



Father Involvement in Promoting Reproductive, Maternal, Newborn, and Child Health (RMNCH)

Mary Pat Kieffer

Project Concern International

TOPS Knowledge Sharing Meeting

19 July 2017

INTRODUCTION



TOPS awarded PCI a small grant to conduct implementation research on adding fathers groups to the Care Group intervention within the Njira Project

The Njira Project

- \$30m DFAP project in Malawi (2014-2019)
- *Njira*: Chichewa for Pathways
- 10 Traditional Authorities (TAs) Balaka and Machinga districts in Southern Malawi
- 3 Objectives:
 - Improved agriculture and income
 - Improved health and nutrition
 - Improved resilience and risk mitigation
- 411 operational Care Groups with 71,342 women

BACKGROUND

- Njira covers Balaka and Machinga districts of Malawi
- 37% children under age 5 are stunted
- 3% are wasted
- Nearly half of pregnant women are anemic
- 8% of children ages 6-23 months meet the minimum acceptable dietary standards
- Care Groups participants included pregnant and lactating women, and women with children <5

FATHER GROUP INTERVENTION

- *WHY?*
 - ✓ Gender dynamics within the household affect decision-making
- PCI piloted Father Groups as a supportive platform for enhancing the impact of PCI Care Groups (CG)
- One Care Group in each of the ten TAs was randomly selected to establish a Father Group
- 10 Father Groups formed, used Care Group modules and behavior change methodologies
- This study measured results from Maternal Care and IYCF modules

RESEARCH GOAL AND OBJECTIVES

- **Research question:**

Does engaging men in Father Groups add value and contribute to promoting positive changes in health and nutrition-related knowledge, practices, and gender-equitable attitudes among CGV, beneficiaries and FG members compared to an identical model without corresponding FGs?

- **Research Objectives:**

1. Measure differences in outcomes on measures of key health and nutrition knowledge, attitudinal, and behavioral indicators.
2. To determine the added effect of male involvement in Care Groups on key health and nutrition knowledge, attitudinal, and behavioral indicators
3. To identify the mechanisms - what works for Father Groups in overcoming barriers to and promoting health and nutrition at the household level

Design

INTERVENTION ARM

Care Group Lead
Mothers

Care Group
Beneficiaries

10 Father
Groups

CONTROL ARM

Care Group Lead
Mothers

Care Group
Beneficiaries

Care Group
Husbands/Relatives

METHODS

- Quasi-experimental design (treatment arm and control arm)
- Multi-stage cluster design with simple random sampling at each stage
- Mixed methods: KAP survey and Focus Group Discussions
- Compared 10 CGs, FGs and their beneficiary households (intervention arm), with 10 who do not have corresponding FGs (control arm)
- Sample size: 336 participants (10% MOE and 90% CI):
 - Care Group Volunteers: 96; Father Group Members: 96; Care Group Beneficiaries: 144
- Father groups formed in November 2016, modules January-March 2017
- Baseline survey: January 2017; Endline survey: April 2017
- Ethical approvals by PCI IRB and Medical College of Malawi

PRELIMINARY RESULTS: DEMOGRAPHICS

- Women:
 - No statistically significant differences between intervention and control groups at baseline
 - Median age: 28-30
 - Education: 60-65% primary school/ 10-20% at least some secondary
- Men:
 - No statistically significant differences between intervention and control groups at baseline
 - Median age: 35-36
 - Education: 50-55% primary school/ 30-37% at least some secondary

PRELIMINARY RESULTS: WOMEN'S SURVEY

Two statistically significant findings at endline between the control and intervention groups among women:

- [Decision-making over Infant and Young Child Feeding \(IYCF\):](#)
More participants in the intervention group as compared to the control group (33% vs 22%) answered “both” oneself and partner to “Who in your household is in charge of deciding what your child will eat and when”
- [Decision-making over household purchases:](#)
- More participants in the intervention group as compared to the control group (33% vs 22%) answered “both” oneself and partner to “Who should make decisions about purchases for daily household needs, men, women, or both?”

PRELIMINARY RESULTS: MEN'S SURVEY

KNOWLEDGE

There were several statistically significant findings between the control and intervention groups :

- Danger signs during pregnancy: Participants in the intervention group were able to list more symptoms that require a pregnant woman to seek immediate care at a health facility, as compared to the control group (2.7 vs 3.5)
- Early initiation of breastfeeding: More participants in the intervention group (96%) as compared to the control group (79%) were able to correctly answer “How soon after birth should an infant be put to the breast?”

PRELIMINARY RESULTS: MEN'S SURVEY, **NUTRITION**

- Decision-making over IYCF: More participants in the intervention group (50%) as compared to the control group (21%) said “both” to “Who in your household is in charge of deciding what your child will eat and when?”
- Children's dietary diversity: Children 18-24 months in the intervention group had a more varied diet as compared to the control group (2.3 vs 2.8 food groups)

PRELIMINARY RESULTS: MEN'S SURVEY, **GENDER**

- Support to antenatal care (ANC): More participants in the intervention group (90%) as compared to the control group (62%) said “gave money for transport” to “In what ways did you support your partner/wife/relative in seeking antenatal care?”
- Family planning use: More participants in the intervention group (92%) as compared to control group (68%) said “yes” to “Are you and your partner currently using any method to delay or avoid getting pregnant?”
- Gender-equitable attitudes: Participants in the intervention group scored higher on the gender-equity attitudinal scale, as compared to the control group (8.2 vs. 7.4)

QUALITATIVE FINDINGS

- Both men and women were enthusiastic about Father Groups and their benefits
- Men felt excluded by Care Groups and were happy to learn about important issues that women were discussing
- Men expressed how important health and nutrition issues were for their families
- Family planning especially popular among the men:
They thought family planning was important but didn't have the information that they needed to have a meaningful discussion at home

QUALITATIVE FINDINGS FROM MEN

- Men reported being more engaged in household tasks and caregiving. Several examples were proudly given by the men – in one village, it had become the norm for men to take their child for immunization, men were chopping firewood, fetching water, and even cooking
- They reported how happy they were in having a spouse who was less tired and had more energy to engage with their husbands in discussing household issues and enjoying each other's company in a new way.

FATHER GROUP STRUCTURE

- Men expressed greater satisfaction in doing community advocacy at public events, places where men meet and going to other villages to talk with men about what they were learning.
- The action plan component of the groups helped men take the initiative to go beyond what was originally envisioned.
- Their reports on how participation made a difference in the quality of their relationship with their wives and their enjoyment of life were dramatic and went far beyond just the 'behaviors' that we wanted to measure.
- Men expressed the need for more encouragement and markers of their status as champions, e.g. t-shirts, bags

LIMITATIONS

- This was a pilot: Very short time period between the baseline and endline surveys
- The study used Care Group materials that were designed for women, although they included a very positive emphasis on joint decision-making and engagement of the family.
- Discussion guides in the materials were focused on women and not directly transferable for men

DISCUSSION

- We observed some changes in attitudes and decision-making behaviors.
- The significant increase (from 68% to 92%) in current use of family planning reported by men deserves further investigation since there was no corresponding increase seen among women.
- The positive change among the intervention group men on the Gender Equity Men's Scale (GEM) reflects the positive impact of the Father Groups on changing gender relationships and attitudes through this intervention.

RECOMMENDATIONS FOR PROGRAMMING

- Engage men in targeted communities in a pilot prior to finalizing design of interventions to ensure the intervention addresses the desires and needs of men and leverages their full potential
- Develop materials specific to men based on formative research findings and pretest among a small sample
- Build capacity of men/fathers to serve as role models and champions in their communities and to form and lead their own groups
- Think innovatively about synergies across program activities and link male engagement approaches with other platforms such as youth groups for greater project effectiveness.

CONCLUSION

- Maternal and child health and nutrition issues are decided within the context of the family
- We have to decide whether we have been using ineffective approaches by only focusing on women with care groups and other interventions
- The gender dynamics of maternal and child health and nutrition could be the key to finally address stunting, but more work is needed

Acknowledgements:

- Co-PIs: Mary Pat Kieffer, PCI; Prof Adamson Muula, Malawi College of Medicine
- Study Coordinator: Daniel Mwale
- PCI: Lauren Galvin; Erin Graeber; Emily Epsten; Carolyn Kruger, former
- The Malawi Father Groups
- PCI/Malawi team, especially Blessing Njolomole, Irene Kamanga, Angela Chipeta-Khonje and Michael Ghebrab
- The men and women who participated in this study

THANK YOU FOR YOUR ATTENTION!