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Beyond support: a qualitative exploration of the emotional and relational impact of male partner involvement in maternal healthcare in Ghana

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ABSTRACT

Introduction Male partner involvement in maternal healthcare is crucial for improving maternal and child health, especially in low- and middle-income countries. Traditionally viewed as a woman's domain, pregnancy often excludes men, yet their engagement enhances antenatal care, nutrition, medical adherence and outcomes. Beyond clinical benefits, less attention is paid to how male involvement affects women's psychological well-being, couple dynamics and men's views on fatherhood.

Aim This study explored the perceived emotional and relational impact of male partner involvement in maternal healthcare, focusing on how such involvement affects women's well-being, men's emotional experiences and couple relationships.

Methods A qualitative descriptive design was employed. In-depth interviews were conducted with purposively selected 25 men whose partners had experienced pregnancy within the past 5 years. Data were analysed thematically, and emergent themes were organised into four categories: women's health and well-being, men's emotional experiences, relationship dynamics and evolving views on fatherhood.

Results Findings revealed that male perceived involvement contributed to improved maternal health-seeking behaviour, reduced physical strain and enhanced women's emotional well-being. For men, active participation fostered responsibility, empathy and respect for women, though some also reported stress due to systemic healthcare challenges and financial pressures. Relationship dynamics were positively influenced, with participants highlighting stronger marital bonds, trust and shared responsibility. Male perceived involvement also reshaped participants' perspectives on fatherhood, which was described as both a responsibility and a source of joy and fulfilment.

Conclusion Male partner perceived involvement in maternal healthcare extends beyond practical support, exerting profound emotional and relational impacts on both partners. Encouraging male participation not only promotes maternal health but also strengthens family relationships and redefines fatherhood. Policy and programme interventions should therefore integrate men as active partners in maternal health to enhance holistic family well-being.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Male partner perceived involvement in maternal healthcare is associated with improved antenatal attendance, skilled birth utilisation and maternal and neonatal outcomes in low- and middle-income countries. However, existing evidence has focused largely on clinical and service-use outcomes, with limited attention to emotional, relational and gendered experiences within couples.

WHAT THIS STUDY ADDS

⇒ This study demonstrates that male perceived involvement has significant emotional and relational benefits, including enhanced women's psychological well-being, strengthened couple relationships and men's increased empathy and sense of responsibility.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ Findings support the need for maternal health programmes and policies that actively include men as partners rather than peripheral supporters. Integrating psychosocial and relational dimensions into male-involvement interventions may improve family well-being and promote more equitable, supportive models of fatherhood.

INTRODUCTION

Maternal health continues to be a pressing global concern, with sub-Saharan Africa disproportionately affected by preventable maternal morbidity and mortality. Despite progress, maternal deaths remain unacceptably high, with an estimated 287 000 women dying annually from pregnancy-related causes worldwide, and approximately 70% of these

deaths occurring in sub-Saharan Africa.[1] Ghana exemplifies these challenges: although the maternal mortality ratio has declined over the past two decades, it remains above the sustainable development goal target of fewer than 70 deaths per 100 000 live births by 2030.[2] Persistent barriers, including inequitable access to skilled care, health system inefficiencies and socio-cultural constraints, underscore the need for holistic strategies to improve maternal outcomes.[3]

In recent years, male partner involvement in maternal healthcare has emerged as a critical determinant of maternal and child health outcomes. Beyond financial provision, men's engagement, such as accompanying partners to antenatal care (ANC), providing emotional support, assisting with household tasks and actively participating in decision-making, has been linked to increased ANC utilisation, higher rates of skilled birth attendance and improved maternal and neonatal outcomes.[4] A growing body of evidence highlights that male involvement also contributes to psychosocial well-being, reducing women's stress, anxiety and depression during pregnancy.[3 5] However, cultural norms that frame maternal health as "women's business", along with unwelcoming health systems, continue to limit men's participation in many contexts.[6] While the clinical benefits of male involvement are increasingly well documented, less attention has been given to the emotional and relational dimensions of men's participation in maternal health. Emerging studies suggest that men's involvement can strengthen spousal relationships, foster empathy and responsibility among men, and redefine fatherhood in more supportive and egalitarian ways.[7] Yet, these relational and emotional outcomes remain underexplored in Ghana, where traditional and religious norms strongly influence gender roles and caregiving expectations.

In Ghana, maternal health interventions have increasingly encouraged male participation; however, evidence suggests that men's involvement remains inconsistent and shaped by sociocultural expectations, employment demands and health system barriers.[8] While quantitative studies have examined male attendance at ANC and decision-making roles, there is limited qualitative research exploring male partners' own perceptions of their emotional experiences, relational changes and supportive practices during pregnancy. Understanding these perceptions is critical, as men's interpretations of their roles may influence both their level of engagement and the sustainability of male-inclusive maternal health strategies.

Furthermore, qualitative inquiry into male partners' perceptions provides an opportunity to move beyond outcome-oriented narratives and instead examine pregnancy as a relational and emotional process experienced within intimate partnerships. Such an approach aligns with relational and gender-transformative frameworks that emphasise the importance of engaging men not merely as instrumental supporters but as emotionally invested partners whose beliefs and experiences shape maternal health dynamics.[9]

This study, therefore, seeks to qualitatively explore the emotional and relational impact of male partner involvement in maternal healthcare in Ghana's Central Region. By moving beyond clinical outcomes, it provides insights into how men's engagement affects women's health and well-being, men's own emotional experiences, couple relationships and evolving perceptions of fatherhood. Such an inquiry is vital for designing context-specific interventions that not only improve maternal outcomes but also strengthen family systems.

METHODS AND ANALYSIS

Research design

This research employed a qualitative design to capture the lived experiences and relational dynamics of perceived male partner involvement in maternal healthcare. A qualitative approach was most appropriate as it provided in-depth insights into how men's participation influences emotional well-being, spousal relationships and evolving fatherhood identities, which cannot be adequately captured through quantitative methods.

Study area

The study was conducted in the Central Region of Ghana, a semi-urban area with diverse sociocultural and economic dynamics. The region is characterised by a mixture of urban centres, peri-urban settlements and rural communities, reflecting heterogeneous healthcare access patterns and cultural practices. Maternal healthcare in the region is delivered through a tiered system, ranging from community-based health planning and services compounds to district hospitals and regional referral facilities.[2]

Study population

The study population consisted of adult men aged 18 years and above who were married, cohabiting or in long-term partnerships with women who had experienced pregnancy or childbirth in the last 5 years or if they self-reported attending at least one ANC visit, delivery or postnatal check-up, or providing specific home-based support. This criterion ensured that participants could provide recent and relevant accounts of their involvement in maternal health. Men were included if they had played a role as decision-makers or supporters during antenatal, delivery or postnatal care.[10]

Sampling procedure and sample size

Purposive sampling was used to ensure maximum variation in demographic characteristics such as occupation, education, marital status and residential setting (urban, peri-urban, rural). Recruitment was done iteratively until data saturation was reached, defined as the point at which no new themes emerged.[11] In total, 25 participants were included, consistent with qualitative research sample size recommendations for achieving depth and diversity.[12]

Data collection instrument

A semi-structured interview guide was developed through a three-phase process: first, synthesising existing literature on male involvement barriers and facilitators; second, consulting three maternal health experts for content validation and third, pilot-testing with two community members (excluded from the final sample) to refine question clarity. The finalised instrument covered five domains: (1) Knowledge of maternal health services, (2) Sources of maternal health information, (3) Patterns of involvement across antenatal, delivery and postnatal stages, (4) Perceived barriers and facilitators to engagement and (5) Recommendations for improving participation. Open-ended probes (eg, "Describe your experience accompanying your partner to antenatal care") were embedded to elicit detailed narratives and contextual insights. While the interview guide covered broad domains (knowledge, barriers), the inductive analysis revealed that emotional and relational impacts were the most salient narratives, justifying why the final themes diverged from the initial interview domains.

Data collection procedure

Face-to-face interviews, averaging 45 min, were conducted in participants' preferred locations (80% in homes, 20% in private community settings) to optimise comfort and privacy. Trained bilingual researchers administered interviews in Fante, or English, with native speakers handling local language sessions. Prior to recording, consent protocols were implemented: literate participants provided written consent, while illiterate participants gave witnessed verbal consent documented via an impartial witness's signature. All sessions were audio-recorded following consent, with verbatim transcriptions later augmented by field notes capturing non-verbal cues. Confidentiality was upheld through anonymised identifiers (eg, P01-Rural-Farmer), and data storage complied with institutional security protocols.

To address potential sources of bias, the study employed researcher reflexivity to acknowledge and minimise personal influence, used purposive and diverse sampling to capture a range of perspectives, and applied triangulation by incorporating multiple data sources. The research team engaged in bracketing to set aside their professional assumptions about ideal male involvement during data collection and coding. Member checking was used to validate participants' responses, while peer debriefing and transparent documentation of the research process helped to ensure credibility and reduce interpretation bias. These strategies enhanced the trustworthiness and rigour of the study findings.

Data processing

All interviews were audio-recorded, transcribed verbatim and translated from local languages (Fante) into English by bilingual research assistants, with translations cross-verified for semantic accuracy by the research team. Translations were cross-checked by a third bilingual researcher who listened to a random sample of audio files against the English transcripts. Transcripts underwent rigorous quality checks before being imported into NVivo V.12 (QSR International) for systematic coding and thematic organisation. Thematic analysis followed Braun and Clarke's[13] six-phase reflexive approach: (1) Familiarisation through repeated reading of transcripts, (2) Initial coding of data segments relevant to men's knowledge, barriers, facilitators and sociocultural context, (3) Searching for themes by collating codes into preliminary patterns, (4) Reviewing themes through iterative peer (co-investigators) debriefing with two qualitative experts to ensure coherence, (5) Defining/naming themes with explicit definitions and (6) Producing the report with illustrative quotes. Initial coding was done individually and then compared in team meetings to resolve discrepancies.

Data analysis

Analysis was both deductive and inductive: data were manually organised into three a priori core themes; knowledge, barriers and facilitators of male involvement, while allowing emergent sub-themes (eg, healthcare provider attitudes, economic constraints) to arise organically from the data.[14] A thematic matrix was developed to map sub-themes and their relationships. Divergent perspectives (eg, men contesting cultural barriers) were documented, reflexively analysed for contextual nuance and integrated into findings.[15] Theme frequency was quantified to identify prevalence patterns, but salience was prioritised over mere recurrence. Participant quotations were used to substantiate analytic interpretations and link themes to participants' lived experiences, enhancing credibility and transparency.[16] Analytic rigour was ensured through regular team discussions resolving coding discrepancies, member checking with five participants and maintaining an audit trail of theme evolution.

Ethical considerations

All participants provided informed consent, which detailed the study's purpose and their right to withdraw without penalty. To ensure confidentiality, all data were anonymised and stored securely. Permission was also sought from local health authorities and community leaders. Written consent was obtained from literate participants, while thumb printed/witnessed verbal consent was obtained from those unable to write, in accordance with ethical approval after explaining the purpose, procedures, potential risks and benefits of the study. Participants were assured of confidentiality, anonymity and the voluntary nature of their participation, with the right to withdraw at any stage without penalty. Audio files and transcripts were securely stored and accessible only to the research team.

Patient and public involvement

Patients and the public were not directly involved in the initial conceptualisation of the study; however, their

experiences and perspectives significantly informed the research focus. The research questions were shaped by prior community engagements and informal discussions with maternal health service users, which highlighted the emotional and relational effects of male partner involvement in maternal healthcare as a key concern. While patients and the public did not participate in the formal design, conduct or selection of outcome measures, their lived experiences informed the thematic focus and guided the development of the interview guide. Recruitment was facilitated through community health workers familiar with local contexts, indirectly incorporating public insight. Plans for disseminating findings include sharing results with local health authorities, community leaders and through outreach events in participating communities, ensuring that participants and the wider public benefit from the study outcomes.

RESULTS

Demographic information of participants

Most participants were economically active, mainly in diverse or informal occupations (36%), and education levels were largely basic to secondary, as 36% completed Junior High School. The majority (68%) had 3–4 children, were married (64%), and lived with their spouse alone (80%), indicating predominantly married individuals with medium-sized families in nuclear households (table 1).

Table 1 Demographic information of participants

Variable	Frequency (N)	Per cent (%)
Occupation		
Businessman/entrepreneur	5	20
Farmer	2	8
Mason	2	8
Taxi driver	3	12
Civil servant	4	16
Other	9	36
Education level		
No formal education	2	8
Primary education	4	16
Junior high school	9	36
Senior high school	7	28
Tertiary education	2	8
Above tertiary education	1	4
Number of children		
1–2	6	24
3–4	17	68
5 or more	2	8
Marital status		
Married	16	64
Single	3	12
Cohabiting	4	16
Widowed	1	4
Divorced	1	4
Living arrangement		
With spouse alone	20	80
Lives with child alone	2	8
Lives alone	3	12

Overview of themes

Four interrelated themes emerged from the analysis: (1) Men's perceptions of the impact of their involvement on women's health and well-being, (2) Emotional impact of involvement on men, (3) Perceived influence on relationship dynamics and (4) Evolving views on fatherhood.

Theme 1: Male partners' perceptions of women's health and well-being

Men consistently described their involvement as beneficial to their partners' physical health and emotional stability. Their accounts emphasised that practical and emotional support worked together to reduce women's vulnerability during pregnancy.

Physical health benefits

Participants perceived that their involvement reduced women's physical strain and contributed to safer pregnancies. Helping with household chores, ensuring rest, accompanying partners to antenatal clinics and monitoring medication adherence were described as concrete actions that improved maternal health. Men framed these actions as protective, preventing exhaustion and pregnancy complications. One participant explained that his support helped his partner avoid excessive stress, which he believed contributed to a safe delivery: *"Because I helped her, she was able to give birth safely"* (P3). Similarly, another participant described how taking over physically demanding chores allowed his wife to rest and sleep better during pregnancy (P4). In some cases, men linked their involvement directly to improved clinical indicators, such as haemoglobin levels, reinforcing their perception that active engagement had tangible health benefits (P14).

Emotional well-being

Beyond physical health, men emphasised that their presence enhanced women's happiness, reassurance and emotional peace. Accompanying partners to ANC was perceived not only as instrumental support but also as a signal of commitment and love. Men noted that women felt valued and less isolated when their partners were present. As one participant explained, accompanying his wife to clinic visits made her feel happy and supported and even influenced how health workers interacted with her (P5). Another participant highlighted that helping during pregnancy reassured women of their partner's affection and reduced emotional distress (P7). These

narratives suggest that emotional support was central to women's perceived well-being, complementing physical assistance.

Theme 2: Emotional impact of involvement on men

Men's involvement in maternal healthcare also shaped their own emotional experiences, producing both positive personal growth and emotional strain.

Positive emotional growth

Many participants described involvement as a transformative experience that fostered maturity, responsibility and empathy toward women. Men reported gaining a deeper appreciation of the physical and emotional demands of pregnancy, which in turn strengthened their respect for their partners. One participant reflected that supporting a pregnant woman enhanced his understanding of women's experiences and responsibilities (P12). Others described involvement as a learning process that increased their sense of accountability and preparedness for fatherhood (P21, P23). These accounts illustrate that male involvement was not only supportive of women but also developmentally meaningful for men.

Emotional strain and challenges

Despite these positive experiences, some men reported emotional strain associated with increased responsibilities, economic pressures and health system inefficiencies. Long waiting times and perceived neglect by healthcare providers were described as sources of frustration that conflicted with work obligations (P16). Others acknowledged that balancing traditional expectations with caregiving roles was stressful, particularly in the context of financial hardship. As one participant summarised, *"Fatherhood is challenging, especially in our economy"* (P22). These findings highlight that male involvement can be emotionally demanding, shaped by structural and socioeconomic constraints.

Theme 3: Perceived influence on relationship dynamics

A prominent finding was the perceived strengthening of couple relationships through male involvement in maternal healthcare.

Strengthening emotional bonds

Men frequently described improved communication, intimacy and emotional closeness with their partners. Shared experiences during pregnancy, clinic visits and childbirth were seen as moments that reinforced partnership and unity. One participant stated simply that involvement *"makes the love stronger and the bond stronger"* (P1). Others emphasised that escorting partners to health facilities and responding to their needs demonstrated attentiveness and cooperation, which enhanced marital satisfaction (P14). These accounts suggest that involvement functioned as a relational investment, deepening emotional connection.

Shared responsibility and trust

Participants also highlighted that involvement fostered mutual trust and shared responsibility within relationships. Women's confidence that they would not be abandoned during pregnancy strengthened respect and reliance on their partners. As one man noted, his involvement reassured his partner that she would not be left alone, which increased her respect for him (P12). Men described pregnancy as a joint responsibility that required cooperation rather than individual burden, reinforcing partnership and stability within the household (P18). This shared responsibility emerged as a key mechanism through which involvement enhanced relational trust.

Theme 4: Evolving views on fatherhood

Men's engagement in maternal healthcare reshaped how they understood and experienced fatherhood.

Fatherhood as responsibility

Participants commonly framed fatherhood as a role demanding leadership, accountability and readiness to provide care. Exposure to pregnancy-related challenges heightened men's awareness of their responsibilities, prompting reflections on preparedness and commitment. One participant observed that the demands of pregnancy explained why some young men avoided fatherhood due to fear of responsibility (P14). Others emphasised that being a father required active care and guidance within the family (P11).

Fatherhood as a joy and privilege

Alongside responsibility, fatherhood was also described as a source of joy, pride and fulfilment. Men expressed happiness in being recognised as fathers and in contributing to their children's future. One participant described fatherhood as *"a privilege"* that brought meaning and satisfaction to his life (P18), while another highlighted the joy of returning home to see his child and be called a father (P25). These narratives illustrate that involvement during pregnancy fostered emotionally engaged and positive fatherhood identities.

DISCUSSION

This study explored the emotional and relational impact of male partner involvement in maternal healthcare in the Central Region of Ghana. Overall, the findings indicate that men's perceived involvement positively influenced women's physical and emotional well-being, fostered men's emotional growth and sense of responsibility, strengthened couple relationships and reshaped perceptions of fatherhood. Participants described how practical and emotional support reduced women's physical strain and emotional distress during pregnancy, while simultaneously enhancing men's empathy, accountability and engagement as partners and fathers. However, male involvement was also accompanied by emotional strain related to financial pressures, rigid gender norms and

health system barriers. Together, these findings highlight male involvement as a multidimensional process with both supportive and challenging implications for maternal health, couple dynamics and family well-being.

This study deepens our understanding of male partner involvement in maternal healthcare by shedding light on its emotional and relational dimensions, areas that remain underexplored in Ghana despite evidence of their importance. Our findings align with recent African and Ghana-specific literature, emphasising that male participation extends beyond logistical support to influence women's emotional well-being, men's self-understanding, partner dynamics and evolving fatherhood.

Participants in this study consistently linked male involvement with reduced stress, improved adherence to medical advice and greater emotional resilience during pregnancy. These findings are consistent with a scoping review across sub-Saharan Africa, which reported that male engagement, including emotional and practical support, correlates with enhanced maternal mental and physical health outcomes.[17] Although that review was East African–focused, its conclusions align with our qualitative insights from Ghana, strengthening the argument for including emotional dimensions in conceptualising male involvement.

Men in our study described a transformative journey: increased understanding of women's experiences, deeper empathy and a sense of personal growth. This echoes findings from South Africa, where young fathers described navigating evolving emotional identities and complex relationship shifts during pregnancy.[18] The emotional strain noted by some participants, especially related to health system inefficiencies and economic constraints, also reflects broader contextual stressors identified across African studies.[19 20] Together, these insights affirm that male involvement is both emotionally enriching and, at times, emotionally burdensome.

Male involvement was commonly described as strengthening trust, communication and relational intimacy. These dynamics mirror patterns observed in broader Ghanaian contexts, where men's physical and emotional presence during maternal care fostered stronger marital bonds and relational stability.[4] Such findings reinforce the role of male participation as a relational intervention as much as a health one.

Participants portrayed fatherhood as a journey toward responsibility and privilege—shifting from traditional provider roles to emotionally engaged identities. Similar transformations were documented in Soweto, where male partners reflected on their evolving sense of self during pregnancy and early fatherhood.[17] This reconceptualisation of fatherhood is critical in shaping more inclusive parenting models moving forward.

Despite emotional and relational gains, male involvement remains constrained by cultural norms that relegate pregnancy to women, unfriendly clinical environments and logistical barriers (eg, clinic hours, staffing attitudes). A Ghanaian qualitative study identified these barriers, including stigma, male roles as providers and rigid clinic settings, all of which were echoed in participant narratives.[5] Similarly, a broader scoping review in SSA categorised such norms as pervasive barriers to male involvement.[19]

While scoping reviews are valuable for mapping the breadth and nature of existing evidence, they do not involve critical appraisal of study quality and therefore cannot establish the strength of evidence or causal relationships.[21] Consequently, findings drawn from the scoping literature in this study should be interpreted as indicative patterns rather than definitive conclusions regarding the effects of male partner involvement on maternal health outcomes.

Recommendations

National and regional health policies should explicitly include male involvement as a key component of maternal health strategies. Community leaders and health workers can serve as advocates for positive male engagement. Health facilities should be equipped and staffed to accommodate and encourage male participation, including the creation of male-friendly spaces and staff sensitisation on gender-inclusive care. Psychosocial support and counselling services can help men navigate their roles. Additional studies are needed to explore long-term impacts of male involvement on maternal and child outcomes and to assess the effectiveness of various intervention models across different cultural and socioeconomic contexts.

Limitations

This study's findings are based on a purposively selected sample of men in Ghana's Central Region, which may limit the transferability of results to other cultural or geographic contexts. As a qualitative study relying on self-reported experiences, responses may be influenced by social desirability bias. Additionally, the exclusion of women's direct perspectives may present an incomplete picture of the emotional and relational dynamics explored. Finally, recall bias is possible, as participants reflected on pregnancies that occurred up to 5 years prior.

Implications for practice, policy and public health

The findings suggest interventions should not solely aim to input male presence in clinical settings but should shift underlying norms. Health systems can become more father-friendly by implementing flexible clinic hours, inviting male partners, and providing services that support couple engagement explicitly.[22] Moreover, culture–norm paths can be harnessed by involving faith and community leaders who can reframe involvement as a duty rather than a transgression of gender roles.

Knowledge gaps and future research

While this study highlights the emotional and relational impacts of male involvement, further research is needed to quantify these effects across regions and health

outcomes. This interpretation is supported by male partners' descriptions of increased emotional attentiveness, perceived responsibility and heightened awareness of pregnancy-related challenges, as articulated across Themes 1 and 2. These accounts reflect male partners' subjective understanding of their supportive roles rather than objective assessments of maternal health outcomes. Mixed-methods and longitudinal studies could explore how such involvement interfaces with maternal depression, adherence to ANC protocols, birth outcomes and male well-being. Moreover, co-designed interventions in Ghana that engage couples, religious leaders and healthcare providers offer a promising direction for embedding emotional and relational considerations in maternal health strategies.

Public health relevance of the study

This study highlights the critical yet underexplored emotional and relational dimensions of male partner involvement in maternal healthcare in low- and middle-income settings. While male participation is widely recognised for improving clinical outcomes in maternal and child health, this research reveals that its benefits extend further, enhancing women's psychological well-being, strengthening couple relationships and reshaping male partners' understanding of fatherhood. By demonstrating how male involvement contributes to shared responsibility, emotional support and stronger family bonds, the study provides valuable insights for designing gender-inclusive maternal health interventions. Integrating men into maternal health policies and programmes not only improves health-seeking behaviour but also promotes holistic family well-being, an essential component of sustainable public health outcomes.

Summary of findings

Overall, the findings demonstrate that male partner involvement in maternal healthcare had multidimensional effects, influencing women's physical and emotional well-being, shaping men's emotional experiences, strengthening couple relationships and redefining fatherhood. By synthesising participants' narratives, this results section highlights how involvement functioned as both a health-support strategy and a relational process, with quotations used selectively to support and illuminate the analytic interpretation.

CONCLUSION

This study reveals that male partner involvement in maternal healthcare in the Central Region of Ghana extends far beyond traditional notions of logistical or financial support. It significantly influences emotional well-being, enhances maternal health-seeking behaviours and strengthens relational dynamics between partners. Men who actively participated in their partners' maternal health journeys reported increased empathy, a deeper understanding of fatherhood and stronger marital bonds. However, their involvement also surfaced challenges, including systemic healthcare barriers and financial stressors. These findings underscore the need to reframe male involvement as not only a support mechanism but as a transformative process that benefits both maternal and family health outcomes.

As a qualitative study, the primary aim was to gain in-depth insights rather than produce generalisable findings. The results are context-specific, reflecting the experiences of a purposively selected group of men in Ghana's Central Region. Therefore, the findings may not be broadly applicable to other regions, cultures or health systems. However, the study provides valuable themes and patterns that may be transferable to similar low- and middle-income settings with comparable social and healthcare dynamics. Transferability depends on the degree of similarity between contexts and should be assessed by those seeking to apply the findings elsewhere.

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Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Ethics approval This study involves human participants and was approved by the University of Cape Coast Institutional Review Board (UCCIRB/EXT/2024/046). Participants gave informed consent to participate in the study before taking part.

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