Gender Equality, caregiving, and maternal health: baseline findings from RCT of Bandebereho Couples’ Group Education in Rwanda

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In collaboration with Rwandan Ministry of Health
Overview

Increased attention to gender inequality as a barrier to MNCH

Fatherhood as an entry point to:

- Transform inequitable attitudes and increase men’s caregiving
- Promote couples’ communication about & use of contraceptives
- Increase men’s involvement in maternal, newborn & child health
- Prevent intimate partner violence
MenCare+: 4-country integrated approach to engage men as caring, non-violent, equitable partners & fathers in SRHR & MNCH

- Coordinated by Rutgers and Promundo
- Funded by the Dutch SRHR Fund
- Rwanda: Implemented by the Rwanda Men’s Resource Center in partnership with Ministry of Health
- Study funded by Dutch SRHR Fund & MacArthur Foundation
MenCare is active in approximately 35 countries.

For more information about the campaign and its partners, visit MenCare

www.men-care.org
Intervention Description: Couples’ group education

Gender transformative curriculum with 15 weekly sessions adapted from *Program P*

Targeting new parents and expectant couples ages 21-35

15 weekly sessions for men (8 with their partners) led by trained community facilitators
**Study Design**

- 2 arm randomized controlled trial
- Sites: 4 districts of Rwanda (16 sectors)
- Eligible men identified by community health workers & local authorities, then recruited by group facilitators
- Sample size: n=1200 men, 600 in each arm
  - Women & men at midline
- Study protocol approved by: RNEC, NHRC, NISR
Sample Description

• Men’s Age: 19-47, mean = 28.7
  ◦ Partner: 18-44, mean = 26.6

• Education: 63% had not completed primary education

• Children: 65% currently expecting a child, ~75% already had one or more children

• SES: 39% can never or only sometimes afford basic household needs (food & shelter)
**Attitudes: Gender Roles and Power**

- It is a woman's responsibility to avoid getting pregnant: 58%
- A man must make the final decision on how money is spent in the family: 66%
- It is natural and right that men have more power than women in the family: 70%
- Men do not know how to take care of babies: 48%
Couple/Relationship factors:

- 69% of men report often discussing how many children to have or the spacing of children.
- 43% of men said they had the final say.
- 33% reported using physical violence.

Participation in Caregiving:

- 93% agree that a father should be just as involved in the care of a baby than the mother.
- Yet 78% say that their partner is usually or always responsible for the daily care of their child.
Participation in ANC

- Most men report attending ANC visits

- Of these, 43% did not actually participate in the visit

- Only 32% had been told about signs of pregnancy complications

- Men who reported attending 2+ ANC visits were nearly twice as likely to participate equally in the daily care of the child

<table>
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<th>1 visit</th>
<th>37%</th>
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<td>2+ visits</td>
<td>59%</td>
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=96%
Working with the Health System

“We reached the hospital and before entering the waiting room, the nurse shouted at me. I told her that I have the right (to be there). She gave me two choices: stay outside, or enter and pay a fine.”

34% of fathers who were not present at the birth of their last child reported that health staff said they were not allowed

Work within the health system - providers, facilities, policies - to transform norms so that men are seen as partners, not barriers, to quality MNC health care.
Health Provider Attitudes

- Being present at the birth of a child brings a man closer to his wife:
  - Pre: 94.0
  - Post: 99.5

- Being present at the birth of a child brings a man closer to his child:
  - Pre: 89.6
  - Post: 98.4

- There is no reason for men to accompany women to ANC visits:
  - Pre: 14.7
  - Post: 7.7

- A man should have the final word about decisions in his home:
  - Pre: 33.5
  - Post: 12.1

- Changing, bathing and feeding the kids are the mother's responsibility:
  - Pre: 38.3
  - Post: 9.2
Preliminary Conclusions

• Baseline findings support need and focus of the intervention
• Fatherhood can be a successful entry point for promoting men’s greater involvement in care work and MNCH
• Efforts to engage men in MNCH must confront underlying social norms, and work with men in ways that transform unequal power relations within and outside the home
• Scale-up is needed to embed this work in institutions and systems and remove structural barriers
THANK YOU!

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