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Research Article

Reimagining Masculinity: Perceptions of Male Support Among Married Women in Luwero District, Uganda

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Abstract

Background: Masculinity remains a dominant phenomenon in the social construction and performance of male roles in society, influencing economic participation, access to essential services, and decision-making at household levels. Research focusing on women's empowerment has been extensively done, with little focus on how masculine support from men impacts the well-being of married women. This study examined how married women perceive male support in the context of economic, emotional, and physical support in Luwero district, Uganda.

Methods: This was an exploratory qualitative study conducted among married women aged 18 to 49 years. Key informant interviews were conducted with community women aged 30 to 40 years, and village health teams aged 30 to 40 years. The study participants were purposively selected based on the inclusion criteria of the study. Data were analysed using content analysis and the findings were presented using themes/sub-themes along with participant quotes.

Results: We interviewed married women aged 18 to 49 years old, with the majority falling in the age category of 30 to 39 years (59.1%) and were married for over 6 to 9 years (45.5%). Concerning the key informants, 2 VHTs were aged between 30 to 39 years (66.7%), and the women leaders were aged between 30 to 40 years (60%). About male support among women, nine subthemes emerged, including low engagement in family affairs, lack of financial support and cultural traditions, women's insecurity, emotional neglect, women as providers of emotional support, lack of emotional responsiveness, emotional support driven by institutional policy, shared domestic responsibilities, and lack of physical presence during sickness. Generally, male support towards women was found to be lacking.

Conclusion: Male support among married women remains insufficient, contributing to emotional strain and unequally distributed responsibilities. Strengthening community awareness and engaging men through tailored programs can foster a more supportive domestic environment.

Keywords:
Masculinity; Perceptions; Male Support; Married Women; Uganda

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Introduction

Inequality in gender roles characterized by male dominance due to cultural masculinity exacerbates discrimination among women. Across cultures, deeply rooted masculinity norms, especially those that position men as dominant providers, continue to influence support within their relations. In many communities globally, the expectation that men should hold financial authority often prevents women from engaging meaningfully in economic activities, curbing their independence and reinforcing dependency [1,2]. Even when women become primary earners, social backlash may follow, manifesting in conflict, separation, or emotional withdrawal from their male counterparts [3].

In America and Asia, women's narratives reflect that economic shifts in households can provoke emotional stress and physical violence. When men feel their roles as provider is threatened, some respond by asserting control through aggressive or coercive behaviors. These dynamics not only strain relationships but undermine women's safety and emotional wellbeing [4].

Limited emotional support has been described by women in Sub-Saharan Africa as a consistent challenge, especially among households where men resist shared responsibilities [5]. While women engage in both paid labor and domestic tasks, their efforts often go unacknowledged, leading to feelings of exhaustion and emotional isolation [6,7]. Financial decisions remain largely male-dominated, which affects women's access to healthcare and personal autonomy.

Literature shows that in Sierra Leone, many women lack access to basic health services due to fragile infrastructure and financial barriers [8]. Physical support, such as assistance with transportation, childcare, and healthcare, is frequently dependent on men, yet is inconsistently provided [8,9,10]. Women recount struggling to prioritize their health when partners fail to recognize or meet their needs. The role of women, therefore, in the context of limited access to resources from their spouses is both transformative and adaptive [10]. Women often step in when men face economic constraints to help bridge the gap, which reshapes household dynamics, challenges traditional gender norms, and influences broader social change.

In countries like Kenya, Tanzania, and the Democratic Republic of Congo, with patriarchal norms, support from men tends to come with conditions or strings attached [11,12]. Although some women achieve financial security through employment and running small-scale businesses, this often results in tension at home. Emotional neglect is more often the result, exacerbating psychological stress.

In Uganda, masculinity is tightly linked to being a provider, but emotional and physical support lag behind. Studies from Rakai and Luwero districts reveal that while financial provision may temporarily improve women's living conditions, it rarely shifts entrenched power imbalances [13]. Women often perceive male support as conditional or performance-based rather than consistent and nurturing. Emotional intimacy and shared decision-making are still rare, especially in rural areas where traditional gender roles dominate. In Luwero, women's economic empowerment remains limited. This study examined how married women perceive male support in the context of economic, emotional, and physical support in Luwero district, Uganda.

Methodology

Study design, setting, and population

We conducted a phenomenological qualitative study in Luwero district. A qualitative study design was preferred since little information exists concerning male support among married women in rural settings. The use of the study design facilitated an in-depth understanding and exploration. Eligible participants were married women aged 18 to 49 years who had been married for at least the past five years and were residents of the district of study. The approximated number of married women aged 18 to 49 in Luwero District is 86,543. Most married women in the district engage in agricultural activities like small-scale farming for family survival. In addition to the married women, we also interviewed VHTs and community-based women leaders. We interviewed three VHTs and five women leaders.

Sampling methods

The study participants who included married women, VHTs, and community-based women leaders were purposively selected to be included in the study. The study area (Luwero District) was also purposively selected based on the high cases of domestic violence recorded in the district during the study period 2023 to 2024.

Data Analysis

The sample size of the study was obtained based on the saturation principle as highlighted by Denge & Rakhudu (2020). The initial sample size of the study was 35 participants (25 married women, 5 VHTs, and 5 women leaders). However, we interviewed 22 married women, 3 VHTs, and 5 women leaders. Content analysis using an inductive approach was adopted. The verbatim field notes were cleaned after data collection, not exceeding 24 hours from the time the data was collected. This was done to avoid recall bias and promote quality data transcription. FA read the transcripts several times and developed codes. The final codes were verified by an independent person to avoid subject bias. After, the theme and subthemes, along with the quotes, were generated.

The data processing and analysis were carried out concurrently, following a structured approach outlined by Robson (2011). This included five key stages: (1) familiarization with the data, which allowed researchers to immerse themselves in the content for a deep understanding, (2) generating initial codes to systematically categorize key pieces of information, (3) identifying themes and subthemes to capture patterns within the data, (4) constructing thematic networks and making comparisons to illustrate relationships between themes and assess consistency, and (5) integration and interpretation, where themes were synthesized to draw meaningful conclusions. This comprehensive analysis technique ensured that all relevant insights were captured and systematically analyzed, leading to a robust understanding of the qualitative data generated from the field.

Data collection

Data were collected using a focus group discussion guide (FGD) for married women. And a key informant interview (KII) guide for village health teams (VHTs). The data collection tools clearly outlined the areas of focus relevant to answering the research questions. Interviews were audio-taped, and the recordings facilitated data transcription. The interview session for the FGDs lasted between 45 minutes to 1 hour, while the KII lasted approximately 30 minutes.

Ethical Considerations

Ethical approval and clearance were obtained from Nkumba University Post Graduate. The researcher adhered to the guidelines for Clarke International University Research Ethics Committee (REC). The Uganda National Council of Science and Technology (UNCST) provided a letter to the researcher to be presented in Luwero District, Local Government, and the Sub-counties selected for the research exercise. Full consent was obtained from the participants before the study. Professional ethics and conduct were observed, and guidelines on ethical principles were followed. The intention of the study was made known to the participants verbally and in writing on the research tools. The principle of honesty was upheld throughout the research process, with the works of cited individuals properly acknowledged. The researcher addressed the aspect of confidentiality and obtained personal consent to participate in the study through signed consent forms, ensuring that the respondents were not deprived of their rights.

Results

Data were collected from 30 participants including 22 married women, 3 village health teams (VHT), and 5 women leaders involved in gender issues were included in the study. Table 1. Highlights the demographic characteristics of the study respondents. The majority of married women were between the ages of 30 to 39 (59.1%) and were married for over 6 to 9 years (45.5%). Concerning the key informants, 2 VHTs were aged between 30 to 39 years (66.7%), and the women leaders were aged between 30 to 40 years (60%).

The current study examined married women's perceptions of masculinity support, focusing on economic, emotional, and physical support. Various subthemes emerged under each context. The first theme presents the economic aspects with five subthemes. The second theme, emotional support, had …and physical support had three subthemes.

Table 1. Demographic characteristics of the study respondents

Variables	Level	Frequency	Percentage
Married Women (n = 22)			
Age	20 -29	06	27.3
	30 - 39	13	59.1
	40-49	03	13.6
Number of years in marriage (years)			
	2 - 5	07	31.8
	6 - 9	10	45.5
	> 10	05	22.7
Village Health Teams (n = 03)			
Age	30 – 39	02	66.7
	40 - 49	01	33.3
Women Leaders (n = 05)			
Age	30 – 40	03	60
	40 – 49	02	40

Source: Field data 2024

Theme: Economic support.

Economic support entails men's contribution to household financial stability, including paying for children's education, providing for daily needs, and supporting women's entrepreneurial activities. Findings indicate that economic masculinity support is minimal, forcing women to shoulder financial responsibilities alone. Under this theme, three subthemes emerged, including low engagement in family affairs, lack of financial support, and cultural traditions and Women's insecurity.

Low engagement in family affairs

The majority of men have abandoned their responsibilities, leaving women to foot bills and make ends meet. Women are seen to engage in school fees provision for their children, and ensure they receive basic needs.

"These men of Kamira, they don't know the value of education… they don't pay school fees." (FGD: P04)

Many men prioritize personal interests over family financial responsibilities. One respondent stated,

"Most women are responsible for the household expenses, as men prioritize their interests over family needs". **(FGD: P07)**

Lack of financial support

Married women reported a lack of financial support from their male counterparts, which makes accessing health facilities hard. This has led women to resort to traditional medicine use. A community development officer explained:

"Sometimes I can't afford transport fare to seek medical care, and my husband never supports me financially when it comes to seeking medical care" **(FGD: P01)**

"I foot my medical bills, which is expensive sometimes. I resorted to herbal medicine, which is readily available and cheaper" (FGD: P09).

Many women turn to informal labor and cooperative groups to generate income. A woman's leader highlighted the burden placed on women to provide for their children's education:

"Men have neglected their responsibility of paying school fees. It's the women who are toiling hard, joining these cooperative groups to earn something to pay for their children's school fees." (KII: P02)

The qualitative findings show that while many women in Luwero face structural challenges in education, food security, healthcare, and housing, their resilience shines through in efforts like cooperative savings groups and small-scale farming to make ends meet.

Cultural traditions and Women's insecurity

Deeply ingrained cultural norms dictate that men have ultimate control over major financial and household decisions. The autonomy men have over assets prevents women from making certain financial decisions that may benefit the home due to the predominant culture that sees women through the lens of being unworthy to own property.

"A woman cannot sell an animal even if she bought it. When she tries, the husband will say, 'That is my property." (FGD: P05)

Another participant added:

"The moment he sees you making money, he will start controlling you. Even if it is your poultry, you must ask for permission to sell." (FGD: P07)

This restriction on financial autonomy not only limits women's ability to make independent economic choices but also reinforces their dependency on their husbands for financial security. Cultural traditions in Luwero dictate that land is a male-dominated resource, with women often being denied control over its use. One woman in the FGD explained:

"Even if you have a piece of land, you must first get permission before planting anything. If he doesn't approve, you can't touch the land." (FGD: P01)

Another participant emphasized the insecurity of women's land rights:

"Most of us women do not own land. We either live on our husband's land or are renting. If a woman is not married, it is even worse." (FGD: P03)

These restrictions limit women's ability to engage in agricultural productivity, affecting food security and financial independence within households.

Theme: Emotional support

Emotional support refers to the extent to which men provide psychological and emotional backing to their wives and families. Interviews revealed that most men in Luwero District do not actively support their wives emotionally. Under this theme, 4 subthemes of emotional neglect, women as providers of emotional support, lack of emotional responsiveness, and emotional support driven by institutional policy.

Emotional Neglect

Women expressed frustration with the cultural belief that men should remain emotionally distant and authoritative. One respondent stated,

"*Men are the overall in each and everything. It's very rare to find a man helping his wife in different ways*." **(FGD: P014)**

This lack of emotional support contributes to stress, emotional isolation, and an increased risk of depression among women. One participant highlighted the stigma surrounding women expressing emotional struggles, saying,

"Culture states that things of the house should not be expressed outside the house." **(FGD: P05)**

The absence of active listening and empathy from male partners exacerbates women's emotional distress, negatively affecting their wellbeing.

Women as providers of emotional support

The results reveal that cultural norms in Luwero strongly shape gender roles in emotional care. Emotional expression and support are traditionally viewed as women's responsibilities, while men are expected to be stoic decision-makers. This reinforces a societal expectation that men should not engage deeply in emotional matters.

"Men are the overall in each and everything... It's very rare to find a man helping his wife emotionally." (KII: P03)

Lack of emotional responsiveness

Women also described feeling unheard in times of distress, with some mentioning that their husbands dismiss their pain as insignificant. The lack of emotional responsiveness from men has left many women feeling isolated, particularly in moments of personal or family crises. Additionally, many women reported that while their husbands may provide financial support, they often fail to recognize or acknowledge their wives' emotional struggles. Cultural expectations reinforce the notion that women should endure stress silently, while men focus on practical responsibilities.

One woman expressed her frustration:

"They think as long as they provide food and school fees, everything is fine. They don't ask how we are feeling, what is troubling us." (FGD: P19)

This mindset leaves many women to navigate stress alone, with emotional distress often dismissed as trivial. Addressing these deep-rooted beliefs and encouraging emotional openness between spouses could significantly improve women's mental wellbeing in Luwero. Additionally, men's willingness to escort their wives to the hospital is often influenced by cultural and situational factors. A woman's group leader in one of the FGDs explained,

"Very few men support women socially and economically. It's rare for men to escort their wives to hospitals due to cultural beliefs that the man is the head of the family, and such tasks are seen as beneath them." **(FGD: P012)**

This statement highlights how traditional gender roles discourage men from participating in caregiving activities.

Emotional support driven by institutional policy

Where institutional policies demand that men be part of a cause, women are seen to present with their husbands. Some women noted that men were more likely to accompany them to antenatal visits, especially when healthcare providers required their presence. One woman shared,

"When I was pregnant, my husband had to come with me to the hospital because the midwife said husbands needed to attend at least one session. Otherwise, he would not have come." **(FGD: P02)**

This suggests that institutional policies, such as requiring male involvement in maternal healthcare, may be a key factor in encouraging men to participate in their wives' health-related needs. Nonetheless, outside of pregnancy, many women still report a lack of support. One participant stated,

"When I have malaria or a headache, my husband tells me to go to the hospital alone because he is busy. But when he is sick, he expects me to stop everything and take care of him." **(FGD: P20)**

Theme: Physical Support

Physical masculinity support refers to men's involvement in domestic chores, healthcare assistance, and other physically supportive roles. Under this theme, 2 themes emerged, including shared domestic responsibilities and lack of physical presence during sickness.

Theme: Shared Domestic Responsibilities

Data from interviews indicate that men in Luwero District rarely engage in such activities. One respondent noted,

"A man is the head, and the wife is the slave. She has to do everything." (FGD: P04)

Most men do not assist with tasks such as cooking, washing, or fetching water, leaving these responsibilities entirely to women. One interviewee commented,

"Most of the men don't fetch water, don't wash clothes, and don't cook. It's like they were trained to just sit and watch." (FGD: P011)

This lack of participation increases the physical burden on women, affecting their health and overall wellbeing. These findings provide deeper insights into this perception. Women in the focus group discussions (FGDs) consistently highlighted the cultural rigidity surrounding cooking, with one participant stating,

"In our culture, a man who cooks is seen as weak. Even when we are sick, men will wait for us to prepare food or they will find alternatives, like eating at a restaurant or asking another woman to cook." **(FGD: P03)**

Another participant added,

"My husband has never stepped into the kitchen. Even when I was recovering from childbirth, I had to struggle to cook for the family." **(FGD: P10)**

These responses highlight the deeply ingrained societal norms that prevent men from participating in household duties, even in situations where their wives are unwell or physically incapable of performing the task. The qualitative findings also suggest that cooking is not just seen as a gendered responsibility but also as a sign of masculinity. One respondent noted.

"If a man is seen cooking, people start questioning whether he is still the head of the house. It is shameful for him." **(FGD: P014)**

This perception discourages many men from engaging in meal preparation, even when their wives are burdened with multiple responsibilities.

Lack of physical presence during sickness

Men have been reported to show limited physical support in health-related matters. One respondent observed. This lack of physical presence contributes to women's emotional and psychological stress, as they feel unsupported during critical moments.

"Most men do not escort their wives to the hospital, even when they are very sick. They prefer to send money instead." (FGD: P08)

"My husband does not assist in washing clothes when I am sick. He will wash only his clothes and leave mine or the children's clothes." (FDG: P12)

Another respondent explained that some men deliberately avoid assisting because they believe it undermines their authority:

"Men see it as degrading. They say, 'If I start washing clothes, what will people think of me?' So, even when you are sick, you must find a way to do it." (FGD: P017)

This finding underscores the extent to which caregiving and household maintenance are seen as exclusively female responsibilities, even when a woman is unable to fulfill them due to illness.

Discussion

Our study examined how married women perceive male support in the context of financial, emotional, and physical support in Luwero district, Uganda. The study's findings reveal that economic support was inadequate among married women characterized by low engagement in family affairs, lack of financial support, cultural traditions, and Women's insecurity. Equally, emotional support was found to be lacking, and the women reported emotional neglect, asserted that they were seen as providers of emotional support, reported that men lacked emotional responsiveness, and that emotional support was driven by institutional policy. We found physical support to be characterized by the lack of shared domestic responsibilities and lack of physical presence during sickness.

Findings reveal that women in Luwero face significant economic and educational challenges, often compounded by traditional gender roles. A key issue is the inability to access healthcare, afford school fees, forcing children, especially girls, to drop out. The pressure on women to secure school fees highlights the persistent economic instability in the region. Additionally, the lack of necessities, particularly for girls, can lead to school dropouts. These insights underscore the structural barriers that limit women's economic opportunities, affecting their ability to provide stable education for their children. In a similar vein, [15] investigated the effects of targeted financial interventions on women's health and wellbeing in urban settings. Their findings revealed that women who received economic support through financial literacy programs and employment initiatives reported higher levels of life satisfaction and reduced anxiety related to financial instability. Additionally, [16] provided insights into the long-term effects of economic empowerment on women's health. Their longitudinal research indicated that women who experienced sustained economic support over time exhibited better health outcomes and a more positive outlook on life.

Concerning emotional support, the current study found emotional support among married women to be lacking as subjectively perceived and reported by women. These findings are in agreement with [17,18] who examined the link between emotional support and wellbeing in women across diverse socioeconomic backgrounds. The study found that women who had access to consistent emotional support reported significantly higher levels of life satisfaction and mental health. The study by [17] also highlighted that emotional support serves as a protective factor against stress, particularly for women facing economic challenges, indicating the broad utility of emotional support in enhancing life quality.

Similarly, a study by [18] explored the effects of emotional support on the well-being of women in low-income communities. This study found that emotional support networks, including family and peer support, were key in improving both mental health and coping mechanisms among women. It also found women to be known as the sole providers of emotional support. A study by [16] also provided valuable insights into how emotional support affects women's mental and physical health. Their longitudinal research found that women with higher levels of emotional support had improved mental health outcomes and reported lower incidences of depression and anxiety over time.

The findings on physical masculinity support reveal deep-rooted cultural norms that restrict men's participation in domestic and caregiving responsibilities. The highest level of agreement was seen in the lack of support in cooking, followed by washing clothes when the wife is sick. These findings suggest that traditional gender roles remain firmly entrenched, with many men viewing household tasks as solely the responsibility of women. The qualitative findings reinforce this perspective, with respondents describing societal expectations that discourage men from engaging in domestic duties. Similarly, recent literature emphasizes the role of physical masculinity support in shaping women's health outcomes and overall wellbeing. For example, a study by [19] found that physical support from male partners, such as assistance with childcare and household tasks, significantly correlates with improved physical health and mental wellbeing among women. Similarly, research by [20] highlights that women's wellbeing is enhanced when men engage in physical tasks that alleviate domestic burdens, leading to increased time for self-care and community participation.

Furthermore, [21] conducted a qualitative study highlighting the significance of financial, socio-cultural, and environmental factors in shaping women's wellbeing. They noted that women who reported higher levels of physical support often attributed their wellbeing to other factors, such as economic independence and access to education. This suggests that interventions should consider the broader social context in which women operate, emphasizing the interplay between various forms of support. The findings from the current study emphasize the necessity of adopting a multifaceted approach to enhance women's wellbeing.

Study strengths and limitations

Our study has strengths and weaknesses. Regarding the strengths, male support towards married women is understudied. The current study is among the few studies that will provide insights to scholars and policymakers on the need for male support in enhancing the well-being of married women. The study's findings hence set a yardstick for future studies. By interviewing married women, the VHTs, and women leaders at the community level, our study provides better insights into the problem. Overall, few studies have examined the perceptions of married women towards the support they receive from their male counterparts using a qualitative approach, which makes the study unique. Much as the study had notable strengths, it wasn't without weaknesses. One of the weaknesses is that the study was conducted in only one district in Luwero district, which may not be representative of other districts. The study focused on only married women, without hearing the side of the men. The study recommends conducting further research that includes men to gain deeper insights into their perceptions of their role as family heads in providing support.

Conclusions and recommendations

The study revealed that male support among married women remains inadequate, particularly in areas of emotional responsiveness, shared domestic responsibilities, and financial involvement. This lack of support contributes to women's emotional strain, steering unequal household dynamics and violence. It is therefore recommended that evidence-based targeted community engagement programs promoting positive male participation be implemented. Additionally, programs that challenge cultural norms and shape a healthy marital environment are instrumental in creating awareness and promoting equality. Lastly, there is a need to embrace institutional policies that foster equitable relationships and emotional well-being within families.

Competing Interests

The authors have declared that no competing interests exist.

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This study was self-sponsored, so no funding was received.

Abbreviations

CIUREC Clarke International University Research Ethics Committee
FGD Focus Group Discussion
KII Key Informant Interview

UNCST Uganda National Council for Science and Technology
VHTs Village Health Teams

Authors contribution

All authors played an active role in the study. PK led the study's conceptual development and manuscript development and writing, data analysis, and content editing. MM and CE supervised the entire research process as the study supervisors.

Data availability

Data is available on request

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