

Learning package: Community strengthening and engagement

Not only women's business: engaging men in reproductive, maternal and newborn health

Men often have a strong voice in reproductive, maternal and newborn health decisions. Male engagement activities are helping men to support their female partners to realise their sexual and reproductive health rights and achieve better health outcomes.

In Cambodia, a woman's social support networks, including her male partner, can have a large influence over her reproductive, maternal and newborn health (RMNH) behaviours and decisions. Whether it is choosing to use a family planning method, or to deliver a baby in health facility, men are important co-decision makers.

From its inception, Partnering to Save Lives (PSL) identified male engagement as an important strategy for enabling greater gender equity and support for women's RMNH decisions and behaviours. PSL's behaviour change communication (BCC) framework outlined targeted BCC messages that aimed to shift widespread norms and beliefs that RMNH is a woman's business. Men were encouraged to view themselves as 'supporters of women', and PSL implemented activities that specifically spoke to men as husbands, fathers and caregivers, including mixed-gender Listening and Dialogue Groups (LDGs) and men's clubs in rural and remote communities to discuss RMNH topics. A male engagement component (*Chat!* for Him) was also integrated into BCC activities in garment factories. These activities promoted men's involvement in the health and well-being of their families. For example, men were encouraged to have proactive RMNH discussions with female partners, to help in early preparations for deliveries and the postnatal period, and to support their partners to reach services at key times during pregnancy, delivery, and beyond.



Credit: Marie Stopes International Cambodia

Above: Savy, right, and her husband want to support their daughter to have a good education. They jointly decided to use modern family planning to delay their next pregnancy.

“I brought my wife to the hospital... We want screening to know if the baby is a boy or a girl, and we want advice from the doctors and medicine to protect the baby.”

Expectant father,
Ratanak Kiri
Province

Credit: Partnering to Save Lives



Above: A young family from Mondul Kiri province. When Srey Oun, left, wanted to access RMNH services throughout her pregnancy, her husband, Sokneith, right, helped her to reach the health centre for consultations.

Lessons learned

PSL's evaluation and annual review activities found that dedicated RMNH education for men had a positive influence over their behaviours and encouraged them to proactively support their female partners in making decisions, planning for births, and accessing services. In particular, the following lessons were observed:

- The PSL final annual review found that men who joined men's clubs started encouraging their female partners to visit health centres for services, and some started to save money for birth preparedness. This was reported by male and female interviewees, and local authorities who observed changes in the community. Some men had also become more involved in RMNH education activities, by supporting Village Health Support Group volunteers, and/or joining LDGs.
- Evaluation of PSL BCC activities in Cambodia's northeast found that men's RMNH knowledge directly impacted the practices of the family. Dedicated men's groups were effective in providing health education that prompted behaviour changes, and had a greater effect than mixed groups with male and female participants.
- Men were often busy at times when RMNH education sessions were run, which limited their attendance, and PSL rescheduled some meetings to evening time slots to enable greater participation. It was also found that in remote locations, men were more likely to own mobile phones than women, which

presents opportunities for delivering targeted RMNH messages for this audience.

- In relation to family planning, the PSL final annual review found that male partners sometimes perceived contraception as a woman's responsibility, rather than a decision that may benefit from their active support. The PSL endline survey found that the percentage of women who felt empowered to negotiate use of family planning with male partners was low (14.4%), which presents an important and ongoing challenge to enable supportive, equitable and empowered decision making for both partners.

Recommendations:

Dedicated activities to engage and educate men can have positive effects for whole families, including improved support for RMNH care. For future programming, PSL recommends to:

- Scale up activities, such as men's discussion groups, that directly involve men in RMNH education and promote their supportive involvement in decision making, birth preparedness and care seeking.
- Re-frame RMNH as 'everyone's business', not just for women. Some traditional gender roles and responsibilities, such as male leadership within the family unit, can be a starting point for educating men to be supportive partners in RMNH decisions, but these should also be challenged and re-evaluated through more comprehensive engagement and values clarification.
- Tailor activities to meet the specific needs and availabilities of male audiences, for example, scheduling events outside of formal working hours, and considering phone-based interventions.
- Develop targeted messages and activities to promote men's supportive involvement in family planning, which begins from a basis of respecting women's sexual and reproductive health, rights, needs and decisions (including use of family planning and/or safe abortion services). Concurrently support women's empowerment initiatives to enable proactive, informed and assertive decision making.

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