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# Maternal health research concerns men too

June 11, 2018



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At first glance, maternal health only seems to focus on women and children. After all, it is *maternal* health. But women's health during pregnancy and childbirth is also linked to a wide variety of non-biological and non-medical factors. These factors include the value that people and communities place on women's health, access to education and information, and the capacity to make autonomous decisions about, for example, attending prenatal care classes and giving birth in a health facility.

While these factors vary across regions and over time, they significantly affect the health of mothers and their babies everywhere. Understanding why and how these factors play a role is crucial to address barriers to maternal healthcare and to improve access to and use of services and facilities. Developing this understanding requires integrating gender considerations into research and related interventions.

Promoting gender-sensitive health systems to improve maternal and child health outcomes is a key objective of the Innovating for Maternal and Child Health in Africa (IMCHA) initiative, a seven-year, \$36 million initiative jointly funded by the Canadian Institutes of Health Research, Global Affairs Canada, and IDRC.

## Women's health should be everyone's concern

Gender inequities are reflected in many ways, including through discriminatory practices and unequal access to resources. Empowering women has been the focus of many strategies to address the health impacts of gender inequity, but it is not

enough. Research shows that, when relevant, involving men in prenatal care, childbirth, and postnatal care can counter barriers to maternal health that are rooted in unequal power relations and rigid perceptions of gender roles.

In Nigeria, maternal death rates are the second highest in the world at 145 per thousand births. IMCHA-funded research is shedding light on this issue. In the state of Bauchi, household surveys found that women were more likely to suffer complications in pregnancy or childbirth if they didn't discuss the pregnancy with their partners, if they continued heavy work, or if they experienced violence during pregnancy.

The research team — a collaboration between the Federation of Muslim Women Association, the Bauchi State Primary Health Care Development Agency, and McGill University in Canada — implemented a program of visits to the homes of all pregnant women in the project area. While a female visitor discussed pregnancy risks with the woman, male visitors shared the same information with the partner. Early results show that attitudes are changing. “My understanding ... has changed my beliefs,” said a 27-year-old father. “I no longer allow my wife to do heavy work during pregnancy.”

## Gender sensitivity is a two-way street

Encouraging men to become involved in their partner's health is important, but there is a danger in viewing male involvement too narrowly, seeking only to change their behaviours, or including them as a token gesture.

A [study](#) on male involvement in pregnancy and childbirth in Tanzania found that the major hindrances to male participation were traditional gender roles (that exclude men's involvement in childbirth), fear of HIV testing at the clinic, and lack of space for men in the delivery rooms. These findings illustrate that addressing gender inequity requires understanding the complex underlying influences affecting the behaviours of both women and men.

## Family planning

Cultural norms and values shape people's attitudes toward all aspects of women's health, including contraception — a cornerstone of maternal health. A [study](#) published in *The Lancet* this year found that countries with greater family planning and contraceptive coverage, among other services, experienced better maternal and child health.

In 2017, IMCHA supported a group of nine [research grants](#) to investigate appropriate ways to improve access to sexual and reproductive health services, including information and services for contraception and birth spacing. These grants emphasize gender in order to generate evidence to design culturally appropriate sexual and reproductive health programs. The focus of these grants highlights that if we are to change the maternal and child health status quo, we need to put gender equality at the centre of health interventions.

## Time to act

The health of mothers is fundamental to development. Although this is reflected in the UN's fifth Sustainable Development Goal to achieve gender equality, advancement has been relatively slow. According to the 2018 [Every Women Every Child](#) report, slow progress and even the reversal of gains in certain areas of gender equality are some of the most significant challenges to global health outcomes.

It is against this backdrop that IMCHA has intensified its focus on gender by investing in solutions to address the root causes of high maternal and child mortality. IMCHA's efforts to prioritize gender and equity in intervention design, and in enhancing research capacity on gender, are helping to generate sustainable solutions for better health.

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