Gender Attitudes and Male Involvement in Maternal Health Care in Rwanda

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Abstract: Although the emphasis in global reproductive health programming in developing countries has mainly focused on educating women about issues such as maternal health care and family planning, there is increasing interest in involving men in maternal health care. There is a growing belief that the role of men in the access of care is very relevant given their large role in family decisionmaking. Men's knowledge about danger signs of pregnancy and what to do about them is very relevant to their lifesaving role during pregnancy and childbirth. Donor assisted maternal health programs therefore have starting encouraging male involvement. Given this context, this paper uses Demographic and Health Survey (DHS) data to examine the extent of male involvement in maternal health care in Rwanda, a country where maternal mortality is still very high. More specifically, the nature and extent of this involvement is measured in relation to gender attitudes of men.

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Introduction

With high levels of maternal mortality persisting in developing countries, especially in Africa, there is increasing interest in identifying ways through which women can access appropriate care to prevent deaths during pregnancy. Although the number of maternal deaths has been declining, they are still far from the targets set by the Millennium Development Goals in most countries. The most recent estimates show that 358,000 maternal deaths occurred worldwide in 2008, with 99 percent of maternal deaths occurring in developing countries as a whole, and 87 percent in sub-Saharan Africa and South Asia (WHO et al. 2010). The main reason for the high number of deaths is attributed to insufficient and poor-quality maternal health care during pregnancy and after delivery (Carroli, Rooney, and Villar 2001, Li et al. 1996, WHO 1999).

Although the emphasis in global reproductive health programming in developing countries has mainly focused on educating women about issues such as maternal health care and family planning, there is increasing interest in involving men in maternal health care. There is a growing belief that the role of men in the access of care is very relevant given their large role in family decisionmaking. Men's knowledge about danger signs of pregnancy and what to do about them is very relevant to their lifesaving role during pregnancy and childbirth (Cohen and Burger 2000). Donor assisted maternal health programs therefore have starting emphasizing that men are key in reducing maternal deaths in developing countries and encourage their involvement (USAID 2010). For example, USAID-funded Maternal and Child Health Integrated Program (MCHIP), aims to reduce maternal deaths while encouraging men to take an active role in their partners' pregnancies.

Given this context, this paper uses Demographic and Health Survey (DHS) data to examine the extent of male involvement in maternal health care in Rwanda, a country where maternal mortality is still very high, most women do not receive the recommended four antenatal visits, and most births take place at home without the assistance of a skilled birth attendant (INSR and ORC Macro 2006). More specifically, the nature and extent of male involvement is measured in relation to gender attitudes of men.

Male involvement in maternal health care

While there is a large body of literature on men's involvement in family planning (see Dudgeon and Inhorn 2004, Helzner 1996, Karra, Stark and Wolf 1997 for example), interest in their role in maternal health care is relatively less and more recent (Bloom et al. 2000 for example). Development programs have now started encouraging male involvement in maternal health care. Overall, there is general agreement that men who have knowledge of maternal health care services encourage their wives to receive such care with beneficial consequences. With household decisionmaking often in the hands of male partners or other household members, women are often constrained in the receipt of maternal health services, or their ability to use a

health facility for delivery thus eliminating the availability of skilled delivery care or postnatal care after child birth. Greater male involvement gives them an opportunity to benefit from such care.

Another school of thought argues that male involvement in this traditionally female domain could sometimes deter women from receiving appropriate maternal health care in households where decisionmaking is in the hands of men (Ormel 1999).

In these discussions, it is also important to understand what male involvement or participation in maternal health really mean. Male involvement could simply refer to knowledge of types of maternal health care or the need for maternal health care. Participation on the other hand refers to actual participation in maternal health care as measured by attending routine care visits or talking with doctors or other health practitioners. The level of male involvement in terms of each of these aspects could differ considerably. Accessing maternal health care lies predominantly in the female domain. It is very likely that men often do not have access to medical practitioners who offer maternal health care services. Even if men were interested in getting involved in their wives maternal health, it is often elder female members of the household who dominate in women's access to maternal health care. Therefore, even in instances where men are knowledgeable about prenatal, delivery or postnatal care, they are often excluded from participating in routine care because the medical system does not accommodate them (Barua et al. 2004).

Research Questions

Given the two arguments mentioned above, this paper examines the nature and extent of male involvement in maternal health care in Rwanda measured in terms of knowledge of maternal health care, and actual participation in receipt of such services. One would expect that even if men had knowledge of maternal health care, it does not have to necessarily translate to their participation in such care.

With men playing a large role in decisionmaking in many households, this paper also examines gender attitudes of men and how it relates to both aspects of male involvement – knowledge of care and participation of care.

Data and Methodology:

Sample

This analysis uses data from the Rwanda 2005 Demographic and Health Surveys (DHS) data to examine these questions. The DHS are a key source of comparative quantitative data on contraceptive use, reproductive health and maternal health care across developing countries. They are nationally representative household surveys with large sample sizes that provide detailed information on these topics and cover information on women of reproductive age 15-49 selected through a two-stage random sampling process that is nationally representative. Although all country surveys include a male questionnaire, only a few have specific questions

on male participation in health care. In this analysis, we primarily focus on questions answered by men on their involvement in maternal health care and their attitudes towards gender issues.

In the Rwanda 2005 survey, data were collected from all men 15-59 in every second household that was sampled. Therefore only a part of this sample can be linked to sampled women. In all, 11,321 women and 4,959 men were sampled. Since this analysis is on the topic of men's involvement in maternal health, we use data from the couple's dataset that provides information on men and women who are couples and whose data can be linked together. All information on maternal health care in this analysis are limited to the last birth of the interviewed men. It is possible that the last birth of the men and women interviewed may not be the same if either of them had more than one partner in the past. Effort will be made to ensure that only cases referring to the partner who is the mother of the child are taken into account in this analysis.

Key Measures of Male Involvement in Maternal Health

The module on male participation in health care provides data on several variables relevant to this analysis in the areas of men's knowledge as well as their involvement. Specific variables on these topics are listed below.

i) Men's knowledge of wife's maternal health care for the last birth as measured by
    a. Knowledge of wife's receipt of antenatal care (yes/no)
    b. Knowledge of wife's use of skilled delivery at birth (yes/no)
    c. Knowledge of wife's receipt of postnatal care in the first six weeks post-delivery (yes/no)
    d. Knowledge of possible pregnancy complications such as vaginal bleeding, fever, abdominal pain, swelling, difficult labor, and convulsions (measured as no knowledge of complications, 1-2 complication and 3 or more complications)
ii) Men's routine participation in maternal health care for the last birth as measured by
    a. Discussions with a doctor/health provider during pregnancy (yes/no)

Descriptive statistics such as cross tabulations will examine patterns in each of the above mentioned variables to get a better understanding of male involvement of maternal health care in Rwanda. To get a better understanding of the context, the reporting of reasons for not accessing antenatal care, skilled delivery, or postnatal care services will also be examined. Furthermore, men's knowledge of their wife's use of maternal health care will be compared to their wife's reporting of the use of such care. This comparison will be examined based on socio-economic characteristics of male partners.

Statistical Analysis

The two key indicators of men's knowledge and men's participation in maternal health care used in the statistical analysis are:

    a. Knowledge of possible pregnancy complications such as vaginal bleeding, fever, abdominal pain, swelling, difficult labor, and convulsions (measured as no knowledge of complications, 1-2 complication and 3 or more complications)

b. Discussions with a doctor/health provider during pregnancy (yes/no)

Since these two dependent variables mentioned above are binary, the main statistical method for this analysis will be logistic regression.

Independent variables

The key predictor variables in this analysis are attitudes of men towards gender roles. This includes questions on

i) economic decisionmaking such as whether the husband, wife or both should have a greater say in making small or large household purchases, decide what to do with the money a woman earns, and deciding on the number of children to have

ii) a man's right to control his wife such as whether a man has the right to hit or beat his wife based on her freedom of movement, wife's neglect of children, if she argues with him or refuses to have sex with him

Two variables on men's attitudes towards gender will be determined based on factor analysis on the two above mentioned sets of questions.

The analysis will also control for a number of individual, household and contextual characteristics. Individual characteristics include men's age at birth of the last child, his education, employment status, wife's education and employment, difference in age between husband and wife and ethnic group. Household variables include household economic status based on the wealth quintile, whether wife lives in the same household, number of children prior to the last birth, and number of other adults in the household. Contextual factors used in the analysis will include region and whether urban/rural residence.

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