



Male Involvement in Maternal and Newborn Health

E - Newsletter Issue

6

August 2017

Editorial



Male participation is now recognised as a crucial component in optimizing maternal, newborn and child health outcomes. The momentum to place men at the centre of reproductive and family health picked up at the 1994 International Conference on Population and Development, which advocated efforts to "... emphasize men's shared responsibility and to promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health." Men who are poorly informed or disengaged from pregnancy and childbirth often present serious barriers to women's ability to act in their own and their children's interests; and evidence from many studies has reaffirmed the importance of involving men in reproductive health matters.

Approaches to harnessing the support and involvement of men for improved maternal and newborn health outcomes differ but can be categorized based on the roles ascribed to men: men as clients, men as partners, men as agents of positive change or a combination of these. A common outcome is that interventions that effectively involve men record positive results for women and children. In addition, male involvement has potential benefits for men themselves including improved spousal relationships and increased access to and familiarity with the health system. In line with WHO's 2015 recommendations, Kenya's Ministry of Health, Reproductive, Maternal, Newborn and Child Health Investment Framework recognised the need to do and learn more about cost effective models that promote male involvement. The County Innovation Challenge Fund (CICF) is playing its part.

In this issue of the CICF newsletter, two grantees share experiences and lessons from their male involvement efforts. We invite our readers to share in the learning and be part of the movement towards stronger male involvement.

Enjoy reading,

CICF Technical Team





Male involvement in the informal urban settlements of Nairobi

The majority of residents of informal settlements in Nairobi are low income earners who often cannot afford the cost of accessing health care services. Families are forced to prioritize their basic needs such as food, water, shelter and clothing, leaving little or no funds for medical care. In a context where less than 25% of people have prepaid medical insurance, the out-of-pocket expenses when illnesses strike often leave families in a precarious situation. While the National Health Insurance Fund (NHIF) has been revised to include people working in informal sectors, many low income earners cannot afford to pay the entire monthly premium upfront. Health service delivery in informal settlements is dominated by small private for-profit clinics that do not offer the free maternity services introduced by the government in 2013 and which are currently limited to the public sector.

Malteser International is implementing a flexible payment system to enable patients in informal settlements to make pre-payments for maternity services, using their mobile phones. The innovation is based on lessons learned from other sectors, where flexible pre-payment has been shown to increase access to financial products such as personal and business loans, and mobile phones have been used to promote savings for anticipated expenses. The M-Afya mobile application allows the mother and her family and friends to set aside small amounts of money during pregnancy to cover the costs of delivery, using MPESA. The money is saved in a protected account that can only be used for health services at designated facilities, promoting access to quality care. In addition to the financial savings function, the M-Afya system is also used to send simple mobile phone messages to the mother and her partner about maternal and newborn health, thereby acting as a platform for client education. It also sends reminder messages for clinic appointment dates and payments.

Right from the design stage of the M-Afya intervention, Malteser observed that men in the informal settlement of Embakasi had a limited role in reproductive, maternal, newborn and child health (RMNCH). Generally, pregnancy and birth were deemed as a woman's domain and men were only expected to offer financial support to their spouses. Being an urban population, sociocultural beliefs, attitudes and practices on reproductive health varied widely but prejudiced against men who participated in "women's issues" were common. For instance, men who spent too much time in the company of their wife were perceived as weak.

To address the situation, the M-Afya project integrates male involvement in various interventions where men become supportive partners and agents of positive change. The project sensitizes men on the importance of assisting their partners to access maternal, newborn and child health (MNCH) services by

providing financial, emotional and motivational support.

Through men to men dialogue forums, male MNH ambassadors and M-Afya short messaging platform, the project seeks to eliminate negative gender-based stereotyping, myths and misconceptions that hinder male participation in maternal and child health services. Realizing the low knowledge levels on RMNCH among men, the project sends simple mobile phone messages on the developmental progress of their unborn babies, nutrition requirements of pregnant women, the importance of seeking skilled health care, danger signs in pregnancy and newborns etc. In addition, the project holds quarterly men to men forums during which men share and learn from each other. The sessions are facilitated by the project and county teams and serve as a safe space for men to discuss pertinent issues that influence their decision making on issues related to MNCH. This forum also provides a basis for more detailed, personal, and in depth discussions on the messages shared via the short messaging service platform.



Dan, one of the M-Afya Ambassadors receives a health message at Utawala Health Centre

To date the project has reached over 500 men through men to men forums, M-Afya ambassadors and mobile phone messages. These efforts to increase male involvement have contributed to an increased number of women seeking antenatal care, skilled birth attendance, postnatal care and child immunisation in 10 private health facilities supported by the M-Afya project. **"Nowadays out of 10 women coming to the clinic, at least 3 will be accompanied by their partners unlike before when we hardly saw any man in antenatal or postnatal care sessions. I am even seeing men coming to discuss family planning."** Says Mildred, a Nursing Officer at Unity Nursing Home.



Bahati is a resident of Kayole Estate and participated in the M-Afya male involvement activities. Bahati regularly accompanies his wife to Patanisho Nursing Home, one of the project supported clinics. He narrates the impact this involvement had on him: **“I thought my wife was just fussy when she kept asking me to accompany her to the clinic, I wondered why I should go as she is the one who is carrying the pregnancy. After enrolling with M-Afya, I received a message encouraging me to accompany her to the clinic and when I did, I learnt a lot; now I always take her to the clinic.”** **“After attending the men’s education forum, I now help her (wife) with cleaning the house and lifting heavy things. I am also very keen on feeding; I always make sure she takes a balanced diet all the time because I want her to be healthy so that she can give me a healthy baby. I also learnt the importance of having a scan done during pregnancy and that is why I have brought her (to the clinic) today.”**

Mathu, another beneficiary of the project’s male involvement interventions was shocked when he learned how long postpartum mothers bleed. **“I did not know that women continue to bleed for up to six weeks after delivery until I attended the education forum organized by M-Afya and this really shocked me. It has made me more supportive and now that she has delivered, I make sure she has sanitary pads to use,”** he says. His wife, Elizabeth, confirms the support Mathu gave her during her pregnancy: **“My husband was very keen on my pains, he was the one who noted that I am in true labor and insisted on us going to the hospital, otherwise I probably would have delivered at home waiting for the pains to intensify.”**



Florence and her husband Dan with their baby during one of the clinic visits.

The Kangaroo fathers of Bungoma: Supporting men to embrace KMC

Prematurity is a cause of about 12% of all child mortality in Kenya. Caring for premature and low birth weight babies requires well trained staff and specialised equipment such as incubators and respirators. In many health facilities in Kenya, staff lack the specialised skills to handle small babies and to operate newborn equipment. Gaps in infrastructure also present many challenges: the number of incubators is limited, and where they are available, they are often poorly maintained.

A lack of a reliable power means that the temperatures fluctuate, which cause hypo or hyperthermia, and babies may have to share incubators, leading to nosocomial infections. Research shows that Kangaroo Mother Care (KMC) is a proven innovation that can be taken to scale to address this problem. KMC is continuous, prolonged, early skin to skin contact between a mother and her newborn for up to 24 hours per day, and is the recommended care for stable preterm and low birth weight (LBW) babies who do not require incubator care. Mothers initiate KMC at the health facility, and require a suitable space to stay while caring for their babies and getting support from other women and health workers.

Save the Children is implementing a CICF-funded scale up project aiming to increase access to and use of quality KMC services at 18 health facilities in Bungoma County. This project has demonstrated that men too can provide warmth to their babies, hence earning the name Kangaroo fathers. Normally this would not be remarkable, but it is a resounding achievement in a context where pregnancy and childbirth are predominantly women’s affairs and strong social norms assign limited roles to men. For instance, among the Sabaot community of Mt. Elgon Sub County, men are not even supposed to hold very small babies and in some cases women are sent back to their parents immediately after delivery since they are considered unclean and cannot be allowed to share a bed with their male partner. Among the Bukusu community, men who accompany their wives to the health facilities are considered either weak or overpowered by their wives.

Case study: Meet Kevin Wanyonyi, a Kangaroo father

Kevin Wanyonyi is a 20-year-old father of one who earns his income from providing casual labour to farm owners in his village. He is married to Femina Nasimiyu, who is 18 years old. The couple has been married for slightly over a year now, a period they describe as having been pure bliss. They fondly describe how they counted down every day when Femina was pregnant with their first child, Michelle. They eagerly waited for July 2017 when their newborn was due. But on 24 May 2017, the unthinkable happened. Femina developed severe abdominal cramps that started like false labour but increased in intensity



and pain. She was rushed to Webuye County Hospital where she gave birth to baby Michelle, preterm and weighing only 2 kilogrammes. As Femina explains: **“I didn’t expect to deliver at seven months. I just started feeling pain and then I was taken to hospital. When we reached, the nurses told us that I was going to deliver the baby. I delivered safely but the baby was so small... I didn’t have enough milk, the baby turned yellow and she was taken to the nursery and stayed there for three days.”**

Health workers introduced Femina to KMC and trained her how to do skin-to-skin thermal care. While KMC helped Femina bond with her baby and eventually be able to produce enough breastmilk, she became very tired and worried about her baby. Luckily, Kevin was always available and willing to help her practice KMC. It wasn’t easy for Kevin at first. **“Before my baby was born, I had never seen such a small baby. I was sure she couldn’t survive. But I was reassured when health workers showed us a film where a baby was born so small and yet survived after KMC. I got courage and resolved to support my wife to give KMC to our baby.”**

Impressed with the progress baby Michelle was making and the couple’s commitment to providing KMC, they were allowed to go home and continue with KMC there. Kevin reminisces how friends and villagers were surprised to see him with a baby tucked on his chest: **“It was a new thing in our village. Bukusu men don’t carry babies. Some of my friends who came to visit got very surprised and thought something must be wrong with me. Some chided me for taking up a woman’s role. But I don’t agree with them, from what I heard in hospital and what I have seen both mother and father should work together. It is about the life of the baby.”**



Kevin takes his turn at KMC for baby Michelle while his wife Femina takes a break at their home

Baby Michelle has gained weight, now weighs 2.8kg and is out of danger. She is among over 50 preterm babies who have been saved using KMC since September 2016 when the concept was introduced there. Ebbv Alema, is a nurse at Webuye County Hospital whose daily routine includes attending supporting mothers provide KMC to their preterm babies. She attests to the change that KMC has brought to her newborn care unit: **“I went through the KMC training in July 2016. I have a passion for babies and I have provided conventional care over many years and witnessed many challenges. In my view, KMC has more benefits and is less costly both in terms of financial and human resource. Before KMC, back in the year 2012, we could lose three or four babies in one shift and we used to struggle resuscitating and would never rest. It was very sad to see the preterm babies die. KMC has helped me a lot since I don’t have to be with the baby all the time, and the mother and father can play a leading role in recovery of the baby. It gives me great joy when I see preterm babies gain weight and survive.”**

While this success story reaffirms the effectiveness of KMC, we learn from Kevin that male involvement in KMC is the new frontier. Perhaps time to have a new acronym, KFC for Kangaroo Father Care.

Supported by:



In collaboration:

