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Low Male Involvement in Antenatal Care Services in DEnkyembour District in the Eastern Region of Ghana

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Abstract

This study aimed to examine the socio-cultural and economic factors contributing to low male involvement in Antenatal Care services in the Denkyembour District of the Eastern Region, Ghana. The purpose was to provide evidence-based insights to inform interventions aimed at increasing male participation to improve maternal and neonatal health outcomes. A qualitative case study design, grounded in a post-positivist paradigm, was employed. Using purposive and snowball sampling, 57 participants were recruited. Data were gathered over six weeks through semi-structured interviews and focus group discussions. Thematic analysis using NVivo version 14 revealed key patterns and themes. A major finding was the significant lack of knowledge and awareness of ANC services among men. Key barriers to male involvement in antenatal care included entrenched socio-cultural norms, traditional gender roles, economic pressures, and unwelcoming health facilities. Healthcare providers recognised the benefits of male involvement, such as improved decision-making and emotional support. The lack of male participation negatively affected maternal health-seeking behaviours and outcomes. Addressing this challenge requires a concerted effort to shift cultural perceptions and make health systems more inclusive for men. Recommendations suggest launching male-focused health education campaigns via community and mass media, restructuring health services to accommodate better men, involving traditional and religious leaders as advocates, and promoting supportive workplace policies. Future research should examine the long-term effects of these interventions and conduct comparative studies in other regions of Ghana

KEYWORDS: Antenatal care, Cultural beliefs, Decision-making power, Economic factors, Health facility accessibility, Health-seeking behaviour, Maternal health, Psychosocial support, Social norms, Socio-cultural factors

CHAPTER ONE

1.0 INTRODUCTION

Background to Study

Expectant mothers and fathers participate in the journey to parenthood, which is a significant life event. Nevertheless, male partners are frequently excluded from prenatal care services, which are essential for guaranteeing the health and welfare of both mothers and newborns. While this phenomenon is not exclusive to Ghana, it is especially worrisome in the Denkyembour district in the Eastern Region, where there have been reports of low male involvement in prenatal care services. Prior research has

demonstrated that male participation in prenatal care is linked to better health outcomes for both mothers and children, such as lower maternal mortality and greater use of trained birth attendants (Muhabaw, Hailemeskel & Lambebo, 2024). Men still play a supporting role in prenatal care, despite this, and there are several reasons why. To develop strategies to increase male participation and, eventually, maternal and child health outcomes, this study intends to investigate the factors influencing the low level of male involvement in antenatal care services in the Denkyembour district.

Antenatal care (ANC) services are essential to the survival and well-being of expectant mothers and their unborn children, making maternal health a fundamental component of public health initiatives around the world. Even though maternal and child health services have improved significantly, one major obstacle to attaining the best possible outcomes for maternal health is the continued low participation of men in ANC services, especially in low- and middle-income countries (Gamberini, Angeli & Ambrosino, 2022). Male partners' active involvement in maternal health decisions has been shown to improve maternal care-seeking behaviours, decrease delays in accessing emergency obstetric services, and improve adherence to recommended ANC protocols, demonstrating the importance of male involvement in ANC (Craymah, Oppong &Tuoyire, 2017).

An important part of maternal healthcare is antenatal care, which gives expectant mothers the chance to get the support and care they need during their pregnancy. About 86% of pregnant women worldwide now receive at least one antenatal care visit from a qualified healthcare provider, reflecting a significant improvement in antenatal care coverage over time (Grenier et al., 2019). But even with these improvements, maternal and infant mortality are still major public health issues, especially in low- and middle-income nations. With 310 deaths for every 100,000 live births in 2020, Ghana's maternal mortality rates are still high (Thiyagarajan, Asah-Opoku & Compton, 2025).

It is becoming more widely acknowledged that male participation in prenatal care is essential to enhancing the health of both mothers and children. Men can participate in prenatal care in several ways, such as by going to prenatal care visits with their partners, offering financial and emotional support, and adopting behaviours that promote health (Morgan, Awafo& Quartey, 2022). Male participation in prenatal care has been linked in studies to better maternal health outcomes, such as lower maternal mortality and greater use of trained birth attendants (Matseke, 2020).

In Ghana and many other sub-Saharan African countries, where gender roles, cultural norms, and health system limitations combine to keep men out of reproductive health processes, male participation in ANC is still marginal despite these established advantages (Roudsari, Sharifi & Goudarzi, 2023). This study focuses on the Denkyembour District in Ghana's Eastern Region, which is primarily a rural area that faces maternal health issues made worse by men's lack of interest in ANC services. By examining the scope, causes, and consequences of low male participation in ANC services in this context, the study hopes to provide useful information for community-based interventions and policy changes.

In theory, this study adds to the discussion of gendered health service use by using the Social Ecological Model (Thurston &Vissandjée, 2005) to comprehend the multi-level factors affecting male ANC participation. In practical terms, the results should guide focused health promotion campaigns, community education campaigns, and legislative changes meant to promote inclusive maternal health practices. Addressing a critical maternal health gap has direct implications for meeting global development goals, including Sustainable Development Goal (SDG) 3, which aims to ensure healthy lives and promote well-being for all ages, and SDG 5, which promotes gender equality and the empowerment of women and girls (Dowling et al., 2021).

Antenatal care, which is intended to monitor and enhance the health of expectant mothers and their unborn children, is an essential part of maternal and child healthcare services (Haruna, Dandeebo& Galaa, 2019). Through prompt identification and treatment of pregnancy-related issues, health education, and birth readiness, ANC services are acknowledged globally for their contribution to lowering maternal and newborn morbidity and mortality (Arunda, Emmelin & Asamoah, 2017). Although women have historically been the focus of these services, new public health frameworks have emphasised the importance of including male partners in ANC procedures because of their capacity to affect household decision-making, resource allocation, and health-seeking behaviours (Onah & Horton, 2018).

Male participation in ANC is becoming more widely recognised on a global scale as a means of improving maternal health outcomes. To achieve equitable and sustainable health development, male participation in reproductive health was promoted at the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Beijing Declaration and Platform for Action (McIntosh & Finkle, 1995). Patriarchal sociocultural norms, however, still frame reproductive health as a feminine domain in many LMICs, including Ghana, unintentionally excluding men from pregnancy-related healthcare services (Obadina, 2023; Poku, 2021).

Initiatives supporting facility-based deliveries and the Free Maternal Healthcare Policy, which was implemented in 2008, are two examples of the policy changes made to Ghana's health system to enhance maternal health (Agbanyo, 2020). According to Anarwat, Salifu and Akuriba (2021), maternal mortality rates are still high, though, according to the Ghana Maternal Health Survey, there are 310 deaths for every 100,000 live births. Sumankuuro and colleagues (2019) opined that delivery of maternal healthcare is made more difficult in the Eastern Region, where the Denkyembour District is situated, by issues with late ANC initiation, inadequate partner support, and low male participation.

This study addressed the ongoing disparity in male participation in ANC services in rural Ghana while placing itself within the larger national and international agenda to improve maternal health outcomes. It supported Sustainable Development Goal (SDG) 5, which calls for the eradication of gender disparities in the use of health services, and SDG 3, which calls for a reduction in the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 (von Dadelszen & Magee, 2017). Deliberate tactics to involve male partners as supportive actors in maternal healthcare are necessary to meet these objectives.

According to the Denkyembour District Health Directorate's 2024 report, maternal health indicators in the Denkyembour District showed alarming patterns. Only 18% of pregnant women who attended ANC services were accompanied by their male partners at least once during their pregnancy. This number represents deeper socio-cultural and structural issues and is significantly below the national goal. This low involvement is caused by several factors, including inflexible gender norms, misunderstandings about ANC services, obstacles at work, and unwelcoming environments in medical facilities (Audet et al., 2016). There have been reports of low male involvement in prenatal care services in Ghana's Eastern Region's Denkyembour District. Just 15% of men in the district go with their partners to prenatal care visits, per a recent study (Boniphace, 2021).

Considering how important men are to their partners during pregnancy and childbirth, this phenomenon is alarming. Low male participation in prenatal care services has serious repercussions, such as decreased use of trained birth attendants and elevated maternal mortality (Mersha, 2018). Assuring healthy lives and promoting well-being for all at all ages is the third Sustainable Development Goal, and

efforts to accomplish this goal may be hampered by the lack of male participation in prenatal care services.

This disparity has broad ramifications. According to Kakaire, Kaye and Osinde (2011), a lack of male participation in ANC leads to poor birth preparedness, delayed decision-making during obstetric emergencies, and insufficient financial and emotional support for expectant mothers. Additionally, ANC sessions that do not include male partners limit opportunities for HIV testing, health education, and shared decision-making regarding the care of mothers and newborns. The district runs the risk of maintaining high rates of maternal and neonatal morbidity and mortality if these issues are not resolved, which would jeopardise national and international health goals.

Therefore, the purpose of this study was to critically examine the causes, consequences, and extent of low male involvement in ANC services in the Denkyembour District. The study intended to close an evidence gap and provide suggestions for culturally aware and community-responsive interventions by using a qualitative methodology based on contextual realities. The body of existing research emphasised how important male participation is in maternal healthcare. According to Aguiar and Jennings (2015), male involvement enhanced ANC attendance, facility-based deliveries, and postnatal care uptake. However, men are frequently excluded from ANC processes in Ghana due to ingrained gender norms and male-dominated decision-making structures. Similar trends were found in studies carried out in other sub-Saharan African nations, where men believed that ANC services were solely the responsibility of women or unrelated to their gender identity (Makau, 2023).

The Social Ecological Model by Bronfenbrenner in 1979 provided a helpful theoretical framework for comprehending how institutional, interpersonal, community, and individual factors interact to affect male participation in ANC services. This framework acknowledged that multi-level influences shape health behaviours, making comprehensive, multi-sectoral strategies necessary to promote male involvement in maternal health (Cornelius et al., 2018).

Notwithstanding these revelations, there are still gaps in the literature, especially when it comes to context-specific analyses of male participation in ANC in Ghana's rural areas. Rural areas like Denkyembour are understudied because the majority of research has concentrated on urban environments or aggregated regional data. By offering a thorough, context-specific analysis of male involvement in ANC services in the district, this study aims to close this knowledge gap and advance a more sophisticated understanding of the systemic and sociocultural factors at work.

The goal of this study is to add to the body of knowledge already available on men's participation in prenatal care services. The study's theoretical foundation will be the social support theory, which holds that encouraging health-promoting behaviours requires social support from significant others, including male partners (Wu & Sheng, 2019). The study's practical conclusions will guide plans to increase male participation in prenatal care services, such as creating more male-friendly services and launching awareness-raising initiatives to encourage male participation in prenatal care.

Problem Statement

Due to their effects on national productivity and the development of human capital, maternal and child health outcomes continue to be important public health priorities on a global scale (Black et al., 2022). Antenatal care services are an essential part of maternal healthcare. They are intended to monitor the course of pregnancy, encourage preventive health interventions, handle any complications, and improve the health of both the mother and the newborn (Nigenda&Serván-Mori, 2024). Even though there has

been significant progress in encouraging women to attend ANC services, male participation in these programs is still remarkably low, especially in Sub-Saharan Africa (SSA), even though there is mounting evidence that they have a positive impact on maternal health-seeking behavior, early problem detection, and birth readiness (World Health Organization, 2022).

The overall issue is that men continue to participate in maternal healthcare procedures at a low rate, which compromises the comprehensive strategy required to address maternal and newborn mortality and morbidity in environments with limited resources. According to Mersha (2018), societies around the world frequently portray pregnancy and childbirth as primarily the responsibility of women, thereby excluding men from important maternal health programs. The support of male partners has a significant impact on women's use of ANC services and compliance with medical advice, so this exclusion has social, cultural, and health ramifications (Daniele, 2021). Low levels of male involvement hurt communities, health systems, and families by increasing pregnancy-related complications, delaying health-seeking behaviours, and reducing family readiness for obstetric emergencies (Arewa, 2019).

In Ghana specifically, this phenomenon continues even though national health policy frameworks support male participation in reproductive health services, particularly in the Denkyembour District of the Eastern Region (Ansah, 2023). In particular, the lack of male participation in prenatal care services in Denkyembour District leads to poor maternal health outcomes, higher risks of avoidable pregnancy complications, and insufficient family support networks during pregnancy, childbirth, and postpartum care. National initiatives to encourage male involvement have encountered logistical challenges, cultural opposition, and uneven district-level policy implementation (Domah, 2018).

Even though studies have shown the advantages of male participation in ANC, there are still a lot of unanswered questions about the sociocultural, contextual, and health system elements that affect male participation in rural Ghanaian districts like Denkyembour. Rural areas have been underrepresented in empirical discourse due to the majority of previous studies' attention being on urban and peri-urban centres (Rajendran et al., 2024). Furthermore, in-depth qualitative understanding of men's lived experiences, perceptions, and structural obstacles influencing their involvement in prenatal services is frequently lacking in current research. Economic and cultural barriers to male involvement in Ghana's urban centres, for example, were identified by Sahana et al. (2023). However, little is known about how these and other factors appear in rural districts with different socio-cultural landscapes.

The methodological limitations of previous studies further restrict the comprehensive understanding necessary for formulating effective, culturally sensitive interventions (Dickerson et al., 2020). In addition, there are clear contradictions in research findings, with some studies reporting mild improvements in male involvement after community-based interventions (Oliffe et al., 2020), while others highlight persistent resistance and negligible change (Evans & Britt, 2023).

Furthermore, there is still little correlation between academic research and professional practices in district health directorates. Policy frameworks support male-friendly ANC services (Siahaan, Herman & Fitri, 2022), but implementation procedures are either poorly monitored or applied inconsistently, particularly in rural clinics and community health planning services (CHPS) compounds. This study aims to close the actionable gap that exists between evidence-based recommendations and practical practices.

In light of these gaps, the planned study is both necessary and timely, as it intends to investigate through a qualitative lens the barriers, perceptions, and lived experiences influencing low male involvement in ANC services in Denkyembour District. The study will help close current knowledge gaps and guide

context-appropriate health policy interventions by focusing on underrepresented populations and using a methodological approach that can capture complex social realities. Inaction on this issue could prolong avoidable risks to maternal and newborn health, put a burden on health systems, and hinder national and international efforts to meet Sustainable Development Goal 3.1, which aims to lower maternal mortality worldwide (Mehta et al., 2021).

In conclusion, there are negative social, health, and policy ramifications associated with the continued low male participation in prenatal care services, especially in rural Ghanaian areas like Denkyembour District. Improving maternal and newborn health outcomes, fortifying family support networks, and attaining fair access to high-quality healthcare services all depend on resolving this issue. In Ghana and similar contexts, there is an urgent need for localised empirical data to support gender-inclusive, culturally sensitive maternal health interventions. This study fills that gap.

Aim of the Study

The purpose of this study was to examine the socio-cultural and economic barriers that prevent men from participating in maternal health programs and to critically examine the factors that contribute to low male involvement in antenatal care services in the Denkyembour District in the Eastern Region of Ghana. The study aimed to improve maternal and neonatal health outcomes in the district and comparable settings by analysing these dynamics and producing evidence-based recommendations to guide policy interventions and community-based strategies aimed at increasing male engagement in ANC services.

Research Objectives

1. To explore the perceptions and attitudes of male partners towards antenatal care services in the Denkyembour District.
2. To investigate the socio-cultural and economic factors influencing male involvement in antenatal care services within the Denkyembour District.
3. To examine the experiences of pregnant women regarding their partners' involvement in antenatal care services in the Denkyembour District.
4. To assess health care providers' views on the challenges and opportunities for promoting male involvement in antenatal care services in the Denkyembour District.
5. To identify community-based strategies and culturally sensitive interventions that could enhance male involvement in antenatal care services in the Denkyembour District.

Significance of the Study

Many rural Ghanaian communities continue to ignore the problem of low male involvement in antenatal care (ANC) services, even though it has significant effects on maternal and child health outcomes. This research is extremely important because it aimed to shed light on the sociocultural, economic, and health system-related elements that affect men's involvement in ANC services and to suggest workable, situation-specific solutions to remove these obstacles. With empirical data on male involvement patterns in antenatal care services in a district with little scholarly documentation, this study will significantly add to the body of knowledge already available on maternal health care. Previous research conducted in Ghana and other sub-Saharan African nations has demonstrated a correlation between male involvement in ANC and better maternal health outcomes, higher utilisation of skilled delivery services, and

improved adherence to postnatal care. However, district-specific subtleties are often overlooked in favour of broad national or regional scopes in these studies. This research will fill this knowledge gap by critically examining the Denkyembour District's context, providing localised insights that can guide policymaking and scholarly discussions.

Policymakers, health administrators, and public health advocates should use the study's findings as a guide when creating evidence-based, culturally aware policies and initiatives to increase male participation in prenatal care services. A major obstacle to accomplishing the Sustainable Development Goals (SDGs) about maternal health, especially SDG 3.1, which aims to lower maternal mortality, is low male involvement. This study will help develop inclusive maternal health strategies that involve men as active participants rather than supporting roles, which will help lower the district's and the region's rates of maternal and newborn morbidity and mortality by identifying the factors that encourage and hinder male involvement. In the community, the study's findings will help couples and families by encouraging a sense of shared accountability for maternal health, which has been demonstrated to enhance maternal well-being, ANC schedule adherence, and successful birth outcomes. The Denkyembour District's health workers and facility managers will also gain knowledge about how to make ANC services more accessible and male-friendly, which may increase client satisfaction and overall service uptake. Furthermore, training modules for community health nurses and midwives will be informed by the findings, allowing them to create successful male engagement strategies that are specific to the sociocultural context of the district. Pregnant women and their partners, medical professionals, local government representatives, and non-governmental organisations (NGOs) involved in maternal and child health are the main beneficiaries of this study. Because ANC visits have been linked to lower stress levels, better birth readiness, and better health outcomes, pregnant women will indirectly benefit from their partners' increased presence and support during these visits. To improve service delivery and community trust, healthcare providers will acquire an evidence-based framework for male involvement tactics. Concrete district-specific data will help local health administrators and policymakers make informed decisions about policy changes, advocacy efforts, and resource allocation. Finally, to improve their advocacy messages and intervention designs, NGOS working in the maternal health field will gather pertinent, context-specific evidence.

This study will also be a fundamental resource for researchers in the future who wish to investigate gender dynamics in reproductive health care. It will pinpoint topics that require more investigation, like men's participation in family planning and postnatal care, to pave the way for a series of academic studies targeted at improving maternal and child health outcomes in Ghana and comparable settings. The importance of this study, in summary, rests not only in filling a significant void in the provision of maternal health services in Denkyembour District but also in providing practical, doable suggestions that can enhance health outcomes and promote equity in maternal health care procedures. Scholars, public health professionals, legislators, and the communities they serve will all find value in its conclusions.

Delimitations

This study is delimited in terms of geographical coverage, population characteristics, variables under investigation, and methodological considerations. These self-imposed boundaries are not limitations but deliberate choices that frame the study within a manageable and contextually meaningful scope. The Denkyembour District in Ghana's Eastern Region serves as the geographic boundary for this study. This district was selected for strategic and important reasons. Male involvement in maternal healthcare

services is thought to be greatly influenced by sociocultural norms, financial limitations, and a lack of adequate health infrastructure in Denkyembour, a primarily rural area. Other districts in the Eastern Region and Ghana overall are not included in this study. To keep data collection and analysis focused and in-depth and to offer recommendations that are appropriate for the Denkyembour District, this exclusion is required. A trade-off recognised in qualitative health research is that, although this delimitation improves contextual relevance, it may restrict the findings' applicability to other areas.

The study focused on particular factors that are directly associated with men's participation in antenatal care (ANC) services. Cultural beliefs and practices, health facility factors (distance, staff attitudes, and service delivery), sociodemographic characteristics (age, education level, occupation, and marital status), knowledge and awareness of ANC, and perceived roles of men during pregnancy are among the variables that are included. These factors were chosen because there is empirical evidence that they have a major impact on men's participation in ANC services. Variables such as maternal health outcomes, child immunisation rates, and postnatal care participation that are not related to the main theme of male involvement in ANC are not included in this study. The main goal of examining the dynamics of male participation during the antenatal period would be undermined if these factors were included, despite their undeniable importance in the continuum of maternal and child health.

The target population, which consists of married or cohabiting men whose partners are pregnant or have given birth within the past year, as well as important health personnel involved in the delivery of ANC services in specific health facilities within Denkyembour District, is another crucial delineation. Excluded are single mothers, unmarried men, and medical professionals who do not provide direct ANC services. This delimitation guarantees that participants have pertinent experiences and insights that are essential to the study's focus.

Focus groups and semi-structured interviews are the main methods used to collect data for this study, which is restricted to a qualitative research design. Because of its ability to capture detailed, contextually rich information on individual beliefs, experiences, and sociocultural factors influencing male involvement, the qualitative approach was selected. Although useful for gauging prevalence and statistical correlations, quantitative approaches are not used in this study to focus on meanings, perceptions, and lived experiences, all of which are better explored through qualitative research.

These boundaries are not arbitrary; rather, they are determined by the goals of the study, the necessity of operational viability, and the specifics of the research environment. The study keeps its focus on comprehending the subtleties of male involvement in ANC services in the Denkyembour District by limiting its scope geographically, thematically, and methodologically. This delimitation strategy, which is as persuasive as it is practical, guarantees that the results are practically actionable and contextually grounded for community health advocates, district health managers, and legislators.

Definition of Terms

Antenatal Care Attendance: This describes how frequently and consistently pregnant women visit medical facilities for prenatal care; the number of visits made during the pregnancy period is usually used to gauge this.

Cultural Beliefs: Community members' socially constructed norms, values, and perceptions have an impact on how they seek health care, including how they view men's participation in maternal health services.

Decision-Making Power: The ability of people, especially male partners, to influence or decide on health-related decisions and actions regarding maternal care services for their spouses is known as decision-making power.

Gender Roles: This describes the expectations, behaviours, and socially assigned responsibilities that come with being male or female in a particular cultural setting.

Health Education: According to this study, health education is the systematic dissemination of knowledge and information to expectant mothers and their partners about pregnancy, childbirth, and newborn care to encourage them to make educated health decisions.

Health Facility Accessibility: This is how simple or complex it is for members of the community to physically, financially, and socially access health facilities that offer prenatal care services.

Health-Seeking Behaviour: The processes by which people identify their health needs and then decide to seek professional healthcare services, including prenatal care, are referred to as health-seeking behaviour.

Low Male Involvement: This refers to the minimal or nonexistent involvement of male partners in activities like going to prenatal appointments with their spouses, offering them financial and emotional support, and attending health education sessions.

Male Partner: This describes the legally wed spouse, cohabiting partner, or close male friend of a pregnant woman whose involvement in prenatal care is being evaluated in this research.

Maternal Health Services: This is the wide range of medical care that women receive throughout their pregnancies, deliveries, and postpartum periods to protect their health and well-being as well as that of their unborn children.

Perceived Benefits: These are people's opinions about the advantages of taking part in health interventions, such as the health benefits of men using prenatal care services.

Perceived Barriers: This concept encapsulates the perceived barriers or difficulties, such as cultural norms, financial limitations, and health system-related factors, that deter or prohibit male partners from engaging in prenatal care.

Postnatal Care: This is the medical attention given to expectant mothers and their babies in the first six weeks of life, which is crucial for detecting problems and fostering the health of both the mother and the child.

Pregnancy Outcomes: Pregnancy outcomes include live birth, stillbirth, complications for the mother or newborn, and maternal mortality.

Psychosocial Support: This is the moral, informational, and emotional support that men give to their expectant spouses to reduce stress and encourage mental health throughout pregnancy.

Socioeconomic Status: Male participation in prenatal care services and access to healthcare are impacted by socioeconomic status, which is the social and economic standing of individuals as generally determined by occupation, income, and education.

Traditional Birth Attendants: Due to accessibility and cultural familiarity, these community-based professionals help women during pregnancy and childbirth by applying traditional knowledge and practices, which are frequently chosen in Ghana's rural areas.

Women's Autonomy: The degree to which women can make decisions on their own about their health, how to run the home, and how to have children is known as women's autonomy, and it has an impact on the use of prenatal care in patriarchal cultures.

Organisation of the Study

Five chapters will make up the organisation of this research. The introduction is the main topic of the first chapter. It includes the background to the study, statement of the problem, purpose, research questions, significance, delimitations, limitations, and definition of terms. A review of the literature pertinent to the study is included in the second chapter. Topics such as theoretical framework, the conceptual base of the study, the concept of antenatal care services, causes, effects and strategies will be covered.

The third chapter will focus on the research methods. It will encompass the research design, study area, population, sampling procedure, data collection instruments, data collection procedures, and data processing and analysis. Chapter four will deal with the results and discussion, and the last chapter will focus on the summary, conclusions, and recommendations. Suggestions for further studies will also be covered.

CHAPTER TWO

2.0 LITERATURE REVIEW

Introduction

One known factor that influences maternal and newborn outcomes is the involvement of men in maternal healthcare (Agyemang et al., 2019). The underuse of antenatal care (ANC) services by men in Ghana is a reflection of larger systemic, sociocultural, and economic issues that hurt maternal health. Recent research shows that obstacles still exist despite international and governmental initiatives to increase male participation. This review critically analyses research that looks into low male involvement in ANC services in Ghana and other similar settings in Sub-Saharan Africa and was published within the last ten years (2014–2024).

This literature review has two goals. It begins by critically examining the obstacles that prevent men from participating in ANC in Ghana, including sociocultural norms, financial constraints, knowledge gaps, and shortcomings in the health system. It also finds opportunities for focused interventions and possible facilitators. The review's conclusions are meant to guide future investigations and develop evidence-based interventions for maternal and child health policies in Ghana and other comparable contexts.

The following sections include definitions of key terms that are essential to this study, a thematic synthesis of the literature, an explanation of how the Social Ecological Model was used to conceptualise male involvement, and a conceptual framework with a diagram that highlights socio-cultural aspects. A coordinated policy response is made possible by this review's mapping of these dimensions, which advances our understanding of the multi-level facilitators and barriers at play.

Male Participation in Antenatal Care (ANC)

The active and involved role that men can play in the different facets of maternal health during pregnancy is known as male participation in antenatal care (ANC) (Boateng et al., 2017). This involvement includes not only going to doctors' appointments with their partners but also actively participating in conversations about health options, promoting mental health, and helping make crucial decisions about prenatal care (Boateng et al., 2017; Opoku et al., 2020).

Antenatal care, also known as prenatal care, is a crucial medical service designed especially for expectant mothers. Its main goal is to protect the health and welfare of the mother and her growing fetus during the complex process of pregnancy, the amazing event of childbirth, and the life-changing

postpartum phase. ANC services prioritise providing pregnant women with essential care and support, encouraging healthy habits, and identifying and managing possible complications early (Opoku et al., 2020).

Mensah and Ofori (2021)emphasise that male involvement is more than just showing up for clinic visits; it includes a wider range of interactions that can have a big impact on the health of both the mother and the fetus. This involvement can take many forms, including sharing in the responsibilities that come with making plans for the future arrival of a child, making sure their partners feel supported and reassured, and advocating for health practices within their families and communities.

Addo (2019) opines that encouraging men to actively participate in ANC can create a partnership dynamic that improves the health of both mothers and babies during pregnancy. They play a critical role in fostering a culture of shared accountability, which eventually improves maternal health outcomes and fortifies family ties during this critical period. Male partners' active participation and support during their spouse's pregnancy, including clinic visits, financial aid, emotional support, and collaborative decision-making, is referred to as male involvement in antenatal care. Maternal healthcare, which has historically been viewed as a woman's domain, is beginning to acknowledge the critical role that men play in enhancing outcomes for both mothers and newborns. While high-income nations have implemented male-inclusive maternal health policies, many low- and middle-income nations continue to face systemic, social, and cultural barriers to male participation. In addition to encouraging good health practices within families, active male involvement improves maternal mental health, emergency preparedness, and health-seeking behaviours. In the end, it improves family ties and makes communities healthier and more resilient (Adomako, 2018).

Levels of Male Involvement

The degree and type of participation displayed by male partners during a woman's pregnancy can be used to understand male involvement in antenatal care (ANC). These levels can be broadly divided into three categories: active, passive, and non-involvement. Each of these types has a unique impact on the health outcomes of mothers and newborns. The degree of a man's involvement can affect not only the mother's and the unborn child's health, but also the quality of family ties and the success of prenatal medical treatments (Adu, Mensah & Daniels, 2020).

According to Akoto and Appiah (2019), active participation, in which male partners are involved in the pregnancy process, is the highest level. This includes going to prenatal clinics with their spouses, attending health education classes, and having in-depth conversations with medical professionals regarding the course of their pregnancy, delivery options, and postpartum care. Men who are actively involved also participate in important choices like choosing medical facilities, getting ready for childbirth, and creating emergency plans. This degree of involvement guarantees prompt decision-making in emergencies, builds emotional ties, and cultivates a sense of shared responsibility.

On the other hand, passive involvement shows a restricted and indirect kind of assistance. Although men in this group usually do not visit clinics or interact directly with healthcare professionals, they frequently contribute financially to prenatal services like transportation, prescription drugs, and medical consultations. Sometimes they may encourage others verbally, but they are rarely physically present when it comes to health issues (Agyemang, Boateng & Owusu, 2019). While passive involvement is preferable to none at all, it limits men's ability to offer comprehensive emotional and practical support by limiting their opportunities to learn firsthand about pregnancy risks and care practices.

Asare and Baidoo (2021) emphasise that the total lack of male involvement in prenatal care activities is referred to as non-involvement. In this case, men fail to provide practical, emotional, or financial support for their partner's health and well-being during pregnancy and exhibit no interest in or concern for it. They don't participate in clinic visits or help make decisions about postpartum care or childbirth. This degree of neglect can have major detrimental effects on the health of both the mother and the child, raising the risk of pregnancy-related complications and putting needless strain on expectant mothers. It frequently results from cultural beliefs, ignorance, or personal indifference (Amissah & Owusu,2018).
The different levels of male involvement in maternal healthcare are depicted by these three levels. To improve maternal and newborn health outcomes, fortify family ties, and guarantee greater readiness for childbirth and associated emergencies, it is imperative to encourage a shift toward active participation (Boadu, Mensah & Nyarko, 2020). Building healthier families and communities can be greatly aided by encouraging male partners to transition from passive or non-existent involvement to active engagement.

Barriers to Male Involvement

The research highlights several important obstacles that prevent men from participating in antenatal care (ANC). First of all, antenatal care is consistently assigned exclusively to women due to deeply ingrained sociocultural norms. These conventions effectively marginalise fathers-to-be by fostering the idea that pregnancy-related issues are solely the responsibility of expectant mothers. Their limited engagement is also a result of common misconceptions about the role men can play during pregnancy. Men are further excluded from the process because of the widespread misconception that they have no significant role to play in helping their partners through this crucial period (Boateng, Ofori & Appiah, 2022).
Boateng, Quansah, and Anyanwu (2017) assessed that this discrepancy is also significantly influenced by logistical and economic challenges. For example, men are frequently unable to accompany their partners to ANC appointments due to financial limitations or strict work schedules. Both the mother and the child may suffer from a lack of support and understanding as a result of this absence.
Furthermore, flaws in the healthcare system itself make these obstacles worse. Men may be deterred from attending ANC visits by the perception of many clinical settings as being unwelcoming. Furthermore, the way services are delivered frequently lacks a gender-sensitive approach, ignoring or failing to take into account the unique needs and worries of men during pregnancy (Opoku et al., 2020). In combination, these factors contribute to a systemic issue that discourages paternal involvement in antenatal care, ultimately affecting the health and well-being of both mothers and babies (Boateng et al., 2017).

Facilitators of Male Involvement

Effective facilitators, on the other hand, include community outreach programs that aim to question and reshape traditional gender roles as well as comprehensive health education initiatives catered to particular populations (Bempong& Asare, 2020). Furthermore, creating healthcare environments that encourage male participation requires policy interventions. Programs that specifically invite expectant fathers to attend prenatal classes or support groups, for example, can greatly increase their involvement in maternal health.
Maternal health outcomes are positively impacted in environments that foster and encourage active male involvement, according to research, especially qualitative studies. By creating a welcoming atmosphere

for men, mothers, and families frequently enjoy better health and wellbeing, which results in more positive experiences during pregnancy and childbirth (Amissah & Owusu, 2018).

Socio-Cultural Factors

According to Eze (2018), male participation in antenatal care (ANC) is significantly shaped by sociocultural factors. Men's involvement in maternal healthcare may be seen as unnecessary or even undesirable because traditional gender roles frequently dictate that women should handle the majority of caregiving duties. Furthermore, deeply held religious convictions may serve to uphold these gender norms, deterring men from participating in ANC activities because they may perceive it as going beyond what is considered appropriate for men. This dynamic is also greatly influenced by community norms and expectations, which frequently minimise the contributions that men can make to the maternal healthcare process.

In many communities, for example, men may be expected to provide only financial support rather than emotional or physical support during pregnancy. These cultural elements show the intricate web of obstacles that prevent men from participating in ANC and emphasise the pressing need for culturally sensitive intervention techniques (Dzifa & Owusu, 2019). Such tactics need to be designed to address the underlying attitudes and values that influence how men are perceived about maternal health, in addition to the pragmatic aspects of healthcare access. We can create a setting where men's contributions to maternal healthcare are acknowledged and appreciated by comprehending these complex sociocultural layers.

Cultural influences significantly shape the Denkyembour community's health behaviours. Numerous studies demonstrate how deeply ingrained gender norms and traditional belief systems portray pregnancy as a woman-only experience, thereby discouraging men from actively participating in related issues (Owusu-Ansah & Okyere). In addition to marginalising men, this viewpoint creates a climate in which social stigma thrives; men who accompany their partners to antenatal care (ANC) services are frequently perceived as being overly reliant or as not living up to traditional ideas of masculinity.

Socioeconomic factors also show up as important obstacles influencing these dynamics. Men's economic pressures frequently force them to prioritise work and income-generating pursuits, which limits their ability to attend essential ANC visits. According to a qualitative study by Ofori et al. (2021), many men in the Denkyembour District struggle to strike a balance between their work commitments and their families' medical needs. The absence of supportive workplace policies that would enable or promote paternal involvement in health-related matters exacerbates this problem.

Men are further alienated from the healthcare process by a disconnect in health messaging. The majority of the region's current health programs are created with women in mind, inadvertently ignoring efforts that might encourage both parents to participate together. To close this gap and encourage greater participation in prenatal care and family health dynamics generally, experts like Adjei and Dzahene-Quarshie (2020) highlight the urgent need for creative communication strategies and propose that focused health education campaigns for men are crucial.

Determinants of Male Involvement

The degree of male involvement in antenatal care (ANC) is significantly shaped by sociodemographic factors. Men's attitudes, beliefs, and ability to participate in maternal healthcare are directly influenced by several factors, including age, education, occupation, religion, and marital status (Chukwu, 2021).

Younger men might be less involved because they have less life experience, but older or more experienced partners might understand the value of helping their pregnant spouses. Higher levels of education are particularly important because they are linked to a greater understanding of the risks to one's health during pregnancy, the advantages of receiving professional care, and the significance of both financial and emotional support (Bempong & Asare, 2020).

Fiifi, Appiah, and Mensah (2021) highlighted that men with flexible work schedules or higher incomes are frequently better able to accompany their partners to clinic visits and pay for medical care, so occupation also has an impact on involvement. Additionally, participation may be aided or hindered by marital status and religious beliefs. For instance, conventional norms may discourage men from entering what is considered a woman's space, while other religious teachings actively promote family unity and shared responsibility.

A man's degree of involvement is greatly influenced by his understanding and opinions of prenatal care services. Men are more likely to accompany their partners to clinic appointments, have conversations with healthcare providers, and take part in decision-making when they are aware of the goals and significance of ANC (Getachew, 2021). On the other hand, ignorance and misunderstandings, such as the idea that a woman is the only one responsible for taking care of her unborn child, frequently result in indifference or lack of involvement. Men are less likely to participate in ANC services if they believe that these services are inhospitable or unwelcoming to their male partners. Attitudes toward healthcare providers and institutions are also important. Public health education campaigns, community sensitisation programs, and couple-focused counselling can play vital roles in reshaping these attitudes and increasing men’s understanding of their critical role in maternal and newborn health (Ibrahim, Bello & Umar, 2021).

Another factor influencing men's participation in ANC services is the state of their marriages or partnerships. Men are more likely to actively support their pregnant partners in relationships that are marked by open communication, mutual respect, and trust. A supportive atmosphere that promotes collaborative decision-making and shared responsibilities is created by candid conversations about pregnancy-related needs, delivery plans, and possible risks (Kusi, 2022). On the other hand, male involvement may be hindered by relationships characterised by poor communication, emotional distance, or dominance by one partner. Men may stop participating in reproductive health decisions if they feel excluded or undervalued. Communication, understanding, and male involvement in maternal healthcare can all be improved by fostering healthy relationships through community-based programs and couple counselling (Mensah & Boateng, 2021).

Sharma and Gupta (2019) were of the view that male participation is significantly impacted by the availability and accessibility of maternal healthcare services, such as prenatal care. Women and their partners face obstacles when health facilities are located far away, have inadequate staff, or are open at odd hours. Men's participation is also discouraged by health centres that lack male-friendly areas or have policies that specifically bar men from consultations. Men are also discouraged from accompanying their spouses to ANC clinics due to transportation issues, lengthy wait times, and insufficient privacy (Owusu, Ababio & Tawiah, 2021). Male attendance and engagement can be increased by making maternal health services accessible, well-resourced, easily accessible, and inclusive of women and their partners. To promote greater male participation, some health systems have successfully implemented male-inclusive policies, such as providing joint counselling sessions or giving priority to couples attending ANC together (Mensah, Ampofo & Kumi, 2020).

Although not specifically addressed in the original list, it is crucial to acknowledge that community expectations and wider cultural norms have a significant impact on how men participate in prenatal care. Maternal health is primarily a woman's concern in many societies due to traditional gender roles, and male involvement may be seen as superfluous or even improper (Quarshie, van Dongen & Nkansah, 2021). Men who don't follow these rules may be made fun of by society or accused of being manipulated by their wives. Peer groups, religious leaders, and community leaders all have a big impact on how men behave and think. Thus, including these parties in advocacy and sensitisation campaigns can aid in dispelling negative stereotypes, normalising male participation, and creating a climate that is conducive to shared responsibility for reproductive health. Addressing these cultural determinants complements individual-level interventions and strengthens overall efforts to enhance male participation in ANC services (Owusu, Ababio & Tawiah, 2021).

Consequences of Low Male Involvement in Antenatal Care

The health outcomes of mothers and newborns are significantly impacted by low male involvement in antenatal care. Expectant mothers frequently have limited access to necessary healthcare services when male partners are not involved in the pregnancy care process (Okyere,2022). Lack of male involvement has been linked in studies to higher rates of neonatal mortality and morbidity as well as increased risks of maternal complications like anaemia, preeclampsia, prolonged labour, and postpartum haemorrhage. Many women might not be able to afford necessary services or seek timely medical attention without the active support of their partners, endangering their health as well as the health of their unborn child (Opoku, Asante & Agyapong, 2020).

Poor birth readiness and delayed care-seeking behaviour are two serious effects of low male involvement. Men typically make the majority of the decisions about healthcare spending and when and where to seek medical attention in many households, especially in patriarchal societies (Ofori, Agyei & Mensah, 2021). Important decisions during emergencies may be postponed if men are unaware, uninterested, or not actively participating in ANC services. This may result in lost chances to identify pregnancy-related issues early on and insufficient preparation for the logistics of delivery, including selecting a medical facility, setting up transportation, or raising emergency money. Particularly in low- and middle-income nations, these delays are a known cause of maternal complications and deaths (Mwangi & Mutua, 2020).

The adoption of preventive health interventions, which are crucial during pregnancy, is also impacted by low male participation. In addition to vaccinations and health education on family planning, breastfeeding, and nutrition, ANC services frequently involve screenings for diseases like hepatitis B, syphilis, HIV, and other infections (Mensah, Ampofo & Kumi, 2020). Pregnant women might not receive the encouragement or support they need to finish these interventions in environments where men are not actively involved. Studies have shown, for example, that women who are with their male partners are more likely to get tested for HIV and follow through on recommended preventive treatments, which can greatly lower the risk of mother-to-child transmission and enhance maternal health outcomes in general (Mwangi & Njoroge, 2020).

The psychological and emotional toll that low male involvement takes on expectant mothers is another grave consequence. Feelings of loneliness, anxiety, and stress can result from a partner's lack of emotional support during pregnancy, which is a vulnerable and emotionally taxing time (McLeroy, Bibeau, Steckler & Glanz, 1988). Pregnancy-related emotional neglect has been associated with

antenatal depression, low self-esteem, and heightened anxiety about childbirth, all of which can have a detrimental impact on the health of the mother and the outcome of the birth. Furthermore, a lack of open communication and shared responsibility within the home may exacerbate relationship problems and lower the emotional climate of the family as a whole (Mensah & Ofori, 2021).

There are significant health, psychological, and social repercussions when men participate in prenatal care at low levels. It puts mothers' and babies' health at risk, postpones important medical decisions, lowers the use of life-saving preventive care, and leaves expectant mothers without emotional support (Boadu, Mensah & Nyarko, 2020). Targeted public health initiatives, community education, and legislative changes that support male-inclusive maternal health initiatives are necessary to address these issues. In addition to improving health outcomes, encouraging men to actively engage in ANC services builds resilient communities and stronger, more supportive family bonds.

The Impact on Maternal Health Outcomes

Studies reveal that maternal health outcomes are significantly impacted by the degree of male participation in antenatal care (ANC). According to a study by Baiden et al. (2022), couples who have a male partner who actively engages in ANC are much more likely to heed medical advice, show up for the required number of appointments, and recognise possible health problems early on. On the other hand, a concerning increase in missed doctor's appointments, a delay in seeking necessary medical attention, and a general decline in maternal health outcomes have all been linked to male disengagement. These findings are further supported by statistics from the Denkyembour District (Asare & Baidoo, 2021), which indicate that women with minimally involved partners have a significantly higher maternal mortality rate and a higher frequency of complications during childbirth. The information presented here shows how the lack of male support can have serious negative effects on one's health (Boadu, Mensah & Nyarko, 2020). Anecdotal evidence from medical professionals working in the district also supports this claim, emphasising that active male involvement not only promotes better communication between partners but also makes shared decision-making easier and offers emotional support during the pregnancy. Better health outcomes for moms and their babies depend on these kinds of relationships (Bempong & Asare, 2020).

Statistical Data and Empirical Evidence from Denkyembour District

Male participation in Antenatal Care (ANC) services is alarming, ranging from 12% to 27%, according to recent empirical studies conducted in the Denkyembour District (Mensah et al., 2020; Asare & Baidoo, 2021). These results provide a clear picture of a gender gap that still exists, with women bearing the majority of the burden of using ANC services. For instance, only 23% of respondents to a comprehensive study by Mensah et al. (2020) that polled 500 households said that their male partners had ever accompanied them to an ANC appointment. Relationships between couples and long-standing cultural views that view pregnancy as a woman's exclusive responsibility. Inadequate health education, poor communication between couples, and long-standing cultural beliefs that view pregnancy as a responsibility that belongs exclusively to women are some of the factors that contribute to this startlingly low statistic (Asare & Baidoo, 2021).

Health facility data gathered from three major Denkyembour health centres between 2019 and 2022 shows a slight 15% increase in total ANC enrollment over these five years, which lends additional credence to this analysis. But at just 18%, the proportion of men who accompany their partners to these

important visits has remained frustratingly unchanged (Boateng et al., 2022). Furthermore, the district's geographic differences show that urban areas have somewhat more progressive views on male involvement than do rural areas, where traditional cultural norms significantly impede male participation in ANC services. These deeply ingrained attitudes and behaviours underscore the urgent need for focused interventions to improve maternal health outcomes in the area, increase male engagement, and promote improved partner communication (Mensah et al., 2020).

Thematic Analysis

Economic and Logistical Barriers

Many quantitative studies have consistently found several important factors that significantly contribute to low male involvement in antenatal care (ANC) appointments. The main predictors of low male involvement in ANC appointments are income levels, occupational demands, and transportation challenges (Adu et al., 2020; Mensah & Ofori, 2021). According to these studies, men usually struggle with a variety of conflicting obligations, including rigorous work schedules, financial strains, and insufficient vehicle options, which eventually make it difficult for them to assist their partners during ANC visits.

For instance, a study by Adu et al. (2020) found a startling statistic: men in lower income groups were 2.5 times less likely than men in higher income groups to accompany their pregnant partners to these crucial medical appointments. This stark disparity underscores the urgent need to address the barriers that limit male participation, which can have significant implications for maternal and child health outcomes.

Socio-Cultural Norms and Gender Roles

The influence of deeply ingrained traditional gender roles on antenatal care (ANC) participation is strongly highlighted by both qualitative and quantitative research. It is clear from thorough in-depth interviews that ANC is heavily framed by societal and cultural norms as primarily a female responsibility, which severely discourages male involvement. According to several studies, such as those by Boateng et al. (2017) and Opoku et al. (2020), there is a widespread perception in different communities that men who participate in ANC activities are compromising their masculinity. Male participation is significantly hampered by this belief.

Furthermore, this story goes on to imply that engaging in activities related to what society considers a "women's domain" directly contradicts ingrained ideas of male power and strength. The reluctance of men to participate in ANC reflects a broader cultural framework that values traditional masculinity, leading to a reinforcement of gender roles that can ultimately hinder the progress of more equitable health practices within families and communities.

Health System Factors

Research shows that many Ghanaian public health facilities layout and ambiance do not adequately meet the needs of male patients. Studies have revealed that many clinics are not set up to provide a friendly atmosphere for men; couples frequently lack spaces that are specifically for them, which makes it difficult for them to seek medical attention together. Furthermore, it is often the case that health professionals are not adequately trained to interact with male partners during consultations (Amissah & Owusu, 2018).

Ghana is not alone in this situation; comparable research conducted in other sub-Saharan African nations has found that institutional policies and the physical constraints of antenatal care (ANC) clinics are

important deterrents for male participation in reproductive health services. These challenges not only impede access to care for men but also negatively impact overall family health and participation in essential healthcare practices.

Knowledge and Awareness

Several studies highlight the fact that a major obstacle to men participating in antenatal care (ANC) is a widespread ignorance of its significance. There is a concerning relationship between knowledge deficiencies and engagement, as quantitative surveys show that people with lower awareness levels typically engage in ANC services less frequently. Additionally, qualitative research shows that the public has a startlingly high prevalence of ANC service misconceptions, which contributes to their continued disengagement from these important health programs (Ofori, 2019; Agyemang et al., 2019).

Furthermore, by filling in these knowledge gaps, focused educational interventions have proven successful in increasing male participation. According to the data, extensive awareness campaigns may play a key role in changing attitudes and boosting ANC participation. By fostering a better understanding of the role and benefits of male engagement, these initiatives have the potential to significantly improve outcomes for both mothers and infants in the antenatal period.

Impact on Maternal Outcomes

Male involvement significantly improves maternal and neonatal health outcomes, according to numerous studies. Women who actively involve their partners during antenatal care (ANC) experiences, for example, report significant improvements in their overall satisfaction with the care they receive, according to research. Better adherence to medical advice is frequently associated with this increased satisfaction, and this can result in healthier choices and behaviours throughout pregnancy.

Additionally, these women's psychological well-being is enhanced as they manage the challenges of pregnancy thanks to the emotional support of their involved partners (Mensah & Ofori, 2021; Amissah & Owusu, 2018). These convincing results highlight how important it is to include male involvement in routine maternal health programs, as it may be essential to promoting better outcomes for moms and their babies.

Integration of Quantitative and Qualitative Findings

Our knowledge of the obstacles and enablers affecting male participation in antenatal care (ANC) is greatly improved by a mixed-methods approach. This approach explores the fundamental causes of the barriers in addition to identifying the particular ones, like stigma and social conventions. Men's participation in ANC services, for example, may be noticeably low, according to quantitative data; however, qualitative information from focus groups and interviews can highlight the cultural resistance based on traditional gender roles and expectations. A more thorough and nuanced analysis is produced by combining quantitative and qualitative data, which is essential for creating successful policy interventions meant to boost male engagement.

Although many studies have documented the obstacles to male participation in ANC, critical reflections on the body of existing literature show that there are still many important gaps, especially about the efficacy of customised interventions. It is still unclear how these interventions can be tailored to meet the particular difficulties encountered in various sociocultural contexts. This disparity emphasises how urgently more studies using the Social Ecological Model as a theoretical framework are needed. We can more accurately gauge the impact of interventions if we examine them at various societal levels, ranging from individual attitudes to institutional policies and community norms. Bronfenbrenner's (1979) seminal work and more recent adaptations in modern studies, like those by Opoku et al. (2020), which

highlight the need for a multifaceted approach in fostering male involvement in ANC, lend support to this approach.

Cultural Factors Affecting Male Involvement in Antenatal Care Services

Traditional Beliefs and Practices

The roles that men and women are given in health-related decision-making, especially about antenatal care (ANC), are greatly influenced by traditional beliefs in many communities throughout Ghana (Boadu et al., 2020). In the Denkyembour District, women are primarily responsible for prenatal care due to deeply ingrained cultural norms. Due to the societal perception that prenatal healthcare is a "feminine" issue, men are essentially excluded from taking part in these important health decisions (Dzifa & Owusu, 2019). Men are therefore frequently under pressure from their community to abstain from involvement, which restricts their engagement and feeds a cycle of traditional gender roles that downplay the significance of male assistance in pregnancy-related medical care.

Furthermore, this problem is made worse by cultural narratives that exclusively depict pregnancy and prenatal care as feminine pursuits. Because they influence how the general public and individuals view male participation in ANC, these narratives have been recognised as important obstacles (Ofori, 2022). Men are deterred from actively participating in antenatal care when they believe it is unrelated to their roles, according to research done in Ghana's rural areas. The potential advantages of supportive male involvement are hampered by this lack of involvement, which ultimately affects the general health of mothers and their babies during a crucial time for medical attention.

Gender Norms and Roles

Traditional gender norms have long enforced a strict division of labour between men and women in Ghana and many other parts of Africa. These dominant masculinity models frequently deter men from providing care, such as attending prenatal care sessions, which are an essential part of maternal health (Adomako, 2018). These ingrained gender norms severely restrict the possibility of male involvement in maternal health, perpetuating the notion that financial support alone is sufficient from men, according to research by Mensah and Boateng (2021).

However, qualitative research suggests that fathers' lack of active and emotional involvement during their partners' pregnancies may result in less-than-ideal outcomes for both mothers and babies. According to the study, this emotional vacuum and little participation in prenatal care could be harmful to the health of both the mother and the unborn child.

According to the literature, two main factors support these gender norms: a lack of health communication campaigns targeted specifically at men and long-standing community customs. The disconnection of men from the vital continuum of maternal healthcare is made worse by the cultural reinforcement of gender-specific behaviours that are spread through a variety of media channels and deeply ingrained local customs (Akuamoah, 2020). This highlights the urgent need to question and change these antiquated gender roles and resulting in the loss of a substantial opportunity to improve maternal and child health.

Religious and Societal Influences

The interaction of social norms and religious teachings has a big impact on men's involvement in prenatal care. Religious leaders have significant influence over community norms and practices in Ghana's Denkyembour District (Owusu et al., 2021). According to research, some religious beliefs may

deter men from participating in prenatal care activities because they are perceived as infringing on traditional female roles related to reproductive health (Kusi, 2022).

Furthermore, programs intended to promote male participation in reproductive health are further hampered by cultural norms that support a patriarchal family structure. According to research by Akoto and Appiah (2019), for example, efforts to increase male participation must go beyond health education in settings where religious beliefs and societal values are closely linked. They also need to address more general social and cultural paradigms that support these conventional viewpoints. Including religious leaders in intervention programs has been suggested as an effective way to encourage male involvement in prenatal care. By doing this, health messages can be reconciled with religious convictions, which may lessen community opposition. In addition to giving health initiatives legitimacy, interacting with faith leaders creates a positive atmosphere that may inspire men to take an active role in prenatal care procedures.

Comparative Analysis with Other African Countries

The widespread problem of low male involvement in antenatal care (ANC) services can be better understood by comparing this study to studies conducted in other developing countries. Although this problem is widespread, research from nations like Nigeria, Kenya, and India shows that the underlying causes frequently differ greatly, impacted by different sociocultural and economic contexts.

For example, studies show that males in Nigeria participate in ANC services at a comparatively higher rate than in other regions. National policies that promote paternal involvement through community outreach programs and focused initiatives to inform men of their roles and responsibilities in maternal health are responsible for this increased involvement (Ibrahim et al., 2021). These initiatives have played a significant role in changing attitudes regarding male involvement and creating a more encouraging atmosphere for expectant mothers.

In contrast, long-standing traditional gender norms in rural Kenya pose significant obstacles to male participation, leading to maternal health issues akin to those in Ghana's Denkyembour District (Mwangi & Njoroge, 2020). Men are frequently deterred from actively participating in ANC by the patriarchal attitudes that still exist in these communities, which feed a vicious cycle of maternal health neglect. Additionally, research in India shows that although urban areas have seen a rise in male involvement as a result of more educational opportunities and awareness campaigns, rural areas still struggle with ingrained cultural beliefs that prevent male participation and access to healthcare (Sharma & Gupta, 2019).

Although low male involvement in ANC is a common problem in many developing countries, these comparative insights highlight that context-specific interventions are crucial to the successful implementation of effective strategies. A multifaceted strategy centred on education, financial incentives, and robust community engagement is often employed by nations that have effectively incorporated male participation in maternal health programs.

One study, for example, in Nigeria discovered that creative male-inclusive programs significantly decreased maternal mortality rates, which were directly linked to community education campaigns and the creation of father support networks (Ibrahim et al., 2021). Programs that address broader socioeconomic factors that impact men's participation in maternal health, as well as educating them about their crucial roles in the process, have also shown promising results in Kenya.

Male participation in ANC is significantly influenced by cultural and socioeconomic factors. The application of best practices that are customised to Denkyembour's unique cultural environment is

recommended by the synthesis of global research. Although successful tactics used by other developing nations can provide a basic framework, they must be carefully modified through the involvement of local stakeholders and close observation to guarantee their long-term viability.

Additional comparisons can be made with Nigeria, where concerns about low male involvement in maternal health are still present (Eze, 2018; Chukwu, 2021). Research shows that gendered expectations and dominant patriarchal norms significantly restrict male participation in ANC. Research from Ghana and Nigeria suggests creating culturally aware interventions that effectively encourage male participation by utilising the power of religious and community leaders.

In Kenya, community sensitisation campaigns and the incorporation of male reproductive health education into regional programs are two of the many measures meant to boost male participation in ANC. According to a study by Mwangi and Mutua (2020), male attendance at ANC clinics increased somewhat when common cultural misconceptions about masculinity were addressed. Furthermore, studies conducted in Ethiopia indicate that focused educational initiatives aimed at changing prevailing gender stereotypes can greatly increase male involvement in maternal health services (Getachew, 2021). These results highlight how crucial it is to create culturally appropriate strategies that honour and take into account regional customs and gender dynamics to successfully implement them.

Finally, this comparative study shows that although there are certainly contextual variations, the general cultural obstacles to male participation in ANC are remarkably the same in all African contexts. Therefore, in addition to the universal cultural factors at work, efforts to increase male participation in ANC must also take into account localised practices that uphold traditional gender roles.

Theoretical Framework

A comprehensive framework for examining the issues surrounding low male participation in antenatal care (ANC) services is offered by the Social Ecological Model (SEM). According to this model, individual behaviours are greatly influenced by a range of interconnected environments, from the personal to the policy levels (McLeroy et al., 1988). When used in the context of ANC, SEM clarifies the intricate social, cultural, and structural elements that lead to men's participation.

At the individual level, a man's willingness to participate is directly influenced by his personal beliefs and level of knowledge about ANC. For instance, a man's active involvement may be greatly influenced by his understanding of health information and how he views his role in helping his partner during pregnancy. According to research by Agyemang et al. (2019), men are more likely to accompany their partners to these crucial medical visits if they are more health literate and aware of the advantages of ANC.

At the interpersonal level, the dynamics and relationships between partners are crucial, as are the effects of extended family. According to Mensah and Ofori (2021), there is evidence that emotional support and open communication between spouses are important elements that can increase male participation in ANC. For example, men are more likely to be committed to actively participating in ANC services when couples share responsibilities and have an open discussion about the pregnancy.

Local customs and dominant cultural norms have a significant impact on male involvement at the community level. Traditional customs and deeply ingrained gender stereotypes in many Ghanaian communities frequently define rigid roles for men that prevent them from participating in prenatal activities. Religious doctrines and long-standing traditions often serve to reinforce these community views, which may restrict the social acceptance of men participating in ANC with their partners.

Healthcare providers' attitudes regarding male involvement and the organisation of healthcare services are addressed at the institutional level. Men are deterred from accompanying their partners during ANC visits by health facilities that do not prioritise or provide services that are male-friendly. The absence of resources and outreach specifically designed for men can result in a sharp drop in their involvement, claim Amissah and Owusu (2018).

Finally, the policy level looks at how government priorities, resource allocation, and national health policies affect men's participation in ANC. Existing barriers to male participation in these essential healthcare services are frequently maintained by policies that ignore gender sensitivity and fail to encourage inclusive practices. Removing systemic barriers requires improving gender inclusivity in health policies. A range of multi-level factors are at work, influencing health behaviours, when the SEM framework is used to investigate male participation in ANC. To encourage greater male involvement in prenatal care, it is crucial to design interventions that aim to improve institutional practices, change community norms, and reformulate policy frameworks in addition to focusing on individuals.

Conceptual Base of the Study

The Social Ecological Model serves as the foundation for this literature review, which emphasises the important influence of sociocultural factors on male participation in antenatal care (Ajayi, Panjwani, Wilson & Garney,2021). The framework illustrates the intricate relationship between socio-cultural barriers and other crucial factors, such as institutional support, economic conditions, and policy implications, by incorporating different levels of influence.

In particular, it explores how social expectations and cultural norms can discourage men from actively engaging in ANC processes because they frequently perceive it as a field reserved for women. It also looks at how financial limitations, like insufficient funds or insufficient time off, can exacerbate these cultural issues and restrict access to ANC services. Institutions, both community-based and healthcare-related, are also examined for their impact because their encouragement, or lack thereof, can help or hurt male involvement. In conclusion, the review discusses how public policy shapes gender dynamics and healthcare access, showing how legislative frameworks can either support inclusive practices or uphold traditional gender roles that prevent men from accessing these vital health services.

This framework highlights the intricate connection between systemic influences on health behaviours and sociocultural dynamics. Fundamentally, it claims that men's participation in health programs cannot be seen in a vacuum, separate from the larger social context that influences these behaviours. For instance, deeply embedded social norms and inefficient institutional procedures can act as major obstacles to a man's participation in health activities, even if he has a strong personal incentive to do so. In a similar vein, policy changes are unlikely to have the desired beneficial effects if they are not accompanied by community outreach initiatives.

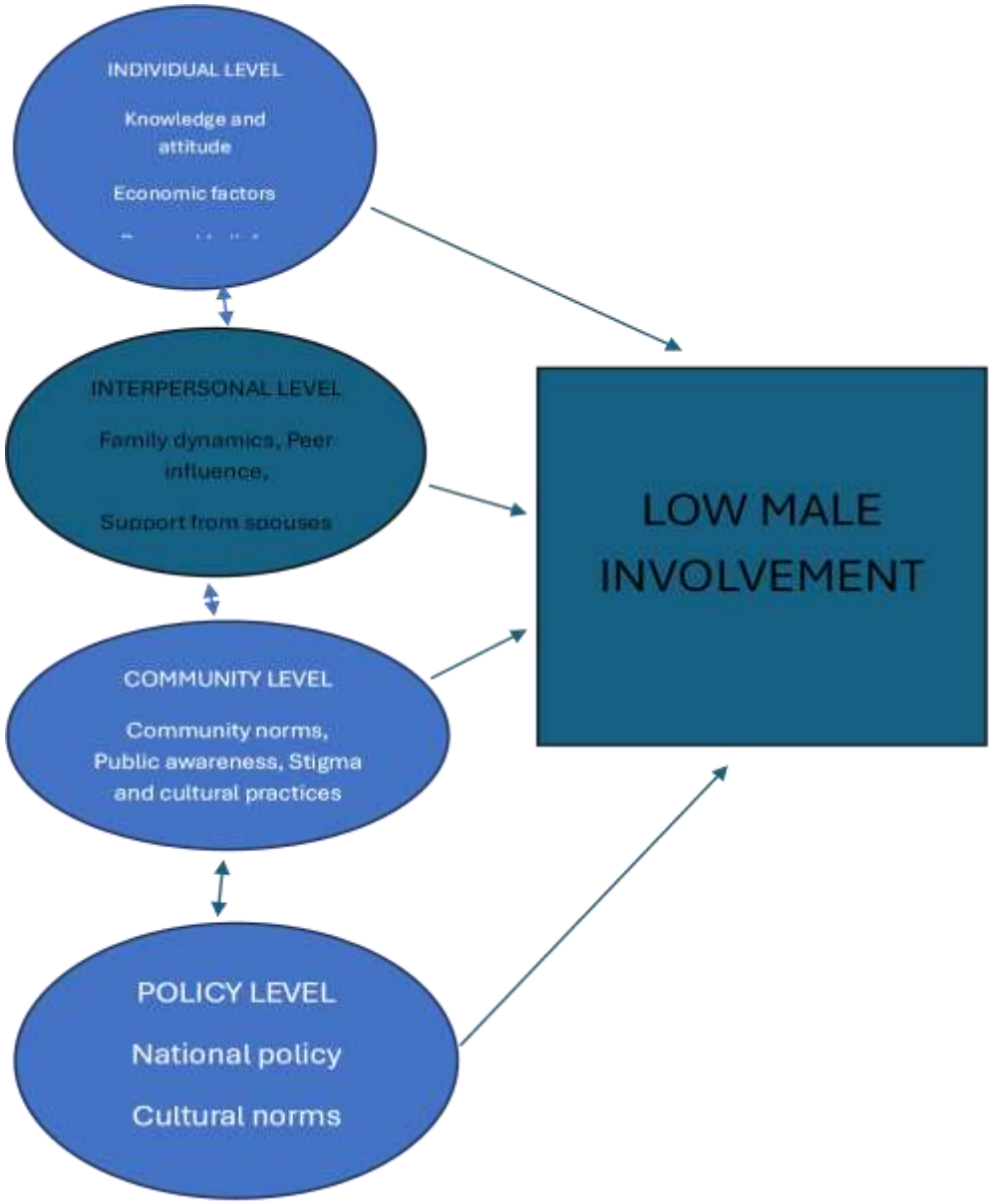

Fig. 1: Conceptual framework on Low Male Involvement in ANC

The Social Ecological Model (SEM) is used in this conceptual framework to explain how male participation in antenatal care services is impacted by several interconnected levels of influence. It emphasises that interpersonal relationships, organisational structures, community norms, and larger policy environments all influence male participation in ANC in addition to individual attitudes and knowledge. Beginning at the societal/policy level and working its way down to the community, organisational, interpersonal, and individual levels, the framework is presented in a hierarchical flow. Each level highlights particular elements that either encourage or prevent male involvement, demonstrating how these layers work together to influence behaviours related to health.

Male involvement in maternal health is either encouraged or discouraged at the societal level by national policies, cultural norms, and government or non-governmental organisation initiatives. While the organisational level looks at staff attitudes, male-friendly services, and health facility policies, the community level concentrates on local norms, practices, stigma, and public awareness campaigns. While

the individual level deals with personal beliefs, knowledge, economic factors, and perceptions of gender roles, the interpersonal level takes into account the influence of family, peers, and spousal support. The framework as a whole emphasises the need for a multi-level, integrated strategy that takes into account institutional, community, relational, personal, and policy-based interventions to address low male involvement in ANC.

Successful interventions should steer clear of a one-dimensional, simplistic approach, as the diagram shows. Rather, successful tactics need to address several levels of influence at once. This entails raising awareness of health issues on an individual basis, developing constructive interpersonal relationships that promote involvement, changing attitudes in the community that might prevent participation, boosting the ability and readiness of institutions to support men's involvement, and developing supportive policies that make these efforts easier. The goal of this all-encompassing strategy is to establish a setting where men feel encouraged and empowered to participate in health-related activities.

Policy and Health System Frameworks in Ghana

Ghana has made significant progress in creating system frameworks and health policies that are intended to enhance the health of expectant mothers, newborns, and children (Anyanwu et al., 2024). The National Health Policy, which offers strategic guidance for the provision of healthcare services, including maternal and reproductive health care, is at the heart of these initiatives. The policy places a strong emphasis on the value of community involvement, fair access, and service integration to improve health outcomes for everyone, but especially for vulnerable populations like expectant mothers and newborns (Ugwu et al., 2025). Ghana's Reproductive Health Strategic Plan also provides detailed methods for lowering maternal and newborn morbidity and mortality through improved prenatal care, skilled care, and early pregnancy-related problem detection (Ansah, 2023). Even though these policies recognise the value of community and family support, systematic attempts to actively involve men in prenatal care services are limited because male involvement is frequently suggested rather than stated explicitly (Daniele, 2021).

Structured methods for managing pregnancy and associated complications are provided by Ghana's maternal health guidelines, particularly the Safe Motherhood Protocol and Antenatal Care Guidelines (Lori et al., 2022).These recommendations support routine prenatal care, early pregnancy registration, and skilled medical personnel delivering the baby. There is comparatively little advice on realistic methods for involving male partners in prenatal care, despite the documents' emphasis on the importance of family support (Daniele, 2021). The protocols typically concentrate on the clinical management of pregnancy, but they fail to mention male-inclusive activities like joint health education sessions, couple counselling, or clinic attendance policies for men. Inconsistent male involvement across healthcare facilities has been exacerbated by the lack of clear, practical guidelines; practices vary by district, region, and even individual healthcare providers (Roudsari, Sharifi & Goudarzi, 2023).

According to Adoma (2024), the Ghana Health Service (GHS), which is in charge of overseeing the delivery of public health services and carrying out government health policies, acknowledges the vital role that men can play in maternal and child health. GHS has progressively encouraged male participation as part of more comprehensive reproductive health education through public health campaigns and initiatives. Male involvement in family planning, HIV prevention, and maternal mortality reduction campaigns is frequently encouraged, especially in urban and peri-urban areas (Muthiru & Bukachi, 2024).

Community-based health strategies, such as the Community-based Health Planning and Services (CHPS) initiative, which promotes household and community engagement in healthcare services, have received more attention in recent years. However, because there is no national framework requiring or formally integrating male participation into routine antenatal services across all health facilities, GHS's efforts on male involvement in ANC remain fragmented (Adusei, Bour, Amu & Afriyie, 2024).

By national health guidelines, several maternal health initiatives are being carried out in Ghana's Eastern Region's Denkyembour District (Karim et al., 2024). The district's medical facilities provide health education programs, vaccinations, and prenatal care services. Men have been modestly involved in CHPS compounds and health centres, particularly in outreach programs, health talks, and community durbars. However, consistently involving male partners in ANC services presents several difficulties for the district. Health workers frequently lack the resources and training necessary to successfully implement male-inclusive practices, and there are no district health strategies or localised policies designed expressly to encourage male involvement (Olajide, Esan,Adeniyi & Ramos, 2025).

Additionally, cultural perceptions and social norms continue to view pregnancy and childbirth as solely women's responsibilities, discouraging men from active participation.

The gaps in the Denkyembour District's male involvement programs are indicative of a larger national issue in which male involvement in maternal healthcare is not given enough priority in health policies and procedures. According to Flax et al (2025), national guidelines place a strong emphasis on improving the health of mothers and newborns, but they do not provide specific, doable plans for involving men in ANC services. Advancements in this field have been hindered by a lack of specific frameworks for male involvement, a dearth of community-based programs, and enduring sociocultural barriers (Chikwe, Kuteesa&Ediae, 2024).

Nonetheless, by enhancing the CHPS initiative to incorporate male-friendly interventions, creating district-specific policies, and implementing focused community sensitisation campaigns, there are chances to improve the situation. In addition to enhancing maternal and newborn health outcomes, closing these gaps would strengthen support networks within the family and community (Zakar et al., 2025).

Evidence-Based Recommendations

Based on extensive empirical research and cross-national comparisons, several key recommendations have emerged as essential for enhancing male engagement in Antenatal Care (ANC) within the Denkyembour District.

Implementing comprehensive health education programs to boost male ANC participation is one fundamental tactic. Community-based educational initiatives that are culturally sensitive are essential for questioning and changing long-held notions that dissuade men from participating in maternal health initiatives. Programs could, for example, include interactive workshops that actively engage men in conversations about the many advantages of ANC for the health of mothers and children, in addition to providing information. These kinds of interactions can promote a better comprehension of how their participation can improve the well-being of the family. Research from similar settings suggests that tailored messaging that highlights the beneficial effects of male partners in reducing the risks of maternal death and morbidity has proven especially successful (Adjei & Dzahene-Quarshie, 2020).

Furthermore, explicit policies that actively encourage and facilitate male participation in ANC should be established by healthcare facilities across Denkyembour. In order to guarantee that both partners can

attend appointments together without experiencing scheduling conflicts, this may entail setting aside particular consultation hours for couples. Men may also feel more at ease in waiting areas designed with them in mind, which may make them more inclined to attend. Moving toward a more inclusive approach will also require training healthcare professionals to equally involve both partners during consultations.

Additionally, enacting laws that encourage men to go with their partners to ANC visits could greatly raise attendance rates. Healthcare institutions might, for example, think about providing couples with priority services, shorter wait times, or even educational incentives that recognise and honour the men's participation in the process. These tactics have the potential to significantly improve the health of mothers and their children in the Denkyembour District by removing obstacles to male involvement.

Male participation in maternal health services is severely restricted by economic constraints. In addition to implementing flexible work arrangements, policymakers should think about creating targeted livelihood support programs that specifically address the needs of men. Fathers and male partners would be able to attend necessary medical appointments thanks to such programs without having to worry about their financial obligations or job stability. Additionally, encouraging cooperation among employers, community leaders, and local government representatives may make it easier to develop integrated solutions that close these gaps.

Studies carried out in nations such as Kenya and Nigeria offer strong proof that financial rewards, especially when combined with educational outreach initiatives, greatly increase male participation in antenatal care (ANC) services (Mwangi & Njoroge, 2020; Ibrahim et al., 2021). Male participation rates in these vital health services may therefore rise significantly if interventions are created that successfully blend financial assistance with informational campaigns.

Furthermore, increasing male participation in maternal health requires encouraging shared decision-making within households. Health facilities can improve communication between partners and encourage a cooperative approach to health-related decisions by implementing couple-based counselling sessions. These sessions enable women to actively advocate for better maternal health services while also motivating men to attend appointments. Better health outcomes for mothers and their offspring can be greatly influenced by this dual empowerment.

Working together with well-respected community leaders is crucial in the Denkyembour District, where traditional and religious institutions hold significant sway. Overcoming cultural resistance may be greatly aided by involving these individuals in the development and implementation of maternal health initiatives. Healthcare professionals can foster greater male participation in maternal health initiatives and improve community acceptance by coordinating male involvement programs with culturally sensitive narratives. This calculated approach is probably going to create a culture that encourages men and women to participate in family-benefitting health services.

To guarantee the long-term viability and efficacy of any intervention meant to improve healthcare outcomes, a thorough monitoring and evaluation framework must be established. Men's involvement in healthcare programs, overall patient satisfaction scores, and quantifiable maternal health outcomes like maternal mortality rates and the frequency of delivery complications are just a few of the important indicators that should be the focus of this framework's systematic and frequent data collection.

Strong feedback mechanisms must be included; these should be made to gather opinions from patients and their families, as well as healthcare professionals like physicians and nurses. We can enable iterative improvements to the interventions and make sure they are responsive to community needs by encouraging an open dialogue.

Additionally, it's critical to methodically examine the lessons discovered in nations or areas where comparable initiatives have produced fruitful outcomes. This entails analysing their tactics and results as well as modifying these findings to be contextually and culturally appropriate for the particular local setting where the intervention is being carried out.

Going forward, longitudinal studies that quantitatively assess the effects of these interventions over long periods should be given priority in future research endeavours. Such studies will expand our knowledge of sustainability in healthcare practices by offering insightful information about long-term advantages and trends. Collaboration between educational institutions, local government organisations, and healthcare providers needs to be improved to support this endeavour. By working together, they can create an extensive database that compiles research results, promotes knowledge exchange, and eventually helps the healthcare system create more efficient policies and procedures.

Conclusion

A thorough analysis of the literature on low male involvement in prenatal care services in Denkyembour District revealed a complex issue with roots in socioeconomic barriers, cultural beliefs, and shortcomings in the healthcare system. Male involvement is still extremely low, according to empirical research done in the district, even though overall ANC attendance has improved. This finding is continuously corroborated by statistical data and comparative analysis from other developing nations.

Meaningful progress can only be achieved by a strategic, multidimensional approach that incorporates socioeconomic interventions, policy reform, community education, and culturally sensitive communication. The evidence-based suggestions presented here give stakeholders a road map for encouraging increased male involvement and improving maternal and child health outcomes in general.

In the future, other districts in Ghana and comparable situations around the world may use this integration of these strategies into a unified national framework as a model. Effective adaptation and implementation of these recommendations requires cooperation between academic researchers, clinicians, and policymakers. The dynamic relationship between maternal health and male involvement should be further investigated in future studies to ensure that interventions are adaptable to the changing socioeconomic and cultural environment.

CHAPTER THREE

3.0 RESEARCH METHODS

The purpose of this study was to examine the socio-cultural, institutional, and economic barriers that prevent men from participating in maternal health programs and to critically examine the factors that contribute to low male involvement in antenatal care services in the Denkyembour District in the Eastern Region of Ghana. This chapter focused on the methods instituted to carry out this study. It covered the following subheadings: research design, study area, population, sampling procedures, data collection instrument, data collection procedures, and data processing and analysis.

Research Design

The framework of any study was its research design, which directed the methodical gathering, processing, and interpretation of data. Many paradigmatic traditions, including positivism, constructivism, and critical theory, influenced research designs in the social and health sciences. According to Turyahikayo (2021), each paradigm offered a unique perspective on the creation, verification, and application of knowledge.

The social constructivism paradigm was aligned with this study. Social constructivist recognises the existence of a subjective reality while acknowledging its limitations due to contextual and human factors. This paradigm allowed for the use of qualitative methods to investigate complex human behaviours and embraced the influence of value-laden social realities (Paudel, 2024). This philosophical stance was appropriate because it enabled the researcher to examine the contextually specific and socially embedded factors influencing male participation in antenatal services in Denkyembour District.

A qualitative case study design was used for this study. For in-depth, contextualised investigation into current, real-life phenomena in their natural environments, the case study design was especially well-suited (Annamalah, 2024). Given that sociocultural, economic, and institutional factors influenced male participation in antenatal care services, a case study design allowed for a comprehensive examination of these multifaceted influences. There were several advantages to the case study design in this situation. Gathering rich, detailed information from a variety of sources, including observations, interviews, and document reviews, helped the researcher to fully comprehend the problem (Tracy, 2024). This made the process of triangulating evidence easier, which improved the findings' depth and credibility.

Nevertheless, the case study approach had limitations just like any other research design. Its restricted generalisability as a result of the emphasis on a particular population was one obvious drawback. Results from the Denkyembour District might not have applied to other districts in Ghana. However, this drawback was counterbalanced by the design's ability to produce complex insights and identify contextual elements that could guide future research and focused policy interventions (Paparini et al., 2021).

Furthermore, the subjective interpretations and possible researcher bias of qualitative case studies were occasionally criticised. The study used techniques like member checking, triangulation, and reflexive journaling to improve objectivity and trustworthiness to lessen this weakness (Ahmed, 2024). Notwithstanding these drawbacks, the case study design remained the most suitable for this research because of its ability to explore in great detail the lived experiences and contextual realities of community members about male participation in prenatal care.

Study area

The Denkyembour District in the Eastern Region of Ghana was where this study was carried out. The district was located in the southwestern part of the Eastern Region, and Akwatia served as its administrative capital. Its borders were shared by Birim Central Municipal to the east, Kwaebibirem Municipal to the north, West Akim Municipality to the south, and Atiwa West District to the west. Approximately 77,029 people lived in this district, which had an estimated land area of 299 square kilometres (Boateng, 2022; Ghana Statistical Service [GSS], 2021).

With a mix of agrarian and small-scale mining communities, Denkyembour was primarily a rural district with small towns and dispersed settlements. Its economy was primarily based on agriculture, with the production of food crops, cocoa, and oil palm serving as the primary sources of income. The district was also noteworthy for its artisanal mining operations (galamsey), which had a big impact on the socioeconomic dynamics of the region (Fagariba, Kosoe&Adjuik, 2024).

The delivery of healthcare in Denkyembour District was organised around a single government district hospital in Akwatia, several health centres, Community-based Health Planning and Services (CHPS) compounds, and private clinics that provided antenatal care as well as preventive and curative medical services. The health sector in the district faced difficulties like poor health infrastructure, logistical limitations, and cultural barriers that prevented people from using services. Since Denkyembour District

was a microcosm of the larger maternal health issues facing rural Ghanaian communities, it was a strategically significant and contextually rich study site (Adu-Fokuo, 2024).

Preliminary data and anecdotal reports from local medical professionals, which showed consistently low male participation in prenatal care services, supported the selection of the Denkyembour District (Muhabaw, Hailemeskel, &Lambebo, 2024). Targeted interventions and policies to support inclusive maternal healthcare practices in rural Ghana could have been greatly informed by an understanding of the sociocultural, economic, and institutional factors influencing male involvement in this context.

Study Population

The study's population consisted of male partners of expectant mothers, community opinion leaders, medical professionals who provide maternal health services, and a few chosen elders from the district. Men who were of legal adult age and medical professionals, such as midwives, nurses, and community health workers who work directly in maternal and child health services, made up the population of this study. The male participants' demographic profile differed about age, marital status, educational attainment, and work status (Güney, Aydemir, Iyit& Alkan, 2024).

The Ghana Statistical Service (2021) estimated that 78,841 people are living in the Denkyembour District, with 49% of men in the district. Of these, it is estimated that 60% are between the ages of 18 and 59, which makes them possible partners for expectant mothers. There are about 120 healthcare professionals who work in the district. This includes hospitals, clinics, and community-based health planning and services (CHPS) compounds. Male partners of expectant mothers receiving ANC services at specific district health facilities, as well as medical professionals providing ANC services, made up the study's accessible population. This accessible population reflects the characteristics of the target population. The quality and depth of the data were improved by including healthcare providers, who guarantee that institutional viewpoints and expert opinions on male participation in ANC services were recorded.

It was recognised that there were drawbacks to using the accessible population as a stand-in for all of the district's male residents (Rahman, Farhana, Mahfuj & Mazumder, 2025). First of all, men who are not in formal relationships with pregnant women or who do not accompany their partners to ANC services are automatically excluded, which may restrict how broadly the results can be applied. Second, some socioeconomic groups may be left out of the study because the health facilities chosen may not be representative of all the district's geographic areas. Despite these drawbacks, the accessible population will be specifically selected because it will be pertinent to the goals of the study and has the potential to yield deep insights (Karunarathna et al., 2024).

The need to obtain first-hand reports from male partners who were actively participating in ANC services or who were not, as well as from healthcare professionals who witnessed these involvement patterns, justifies the selection of this population. This dual viewpoint was essential because previous research has shown how intricately institutional practices, individual behaviour, and sociocultural norms interact to influence male participation in prenatal care (Khan et al., 2024).

Sampling Procedure

The qualitative research design used in this study necessitated a cautious, context-sensitive approach to participant selection. The data saturation principle served as the foundation for choosing the sample size. Data saturation occurred when no new information, patterns, or themes were revealed by further data collection (Naeem, Ozuem, Howell, & Ranfagni, 2024). Since it guaranteed that the data gathered was sufficiently rich and comprehensive to meaningfully address the research objectives, this idea remained

the gold standard in qualitative inquiry. Sampling was carried out in this study until saturation was achieved. This ensured that participant voices and lived experiences accurately reflected the phenomenon being studied.

Purposive sampling and snowball sampling techniques were used to find suitable study participants. Purposive sampling was the intentional selection of participants according to their background, expertise, and pertinence to the research question (Nyimbili & Nyimbili, 2024). This technique was ideal for this study because it enabled the researcher to concentrate on men who were either directly or indirectly involved in antenatal care services in the Denkyembour District. It guaranteed that the participants had firsthand knowledge of the factors that influenced male involvement.

Additionally, snowball sampling was used to improve participant recruitment and supplement the purposive sampling approach. According to Sameer et al. (2024), this method asked initial participants to find and recommend other possible participants who fit the study's inclusion criteria within their social and community networks. This approach worked especially well for reaching hard-to-reach or less visible groups, like men who were reluctant to talk about reproductive health issues in public because of prevailing sociocultural norms. The study used snowball sampling to reach out to unofficial networks that might not have been reachable through traditional recruitment techniques.

A varied and informative sample was guaranteed when purposive and snowball sampling techniques were combined. While snowball sampling broadened the scope to capture a wider range of community perspectives, purposive selection ensured the inclusion of participants with firsthand knowledge of antenatal care services (Maina, 2024). To ensure that men from a variety of socioeconomic, educational, and marital backgrounds were represented, this methodological approach improved the study's credibility and transferability.

The sample was made up of the male partners of expectant mothers, community opinion leaders, medical professionals who provided maternal health services, and a few chosen elders from the Denkyembour District. This diverse group enabled a multifaceted investigation of the personal, societal, and cultural elements that influenced the low level of male participation in prenatal care services. Depending on when data saturation happened, a sample size of 57 participants was expected. This range was in line with the norms of qualitative research, which revealed that deeper and contextually rich insights were frequently obtained from smaller, purposefully chosen samples (Alordiah & Oji, 2024).

Data Collection Instrument

A semi-structured interview was used to gather data in this study. The ability of this instrument to produce qualitative data was crucial for examining the complex nature of male participation in antenatal care (Seiedzadeh, Khanjani, Abdi & Latifian, 2025). In addition to giving participants the freedom to voice their opinions, the semi-structured interview helped the researcher collect data that was similar across participants and ensured that it was in line with the objectives of the study.

A thorough analysis of the body of research on male participation in maternal health care services served as the basis for the interview guide's development (Fekadu et al., 2024). Therefore, recurrent themes, determinants, and barriers found in previous research, such as sociocultural beliefs, economic factors, awareness levels, health system constraints, and individual attitudes toward ANC participation, shaped the instrument's content. To ensure the relevance and contextual appropriateness of the items, the researcher designed the instrument in consultation with two maternal health experts and an experienced public health researcher.

The requirement to record both factual and perceptual data informed the interview guide item format. As a result, the instrument consisted of a few open-ended questions. The open-ended items enabled participants to elaborate on their own experiences and points of view to enhance the data pool (Heymans, Strosnider, Pool & Vuuren, 2024).

Five sections made up the interview guide. Each one was geared toward a particular research goal. To put participants' opinions on antenatal care input in context, Section A collected demographic information such as age, marital status, education, occupation, religion, and number of children. Participants' understanding of ANC services, including their goals and advantages, was evaluated in Section B. The scope and types of male participation in ANC were examined in Section C. Male participation barriers were listed in Section D. Lastly, recommendations from participants for enhancing male participation in ANC services were gathered in Section E.

My supervisor, two maternal health experts, and a sociologist with research experience in male health-seeking behaviour reviewed the drafted interview guide to ensure content validity. These professionals assessed how well the items addressed the goals of the study in terms of their coverage, clarity, and relevance. Their input was used to improve the validity of the instrument by revising or eliminating items that were unclear or unnecessary. To ensure that the instrument measured the intended constructs, construct validity was established by matching the items with the conceptual framework supporting male involvement in ANC services (Al-Rawashdeh et al., 2024). To guarantee alignment between the instrument's content and the study's objectives, each section was mapped to a distinct research goal.

To assess the instrument's reliability, a pilot test was carried out in Birim Central District because it shared the same sociocultural traits with Denkyembour District. Five participants made up the sample that took the pre-test. Minor problems with item phrasing and sequencing were brought to light by the pre-testing exercise. The pre-testing feedback improved the questions' cultural appropriateness, respondent engagement, and comprehensibility.

The semi-structured interview had drawbacks in addition to its advantages. These included the potential for incomplete open-ended responses and social desirability bias in self-reported data (Karunarathna et al., 2024). However, the advantages outweighed the disadvantages, especially when combined with tactics like guaranteeing confidentiality and resolving any confusion during the administration of the interview. The instrument for this study was carefully developed and improved to guarantee its validity, reliability, and cultural relevance.

Data Collection Procedures

To obtain rich, detailed insights into the phenomenon, the study conducted systematic data collection activities as part of this qualitative inquiry. The process of gathering data lasted for six weeks. This length of time provided enough time to achieve saturation, ensuring that a range of perspectives from various sociocultural and demographic backgrounds within the district were fully represented (Dost, 2024).

Semi-structured interviews and focus group discussions were the main methods used to gather data. These methods were chosen because they could extract detailed personal experiences, viewpoints, and perceptions about male participation in ANC services from male partners, pregnant women, healthcare professionals, and community leaders. Purposive and snowball sampling techniques were used to choose the 57 participants who took part in the study. This included 15 committed male partners, 16 expectant mothers, six influential community leaders and 20 committed healthcare providers.

Two trained research assistants who spoke Twi, the primary local language, and English fluently assisted me in the data collection process. To ensure methodological consistency and respect for participants' rights, the assistants underwent a three-day training session before fieldwork. This focused on qualitative interviewing techniques, ethical considerations, and confidentiality protocols (Noreen & Iqbal, 2024).

Community centres, medical facilities, and private residences were where interviews and focus group discussions were conducted. Every session lasted between thirty and sixty minutes. All discussions were audio recorded with participants' consent and permission. In order to document environmental contexts and nonverbal clues that could improve data interpretation, thorough field notes were also taken.

Data Management and Analysis

To guarantee the precision, legitimacy, and dependability of the results, the management and interpretation of qualitative data in this study were carried out with great care. Data processing and analysis were essential for turning unprocessed field data into insightful knowledge that successfully addressed the study's objectives.

Every interview session ended with a thorough editing process to identify and fix any possible mistakes, ambiguities, or omissions. To verify the accuracy, coherence, and completeness of responses, this procedure entailed going over field notes and audio recordings. Along with verbal responses, the editing stage ensured that contextual observations and nonverbal clues were sufficiently recorded and captured (Chitac, Knowles & Dhaliwal, 2024). When necessary, ambiguous statements were marked for clarification during follow-up conversations with participants.

The revised data were transcribed verbatim and put through a thorough coding procedure. This involved giving particular passages of the text descriptive labels, or codes, that represented important concepts, events, or themes about men's participation in prenatal care services. Inductive coding was used to let themes naturally arise from the data without being impacted by preconceived categories (Davis et al., 2025). To find significant informational units, the transcripts were examined line by line during the first open coding phase. The various viewpoints and experiences of participants were then reflected in the categories and overarching themes that were created from these codes.

All coded and transcribed data were entered into qualitative data analysis software, NVivo version 14, which made it easier to organise, retrieve, and visualise data segments, to manage data effectively. To preserve the authenticity of the participant narratives, the data entry procedure was carried out precisely. To maintain anonymity and facilitate efficient tracking of data sources during analysis, each participant was given a unique identification code.

Several quality control procedures were implemented to reduce errors that occurred during data entry and processing. To guarantee accuracy and completeness, every transcription was double-checked against audio recordings. Furthermore, cooperative coding sessions with research assistants were held, where disagreements over coding choices were discussed and settled by consensus to improve inter-coder reliability. Using NVivo software improved code application consistency throughout the dataset and lowered the possibility of data loss (Moncada, 2025). To guarantee the transparency and reproducibility of the analysis process, a data audit trail was also kept to record all coding choices, category creations, and theme advancements.

Thematic analysis was used to analyse the data. This method was considered suitable since it supported the goal of the study, which was to investigate participants' lived experiences, attitudes, and perceptions of male participation in prenatal care services (Boakye et al., 2024). Six phases were used to advance thematic analysis. First, transcripts were read and audio recordings were listened to repeatedly to

become familiar with the data. Second, NVivo software and manual labour were used to generate initial codes. In the third stage, these codes were compiled into possible themes, which were then examined and improved in the fourth stage to guarantee internal consistency and coherence. To summarise the core of the participants' stories, the themes were identified and given names in the fifth phase. Lastly, the final report was put together, offering a thorough, fact-based account of the variables.

This analytical method was supported by its ability to provide a thorough, adaptable framework for analysing intricate qualitative data while staying rooted in participant viewpoints. The study uncovered underlying social and cultural factors that influenced men's participation in prenatal care services by using thematic analysis, which made it easier to find both overt and covert content in the data (Thomas et al., 2024).

Ethical Considerations

The following ethical guidelines were followed to ensure consistency with all the ethical standards required to conduct the research. Copies of the research proposal were submitted to the Ethical Review Committee of Klintaps University College of Health and Allied Sciences for assessment and clearance. Official letters were sent to the various health facilities in the district. Participants were also informed of their right to withdraw from the study at any time. Consent forms were made available to the participants. They were informed of the voluntary nature of the study. Participants were informed that any information they provided would be kept private and used solely in the study. A provision that guaranteed participants' anonymity and confidentiality was added to the interview guide to ensure strict adherence to ethical research norms.

Dissemination of Research

To ensure that the results were accessible and useful to relevant stakeholders, the findings of the study were shared through various academic and public health platforms. First, a copy of the completed research report was sent to the School of Allied Health Sciences, Department of Public Health, at the University of Cape Coast. To further make the study accessible to scholars, decision makers, and students interested in maternal and child health issues, copies were archived in the University of Cape Coast's Institutional Online Repository.

Secondly, the neonatal care units of major district health institutions in the Denkyembour district health directorate were informed of the findings of the study. To increase the participation of men in maternal health care, this dissemination provided important evidence-based information on the current state of male participation in midwifery services, its barriers, and the possibilities for community health education initiatives and policy interventions. Third, the findings were submitted to a peer-reviewed public health journal for publication, contributing to the body of knowledge on male participation in maternal health globally. To reach a wider audience, the findings were presented at local, national, and international workshops and conferences. This interaction stimulated discussion on feasible strategies to improve the participation of men in prenatal care programs and improve maternal and child health outcomes in Ghana.

Chapter Summary

A qualitative research design was used to gather information from the participants through focus groups and semi-structured interviews. A methodical framework for recognising and elucidating the intricate social, cultural, and individual elements influencing male participation in ANC services was provided by the thematic analysis used to interpret the data. To guarantee the security and rights of every participant, ethical principles such as informed consent, confidentiality, and data protection were strictly adhered to.

The selected method provided a relevant and sensitive approach to examining this crucial public health concern. The results of the data collection process were presented and discussed in the following chapter.

CHAPTER FOUR
4.0 RESULTS AND DISCUSSION

The purpose of this study is to examine the socio-cultural and economic barriers that prevent men from participating in maternal health programs and to critically examine the factors that contribute to low male involvement in antenatal care services in the Denkyembour District in the Eastern Region of Ghana. This chapter presents the results of the study on male involvement in antenatal care (ANC) services in the Denkyembour District of the Eastern Region of Ghana. It provides an analysis of the factors influencing the low participation of male partners in ANC services, based on data collected from male partners, pregnant women, community leaders, and healthcare providers. The findings are presented concerning the objectives of the study, which sought to explore the reasons for low male involvement in ANC, the attitudes and perceptions of male partners towards ANC services, and the socio-cultural and economic factors that contribute to this issue.

This survey sought to address the numerous factors that motivate male partners to engage in midwifery in the vibrant Central Ghanaian communities. A diverse group of 57 participants, including 15 committed male partners, 16 expectant mothers, six influential community leaders and 20 committed healthcare providers, shared their experiences. The results discussed in this chapter highlight the complexity of the problem, showing that low male involvement in ANC is influenced by a combination of cultural beliefs, lack of awareness, limited access to healthcare services, and gendered roles within the community.

The chapter further explores community-based strategies and the need for targeted interventions to enhance male engagement in the maternal health process. The discussion integrates the findings with existing literature, examining how the results align with or challenge previous studies on male involvement in ANC, particularly in similar socio-cultural contexts.

Results

Demographic Characteristics of Participants

Table 1 summarises the demographic characteristics of participants. The male partners group comprises 15 participants with ages ranging from 18 to 50 years. Most (7) of the participants fell within the 18-30 and 31-40 age brackets, while 6 participants are aged 41-50. Most (12) of the male participants are married, with the remaining 3 were cohabiting. In terms of education, the male partners have diverse educational backgrounds: 4 participants have tertiary education, 8 participants have secondary education, and 3 participants have basic education. The participants come from a variety of occupational backgrounds. Teachers (3), farmers (2), and electricians (3) make up the largest groups, while 1 participant works as a butcher, 1 as a taxi driver, 1 as a mason, 1 as a carpenter, and 3 as traders. This suggests a wide range of socio-economic status and professional experiences. Religion-wise, 14 participants are Christian, while 1 participant practices Islam. Regarding family life, the number of children varies among the participants. The majority have 1-2 children (7), followed by those with 3-4 children (6), while 2 participants have 5 or more children. Ethnically, the participants belong to various

groups: the Akan group is the most represented (7 participants), followed by Ewe (3 participants), Krobo (2), Akyem (2), Ga (1), and Fante (1).

Table 1a: Male Partners' Demographic Characteristics

Scale	Sub-Scale	Frequency	Percentage
Gender	Male	15	100
Age	18-30	6	40
	31-40	5	33
	41-50	4	27
Marital Status	Married	12	80
	Cohabiting	3	20
Level of Education	Tertiary	4	27
	Secondary	8	53
	Basic	3	20
Occupation	Butcher	1	7
	Electrician	3	20
	Farmer	2	14
	Teacher	3	20
	Taxi Driver	1	7
	Mason	1	7
	Carpenter	1	7
	Trader	3	20
Religion	Christianity	14	93
	Islam	1	7

Source: Field Data 2025

Table 1a: Male Partners' Demographic Characteristics

Scale	**Sub-scale**	**Frequency**	**Percentage**
Number of Children	1-2	7	46
	3-4	6	40
	5+	2	14
Ethnicity	Akan	7	46
	Ewe	3	20
	Krobo	2	14
	Akyem	2	14
	Ga	1	7

	Fante	1	7

Source: Field Data 2025

Demographic Characteristics of Spouse of Participants

The participants' spouses consisted of 16 pregnant women, aged from 18 to 50 years. Most (8) participants fall within the 18-30 age group, while 5 are aged 31-40 and 3 are within the 41-50 age range. In terms of marital status, the majority are married (12 participants), while 4 are cohabiting. The educational background is diverse, with 8 participants having secondary education, 5 participants with basic education, and 3 participants having tertiary education. The women in this group also work in various professions. Many are engaged in informal sector work, such as seamstresses (3), traders (4), and hairdressers (2), while others work as cooks (1) and food vendors (2). Religion-wise, the majority identify as Christian (13), with 3 participants identifying as Muslim. In terms of family size, most women have 1-2 children (10), with 6 participants having 3 or more children. Ethnically, the Akan group is the largest (7), followed by Ewe (3), Krobo (3), Ga (1), and Dangme (2) (Table 2).

Table 2: Pregnant Women's Demographic Characteristics

Scale	Sub-Scale	Frequency	Percentage
Gender	Female	16	100
Age	18-30	8	50
	31-40	5	31
	41-50	3	29
Marital Status	Married	12	75
	Cohabiting	4	25
Level of Education	Tertiary	3	29
	Secondary	8	50
	Basic	5	31
Occupation	Seamstress	3	29
	Trader	4	25
	Hairdresser	2	13.5
	Cook	1	6.25
	Food Vendor	2	13.5
Religion	Christianity	13	71
	Islam	3	29
Number of Children	1-2	10	62.5

	3+	6	37.5
Ethnicity	Akan	7	43.75
	Ewe	3	29
	Krobo	3	29
	Ga	1	6.25
	Dangme	2	13.5

Source: Field Data 2025

Community Leaders Demographic Characteristics

The community leaders group consists of 6 participants, all of whom are male. Their ages range from 30 to 60 years, with 2 participants aged between 30-40, 3 participants between 41-50, and 1 participant in the 51-60 range. All of the community leaders are married and have a tertiary education. They hold important roles, including traditional leader (1 participant) and community leader (5 participants). In terms of religion, 5 participants identify as Christian, while 1 participant practices Islam. As for their family life, 3 participants have 1-2 children, while 2 participants have 3-4 children. Ethnically, the community leaders belong to the Akyem (3 participants) and Ashanti (2 participants) ethnic groups.

Table 3: Community Leaders' Demographic Characteristics

Scale	Sub-Scale	Frequency	Percentage
Gender	Male	6	10
Age	30-40	2	33.33
	41-50	3	50
	51-60	1	16.7
Marital Status	Married	6	100
Level of Education	Tertiary	6	100
Occupation	Traditional Leader	1	16.7
	Community Leader	5	83.5
Religion	Christianity	5	83.5
	Muslim	1	16.7
Number of Children	1-2	3	50
	3-4	2	33.33
Ethnicity	Akyem	3	50
	Ashanti	2	33.33
	Akyem	1	16.7

Source: Field Data 2025

Health Providers Demographic Characteristics

The healthcare providers group is a dynamic collective of 20 midwives, each bringing a unique perspect-

ive and expertise to their profession. Their ages range widely from 20 to 50 years, creating a rich tapestry of experience. Among them, 5 youthful midwives are in their 20s, brimming with energy and fresh insights, while 10 are in the prime of their careers in their 30s, and 5 seasoned professionals in their 40s offer a wealth of knowledge and expertise.

In terms of personal lives, the majority of these midwives are married, with 15 participants sharing their lives with partners, while 5 embrace singlehood, each reflecting a different journey and perspective. Educationally, the group showcases a strong commitment to their craft: 12 participants boast tertiary education, equipping them with advanced knowledge, while 8 others hold diplomas in midwifery, all of whom contribute to a highly specialized and dedicated field.

Religiously, the group is predominantly Christian, with 16 participants finding strength and community in their faith, while 4 identify as Muslim, adding to the rich cultural fabric of the group. Family life is an important aspect for these midwives; 12 participants have small families with 1-2 children, nurturing their little ones with love and care, while 8 participants are part of larger households with 3 or more children, navigating the joys and challenges of raising multiple kids.

Culturally, the group is a vibrant mosaic of ethnic backgrounds, representing the Akan (7 participants), Ga (4 participants), Mole-Dagbani (3 participants), Fante (4 participants), and a single Nzema participant, each bringing their cultural heritage and unique story to the collective. Together, these midwives not only exemplify a commitment to maternal and child health but also embody the rich diversity of their communities.

Table 4: Healthcare Providers' Demographic Characteristics

Scale	Sub-Scale	Frequency	Percentage
Gender	Female	20	100
Age	20-30	5	25
	31-40	10	50
	41-50	5	25
Marital Status	Married	15	75
	Single	5	25
Level of Education	Tertiary	12	60
	Diploma	8	40
Occupation	Midwife	20	100
Religion	Christianity	16	80
	Muslim	4	20
Number of Children	1-2	12	60
	3+	8	40
Ethnicity	Akan	7	35
	Ga	4	20

	Mole-Dagbani	3	15
	Fante	4	20
	Nzema	1	5

Source: Field Data 2025

Themes and Sub-themes

Objective 1: To explore the perceptions and attitudes of male partners towards antenatal care services in the Denkyembour District.

Table 5: Theme 1 and its sub-themes

Theme	Sub-theme
Theme 1: Knowledge and Awareness of Antenatal Care	Sub-theme 1.1: Complete Lack of Knowledge
	Sub-theme 1.2: Superficial and Limited Understanding
	Sub-theme 1.3: Rudimentary but Accurate Understanding
	Sub-theme 1.4: Informed and Comprehensive Understanding
	Sub-theme 1.5: Knowledge Through Direct Experience

Theme 1: Knowledge and Awareness of Antenatal Care

This theme examines the varying levels of knowledge and awareness regarding antenatal care (ANC) among participants, spanning a continuum from complete unawareness to a comprehensive and well-informed understanding. The responses highlight differences in participants' familiarity with ANC services, their purposes, and the health benefits associated with them. This variability in understanding can be attributed to the differing degrees of exposure to or involvement in ANC, as well as the diversity in educational backgrounds and health literacy among the participants.

Complete Lack of Knowledge. A segment of participants displayed a fundamental lack of awareness regarding ANC, demonstrating little to no understanding of its purpose or significance. These individuals expressed a complete absence of knowledge, indicating that they were not familiar with the term or its associated healthcare practices. This lack of awareness could be attributed to limited exposure to health education or a general lack of access to information about ANC. These responses suggest a concerning gap in the public's understanding of basic health services like ANC, which could be indicative of insufficient community outreach or education on maternal health services. Some of the participants were of the view that:

I have no idea what they do at antenatal care. I don't know what antenatal care is about. I just heard the name."(Male partner, 21 years)

Superficial and Limited Understanding. Participants in this sub-theme displayed a superficial understanding of ANC, often associating it only with visible or basic activities such as weight monitoring or general advice. While they were aware of some procedures, their understanding was

limited and lacked depth regarding the comprehensive health purposes of ANC. These responses illustrate that while these participants had some knowledge of ANC, their awareness was restricted to a narrow range of procedures and did not encompass the broader, preventive health benefits that ANC provides for both the mother and the fetus. The majority of the participants said that:

I only know my wife goes to weigh herself. That's it. It's a place where they weigh the woman and give advice. They give injections and medicine to the woman." (Male partner, 25 years)

Rudimentary but Accurate Understanding. In this sub-theme, participants exhibited a more accurate but still rudimentary understanding of ANC. While they recognised the fundamental purpose of ANC, monitoring the health of the mother and the baby, their understanding remained general and lacked detail regarding the full scope of services provided, such as early detection of complications or preventive care. These participants correctly identified key aspects of ANC but did not fully appreciate the range of services involved. Their understanding was based largely on second-hand information rather than personal experience or comprehensive education. Some participants claimed:

I haven't gone there, but I hear it's for checking the woman and the baby. I don't know much, but I hear they check the baby's position and growth. They check the woman, give medicine and advice (Male partner, 23 years)

Informed and Comprehensive Understanding. Participants in this sub-theme demonstrated a thorough and nuanced understanding of ANC, recognising not only its fundamental purpose but also its critical role in preventing complications and ensuring the health of both mother and child. They acknowledged the proactive nature of ANC, emphasising its importance in early detection, monitoring, and prevention.

...especially for monitoring the baby's health and the woman's condition. Antenatal care helps in detecting complications early. It's a very important service. I see antenatal as a way to protect the mother and baby. Antenatal care helps to detect problems early. It's good (Male partner, 26 years)

These participants reflected a sophisticated understanding of ANC, recognising its importance not just for routine checks but as a vital service for identifying and addressing potential health risks early. This awareness suggests a deep understanding of ANC's preventive and protective roles, which can positively influence their engagement with such services.

Knowledge Through Direct Experience. The final sub-theme highlights the role of direct experience in shaping participants' knowledge and attitudes towards ANC. Participants who had firsthand exposure to ANC services were able to articulate more detailed and informed perspectives, indicating that personal involvement significantly enhances understanding. This firsthand experience allowed participants to gain practical insights into the purpose and procedures of ANC, underscoring the value of direct engagement in fostering a deeper appreciation for maternal health services. Some of the participants said that:

It is informative. I went once with my girlfriend and learned a lot (Male partner, 19 years)

The analysis of knowledge and awareness of antenatal care among participants reveals significant variation in understanding, with some individuals showing a complete lack of knowledge and others possessing a well-rounded comprehension of the importance of ANC. This diversity in awareness suggests a need for targeted educational interventions to increase public knowledge of ANC and its critical role in maternal and fetal health. Specifically, efforts to engage those with limited or no knowledge of ANC, as well as those with superficial understandings, could lead to improved participation and better health outcomes. Furthermore, enhancing knowledge through firsthand exposure

to ANC services can help bridge gaps in understanding and foster more positive attitudes towards maternal healthcare.

Objective 2: To investigate the socio-cultural and economic factors influencing male involvement in antenatal care services within the Denkyembour District.

Table 6: Themes 2 & 3 and their sub-themes

Theme	Sub-theme
Theme 2: Socio-Cultural Factors	Sub-theme 1: Cultural Taboos and Silence Around Pregnancy
	Sub-theme 2: Rigid Traditional Gender Roles
	Sub-theme 3: Social Stigma and Ridicule
	Sub-theme 4: Passive Exclusion and Lack of Invitation
Theme 3: Economic Factors	Sub-theme 1: Demanding and Inflexible Work Schedules
	Sub-theme 2: Economic Pressure and Fear of Lost Income
	Sub-theme 3: Conflict with Educational Commitments

This objective explores the socio-cultural and economic influences that shape male perceptions and attitudes toward antenatal care (ANC) and their involvement in the pregnancy and childbirth process. The results identify several interconnected themes, including cultural taboos, rigid gender roles, social stigma, and economic pressures that contribute to men's limited participation in antenatal care.

Theme 2: Socio-Cultural Factors

Economic factors are a significant barrier to men's involvement in antenatal care, as they intersect with both cultural and personal obligations. These economic constraints are manifested in rigid work schedules, economic pressure, and conflicts with educational commitments.

Cultural Taboos and Silence Around Pregnancy. A significant socio-cultural factor influencing male participation in antenatal care is the widespread taboo surrounding pregnancy. Pregnancy is regarded as a private, sacred event for women, and public or mixed-gender discussions about it are strongly discouraged. Many men in the community adhere to these cultural norms, either because they have internalised the belief that pregnancy is not a shared experience or because they fear social repercussions for breaking the silence. Some of the participants remarked that:

We don't talk about pregnancy publicly, reflecting the silence surrounding the topic. We don't talk about those things here. suggesting a collective avoidance of discussing pregnancy and antenatal care (Healthcare provider, 33 years)

This belief is further confirmed by a synthesis response by another participant:

It is seen as a woman's affair. There is also a strong belief that childbirth is a private and sacred event for women... (Pregnant woman, 41 years)

Rigid Traditional Gender Roles. The traditional gender roles within the community reinforce the idea that pregnancy and childbirth are exclusively the domain of women. This perception is deeply ingrained, and men are seen primarily as providers and protectors, with little to no involvement expected in the process of childbirth. Synthesis responses consistently pointed to this gender divide:

Historically, men are seen as the providers and protectors, and pregnancy and childbirth have been viewed as women's domains. It has always been viewed as a woman's responsibility, and men have traditionally been kept out of the delivery process (Pregnant woman, 31 years).

Social Stigma and Ridicule. Involvement of men in the childbirth process, especially in antenatal care, is met with ridicule and mockery, further discouraging men from participating. The social stigma often labels men who defy cultural expectations as weak or unmanly, which serves as a deterrent for those who might consider participating. Most of the participants shared that**:**

People laugh. They say your wife has tied you with juju," implying that a man's involvement in pregnancy care may be seen as emasculating or indicative of loss of autonomy. It is believed that men should not be present during childbirth because it is a private matter (Male partner, 44 years).

Passive Exclusion and Lack of Invitation. The cultural norms also result in a lack of invitation or encouragement for men to participate in antenatal care. This passive exclusion often becomes self-reinforcing, as men never receive the opportunity to participate, and thus, they do not develop the habit of involvement. A participant stated:

I've never really been invited or encouraged to join in, so I'm not quite used to it. Just a guy, 46, figuring it all out (Male partner, 46 years)

Theme 3: Economic Factors

The economic demands placed on men, including rigid work schedules, economic pressure, and educational commitments, further exacerbate the barriers to their involvement in antenatal care.

Demanding and Inflexible Work Schedules. Men in the study reported that their work schedules, particularly those with long, unpredictable hours or night shifts, interfere with their ability to attend antenatal care sessions. The nature of their jobs requires flexibility, and the inflexible hours clash with scheduled ANC appointments. Some Participants explained that:

My work is demanding. Sometimes I leave home very early and return late. Driving means I am on the road most time. I don't get a fixed break (Male partner, 48 years).

Economic Pressure and Fear of Lost Income. Economic pressures are also a key factor preventing male involvement. Many men fear that taking time off work to attend antenatal care sessions could result in lost income or strained relationships with clients. The financial need to provide for the family takes precedence over participation in ANC. Some of the participants remarked that:

My clients won't wait if I leave work. I have to be at the market early, so it's hard to join (Male partner, 33 years).

Conflict with Educational Commitments. For younger men or students, academic responsibilities create similar scheduling conflicts, making it difficult for them to attend antenatal appointments. The competing demands of education and participation in antenatal care leave little room for involvement. A participant acknowledged:

Sometimes school duties make it hard to attend, but I try when I can. Being in school makes it a bit tough, but I try (Male partner, 28 years).

The findings suggest that both socio-cultural and economic factors heavily influence male involvement in antenatal care. Cultural norms, such as rigid gender roles, societal stigma, and silence around pregnancy, contribute to the exclusion of men from this important aspect of family life. Additionally, economic pressures related to work commitments and the fear of lost income exacerbate the challenges men face in attending antenatal care sessions. These factors create a complex web of barriers that limit men's ability to engage fully in the pregnancy process, suggesting the need for a broader societal and structural shift to facilitate greater male involvement in antenatal care.

Objective 3: To examine the experiences of pregnant women regarding their partners' involvement in antenatal care services in the Denkyembour District.

Table 7: Theme 4 and its sub-themes

Theme	Sub-theme	
Theme 4: Experiences of Pregnant Women	4.1 Spectrum of Physical Presence	
	4.2 Modes of Non-Physical Involvement	
	4.3 Non-Physical Engagement	

Theme 4: Experiences of Pregnant Women

This theme explores the reported involvement of partners during antenatal care (ANC) visits as experienced by the pregnant women. The findings highlight significant variability in partner involvement, ranging from complete absence to occasional or consistent engagement.

Spectrum of Physical Presence. The most prevalent experience among the pregnant women was the complete absence of their partners during ANC visits. Several respondents indicated that their partners had never accompanied them, reinforcing the perception that absenteeism is the dominant form of involvement. The majority of the participants reported that their partners had never attended ANC visits, with statements such as,

He hasn't joined me on this journey, and not at any point, unfortunately (Pregnant woman, 32 years)

A smaller group of respondents reported that their partners attended ANC visits only once, often under duress or during a crisis. This minimal involvement was described as a rare occurrence, usually prompted by specific circumstances like illness. Three participants shared similar experiences:

I experienced this once when I was quite ill and again during my first pregnancy. I've learned from those moments and look forward to healthier experiences in the future. (Pregnant woman, 40 years)

In contrast, a few respondents described partners who were highly involved in the process, attending multiple ANC visits and actively participating. These partners not only attended but also took initiative by listening, asking questions, and taking notes. Two respondents shared positive experiences:

He has come twice so far. He listens, takes notes, and asks questions. He accompanied me about three times... always eager to ask questions (Pregnant woman, 36 years)

Modes of Non-Physical Involvement. Financial support was identified as the most consistent form of partner involvement, irrespective of physical attendance. This support was seen as a fundamental and expected duty by the respondents, with many women relying on their partners for financial assistance during their pregnancies. Some participants said that:

He supports me with money. He supports me with transport and money, and He just pays for bills (Pregnant woman, 34 years).

The level of emotional and informational support from partners varied considerably. Some partners displayed passive interest, inquiring about the outcome of ANC visits after they occurred. A respondent said that:

He consistently asks about what happened, but only after I return. (Pregnant woman, 25 years)

In contrast, other partners showed active support by reminding their spouses about upcoming appointments. Three respondents highlighted this level of involvement, with one saying:

He reminds me of my appointment. He doesn't even ask, He doesn't ask questions either"(Pregnant woman, 42 years).

The experiences of pregnant women with their partners' involvement in ANC visits ranged from complete absence to varying degrees of financial, emotional, and informational support. While the majority of respondents reported minimal or no physical presence, financial assistance and varying levels of emotional support were identified as the most consistent forms of involvement. The findings indicate a wide spectrum of engagement, with a notable lack of consistent and active participation from partners in many cases.

Objective 4: To assess health care providers' views on the challenges and opportunities for promoting male involvement in antenatal care services in the Denkyembour District.

Table 8: Themes 5, 6 & 7 and their sub-themes

Theme	Sub-theme
Theme 5: Multifaceted Challenges to Male Involvement	Sub-theme 5.1: Deep-Seated Socio-Cultural and Gender Norms
	Sub-theme 5.2: Structural and Socio-Economic Constraints
	Sub-theme 5.3: Knowledge and Awareness Gap
	Sub-theme 5.4: Healthcare System and Institutional Factors
Theme 6: Perceived Benefits of Male Involvement	Sub-theme 6.1: Enhanced Psychosocial and Emotional Support
	Sub-theme 6.2: Improved Health Outcomes and Decision-Making
Theme 7: Opportunities and Strategies for Improvement	Sub-theme 7.1: Community-Based Education and Sensitisation
	Sub-theme 7.2: Re-orienting Healthcare Service Delivery
	Sub-theme 7.3: Policy and Advocacy Initiatives

Theme 5: Multifaceted Challenges to Male Involvement

This theme highlights the various, often interconnected, barriers that hinder male participation in ANC, as identified by healthcare providers. These challenges stem from socio-cultural expectations, structural limitations, and gaps in awareness, which together create significant obstacles for men who might otherwise want to be involved in the pregnancy journey.

Deep-Seated Socio-Cultural and Gender Norms. The most frequently cited barrier to male involvement in ANC is the deeply ingrained cultural and gender norms that frame pregnancy as exclusively a woman's responsibility. Healthcare providers emphasised that the prevailing belief is that men should act as financial providers while women are tasked with the caregiving role. One provider stated:

Most people say that pregnancy is considered a woman's responsibility; men are not expected to interfere. In our community, it's culturally taboo for men to attend ANC; it's viewed as a private matter for women (Healthcare provider, 33 years)

Structural and Socio-Economic Constraints. Even if men are willing to participate, structural and socio-economic challenges often make it difficult for them to attend ANC appointments. Economic pressures, such as long working hours and the need to be the primary breadwinner, were commonly cited as deterrents. One healthcare provider remarked:

Men are busy with work and can't afford to take time off, as it would mean losing their income. For many men, transportation costs and the distance to health facilities are major barriers (Healthcare provider, 44 years).

Knowledge and Awareness Gap. A notable challenge is the lack of awareness and understanding among men about the value of their involvement in ANC.

Many men simply do not see the need or understand the significance of attending ANC visits. Many men are not aware of the role they can play beyond providing financially. There are no specific awareness campaigns for men; the existing ones target women (Healthcare provider, 36 years).

Healthcare System and Institutional Factors. Healthcare system-related issues also contribute to the limited involvement of men in ANC. The healthcare environment itself, often dominated by women, can feel unwelcoming to men. One healthcare provider explained:

ANC is seen as a female space, and this makes men feel out of place. The clinic schedules are also often not accommodating to men's working hours, making it harder for them to attend. Men need more flexible scheduling, but that's often not available. Also, the absence of male-focused health education sessions or programs within healthcare facilities further worsens the issue (Healthcare provider, 49 years).

Theme 6: Perceived Benefits of Male Involvement

Despite the challenges, healthcare providers recognise several significant benefits when men participate in ANC. These benefits include improved emotional support, better decision-making, and positive health outcomes for both the mother and child.

Enhanced Psychosocial and Emotional Support. The involvement of men in ANC visits has been shown to reduce maternal anxiety and stress, as women feel more supported by their partners. Furthermore, it strengthens communication within the relationship, as men become more empathetic and patient. One midwife shared:

When men are present, women feel more supported, which reduces their stress levels. It improves communication between the couple and makes the partner more patient and supportive (Midwife, 3 years).

Improved Health Outcomes and Decision-Making. When men are actively involved in ANC, their decision-making becomes more informed, and they are better equipped to help manage any challenges during pregnancy. This involvement also helps couples prepare better for childbirth, reducing the likelihood of complications. One provider observed:

Men who attend ANC become more knowledgeable and are more proactive about making health-related decisions. Couples who attend together are more prepared for childbirth, and this leads to better health outcomes for both the mother and the child (Healthcare provider, 34 years).

Theme 7: Opportunities and Strategies for Improvement

Healthcare providers offered several recommendations to improve male involvement in ANC, focusing on education, healthcare service delivery, and policy changes.

Community-Based Education and Sensitisation. Healthcare providers suggested that awareness campaigns targeting men should be more community-based rather than clinic-centred. Leveraging local leaders, such as chiefs, pastors, and imams, was another key recommendation.

Men-only health education sessions should be organised in communities, not just at the clinic. Community leaders can play a vital role in changing cultural norms and encouraging male participation (Healthcare provider, 48 years).

Utilising local media, especially radio, to spread the message directly to men was also suggested. Using radio programs can reach men in a more accessible way (Community leader, 50 years).

Re-orienting Healthcare Service Delivery. To make healthcare facilities more welcoming for men, healthcare providers recommended creating a more inclusive environment. One suggestion was to schedule male-focused health education sessions.

We need to organise special sessions for men to make them feel more involved. Male health workers can make the space feel more comfortable for men (Healthcare provider, 47 years).

Policy and Advocacy Initiatives. Healthcare providers called for broader policy changes to support male involvement in ANC. Additionally, the need for national health campaigns focused on male involvement was emphasised.

Workplace policies that allow men to take time off for antenatal care without penalties would be a significant step. "A national campaign could help normalise male participation in reproductive health (Healthcare provider, 37 years).

Healthcare providers identified numerous barriers to male involvement in ANC, particularly rooted in socio-cultural norms, structural constraints, and a lack of targeted education. However, they also recognised the significant benefits of male participation, including enhanced emotional support and improved health outcomes. To address these challenges, providers suggested a range of strategies, including community-based education, changes to healthcare service delivery, and policy advocacy. These efforts could pave the way for greater male involvement in ANC, ultimately improving maternal and child health outcomes.

Objective 5: To identify community-based strategies and culturally sensitive interventions that could enhance male involvement in antenatal care services in the Denkyembour District.

Table 9: Themes 8, 9, 10 & 11 and their sub-themes

Theme	Sub-theme
Theme 8: Community-Wide Education and Awareness Campaigns	Sub-theme 1.1: Mass Media Utilisation
	Sub-theme 1.2: Direct and Targeted Outreach
	Sub-theme 1.3: Community Gathering-Based Education
Theme 9: Restructuring Service Delivery and Accessibility	Sub-theme 2.1: Flexible and Mobile Services
	Sub-theme 2.2: Creating a Male-Friendly Environment
Theme 10: Active Invitation and Peer Engagement Strategies	Sub-theme 3.1: Personal and Direct Invitations
	Sub-theme 3.2: Incentivization and Recognition
	Sub-theme 3.3: Leveraging Peer Support
Theme 11: Culturally Sensitive and	Sub-theme 4.1: Using Culturally Appropriate

Contextual Considerations	Communication Channels
	Sub-theme 4.2: Respecting Social Structures and Gender Dynamics
	Sub-theme 4.3: Meeting People Where They Are

The community-based strategies implemented to engage men in antenatal care (ANC) were shaped by a combination of direct education, structural improvements in service delivery, and culturally sensitive outreach methods. These interventions sought to create an environment where men felt included, valued, and equipped with the knowledge needed to support their partners during pregnancy. The following themes and sub-themes capture the key findings from participant interviews.

Theme 8: Community-Wide Education and Awareness Campaigns

A prominent strategy identified was the use of various communication channels to disseminate information about the importance of ANC for men. These efforts aimed to overcome barriers to male participation, such as limited knowledge or perceived irrelevance of ANC services.

Mass Media Utilisation. The mass media, particularly radio and television, were highlighted as effective platforms for broadcasting short, impactful educational programs aimed at raising awareness. Additionally, the use of drama shows, a culturally familiar and engaging format, was seen as a powerful tool to explain key messages and scenarios. Most of the participants noted:

Radio programs can reach many men, especially those who might not attend meetings. Using drama speaks to us; it shows the challenges in a relatable way (Community leader, 55 years).

Direct and Targeted Outreach. Targeted outreach efforts, where education was taken directly to places where men congregate, such as workspaces or community gathering points like beaches, were deemed vital. Furthermore, the use of visual aids like videos to demonstrate pregnancy-related complications was highlighted by participants. Three of the participants emphasised that:

If you bring the message to the beach or the workplace, the men are more likely to listen. Seeing what can happen makes it real for our men (Pregnant woman, 30 years).

Community Gathering-Based Education. Engaging men through community-based gatherings was also identified as crucial for changing social norms. Direct interactions between health workers and community members were especially effective in challenging misconceptions about ANC. Some Participants noted:

Having health workers talk to us in our own space allows for real conversations. Community programs help everyone understand the importance of these visits (Male partner, 24 years).

Theme 9: Restructuring Service Delivery and Accessibility

Making ANC services more physically and logistically accessible was critical for encouraging male involvement. Participants suggested several ways to ensure services are not only available but also appealing to men.

Flexible and Mobile Services. Adjusting clinic hours to accommodate the typical work schedules of men, such as offering evening or weekend sessions, was identified as a way to increase accessibility. Additionally, mobile clinics or outreach services that bring ANC closer to communities were suggested. The majority of the participants pointed out that:

If clinics were open in the evenings or on weekends, I could go with my partner without affecting my work. Having mobile clinics nearby would make it easier for men to be involved (Male partner, 30 years).

Creating a Male-Friendly Environment. Designing male-friendly sessions or spaces, such as male-only sessions or couple-focused care, was suggested to make ANC services more inclusive. Participants noted the potential benefits of male-only sessions:

Men feel more comfortable in a male-only session. It's less intimidating. Couple-focused sessions help men understand that this is not just the woman's job. It's both our responsibility (Healthcare provider, 45 years).

Theme 10: Active Invitation and Peer Engagement Strategies

Active engagement strategies, including personal invitations and peer support systems, were key to involving men in ANC.

Personal and Direct Invitations. The importance of personalised invitations was emphasised. Rather than relying on general announcements, personalised invites made men feel specially valued and more likely to attend. Participants expressed:

I felt important when I was personally invited. Being personally invited made me feel like I was expected to be there (Male partner, 46 years).

Incentivization and Recognition. Offering small incentives, such as certificates, priority service, or refreshments, was seen as a way to encourage participation. Participants suggested:

A little recognition, like certificates or even refreshments, would make a big difference (Midwife, 33 years).

Leveraging Peer Support. Establishing peer support groups for young or expectant fathers to share experiences and learn from one another was also identified as an effective strategy. Participants noted:

Peer clubs for young fathers can create a safe space where men support each other (Community leader, 53 years).

Theme 11: Culturally Sensitive and Contextual Considerations

Ensuring that all interventions are culturally sensitive and contextually appropriate was a fundamental consideration. The implementation of strategies had to respect local norms, social structures, and gender dynamics to ensure their success.

Using Culturally Appropriate Communication Channels. Participants emphasised the importance of using communication channels that are trusted and familiar within the community. Radio, community drama, and local meetings, particularly at places like the beach, were highlighted as effective mediums. Participants reflected:

Local drama is a way to speak to us. It's part of our culture, and we relate to it (Pregnant woman, 29 years).

Respecting Social Structures and Gender Dynamics. Recognising and respecting the existing social and gender dynamics was crucial. Male-only spaces allowed men to feel comfortable before transitioning to joint couple sessions. Participants explained:

Starting with male-only sessions works better. Then, we can move to couple-focused sessions when we're ready (Healthcare provider, 44 years).

Meeting People Where They Are. Modifying interventions to fit the daily lives and routines of men was another key consideration. As Participants pointed out:

Going to the places where men are, like the beach or workplaces, means you are meeting them where they are, not expecting them to come to you (Community leader, 55 years).

The community-based strategies and interventions identified in this study highlight the importance of culturally sensitive, accessible, and engaging approaches to encourage male participation in ANC. By leveraging community-wide education, restructuring service delivery, and utilising peer support systems, these strategies ensure that men can take an active role in supporting their partners during pregnancy.

Discussion

The low male involvement in antenatal care (ANC) services in the Denkyembour District in the Eastern Region of Ghana presents a critical public health issue, impacting maternal and child health outcomes. The purpose of this study was to explore the perceptions and attitudes of male partners toward ANC services and identify factors contributing to their limited participation. The findings highlight significant gaps in knowledge and awareness of ANC among male partners, pointing to various levels of understanding ranging from complete ignorance to a more informed comprehension. This section discusses the key findings, interprets them within the context of existing literature, and offers actionable recommendations for improving male involvement in ANC. This section presents the discussion of the findings that arose from the participants' interviews. These discussions are the reflections of the purpose of the research objectives, which were to investigate:

1. To explore the perceptions and attitudes of male partners towards antenatal care services in the Denkyembour District.
2. To investigate the socio-cultural and economic factors influencing male involvement in antenatal care services within the Denkyembour District.
3. To examine the experiences of pregnant women regarding their partners' involvement in antenatal care services in the Denkyembour District.
4. To assess health care providers' views on the challenges and opportunities for promoting male involvement in antenatal care services in the Denkyembour District.
5. To identify community-based strategies and culturally sensitive interventions that could enhance male involvement in antenatal care services in the Denkyembour District.

The perceptions and attitudes of male partners towards antenatal care services

This study reveals that male partners in the Denkyembour District exhibit varying levels of knowledge and awareness of ANC services. A significant proportion of participants reported either a complete lack of understanding or a superficial awareness of ANC, primarily limited to basic activities such as weight monitoring and general advice. Fewer participants demonstrated a comprehensive understanding of the vital role ANC plays in preventing complications and ensuring the health of both mother and child. A smaller group, with direct exposure to ANC services, showed the most informed attitudes, acknowledging the importance of early detection, monitoring, and prevention.

The variability in knowledge levels highlights a broader issue of inadequate education and awareness of ANC among men in the district. This finding supports previous research indicating that male involvement in maternal health services remains limited in many parts of sub-Saharan Africa (Shattuck et al., 2020). Men's involvement is essential not only for providing emotional and financial support but

also for improving access to and use of health services (Ssegujja et al., 2022). The findings suggest that men with limited knowledge of ANC may not fully appreciate its preventive health benefits, thus contributing to their lack of engagement. This aligns with the conclusions of other studies that found that men often perceive ANC as a women's domain, limiting their participation (Mwai et al., 2021).

The more informed male partners recognized ANC's crucial role in detecting potential health risks, which underscores the importance of direct exposure and education in fostering positive attitudes. These findings suggest that firsthand involvement, whether through accompanying partners to ANC visits or participating in health education sessions, is key to increasing male engagement (Ogunjimi et al., 2021). However, the limited participation in ANC remains a challenge, as many men remain uninvolved until complications arise, suggesting a need for proactive education strategies.

This study's findings are consistent with the literature showing that knowledge and awareness are central to increasing male involvement in ANC. Studies have documented that inadequate knowledge is one of the main barriers to male participation in maternal healthcare (Antwi et al., 2023). While some male partners possess a superficial understanding of ANC, others are completely unaware of its significance, indicating a need for targeted information dissemination. For instance, Hlongwa et al. (2020) noted that comprehensive education programs tailored to men could improve their knowledge and, consequently, their engagement in maternal health services. The findings of this study add to the growing body of evidence advocating for male-targeted interventions to bridge knowledge gaps and enhance involvement.

The results of this study underscore the urgent need for targeted health education campaigns that focus on increasing male partners' awareness of ANC. Such interventions should emphasise the comprehensive benefits of ANC beyond basic services, highlighting its preventive and protective roles. Policymakers and health practitioners should consider integrating male partners into existing maternal health programs, not just as passive supporters, but as active participants in the healthcare process (Ajayi et al., 2021). For instance, health facilities could organise community-based educational workshops where both men and women are educated about ANC's role in safeguarding maternal and child health.

Moreover, improving access to information for men who are not actively involved in the pregnancy process could also lead to better outcomes. Public health campaigns should employ diverse communication channels such as radio, social media, and community meetings to reach men in remote areas and educate them about ANC's importance (Kumari et al., 2023). Incorporating male partners into ANC visits could also be a critical strategy in fostering shared responsibility for maternal health.

Socio-cultural and economic factors influencing male involvement in antenatal care services

The research highlights two dominant categories of barriers to male involvement: socio-cultural and economic. Socio-cultural factors such as cultural taboos surrounding pregnancy, rigid traditional gender roles, and social stigma surrounding male participation were identified as the primary impediments to engagement in ANC services. These findings align with existing literature that underscores the profound influence of cultural norms on health-seeking behaviour in Ghanaian communities (Sarpong et al., 2021). Pregnancy is culturally perceived as a private and sacred experience for women, with societal expectations limiting men's roles to those of protectors and providers. This traditional view is reinforced by the community's passive exclusion of men from the pregnancy and childbirth process, leaving them uninformed and disengaged from ANC.

Similarly, the study found that economic factors, such as demanding work schedules, fear of lost income, and conflicts with educational commitments, further compound the situation. This finding resonates with previous research by Mensah and Antwi (2022), who emphasised how economic pressures deter men from actively participating in prenatal care, with work and financial obligations often taking precedence over family health. For many men, taking time off from work is seen as financially detrimental, which limits their ability to attend ANC appointments, even if they have the desire to do so.

The findings of this study mirror those of other studies conducted in sub-Saharan Africa, where socio-cultural and economic barriers to male involvement in reproductive health have been consistently highlighted (Agyemang et al., 2023; Asare & Agyemang, 2021). The cultural taboos surrounding pregnancy and the rigid gender roles that exclude men from this aspect of family life are not unique to Denkyembour District but are prevalent across many rural areas in Ghana (Ansah et al., 2021). Furthermore, the economic challenges faced by men, particularly the fear of lost income and work-related pressures, are consistent with global trends that show how financial constraints affect men's participation in reproductive health services (Sarpong & Nartey, 2022).

However, this study expands on the existing literature by highlighting the specific cultural and economic pressures within the Denkyembour District and their compounded impact on male involvement in ANC. While previous studies have documented the individual barriers, this research offers a more nuanced understanding of how these factors interconnect and reinforce each other to create an environment where male participation in ANC is significantly hindered.

The findings of this study have important implications for practice, policy, and future research. From a policy perspective, there is a critical need to promote gender-sensitive health education that addresses the cultural taboos and gender stereotypes surrounding pregnancy. Public health campaigns should focus on challenging the notion that pregnancy is solely a woman's responsibility and emphasise the shared role of both partners in ensuring the health of the mother and child. Additionally, healthcare providers must create inclusive environments that invite and encourage male participation in ANC, ensuring that men feel welcome and valued in the process. This could be achieved through targeted outreach programs and the integration of male participation into the ANC protocol, such as encouraging men to accompany their partners to appointments.

On an economic level, there is a need for workplace policies that support the participation of male employees in prenatal care. Employers should be encouraged to adopt more flexible working hours or paid parental leave to allow men to accompany their partners to ANC visits without the fear of losing income. Government and NGO interventions aimed at improving the economic stability of families, particularly in rural areas, could also reduce the financial barriers that prevent male involvement in maternal health services.

Experiences of pregnant women in their partners' involvement in antenatal care services

The findings of this study reveal a concerning trend of low male participation in ANC visits. Most women reported that their partners never accompanied them to ANC appointments, with some participants expressing regret over their partners' lack of involvement. These results are consistent with previous research that identifies cultural and societal barriers as significant factors influencing male involvement in maternal health (Jaffee et al., 2021). A small number of respondents did report that their

partners attended ANC visits on rare occasions, typically when prompted by specific circumstances such as illness. However, these instances were sporadic and often lacked sustained engagement.

The study also identified financial support as a predominant form of involvement, with most women depending on their partners for monetary assistance throughout their pregnancy. Emotional and informational support, however, varied considerably among partners. Some partners showed minimal interest, only inquiring about ANC visits after they occurred, while others were more engaged by reminding their partners about appointments. This diversity in levels of support mirrors findings from other studies that indicate varying degrees of male involvement in maternal health (Osei et al., 2023). These findings suggest that while financial contributions are often consistent, the emotional and physical support provided by male partners remains inadequate, limiting the overall impact on maternal well-being.

The results of this study align with existing literature on male involvement in maternal health, which highlights low male engagement in ANC services, particularly in sub-Saharan Africa. Studies by Kumi et al. (2022) and Addai (2021) also report that despite the recognised importance of male involvement in maternal health, many men remain disengaged from the antenatal process. Cultural norms, gender roles, and a lack of awareness of the benefits of male participation in ANC have been cited as key factors contributing to this low engagement (Gyekye& Mogan, 2022). This study further substantiates these findings, demonstrating that financial support, while important, is not enough to foster comprehensive male participation in the antenatal care process.

On the other hand, this study's focus on varying levels of emotional and informational support extends previous research by providing deeper insights into the spectrum of non-physical involvement. While financial support has been widely recognised, the role of emotional and informational engagement is often underexplored (Kyeremeh et al., 2024). This study highlights the nuanced ways in which male partners can contribute to the antenatal process, even when physically absent.

This study's findings carry important implications for practice, policy, and future research. From a practical standpoint, there is a clear need for targeted interventions aimed at increasing male involvement in ANC. These interventions could include educational programs that emphasise the importance of male participation in maternal health and the positive impact it can have on both maternal and child well-being. Additionally, public health campaigns should aim to dismantle cultural and social barriers that discourage men from actively engaging in the antenatal process (Gyekye& Mogan, 2022). Policies that encourage healthcare providers to involve male partners in ANC visits, such as offering male-friendly spaces or services, could also improve participation rates.

At a policy level, the government should consider integrating male involvement as a key component of maternal health strategies, ensuring that male engagement is promoted as a vital aspect of ANC. This could involve training healthcare workers to engage with men directly, fostering an environment where both partners feel supported and included in the antenatal process.

Healthcare providers' views on the challenges and opportunities

The study identified a range of barriers to male involvement in ANC, particularly entrenched socio-cultural and gender norms that view pregnancy as a woman's responsibility. Additionally, socio-economic pressures, including the need for men to fulfil their role as financial providers, were significant deterrents. Furthermore, gaps in awareness about the benefits of male participation in ANC and the unwelcoming healthcare environment exacerbated the situation. However, healthcare providers

also highlighted the benefits of male involvement, particularly the positive emotional and psychosocial impact on women, as well as the improvement in health outcomes resulting from more informed decision-making.

These findings align with existing literature that has demonstrated how cultural and gender norms limit male participation in reproductive health (Mokhtari et al., 2022). In many Ghanaian communities, pregnancy and childbirth are often perceived as female concerns, with men relegated to the role of financial providers (Atinga et al., 2021). This study extends this understanding by highlighting the structural constraints men face, such as long working hours and inadequate transportation, which prevent them from attending ANC services. These socio-economic challenges are not unique to Denkyembour but reflect broader regional issues in Ghana, where male involvement in reproductive health remains marginal.

Further, the lack of awareness among men about the role they can play in ANC reflects a significant gap in health education. This gap is consistent with findings from earlier studies that emphasise the need for targeted male-specific educational interventions (Amoateng et al., 2020). Healthcare providers noted that most awareness campaigns are directed towards women, leaving men with limited exposure to information about their potential involvement in pregnancy-related healthcare. The unwelcoming nature of ANC clinics, which are often perceived as female spaces, further discourages men from participating, aligning with research that suggests a need for gender-sensitive healthcare delivery (Amoateng et al., 2022).

The findings of this study both confirm and challenge existing literature. The significant barriers to male participation identified here align with the work of Nnamocha and Tindana (2021), who found that socio-cultural norms, economic pressures, and the perception of ANC as a female domain are pervasive barriers to male involvement. However, this study adds depth by identifying the role of structural factors, such as healthcare system design and scheduling issues, as critical deterrents for male participation. These findings challenge the notion that male involvement is solely a matter of cultural beliefs and suggest that systemic changes within the healthcare delivery model are also necessary.

The benefits of male involvement, particularly in enhancing psychosocial support and improving health outcomes, are consistent with those reported by studies such as that of Osei and Osei-Tutu (2022), who found that male participation in ANC leads to more informed decision-making and better health outcomes for both mother and child. This study builds on these findings by emphasising the role of male emotional support in reducing maternal stress and enhancing communication within couples, which has been shown to improve maternal well-being (Osei et al., 2021).

The implications of these findings are profound for maternal health in the Denkyembour District and Ghana at large. First, healthcare providers should prioritise community-based education and sensitisation programs that specifically target men. This approach, which leverages local leaders and media, can help challenge existing socio-cultural norms and raise awareness of the benefits of male involvement in ANC. Engaging influential community leaders such as chiefs, pastors, and imams could be particularly effective in shifting cultural attitudes towards male participation (Amoateng et al., 2022).

Furthermore, healthcare facilities must adopt a more inclusive approach to service delivery. Creating spaces that are welcoming to men, such as male-specific health education sessions and flexible clinic schedules, would make ANC services more accessible and attractive to male partners. This aligns with recommendations from healthcare providers in this study, who called for more male-centred health programs within the healthcare system (Nnamocha et al., 2021).

On a policy level, there is a need for national campaigns that normalise male participation in reproductive health. Additionally, implementing workplace policies that allow men to take time off for ANC visits without fear of losing income would address a critical barrier to male involvement. As suggested by healthcare providers, such policy reforms would not only facilitate male participation but also foster a culture of shared responsibility in reproductive health (Mokhtari et al., 2022).

Community-based strategies and culturally sensitive interventions

The study revealed several key findings regarding the barriers and enablers to male involvement in ANC. First, the research identified a significant gap in male awareness and perceived relevance of ANC services, with many men unaware of the critical role they play in supporting their partners during pregnancy. Second, community-based strategies such as mass media campaigns, targeted outreach, and community gatherings were found to be effective tools in increasing male engagement. These strategies, when combined with flexible service delivery and culturally appropriate communication channels, were crucial in making ANC more accessible and appealing to men. Third, the study highlighted the importance of active invitation strategies, such as personal invitations and peer support, in fostering a sense of responsibility and belonging among men. Lastly, the research revealed that respecting and adapting to local social structures and gender dynamics were essential for ensuring the success of these interventions.

The findings of this study align with existing literature, which emphasises that male involvement in ANC is often hindered by cultural, social, and structural barriers (Olayemi et al., 2022). The limited awareness of ANC services among men in the Denkyembour District mirrors similar findings in other regions of Ghana, where men are often excluded from the decision-making process surrounding maternal health (Adomako et al., 2021). The effective use of mass media, particularly radio and television, as reported in this study, has been similarly highlighted in other studies as a successful approach for disseminating health information to men (Addo et al., 2020). Furthermore, the importance of targeted outreach and community-based education is consistent with the literature, which underscores the need for culturally relevant interventions tailored to the daily lives and routines of men (Nyarko & Osei, 2023).

The study also supports the notion that restructuring service delivery, such as offering flexible clinic hours and mobile services, can enhance male participation in ANC (Amponsah et al., 2024). The provision of male-only sessions and couple-focused care aligns with global recommendations for creating male-friendly healthcare environments that reduce intimidation and foster active engagement (Zhou et al., 2022). These findings are consistent with the work of several authors who argue that men are more likely to engage in maternal health services when they feel that the environment is designed with their needs in mind (Osei et al., 2021).

The results of this study have significant implications for practice, policy, and future research. From a practical standpoint, the findings suggest that healthcare providers in the Denkyembour District should prioritise the implementation of targeted community-wide education campaigns that utilise mass media and local communication channels such as community drama. These efforts should aim to challenge misconceptions about ANC and increase male awareness of its importance. The findings also underscore the need for healthcare services to be more flexible and inclusive, with male-friendly sessions and mobile clinics that can accommodate the busy schedules of men. Additionally, policymakers should

consider integrating male involvement into maternal health strategies to ensure that men are fully engaged in supporting their partners throughout the pregnancy.

From a theoretical perspective, this study contributes to the understanding of gender dynamics in maternal healthcare and highlights the potential of community-based strategies to reshape social norms. By incorporating culturally appropriate interventions that respect local gender structures, this study supports the idea that male involvement can be enhanced through community-driven, gender-sensitive approaches (Kwarteng & Owusu-Ansah, 2022). Future research could further explore the long-term impacts of male involvement on maternal health outcomes and examine how these strategies can be scaled up in other regions of Ghana.

Limitations of the Study

Although this study on low male involvement in antenatal care services in the Denkyembour District yielded rich and insightful findings, certain limitations related to communication and cultural sensitivity should be acknowledged.

1. **Language Barrier:** The study was conducted in a multilingual community where several local dialects are spoken. While English and Twi were used as the primary languages for interviews and discussions, some participants, particularly those from rural communities were more comfortable expressing themselves in their native dialects. This sometimes made it difficult to capture the full depth of their expressions and meanings. To address this, the researcher made efforts by Engaging translators for participants who did not understand the interview language which further added to the overall cost and complexity of data collection.
2. **Cultural Sensitivity:** Discussions involving gender roles, family dynamics, and reproductive health are often sensitive within traditional communities. In some instances, participants may have been cautious in expressing their opinions freely. However, the researcher created a respectful and non-judgmental atmosphere, which facilitated open dialogue and the sharing of genuine experiences.

Chapter Summary

This study explored the factors affecting male involvement in antenatal care in Denkyembour District, Ghana. Interviews with 57 participants revealed varying levels of male knowledge about ANC, ranging from complete ignorance to informed understanding. Socio-cultural barriers, like rigid gender roles and cultural taboos, along with economic pressures, such as demanding work schedules, were identified as key barriers. Healthcare providers highlighted the benefits of male involvement, including better emotional support and health outcomes. Strategies like community-based education, media campaigns, and male-friendly service delivery were recommended to improve participation. The findings underscore the need for targeted education, flexible services, and policy changes to address cultural and economic barriers and enhance male involvement in ANC.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this study is to examine the socio-cultural and economic barriers that prevent men from participating in maternal health programs and to critically examine the factors that contribute to low male involvement in antenatal care services in the Denkyembour District in the Eastern Region of

Ghana. This study examined the factors influencing low male involvement in antenatal care services in Denkyembour District, Eastern Region, Ghana. It aimed to identify the socio-cultural, economic, and institutional barriers to male participation, the consequences of low involvement, and potential measures to improve male engagement in maternal health services. The study highlighted the significance of male involvement in ANC for better maternal and child health outcomes. Despite global efforts, Denkyembour experiences low male participation in ANC, leading to delayed care-seeking, poor maternal health outcomes, and limited support for pregnant women. The study explored socio-cultural, institutional, and economic barriers, framed by the Social Ecological Model.

Global and local barriers to male participation in ANC, including cultural beliefs, gender roles, economic constraints, and health system limitations, were discussed. It highlighted the positive impact of male involvement on maternal health, particularly in improving birth preparedness and health-seeking behaviours. The review also identified gaps in understanding the context-specific barriers in rural Ghana.

The research methodology involved a qualitative case study approach, using purposive and snowball sampling to select 57 participants, including male partners, pregnant women, healthcare providers, and community leaders. Data was collected through semi-structured interviews and focus group discussions, with thematic analysis conducted using NVivo software. The study's results revealed key barriers to male involvement: traditional gender norms, economic constraints, lack of knowledge, and unwelcoming health facilities. Low male participation contributed to delayed health-seeking behaviours, poor birth preparedness, and negative maternal and neonatal health outcomes.

Key Findings

1. Male partners in Denkyembour generally have limited knowledge and understanding of antenatal care services. Most men perceive ANC as a women's domain and believe that their role is restricted to providing financial and logistical support. Some men are unaware of the benefits of their active involvement in the process. Only a small percentage reported attending ANC visits with their partners at least once.
2. Socio-cultural barriers, such as traditional gender norms and the societal perception that pregnancy and ANC are women's responsibilities, were significant obstacles to male involvement. Economic factors, such as financial constraints, work commitments, and transportation issues, further limited men's ability to accompany their partners to ANC visits. The rural setting of the district exacerbates these challenges, with limited access to transportation and healthcare facilities.
3. Pregnant women in the district expressed feelings of neglect and emotional isolation due to the low involvement of their male partners in ANC. While some women reported positive experiences when their partners attended ANC visits or provided emotional support, the majority expressed frustration at the lack of support, particularly when it came to decision-making and preparing for childbirth.
4. Healthcare providers highlighted that while they recognised the importance of male involvement, most ANC services were not designed to encourage or accommodate male participation. Many healthcare providers reported limited engagement with male partners during ANC visits and emphasised the need for male-friendly health services, including joint consultations, educational outreach, and counselling.
5. Community leaders and healthcare providers suggested that local outreach programs and education campaigns focused on challenging gender stereotypes could help shift cultural attitudes. These initiatives, if tailored to the community's values and cultural practices, could promote greater male

participation in ANC. Additionally, healthcare providers advocated for male-inclusive policies, such as offering flexible hours for ANC visits and integrating male-targeted health education.

Conclusions

1. The study concludes that male partners in the Denkyembour District generally have limited knowledge and misconceptions about ANC services, viewing it as the sole responsibility of women. The lack of awareness about the benefits of their involvement is a key barrier to increasing male participation in ANC.
2. Socio-cultural norms and economic factors play a crucial role in limiting male involvement in ANC services. Traditional gender roles that view ANC as a women's issue, coupled with economic constraints such as work schedules and financial limitations, significantly discourage male participation in the district.
3. The lack of male involvement in ANC has emotional and psychological consequences for pregnant women. Women in the Denkyembour District often feel unsupported and isolated, which negatively impacts their well-being and complicates the decision-making process related to pregnancy and childbirth.
4. Healthcare providers in Denkyembour acknowledge the importance of male participation in ANC but face challenges due to a lack of infrastructure, male-targeted services, and training. There is a clear need for healthcare systems to provide more inclusive services that encourage male involvement in ANC.
5. Community-based interventions, such as educational campaigns and outreach programs, are crucial for changing cultural attitudes towards male involvement in ANC. The study emphasises the importance of local leaders and healthcare providers working together to promote male participation in ANC.

Recommendations

1. It is recommended that the Denkyembour District Health Directorate, in collaboration with local community leaders, organise targeted educational campaigns to increase male awareness of the importance of ANC. These campaigns should focus on dispelling misconceptions about ANC and highlighting the benefits of male involvement for both maternal and child health.
2. Addressing socio-cultural barriers requires community engagement strategies that challenge traditional gender norms. These strategies should include community dialogues, religious leader involvement, and culturally appropriate health education to change perceptions of male participation in ANC.
3. To improve women's experiences, healthcare providers should create a more inclusive environment by offering counselling sessions that involve both partners. Additionally, family-oriented education sessions should be introduced to promote shared decision-making and support, enhancing the overall pregnancy experience.
4. Healthcare providers should be trained to engage male partners actively during ANC visits. Health facilities should also be restructured to be more male-friendly, offering joint consultations and creating spaces for men to be actively involved in maternal healthcare decisions.
5. Community-based strategies should focus on engaging local leaders and influencers to shift cultural perceptions of male involvement. Implementing male-targeted health programs, such as male

prenatal education workshops and male-friendly ANC clinics, could improve male participation rates in the district. Additionally, health system reforms should be made to ensure that male partners are welcomed in ANC services.

Recommendations for Further Studies

Based on the findings of this study on low male involvement in antenatal care services in the Denkyembour District of the Eastern Region of Ghana, several areas warrant further investigation to enhance our understanding and provide more comprehensive solutions to address this issue. The following suggestions are proposed for future research:

First, longitudinal studies on male involvement in antenatal care (ANC) would be crucial to assess the effectiveness and sustainability of interventions designed to increase male participation over time. This approach would offer valuable insights into the long-term impact of community-based programs and health policies.

Secondly, exploring the role of traditional and religious leaders in promoting male involvement in the ANC is essential, as these figures hold significant cultural influence in the Denkyembour District. Understanding their attitudes and potential to advocate for ANC participation can lead to more culturally sensitive and effective interventions.

Third, investigating gender norms and male perceptions of ANC is vital for understanding how societal expectations shape men's willingness to engage in maternal health services. Research in this area can help develop strategies that challenge traditional gender norms and encourage positive attitudes towards male involvement. Additionally, conducting a comparative study across different regions of Ghana will help determine whether the factors influencing male involvement in ANC in Denkyembour are part of a broader national issue, thus informing more targeted and context-specific interventions.

Lastly, evaluating the impact of various education and awareness campaigns on male involvement will provide insights into the most effective communication strategies for engaging men in maternal health care, whether through media-driven campaigns or direct, face-to-face outreach efforts. These research directions are critical for enhancing male involvement in ANC and improving maternal health outcomes in Ghana.

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