

Belize Safe Motherhood Programme: Recommendations to Improve Male Involvement

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Background and Justification

The Ministry of Health initiated the Safe Motherhood programme within the framework of the Sexual and Reproductive Health Policy (SRH) that was approved in 2002. Among its main principles, the ones that are particularly relevant for this study were:

- The principal of gender equity “mainstreaming a gender perspective in all policies, programmes and activities is essential to the achievement of the goal of gender equity, social integration, social justice, and sustainable economic development. The relations between men and women must be based on mutual respect and shared rights and responsibilities.”
- Moreover, the role of the father is explicitly recognized as follows: “the father, as an integral part of the family should participate in all family matters including pre natal care and counselling, participating during labour and particularly in the care of adolescent and late-parity women”.

Among the section on “general commitments”, number 7, the policy specifically recognizes the need to:

- “Encourage men to access sexual and reproductive health counselling and care”.

More specifically, addressing the roles and responsibilities of men:

- “Encourage and support men to share equally in child rearing and child support, household and family responsibilities, family planning practices and other reforms and measures, to enable parents to combine work responsibilities with family obligations, including parental leave”.

Finally the most explicit point on the need to:

- “Develop educational programs to engage men’s support for maternal health and safe motherhood”.

It is against this framework and to address the high rates of maternal mortality that the Ministry, through its Mother and Child Health Unit (MCH) developed a specific programme to target motherhood, and make it safer through stronger pre natal care services.

The objective of this study is to evaluate how effective the programme has been in addressing men and to develop recommendations for further improvement.



Methodology

A combination of methodologies was used so that the evaluation could both reflect the perception of the general public and look into the actual accomplishments since its implementation.

An online survey was developed to sense the knowledge, attitudes and practices of Belizean men between 16 and 65

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years of age on safe motherhood, pre-natal care and SRH services. The responses have been annexed (Annex II).

An assessment tool was also developed in collaboration with the Mother and Child Health Unit at the Ministry of Health and was applied to all interviews. A series of interviews were conducted with main stakeholders (Annex III).

Finally, an overall literature review of existing documentation relevant to the study was carried out. It was unfortunately not possible to include the findings of the evaluation

of the SRH policy as they had not been disclosed yet.

Main Findings

Overall, the programme has had a tremendous impact on improving maternal mortality rates, reducing it to zero deaths in 2011 at the time of drafting this report. Capacity has been built at different levels, including establishing a regular routine training for midwives and a sound Monitoring and Evaluation (M&E) system is in place and regularly followed.

Policy and System level

The programme is regulated under the SRH policy and has been complemented by the recently approved Companion at Birth Policy. Both policies mentioned male involvement, but obviously the companion at birth looks more specifically into particular programmes and activities. Most of the interviewees agreed that the policy is good and comprehensive, but falls short to strengthen male involvement in pre natal care.

Male involvement is not felt as a priority in the Ministry of Health, because there is the feeling of being in a “comfort zone” now that maternal deaths have been drastically reduced and the focus of the overstretched department has move to other areas. Most of the challenges remain in the area of reaching out to minorities, such as Mennonites and Mayans, and the focus of the department has lately been in that direction. There is no specific protocol in place for male involvement.

A Sexual Reproductive Health Committee was established to monitor the implementation of the policy with oversight responsibilities. However, most of the members were also part of the HIV/AIDS committee, GBV committee and Cervical Cancer Committee and were overwhelmed by the participation in all groups. A proposal was made to merge all the committees into one, but hasn't been implemented yet.

In terms of capacity building a regular training programme was effectively established. However, the high turnover constitutes a serious problem. Also, it should be noted that the training does not entail specific “male involvement” strategies and most of the nurses applied it at their own discretion.

Partnerships

There is a comprehensive partnership that has been established for the implementation of the programme, which ranges from NGOs to the private sector. Among the main NGOs involved, Belize Family Life Association (BFLA) and Youth Enhancement Services (YES) play a crucial role in reaching out to young men through their service provision, such as condom distribution. Several initiatives are in place to raise awareness, such as weekly seminars on parenthood at YES but difficulties are encountered with retention. Most young fathers go a first time and never show up again .

The Belize Medical Associates has also actively embraced the program, as it is shown by the commitment of the main OB GYN Dr. Marcelo Coyi.

Service Delivery

The head nurse at Maternal of Child Health Department in

“The father needs to be there, in the delivery room, so when they see how difficult and painful it is, they won't be in a rush to have another child”

*Nurse Elizabeth Jones,
Belmopan Western
Hospital*

the Western Regional Hospital had been trained for prostate cancer screening, conducting vasectomy and providing SRH counselling for men. Nevertheless, the rare cases screened by her, were in a very advanced stage and were immediately referred to the hospital surgeon. In the specific case of the Western Regional Hospital, one of the problems to access men may be the location: the maternity ward has been “temporarily” moved into the mental health/psychiatric ward, for the last 11 years. Although efforts have been done to ensure some minimum privacy, the screening rooms are still far to provide the minimum standards.

The only facility that has received appropriate training for explicitly involving men in pre natal visits is the health centre in Orange Walk, where the companion at birth policy is fully applied.

Monitoring and Evaluation

In order to urgently address the high number of maternal deaths that had occurred from 2005 to 2007- when it reached 85/100,000³, the MCH unit established a sound M&E system conducted on a sample of 20 women every 6 months, which included regular monitoring visits, as well as client satisfaction survey in the maternity wards and was developed in 2009 after a clinical maltreatment. At local level, monthly meetings are held in the maternity wards to discuss strategies on how to improve the system.

The indicators in the SRH policy are considered “unrealistic” as they aimed at 100% of services providing SRH services to men⁴.

Knowledge, Attitudes and Practices

A sample of about 60 Belizean men, from 16 to 65 years old have agreed to complete the online survey on Knowledge, Attitudes and Practice on Safe Motherhood (Annex II). The responses provide a good starting point for the development of recommendations, which is the final section of this study.

Overall, in terms of knowledge, it is clear that more efforts need to be invested in access to information. Up to 38% of respondents believed that it was safe for a woman to have

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3.Source: MCH unit, MoH.

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4.From interview with Dr. Beer, chief, MCH unit.

children within two years, and 15% thought there were no risks of pregnancies by missing the contraceptive pill. On the positive side, the vast majority of respondents (92%) agreed that pre natal care visits are important and that the companion should be present at birth (89%).

As far as practices are concerned, even though the major-



ity of respondents (87%) admitted discussing contraceptive methods with their partners, almost 65% of respondents have never been, or don't plan to attend a pre natal visit with their partners. Interestingly, 85% of respondents admitted helping their partners after delivery, but almost 60% did not, or don't plan to assist during delivery. Particularly relevant for this study is the overwhelming 80% of respondents who wish there were more health services targeting men available at clinics.

In terms of Attitudes, it is interesting to note that the majority of respondents agree that the number of children a woman has, impacts directly on her health and an overwhelming 100% think that taking care of a newborn is a shared responsibility. However, 13% of respondents still think that men should not attend pre natal visits.

RECOMMENDATIONS

Policy and System Level

- A specific protocol for involving men in a systematic manner needs to be developed and specific training programs need to be undertaken for its efficient implementation;
- The inter-sector committee needs to be re-established soon and male involvement needs to be promoted as a cross cutting strategy;
- Training programs for PHN need to include specific components to reach out to young men and enhance male in-

volvement in safe motherhood programs from pre natal care.

- New partnerships need to be established specifically targeting organizations with experience in male involvement, so that the safe motherhood programs can benefit from their expertise.

Service Delivery

- Specific services for men need to be systematically offered at all health care centres and health facilities nationwide. The MoH strategy focus shift into Community Health Service is an excellent opportunity to enhance the offer of services targeting men.
- The availability of services needs to be supported by sustained increase in access to information, whereby men and women will be sensitized on the importance of accessing health services for young men.
- A comprehensive Information Education Communication (IEC) campaign needs to be developed to raise awareness on:
 - importance of attendance to pre natal services for men
 - importance of assisting delivery
 - importance of sharing responsibilities and tasks

ANNEXES

Annex I Assessment Tool

Male involvement in Belize's Safe Motherhood Programme: A Rapid Assessment Tool

This assessment tool was developed to evaluate the level of male involvement in the existing Safe Motherhood programme coordinated by the Maternal & Child Health Department. It is mainly based on existing assessment tools developed by WHO and United Nations Population Fund (UNFPA).

Annex II Survey Results

Policy Level	
National Policies/Guidelines	Response/Comment
Is there any specific policy at national level regulating Maternal health and Safe Motherhood?	
Does it address male involvement specifically? How?	
How important is male involvement at policy level? Is it a priority strategy? How? (funding, legislation, programmes, etc)	
On what basis was the strategy developed? researched? data?	
Are there specific protocols to increase male involvement? To what extent are they applied?	

System Level	
Partnerships	
Who are the major development partners for the Safe Motherhood Programme?	
Are there specific partners involved to increase male participation?	
What is the role of civil society?	
Planning and HR capacity	
Is there any joint planning with partners organizations?	
Has there been appropriate training to strengthen the capacity of health workers in increasing male participation into the safe motherhood programme?	
Are the training materials adequately addressing the subject?	
Monitoring and Evaluation	
Is there any M&E system in place to assess the level of male involvement in programmes?	
What kinds of indicators have been used, if any?	

Service Delivery	
What kinds of services are provided for men in this facility?	
How do you involve men into the safe motherhood programme?	
Does this facility apply the companion at birth policy?	
Have the health workers received appropriate training?	
What are the major barriers you encounter to increase male participation in the Safe Motherhood programme?	
How would you address the challenges and what recommendations can you make?	

Promotion of Men's participation in Safe Motherhood Programme in Belize															
Knowledge, Attitudes and Practices Survey															
Knowledge															
1 Family Planning		2 Family Planning		3 Prenatal		4 Pregnancy		5 Birth Companion		6 Post Natal Care		7 Family Planning		8 Prenatal	
Can a woman get pregnant if she misses her contraceptive pill for one day only?		Is it safe to have children less than 2 years apart?		Is it necessary to have pre natal visits to ensure a safe pregnancy?		Is it normal to have high fever and blurred vision during pregnancy?		Is it important for a woman to have her partner close at the time of delivery?		Giving baby food to a 4 months old will make him grow faster. Do you agree?		The number of children a woman has does not impact with her health. Do you agree?		Would your friends consider you less of a "man" if you go with your partner to pre natal visits?	
Yes 84	No 15	Yes 62	No 38	Yes 92	No 8	Yes 3	No 97	Yes 89	No 11	Yes 15	No 85	Yes 8	No 92	Yes 5	No 95

Annex III List of Interviewees

Dr. Natalia Beer,
Head of MCH
Ministry of Health:

Ms. Lorna Crawford
Programme Officer
Youth Enhancement Services - YES

Ms. Joan Burke
Executive Director
Belize Family Life Association (BFLA)

Ms. Elizabeth Jones, PHN
Belmopan Hospital

Ms. Erika Goldson
Representative
UNFPA

Answer to the Radiographic quiz

Radiographic findings: Bilateral hilar lymphadenopathy is seen in these radiographs of the chest. The right paratracheal stripe is widened, suggestive of paratracheal lymphadenopathy. The lungs are clear.

Differential diagnosis

- A. Lymphoma
- B. Sarcoidosis
- C. Pneumoconiosis
- D. Tuberculosis
- E. Acute viral syndrome (mononucleosis)

Diagnosis: Sarcoidosis

Brief overview of the disease

Sarcoidosis is a multisystem chronic inflammatory condition of unknown etiology. It is characterized by noncaseous epithelioid cell granulomas and changes in tissue architecture, which may affect almost any organ.

Involvement of the lung and the mediastinal and hilar lymph nodes is most common, being seen in approximately 90% of patients.

Although sarcoidosis can affect patients of any age, sex, or race, it typically affects adults less than 40 years old, and the incidence peaks in the 3rd decade of life (ages 20–29 years).

Clinical Features

The most common clinical features at presentation are respiratory symptoms (eg, cough, dyspnea, and bronchial hyperreactivity), fatigue, night sweats, weight loss, and erythema nodosum. However, as many as 50% of sarcoidosis cases

Attitudes		Practice											
9 Post Natal		10 Clinic Visits		11 Family Planning		12 Prenatal		13 Pregnancy		14 Birth Companion		15 Clinic	
Do you think that taking care of a new born is exclusively a mother's responsibility?		Do you think men/ partners should be going to pre and post natal visits?		Do you discuss contraception with your partner?		Have you ever been with your wife to a prenatal visit?		Did you help your wife during pregnancy so she could have more rest?		Have you ever assisted or are you planning to assist a delivery?		Would you go more often to health centre if there were specific services for men?	
Yes 0	No 100	Yes 87	No 13	Yes 87	No 13	Yes 64	No 36	Yes 85	No 15	Yes 44	No 56	Yes 80	No 20

are asymptomatic, with abnormalities detected incidentally at chest radiography.

Clinical signs and symptoms are nonspecific and include fatigue, weight loss, general malaise, and, less commonly, fever. About one-half of patients remain asymptomatic. Bilateral hilar lymphadenopathy is the most common radiologic finding. Adenopathy in the right paratracheal nodes, left aortic-pulmonary window, and subcarinal nodes can also be seen, often with associated pulmonary infiltrates. However, extrathoracic involvement can be an initial manifestation in one-half of symptomatic patients. Although skin and ocular lesions are common, the liver, spleen, lymph nodes, parotid glands, central nervous system (CNS), genitourinary system, muscles, and bones may also be involved.

Thoracic Involvement

Pulmonary involvement is reported in up to 90% of patients with sarcoidosis and generally manifests as asymptomatic mediastinal adenopathy. Hilar adenopathy is easily recognized on chest radiographs; however, CT is superior for demonstrating subtle mediastinal lymphadenopathy and associated parenchymal involvement. Because the prevalence of pulmonary involvement in patients with sarcoidosis is extremely high, CT findings play a crucial role in the diagnosis and staging of this disease. There are five radiologic stages of intrathoracic changes.

- Stage 0: Normal chest radiograph
- Stage 1: Lymphadenopathy only
- Stage 2: Lymphadenopathy with parenchymal infiltration
- Stage 3: Parenchymal disease only
- Stage 4: Pulmonary fibrosis

At initial presentation, 5-10% present with stage 0, more than 50% with stage 1, 25-30% with stage 2 and 15% with stage 3. About 20% progress to stage 4.

Mediastinal Lymph Nodes

Intrathoracic lymphadenopathy is the most commonly encountered radiologic finding in sarcoidosis (85% of cases) and typically manifests as bilateral hilar adenopathy with right paratracheal adenopathy. Although left paratracheal and aortic-pulmonary window nodes are also commonly enlarged, these nodes are less easily identified on postero-anterior chest radiographs. This mediastinal adenopathy is successfully demonstrated at contrast-enhanced CT. Mediastinal adenopathy without hilar involvement is rare and is more frequently seen in older patients. Occasionally, calcification occurs in affected nodes. Calcification can be amorphous, punctate, or eggshell-like; it is closely related to the duration of the disease and suggests a chronic condition.

Lungs

Lung involvement is seen in approximately 20% of patients. Dyspnea and dry cough are common manifestations, whereas hemoptysis is rare. Lung involvement in sarcoidosis has a strong predilection for the upper lung.

Radiology

Bilateral hilar adenopathy is the most common radiographic finding. Other characteristic findings include interstitial lung disease, occasional calcification of affected lymph nodes, and pleural effusions and thickening. Because the disease so often involves thoracic structures, chest radiography plays a crucial role in the diagnosis, staging, and follow-up of sarcoidosis. Computed tomography is more sensitive