Male Partner Engagement in Antenatal Care and Zika-related Health Care

Background

While reproductive, maternal, newborn, and child health (RMNCH) and Zika are often incorrectly described as women’s issues, we know that men and male partners play a key role.

The Zika virus, transmitted through mosquito bites, through mother-to-child transmission during pregnancy or through sexual contact, spread rapidly across 27 countries in the Western Hemisphere from 2015 through 2017. If a pregnant women is infected, her child is at risk of developing Congenital Syndrome associated with Zika (CSaZ) for which symptoms include microcephaly and a range of other fetal brain defects and developmental delays. Zika thus impacts the lives of women, men, girls, and boys throughout the Latin America and Caribbean region.

International recommendations on Zika prevention and public health response efforts rarely take gender and social context into account. Gender refers to the social norms, roles, relationships, and behaviors attributed to individuals because they are considered a man or a woman (or another gender identity) within societal norms or cultural practices. Often linked to sex (male or female or other characterization), ethnicity or race, religious or cultural affiliation, age, or other distinguishing characteristics that separate one group from another, gender addresses expectations that society has of an individual or group and the expectations that individuals and groups have of themselves.

Gender can influence a person’s exposure to Zika infection and subsequent risk of disease and his/her access to prevention and care so is essential to consider within plans and strategies to prevent, treat, and eliminate Zika. Government recommendations that encourage women to avoid or delay pregnancy, practice safer sex, and use condoms or abstain from sex during pregnancy assume that women have high levels of reproductive empowerment, decision making ability/status, and access to contraception. However, these recommendations do not reflect the realities in Latin America and the Caribbean, where some women have limited access to contraceptives and other sexual and reproductive health services. In addition, there are communities with high rates of sexual and gender-based violence (GBV) and barriers to autonomous reproductive health decision-making which often result in high rates of unintended pregnancies, particularly among youth. Understanding the needs,
vulnerabilities, and realities of women, men, girls, and boys helps us tailor responses and dedicate resources where they are most needed.

Although gender norms are starting to shift, in many low- and middle-income countries, men are still the primary financial providers and key decision-makers, often determining women’s access to economic resources and having power over women’s ability to make choices about their health and children’s health. Since many health systems require out-of-pocket payments for certain tests and medications, this practice can limit women’s access to maternal health services and obstetric care, which are essential for Zika prevention and management and for overall RMNCH. In addition, women’s decreased decision-making power may interfere with their ability to engage in safe prevention practices, such as using a condom during intercourse, and engaging in important activities critical to child development, such as adequate maternal nutrition during pregnancy, breastfeeding practices, and caring for a sick or disabled child. Given these considerations, health providers and health systems need to look beyond RMNCH and Zika as a woman’s issue and to constructively engage male partners in RMNCH services.

While male partner engagement is critical across the spectrum of RMNCH services from family planning counseling to well-baby care check-ups in order to prevent Zika, this brief will focus specifically on male partner engagement in antenatal care (ANC).

Benefits of Male Engagement in Antenatal Care

When men attend ANC visits, it may increase their knowledge about the importance of maternal, postnatal, and child health services which may motivate fathers to invest in the health of their partners and children. This knowledge can translate into the provision of resources for accessing maternal services such as transportation to the hospital for delivery and payment of user fees, but also as long-term investments such as early father involvement in the infant’s life which is also beneficial for child development.

Recent studies across several countries regarding partner engagement in maternal health report many positive benefits of male involvement in ANC visits which can correlated with an improvement in couple communication, an increase in joint decision-making, and reduction in gender-based violence.

While the benefits are well documented, it is also important to recognize that partner involvement in ANC is not applicable in every context. In relationships with intimate partner violence (IPV) or other unhealthy controlling behaviors, the mother may not want her partner to be involved. Therefore, it is critical to seek a woman’s consent before involving her partner. In addition, providers should be sensitive to the fact that not all pregnant women have partners and be wary of programs and policies that prioritize women with partners at the expense of further isolating single mothers.

Findings from Latin America and the Caribbean

Barriers to Male Partner Engagement

Under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project and working alongside ASSIST staff, Wi-HER conducted gender analyses in Antigua, Dominica, the Dominican Republic, Guatemala, Honduras, and Peru. Findings from these analyses varied extensively from country to country. For example, male engagement in ANC, birth, and well-baby care was generally more common in the Caribbean islands than in the Latin American countries, and patterns changed within countries depending on the region and urban-rural differences. However, three common barriers were identified that discourage men from engaging in antenatal care and well-baby visits. The first is the idea that pregnancy and childcare are considered the responsibility of women, which is reflected in the “machismo” or “macho” cultural idea that men are not expected to be involved in seeking care for their wives and children, especially during pregnancy, childbirth, and the postpartum period.

“We want to promote awareness that men can take care of a baby, that it’s not just the woman’s role. But this is not the custom here, there are many cultural barriers and there is a lot of ‘machismo’. We want to free this stigma and change these roles.”

– Health Provider, Tela, Honduras
"It’s [childcare] a woman’s job to them."
– Woman, Roseau, Dominica

The second barrier is that men often perceive the health system, including the attitudes of maternity care workers, as unwelcoming, intimidating, and unsupportive of male participation.\textsuperscript{16,17} While it is of the utmost importance to focus on the needs of the woman, providers should also engage in the needs of the man and include both partners in the conversation in the ANC consultation together with the woman’s consent.

“My wife is pregnant; she is seen by a gynecologist in Santo Domingo. I always accompany her when she goes to antenatal visits. I am the only man in the middle of many pregnant women and even the gynecologist asked me what I’m doing there.”
– Man, Barahona, the Dominican Republic

Respondents described that men often complain that the health system is too slow, are unwilling to endure long wait times, and generally avoid the health system unless it is an emergency or for work clearance.

“In the Guatemalan culture the health center is used practically only by women and children, the men prefer to pay for a private consultation, and only for the health check they need for work, but not for personal consultation.”
– Man, Teculután, Guatemala

“Men don’t have the patience to wait (in the health center), it agitates them.”
– Woman, Roseau, Dominica

The third and most commonly cited barrier is logistical, as ANC and well-baby care appointments take place during work hours, and men may have difficulty obtaining permission to leave work, or they cannot afford to forgo a day’s wages. Cost is an important issue.

“The [male] partner always works all day and does not have time to accompany their wife.”
– Health Provider, Tumbes, Peru

Agreed that the younger generations could have a part to play in this shift.

“I find that the youths of today, rather than 16 years or 20 years ago, I find that fathers are more accepting to go along and come to the clinics with mothers. Because 10 years ago you probably wouldn’t see that much. You are slowly seeing it now. So, I find the younger youths of today are adapting and paying more attention. It’s a bit more than before because in the past they would never come to the clinic.”
– Woman, Antigua

In addition, health providers are recognizing the importance of involving male partners and actively engaging men in a family health model. In Antigua, providers have reported inviting men to participate in ANC and well-baby/child visits.

“They are probably just waiting to be asked, they say they are busy, but I generally find that they are happy to be asked, finally somebody is including them in a discussion about their child’s health.”
– Female health provider, Antigua

In the Caribbean island of Dominica, while men do not usually attend every well-baby visit, respondents reported that almost all partners are present for the birth of the child. One health provider in the capital, Roseau, talks about how she engages the partner after the birth. The birth itself is a critical opportunity to begin to involve men and encourage them to actively participate in taking care of their baby by sharing information.

“[After the birth] fathers have a chance to dress the baby, 99% welcome the opportunity. They understand the importance and they like it, they take pictures with their babies ...I ask them ‘do you want a stranger to dress and feed your baby for the first time?’ They need to be encouraged.”
– Health provider, Roseau, Dominica

Shifts in Mindset Regarding Male Engagement

Despite many of these barriers, there is ample evidence that this resistant mindset is beginning to change and that men increasingly want to be involved with their partners and children. For example, men across focus groups in the Caribbean island of Antigua noted that some men do come to every appointment or want to be there with their partners. Others mentioned they wanted to be there but were not invited, suggesting that some barriers still exist either from their partner or the health facility. Participants agreed that the younger generations could have a part to play in this shift.
Initiatives to Promote Male Engagement

ASSIST has supported providers to implement innovative approaches to increase male partner engagement in Zika prevention and maternal, child, and family health. Country teams in Guatemala, Peru, the Dominican Republic, and Honduras and their health facility counterparts have implemented initiatives to invite male partners (with the woman’s permission) to ANC appointments. Going a step further, some hospitals issue certified letters so that men can present them to their employers and can obtain permission to leave work for the appointment.

The team in Guatemala has focused on reaching out to male and female community leaders through local councils called COCODES, as well as midwives, to talk about condom use, Zika prevention, and the importance of male engagement in ANC.

In Honduras, some health facilities run workshops or sensitization training with couples, and one has an agreement with the municipality that couples who apply for a marriage license must attend a mandatory session at the hospital to learn about Zika prevention, family planning, and condom use. Some facilities target men separately with individual counseling sessions and condom distribution, while others target groups of men through health presentations, or presentations in the waiting room called “masculinity meetings.”

“Some of the changes we’ve seen in men who participated in our workshops is increased condom use, closer family ties, and more co-responsibility when caring for their children.”
— Health Provider, El Progreso, Honduras

Considerations for implementing male-engagement strategies in Zika-related health services

In short, it is critical for providers to engage men as part of the solution. Promoting partner involvement through ANC visits, well-baby care visits, or other avenues, is a critical opportunity to help prevent Zika, advance overall improved MNCH, and improve men’s health as clients themselves.

To support ASSIST in this work, WI-HER applies iDARE (Identify, Design, Apply/Assess, Record, Expand), an innovative, evidence-based approach based on the science of improvement, to help country teams identify gender gaps and opportunities, train and sensitize health providers in gender integration, and provide support to program implementation, measurement, and evaluation. Much like quality improvement’s ‘Plan, Do, Act, Study’ (PDSA) cycle, the iDARE methodology allow partners to iteratively test changes through a gender lens. The following recommendations are for program planners, managers and key decision-makers to advance quality of care, improve patient outcomes, and reduce existing inequalities by engaging men.

1. Assess the unique needs of men, women, boys, and girls in Zika-affected areas related to Zika infection and reproductive health.
   - Assess men’s and boys’ knowledge and attitudes towards RMNCH and Zika prevention and response.
   - Assess how gender norms affect male participation in ANC, well-baby care consultations, and general Zika prevention and response activities.
   For example, it is crucial to determine who in a family makes decisions about contraceptive use or condom use.
   - Involve men in the design of improvement activities related to RMNCH services, including care around Zika infection, to ensure that services and products address their concerns and needs.

2. Sensitize and provide continuous support to health care providers and community health workers to address male engagement in Zika-related health services and RMNCH.
   - Sensitize health care workers on gender issues surrounding Zika, gender integration, and the importance of male engagement.
   - Encourage care providers to welcome male partners, when agreed upon by the female client, in clinical visits and health discussions. Health care workers should also be sensitized against projecting their own beliefs on clients that may generate socially-driven, negative attitudes (e.g., stigma against pregnancy while infected with Zika, and stigma or inequitable norms around men being in the health facility/ accompanying their partners).
   - When appropriate, engage and sensitize midwives to also speak with male partners.

3. Develop information, education, and communications materials that are inclusive of men
   - Education materials like pamphlets and posters should include visuals of men engaging in positive RMNCH and Zika prevention behaviors and should resonate in the local language and culture.
   - Consider other mediums of communication, such as radio, television, newspaper and social media, to reach men with RMNCH and Zika response messaging outside of health facilities.

4. Engage men across the spectrum of antenatal, neonatal, family, and personal health services.
   - Sensitize clients while focusing on women’s agency, it is also important to address the essential role men play in decision making and behaviors related to Zika transmission, preventing unintended pregnancies, and related health outcomes of their families. Staff should promote gender equality, open communication, and shared decision-making (e.g., about fertility, pregnancy, and contraception) between males and females. Involving men in these discussions could help make them more supportive of contraceptive and condom use and to balance power differentials within couples around decision-making and action for contraceptive use.
   - Focus on reaching men with comprehensive information about Zika
5. Engage men where they are (not just in health facilities)

- Engage and sensitize community leaders about Zika, condom use, and the importance of male engagement.
- Reach men through presentations or promotional materials at their place of work, in recreational spaces, in schools, etc.
- Integrate RMNCH and Zika response education into existing programs that usually target men (i.e. existing water, health and sanitation programs, co-ops, trade unions, agriculture programs, etc.).
- Leverage technology, such as the internet, social media, or messaging to reach younger men (and women).

### References


**Male Partner Engagement in Antenatal Care and Zika-related Health Care** continued


Resources to learn more

Zika Virus: Promoting Male Involvement in the Health of Women and Families. 2016
Accessed at: http://doi.org/10.1371/journal.pntd.0005127
This article discusses the role of men in Zika virus infection and reproductive health care and offers recommendations and suggestions on how to promote male involvement in the Zika virus outbreak.

A Guide to Integrating Gender in Improvement. 2017
This guide aims to support gender integration in quality improvement activities by helping the reader to understand gender and gender integration, details how to integrate gender in improvement activities, encourages additional areas for consideration, and provides resources that improvement teams can use to integrate gender.

Engaging men in sexual and reproductive health and rights, including family planning. 2017
Accessed at: https://www.k4health.org/topics/engaging-men-boys
This resource is designed to assist program designers or managers in constructively engaging men as clients of sexual and reproductive health services, as supportive intimate partners, and as agents of change to address gender norms in their communities. It provides basic programming guidance as well as practical tools which can be used to accomplish such goals.