ENGAGING MEN IN RMNCH

Preliminary findings from an RCT of Couples’ Group Education in Rwanda

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Overview

Increased attention to gender inequality as a barrier to improved MNCH outcomes

Fatherhood as an entry point to:

• Increase men’s involvement in RMNCH
• Transform inequitable attitudes and increase men’s caregiving
• Improve couple relationships
The Methodology: Program P

Developed as part of the global MenCare Campaign

- Activities for men only and for couples (recruiting men via prenatal visits)
- Activities for health providers
- Promoting positive parenting through rejection of corporal punishment
- Multi-country adaptation across 4 continents
Strongest IPV predictor: childhood exposure to violence (IMAGES)
What factors reduce boys’ exposure to violence?

- Parent’s educational attainment
- Father participation in caregiving and domestic activities
- Equitable household decision-making by parents

*Father involvement and equitable relations between parents emerged as key factor reducing boys’ exposure to violence*
The intervention
MenCare+ Rwanda

Four country initiative to engage men in SRHR and MNCH

- Increase men’s participation in pregnancy, delivery and beyond
- Coordinated by Rutgers and Promundo-US
- Implemented by RWAMREC in collaboration with Rwanda MCH Division
- Funded by the Dutch Ministry of Foreign Affairs
Gender-Transformative Group Education

Curriculum to promote positive couple relations and men’s involvement in MNCH and caregiving

- Targeted young parents and expectant couples
- Adapted from Program P
- 15 weekly sessions facilitated by peer educators (8 sessions with couples)
- More than 1,700 couples’ reached 2014-2015
Create spaces for men to:

• Examine and challenge gender norms, including those related to fatherhood & caregiving
• Learn new caregiving skills
• Communicate and plan together with their partners
• Reflect on a shared vision for their family with their partners
Motivation for the study
Primary outcomes:

- Men’s participation in family planning and MNCH
- Gendered division of caregiving and domestic tasks
- Women’s experiences of intimate partner violence
- Gender-related attitudes

Secondary outcomes:

- Couples’ relationship quality
- Couple communication
- Harsh & humiliating punishment of children
Study Design

- Two-armed, multi-site randomized controlled trial in 4 districts
- Study protocol approved by: RNEC, NHRC, NISR
- Sample size: n=1199 men (624 control, 575 treatment)
- Study funded by Dutch SRHR Fund, MacArthur Foundation, anonymous donor

Baseline - 1195 men
Prior to the intervention
Feb – Mar 2015

Endline - 1173 men, 1183 women
4 months post intervention
Nov – Dec 2015

Follow-up: men & women
16 months post intervention
Nov – Dec 2016
Greater accompaniment of men at antenatal care visits
Greater support from partner during pregnancy
Greater use of modern contraceptive methods
Preliminary results on SRHR & MNCH

Compared to the control group, men in the intervention group were:

- ~2 times more likely to use family planning
  - Women reported the same results!
- >2 times more likely to accompany partner to 2 or more ANC visits
Less intimate partner violence
Preliminary results on violence

Intimate partner violence (women’s reports in past 9 months):

Women in the intervention group were less likely to experience physical or sexual violence compared to women in the intervention group (Odds ratio=0.36, p<.001).

<table>
<thead>
<tr>
<th>Type</th>
<th>Control Group</th>
<th>Bandebereho Group</th>
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<tbody>
<tr>
<td>Physical violence</td>
<td>51.5%</td>
<td>28.1%</td>
</tr>
<tr>
<td>Sexual violence</td>
<td>61.7%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Physical OR sexual</td>
<td>69.9%</td>
<td>46.2%</td>
</tr>
</tbody>
</table>
More equitable attitudes & relationships
Compared to controls, intervention participants were:

- More likely to hold more equitable gender attitudes
- More likely to share childcare & household tasks

1 Possible scores range from 0 to 4, with higher score indicating more equitable attitudes.

2 Possible scores range from 1 to 5, with higher scores indicating men’s equal or greater participation.
Conclusions

• It is possible to address and have impact on multiple outcomes!

• Efforts to engage men in MNCH must be transformative

• Gender synchronized approach is important

• Scale-up is needed to embed this work in institutions and systems and remove structural barriers
Conclusions (cont.)

• Need to strengthen the evidence on the other Program P components

• How to maintain quality while scaling up?

• How to go beyond promising but isolated interventions?
THANK YOU
MURAKOZE
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