



**“Most Men Pretend to be Busy...”
The Struggle for Male-Partner
Involvement in Maternal and Child
Health in Post-Conflict Northern
Uganda**

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Outline

- Background
- Methodology
- Findings
- Conclusion and recommendations
- Key references



Background

- Northern Uganda is recovering from a brutal civil war that claimed tens of thousands of lives and displaced millions.
- Maternal health is deplorable with a fertility rate of 6.3 and median age at first birth of 17.8 years.
- The prevalence of HIV/AIDS and sexual and gender-based violence is very high in the region.

Background (Cont.)

- MI in maternal and child health has been advocated as a strategy to improve MCH.
- This study aims to document the barriers to effective MI in MCH and strategies adopted by local health authorities to address the situation.



Methodology

Methods and participants

- Qualitative exploratory study utilizing semi-structured in-depth interviews (IDIs) and focus group discussions (FGDs).
- Participants: local health providers and staff of NGOs working in the domain of MCH in Northern Uganda.
- Data was managed in Nvivo and analysed using the framework approach.

Results

- A total of 22 IDIs and 2 FGDs, involving 35 participants were conducted.



Kisubi Photo Studios Entebbe

Decisions are made around the communal drinking pot.

Results: Main barriers

- Lack of time/ long waiting time to access services;
- Strong cultural norms and beliefs;
- Historic lack of policies and programmes deliberately targeting MI in MCH;
- Poor support for policies and programs focused on male involvement in maternal health

Barriers to effective MI: Quotes

Lack of time

*“What we have seen is that they always say they don’t have time. They are always in the offices looking for bread. So **they don’t have the time to go to the hospital**”*
NGO-Health Provider, FGD

Historic lack of policies and programmes deliberately targeting MI in MCH

*“**Initially, most of the programmes linked to in maternal and reproductive health were so focused on women** and that derailed and affected the attitude of men and their involvement”* NGO-Policy maker, FGD

Results: Main barriers

- Poor engagement/ interaction with men who accompany their spouses to the facility/ non-availability of male-friendly services;
- Perceived difficulty in engaging men; and
- Financial barriers.

Non-availability of male-friendly services during couple visits

*“Sometimes the men wonder **‘what they have come to do at the facility’** when they accompany their wives for antenatal. **We have not been men-friendly when we are building our health facilities”***

LHP-Policy maker, IDI

Strategies for improving male involvement in MCH



Results: Strategies

- Involving local political and cultural leaders to promote the campaign
- Instituting regulations that oblige men to accompany their spouses for some pregnancy-related services at the facility
- Increasing funding for programs focused on men at the facility
- Prioritizing the delivery of maternal services to women who are accompanied by their spouses to the facility
- Forming all-male support groups for promoting maternal health

- Involving local political and cultural leaders to promote the campaign

*“...what we are in for now is **to advocate to all key public stakeholders to be aware of the need for MI and also spread the same information to the grassroots** because people listen to them. If the president says ‘men you respect your women and move with them to the hospitals’ ..., they listen to them, because they vote for them. So **we are trying all avenues to get the politicians, opinion leaders and cultural leaders to accept this and promote it**”* NGO-Policy maker, FGD

- Increase more programmes focused on men

*“...we need to **change our programming strategies to ensure that MI is fifty-fifty with the women** because the issues affect both of them”* NGO-Policy maker, FGD

Conclusion & Recommendations

- Poor MI in MCH **remains a major challenge** to improving in Northern Uganda
- Local authorities must **invest more resources into MI-related activities** and **develop more innovative approaches** to effectively engaging men
- Potential initiatives **must equally cater for the health needs of the men**

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