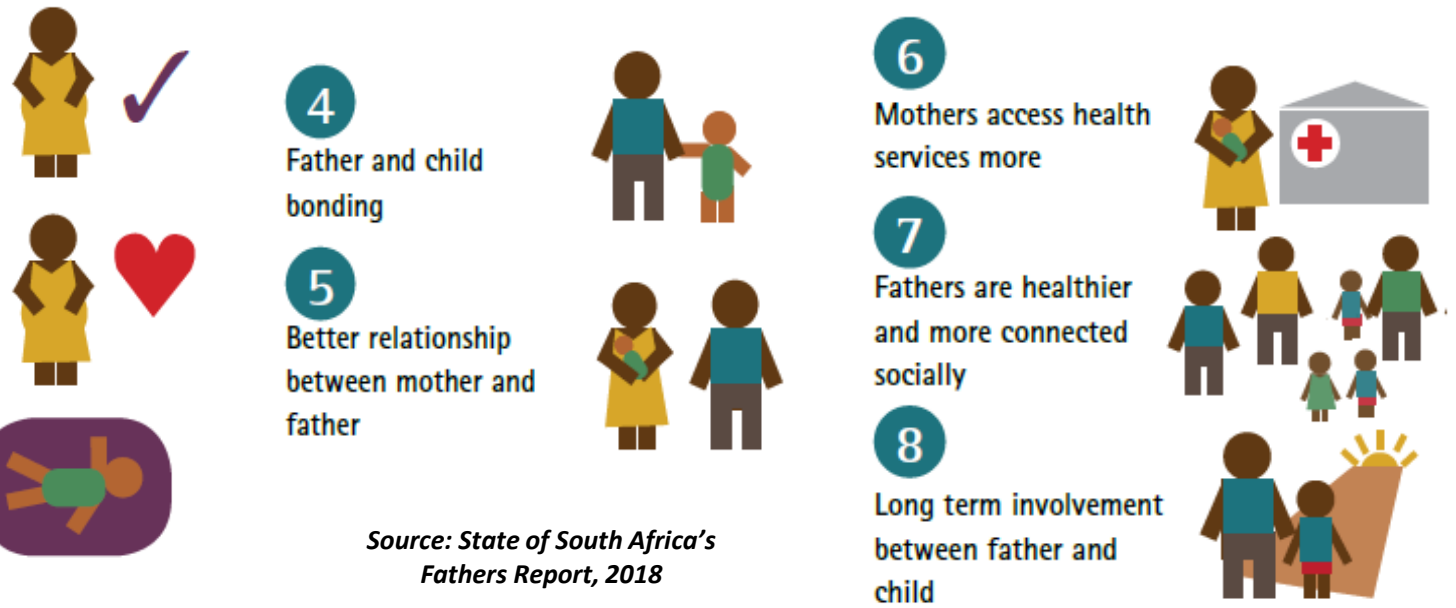
Men's involvement in Maternal, Neonatal and Child Health (MNCH), why and how?

Policy Brief Prepared by Cathrine Chinyandura, Kate Rees and Natasha Davies

Men's utilization of HIV services remains lower than that of women resulting in poorer clinical outcomes. Several factors contribute to men's poor service utilization, including stigma, concerns about confidentiality, inconvenient clinic operating hours, fear of an HIV-positive test result, and long-waiting times due to long queues. Novel approaches and strategies are needed to increase men's utilization of health services. For many men, fatherhood is an important part of being a man. MNCH is a key opportunity and entry point to improve male engagement with HIV services and health services in general.

Why is male partner involvement (MPI) in MNCH important?

1. Healthy pregnancy
2. Maternal mental health and wellbeing
3. Infant care and wellbeing
4. Father and child bonding
5. Better relationship between mother and father
6. Mothers access health services more
7. Fathers are healthier and more connected socially
8. Long term involvement between father and child



Source: State of South Africa's Fathers Report, 2018

Our Approach

We conducted focus group discussions with men in the City of Johannesburg to understand fatherhood, and facilitators and barriers to male involvement in MNCH services.

Study design & participants

We conducted an exploratory, qualitative study, primarily using focus group discussions (FGDs) to collect data from male coaches and men from the community. FGDs were composed of 9-12 men drawn from different communities in Johannesburg. Participants were recruited by male coaches working for Anova Health Institute.

Study site

The study was conducted in City of Johannesburg and FGDs were held in selected venues across the city.

Data analysis

FGDs data were transcribed and imported into NVivo 12 qualitative data analysis software. Data were analyzed inductively to identify emerging themes.

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Understanding the concept of fatherhood

We explored the concept of fatherhood with the aim of gaining an understanding of what it means to be a father; including what it involves, and the values and attributes attached to fatherhood.

Provider: providing material and emotional support for the family was considered the central aspect of fatherhood.

Protector: a father has the obligation to protect his children or family from any form of harm.

Teacher: a father plays an integral part of guiding, directing and teaching their children life skills and values.

Available: actively involved in a child's activities and being present physically and emotionally to interact with children.

Responsible: ensuring a child's physical and emotional needs are met.

Role model: a father leads by example.

All participants reported that they had a strong desire to be involved in their children's lives. However, several factors influenced their involvement – familial, economic and social.

- **Familial:** Participants explained that the degree of involvement sometimes differs between biological and non-biological children.

- **Economic**: Employment schedules and demands were reported as a major constraint to greater involvement in child care. Participants also highlighted that unemployment was a major limitation in fulfilling the role of a provider.

- **Social:** Strained relationships between the father and the mother of the child (ren) and failure to fulfil cultural obligations such as payment of *lobola* (bride wealth) and/or "damages" were heavily reported as key contributing factors to a father's poor involvement in a child's life. Participants also expressed that social norms on gender roles discouraged men from taking an active role in child care as it was considered to be a female role. Participants explained that child delinquency sometimes negatively influenced paternal involvement as in most cases it resulted in a poor father-child relationship.

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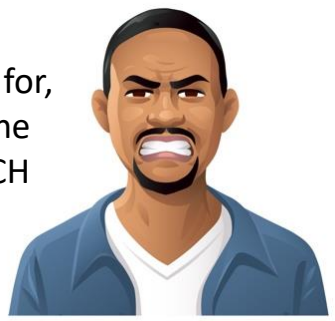
Barriers and Facilitators

The study explored the factors that *encourage* and *discourage* men from accessing MNCH services. The data revealed that several factors at different levels influence men's participation in MNCH services. These factors fall into two categories: health-system related and socio-economic.

Health-system related barriers

Negative staff attitudes result in dissatisfaction with, and respect for, service providers. This reduces the likelihood of men accessing MNCH services the health system and loss of trust.



"Nurses tend to make mean comments, why they ask us about the mother of the child when I bring the child to the clinic?" (FGD 2, P9)

Long waiting times discourage men from attending MNCH services due to long waiting times which are incompatible with other competing commitments.

"The thing is you end up staying 4-5 hours outside so that discourages us a lot, if it is just me and the baby its better because I am the older person who is with the baby, but if it's the 3 of us then it becomes hard". (FGD1, P5)

Boredom and disengagement at health facilities: Lack of active engagement and stimulation while waiting for services result in boredom which discourages men's utilization of services.

You come to the clinic and you are sitting there and doing nothing I think that is what makes men not want to come to the clinic. I think having something to keep men engaged will encourage them to come to the clinic even more". (FGD 3, P6)

Socio-economic barriers

Employment commitments - work and working hours hinder men's participation in MNCH services. Most participants expressed willingness to support their partners and children but were constrained by work demands and routines.

"I would say employment, time to do all those things, finding a balance is quite challenging". (FGD 1, P4)

Social norms: Gender and cultural norms which assign maternal and child care to women hinder male involvement in MNCH. Men feel alienated in the predominantly female space.

"What discourages on the other side is the society, society standards discourage us from supporting our women and children". (FGD 2, P5)

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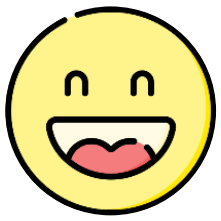
Facilitators



Positive staff attitudes: Men are likely to access MNCH services if they receive warm, favorable and respectful treatment from HCWs.

"It is sad when we come to the clinic and then you get disrespected by a woman that thing is not nice. Women can bear with it because you can talk. This thing ends up making us not want to come to the clinic because you will think of the disrespect that you will get from the nurses". (FGD 1, P4)

Quick service: Men are encouraged to utilize services where they are offered in a timely way as it allows them to attend to other demands.

"I am saying time, if you say 2 hours, it must be 2 hours it shouldn't be more. Most men I know and work with have the mentality that women spend so much time in the clinic on purpose. They think their time is not valued, women do not take time seriously". (FGD 3, P2)

Male health care workers (HCWs): The visibility of male HCWs in MNCH spaces helps men to feel at ease.

"As men being assisted by women is another issue, so we need more male clinicians someone who will understand what you are talking about because they have also maybe gone through the same thing". (FGD 2, P4)

Active engagement: Men prefer to be actively engaged in various ways (e.g group discussions, screening of educational content in waiting areas) while waiting for services to avoid boredom.

"Sharing of experiences, if there might be a person that seats outside sharing their experiences, and interact with me, they can share something that can encourage you as the father. That way I cannot go back angry and bored and it encourage me to be a better father". (FGD 3, P5)

Positive affirmations from HCWs: Men feel motivated and are likely to return for services, remaining engaged, when HCWs affirm that their behavior can positively impact their own, their partner's and their child's health.

"I can speak on my side. I can say encouraging us, talking to us. As you are a nurse when a father brings the child encourage him and talk to him, have positive words for the father so that he gets encouraged". (FGD 1, P7)

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What can health services do?

The findings indicate the need to use different approaches and strategies to strengthen male partner involvement in MNCH services.

Family-centered approach (FCA): The data indicated that the organization of MNCH services at facility level contributes to men's underutilization of the services. MNCH services and spaces are currently not structured to facilitate service use by men. Reorientation of services towards a ***family-centered approach*** is likely to provide a favorable environment for men, encouraging them to attend MNCH services.

Male-friendly and targeted interventions: The structure of MNCH services and how these services are offered is crucial to service utilization. Our data showed that men are less likely to use health services when they perceive service providers to be negative, services are not private, are offered at inconvenient hours and require long waiting times.

Enlisting men's involvement in MNCH services requires creating male-friendly and targeted interventions in terms of convenience, privacy and positive patient– provider interactions. **Health services should facilitate men's desire to be good, involved fathers, and harness that to increase service utilization**.

Capacity building of health care workers (HCWs): To increase men's participation in MNCH services, it is important that service providers are trained on the distinct needs of men and family-centered approaches.

Community-based interventions: Constraining socio-cultural norms limit men's use of MNCH services. Community engagement efforts should be considered to transform cultural norms that discourage men from accessing MNCH services and being involved fathers.

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