

FACTORS HINDERING MEN FROM SUPPORTING THEIR SPOUSES IN LABOR AND DELIVERY AT SSEKAMULI HEALTH CENTER III, LUWEERO DISTRICT. A CROSS-SECTIONAL STUDY.

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ABSTRACT.

Background:

The study aimed to identify individual, socio-economic, and health-related factors hindering men from supporting their spouses during labor and delivery at Sekamuli Health Centre III in Luweero district.

Methodology:

A descriptive cross-sectional study design with a Simple random sampling technique was used. Data was collected on the sample size of 50 respondents using a semi-structured questionnaire written in the English language with open and closed-ended questions as a data collection tool.

Results:

60% had ever discussed with their partner issues related to their involvement in labor, (53.3%) were encouraged by their wives, (70%) had ever been treated differently by women where (77.1%) were not welcomed women in maternity, (66%) were unemployed and (72%) were not allowed in their culture to see their wives during labor. (70%) were taught once about male involvement in labor, 56% had never escorted their wives to a health facility during labor, (57.1%) waited for their wives during labor and delivery for 24 hours, (66%) resided a distance between 5km-9km from the healthy facility, (68%) health workers had good attitudes towards male involvement in labor and 80% men had no space for accommodation during labor and delivery at the facility.

Conclusion:

Inadequate knowledge (64%), poor perception (74%), unemployment (66%), low educational level (54%), cultural belief (72%), long waiting time (77%), long distance (66%) and inadequate space (80%) were the factors hindering men from supporting their spouses during labor and delivery.

Recommendation:

The administrators and health workers of Sekamuli Health Centre; should continue sensitizing and educating the importance of male involvement in maternal and childbirth to eliminate cultural norms and beliefs like men are not allowed in labor and men thinking that labor and delivery are women's duty such as that men can fulfill their responsibility during labor and delivery.

Keywords: Labor, Delivery, Factors, Men

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BACKGROUND OF THE STUDY.

World Health Organization defines labor expulsion of products of conception from 34 to 42 weeks of amenorrhea from a woman's body. Male involvement in pregnancy and childbirth preparation and their behavior towards their partners during labor had a huge impact on maternal care and neonatal outcomes. (WHO & UNICEF, 2020)

Globally, more than 90% of men were getting involved in labor and delivery services. However, in Africa, men's involvement in their spouse's delivery is still low (52%) which is a huge challenge (Yvonne Annoon, 2020)

A study conducted in 34 countries of sub-Saharan Africa on the timing of maternal death revealed that 72% of higher mortality death was due to poor conditions of health facilities (Merdad L & Ali M.M, 2018)

In East Africa based on studies conducted in Tanzania indicated that despite the call for men's involvement in maternal care men are rarely involved in their partner's care during pregnancy (60%), the main reason for this lack of involvement is that reproductive health especially in labor and delivery has been viewed as women's concern. (Gibore Johnson, Theodora. A.L & Stephen.M.Kibusi, 2019)

Qualitative research conducted by Prena Gopal and Gloria Seruwagi Mulago-Uganda on male involvement in reproductive health found that most young men lack knowledge about exactly what to do during antenatal, labor, and childbirth (Prena Gopal, 2020).

General objectives.

- To determine the factors hindering men from supporting their spouses in labor and delivery at Ssekamuli Health Centre III, Luweero district

Specific objectives.

- To identify the individual factors hindering men from supporting their spouses in labor and delivery in Ssekamuli Health Centre III, Luweero district
- To assess the socio-economic factors hindering men from supporting their spouses in labor and delivery in Ssekamuli Health Centre III, Luweero district
- To establish the health facility factors hindering men from supporting their spouses in labor and delivery in Ssekamuli Health Centre III, Luweero district.
- The study was focused on factors hindering men from supporting their spouses in labor and delivery in Ssekamuli Health Centre III, Luweero district.

METHODOLOGY

Study design.

This study employed a descriptive cross-sectional research design to quantify the distribution of certain variables in the study population at one point in time. The design helped the researcher to systematically collect and analyze the data to give a clear picture of the problem at hand.

Study area.

The study was carried out at Sekamuli Health Center III, Luweero District, located in the central region of Uganda which is bordered by Nakasongola District to the north, Kayunga District to the east, Mukono District to the southeast, Wakiso District to the south, Nakaseke District to the west. Luweero is approximately 75 km from Kampala, Uganda's capital and largest city. The coordinates of the district are 00 50N, 32 30E (Latitude: 0.8333; Longitude: 32.500). Sekamuli Health Centre III offers both preventive, curative, and promotive services which include; maternal and child health services such as antenatal care (ANC), delivery, postnatal care, immunization, Elimination of Mother to Child Transmission of HIV, prevention, control and treatment of Sexually Transmitted Diseases (STDs) among others. The study setting was selected because there was an identified problem concerned with men's support of their partners during labor.

The study was carried out from October 2022 to April 2023

Study population.

The target population of the study included married aged 21-50 years receiving medical services at Ssekamuli Health Centre III, Luweero district. The rationale for choosing the study population was that the researcher believed that men within the age bracket were knowledgeable enough about the study.

Sample size determination

The sample size was determined using the Fisher et al 2003 formula. The formula was used to estimate the smallest possible categorical sample for the married men aged 21-50 years attending health services. It is given in express n as;

$$n = z^2 p (1-p) / d^2$$

Where d = margin of error n= minimum sample size
z=standard normal deviation set at 95% confidential level corresponding to 1.96 p= Existing prevalence 3.4% of men that participate in birth preparedness in southwestern Uganda, (UDHS 2016)

Therefore, taking $p = 3.4 \% = 0.034$

$$z = 1.96$$

$$1-p = 0.966$$

$$d = 5\% = 0.05$$

$$\text{Thus } n = (1.96)^2 \times 0.034 \times (1-0.034) / (0.05)^2$$

n=50.4694

Therefore 50 respondents were recruited in the study.

Study variables.

Dependent variable.

The dependent variable of the study was men from supporting their partners during labor and delivery

Independent variable.

The independent variable of the study was the individual, socio-economic, and health-related factors hindering male involvement in supporting their spouses in labor and delivery. Selection criteria

Inclusion criteria.

This was composed of married men aged 21-50 years receiving medical services and those who were visiting the patients at Ssekamuli Health Centre III but present during the period of data collection, capable and voluntarily willing to provide information.

Sampling technique

A simple random sampling technique was used to select respondents. The technique was preferred because it accorded each of the groups an equal opportunity and chance of participation and therefore this helped the researcher to get statistical analysis related to sample distribution, hypothesis testing, and sample size.

Data collection method.

The researcher developed and used a semi-structured questionnaire to collect data from the respondents. It contained both open and closed questions written in English language and translated into the local language (Luganda) which was formulated according to the specific objectives. The questionnaire was further refined by the researcher with the help of the supervisor. The questionnaire was preferred over other methods because it is relatively a simple method of collecting data.

Pre-testing questionnaire.

The questionnaire was pre-tested in Kawolo General Hospital among 15 respondents to fill it in a relapse of one day to establish consistent responses. The pre-tested instrument had consistent scores and it was repeated, measured under the same group of individuals. The results from the pre-test were used to modify the items in the instrument.

Data collection procedures.

After the approval of the research proposal, an introductory letter from the Kampala School of Health Science was issued to the researcher that permitted him to carry out the study. When permission was granted, two researchers with good knowledge of the local language (Luganda) were trained on the research methodology and the study objectives before data collection. The data collection process was done in a way that alphabet letters written on paper were given to respondents to pick and those who picked letter A were interviewed first after consenting and the process was continued until the required sample size was attained. The respondents were asked questions following the designed questionnaire to avoid being biased. After the interview, each respondent was thanked for participating in the study.

Quality control.

The validity and reliability of the study were ensured by expert judgment technique whereby the data collection tool/instrument was submitted to the supervisor to check for its accuracy before being used to collect data. The researcher designed the collection instrument without providing the option for names to increase the confidentiality of respondents.

Data collection was conducted under maximum and strict guidelines such as observing standard operating procedures to prevent respondents from being exposed to COVID-19.

Data analysis and presentation.

From the field, data was manually sorted, edited, and arranged according to themes based on the specific objectives of the study to generate frequency and percentage using a scientific calculator. Data was later presented in a Microsoft Excel computer program to generate figures and tables for easy interpretations of the study findings.

Ethical consideration.

The ethical considerations involved understanding the ethical code and the guidelines for protecting the rights of research subjects. Before the collection of data for the study, permission to carry out the study was granted by the charge of Ssekamuli Health Centre III using an introductory letter from Kampala School of Health Sciences addressing it to administrators of Ssekamuli Health Centre III requesting permission to conduct the study on factors hindering men from supporting their spouses from labor and delivery attending health Services. When permission was granted, the researcher introduced and explained the research objectives to the participants; a written consent form was presented and signed by each respondent before participation in the study. The respondents were free to withdraw from the study at any

time they wished unconditionally and information from the respondents was kept confidential.

DATA PRESENTATION

Demographic findings

Table 1: Shows the respondents in their respective demographics

(N=50)

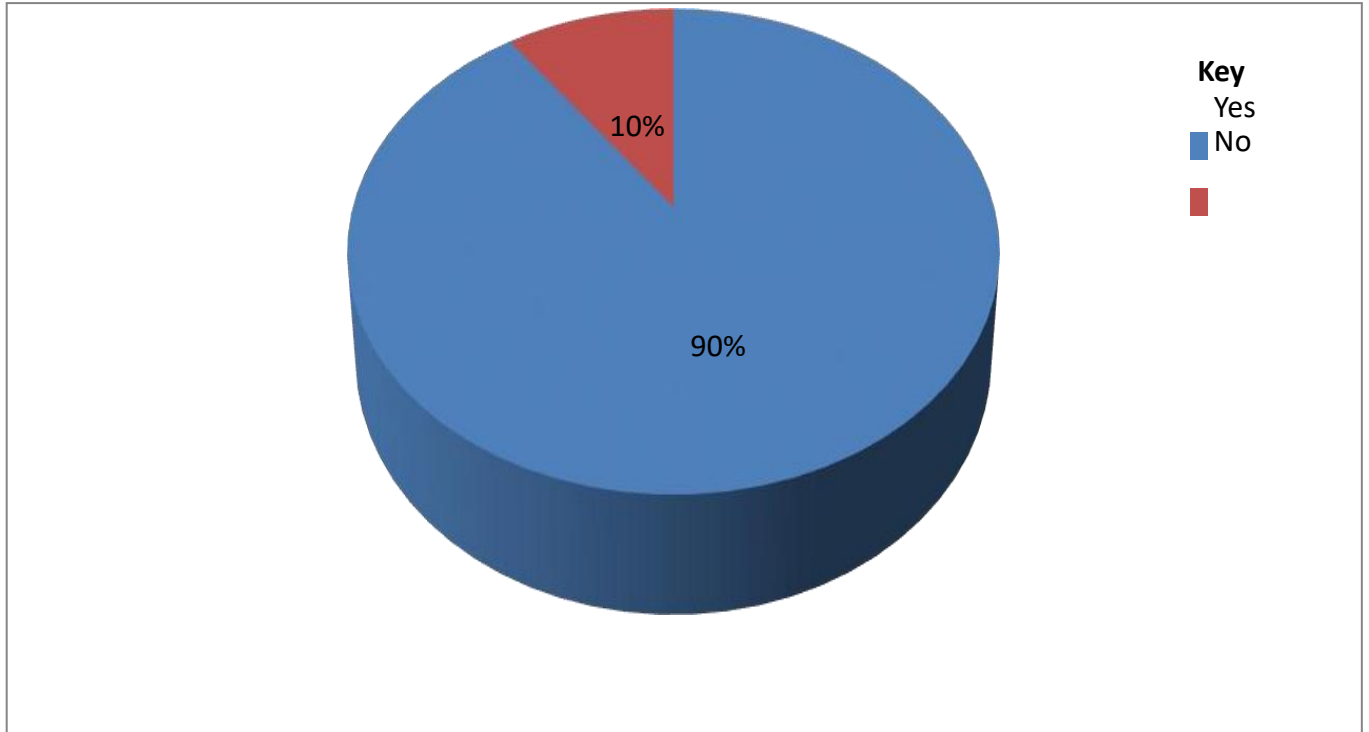
Age	Frequency	Percentage
21-30	10	20
31-40	28	56
41-50	12	24
Total	50	100
Tribe		
Baganda	26	52
Basoga	8	16
Banyankole	14	28
Others	12	24
Total	50	100
Religion		
Catholics	25	50
Moslems	5	10
Protestants	12	24
Others	8	16
Total	50	100
Education level		
Primary	27	54
Secondary	13	26
Tertiary	7	14
None	3	6
Total	50	100

Table 1 shows that more than half of the respondents (56%) were within the age bracket of 31-40 years whereas the least (20%) were within the age bracket of 21-30 years. Furthermore, the majority of respondents (52%) were Baganda by tribe whereas the minorities (16%) were Basoga by tribe.

The study showed that half of the respondents (50%) were Catholics by religion whereas the least (10%) were Moslems. In regards to education level, more than half of respondents (54%) had attained a primary level of education whereas the least respondents (6%) never went to school.

Individual factors hindering men from supporting their spouses during labor and delivery.

Figure 1: Shows the distribution of respondents according to whether they had ever heard about labor and delivery (N=50)



From Figure 1, the majority of respondents (90%) agreed that they had ever heard about labor and delivery whereas a minority of the respondents (10%) agreed that they had never heard about labor and delivery.

Figure 2: Shows the distribution of respondents according to where they obtained information about labor and delivery. (N=45)

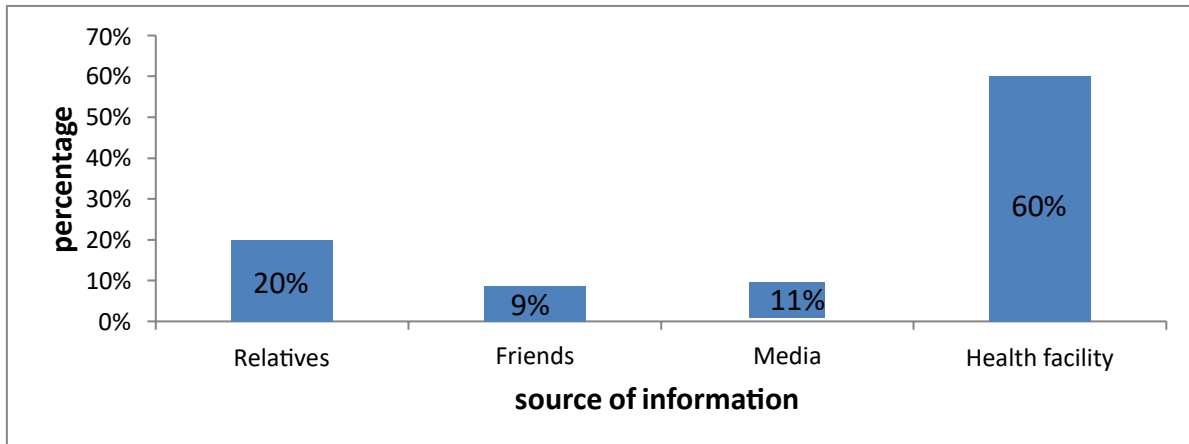


Figure 2 shows that a majority of the respondents (60%) obtained information about labor and delivery from health facilities while the least of respondents (11%) obtained information about labor and delivery from media.

Table 2: Shows the distribution of respondents according to how they feel about getting involved in the labor of their partners.

(N=50)

Response	Frequency(f)	Percentage (%)
Am okay with it	11	22
I think its familiarization of male partner	4	8
Am not supposed to be involved because it's a women's thing	3	6
I feel being under women's control	32	64
Total	50	100

From table 2, the majority of respondents (64%) noted that they were feeling being under women's control whereas the minority (6%) noted that they were not supposed to be involved because it's a women's thing.

Table 3: Shows the distribution of respondents according to the way they think about importance of male involvement in labor and delivery of their partner

(N=50)

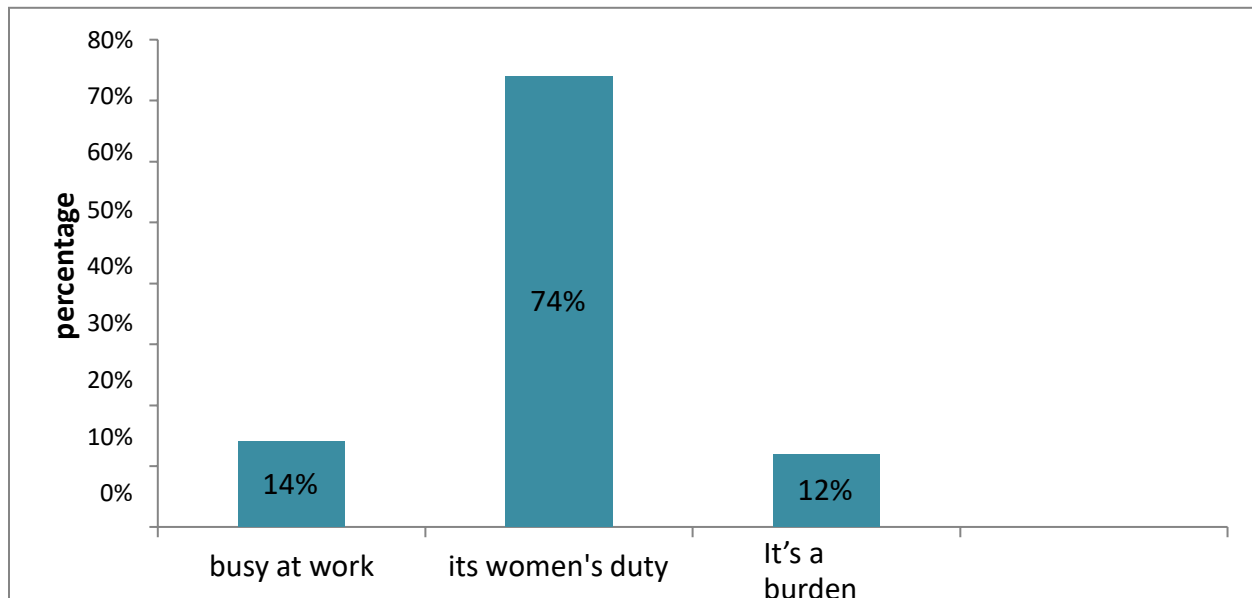
Response	Frequency(f)	Percentage (%)
I don't know	28	56
To give support and encouragement to female partners	12	24
To encourage safe delivery	10	20
Total	50	100

According to table 3, more than a half of the respondents (56%) noted that they didn't know the importance of participating in labor whereas the least of respondents

(20%) knew the importance of participating in labor and delivery like it encourage safe delivery.

Figure 3: Shows the distribution of respondents according to what prevents them from getting involved in labor and delivery

(N=50)



From the figure 3, the majority of the respondents (74%) noted that labor and delivery was women's duty whereas the

minority (12%) noted that it was a burden to escort their wives to Ssekamuli health center during labor delivery.

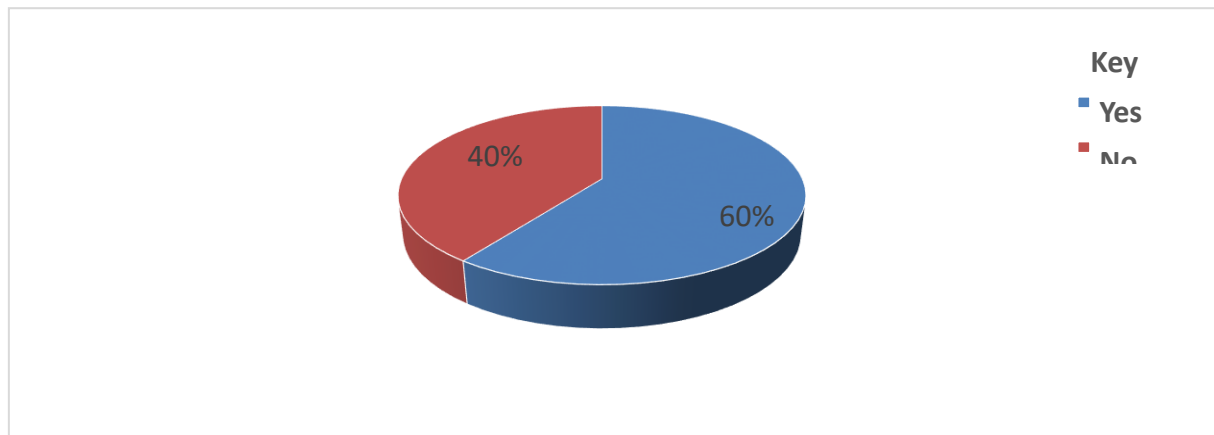
Socio-economic factors hindering men from supporting their spouses during labor and delivery.

Table 4: Shows the distribution of respondents according to their highest level of education
 (N=50)

Response	Frequency(f)	Percentage (%)
No formal education	3	6
Primary level	27	54
Secondary level	13	26
University	7	14
Total	50	100

Table 4 shows that, more than a half of the respondents (54%) obtained primary as their highest level of education whereas the least of the respondents (6%) had no formal education.

Figure 4; Shows the distribution of respondents according to whether they had ever discussed with their partner about issues related to labor and delivery.
 (N=50)



From the figure 4, the majority of respondents (60%) noted that they had ever discussed with their partner issues related to their involvement in labor and delivery whereas the minority of the respondents (40%) noted that they had never discussed.

Table 5: Shows distribution of respondents according their wives' attitudes towards male involvement in labor and delivery.

(N=30)

Response	Frequency (f)	Percentage (%)
She is encouraging and supportive	16	53.3
She is not concerned and discourage me	8	23.4
She says it's a taboo for me to be involved in labor	1	3.3
We have never discussed	6	20
Total	30	100

Table 5 shows that, more than a half of the respondents (53.3%) noted that their wives were encouraging and supportive whereas least of respondents (3.3%) said that its taboo for men to be involved in labor.

Figure 5: Shows the distribution of respondents according to whether they had ever been treated differently by women because of getting involved in labor and delivery.

(N=50)

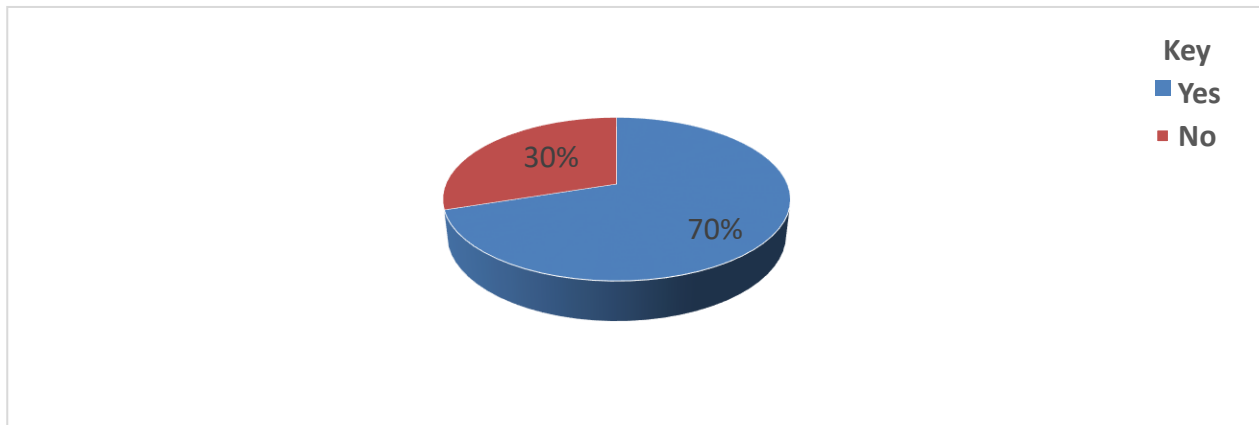


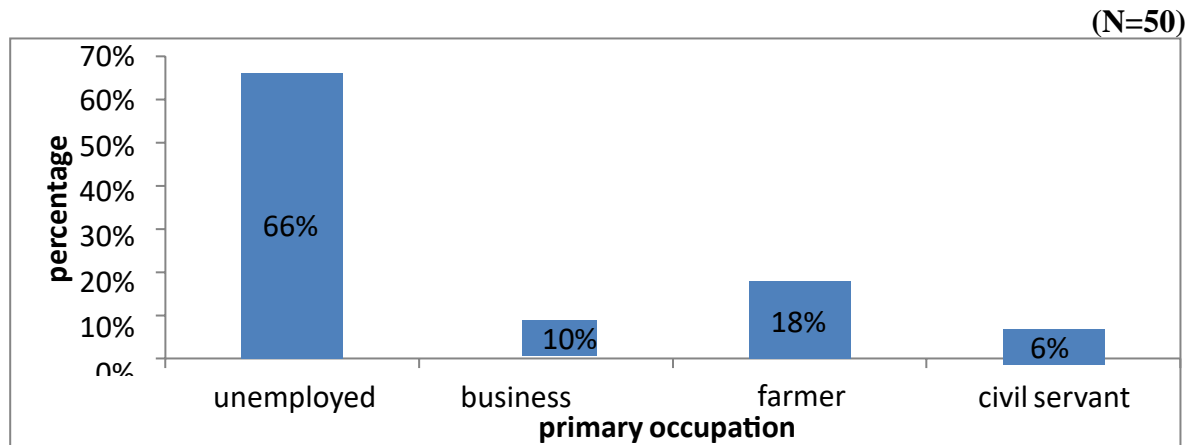
Figure 5 indicates, the majority of the respondents (70%) noted that they had ever been treated differently by women during labor and delivery whereas the minority of the respondents (30%) noted that they had never treated differently by women during labor and delivery.

Table 6: Shows the distribution of respondents according to how they were treated when got involved in labor and delivery (N=35)

Response	Frequency(f)	Percentage (%)
People laughed at me	3	8.6
Women gossiped about me behind my back	5	14.2
Not Welcomed	27	77.1
Total	35	100

From the table 6, a majority of the respondents (77.1) noted that they were welcomed whereas the minority of respondents (8.6%) noted that people laughed at them when they got involved during labor and delivery.

Figure 6: Shows the distribution of respondents according to their primary occupation (N=50)



From the figure 6, the majority of the respondents (66%) were unemployed while the minority of the respondents (6%) were civil servants.

Table 7: Shows the distribution of respondents according to their cultural norms and beliefs

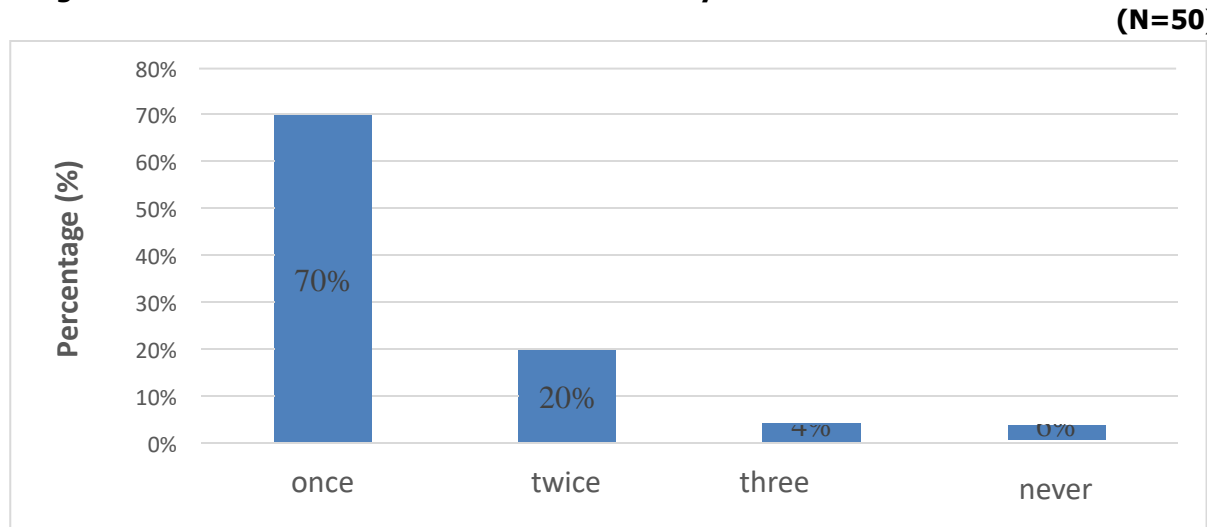
Cultural norms and belief	frequency	Percentage (%)
Its taboo for men to get involved in labor	36	72
Men lose their power	8	16
Men are not allowed	6	12
Total	50	100

From table 7, the majority of respondents (72%) reported that men were not allowed in their culture to see their wives during labor whereas the minority of the respondents (12%) were

reported that men will lose their power if they participate in labor.

Health related factors hindering men from supporting their spouses during labor and delivery.

Figure 7: Shows distribution of respondents according to how many times they had been taught about male involvement in labor and delivery



From figure 7, the majority of men (70%) were taught once about male involvement in labor and delivery whereas the minority of respondents (4%) were taught three times.

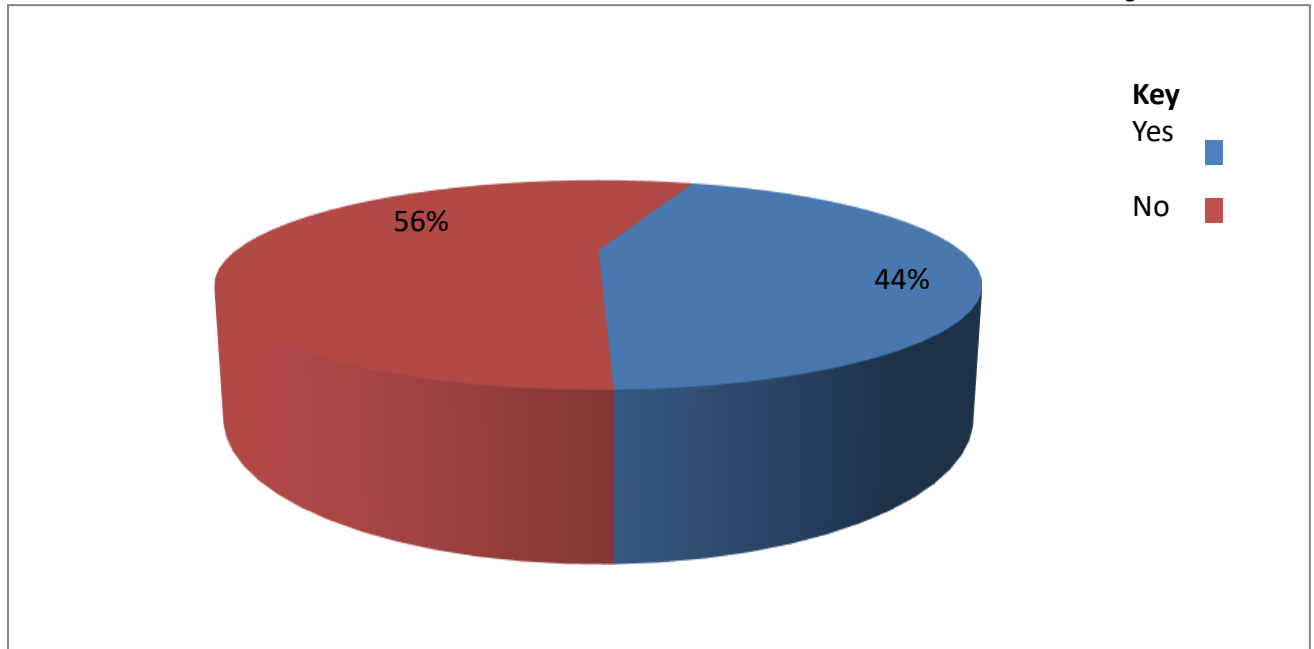


Figure 8: Shows the distribution of respondents according whether they had ever escorted their wives to health facility during labor and delivery. (N=50)

Figure 8 shows that, more than half of the respondents (56%) noted that they had never escorted their wives to health facility during labor and delivery whereas the minority of the respondents (44%) noted that they had ever escorted their wives to health facility during labor and delivery.

Table 8: Shows distribution of respondents according to how long they wait their wives during labor and delivery.

(N=14)

Response	Frequency(f)	Percentage (%)
4 hours	4	7.1
8 hours	11	21.5
12 hours	7	14.3
24 hours	28	57.1
Total	50	100

From table 8, more than a half of respondents (57.1%) reported that they waited their wives during labor and delivery for 24 hours whereas the least of the respondents (7.1%) reported that they waited for 4 hours.

Table 9: Shows the distribution of respondents according to the distance to the health facility

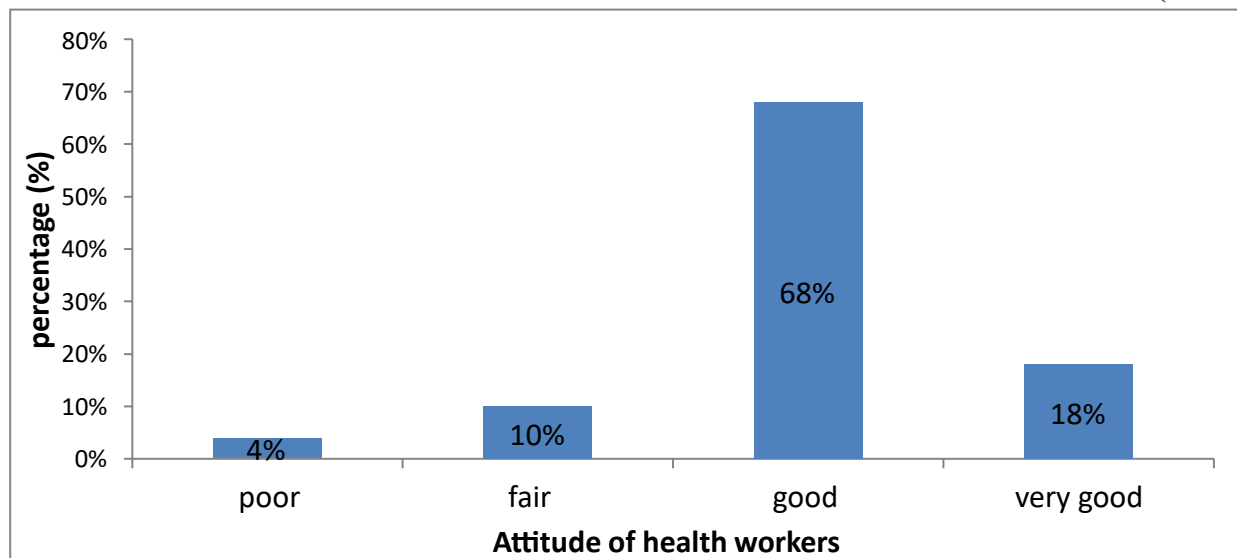
(N=50)

Distance to the facility	Frequency (f)	Percentage (%)
Less than 5km	12	24
5km-9km	33	66
More than 10km	5	10
Total	50	100

Table 9 indicates, the majority of the respondents (66%) reported that they resided a distance between 5km-9km from the healthy facility whereas the least of respondents (10%) resided morethan 10km from the facility.

Figure 9: Shows distribution of respondents according to the attitudes of health workers towards male partner at the health facility during labor and delivery.

(N=50)



From figure 9, more than a half of respondents (68%) reported that the health workers had good attitudes towards male involvement in labor and delivery while the least respondents (4%) reported that very few health workers had poor attitude towards male involvement in labor and delivery

Table 10: Shows the distribution of respondents according to space for male partner accommodation at the health facility (N=50)

Response	Frequency(f)	Percentage (%)
No space for men to wait from	40	80
Its congested	8	16
Enough space	2	4
Total	50	100

From table 10, the majority of respondents (80%) agreed that there was no space for accommodation of men in the facility during labor while the minority of respondents

agreed that there was enough space to accommodate men in the facility during the labor of their wives.

DISCUSSION.

This revealed that most of the respondents still had a poor perception of their involvement in labor and delivery.

Individual factors hindering men from supporting their spouses during labor and delivery.

Socio-economic factors hindering men from supporting their spouses during labor and delivery.

The findings obtained from a sample of 50 respondents showed the majority of respondents (90%) had ever heard about which majority of the respondents (60%) obtained information about labor and delivery from the health facility. This specified that an outstanding number of studies were responsive to the study background. This study was in line with a study done by Kayemmera et al (2022), who found that (95%) of men had ever had about MCH including antenatal, childbirth, and labor.

From study results obtained from 50 respondents, more than half of the respondents (54%) obtained primary as their highest level of education. This showed that most respondents were not involved in decision-making during labor and delivery and thought their presence was not needed which became a great challenge in sensitizing them about their role in labor and delivery. This study was in line with study results of a study conducted by Craymah.JP (2017), who found that (72%) of men with low education levels were less likely to discuss and be involved in decisions related to labor or delivery. As a result, they are often kept in the dark about what is done in the labor ward, something which hinders their support and involvement.

From the study findings, the majority of respondents (64%) noted that they felt being under women's control. This demonstrated a high degree of ignorance among respondents about male participation in labor and delivery. This study finding was in line with a study conducted by Dutki (2017), who found that (59%) of men noted involvement in labor like being in maternity was stigmatizing and under women's control.

The study findings revealed that the majority of respondents (60%) had ever discussed with their partner issues related to their involvement in labor and delivery out of that (53.3%) reported that their wives were encouraging and supportive which showed that the most of respondents were willing to support their wives if they were continued to be encouraged by their wives and even other stakeholders. This study's findings were in disagreement with a study conducted by Iliyasa et al (2018), who found that (66%) of female partners discourage male participation in delivery.

From study findings, more than half of the respondents (56%) noted that they didn't know the actual importance of participating in labor and this showed that the respondents were aware of their presence during labor and delivery but lacked knowledge about their actual importance of their participation which was due to inadequate knowledge about their role as a male partner during childbirth. The study results were in agreement with Aborigo et al (2018), who found that (68%) of men demonstrated inadequate knowledge about what type of support they ought to give to their wives during pregnancy and labor.

However, findings revealed that the majority of the respondents (70%) noted that they had never been treated differently by women during labor and delivery (77.1%) noted that they were not welcomed by women at the health Centre which was due to biases of other women about male involvement in labor. This study finding was in line with a study conducted by Chasowa PK (2020), which found that (56.9%) of women mentioned that it was taboo

From the study findings, the majority of the respondents (74%) agreed that labor and delivery is women's duty.

for men to enter the labor room. Even during home deliveries, respondents mentioned that husbands are not allowed to be near the birthing hut. It was reported that it's a shameful act for a husband to witness a wife giving birth and it was also said that it would cause jealousy. Study findings also revealed that the majority of respondents (66%) were unemployed which resulted in financial constraints like failing to accord transport costs and other costs to the health facility the study results were in line with a study done by Wassie Louisa (2019), who showed that (62%) of had no formal employment were less likely to be involved in labor or delivery.

The study findings on cultural norms and beliefs indicated that the majority of respondents (72%) agreed that, in their culture men are not allowed to see their wives during delivery which hindered them from getting involved in labor and delivery. This implied that most men still had a belief that they were not important to get involved in maternity, especially during labor and delivery. This study was in agreement with a study conducted by Onyango Denis (2015) found that (65%) of men did not support their wives during labor due to some cultural beliefs that indicate that a man may lose "strength" if he is present during the birth of his baby and therefore men don't escort their partners to deliver.

Health-related factors hindering men from supporting their spouses during labor and delivery.

From the study results obtained from 50 respondents, the majority of men (70%) were taught once about male involvement in labor and delivery. This implied that there was the probability that men are not fully sensitized hence limiting them from getting involved in labour and delivery. This study result was in disagreement with a study finding in a study conducted by Waiswa Ramadan (2018), who found that (59%) of health workers had poor communication skills including shouting at men and ignoring their involvement in maternal health care services such as antenatal.

The study findings revealed that more than half of the respondents (56%) noted that they had never escorted their wives to a health facility during labor and delivery and out of a few (44%) who escorted (57.1%) reported that they waited for their wives during labor and delivery for 24 hours. Long waiting times for their wives to deliver discouraged men from escorting their wives during labor and delivery. This study finding was similar to the results in a study conducted by Tadesse (2018), who revealed that (77%) of men were long waiting at the health facility without being involved in anything that they thought been of no purpose during birth hence hindering them from escorting their wives to health facility.

From the study findings, the majority of the respondents (66%) reported that they resided a distance between 5km and 9 km from the health facility. This is attributed fact that the majority were unemployed and they were most likely not to afford the transport cost for themselves and

their partners as the road leading to the health facility was very poor this study's finding agreed with study results in a study conducted by Nesane Coe (2016), who revealed that (80%) men cited long distances from workplace to health facilities as a factor that contributed to their non-participation in maternal healthcare services. For male partner involvement to take place, short distances are necessary and, if labor occurs spontaneously, partners may not be available

Findings related to space for male partner accommodation showed that the majority of respondents (80%) agreed that men lacked space at the facility for accommodation. The study findings were in line with the study findings of Twinomuhangi Sylvia, (2018), where findings showed that (64%) of men lacked space for accommodation during the delivery of their spouses also hindered men from getting involved in childbirth.

CONCLUSION.

Given the results obtained from 50 respondents, the following conclusions were made.

In regards to individual factors; (90%) of respondents had ever had about labor 60% obtained the information from health workers, (and 64%) of respondents felt being under women's

control, (56%) of the respondents did not know the actual importance of male partner involvement in labor and (74%) of respondents agreed that labor and childbirth are women's duties.

In regards to socioeconomic factors; (54%) of respondents obtained primary as their highest level of education, (60%) had ever discussed with their partner issues related to their involvement in labor and delivery, (53.3%) reported that their wives were encouraging and supportive, 70% had ever been treated differently by women during labor and delivery where (77.1%) were not welcomed women in maternity, (66%) were unemployed and (72%) were not allowed in their culture to see their wives during labor.

In the view of health facility-related factors; (70%) of respondents were taught once about male involvement in labor and delivery, (56%) noted that they had never escorted their wives to a health facility during labor and delivery, (57.1%) reported that they waited for their wives during labor and delivery for 24 hours, (66%) of respondents resided a distance between 5km-9km from the health facility, (68%) reported that the health workers had good attitudes towards male involvement in labor and delivery and 80% of men had no space for accommodation during labor and delivery at the facility.

The researcher generally concluded that; inadequate knowledge (64%), poor perception (74%), unemployment (66%), low educational level (54%), cultural belief (72%), long waiting time (77%), long distance (66%) and inadequate space (80%) were the factors hindering men from supporting their spouses during labor and delivery.

RECOMMENDATION.

The government through the Ministry of Health, should allocate funds to health facilities for the improvement of infrastructures like roads leading to health facilities and expansion of infrastructures in health facilities especially maternity to accommodate males during labor.

The Ministry of Health should employ enough health workers especially midwives to reduce patient to health worker ratio to eliminate long waiting during delivery which also reduce the delay of labour and its complication.

The administrators and health workers of Sekamuli Health Centre; should continue sensitizing and educating the importance of male involvement in maternal and childbirth to eliminate cultural norms and beliefs like men are not allowed in labor and men thinking that labor and delivery are women's duty such as that men can fulfill their responsibility during labor and delivery.

ACKNOWLEDGMENT

LIST OF ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome.

ANC: Antenatal Care.

EMTCT: Elimination of Mother-to-Child Transmission of HIV

HIV: Human Immune Deficiency Virus

ICPD: International Conference on Population Development

LDHO: Luweero District Health Office MMR: Maternal Mortality Ratio MOH: Ministry of Health

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RCH: Reproductive and Child Health STD: Sexually Transmitted Diseases TBAs: Traditional Birth Attendants

UAHEB: Uganda Allied Health Examination Board

UNICEF: United Nations International Children Emergency Fund

UDHS: Uganda Demographic and Health Survey

VCT: Voluntary Counseling and Test

WHO: World Health Organization

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