**Male Involvement in MNCH Research**

*General Summary*

The articles in this review address the role of males in maternal and reproductive health practices relevant to Western Kenya. All articles were published within the last decade. The topic lacks substantial research in the region beyond basic qualitative studies and literature reviews. Globally, studies have shown significant increases in utilization of maternal and reproductive health services associated with greater collaboration from partners. This correlation holds true in Western Kenya based on the articles surveyed and highlighted below.

Involvement of men in MNCH services has historically been low in Western Kenya for a variety of reasons. From a cultural standpoint, comprehension of MNCH has been seen as the responsibility of women while the role of the man has been to financially support the woman. This lack of understanding for the male affects their ability to support their partners fully and is an obstacle to a woman receiving comprehensive maternal healthcare. The woman often lacks agency in seeking this care herself because the man is "the provider," making all major financial and social decisions for the woman and his family.

A crucial way for men to be involved in a woman's pregnancy has been demonstrated through accompaniment of the woman for ANC sessions. This has been shown to be beneficial because of noted increases in the likelihood of using SBAs during labor and the couple's greater ability to plan and prepare for birth (as well as complications). Many variables in turn affect male involvement in MNCH. A higher education level of the male and higher socioeconomic status of the family led to greater male involvement. This supports many studies' trust in educational interventions to increase male involvement by sensitizing men to the idea of joint responsibility in MNCH.

Many obstacles still exist for increasing male involvement. A frequently reported obstacle was a lack of friendliness of ANC clinical workers towards men. Therefore, a need has been demonstrated for improving facilities' ability to cater to the needs of a couple instead of solely the woman. This is vital to address sensitively in terms of culturally-appropriate care given pervading gender norms. However, these norms may be able to be used strategically for improving utilization of comprehensive MNCH services.

*Articles*

* **Mangeni et al.** Male involvement in maternal healthcare as a determinant of utilisation of skilled birth attendants in Kenya. **2012**.
	+ Statistical analysis of the 2008-09 Kenya Demographic and Health Survey to identify effects of male involvement on likelihood of using SBA for delivery. Utilization of SBAs is directly linked to decreases in MMR, so the variable of male involvement was studied. The study posited a null hypothesis that male involvement would not positively or negatively affect utilization of SBAs.
	+ Significant results were yielded regarding use of SBAs being more likely among the population of mothers whose husbands/partners attended at least one ANC session as compared to those whose husbands/partners did not attend any ANC sessions.
	+ Other significant variable found to increase likelihood of SBA attendance:
		- Province– more likely to have SBA in urban setting than rural setting
		- Employment status– if employed, more likely to have SBA
		- Educational level (directly proportionate)
		- Number of children (inversely proportionate)
	+ A separate variable was used for perceptions of maternal health by men.
		- Positive perceptions were characterized by beliefs that SBAs were crucial and that childbearing is a joint responsibility, not solely the mother's responsibility. If one or both beliefs were absent, responses were coded as negative.
		- The results did not yield significant and conclusive results for this variable, but slight correlation between positive perceptions and higher use of SBAs.
	+ Salient quotations:
		- "The majority (68 percent) of women whose husbands accompanied them for at least one ANC visit utilised a skilled birth attendant during delivery. The odds of utilising a skilled birth attendant were 2.8 times higher for women who were accompanied by their husbands to at least one ANC visit than for women who had ANC but not accompanied by their husbands (OR 2.82, CI 1.49- 5.36)." (pg. 375)
		- "All over the world there is an increasing interest in mainstreaming male participation in reproductive health, since men usually are the key decisionmakers in the home and often control household finances. In reducing maternal mortality, the value of direct male involvement in maternal healthcare cannot be underestimated." (pg. 380)
		- "[Policies that mainstream male involvement in maternal health] should address men's role and constraints and also include an educational component to sensitise men to the benefits of their involvement in pregnancy care and outcomes. For men such efforts could help demystify reproductive health as exclusively a women’s concern." (pg. 381)
* **Ditekemena et al**. Determinants of male involvement in maternal and child health services in sub-Saharan Africa: a review. **2012**.
	+ A literature review that focuses on effects of male involvement on MNCH services, specifically pertinent to prevention of mother to child transmission of HIV.
	+ A significant and prevalent conclusion was that older age and cohabitation of partners individually led to greater involvement of men in maternal health.
	+ The reviewers supported a metric/score developed by Byamugisha et al (see below) used to measure male involvement and participation, but the reviewers also acknowledge the lack of validation for this tool.
	+ The literature has several limitations for our purposes due to setting of Sub-Saharan Africa at large and the confounding of varying cultural factors. Additionally, studies involved very different designs.
* **Kwambai et al**. Perspectives of men on antenatal and delivery care service utilisation in rural western Kenya: a qualitative study. **2013**.
	+ A qualitative, interview-based study using focus group discussions with 8-12 participants each, a total of 68 married men. Seven major themes emerged:
		- female roles
		- male roles
		- healthcare worker attitudes
		- benefits of facility-based maternity care
		- benefits of men’s attendance
		- barriers to men’s attendance
		- logistics and the role of Traditional Birth Attendants
	+ Most participants shared the belief that men should play a role in maternal health and that it is beneficial for the man to accompany a woman to ANC sessions and the birth of the child. Some reasons for this include:
		- Promotion of voluntary counseling and HIV testing seen as a positive reason
		- A lack of trust of women by men in care, believing that women distort the truth of situations or withhold important medical information, as a negative reason
		- Complications led to greater likelihood of male involvement
	+ However, many obstacles to male accompaniment of females exist.
		- Distinction between roles of male and female and lack of belief in joint roles
		- Male as "provider" role was an obstacle in terms of time, claims of being too busy to support partners
		- Negative staff attitudes towards males in the delivery process, lacking couple-friendly client care and spaces
	+ The study discussed the context of the patriarchal society both positively and negatively in how men relate to maternal health. The authors believe that while the patriarchal nature leads to challenges in women's rights and autonomy, it can be used effectively in this context by addressing the male's role as "decision-maker" to directly improve utilization of ANC and other maternal health services.
	+ Salient quotations:
		- "Many men reported that primary pregnancy support was most often provided by other women. Overall, men told us that males were often excluded from a supporting role, even as part of a couple." (pg. 3)
		- "Despite the perceived benefits of accompanying their wives, very few men mentioned that they did this in practice. Indeed they only spoke of going with their wives when there were specific health issues, pregnancy complications, or laboratory tests were necessary." (pg.6)
		- "Ultimately though, despite the positive view [towards facility-based care] – simple economics or logistics might be the driving force determining whether the woman attends hospital for delivery or seeks help from the TBA." (pg. 8)
* **Mutombo et al**. Benefits of family planning: an assessment of women's knowledge in rural Western Kenya. **2014**.
	+ A statistical review of a knowledge-based survey for women of reproductive age in rural Western Kenya.
	+ The study analyzed how spousal involvement affects knowledge of FP and found significant results:
		- Knowledge of FP increased for women whose partners had a higher level of education. Interestingly, the knowledge level did not vary based on women's own education level.
		- Having had discussions with partners about FP and reproductive health led to increased knowledge as well as higher likelihood of using effective modern methods of contraception.
	+ Salient quotations:
		- "Interestingly, women’s own level of education was less significant than partner’s education level on their knowledge about the impact of using FP on the child, suggesting the influential role their partner’s characteristics may pose on women." (pg. 5)
		- "The strongest predictor is the discussion of FP with the spouse. This variable was significant for knowledge about the impact on both the child and mother." (pg. 7)
* **Byamugisha et al**. Determinants of male involvement in the prevention of mother-to-child transmission of HIV programme in Eastern Uganda: a cross-sectional survey. **2010**.
	+ A cross-sectional study using a six-question survey, focus group discussions, and in-depth interviews.
	+ While the study was not done in Western Kenya, the regional differences can be overlooked given similarities of programming and challenges in maternal and reproductive health.
	+ A small-scale scoring system called the male involvement index was developed for this study to quantify male involvement based on the six survey questions.
		- The criteria were:
			1. The man attends ANC with his partner.
			2. The man knows the partner's antenatal appointment.
			3. The man discusses antenatal interventions with his partner.
			4. The man supports his partner's antenatal visits financially.
			5. The man has taken time to find out what goes on in the antenatal clinic.
			6. The man has sought permission to use a condom during the current pregnancy.
		- Affirmative responses scored 1 and negative responses scored 0, leading to a maximum score of 6.
		- This scoring system was highlighted by *Ditekemena et al* and has been referenced in other similar studies.
	+ A frequently reported obstacle to male involvement in prevention of mother-to-child transmission of HIV was that ANC clinics and hospitals were not client-friendly, and especially not male-friendly. This is further compounded by the cultural idea that "antenatal care [is] perceived as a woman's affair."
	+ Salient quotations:
		- "The participants (males) in the FGDs were also emphatic on their recommendations as to how to improve [male involvement in ANC/PMTCT] and their suggestions included the following:
			1. Sensitize men about ANC and PMTCT, and their benefits
			2. Conduct refresher courses for midwives and nurses
			3. Men should be invited by staff to attend ANC using the ANC cards of their wives
			4. Government should bring services closer to the people.
			5. Welfare of the staff should be improved.
			6. More staff be recruited into the health service." (pg. 5)