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Original Article

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

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Abstract
Background
Globally, men are significant figures in the decision-making processes of the family, especially to their expectant partner. During this period, mothers, their unborn babies, family members, and more so their husbands are excessively worried. This study aimed to assess the barriers to male involvement in ANC services in Uganda.

Methods.
A systematic review of journal articles was carried out using the search words "Barriers", "Male involvement," and "Antenatal Care". Different medical databases, such as Google Scholar, Research Gate, and PubMed, were used. A total of 134 relevant articles were published between 2010 and 2020 but were reduced to 36 most relevant full-text articles, of which 20 were Ugandan studies hinting at 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.
There are many barriers to male involvement in ANC services in Uganda. Husbands are vital in the lives of pregnant mothers; 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 Involvement, Uganda.*
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Background.
Globally, a husband is a significant figure in the decision-making processes of the family, especially to his expectant partner. During this period, mothers are excessively worried about 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 for both the mother and her baby since it prepares her for physical and mental well-being (Mohammed, Johnston, & Vackova, 2019). This is the period when a mother is advised on healthy eating, lifestyle changes, and developing a positive attitude toward 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 healthcare services, especially in Africa, partly contributing to the 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, where male partner involvement in antenatal care services is at 6% (Gopal, Fisher, Seruwagi, & Taddese, 2020). The behavior and attitude of men greatly influence the prenatal results of expecting mothers and their children. Antenatal care services without the inclusion of husbands may result in reduced numbers of mothers attending maternal health clinics (Peneza & Maluka, 2018)

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In Uganda, male involvement in antenatal care services is still wanting (Twinomuhangi & Mugyenyi, 2018), and little is known as to why male partner involvement in ANC services is very low. This study aimed to assess the barriers to male involvement in ANC services in Uganda.

Methods

The paper was narratively written after the analysis of multiple studies having relevant literature. This was done using the search words: Barriers, Male involvement, and Antenatal Care. Different medical databases were used in the search, including Google Scholar, Medline, and PubMed Medical. A total of 134 relevant articles were obtained between 2010 and 2020. These were reduced to 30 most relevant full-text articles based 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 at male involvement and Antenatal Care services (ANC). Only primary studies that hinted at barriers (and synonyms of barriers) to male involvement in antenatal care services were considered, especially those that 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 database, and the paper was written following the APA 6th edition format. The above criteria were followed strictly before the search to minimize 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 the 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 on society

A study conducted in the Kabale district in south southwestern Uganda revealed that male involvement in antenatal care services by escorting their partners to the 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 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 the 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, 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 on 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 in a 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 a low turn-up of husbands who escorted their partners for ANC services. They go on to note that even those male partners willing and eager to support their spouses could not receive a proper explanation about their role in maternal and child healthcare. The intimating, scary, and unwelcoming 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 attitudes from health workers discouraged male partners from escorting their wives to ANC clinics. On the other hand, abusive behavior 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 polyethylene paper, also scared men from escorting their spouses to ANC clinics.

Easy access to traditional birth attendants (TBAs).

Turinawe et al. (2016) specify that the perception of women taking a leading role in seeking maternal services from TBAs was complimentary since it was found out that men equally sought TBA 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 are due to their welcoming nature while attending to

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pregnant mothers (Turinawe et al., 2016). Strong cultural attachment to delivering at home in very many African cultures influenced pregnant mothers to give birth to 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) indicated that pregnant mothers preferred to have their deliveries from modern health facilities; however, they failed to afford the costs and expenses to meet the 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 in fulfilling the 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 are delivered from the hospital have increased, especially with the 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 that the problem of committing long distances of travel, to the modern health center of more than five kilometers or longer than 1-hour walking rural village communities proved difficult for husbands to escort their wives to the hospital for ANC services. A study conducted in Eastern Uganda found 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 the need to walk 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 the lack of a functional referral network during emergencies (Anastasi, Borchert, & Campbell, 2015).

Mistreatment at health centers

The problem of overstaying at the clinic greatly discouraged husbands from escorting their expecting wives, while lack of privacy, space at the clinic, and mistreatment by ANC healthcare providers also partly discouraged men from attending maternal and child health services with their wives (Twinomuhangi & Mugyenyi, 2018). When husbands wait for a long time in the hospital, they tend to be discouraged from escorting 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 were 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 that the fear of HIV/AIDS testing and disclosing results to their partners has proved to be a barrier to male involvement in ANC. Husbands tend to fear couples 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 the 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 to prepare their mind for the disclosure of results. They went ahead to note that routine HIV/AIDs testing is a scary experience, and most men will always find all excuses possible not to escort their wives to ANC services (Medly, Mugerwa, Kennedy, & Sweat, 2012).

Lack of specific services targeting men.

The lack of services at healthcare centers focusing on men to encourage them to participate in ANC also has discouraged husbands from escorting their wives to the 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 make husbands consider their marriage insecure and suspicious, bringing up the thought that couple testing is unlikable due to the 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 setups of health centers for ANC in Uganda are not male-user-friendly (Byamugisha, Tumwine, Semiyaga, & Tylleskär 2010).

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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 and advice because they fear being 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 the 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 to male involvement in ANC services in Uganda by looking at facts obtained from prior research studies. Gender and cultural norms of believing that pregnancy is a domain of the 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), who state that societal norms that consider pregnancy as feminine are hard to challenge. Traditional leaders are custodians of culture and command high respect within 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 ' 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 a result of the easy accessibility of traditional birth services rather than modern health care centers in rural communities of low socioeconomic status. 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 of 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 research by synthesizing ideas to extract the barriers to male involvement in Antenatal clinic services in Uganda. Several barriers were found, which include gender and cultural norms of believing that pregnancy is a domain of the female gender, the lack of services targeting male partners, poor customer care, and attitudes of health workers, all resulting in a low turn up of husbands. Men's trust and confidence in TBAs, low socioeconomic status of families, walking long distances to attend Antenatal clinics, and long waiting times at the health centers for services were seen to discourage male involvement in Antenatal clinics. The fear of HIV/AIDs testing and disclosure of men and the 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 counseling.

ANC: Antenatal Care.
TBA: Traditional Birth Attendants.
PWD: People with Disability.
HIV: Human Immunodeficiency Virus.
AIDs: Acquired immune deficiency syndrome.
WHO: World Health Organization

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Conflict of interest.

The authors declare no conflict of interest.

Availability of data.

Data used in this study is available upon request from the corresponding author.

Authors contribution

AT designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript. JK supervised all stages of the study, from the conceptualization of the topic to manuscript writing.

Authors biography.

Andrew Tumwine is a student of Post Graduate Diploma in Medical Education of Health Tutors College Mulago, Makerere University.
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