

MIXED SUCCESS INVOLVING MEN IN MATERNAL CARE WORLDWIDE

In most locales around the world, whether in developing or developed countries, men are little involved in their partners' health care during pregnancy. Research has shown, however, that women would like their partners to be more involved and that, in many cases, men are interested in being involved. Increased male participation could yield health benefits for men, women, and children.

In recognition of this situation, the Population Council's Frontiers in Reproductive Health program conducted two "Men in Maternity" studies in disparate settings—one in India and the other in South Africa—to engage male partners in health services during the antenatal and postpartum periods. Although the intervention in India was more successful than the one in South Africa, valuable lessons were learned in both countries.

India

In India, women depend heavily on men for access to health care. Men are the key decisionmakers regulating women's access to health care services even though they have limited knowledge on this matter. Between 2000 and 2003, the Population Council and the Employees' State Insurance Corporation (ESIC) of India conducted the Men in Maternity study at six of ESIC's Delhi clinics, assigning three to carry out the intervention and three to act as controls. At the experimental clinics, women and their husbands received joint counseling on pregnancy care, family planning, and infant care, and same-sex individual or group counseling on sexually

transmitted infections (STIs), correct condom use, and other topics. They also received antenatal testing and, if necessary, treatment for syphilis. Couples were seen during the pregnancy and at six weeks postpartum. At control clinics, pregnant women received standard care, which included very little counseling on pregnancy danger signs, family planning, or other reproductive health issues.

A total of 581 pregnant women at experimental clinics and 486 at control sites were interviewed when they came for their first antenatal visit. Follow-up interviews were conducted in couples' homes at six months postpartum: 327 women and their husbands from the intervention group and 302 women and their husbands from the control group were interviewed at this time.

The postintervention survey showed that couples in the experimental sites communicated significantly more about family planning (84 percent versus 64 percent) and reported more joint decisionmaking on the issue (91 percent versus 71 percent) than did couples attending the control clinics. Use of family planning by women and men six months postpartum was also significantly higher in the intervention sites. Significantly more men in the intervention group knew that condoms provide protection from both STIs and pregnancy. Gender-based disparities remained: twice as many men as women in the experimental group knew of the dual protection provided by condoms (89 percent versus 48 percent).

"Involving men in maternal care is something that couples want, both women and men," says Council researcher Leila Caleb Varkey, who worked on the Indian intervention. "Men take more contraceptive responsibility if they have adequate information and counseling about condoms. Our research shows that it's possible in crowded clinics to integrate services for men and women. Both clients and providers appreciate the time spent in counseling."

According to ESIC, expenditures on the reproductive health intervention were feasible and affordable, consisting mainly of purchases of supplies and materials. No new staff members were required and changes in staff routines were possible without increasing work hours.

ESIC has expanded the program to ten clinics since the study ended and plans to extend it to its 34 clinics and five hospitals in Delhi by 2005. The Frontiers in Reproductive Health program is providing technical assistance to improve ESIC's training and supervisory capacity and will monitor and evaluate the program's progress for one year.

South Africa

According to UNAIDS, HIV testing at antenatal clinics has demonstrated a consistent and sharp increase in infection among pregnant women tested between 1997 and 2003, with 28 percent of pregnant women in South Africa testing HIV-positive by the latter date. Although women are increasingly tested for HIV at antenatal clinics, men rarely seek reproductive health and HIV-testing services. Moreover, certain sexual practices during and after pregnancy may increase HIV risk. Many women, for example, abstain from sex before and after delivery. During this time, men may have other partners. "Involving men in maternal care in South Africa could provide opportunities for men and women to discuss reproductive health and learn about HIV risks in a setting mediated by a health care provider," explains Busi Kunene, intervention researcher from the University of Witwatersrand's Reproductive Health Research Unit.

Instituting this program in South Africa—where the Population Council collaborated with the Reproductive Health Research Unit, the KwaZulu-Natal Department of Health, and Family Health International—posed challenges unlike those in India. At the clinics used in India, which are affiliated with

the men's workplaces, men frequently accompany their wives on their initial visits. It was at these visits that male partners were approached to participate in the intervention. The clinics used in the South Africa study had no affiliation with the male partners' workplaces, and men, when invited, often found it difficult to miss time at work to attend antenatal and postpartum appointments. Most of the women were not married to and did not live with their partners, thus making it more difficult to contact these men.

At the six experimental clinics in the South African province of KwaZulu-Natal, 995 women and 584 of their male partners were interviewed and enrolled in the intervention. At six control clinics, 1,087 women received services following current Department of Health practices and guidelines.

"Despite the obstacles, the project showed that involving men in maternal care is feasible and acceptable," says Population Council investigator Saiqa Mullick. "At least one-third of couples in the South African intervention attended counseling sessions. In this area prior to the intervention, it was extremely uncommon for men to attend sessions."

Additionally, women in the intervention group were significantly more likely than women in the control group to be assisted by their partners when they experienced difficulties in their pregnancies. The increase in knowledge about the dually protective nature of condoms was significantly higher among women attending intervention clinics compared with women at the control clinics. And a significantly higher proportion of intervention couples discussed such key issues as STIs, sexual relations, baby immunization, and breastfeeding. "The increase in communication is an important antecedent to behavior change," asserts Population Council researcher Emma Ottolenghi, who participated in both studies.

No other effects of the intervention were detected in South Africa. The researchers speculate that had the

intervention been in place for a longer period or been supported by mass communication efforts to encourage men to come to the clinic, a more substantial transformation may have occurred. On the basis of the results of the Men in Maternity study and other studies in KwaZulu-Natal, the provincial Department of Health is revising its antenatal and postnatal care guidelines and developing new policies. Involving male partners has been identified as a key issue. Frontiers in Reproductive Health and the Reproductive Health Research Unit are collaborating with various agencies to develop the policies and guidelines.

Sources

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