

Male Involvement in Reproductive, Maternal, Newborn, and Child health: Evaluating gaps between policy and practice in Uganda

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Background

Male involvement levels remains as low as 6% in Uganda even with the implementation of many interventions. This is partly because many such programmes have been limited to pilot interventions and have not been extended to other parts of the country. There is a dearth of evidence indicating the impact of national-level policies and the capacity of the health care system to accommodate the demand for male-friendly services. The aim of this study was to fill this gap in knowledge within the Ugandan context.

Results

1. Need for a bottom-up, community centered approach to male involvement
2. Religious and community leaders are potential stakeholders who can aid community engagement.
3. A high dependence on external funders and international staff which makes projects unsustainable and short-termed.
4. No national guidelines or training for mass mobilization of men.
5. Lack of feedback between health workers and policymakers.



Study Location:
The study took place in Kampala and Kasese, Uganda

"The healthcare system here was never designed for men, it was designed for women"

"Can we bring the religious leaders on board because we understand very many problems?"

Involve religious and Community leaders

Research Question

How do national actors engage with the male involvement agenda and implement related policies in Uganda?

Recommendations

Develop feedback channels

Bottom-up Community Engagement



Study Technique:
A qualitative study using thematic analysis was conducted

Data Collection:
2 Focus Group discussions and 17 In-depth interviews were conducted



Develop a Conducive Environment to promote male involvement

Train Health worker and develop guidelines