

Promoting male involvement in maternal and child health

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Background

Kenya has made significant strides to improve access to antenatal care for pregnant women with 92% of women attending at least one antenatal clinic visit. However, maternal mortality in Kenya remains high at 360 deaths per 100,000 live births and only 43% of pregnant women deliver in hospitals.

Male partner participation in the care of pregnant women is crucial in a society where men are key decision makers for their families. HIV testing of pregnant women is high with over 90% of women receiving HIV testing and counseling at their first antenatal visit. However male partner testing is less than 5% and as many as 40% of HIV-infected persons are living in a discordant relationship. Educating men on pregnancy, care of pregnant women, HIV and their important roles in supporting this process is crucial for improving the outcomes of pregnancy and PMTCT.

Program Description

Male partners of pregnant women (both HIV-infected and uninfected) attending antenatal clinic at 13 facilities in Nyanza region and five facilities in Eastern-South region were invited to participate in a five-session, ten-week training program by means of an invitation card from the clinic delivered by their partner. The objective of the intervention was to promote male partner participation in the health care of their pregnant partner and their family. Participatory training using an ICAP-designed curriculum was provided by clinical officers, nurses and lay counselors. The training program covered the following areas:

- Orientation to paternal care
- Pregnancy
- Basics of HIV
- Mother and baby care
- Healthy living

Referral to HIV counseling and testing, HIV care and treatment (including a discordant couple program), and voluntary medical male circumcision was encouraged, as appropriate.

Program Results

Between January and June 2013, the program was rolled out at 18 facilities—13 in Nyanza Region and five in Eastern-South Region—with 29 men's groups receiving training sessions (Nyanza : 21 groups, Eastern-south : 8 groups). Invitation cards were sent to 948 men and 284 (30%) men enrolled in the program of whom 190 (67%) men completed five sessions. 147 (77%) agreed to take an HIV test of whom 30% were HIV-positive (39% in Nyanza and 13% in Eastern South). Other outcomes of interest are shown in Figure 1.

Lessons Learned

- Men are willing to participate in a male involvement education program
- Participation in a male involvement education program enabled HIV testing of male partners and increased knowledge of their HIV status
- Male involvement in pregnancy promotes antenatal visits and skilled facility hospital delivery among partners of the male participants
- Anecdotal reports of increased domestic harmony suggest additional unmeasured benefits of such an education program
- Use of health workers and community workers as trainers for such a program ensures ownership and sustainability

Conclusions

A simple training intervention for male partners of HIV-infected pregnant women promoted HIV testing of male partners and skilled facility delivery by their pregnant partners. There is the need to scale up male involvement education programs in order to achieve improved maternal health outcomes.

Figure 1. Program Outcomes

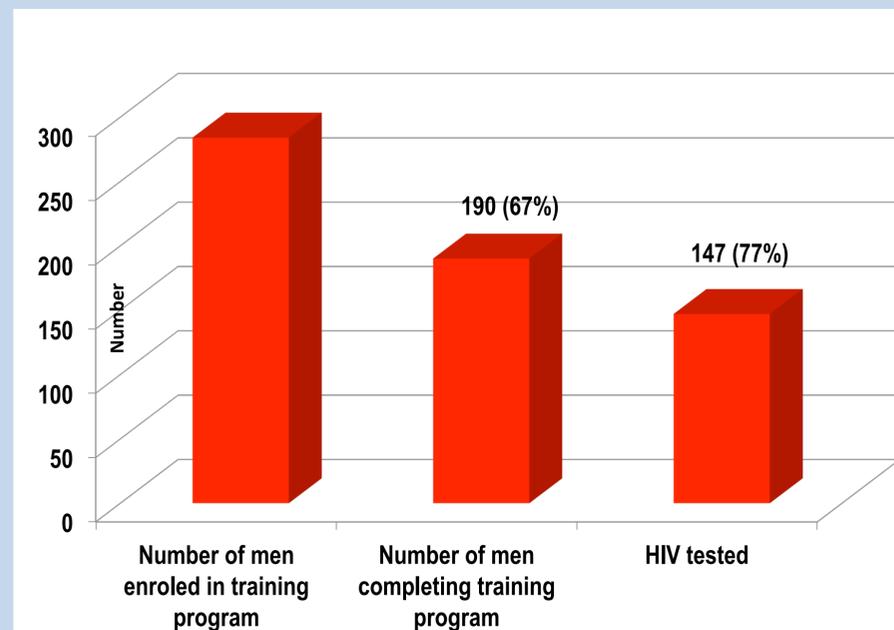


Figure 2. Skilled Birth Attendance

