI: <https://doi.org/10.1017/S002193200999040X>.
- Medly, A., Mugerwa, G. W., Kennedy, C. E., & Sweat, M. (2012). Ugandan mens attitudes towards their partners preparation in Antenatal HIV testing. *International journal of healthcare for women*, 1-12.
- Mohammed, B. H., Johnston, J. M., & Vackova, D. (2019). The role of male partner in utilization of maternal health care services in Ethiopia: a community-based couple study. *BMC journal of Pregnancy and Childbirth*, 1-9.
- Morgan, R., Tetui, M., Kananura, R. M., Kiracho, E. E., & George, A. S. (2017). Gender dynamics affecting maternal health and health care access and use in Uganda. *Health policy and planning journal*, 1-7.
- Muheirwe, F., & Nuhu, S. (2019). Men's participation in maternal and child health care in Western Uganda: perspectives from the community. *BMC Public health journal*, 1-7.
- Odeny, B. (2019). Male partner antenatal clinic attendance is associated with increased uptake of maternal health services and infant BCG immunization: a national survey in Kenya. *MMC journal of pregnancy and child health*.
- Peneza, A. K., & Maluka, S. O. (2018). Unless you come with your partner you will be sent back home': strategies used to promote male involvement in antenatal care in Southern Tanzania. 1-11.
- Singh, D., Lample, M., & Dantas, A. R. (2014). The involvement of men in maternal health care: Cross-sectional, pilot case studies from Maligita and Kibibi, Uganda. *Reproductive Health journal*, 1-9.
- Teklesilasie, W., & Derressa, W. (2020). Barriers to husbands' involvement in maternal health care in Sidama zone, Southern Ethiopia: a qualitative study. 1-9.
- Turinawe, E. B., Rwemisisi, J. T., Musinguzi, L. K., Groot, M., Muhangi, D., Vries, D. H., . . . Pool, R. (2016). Traditional birth attendants (TBAs) as potential agents in promoting male involvement in maternity preparedness: insights from a rural community in Uganda. *BMC journal of reproductive health*.

Tweheyo, R., Lule, J. K., & Tumwesigye, N. M. (2010). Male partner attendance of skilled antenatal care in peri-urban Gulu district, Northern Uganda. *BMC journal of Pregnancy and Childbirth.*, 1-8.

Twinomuhangi, S., & Mugenyi, R. (2018). Factors Leading to Low Male Partner Involvement during Child Birth in Kambuga Subcounty Kanungu District. *Acta Scientific Paediatrics Journal*, 1-4.

Waiswa , P., Kemigisa,, M., Kiguli, J., Naikoba, S., Pariyo, G. W., & Peterson, S. (2010). Acceptability of evidence-based neonatal care practices in rural Uganda - implications for programming. *BMC pregnancy and child birth.*

WHO. (2020). 3rd WHO Country Cooperation Strategy in Uganda. . 1-50.

Wilunda, C. (2014). A qualitative study on barriers to utilisation of institutional delivery services in Moroto and Napak districts, Uganda: implications for programming. *BMC Pregnancy and Childbirth journal*, 1-19.

