

Operations Research Brief



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An Innovative Approach to Involving Men in Maternal and Newborn Health Care: Program Experiences in the Department of Matagalpa, Nicaragua



Credit: Christian Meléndez-López

A male behavior change agent and his family near Matiguás.

Conducted in the remote department of Matagalpa, Nicaragua, from 2008–2012, this brief describes one project's exploration of how to involve men constructively in maternal and newborn health care as one component of the project's broader maternal and newborn care strategy.

Key Findings:

- Men can make positive behavior change for improved maternal and newborn health care.
- Formative research to understand existing gender roles and to determine barriers and enablers to behavior change is critical to the success of male involvement programs.
- Community-based collaboration helps to ensure acceptability of the new gender norms that male involvement programs promote.
- Opinion leaders such as religious authorities are pivotal in promoting positive behavior change.
- Providing safe places for men to practice new behaviors, under the guidance of positive male role models, is key to transforming gender norms.

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The Challenge

Nicaragua has some of the highest maternal and child mortality rates in Latin America, according to the World Health Organization. Major contributing factors include poverty and sociocultural issues such as gender norms that limit women's access to health care, especially in rural areas. In the country's "machismo" culture, men control household resources and are not expected to be involved in seeking care for their wives and children, especially during pregnancy, childbirth, and the postpartum period. Women often do not make decisions on their own, which limits their ability to access household financial resources and to seek health care in a timely manner. Most existing family- and community-level strategies to improve maternal, newborn, and child health (MNCH), however, continue to target women. MNCH programs in Nicaragua and other Latin American countries need to better understand how to operationalize male involvement policies.

Nicaragua's machismo culture discourages men's involvement in maternal and child health care.

Programmatic Context

Between 2008 and 2012, Catholic Relief Services (CRS) and its partners implemented the USAID-funded Child Survival Project (CSP) in the department of Matagalpa, Nicaragua, to reduce maternal and neonatal morbidity and mortality in the municipalities of Matiguás, Río Blanco, Paiwas, and Waslala. The project reached 173,267 women and children under five years old, targeting 125 communities and 13 MOH facilities.

The project implemented activities at the household, community, and health facility level to improve maternal and

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BOX 1. Project Components by Study Group

Child Survival Project Activities in 125 Communities (Intervention and Comparison Groups)

- Counseling of couples using birth planning charts
- Organization of household and community saving funds
- Promotion of institutional deliveries and postpartum care
- Organization of emergency obstetric teams
- Stabilization and referral of obstetric emergencies by community health agents
- Information, education, and communication activities to increase awareness

Additional Male Involvement Activities in 20 Communities Only (Intervention Group Only)

- Face-to-face counseling of men
- Promotion of behavior change messages at sports events and through radio
- Community education by religious leaders, including Catholic deacons and Protestant pastors

neonatal care, including Neonatal Integrated Management of Childhood Illness (N-IMCI), birth planning, lifesaving skills, nutrition during pregnancy, breastfeeding, and institutional strengthening for the MOH (training, equipment, and quality improvement). At the community level, the project established, trained, and supported a network of volunteers to counsel families, provide group education, and monitor and refer women to health facilities.

Innovative Interventions Tested

In 20 communities, the project implemented an additional component over an 18-month period to involve men in maternal and newborn care, particularly during pregnancy, childbirth, and the postpartum period, which reinforced the government's new policy initiative to humanize and culturally adapt birthing practices at MOH facilities.

Working with household and community members, the project first conducted formative research

to identify men's current behavior regarding their involvement in maternal and newborn health care as well as enablers and barriers to behavior change. The project then developed culturally tailored messages to address gender norms regarding masculinity. Using a cascade training approach, field agents were first trained, and then those agents trained 61 male behavior change agents (BCAs), covering such aspects as counseling, negotiation techniques, birth planning, and pregnancy danger signs. The communities themselves recruited and selected the BCAs to enhance acceptability of them by the male beneficiaries. In addition to being literate, BCAs had to be recognized as community leaders and as positive role models. The BCAs counseled men with pregnant wives and promoted behavior change communication messages at sports and religious events (see Box 1).

Face-to-face counseling of men. Working with about 10 families each, the male BCAs used a "Trials in Improved Practices" approach to encourage men to adopt positive MNCH behaviors (see Box 2). The approach entailed identifying, practicing, and then analyzing behaviors using seven behavior modification strategies. The BCAs met with husbands who had pregnant wives to discuss and negotiate adoption of new behaviors that included joint decision-making on seeking timely care for delivery, antenatal care, and newborns; sharing of household chores; and participation during antenatal care and the delivery process. At follow-up visits, the BCAs assessed men's achievement with the desired behavior change, negotiated additional behavior change, and provided awards, such as pins, *guayabera* (shirts), and certificates.

Peer education at sports events. The BCAs also promoted the project's key messages at local sports events, such as baseball and soccer games. Key messages included men helping their wives to get health care during pregnancy, delivery, and after delivery as well as for newborns.

Religious leaders played an important role in promoting positive behaviors among men.

BOX 2.

Five Steps for the “Trials in Improved Practices” (TIPs) Approach to Behavior Change



For more information, see <http://www.slideshare.net/COREGroup1/revisiting-trials-of-improved-practices-methodology-51011-mcewan>.

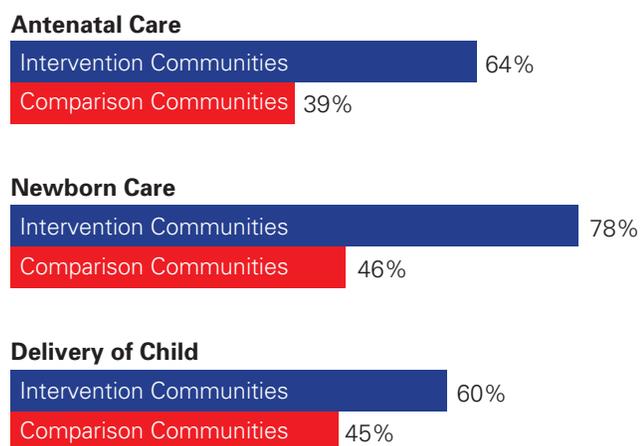
Community mobilization by religious leaders.

Some of the BCAs were religious leaders who used religious services and gatherings as a forum to educate people and promote key messages about male involvement.

Research Methodology

Baseline and endline surveys were conducted in the 20 intervention communities (n=97 men and 97 wives at both time points) as well as in 20 comparison communities (n=97 men and 97 wives at both time points). In addition, qualitative data were collected through 7 focus group discussions (3 with women, 1 with women and men, 2 with community leaders, and 1 with BCAs). Ethical considerations of the study were approved by the Institutional Review Board of the University of Nicaragua.

Figure. Men’s Involvement in MNCH at Endline



Research Findings

Endline surveys suggest that men in the intervention communities were more likely than men in the comparison communities to accompany their wives when seeking antenatal and newborn care and to participate in the delivery of their child (see Figure).

In focus groups, men recognized the importance of women seeking care at a health facility for delivery and when presenting with danger signs during pregnancy. Both men and women identified the critical period for reducing maternal and infant mortality as during pregnancy and the 40 days after delivery, which they learned from BCAs and at antenatal consultations. They also indicated that they make decisions with their spouses about the following issues:

- Saving money for the delivery and postpartum period
- Going to the maternal center together for delivery
- Seeking timely attention for sick children

Women said that their partners had started to help them with housework during pregnancy and after delivery, to help in the care of the newborn, and to treat them and their children better overall. They also indicated that their partners had taken them to the maternal center and sought a midwife for them. Some of the men had even participated during labor and delivery. The best incentives for positive behavior change, according to the men in the focus groups, were the *guayabera* and diplomas. Face-to-face counseling was the best approach for convincing them to change their behavior.

Focus group participants and key informant interviewees noted that domestic violence had been reduced, particularly around childbirth, as a result of the male involvement activity even though the project did not target this behavior specifically. Further investigation revealed that the religious leaders who were involved in the project as BCAs had played an important role in promoting such positive behaviors among men. However, both men and women in the focus groups expressed concerns about persistent social stereotypes regarding men's and women's gender roles.

Anecdotal feedback indicated that positive results from the male involvement intervention appear to have been made beyond the targeted 20 communities. Volunteers in other communities were aware of the intervention and may have encouraged similar behaviors among men in their communities. Also, men across all three project municipalities probably were exposed to radio messages and other community activities that were designed for the intervention communities, which may have played a role in influencing their behavior.

Recommendations and Use of Findings

Project findings show that the strategy of engaging men in maternal and newborn health care is feasible and effective in overcoming traditional constraints of masculinity toward improved maternal and newborn care and health-seeking behavior in rural Nicaragua. The timing of the intervention coincided with new MOH policies that contributed to the success of the intervention. In particular, the MOH was institutionalizing a policy for culturally adapting birthing practices at facilities, for example, by accepting some traditional birthing practices and welcoming men at health facilities. These changes, in turn, encouraged pregnant women to seek institutional deliveries.

This project has contributed knowledge on how to create a supportive community environment that

encourages men to become more involved in maternal and newborn health. Based on this experience, Catholic Relief Services has developed a training curriculum on how to work with men and is integrating it into their programs in other countries.

Implications for future policies and programs that promote gender-equitable norms in Nicaragua and other similar settings include:

- Men can make positive behavior change, but it is critical to first **understand existing gender roles** in the community and to **determine the barriers and enablers** that stand in the way of men making changes and help them change. The emphasis should be on helping men to understand how gender norms can negatively affect their wives' and children's health. Once men are given opportunities for self-examination, they can be challenged to develop healthier alternatives to prevailing notions of gender and masculinity in safe places under the guidance of **positive role models**.
- **Male involvement strategies require time and concentrated effort** to implement because men must question and address entrenched social norms and attitudes in the face of social pressure.
- **Community-based collaboration** in male involvement projects helps to ensure ownership and acceptability of the new gender norms that are being promoted.
- **Opinion leaders such as religious authorities** play a pivotal role in challenging the status quo and promoting positive behavior change. **Peer education during sports events** was also a successful approach. However, further research is needed to understand how each of these components influences men's behavioral change.
- **More research is needed** to understand how to institutionalize this male involvement approach and how to expand it to other communities in Nicaragua and elsewhere.

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For more information about CSP, contact Elena McEwan at Elena.Mcewan@CRS.org. The final evaluation report is available at <http://bit.ly/113J47L>.