

Male Engagement in Women's and Children's Health Assessment Tool (MET): Instruction Manual

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1.0 Rationale

There is no universally agreed upon definition of male engagement in women's and children's health nor is there evidence-based consensus on what behaviors are considered desirable or undesirable. Nevertheless, it is generally agreed that male engagement has the potential to significantly improve quality of life and health outcomes within a family or community. This is particularly the case in societies where gender-based inequities in decision-making constrain women from accessing health services for themselves and their children. In spite of the limited evidence, WHO recommends the involvement of men in supporting the self-care of women and promoting high quality care at home and access to high quality health services [1]. The development of the MET has been guided by the following definition of male engagement. "...men taking an active role in protecting and promoting the health and well being of their partners and children.[2]" Consistent with this definition, the MET focuses on married or unmarried male-female partnerships, with matched tools for the male and female. While the impact of male engagement in maternal and child health remains largely understudied, there is emerging evidence that educating husbands/partners about maternal and child health and facilitating their engagement does positively influence utilization of services, pregnancy and perinatal care outcomes, and a willingness to provide required financial support.

2.0 What Is this tool intended for?

The MET has been developed with research, monitoring and evaluation, and health policy in mind. It is intended to measure the level of male engagement in maternal, newborn, and child health, with a view to eventually linking these to positive health outcomes and influencing evidence-based decision-making among service providers and policy makers.

2.1 Research: Multiple private and public sector programs promote male engagement as a strategy to improve reproductive, maternal, newborn, and child health outcomes. This tool does not measure outcomes, rather it documents a set of male behavioral indicators from the perspectives of male and female partners. Based upon the limited amount of available evidence, it is anticipated that these behaviors, individually or in sum, will have a positive impact on well-being and health outcomes - a premise that will require further research.

2.2. Monitoring and evaluation: This tool provides a set of behavioral indicators that document their occurrence among men in a male-female union. The MET does not exclude the addition of other indicators of male engagement relevant to unique intervention programs but does provide a harmonized set of indicators that allows for comparison among programs as well as performance within individual programs.

2.3. Health policy: Collectively, data obtained using this tool is meant to inform the development and implementation of policies and recommendations intended to promote male engagement in reproductive, maternal, newborn, and child health.

3.0 Tool Development

3.1. Literature review: a landscape literature review was carried out through searches in PubMed and Google Scholar. Cited references were also searched for additional publications. For each selected publication, the reported domains and chosen indicators were extracted.

3.2. Workshops: The identified indicators were shared with practitioners and researchers through workshops in Canada (in English and French), Vietnam (in English), and Burkina Faso (in French). Based upon the feedback received from the participants and internal redundancies, the remaining indicators were grouped under the appropriate domains.

3.3. Internal review: The remaining indicators were further reduced based upon assessments of their feasibility, suitability to a resource constrained setting and clarity.

3.4. External review for content validity: The tool was reviewed and feedback integrated into the tool. The final male and female METs are appended.

4.0 How to use the tool

The tool is intended to be completed by a trained interviewer during a home visit. Ideally, male and female interviewees should be interviewed separately and in private. It is not necessary to interview both members of a couple. Following a brief introduction, where the purpose of the interview is explained, and confidentiality of responses is assured, verbal consent to conduct the interview should be requested and documented. For each indicator, expressed as a question, the interviewer will record yes or no. It is anticipated the interview will require, on average, 10 to 15 minutes to complete. After a number of interviews have been completed, it should be possible to determine which indicators need further attention.

5. How to use the results

5.1. Research: The MET provides a summary estimate of male engagement in women's and children's health. The larger the number of randomly selected men and women interviewed, the more confident one can be in the answers. For more sophisticated study designs which use the MET, an appropriate sample size calculation will be required.

5.2. Monitoring and Evaluation: Where individual indicators are consistently recorded as no, the service team can conduct a critical reflection, identifying barriers, facilitators and agreed upon actions to be taken. Results can be used to monitor changes in behaviors over time. This, in turn, can be used to further engage communities in supporting male engagement.

5.3. Health Policy: Research or monitoring and evaluation findings can be used to guide and advocate for evidence-based policy decisions facilitating male engagement. Documenting trends over time allows for assessment of policy impact.

6. *Definitions*

Antenatal care (ANC): This includes care received to monitor a woman's pregnancy. It can include preventive counselling, education, physical examinations, blood pressure monitoring and screening tests.

Domestic chores: This refers to the everyday work carried out around the house or yard, such as cleaning, cooking, water collection or washing.

Emotional support: The reassurance, encouragement or understanding given to, or received by, another person.

Exclusive breastfeeding: This is defined as no other food or drink, not even water, except breast milk over the first 6 months of life, but allows the infant to receive ORS, drops or syrups (vitamins, minerals and medicines).

Postnatal care: This encompasses the health care of the mother, newborn, and infant during the six-week period after childbirth.

Reproductive health: This refers to a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. This includes family planning, prevention and treatment of illness affecting reproductive and sexual health.

Safe delivery kit: A kit that provides the essential for a safe delivery (single use kits contain a sterile razor blade, soap, chlorhexidine, and oxytocin).

References

- 1, WHO recommendation on male involvement interventions for maternal and neonatal health 31 May 2015. <https://extranet.who.int/rhl/topics/improving-health-system-performance/who-recommendation-male-involvement-interventions-maternal-and-neonatal-health>
2. Comrie-Thomson, L, Mavhu, W, Makungu, C, Nahar, Q, Khan, R, Davis, J, Hamdani, S, Stillo, E, & Luchters, S 2015, Men Matter: Engaging Men in MNCH Outcomes, Plan Canada, Toronto. <https://plan-international.org/publications/men-matter-engaging-men-better-mnch-outcomes>

Male Engagement in Women's and Children's Health Male (husband or partner) Questionnaire

Date: ___/___/_____

Interviewer _____

Step 1: Confirm that the interviewee is married or in a partnership and has fathered a child within this partnership in the past 4 years. Enter age of child here ___ months

Step 2: Confirm the interviewee is living daily with his wife/partner

Step 3. Inform the interviewee that all pregnancy related questions refer to the most recent delivery

If no to steps 1 or 2, terminate the interview and thank the interviewee

Shared workload and resources

No Yes

1. In the past week, did you assist your wife/partner with domestic chores?		
2. Did you assist your wife/partner with chores during pregnancy and after her last delivery?		
3. Have you ever taken your youngest child for his/her immunizations?		
4. Do you share taking care of your children with your wife/partner?		

Emotional and Supportive Care

No Yes

5. Do you encourage your wife/partner to take care of herself?		
6. When your wife/partner has been ill, have you found health care for her?		
7. Do you join your wife/partner when she seeks health care for an illness?		

	No	Yes
8. Did your wife/partner attend antenatal care (ANC)? If no, skip to Q 10 .		
9. Have you ever attended antenatal care (ANC) with your wife/partner?		
10. Did you provide emotional support during your wife's/partner's pregnancy?		
11. Were you at the birth of your child, whether at home or a facility delivery or somewhere else? (not necessarily at the bedside)		
12. Are you aware your wife/partner had a follow-up care appointment following her delivery? If no, skip to Q 14		
13. Following your wife's/partner's delivery did you take her to her follow-up care appointment?		
14. Did you encourage your wife/partner to exclusively breastfeed?		

Communication and decision-making

	No	Yes
15. Do you discuss reproductive health issues with your wife/partner?		
16. Is family planning (birth control) a joint decision with your wife/partner?		
17. Do you require your wife/partner to have your permission to seek health care?		
18. Did your wife/partner see a health care worker for her pregnancy? If no, skip to Q 20		
19. Did you talk with any of your wife's/partner's health care workers about her pregnancy or delivery?		
20. During your wife's/partner's pregnancy did you discuss who would deliver your child?		
21. During her pregnancy, did you discuss with your wife/partner what to do in case of an emergency ?		

	No	Yes
22. Did your wife/partner deliver at a health facility (at another place)?		
24. During the pregnancy did you arrange for the possible need for emergency transportation prior to your wife's/partner's delivery?		
25. Did you discuss health care for your baby after his/her delivery with your wife/partner?		
26. Did you arrange or provide transportation either for the delivery or appointments after your wife's/partner's delivery?		

Male Engagement in Women's and Children's Health Female (wife or partner) Questionnaire

Date: ____/____/____

Interviewer _____

Step 1: Confirm that the interviewee is married or in a partnership and has delivered a child within this partnership in the past 4 years. Enter age of child here ____ months

Step 2: Confirm the interviewee is living daily with her husband/partner

Step 3. Inform the interviewee that all pregnancy related questions refer to the most recent delivery

If no to steps 1 or 2, terminate the interview and thank the interviewee

Shared workload and resources

	No	Yes
1. In the past week, did your husband/partner help you with domestic chores?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your husband/partner assist you with household chores during pregnancy and after your last delivery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your husband/partner ever taken your youngest child for his/her immunizations?	<input type="checkbox"/>	<input type="checkbox"/>
4 Does your husband/partner assist you in taking care of your children?	<input type="checkbox"/>	<input type="checkbox"/>

Emotional and Supportive Care

	No	Yes
5. Does your husband/partner encourage you to take care of yourself?	<input type="checkbox"/>	<input type="checkbox"/>
6. When you have been sick has your husband/partner sought health care for you?	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes
7. Does your husband/partner join you when you seek health care for an illness?		
8. Did you attend antenatal care during your pregnancy? If no, skip to Q 10		
9. Did your husband/partner ever attend antenatal care (ANC) with you?		
10. During your pregnancy did your husband/partner provide emotional support?		
11. Was your husband/partner present when you gave birth, whether at home or in a health facility or somewhere else? (not necessarily at the bedside)		
12. Did you have a follow-up care appointment following your delivery? If no, skip to Q 14		
13. Following your delivery did your husband/partner take you to your follow-up appointment?		
14. Does your husband/partner encourage you to exclusively breastfeed?		

Communication and decision-making

	No	Yes
15. Does your husband/partner discuss reproductive health issues with you?		
16. Is family planning (birth control) a joint decision with your husband/partner?		
17. Do you need your husband's/partner's approval to seek health care?		
18. Did you see a health care worker for your pregnancy? If no, skip to Q 20		
19. Did your husband/partner talk with a health care worker about your pregnancy or delivery?		
20. During your pregnancy, did you discuss with your husband/partner who would deliver your child?		
21. During your pregnancy, did you discuss with your husband/partner what to do in case of an emergency?		

	No	Yes
22. Did you deliver at a health facility (at another place)? If no, skip to Q24	<input type="checkbox"/>	<input type="checkbox"/>
23 During your pregnancy did your husband/partner arrange for the possible need for emergency transportation prior to the delivery?	<input type="checkbox"/>	<input type="checkbox"/>
24. Did you discuss with your husband/partner health care for your baby after the delivery?	<input type="checkbox"/>	<input type="checkbox"/>
25. Did your husband/partner arrange for or provide transportation either for your delivery or your appointments after the delivery?	<input type="checkbox"/>	<input type="checkbox"/>

