

SOCIO-ECONOMIC FACTORS ASSOCIATED WITH MEN'S INVOLVEMENT IN THE CARE AND SUPPORT OF WOMEN DURING PREGNANCY AND CHILDBIRTH AT ENTEBBE REGIONAL REFERRAL HOSPITAL. A CROSS-SECTIONAL STUDY.

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Abstract.

Background.

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 children's health outcomes. This study aimed at assessing socio-economic factors associated with Men's involvement in the Care and support of women during pregnancy and childbirth 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 closed-ended questions.

Results.

Most 21, 52.5%) of the respondents were aged 18-25 years, and 23(57.5%) had attained a secondary level of education. 65% of the respondents' husbands had a monthly income of between 100000-300000 Uganda shillings, Half of the husbands the respondents always provided transport costs to the health facility and 52% of the husbands never had time to escort their wives to ANC, 25(62.5%) of the respondents said they would like their husbands to go with them for ANC or childbirth and 21(52.5%) of the respondents said their husbands provided them with money to prepare for childbirth.

Conclusion.

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.

Recommendation.

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.

Keywords: *Men's involvement, Care and support, Pregnancy and childbirth, Socio-economic factors, Antenatal care participation, Entebbe Regional Referral Hospital.*

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Background.

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 children's health outcomes (Rahman et al., 2020). Pregnancy creates a lot of physical, mental, social, and emotional demands on the woman'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 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 within 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 partner 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). This study aimed to assess socio-economic factors associated with Men's involvement in the Care and support of women during pregnancy and childbirth at Entebbe Regional Referral Hospital.

Methodology.

Study Design and Rationale

A quantitative descriptive study design was used to assess the socio-economic factors affecting men's involvement in the support and care of women during pregnancy and childbirth among mothers attending ANC at Entebbe Regional Referral Hospital.

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 the

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 an antenatal clinic to provide better information about the study. According to Kish and Leslie (survey sampling, 1965), statistical formulae for surveys are:

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

No, the 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 = $(1.96^2 * 0.5 * 0.5) / 0.05^2$ No = 384 People

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

$n = N_0 / (1 + N_0/N)$; 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 and 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 8 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.

Definition of Variables.

Variables refer to the characteristics that can exist in different values or amounts. These included:

Dependent Variable.

Male involvement in the support and care of women during pregnancy

Independent Variables.

Socio-economic 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 2 sections: section A, which consisted of the demographic data of the respondents, and section B, which consisted of the socio-economic factors affecting Men's Involvement in the 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

An introduction to the pregnant mothers by the in-charge of the antenatal clinic was done 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 was 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 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 approval.

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 sent 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.

Informed consents.

Consent was obtained from the respondents. Respondents' contact identity was kept anonymous throughout the study, and to ensure that the researcher use 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.

Demographic Data of the Respondents

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%

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

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

Figure 1: Distance of the women from home to the health facility n=40.

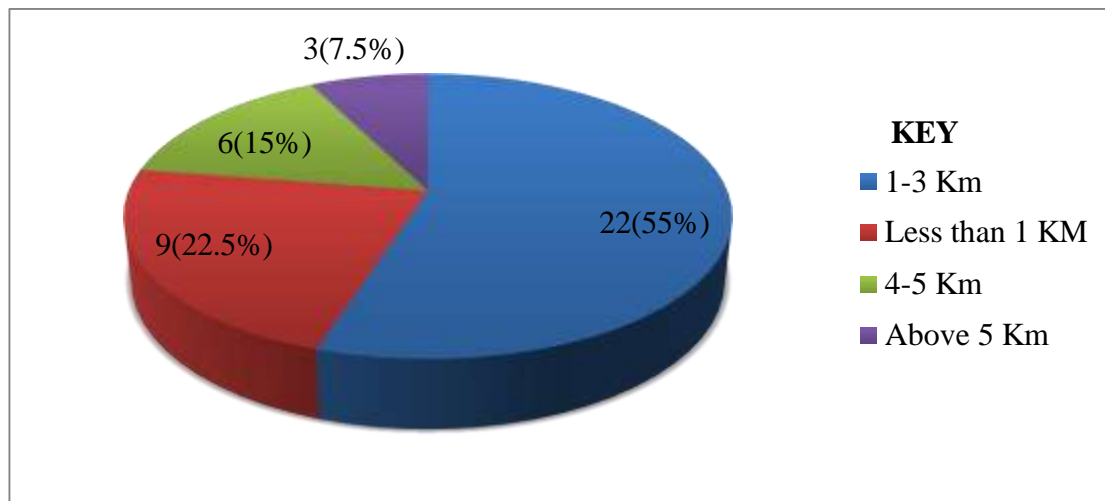


Figure 1 indicates that most 22(55%) of the respondents were travelling between 1-3 Kilometers to the health facility while the least 3(7.5%) were travelling more than 5 kilometers.

Figure 2: Shows whether the husbands pay for the transport costs to the health facility. n=40.

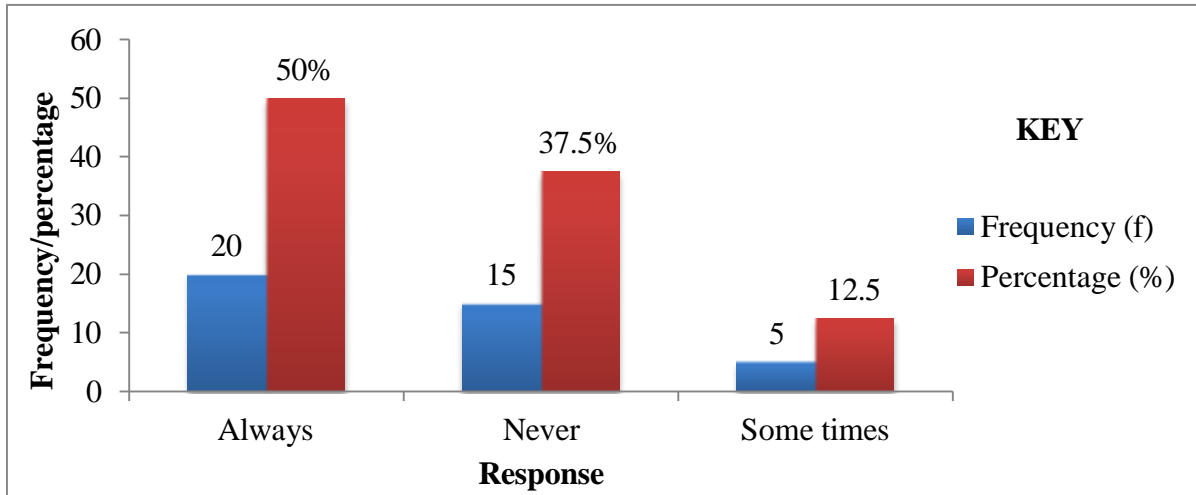
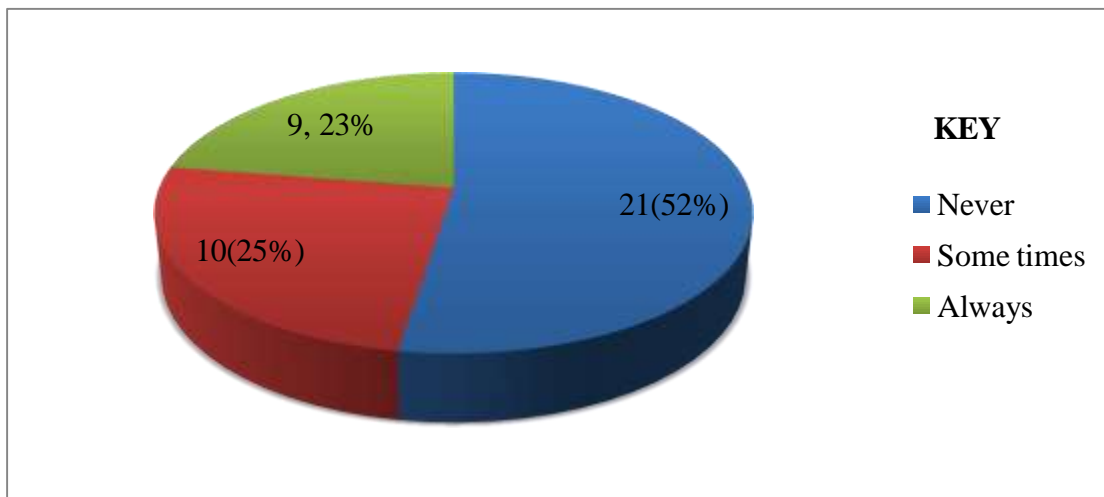


Figure 2 above shows that half 20(50%) of the respondents' husbands always paid transport costs to the health facility while the least 5(12.5%) of them never did.

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

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

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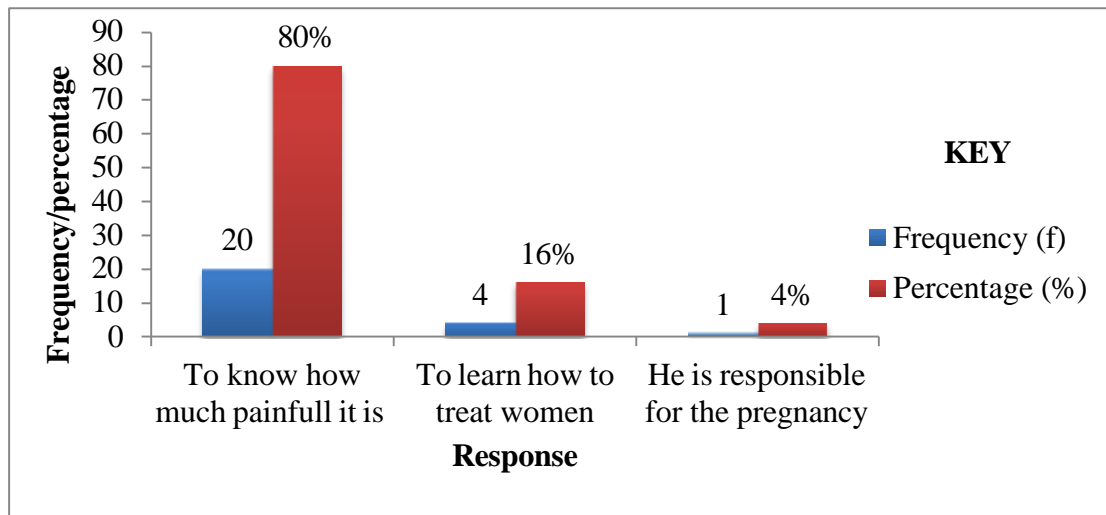


Figure 4 shows that the majority 20/25(80%), of the respondents said they would like their husbands to go with them for ANC or childbirth for their husbands to know how painful it is, while only 1/25(4%) of them said because the husband is responsible for the pregnancy.

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

Table 4 indicates that 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.

Discussion of results.

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 Uganda 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 a 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 for their husbands to 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. Findings are in line with a study in Kenya by Kiptoo & Kipmerewo (2017) where men provided financial support.

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.

Recommendation.

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.

No source of funding.

Conflict of interest.

No conflict of interest was declared.

Availability of data.

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

Authors contribution

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

Authors biography

Lilian Nalwanga is a student of diploma in midwifery at Mildmay Uganda School of Nursing and Midwifery.

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