Engaging Men and Boys in Maternal Health: Results From a Participatory Film Project in Maputo Province

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ABSTRACT:

Background: Research has demonstrated that men often play a critical role in increasing access to and utilization of maternal health services. Improving male involvement in maternal health can contribute to better health outcomes for the mother, the newborn, and the father.

Objectives: Assess barriers and facilitators for male involvement in maternal health in a local community in Mozambique and analyze perceived benefits and challenges of using a participatory approach.

Methods: Participants engaged in a participatory video project involving different components: a workshop around gender norms, a video workshop, a filming phase, a feedback screening, and a dissemination phase of the final film. Qualitative data were gathered throughout the participatory process and analyzed thematically by an inductive approach. In addition, the participatory video framework was used to analyze the participatory process.

Results and Discussion: Our research project showed that participants faced several barriers for their involvement in maternal health, including strong patriarchal gender norms in the community, unwelcoming healthcare facilities, and economic challenges. Facilitators for their engagement included a strong sense of responsibility for taking care of the family, the willingness to generate change among the younger generation and the valorization of women as equal partners. Our findings suggest that the project empowered the participants to take up a more active and supporting role in maternal health and inspire other men's involvement.

Conclusions and recommendations: The participatory approach used in our study helped to identify and tackle barriers for male involvement in maternal health at community level, and dissemination of findings. Community campaigns should consider both barriers and facilitators for more male involvement in maternal health. In addition, governments and program planners

should invest on male-friendliness of health facilities and to minimize the incidence of bribery and other illegal practices for health services.

KEYWORDS: Maternal health, Reproductive Health Services, Community-Based Participatory Research, Africa < Geographic Locations, Social Change

Introduction

While pregnancy should be a positive experience, ensuring all women and their babies reach their full potential for health and well-being, is still a challenge for many women who risk losing their life while giving birth. About 295 000 women worldwide died during and following pregnancy and childbirth in 2017[1,2]. The majority of deaths occur in Low- and Middle-Income Countries (LMICs) and are preventable with timely access to high-quality maternal healthcare services[3]. In the last decade research has demonstrated that men often play a critical role in increasing access to and utilization of maternal health services, and improving male involvement in maternal health can contribute to improving maternal health outcomes[4]. In strong patriarchal communities, men's influence on maternal healthcare utilization and access is especially profound. Men in these settings have significant control over women's lives and household resources and often make critical decisions that affect maternal health, such as whether women can access antenatal care and other health related services[5].

Globally, the involvement of men in maternal health programs has been associated with positive maternal health outcomes and increased uptake of interventions to prevent HIV transmission[6,7]. A systematic review published in 2015 by Yargawa et al.[8] showed that male involvement has a beneficial impact on maternal health through reduced odds of maternal depression and improved utilization of maternal health services, more specifically higher rates of skilled birth attendance and postnatal care[8]. Men can also adopt, and encourage other household members to adopt, health-promoting behaviors at home, such as improved nutrition and malaria prevention[9,10]. Interventions to increase male involvement in maternal health have also been linked with positive changes in couple dynamics, such as increased couple communication and equitable decision-making, which contribute to improved health and care-

seeking outcomes[11]. The importance of communication, shared decision making, and gender-equitable relationships have started to become more recognized within male involvement research and programming[12,13]. If we look at programs aiming at improving gender equality at an early age (among children, adolescents, and young adults) another systematic review found that they can lead to a lifetime of improved health and wellbeing, including better maternal health outcomes[14]. This is in line with the pathway of Kraft et al. (2014)[15], demonstrating that interventions directed at shifting gender norms and leveling inequalities between women and men in access to health services and other resources will positively affect the health of women, men, and their children[15].

Barriers to male attendance of antenatal care and broader involvement of men in maternal health in LMICs operate at multiple levels and vary according to the context. At the community level, gender norms/roles in reproductive healthcare usage, and HIV-related stigma, have shown to be barriers for higher involvement of men[16–19]. At the healthcare system level, negative provider attitudes, overcrowded facilities, and limited opening hours seem prominent barriers[17,20]. At the interpersonal level, distrust or pre-defined gender roles regarding the division of tasks are hampering male involvement[21–25]. However, barriers for male involvement are highly depending on the local context and prevailing sociocultural norms in the society. Studies in Mozambique for example have shown that gender norms and HIV stigmatization are major barriers for men to take up a more participative role in maternal health[19,26] . However, very little is known about how to overcome these specific barriers. While various programs have tested interventions for increasing the attendance of men at antenatal care (ANC) and HIV testing[19,27–29], they provide very little information about community behaviors and barriers hampering the sustainable involvement of men in broader aspects of maternal health (such as decision making, financial support, and gender equality)[13].

Participatory methodologies are one approach to research that can provide insight into complex health problems and provide a space for communities to communicate and collaborate on difficult subjects[30]. Within the field of participatory methodologies, Community-Based Participatory Research (CBPR) is an approach that involves collective, reflective, and systematic inquiry in which researchers and community stakeholders engage as equal partners in all steps of the research process with the goals of educating, improving practice, or bringing about social change[31].

For an in-depth analysis of the barriers that impede male involvement in maternal health and ways to overcome these barriers, CBPR seems a well-fitted approach, taking into account all underlying community and gender norms hampering the involvement of men in maternal health. Qualitative studies have already shown how "male champions" can be important actors in promoting the involvement of men in maternal health by setting a positive example[32,33]. Within the CBPR approaches, participatory video is known to be an empowering and creative process that allows community participants to take up the role of agent for social change and becoming a "champion"[34–36]. We hypothesize that participatory film represents a powerful tool to generate insight into persistent barriers towards male involvement in maternal health in southern Mozambique and can be used as a medium to generate positive change in the community. Hence, the objectives of this research project were to assess the barriers and facilitators for male involvement in maternal health in a local community in Mozambique and analyse perceived benefits and challenges of using a participatory approach.

Methodology

Setting

A participatory film project was conducted in Marracuene district, Mozambique, between September and December 2017. The community willing to participate was identified based on previously established relationships with local community leaders. Preliminary meetings were organized with community leaders, filmmakers, and social activists of a local non-governmental organization (Men for Change Network - HOPEM) to explain the objective of the project and take the necessary preparations before the project started. The social activists and filmmakers were involved in the design and implementation of the project and are co-authoring this paper.

Community Partnership

The partnership was based on the nine principles of Partnership outlined by the Community-Campus Partnerships for Health (CCPH) in 2006[37]**.** The partnership was formed with three different entities, being the local community, a local NGO and the filmmakers. Before starting the project all entities of the partnership had several meetings to discuss the mission, values and goals of the partnership. These informal meetings created mutual trust, respect, genuineness, and commitment. In order to share equal power among partners, participation was completely voluntary and every participant could step out at any given moment. Everyone could also give input during the process. No partner received any financial profit linked to the final production of the film. Throughout the process open communication with all partners was key to develop a common language. A closure meeting was organized at the end of the partnership in agreement with all partners.

The local NGO is called HOPEM and specialized in community engagement campaigns and gender transformative workshops. Their mission in to "Contribute to the participation of men in promoting gender equality, citizenship values and combating discrimination and gender-

based violence" and their moto is "Men for change". HOPEM is a member of the global MenEngage network. At the start of the project, HOPEM was contacted and showed high interest in this project, upon which the partnership was formed.

Several film makers were approached for the project, but because no financial incentive was provided, except reimbursement for filming incurred costs, only one film production company was engaged. The filmmakers are two independent producers specialized in short film and documentaries production with a high societal value.

The selected community had previously participated in a research project on family planning conducted by the lead author of this publication, AG, and had built a connection and trust relationship. The community is located in a peri-urban context, around 30 Km from the capital of Mozambique, Maputo. The community leaders were asked to select 10 men, with diverse profiles in terms of age and socio-economic background, to participate in the participatory film project. Participation was voluntary, and any participant was free to leave at any time or stage of the project without any consequences, should they so whished. No financial compensation was provided except for a lump sum (<1.5 euro/day) to cover transportation or other costs associated with their involvement in the project. Food and drinks were prepared by community members and were provided for free during the project.

Different steps in the Partnership

The project started with a 3-day workshop about gender norms led by the two social activists of HOPEM. During the workshop, participants already outlined the main content they would like to see reflected in the final film.

After the workshop, the participatory filmmaking phase started. Participants were co-creators in all steps, except for the shooting itself, which was solely done by the filmmakers.

Following the workshops about gender norms, a 2-day workshop was organized regarding film techniques and storytelling, led by the filmmakers. Afterward, all participants co-created the film content by brainstorming about the strongest individual stories in their group and eventually selecting three main storylines for the final film. This was followed by 10 days of observational filming in the participants' homes and local environment and was finalized with a meeting where the whole group shared experiences and gave feedback regarding the process. The filmmakers edited the film and a first cut was shared with the whole group for feedback and further editing. During this meeting all partners (filmmakers, HOPEM and the community) were present. This meeting was considered as the closure meeting with all three entities of the partnership and the successful finalization of the film was celebrated. After this meeting, the film was finalized, followed by a dissemination phase involving several outputs. The further dissemination included screening in other communities and broadcasting the film on different events (including a cultural event in the capital, global film festivals, a local TV show and international conferences).

Data collection & analysis

Field notes were taken during the project to memorize important discussions and interactions that had not been recorded. After the project, word by word transcripts were manually made of conversations and the actions observed in the film by AG. Transcription guidelines according to UClouvain were followed (https://uclouvain.be/en/research-institutes/ilc/cecl/transcription-guidelines.html). Individual and group discussions were analyzed thematically. The framework of Braun and Clark for thematic analysis was followed which includes six stages[38]; Step 1: Become familiar with the data, Step 2: Generate initial codes, Step 3: Search for themes, Step 4: Review themes, Step 5: Define themes, Step 6: Write-up. In addition, all field notes taken during the project were considered during analysis

to help interpretation. The first three steps of the framework were carried out by AG, while the last three steps were conducted by AG, TK, DA and CM as a team.

It is important to note that research on collecting video data has shown that this is not a "neutral" source of records. Inherent in video capturing is the perspective of the camera and the researcher's decisions about which standpoint to foreground in the data[39]. We used an inductive approach for analyzing the data, by looking at both the conversational elaboration (the content of spoken word itself) and the cultural forms (focusing on social constructions and participation), according to the methodology of Ramey et al.[39]. In addition, we used the framework for participatory video of Plush et al. (2012)[40] to analyze the process of the project.

Ethics

Ethical approval for the research was granted by the bio-ethical committee of the Faculty of Medicine/ Maputo Central Hospital (CIBS FM&HCM/05/2017). All participants received information regarding data collection, data handling (use of video materials), and dissemination plans in oral and in writing, and all participants gave their written consent.

RESULTS

Participants

Nine men of ages ranging from 19 to 54 years old participated in the project. Eight of them were in long-term relationships and six had children. Sociodemographic data of participants can be found in table 1. Most of them were farmers and all of them were fluent in Portuguese and the local language Shangaan.

Table 1 Sociodemographic characteristics of participants

Age	Sex	Civil status	Number of children
21	male	In union	3
44	male	In union	4
54	male	In union	5
24	male	In union	0
21	male	In union	0
52	male	In union	6
38	male	In union	5
27	male	In union	2
19	male	Single	0

The findings on the perceived barriers and facilitators for male involvement in maternal health, as expressed by the participants, are described in the next sections. In addition, we give an overview of the perceived benefits and challenges of using a participatory approach for this project.

Barriers for male engagement in maternal health

Community and gender norms

Within the community, men accompanying their wives to the healthcare facility or doing household chores were often regarded as weak or "bewitched" by the wife. Household chores and all issues surrounding pregnancy and childbirth were seen as women's domain. Nevertheless, some men broke with these traditional roles, and several other men described how times had changed and how it is becoming increasingly more accepted today to participate in household chores or be actively involved in maternal healthcare. Most men were positive about the future and did not want to continue with the same strict gender roles of the previous generations. In this aspect, the younger men were very motivated to generate change, while the older generation supported a change more passively.

Unwelcoming healthcare facilities

Participants described how healthcare facilities do not welcome men during pregnancy, childbirth, or the postpartum period, and several of them have had very negative experiences in this regard. Overall, companions during childbirth were often refused and male partners as companions were not possible at all. Some men described hostile healthcare providers that did not want any "intruders" during the provision of maternal health care services and asked men to leave if they accompanied their partner. Other men complained that nothing was for 'free' and described how healthcare providers asked for illegal payments for any service. Some men felt that their only role in maternal healthcare was to provide money to help their wives receive better services.

Economic challenges

From different stories, we learned that being involved in the pregnancy of the partner and breaking with traditional gender norms often had an economic cost. A man taking time off from work or asking for leave-of-absence to take care of the woman during pregnancy, childbirth, or in the postpartum period risked losing his job. Also, exclusion from the family, including all the economic consequences of losing shelter, was described, whereby the parents (in-law) did not support their children if they were breaking with traditional gender norms.

Facilitators for male engagement in maternal health

Strong sense of responsibility for taking care of the family

Almost all men participating in the project expressed feeling responsible for taking care of the family and how their children played an extremely important role in their life. However, it was also clear that the engagement with their children often started once they were born, and not during the pregnancy.

Time for change

The younger participants in the project clearly indicated it is time for a change. They had witnessed how their mothers and sisters had less decision-making power in the house and worked hard without being valued. Some men also described how violence towards women was tolerated in society, which they wanted to change. They wanted to break with these harmful gender norms and believed more equality between men and women would benefit everyone.

Valorization of women as equal partners

From all participants it was clear they wanted the best for their partner and this motivated them to break with harmful gender norms. The love they felt for their girlfriend, wife, mother, or daughters was a strong motivator to change certain harmful behaviors. Helping with household chores during the pregnancy for example was something they found important, although this did not align with prevailing gender norms in the community. Also shared decision-making and shared responsibility around family planning (including the decision to start a family) was an important theme recalled by the participants. The discourse of the discussions among participants during the project was characterized by a deep respect for women and valorization of women as equal partners in the household.

Participatory Process

Benefits

This project with a strong participatory component provided several benefits compared to traditional qualitative research methods. First, there was a high level of trust between the researchers, social activists, filmmakers, and participants throughout the process due to the

participatory nature of the initial recruitment[41]. Participants felt willing to participate because recruitment for the project was guided by trusted and respected community leaders (and not by the researchers themselves). The high levels of trust and collaboration also led to high-quality findings related to barriers for male involvement in maternal health, but also led to empowerment and generation of knowledge on both sides (researchers and participants). The high quality of the final output (the film) also resulted in some unanticipated new activities (dissemination in cultural centers and surrounding communities) benefiting both researchers and participants.

Challenges

As noted by other researchers, there might be a tension between the "research agenda" and core principles of CBPR[36,42,43]. In CBPR participants should speak about what is important to them, and not about predefined topics that might be less relevant in their daily life. Ideally, topics are not predefined and can change throughout the process. In this project, the original focus was men's role during pregnancy and childbirth, but very soon it was clear the participants also wanted to discuss other problems in their community that are related to the initial topic. Participants talked about the (low) quality of the healthcare system, the high prevalence of eliciting illegal payments (or "bribes) and perceived injustice associated with them, the occurrence of violence towards women, and poverty. In preparation for the filming phase, the participants and filmmakers made a selection of topics around reproductive health (including aspects other than pregnancy and childbirth) to maintain a loose structure for the interviews, while at the same time giving participants maximum ability to express concerns around other topics. Flexibility around the core content of the final video was possible in this project because no predefined scientific output was expected. Nevertheless, we believe the flexibility that comes with participatory processes can be challenging.

Other challenges encountered in this project were limited funding and the resulting time constraints, which were not in line with the core characteristics of PAR that require long-term investment from all parties. Nevertheless, the positive experiences of the researchers, filmmakers, and participants spurred a long-term engagement, even without funding. Except for some limited extra funding that was obtained for dissemination of the film, most of the efforts after the filming phase were a personal investment of all actors involved.

DISCUSSION

The barriers indicated by men in this study for being involved in pregnancy and childbirth were similar to those described by other researchers both in Mozambique and neighboring countries[44–47]. Two studies in Mozambique about male involvement in maternal health found community norms and pre-defined gender roles as prominent barriers together with HIV stigmatization[47,48]. The latter was hardly discussed by the participants in our study, which might be related to the small sample and/or the sensitivity of the topic. For a very sensitive topic such as HIV, group discussions might not be the ideal data collection method, because participants might not feel safe and confident to speak about personal issues in a group[49].

Barriers related to unwelcoming healthcare facilities and eliciting illegal payments were very prominent in our study and received little attention in the Mozambican literature so far[5051,52]. Nevertheless, pregnant women seem to be at risk for the payment of bribes[53–55]. A study from Kenya described similar findings, whereby illegal or informal payments for maternal health care services were common[56]. Similar to their findings, our study suggests illegal payments might be even more common when a male partner is present because healthcare providers expect them to be able and willing to pay.

In our study, economic barriers (working hours being incompatible with clinic hours) seem to be relevant for male involvement, while another study from Mozambique described this as a neglectable barrier[47]. The relationship between economic factors and male involvement in maternal health seems to be complex and highly dependent on other factors[25,57]. While having a job is often associated with higher involvement and higher interest of the male partner (probably also mediated by a higher socio-economic status), other studies describe how having a job might be a hindering factor for attending maternal health care services due to incompatible working hours[57–59].

Most studies published so far have focused on barriers related to male involvement in maternal health and have paid little attention to potential facilitators[25,60,61]. We found several facilitators that should be considered in intervention strategies and can allow program planners to take a positive approach towards male involvement in maternal health. Existing community norms can be a strong starting point for generating change. The importance of "taking care of the family" for example could be emphasized in campaigns, hereby adding that this engagement should start from the very beginning, from preconception and pregnancy In addition, the younger generation could be sensitized about a "time for change" regarding harmful gender roles, as our findings show several young men are ready to generate this change and be a role model or "male champion".

We believe the participatory nature of this project might have facilitated the exploration of some specific barriers and facilitators for male involvement in maternal health which are hard to reveal through studies using a more traditional methodology, such as qualitative interviews and quantitative surveys[41,42]. Traditional research methodologies whereby the researcher takes a central and leading position might create more social desirability bias than participatory approaches. Especially the issue of illegal payments is often a very delicate topic, respondents

being afraid to talk about it because they fear negative consequences[62,63], especially when the study is conducted in a clinical setting (for example inside or at the exit of a hospital). Our study could generate new insights into the problems related to male involvement in maternal health care because of the participatory approach. We believe more studies should be conducted at a community level and with a participatory approach to examine complex maternal health care problems and generate high-quality findings[41].

We consider that our project achieved the objectives of CBPR in different aspects. Using the framework of Plush et al. 2012[40] we reflect on the three central objectives of participatory film: 1) creating awareness and knowledge, 2) creating capacity for action, and 3) investing in people-centered advocacy[40].

First of all, the project created awareness and knowledge around deeply rooted gender norms that might negatively affect women's health. Participants discussed how certain gender norms might be harmful to both men and women (such as men hardly availing themselves to formal healthcare in general and not showing interest/support in their partners' pregnancy). We believe that the knowledge generated during the project (especially the workshop around gender norms) also empowered the participants to break with different patriarchal gender norms that might negatively impact maternal health. Other positive gender norms might have been reinforced, such as men being responsible for the health and wellbeing of their direct family. Men explained they saw women as equal partners, which might have been reinforced by sharing their experiences and discussing gender roles at the start of the project. Experiences were shared and the stories of some men empowered others to take up a more active role during pregnancy and childbirth.

Second, we believe that capacity for action was achieved by using the strengths of local actors and role models to generate knowledge and discussion in a participatory manner, which was

done through the participatory workshop around gender norms but also through the dissemination of the film in other communities, followed by interactive debates around gender and maternal health.

Lastly, the project also invested in people-centered advocacy through an extensive dissemination phase. The film was screened in the local community for all participants, their families, and community leaders. Subsequently, the film was exhibited in ten other surrounding communities followed by debates about gender norms. Afterward, the film was screened in Maputo city at a well-known cultural center during a thematic week called "Women's week". During this event, all participants were invited and a selected group also participated in an organized debate on stage after the film exhibition. Finally, the film was screened on local television, which was done after agreement and with the support of all participants. The film was then disseminated in various film festivals both nationally and internationally and a short version made publicly available on the project website (https://projectsag.weebly.com/filmproject.html). In addition, the film was shown to national and international policymakers as well as local health sector decision-makers during various conferences, to influence decision-making at a local and international level.

LIMITATIONS

Findings relied on qualitative data only and no quantitative assessment was conducted to evaluate the effectiveness of the project. The limited funding of the project did not allow in-depth quantitative evaluation but we believe our qualitative findings generated valuable insights into the barriers and facilitators for male involvement at the community level. Furthermore, we believe that the added value of using quantitative measures of male involvement in this project would have been limited as they are often only capturing certain aspects of male involvement[64] and are researcher-driven. Our project also lacked long term

follow-up by ongoing collection of qualitative data, which can be considered as a limitation. A longer follow-up would have given more insight of the power of participatory approaches for sustainable change.

Another limitation is that the participants were not filming themselves, which would have maximized the participatory process and co-creation for making the film. Broadly, the steps within a participatory filmmaking process encompass collaborative brainstorming, getting to know the camera, storyboarding, working with the camera, shooting, viewing videos after the shoot and post-production follow up[65]. There is no one way of carrying out this methodology as the process needs to be adapted to the cultural context, the participants, and the community context[65,66]. Within the limited time and budget foreseen in this project, it was not possible to give all participants a camera and teach them how to handle it, nor to involve them directly in the editing and post-production process.

Finally, this project focused on a group of men and did not capture how women perceive barriers and facilitators for male involvement in maternal health. We decided to only include men in this project to maximize equal power among participants, which could have been hampered by including both men and women. We hope that more participatory research will be conducted in the field of maternal health in the future, involving also other groups such as women and adolescents.

CONCLUSIONS

This project revealed different barriers and facilitators for involving men in maternal health in the community. Participants revealed barriers related to patriarchal gender roles, work & employment, and unwelcoming healthcare facilities. The latter barrier was amplified by the occurrence of health providers eliciting illegal payments for better standards of care. Facilitators for higher involvement of men in maternal health care were a strong sense of

responsibility for taking care of the family, the willingness to generate change among the young generation, and the valorization of women as equal partners. We believe our study generated some new and unique insights into the problems related to male involvement in maternal health care because of the participatory approach. Until now, very few studies examining male involvement in maternal health have used a participatory approach[67–69]. Overall, we believe complex maternal health care problems should be studied more often by community based participatory research to generate high-quality findings and benefit the target groups directly.

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AUTHORS CONTRIBUTIONS

AG designed the project and acquired funding. AG coordinated the project together with TK and CM. AJP and BA organized and led the workshop around gender norms. TK and DA coordinated the participatory filming phase and produced the final film. AG and CM drafted the manuscript. All authors read and approved the final manuscript.

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