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# Changing gender norms to improve maternal and child health

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*As part of an IMCHA research project, a female home visitor speaks to a pregnant woman about risk factors in the household.*

Maternal death rates in sub-Saharan Africa have dropped almost 40% since 2000, yet the region still has the highest number of maternal deaths, at [533 deaths per 100,000](#) live births. This figure translated to 200,000 deaths in 2017, UNICEF reports. Poverty, low education levels, violence against women, early marriage, and adolescent pregnancy continue to mark the lives of many women, contributing to their poor health and high mortality.

Recognizing this challenge, the [Innovating for Maternal and Child Health in Africa \(IMCHA\) initiative](#) sought to integrate a strong gender dimension in the research it supports. IMCHA research teams and their partners in communities and government have found practical, scalable ways of empowering women and persuading men to improve their support for women's health. These changes have contributed to improving maternal and child health, particularly by increasing the use of health services and by reducing risks to pregnant women and newborns in households.

**Watch a video on IMCHA research and gender equality.**

Promoting gender equality



## Research Highlights

- Research that empowers women and engages men is improving maternal and child health in Africa.
- In Iringa, Tanzania, women's groups and male champions have increased the use of vital healthcare services.
- Home visits targeting women and men have shifted attitudes toward household risk factors associated with pregnancy complications.

## Enabling women's decision-making power

In Iringa, Tanzania, for example, a research team turned to the community first to understand why women don't use available prenatal and postnatal services and to identify what could be done to change this reality. Through focus group discussions with women and men, researchers determined that a lack of knowledge about the services and their importance, combined with traditional gender roles, were significant barriers.

Led by the University of Dar es Salaam, in collaboration with HealthBridge Foundation of Canada and Iringa health authorities, the research shows that the community itself can play a role in addressing these barriers. Community members participated in designing strategies to overcome barriers, including educating the community about the importance of skilled healthcare assistance before, during, and after pregnancy, and promoting men's engagement in women and children's health.

The research team set up women's groups — 400 women in 20 villages — and trained them to deliver prevention messages through locally popular methods, such as songs, poems, and dramas. Using these forms of communication to change behaviours was well-received in most of the villages. "As soon as we started singing, dancing, and reciting poems, the attendance at the meetings increased significantly," said a women's group member in Kilolo District.

The women's groups allowed community members to actively participate in effecting the changes that they themselves valued and they have proven to be an excellent support network for community health workers, who are responsible for health education in often very large villages. Some women's groups have been invited by villages outside the research area to provide health education, while others have launched income-generating activities such as vegetable gardening and animal keeping to help poorer women in the community pay for transport to health centres. This community engagement contributed to a 24% increase in early prenatal care visits to health facilities, with more women completing the recommended four visits or exceeding them. Postnatal care in the 48 hours following birth increased by 31%.

Participation in the research has empowered many women. They have greater autonomy, more say in decisions related to their own health, and the power to advocate for change. "In the past it was not easy for women to speak in the meetings," says one village executive officer. "But now we see women speaking confidently and even asking questions."

# Engaging men in change

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*As part of an IMCHA research project, a male home visitor speaks to a man about pregnancy risk factors in the household.*

The research team selected and trained 10 men in each of the 20 project villages to share key maternal and child health messages with other men wherever they gathered — in bars, at football matches, and other social gatherings. Using respected religious, community, or governmental leaders as advocates has increased the acceptability of messages to men and helped break down ingrained cultural and gender norms.

IMCHA-funded research in Nigeria has highlighted that empowering women is not always enough: male attitudes and behaviours also need to change. The Federation of Muslim Women's Association in Nigeria, Canada's McGill University, and the Bauchi State Primary Health Care Development Agency tested universal home visits. Female and male home visitors regularly went to see pregnant woman and their partners in six Bauchi State wards to discuss pregnancy risk factors. Topics included domestic violence and heavy work during pregnancy, lack of spousal communication, lack of knowledge of danger signs, as well as risk factors for the health of young children. The home visits covered more than 36,000 households.

Sharing evidence about risk factors with household members shifted the attitudes of both men and women after the visits and enabled them to take action. Pregnant women in visited households were less likely to carry on with heavy work or to experience domestic violence and more likely to discuss issues related to their pregnancy with their partners. The home visits prompted household members to reduce risks themselves, including decreasing the risk of pregnancy complications and post-natal infection by at least 20%, even without increased use of health facilities for prenatal care or delivery. "I learned to live with my family in peace and harmony without domestic violence," said one 60-year-old husband.

## Shifting gender norms

Findings from these projects and other IMCHA-supported research demonstrate how gender inequalities affect everyday practices and access to and use of healthcare services that can save women and children. They point to practical, culturally acceptable, and locally led ways to overcome entrenched gender norms. Engaging communities to identify problems and implement solutions can lead to lasting change.

A key lesson from IMCHA-supported research is that working at the community level to improve the quality of maternal and child healthcare services is essential to reducing deaths and illnesses. When the community benefits of addressing gender inequalities are recognized by all, women can make informed choices about their own health, and men can be supportive partners for better maternal and child outcomes.

## Learn more

[Watch a video about the research in Iringa, Tanzania](#) 📺

[Read an article by HealthBridge on engaging men to improve maternal and child health in Iringa, Tanzania](#)

[Watch a video about the research in Bauchi State, Nigeria](#) 📺

[Read a journal article on the impact of universal home visits in Bauchi State, Nigeria](#)

[Read findings on gender norms in Ethiopia from IMCHA-supported research](#)

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