A study to analyze the effect of Male involvement on Maternal and Child health

Name – Avik Kumar Ghosh , 1480, MBA HM-27

Faculty Mentor – Susmit Jain
Industry Mentor – Dr. Ravi Prakash

History of IHAT UPTSU

IHAT(India Health Action Trust) was instituted in 2003 as a Charitable Trust under the Indian Trust Act, 1882 and is registered with the Ministry of Home Affairs under the Foreign Contribution (Regulation) Act,1976, under section 12A(a) of the Income Tax Act, 1961 and with the Ministry of Corporate Affairs under the Companies (Corporate Social Responsibility Policy) Amendment Rules 2021.
IHAT works closely with the Government of India and state governments to achieve public health goals. Their work is focused in areas of prevention and control of HIV and Tuberculosis, in achieving significant improvements in Reproductive, Maternal, Neonatal and Child Health, improved Nutrition among mothers and children, and strengthening health systems. Their work is aligned with the Sustainable Development Goals.

PRINCIPLES OF IHAT UPTSU :-

1. **Community – centric** – IHAT is fully focused on serving the communities and it is the community that drives IHAT forward.
2. **Be scientific. Be innovative** – IHAT relentlessly pursues scientific rigour and adapts its work in the face of new evidence. The organization encourages out-of –the-box thinking and challenges itself to do better.
3. **Think sustainability** – IHAT engages with the government and communities to scale up and sustain positive outcomes.
4. **Inter – disciplinary** – IHAT fosters discussion , debate and deliberation across disciplines to arrive at the best possible solution.

VISION :-
"Meaningfully impact the lives of vulnerable and marginalised people by addressing health and social inequities".
MISSION :-
To use program science to optimize and scale public health programs through partnership with governments and communities.

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORITICAL UNDERSTANDING-

Theoritical understanding –
- Had studied the NFHS questionnaire before but had never realized how the men and the women questionnaire could be interlinked to analyze couple behavior.
- In the beginning I couldn't build upon or select the key variables of my study that would form the base of my hypothesis.
- Had learnt about sampling errors in theory but understood it practically only while doing real time data analysis.

Practical exposure -
- Used the NFHS men and women questionnaire to analyse couple behavior patterns
- While analyzing the data on stata-17 the data itself led me from one step to the next.
- Improvement in my soft skill- At IHAT I learned how to communicate effectively.

CHALLENGES FACED DURING INTERNSHIP -
- Adapting to a new office culture ,its timings and its norms were very difficult for the first few days.
- Prior to my internship I had no experience of data analysis using any software. So starting from scratch and being surrounded by people who were absolute professionals in analysis using STATA, PYTHON, SQL was a very big challenge.
- Understanding the codes of STATA was a very big challenge

LEARNINGS DURING INTERNSHIP –

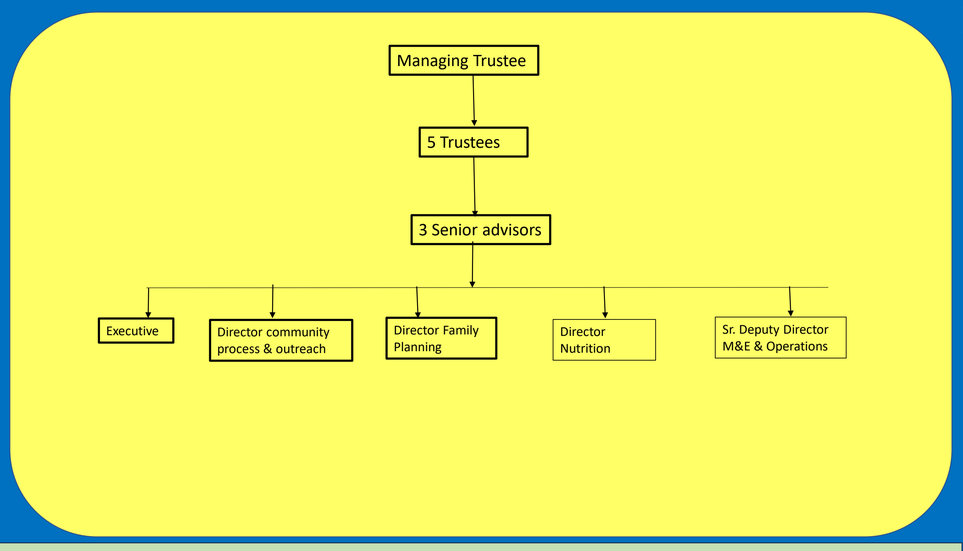
•Learned how to analyze NFHS questionnaire.
•Learned how to use data to support and corroborate a particular finding.
•Learned how to analyze NFHS data on STATA-17.
•Learned how to formulate measurement indicators.
•Learned about the difference between male and female weights .
•Learned how to recode certain variables in stata.
• Learned about probability and non-probability sampling.
•Learned about sampling and non-sampling error.
•Learned about the steps of analysis –
Univariate analysis – Frequency and Distribution
Bivariate analysis – Cross tabulation
Multivariate analysis – Regression analysis

•Learned about continuous and binary variables.
• Learned about Linear regression, Logistic regression and odds ratio.
•Did a secondary research on the effect of exposure to health knowledge on ANC visit and Institutional delivery.

USEFULNESS OF INTERNSHIP –

Health industry exposure - Since IHAT UPTSU provides technical support to the the Government Of Uttar Pradesh , it provided me with a hands on experience of the health parameters in a Governmental set-up. For ex- every government has limited resources and with that resource it wants to accomplish the highest good possible. Uttar Pradesh being the most populous state in india and with a significant population residing in rural and semi-urban areas the health analytics conducted by IHAT were really thorough. I learnt how every insight needs to be supported by data and how sometimes even though the insights or the gap is really very straightforward , without relevant data to back it up that insight or breakthrough analysis becomes irrelevant.

Corporate culture exposure – how to set up a meeting, how to keep giving weekly updates to your mentor on the project you have been working and when stuck how to approach the office staff/mentor for help.
Hands on experience on a research project.
Interacting with experts in the field of health analytics and gaining enriching tips and tricks about the health industry.



ABOUT THE PROJECT(INTRODUCTION)-

Historically male engagement in maternal health has been limited and the responsibility for maternal health has primarily fallen on women . Since reproduction and child bearing were essentially thought of to be the domain of women , men were usually sidelined by any health program initiative. It was in 1979 that the process of engaging men within the field of gender equality had begun when the UN General assembly adopted the Convention on the Elimination of All Forms Of Discrimination Against Women (CEDAW). CEDAW is often referred to as the international bill of rights for women. Although a solid consensus exists today on the need to engage women various gaps still exists. Furthermore in order to achieve a more meaningful change in the male engagement field it is necessary to understand the attitudes customs and beliefs that either motivate or act act as barriers to men's engagement in maternal and child health.

SWOT

STRENGTHS -
. Global partnerships – University of Manitoba
·Strong Tie-ups – Bill and Melinda Gates Foundation
·Great place to work certification (November 22 – November 23)
·A strong work culture
·Well trained and highly skilled workforce
·Proper chain of command thereby reducing blockages in decision-making.

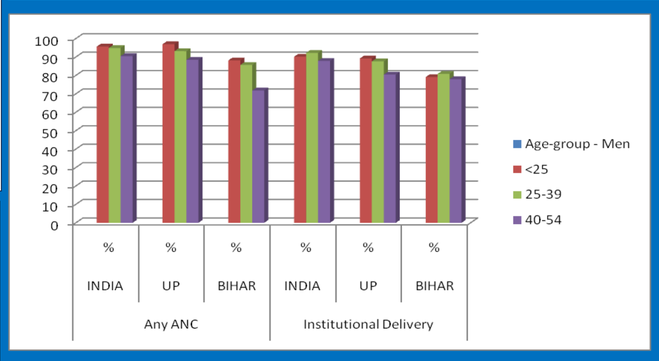
WEAKNESSES -
·It is important to keep the staff motivated as stagnancy in their work can lead to loss of productivity.
·Work –life balance – this is one of the key areas I feel that the organization needs to look into as from my interaction with the staff I came to know that they were sometimes assigned tasks on Sundays as well.
·Since ihatM&E primarily does the analytical work and are completely dependent on the data collectors (third party tie-up) for the quality of their analysis and technical support it becomes very important to go into these third-party tie ups wisely.

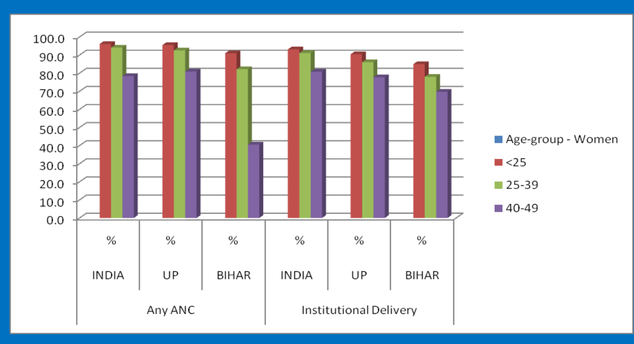
OPPORTUNITIES -
·A strong tie – up with the Uttar Pradesh Government allows for more scalability in their projects.
·More growth potential in the field of supply chain management for drugs and pharmaceuticals.
·Robust scientific and technological know-how allows for state-of-the-art analysis .

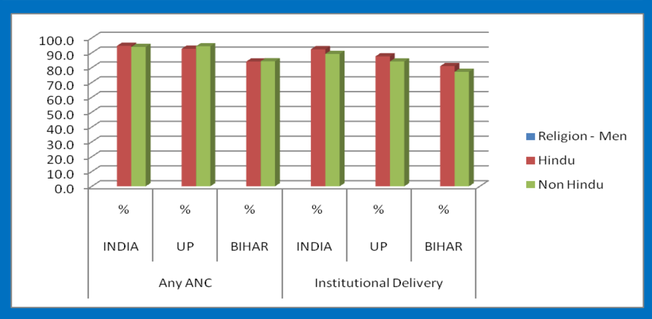
THREATS -
·An ever – increasing population base creates the problem of scalability and sustained efficiency.
·Competition from other organizations working in similar fields like Care india, Goonj etc.
Employee turnover.

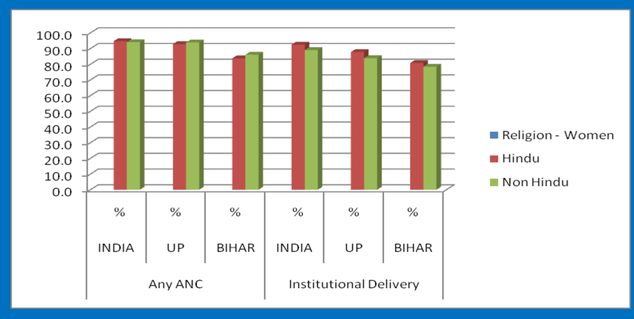
STUDY DESIGN – Analytical Study
DATA SOURCE – NFHS 5
ANALYTICAL TOOL USED – The data was analyzed using STATA-17
SAMPLE SIZE –
INDIA – 57693
UP - 6360
BIHAR – 2646

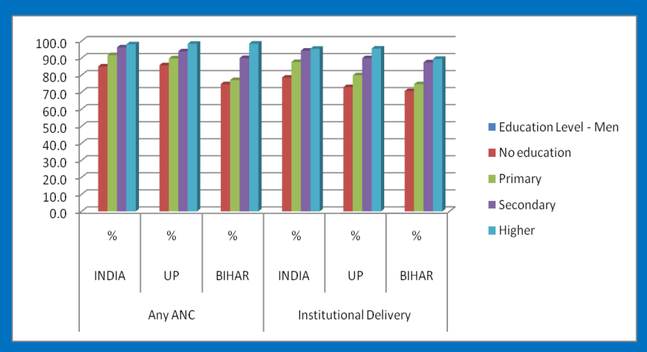
RESULTS AND FINDINGS

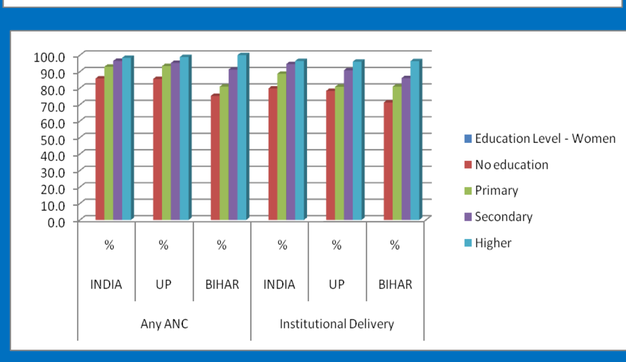




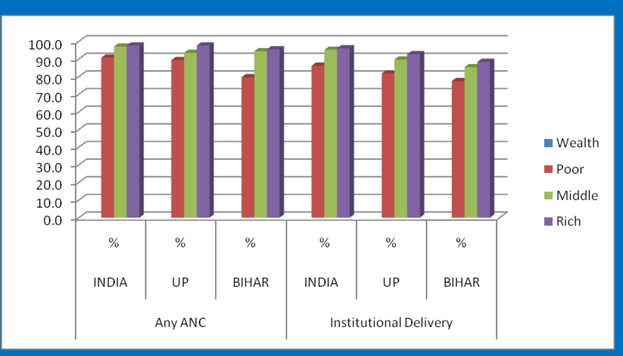


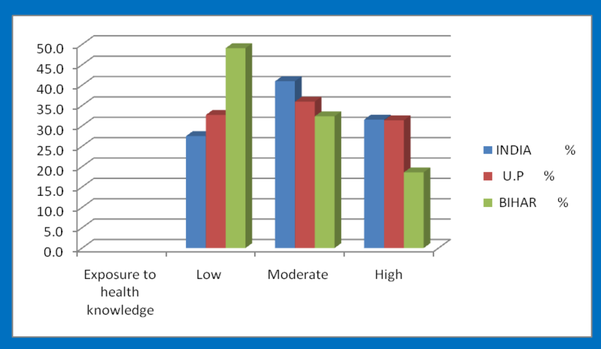


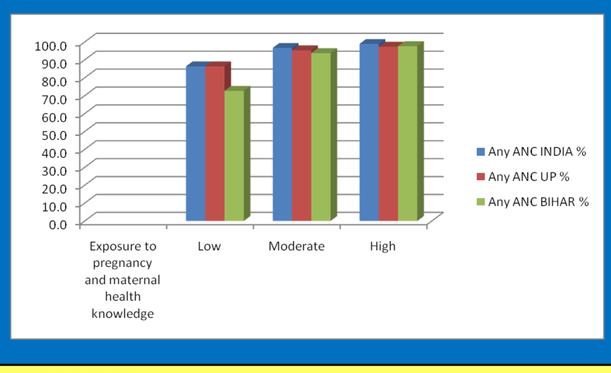


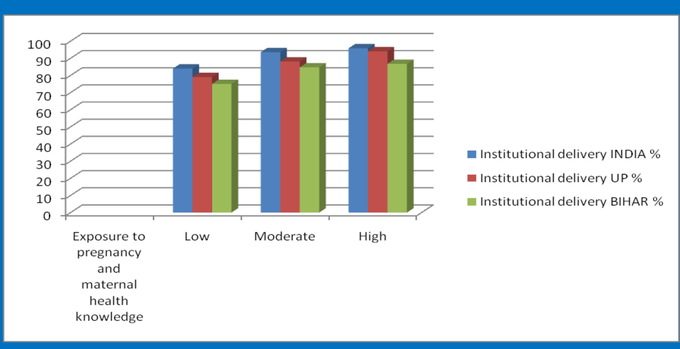


	INDIA	UP	BIHAR
	%	%	%
1. Health provider/worker spoke to respondent about delivery advice during pregnancy?			
No	27.3	34.3	48.1
Yes	72.7	65.7	52.0
2. Health provider/worker spoke to respondent about nutritional advice during pregnancy?			
No	19.4	23.8	35.0
Yes	80.7	76.3	65.0
3. Health provider/worker spoke to respondent about family planning during pregnancy?			
No	35.0	38.9	56.5
Yes	65.0	61.1	43.5
4. At any time when(name's) mother was pregnant with (name) , did any health provider or health worker ever tell you about the following signs of pregnancy complications?			
a. Bleeding -			
No	48.3	45.0	58.7
Yes	51.7	55.0	41.3
b. Convulsion -			
No	45.9	41.4	51.5
Yes	54.1	58.6	48.6
c. Prolonged labour			
No	38.9	36.3	53.1
Yes	61.1	63.7	46.9
d. Abdominal pain			
No	34.9	33.5	45.0
Yes	65.1	66.5	55.0
e. Blood pressure			
No	43.0	39.2	52.3
Yes	57.0	60.8	47.7
5. Were you ever told what to do if mother had any pregnancy complication?			
No	35.4	39.4	58.9
Yes	64.6	60.6	41.1









Although significant research work has already been made in the field of male engagement ; challenges still exist such as deep rooted gender norms and a lack of awareness.
The concepts of empowerment , equality and equity underpin all gender work .
The gender norm transformation spectrum includes gender reinforcing, gender neutral , gender sensitive , gender transformative , and gender empowering . it includes deliberate and programmatic work that targets to transform , shape and build a new idea of "masculinity" - one that helps men to reflect on how their conceptions of masculinity and thus their lives are influenced by unequal gender norms and influencing men to move away from toxic to positive definitions of what it means to be a man such as being an involved father

RATIONALE FOR ENGAGING MEN

In India and other parts of the developing world , gender based power inequalities in reproductive health decision making have been acknowledged as a fundamental constraint to women's access to reproductive health services and ultimately a barrier to improved health outcomes.
In these settings women are largely dependent on their husbands for health related decisions thereby making the behaviour , knowledge and attitudes of men an integral element of the reproductive health status of the family. Men also resort to making decisions about their wive's healthcare as a consequence of women's structural and cultural dependence on men due to limited mobility and limited educational and economic opportunities for women .

USEFULLNESS OF THE STUDY –
Although the percentage of women who had atleast one ANC visit in the first trimester has increased from 58.6 (2015-16) to 70.0(2019-21) as per NFHS 5 ; The WHO mandated 4 ANC visit percentage remains abysmally low at 58.1% (2019-21) a marginal increase from 51.2 (2015-16). Thus a woman's sexual and reproductive health is undoubtedly linked to a man's which makes it only logical that programs should engage men when when seeking to improve health outcomes for women and for overall households and communities .

when men actively engage in supporting their partners during pregnancy childbirth and the postpartum period it can have several positive impacts -
1**. Increased access to maternal health services** - active male involvement increases utilization of maternal health services . Men often times play a key role in engaging their partners to seek prenatal care, attend antenatal visits and access skilled birth attendants.A male partners involvement can help overcome significant barriers in the form of financial constraints, cultural barriers, or lack of awareness.
2 **Improved birth preparedness and complication readiness** - men can assist in arranging transportation to healthcare facilities, ensure availability of necessary supplies and make timely decisions in case of complications. This preparedness can reduce delays in addressing emergency obstetric care , which can be life saving for both mother and baby .
3. **Enhanced emotional support** - emotional support from male partners during pregnancy and childbirth has been linked to positive maternal mental health outcomes. It reduces stress, anxiety and depression and thereby promotes the overall wellbeing of women. Emotional support can also foster a sense of empowerment and confidence to women during the childbirth process.
4. **Shared decision - making** - involving men in discussions and decisions related to maternal health promotes shared decision making . It recognizes the importance of men as partners and stakeholders in reproductive health choices. Joint decision-making allows for better alignment of family planning, pregnancy, and childbirth goals, leading to improved outcomes and satisfaction for both partners.
5**. Addressing Gender Norms and Power Dynamics**: Male involvement in maternal health can challenge harmful gender norms and power dynamics that may impede women's access to care. By actively participating in maternal health, men can demonstrate their commitment to gender equality and shared responsibilities within the family. This can contribute to transforming traditional gender roles and promoting more equitable relationships.
6. **Father-Child Bonding and Positive Parenting**: Engaging men in maternal health also fosters bonding between fathers and their children. It provides an opportunity for men to establish an early connection with their infants and understand the importance of their role in care-giving. Positive father-child relationships have been associated with improved child health outcomes and overall family well-being.

CHALLENGES –
However literature is clearly indicative of how men's engagement in women's health has not always been in the women's best interest. Unequal gender norms and especially harmful gender norms related to masculinity all too often lead to negative health outcomes for both men and women . when men and boys internalize traditional masculine ideals - such as the need to have multiple sexual partners - and when they feel that they cannot fulfill rigid gender norms they engage in risky behavior , leading to negative health outcomes such as those related to violence against women, alcohol abuse and sexually transmitted infections.
Community norms usually determine whether violence is seen as a rightful expression of manhood , a personal matter or a violation of women's human rights . they determine whether survivors are met with support or scorn and whether or not perpetrators face consequences. THese community norms are passed down from generation to generation creating a rigid social structure which traps and stops both men and women from living their best live's.

SUGGESTIONS –
1. Start young - any program seeking to transform gender norms should target adolescents -especially boys aged 10-17 and young men aged 18-24 to make an impact before gender norms are rigidly ingrained.
2. Create opportunities for dialogue between men and women - effective programs must find ways to create dialogue between partners on important health issues and to encourage male partners to allow women to make decisions about their own health.
3. Ensure that any programming meant to address gender inequality and thereby promote better male engagement in maternal health must address the necds of men as well as women -it is important to avoid using an instrumentalist approach. Programs should lreat men as healthcare clients rather than engage them solely to facilitate better health outcomes for women. Any program demonstrating how it will positively impact men will act as a source of motivation and stimulate their active engagenent.