

MEN'S INVOLVEMENT IN CARE AND SUPPORT OF WOMEN DURING PREGNANCY AND CHILDBIRTH AMONG MOTHERS ATTENDING ANTENATAL CARE AT ENTEBBE REGIONAL REFERRAL HOSPITAL. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Men are involved in support of women during pregnancy and childbirth, as men participate in decisions and activities that will improve women's and child health outcomes. Therefore, this study aimed to assess men's involvement in the care and support of women during pregnancy and childbirth among mothers attending antenatal care at Entebbe Regional Referral Hospital.

Methodology

A descriptive cross-sectional study design was employed to select 40 mothers. A simple random sampling method was used, and data was collected using a semi-structured researcher-administered questionnaire with both open and close-ended questions. Microsoft Excel was used for data analysis.

Results

This study revealed that 65% of the respondents' husbands had a monthly income of between 100000-300000 Uganda shillings, Half of the husbands to the respondents always provided transport costs to the health facility, and 52% of the husbands never had time to escort their wives for ANC. The findings of the current study indicated that 70% of the respondents agreed that the health workers encouraged men to escort their wives to ANC. However, 37.5% of the respondents believed men were not motivated to attend ANC. 85% of the participants reported having no cultural norms that ban men from accessing labor wards and ANC. However, 50% believed it is the responsibility of the in-laws to care for the woman during childbirth.

In conclusion

Increasing men's involvement in maternal care requires a multi-faceted approach that addresses financial, cultural, and health facility-related barriers. By creating a more inclusive and supportive environment for men, both at home and within healthcare settings, maternal and child health outcomes can be significantly improved.

Recommendation

Health facilities should be more couple-friendly by offering services that encourage male involvement, such as priority service for couples attending ANC together and promoting couple-specific health education.

Keywords: Men's Involvement, Care and Support of Women, Pregnancy and Childbirth, Entebbe Regional Referral Hospital.

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Background of the study

Men's involvement in support of women during pregnancy and childbirth is men's participation in decisions and activities that will improve women's and child health outcomes (Rahman et al., 2020). Pregnancy creates a lot of physical, mental, social, and emotional demands on the women's well-being immediately before, during pregnancy/delivery, and after childbirth (Van der Meulen et al., 2023). Pregnancy and childbirth are privileged functions of women, which are essential for the survival of their species but often accompanied by potential risks that women deserve to be protected from, and this responsibility

summons collective support from the entire family, notably the husband, the community, and the state as a whole (Vandenberg-Daves, 2014). It is, therefore, critical that the promotion of essential pregnancy care among male partners and other family members is promoted early to enable male partners and family members to understand and appreciate the discomfort and tiredness that come along with pregnancy (Yaya et al., 2019).

Globally, the involvement of men in maternal health programs is associated with positive reproductive health outcomes like an increase in the use of contraceptives and improved maternal health outcomes (Nkwonta & Messias,

2019). Until recently, pregnancy and childbirth matters were always, to a large extent, viewed as the domain of women while men remained at the periphery hence, Men were mainly responsible for providing money for medical bills and other

material needs, as well as naming the newborn (Davis-Floyd & Sargent, 2023).

In Africa, Men have tremendous control over their partners they decide the conditions of sexual relations, family size, and even the decision to utilize health care services (Kiptoo & Kipmerewo, 2017). Hence, this situation makes men's involvement very crucial if Sustainable Development Goal 3 (SDG-3) is to be achieved. Therefore, as decision-makers, men are central to preparations for birth and the actions needed in case of an emergency. In male-controlled communities such as those in most African settings, the influence of men is even more profound. Men in these settings often make decisions that affect maternal health, including the choice of health services (Nawaz et al., 2021). In most communities within sub-Saharan Africa, pregnancy and childbirth are generally viewed as exclusively a woman's responsibility, and it is increasingly becoming a culture in many sub-Saharan African communities (Bradley et al., 2016).

In Uganda, despite health facilities being in a radius of five kilometers in many districts, women continue to report late for antenatal care and delivery outside the health facilities, which is majorly attributed to low partners' support. In fact, in most Ugandan communities, a male companion at antenatal care is rare, and, in many communities, it is unthinkable to find male companions accompanying a woman to the labor room during delivery (Tusimire, 2017). Therefore, this study aimed to assess men's involvement in the care and support of women during pregnancy and childbirth among mothers attending antenatal care at Entebbe Regional Referral Hospital.

Methodology

Study Design and Rationale

A quantitative descriptive study design was used to assess the factors affecting men's involvement in support and care of women during pregnancy and childbirth among mothers attending ANC at Entebbe Regional Referral Hospital. This design was selected because it enables the researcher to have detailed information from the respondents.

Study Setting and Rationale

The study was conducted at Entebbe Regional Referral Hospital in Wakiso district in the Central region of Uganda. The hospital is a public facility, which was constructed by the British in the 20th century as Entebbe grade B hospital. It is located in Entebbe town, approximately 37 Km by road southwest of Mulago National Referral Hospital at coordinates 0°03'50.0"N, 32°28'18. 0" E (latitude 0.063874 and longitude 32.471655). The district is bordered by Kampala, Kalangala, Mpigi, and Mukono districts. It has a bed capacity of about 200 beds.

Study Population

The study population was composed of pregnant mothers from ANC who had consented to participate in the study.

Sample Size Determination

The study employed 40 pregnant mothers from antenatal clinics to provide better information about the study. According to Kish and Leslie (survey sampling, 1965), statistical formulae for surveys:

$$N_0 = (z^2pq)/d^2$$

No representative sample for proportions

z= standard normal deviation (1.96) at 95% confidence interval

p= proportion of the target population 50 % (0.5)

q= 1-p

d= degree of occurrence desired (0.05) Therefore No = (1.962*0.5*0.5)/0.052 No =384 People

Following the above, the study sample was calculated using the following formula;

$$n = N_0 / (1 + N_0/N); \text{ where}$$

n= sample size

No=the representative sample for proportions

N= population size

Hence, the study sample size was;

$$n = 384 / (1 + 384/45)$$

$$n = 40$$

Therefore, the desired sample size was 40 respondents.

Sampling Procedure

A simple random sampling method was used to identify the participants' information for this study. This was done by using 80 folded papers with numbers 1-80, then given to a neutral person to issue to the mothers, and whoever picked a paper with an even number was included in the study. On each visit, the researcher sampled eight respondents for 5 days to reach a sample size of 40 to participate in the study.

Inclusion Criteria

All the ANC mothers at Entebbe Regional Referral Hospital who had consented to participate in the study were enrolled.

Exclusion criteria

All the pregnant mothers who have not consented to participate in the study.

Dependent Variable was

Male involvement in the support and care of women during pregnancy

Independent Variables were

Socio-economic factors affecting Men's Involvement in the Care and support of women during pregnancy and childbirth.

Health facility-related factors affecting Men's Involvement in the Care and support of women during pregnancy and childbirth.

Cultural factors affecting Men's Involvement in the Care and support of women during pregnancy and childbirth.

Research Instruments

The study used a semi-structured, administered questionnaire with both open and close-ended questions. The questionnaire contained four sections: section A consisted of the demographic data of the respondents, section B consisted of the socio-economic factors affecting Men's Involvement in the Care and support of women during pregnancy and childbirth, section C consisted of the health facility factors affecting Men's Involvement in Care and support of women during pregnancy and childbirth and section D which consisted the Cultural factors affecting Men's Involvement in Care and support of women during pregnancy and childbirth. The questionnaire was formulated in English and was translated to the local language for illiterate respondents for easy understanding.

Data Collection Procedure

The researcher was introduced to the pregnant mothers by the in charge of the antenatal clinic, then thoroughly explained to the respondents the purpose of the study and the possible risks that may be involved, consent was sought from the respondents, and then a questionnaire issued to the participants ensuring that all the respondents who cannot interpret the questionnaire are helped to interpret. The time to answer the questionnaire was 15-20 minutes to avoid losing the respondents' concentration. Filled questionnaires were checked and edited before being considered for final use.

Data Management.

Data from the study was thoroughly checked and validated for completeness and then was stored in a database

established using Microsoft Excel. A password was used to prevent unauthorized access to the database. The data was also backed up on a flash and hard disk before and after analysis. Data on the questionnaire was kept under lock and key, while electronically stored data will be password protected.

Data Analysis

The data was first cleaned, organized, and checked for any gaps, after which it was changed into codes and later transferred to Microsoft Excel 2017 and SPSS computer programs for the presentation of tables and figures. Responses for open-ended questions were summarized and given themes before tallying them for analysis.

Ethical Considerations

After the approval of the proposal by the school research committee, an introductory letter was given to the researcher, introducing her to be allowed to carry out the study. An introductory letter was taken to the director of Entebbe Regional Referral Hospital to seek permission, the researcher introduced herself to the In-charge antenatal clinic and then introduced to the respondents, explaining the purpose of the study as well as the objectives. The consent was obtained from the respondents. Respondents' contact identities were kept anonymous throughout the study to ensure that the researcher used codes to identify the respondents but not their names. Furthermore, no one else except the researcher had access to the completed research instruments for confidentiality.

Results

Table 1: Shows the Demographic Characteristics of the Respondents n=40

VARIABLES	RESPONSE	FREQUENCY (f)	PERCENTAGE (100%)
Age Group	18-25 years	21	52.5
	26-35Years	12	30
	Below 18 years	06	15
	Above 35 years	01	2.5
Tribe	Muganda	20	50
	Munyankole	10	25
	Mutooro	06	15
	Musoga	04	10
Level of education	Secondary	23	57.5
	Tertiary	10	25
	Primary	07	17.5
Marital status	Cohabiting	16	40
	Married	15	37.5
	Divorced	09	22.5
Number of Children	1-2	21	52.5
	3-4	16	40
	None	03	7.5
	Total	40	100%

N = 40, primary data (2024).

Table 1 indicated that 21(52.5%) of the respondents were aged 18-25 years, while only 1(2.5%) were aged above 35 years. Half 20(50%) of them were Baganda while the least 4(10%) were Basoga. Regarding Level of education, most

23(57.5%) were secondary level while the least 7(17.5%) were primary level. In terms of marital status, most 16(40%) were cohabiting while the least 9(22.5%) were divorced. Concerning the number of children, most 21(52.5%) had 1-2 children while the least 3(7.5%) had no children.

Socio-economic factors affecting men's involvement in the care and support of women during pregnancy and childbirth

Table 2: Shows the monthly income of the respondents' husbands n=40

Response	Frequency (f)	Percentage (%)
100000-300000	26	65
300001-500000	10	25
Above 500000	04	10
Total	40	100

N = 40, primary data (2024).

Table 2 above shows that most 26(65%) of the respondents' husbands had a monthly income of between 100000-300000 US\$ while only 4(10%) had an income of 500000 US\$ per month.

Figure 1: Shows distance of the women from home to the health facility n=40

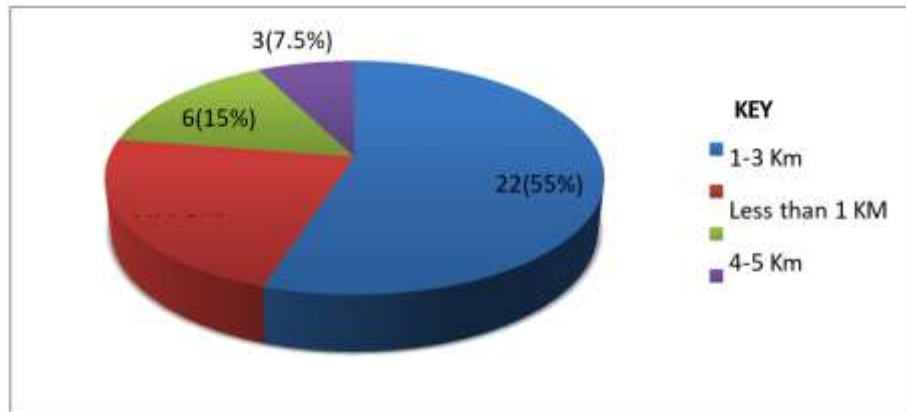


Figure 1 indicates that 22(55%) of the respondents were traveling between 1-3 Kilometers to the health facility while the least 3(7.5%) were traveling more than 5 kilometers.

Figure 2 Shows whether the husbands pay for the transport costs to the Health facility. N= 40

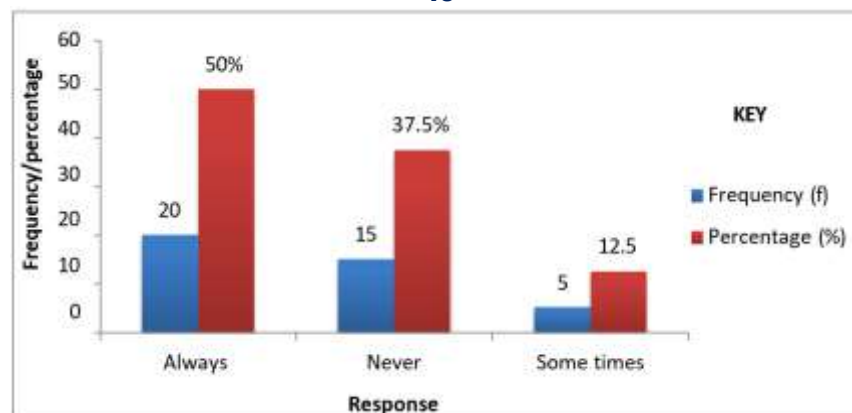


Figure 2 shows that half 20(50%) of the respondents' husbands always paid transport costs to the health facility while the least 5(12.5%) of them never did.

Figure 3: Shows whether the respondents' husbands had time to escort them when going for antenatal or childbirth n=40

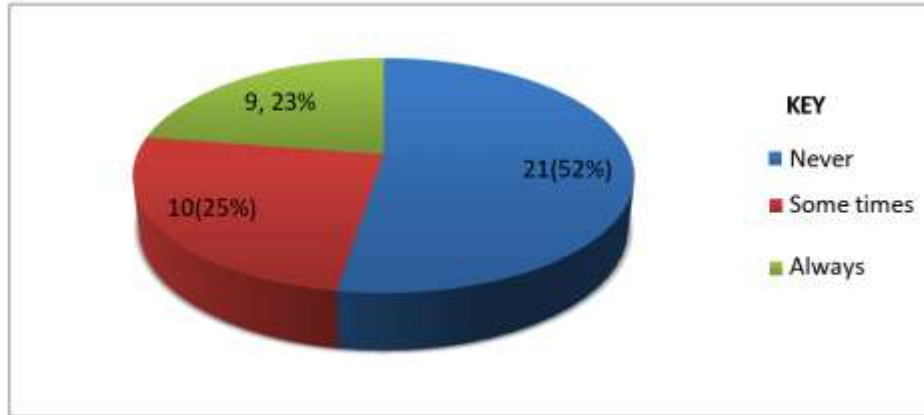


Figure 3 indicates that most 21(52%) of the respondents' husbands never had time to escort them when going for ANC and childbirth, while the least 9(23%) of them said they always had time.

Table 3: Shows whether the respondents would like their husbands to come with them for antenatal care or childbirth n=40

Response	Frequency (f)	Percentage (%)
Yes	25	62.5
No	15	37.5
Total	40	100

N= 40, Primary data, 2024.

Table 3 shows that most 25(62.5%) of the respondents said they would like their husbands to go with them for ANC or childbirth, while the rest 15(37.5%) did not want.

Figure 4: Shows the reasons why the respondents would like to go with their husbands for antenatal or childbirth n=25

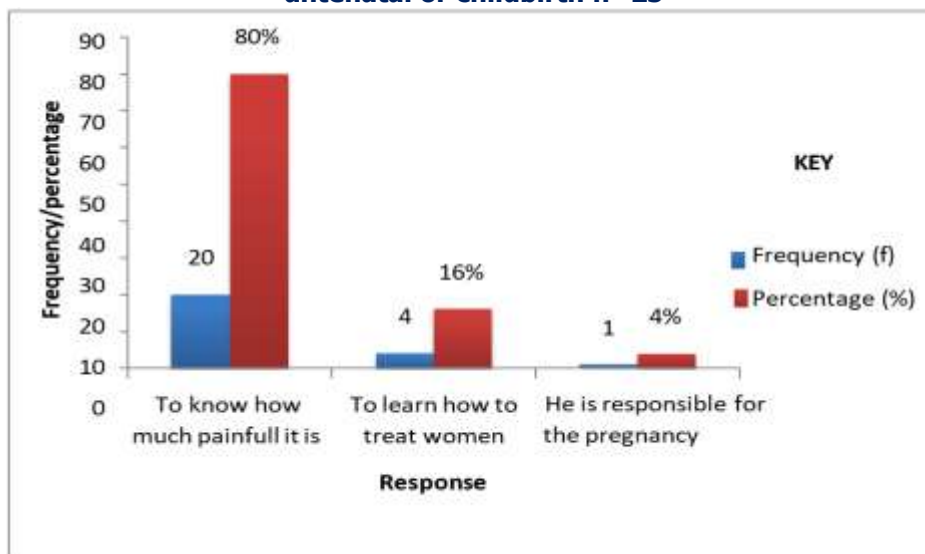


Figure 4 shows that the majority 20/25(80%) of the respondents, said they would like their husbands to go with them for ANC or childbirth so their husbands would know

how painful it is, while only 1/25(4%) of them said because the husband is responsible for the pregnancy.

Table 4: Shows whether the respondents' husbands provide them with money to prepare for childbirth n=40

Response	Frequency (f)	Percentage (%)
Always	21	52.5
Some times	13	32.5
Never	06	15
Total	40	100

N = 40, primary data (2024).

Table 4 indicates that most 21(52.5%) of the respondents said their husbands provided them with money to prepare for childbirth, while the least 6(15%) of them said they did not.

Health Facility-Related Factors Affecting Men's Involvement in Care and Support of Women During Pregnancy and Childbirth

Figure 6: Shows whether the health workers at the health facility encourage men to escort their women to the antenatal clinic or during childbirth, n=40

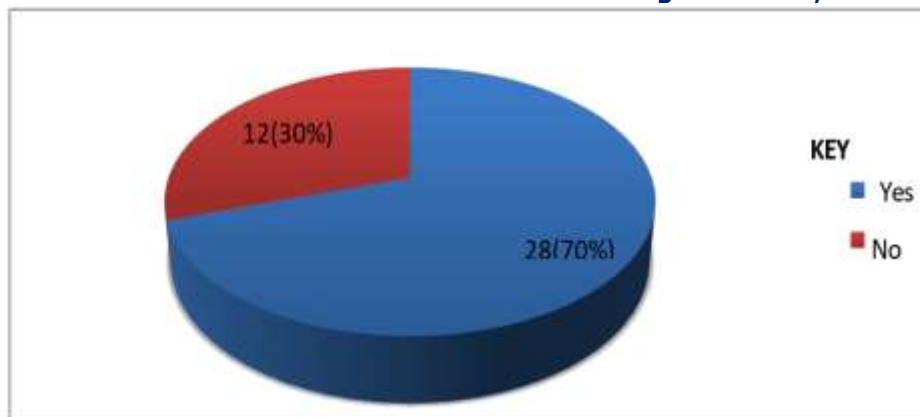


Figure 6 shows that the majority, 28(70%) of the respondents, said that the health workers at the health facilities encourage the men to escort the women for ANC and childbirth, while the rest, 12(30%) of the respondents, said they do not.

Figure 7 Shows how the men are motivated to attend antenatal clinics or to escort women during childbirth. n=25

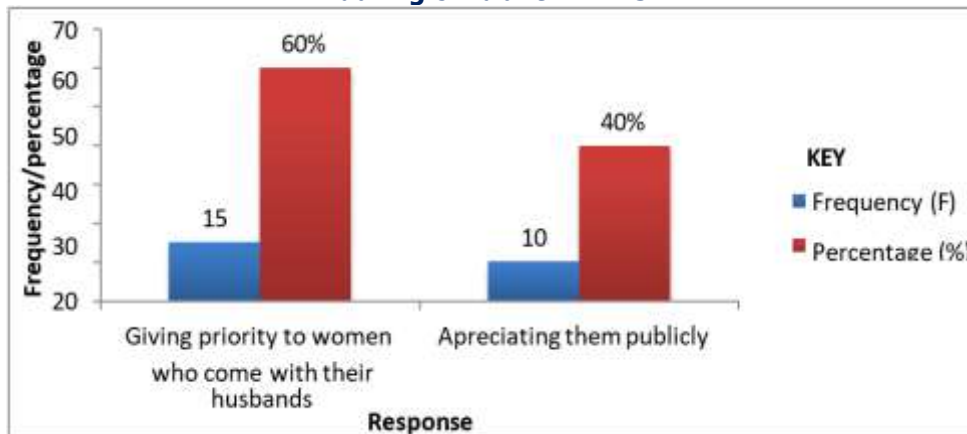


Figure 7 shows that 15/25(60%) of the respondents said the men are motivated because they give priority to those women who come for ANC with their husbands at the health facilities, while the rest 10(40%) said because they appreciate them publicly for coming with their wives.

Table 5 Shows how the relationship between the clients and the health workers at the health facility. n=40

Response	Frequency (f)	Percentage (%)
Good	32	80
Fair	06	15
Poor	02	05
Total	40	100

N = 40, primary data (2024).

Table 5 shows that the majority, 32(80%) of the respondents, said the relationship between the health workers and the clients is good, while the minority, 2(5%), said the relationship is fair.

Table 6: Shows whether the men are motivated to attend the antenatal clinic or to escort women during antenatal or childbirth n=40

Response	Frequency (f)	Percentage (%)
Yes	25	62.5
No	15	37.5
Total	40	100

N = 40, Primary data (2024)

Table 6 indicates that most 25(62.5%) of the respondents said that the men are motivated to escort the women for ANC or childbirth, while the rest 15(37.5%) said they are motivated.

Figure 8: Shows whether the ANC services are cost-friendly n=40

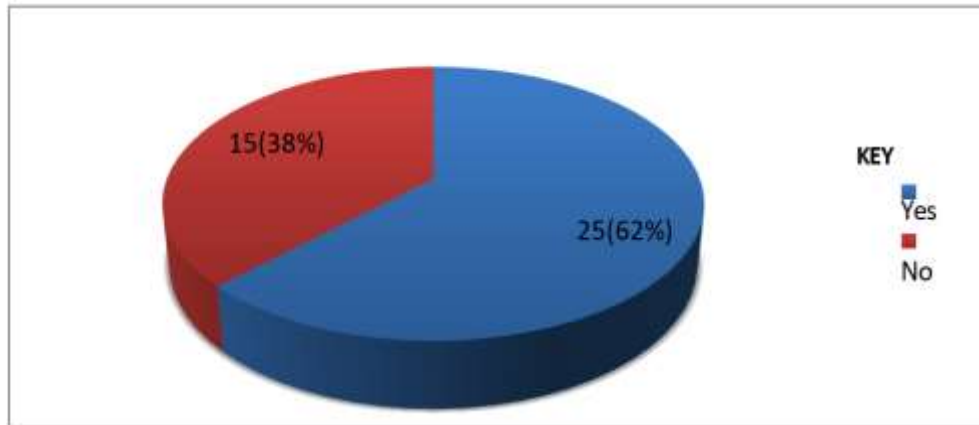


Figure 8 indicates that most 25(62%) of the respondents said that the ANC services are cost-friendly, while the remaining 15(37.5%) said they are not cost-friendly.

Cultural Factors Affecting Men's Involvement in Care and Support of Women During Pregnancy and Delivery

Table 7: Shows whether the respondents have any cultural norms that ban men from accessing the labor ward or antenatal, n=40

Response	Frequency (f)	Percentage (%)
No	34	85
I don't know	06	15
Total	40	100

N= 40, Primary data, 2024.

Figure 9: Shows the type of family the respondents live, n=40

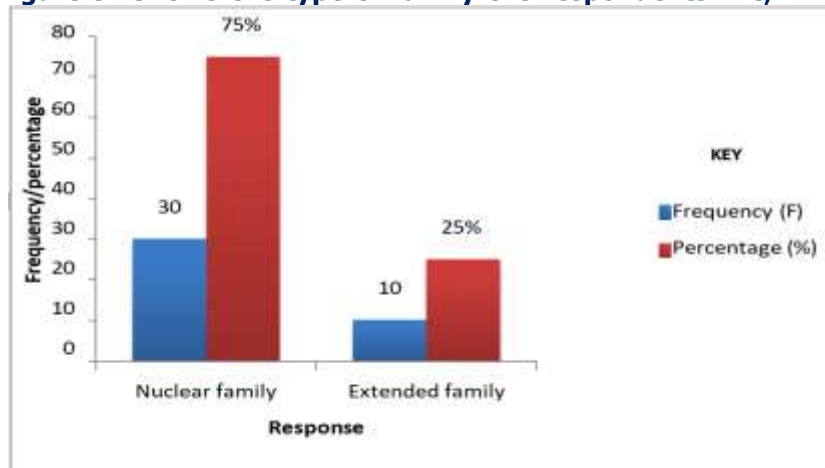


Figure 9 indicates that 30(75%) of the respondents live a nuclear family while 10(25%) live an extended family.

Table 8: Shows whether the culture of the respondents encourages men to get involved in the care and support of the women during pregnancy, n=40

Response	Frequency (f)	Percentage (%)
Yes	28	70
I Don't Know	12	30
Total	40	100

N =40, primary data. 2024.

Table 8 shows that most 18(60%) of the respondents said that their culture encourages men to get involved in the care and support of women during pregnancy and childbirth, while the rest 12(40%) said they did not know.

Figure 10: Shows whose responsibility it is in the culture of the respondents to care for the woman during childbirth, n=40

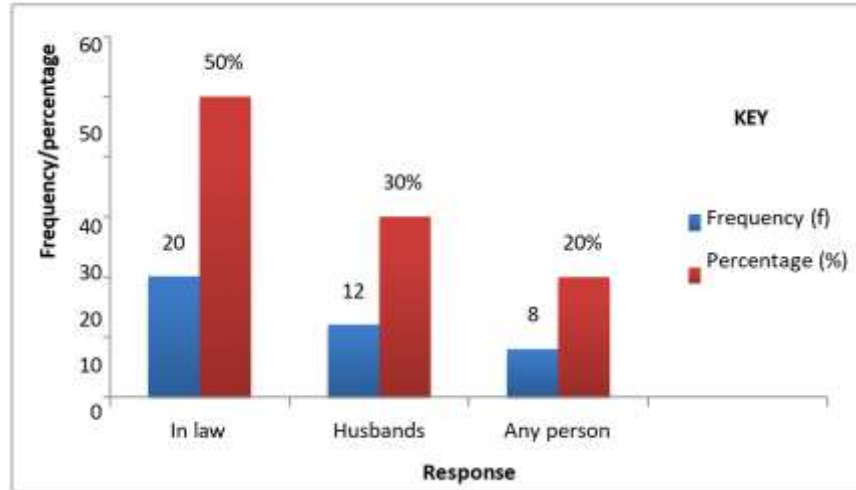


Figure 10 indicates that half 20(50%) of the respondents said it is the responsibility of the in-laws in their culture to care for the woman during pregnancy and childbirth, while the least 8(20%) of them said it is a responsibility of any person.

Table 9: Shows the recommendations by the respondents to increase the number of men supporting women during pregnancy and labor, n=40

Response	Frequency (f)	Percentage (%)
Creating more friendly ANC services	18	45
Serving the couple first	17	42.5
Educating all the men on the benefits of supporting women	5	12.5
Total	40	100

N =40, primary data. 2024.

Table 9 indicates that most 18(45%) of the respondents recommended creating more friendly ANC services to increase the number of men supporting women during pregnancy and childbirth, while the least 5(12.5%) of the respondents recommended educating all the men on the benefits of supporting women during pregnancy and childbirth.

Discussion

Demographic data of the Respondents.

This study indicated that 21(52.5%) of the respondents were aged 18-25 years, which could be because the majority of the population in Uganda is young adults. Half, 20(50%) of them were Baganda, which could be because the study was conducted in the Buganda region, where the majority are Baganda. Regarding the Level of education, most 23(57.5%) were secondary level, which could be due to the introduction of universal education up to secondary, giving

many people an opportunity to study. In terms of marital status, most 16(40%) were cohabiting, which could be due to the costs involved in making marriage official, hence hindering marriage. Concerning the number of children, most 21(52.5%) had 1-2 children, which suggests that many respondents may be steering their roles in family planning and parenting, potentially increasing the importance of their husbands' support during this period.

Socio-economic factors affecting men's involvement in the care and support of women during pregnancy and childbirth. The findings of this study showed that 26(65%) of the respondents' husbands had a monthly income of between 100000-300000 Ugandan shillings, reflecting a modest income level. This

finding aligns with literature highlighting how financial stability correlates with increased male involvement in reproductive health (Audet et al., 2023). Most 22(55%) of the respondents were traveling between 1-3 Kilometers to the health facility, which may pose challenges for men to be

involved since it is challenging for them to take time off work or have other commitments.

The study revealed that half 20(50%) of the respondents' husbands always paid transport costs to the health facility. This reflects a common theme in existing literature where time constraints hinder men's involvement despite their willingness to support their partners (Kariuki & Seruwagi, 2016). Results also showed that 21(52%) of the respondents' husbands never had time to escort them when going for ANC and childbirth, indicating lack of time, a barrier noted in studies from South Africa and Kenya where delays and financial pressures prevented men from attending (Kiptoo & Kipmerewo, 2017).

This study showed that 25(62.5%) of the respondents said they would like their husbands to go with them for ANC or childbirth. This could be related to ANC teaching encouraging men to come along with their wives for ANC. The majority, 20/25(80%) of the respondents, said they would like their husbands to go with them for ANC or childbirth so their husbands would know how painful it is. This is in line with a study from Nigeria, where men's presence during ANC was perceived as valuable in fostering empathy and strengthening relationships (Adeniran et al., 2015)

Most 21(52.5%) of the respondents said their husbands provided them with money to prepare for childbirth, which demonstrates their intent to support. The findings are in line with a study in Kenya by Kiptoo & Kipmerewo (2017), where men provided financial support.

Health Facility-Related Factors Affecting Men's Involvement in Care and Support of Women During Pregnancy and Childbirth.

The findings of this study indicated that the majority, 28(70%) of the respondents, said that the health workers at the health facilities encourage the men to escort the women for ANC and childbirth. This support from healthcare providers contrasts with findings from Tanzania, where men were often ignored by health workers (Vermeulen et al., 2016). The majority, 32(80%) of the respondents also said the relationship between the health workers and the clients is good, indicating that health worker attitudes in this setting are conducive to male involvement, although findings contradict a study by Kariuki & Seruwagi, (2016) where poor staff attitudes were reported.

This study indicated that most 25(62.5%) of the respondents said that the men are motivated to escort the women for ANC or childbirth. Results are contrary to the findings of Vermeulen et al. (2016), where it was reported that men were not motivated to come along with their wives for ANC. 60% said men are motivated in a way that they give priority to those women who come for ANC with their husbands at the Health facilities, a practice that likely encourages male participation, which is contrary to the findings of Mishoka (2014), where mothers reported that their men are delayed hence hindering them from coming along with them.

Most 25(62%) of the respondents said that the ANC and delivery services are cost-friendly, which could be due to the

free services provided in all public hospitals. These results align with a study in Nigeria, which also emphasized the importance of cost-friendly services to improve male involvement (Adeniran et al., 2015).

Cultural Factors Affecting Men's Involvement in Care and Support of Women During Pregnancy and Delivery Findings showed that the majority, 34(85%) of the respondents, said they have no cultural norms that ban men from accessing the labor ward and antenatal. This is in line with the findings in Tanzania

where women reported that they didn't know of any cultural norm that restricts a husband from providing support to the wife during pregnancy and childbirth (Gibore & Bali, 2020). According to this study, the majority, 30(75%) of the respondents live in a nuclear family, which may facilitate more direct engagement from men, as traditional roles and responsibilities can shift in this family structure (Maluka & Peneza, 2018). Most 18(60%) of the respondents believed their culture encourages men to get involved in the care and support of women during pregnancy and childbirth, which supports the potential for greater male engagement. This is contrary to the findings of Mkandawire & Hendriks (2018), where culture was reported to obstruct men from participating in pregnancy and childbirth.

Half 20(50%) of the respondents reported that it is the responsibility of the in-laws in their culture to care for the woman during pregnancy and childbirth. These findings suggest that while cultural norms are not a major barrier in this setting, traditional expectations around caregiving roles persist, as seen in studies done in Uganda and Malawi (Mkandawire & Hendriks, 2018; Tindyebwa, 2015). Results also indicated that 18(45%) of the respondents recommended creating more friendly ANC services to increase the number of men supporting women during pregnancy and childbirth. This aligns with findings in Nepal, where couple-friendly services and improved hospital policies were highlighted as critical factors for enhancing male participation (Nyirenda, 2015).

Conclusion.

Findings indicate that socio-economic factors, such as income levels and the distance to health facilities, play a significant role in determining the extent of male participation. Many men, despite contributing financially, were often unable to accompany their partners due to time constraints or economic pressures. Health facility-related factors also have a strong influence, with positive relationships between health workers and clients, as well as encouragement from health professionals, enhancing male participation. Cultural factors, although not overtly restrictive, still shape perceptions about male involvement. Traditional beliefs, such as the role of in-laws in caring for expectant women, can limit direct paternal support.

Recommendations

Encourage health facilities to be more couple-friendly by offering services that encourage male involvement, such as

priority service for couples attending ANC together and promoting couple-specific health education.

Since financial constraints are a significant barrier to male involvement, initiatives such as financial literacy programs and income-generating activities for both men and women should be promoted

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List of Abbreviations

ANC: Antenatal Care/Clinic

ERRH: Entebbe Regional Referral Hospital

RHS: Reproductive Health Services

SDG: Sustainable Development Goals

SPSS: Statistical Package for Socio Sciences

Source of funding

The study was not funded.

Conflict of interest

The author declares no conflict of interest.

Author contributions

Lilian Nalwanga was the principal investigator.

Habert Mpamize supervised the research.

Data availability

Data is available upon request.

Informed consent

All the study respondents consented to this study

Author Biography

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Habert Mpamize is a Tutor at Mildmay Uganda, school of nursing and midwifery:

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