MOMENTUM

Endline Survey Report:

Male Partners of First-time Mothers

December 2021

Tulane University

MOMENTUM

This report summarizes the Baseline Survey and Endline Survey findings for husbands/male partners of first-time mothers age 15-24 who were enrolled in the MOMENTUM Project. Tulane University School of Public Health and Tropical Medicine carried out the Baseline Survey from September to November 2018 and the Endline Survey from May to August 2020. Funding was provided by the Bill & Melinda Gates Foundation. The analysis and recommendations of this report do not necessarily reflect the views of the Bill & Melinda Gates Foundation.

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Cover Photo: Mr. Michel Kubaki Luzolo

Suggested Citation:

Anastasia J. Gage, Francine E. Wood, Madeline Woo, and Pierre Z. Akilimali. 2021. *MOMENTUM Endline Survey Report: Male Partners of First-time Mothers*. New Orleans, LA: Tulane University School of Public Health and Tropical Medicine.

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ACKNOWLEDGMENTS

Tulane University recognizes the contributions of the many individuals and organizations who provided invaluable support to the finalization of the survey instruments and completion of this report. Our sincere appreciation goes to our funder and our program officer, who provided invaluable technical support. Sincere gratitude is also due to Tulane International, LLC staff, with special thanks to Rianne Gay (the MOMENTUM Senior Project Coordinator) for her skills, experience, and valuable local knowledge. We acknowledge the contribution of our local partners, Action Santé et Développement and Conduite de la Fecondité. They assisted in tracking male partners who were enrolled in the study at baseline. This endline study would not have been possible without the devotion and contributions of the enumerators and supervisors. We thank them for their efforts in collecting the data. Finally, we must acknowledge the male partners for their input, time, and openness during the endline survey and the first-time mothers who gave us permission to contact their male partners. We hope the information they provided will contribute to the development of their community and improve family planning, maternal and newborn health, and nutrition services in Kinshasa.

ACRONYMS

ANC	antenatal care
ASD	Action Santé et Développement
CF	Conduite de la Fecondité
CPR	contraceptive prevalence rate
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
FP	family planning
FTM	first-time mother
HZ	health zone
KMC	Kangaroo mother care
LBW	Low birthweight
MNH	maternal and newborn health
MPSMRM	Ministère du Plan et Suivi de la Mise en oeuvre de la Révolution de la Modernité
ODK	Open Data Kit
PI	principal investigator
PPFP	postpartum family planning
QR code	Quick Response Code
TV	television
WHO	World Health Organization

Map of the Democratic Republic of Congo

Map of the DRC. Retrieved from Family Planning in the DRC, http://www.familyplanning-drc.net/images/mapdrc.jpg

1 BACKGROUND AND SURVEY METHODOLOGY

Pierre Z. Akilimali

1.1 Background

With a population growth rate of 3.1% per year, the Democratic Republic of Congo (DRC) is the third most populous country in sub-Saharan Africa. The country's population is expected to double every 22 years and, by 2050, the DRC will be the 8th most populous country in the world (Population Reference Bureau, 2016, 2018). According to the 2013-14 Demographic and Health Survey (DHS), at least one in five women age 15–19 had begun childbearing by the time of the interview: 21% were mothers and 6% were currently pregnant (Ministère du Plan et Suivi de la Mise en oeuvre de la Révolution de la Modernité (MPSMRM) et al., 2014). The adolescent fertility rate is high (134 per 1000), compared to that for sub-Saharan Africa (SSA) as a whole (109 per 1000) (United Nations, 2015), as is the country's maternal mortality ratio (800 per 100,000 births), which is one of the highest in the world (MPSMRM, 2014). Among married adolescent girls (age 15-19) and young women (age 20-24), the contraceptive prevalence rate is low (5% and 8%, respectively) and unmet need for family planning (FP) is high (31% and 29%, respectively) (MPSMRM, 2014). Youth suffer disproportionately from the consequences of unwanted pregnancy, which range from possible death and disability to the personal and financial burdens of raising more children than a family wants or can afford, interruption of educational pursuits, and compromised economic and social opportunities.

In the DRC, as elsewhere, power dynamics, gender roles, and the threat of violence within the union can constrain women's ability to negotiate sexual intercourse and contraceptive use and increase women's vulnerability to unwanted pregnancy and unhealthy timing and spacing of births. A recent study of men and masculinities in the DRC revealed that only 56% of men and 51% of women believed a woman could refuse to have sex with her husband. In addition, 59% of men and 81% of women believed it is a mother's responsibility to care for her children. Furthermore, 63% of men and 52% of women thought that a man should have the final say in all family matters. Violence was normalized as a way for men to demonstrate their manliness (Deepan, 2014). Although gendered social norms vary according to the cultural context and setting and may change over time, in many communities, men tend to dominate decision-making processes and have more access to education, economic resources and power relative to women (MacPherson et al., 2014). In this context, gender norms and roles can act as a barrier to the utilization of FP/maternal and newborn health (MNH) services for first-time mothers (FTMs), thereby contributing to poor maternal and newborn health outcomes.

The transition to parenthood may be associated with psychological challenges, elevated expectations, and high stress levels for men, which could have implications for their ability to bond with their babies (Genesoni & Tallandini, 2009; Johnson, 2002). Prenatal paternal involvement enhances fathering and relationship satisfaction, promotes positive co-parenting, and reduces partner conflict (Florsheim et al., 2012; Plantin et al., 2011). In one study, expectant fathers showed greater intuitive parenting behavior when they had more progressive beliefs about parent roles, and when their partners had lower parenting self-efficacy (Schoppe-Sullivan et al., 2014). Findings also indicated that expectant fathers' greater intuitive parenting behavior was predictive of fathers' greater subsequent engagement in developmentally-appropriate activities at 3 months postpartum in situations where expectant mothers demonstrated low levels of intuitive parenting behavior (Schoppe-Sullivan et al., 2014). The pregnancy period provides a window of opportunity, therefore, to engage, educate and empower expectant fathers (Bond, 2012).

One of the primary outcomes of the MOMENTUM Project is: "Increased gender-equitable behavior related to FP, MNH and nutrition among FTMs age 15-24 and their male partners." Associated intermediate outcomes are: (a) Empowered FP/MNH and nutrition-related decision making among FTMs age 5-24; and (b) Increased gender-equitable attitudes and beliefs among male partners. Home visits conducted by the Project include not only monitoring the healthcare seeking and health behaviors of FTMs but also promoting couple communication about postpartum FP, MNH and nutrition and infant care, and joint decision making. The Project engages male partners directly through video storytelling on topics related to gender norms and decision making; experiences, aspirations and perceived challenges surrounding fatherhood; and paternal engagement in MNH care and postpartum FP. Story-telling videos are used to facilitate group discussions on those topics. Monthly fathers' group meetings provide opportunities for reflection and dialogue in order to promote male partner engagement in FP/MNH and nutrition and transform gender-related attitudes, beliefs, and practices held by male partners. Community dialogue sessions and street theater are conducted to help create an enabling environment for broad-based gender and community norm change. The project was implemented in close collaboration with Action Santé et Développement (ASD), Johns Hopkins Center for Communication Programs, *the Direction de l'Enseignement des Sciences de Santé, the Direction de Santé des Familles et des Groupes Spécifiques, and the Ministère de Genre, Famille et Enfant*.

1.2 Survey Objectives

This study provides endline estimates on FP/MNH and nutrition-related knowledge, attitudes, and practices of husbands/male partners of 15-24-year-old FTMs. From a project evaluation perspective, MOMENTUM's primary research question is: "To what extent does a gender-transformative integrated package of FP/MNH and nutrition-related information, referrals, and services delivered by nursing students at the community level increase uptake of postpartum contraception and improve care seeking and MNH and nutrition-related household practices among FTMs aged 15-24 years in Kinshasa?" Specific questions are:

- Does the nursing student model lead to increased gender-equitable attitudes and behaviors related to FP/MNH and nutrition among husbands/male partners?
- Do gender-equitable attitudes and behaviors among husbands/male partners lead to increased uptake of postpartum family planning (PPFP)?

At endline, we also assessed the acceptability of the MOMENTUM model among nursing student providing community-based gender-transformative integrated FP/MNH and nutrition services and among FTMs age 15-24 years and their husbands/male partners, the primary beneficiaries. Those results will be presented elsewhere.

1.3 Ethical Considerations

This study received ethical approval from the Tulane University Institutional Review Board and the University of Kinshasa School of Public Health Ethics Committee. Interviewers were trained on the importance of informed consent and confidentiality, with an emphasis on securing the consent and voluntary participation of respondents. The informed consent form was read aloud to each participant and each participant was invited to sign it to certify that he had agreed freely to answer the questions asked by the interviewers. Data were collected and analyzed anonymously. No personal identifier was noted or indicated on the survey questionnaire. Respondents were informed that participation was voluntary and that they were free to accept or refuse the interview with no consequence.

1.4 Survey Organization

The survey started by identifying the FTMs and their male partners. FTMs gave permission for their male partners to be contacted prior to the initiation of the recruitment process for male partners. Two recruitment strategies were used: (a) health facility-level recruitment conducted by Action Santé et Développement (ASD) and (b)community-level recruitment conducted by Conduite de la Fécondité (CF).

1.4.1 Health facility-level recruitment

To recruit husbands/male partners of clients who were identified at Jhpiego-supported health facilities, the ASD enumerator explained the importance to the study of involving husbands/male partners and asked the woman if she wanted her husband/male partner to be involved. Women who agreed were given an invitation coupon for their husband/male partner. The ASD enumerator documented the woman's wishes to involve her husband/male partner in the study. The woman was asked to discuss participation in the study with her husband/male partner and to give him the invitation coupon. The invitation coupon requested the husband/male partner to contact ASD directly.

Once contacted by the husband/male partner, the ASD enumerator explained the nature and objectives of the intervention, the practices and procedures to be performed during home visits, and the nature of the support group education sessions. At the end of this informational discussion, the husband/male partner was asked if he was willing to participate in the study. If the husband/male partner was willing to participate in the study, he was asked if he was willing to (a) be contacted at home for the baseline evaluation survey by a trained interviewer and (b) participate in support group education sessions. Only if the husband/male partner agreed to participate in these activities did the ASD enumerator assign him a recruitment number (quick response (QR) code) and collect his name, address, and phone number for the purpose of arranging the baseline interview and support group education sessions. The ASD enumerator also asked the husband/male partner to provide a date and time at which he would be available for the baseline evaluation survey and for scheduling the home visits. This information was recorded on a smartphone using an Open Data Kit (ODK) form and was stored and kept in a secure location.

1.4.2 Community-level recruitment

To recruit husbands/male partners of FTMs who were identified in the community, two strategies were used: one for FTMs who were married/living together and another for those who were not.

1.4.2.1 Married or cohabiting first-time mothers

For FTMs who were married/living together, the CF enumerator explained the importance to the study of involving husbands/male partners and asked the woman if she wants her husband/male partner to be involved. Only if the woman agreed did the CF enumerator invite the husband/male partner to participate in the study. The CF enumerator documented the woman's wishes regarding husband/male partner involvement. If the woman agreed to involve her husband/partner and if he was present at the time of the recruitment visit, the CF enumerator explained the nature and objectives of the intervention, the practices and procedures to be performed during home visits, and the nature of the support group education sessions. At the end of this informational discussion, the husband/male partner was asked if he was willing to participate in the study. If the husband/male partner was willing to participate in the study, he was asked if he was willing to (a) be contacted at home for the baseline evaluation survey by a trained interviewer and (b) participate in support group education sessions. Only if the husband/male partner agreed did the CF enumerator assign him a

recruitment number (QR code), and collect his name, address, and phone number for the purpose of arranging the baseline evaluation interview and support group education sessions.

If an FTM who was married/living together agreed to involve her husband/partner in the study, but he was not at home at the time of the recruitment visit, the FTM was given an invitation coupon for her husband/male partner. The FTM was asked to discuss participation in the study with her husband/male partner and give him the invitation coupon. The invitation coupon requested the husband/male partner to contact CF directly.

1.4.2.2 Unmarried first-time mothers

A similar process was used to recruit the male partners of unmarried FTMs. The CF enumerator explained the importance to the study of involving husbands/male partners and asked the FTM if she wanted her male partner to be involved. Upon agreement, the FTM was given an invitation coupon for her male partner. The CF enumerator documented the woman's wishes to involve her male partner and provided an invitation coupon. The invitation coupon requested the male partner to contact CF directly.

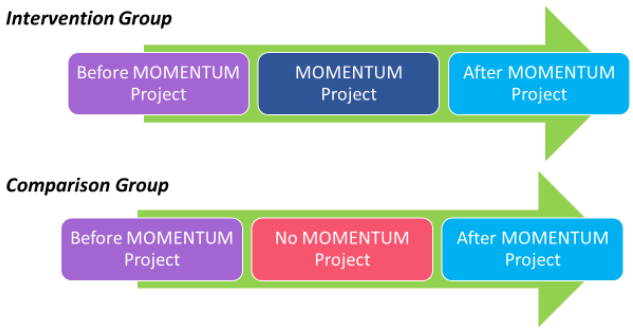
Once contacted by the male partner, the CF enumerator explained the nature and objectives of the intervention, the practices and procedures to be performed during home visits, and the nature of the support group education sessions. At the end of this informational discussion, the male partner of the unmarried FTM was asked if he was willing to participate in the study. If he was willing to participate in the study, he was asked if he was willing to (a) be contacted at home for the baseline evaluation survey by a trained interviewer and (b) participate in support group education sessions. Only if the male partner agreed did the CF enumerator assign him a recruitment number (QR code), and collect his name, address, and phone number for the purpose of arranging the baseline evaluation interview and support group education sessions. The CF enumerator also asked him for a preferred date and time for the interview. This information was recorded on a smartphone using an ODK form and was stored and kept in a secure location.

Trained interviewers contacted each recruited husband/male partner of recruited FTMs at home at the pre-arranged date/day and time. The interviewer proceeded to read the informed consent script aloud, obtain informed consent from the FTM'S husband/male partner, and conduct the baseline interview. Subjects who were enrolled in the study by either ASD or CF were under no pressure to participate in the study if eligible.

1.5 Study Design

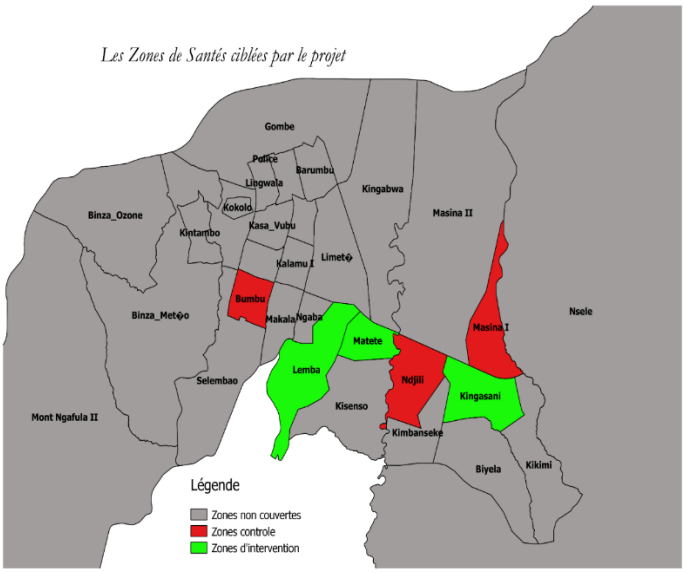
The evaluation research design for MOMENTUM is quasi-experimental and is shown in Figure 1.1 below:

Figure 1.1 MOMENTUM Study Design



The evaluation compares individuals in the intervention health zones (HZs) – Kingasani, Lemba, and Matete – with individuals in the comparison HZs – Bumbu, Ndjili, and Masina.

Figure 1.2 Map of MOMENTUM Health Zones



1.5.1 Subject population

For the male partner baseline survey, inclusion criteria were:

a. Being the husband/male partner of a recruited woman who was six-months pregnant with her first child at baseline
b. Willing and mentally competent to provide informed consent for the baseline evaluation survey
c. Able to speak French or Lingala
d. Residing permanently in the intervention or comparison HZs (i.e., not living in the study area on a temporary basis, for work, vacation, or another short-term reason)

Exclusion criteria were:

- Not mentally competent to provide informed consent. Interviewers were required to use their own good judgement to assess whether the participant could understand the consent form and respond to questions.

Sample size

We calculated approximate samples size requirements using the following formula:

$$n = D\,[Z_{\alpha}\,(2P\,(1 - P))^{0.5} + Z_{\beta}\,(P_1\,(1 - P_1) + P_2\,(1 - P_2))^{0.5}]^{2} / (P_2 - P_1)^2$$

Where:

D = design effect;

Z_α = the z-score corresponding to the probability with which it is desired to be able to conclude that an observed change of size (P_2 - P_1) would not have occurred by chance;

$P = (P_1 + P_2) / 2$;

Z_β = the z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P_2 - P_1), if one occurred;

P_1 = the estimated proportion at the time of the first survey; and

P_2 = the proportion at some future date such that the quantity (P_2 - P_1) is the size of the magnitude of change it is desired to be able to detect.

D was set to 2.0 to produce estimates with the same precision as a simple random sample. Two-tailed values of Zα were used. We used the recommended minimum magnitude of change of 10-15 percentage points for behavioral indicators measured in target group survey efforts. Baseline values of P1 were based on the prevalence of newborns' postnatal check in the first two days of birth, which was estimated at 6.5% among women younger than age 20 nationwide in the 2013-2014 DRC DHS. This indicator was selected because it had the lowest prevalence compared to other indicators of interest that are collected by the DHS.

To detect a 10-percentage point difference in timely initiation of postnatal care with 99% confidence and 99% power, assuming an attrition rate of 25%, the baseline sample sizes were as follows:

- 1213 male partners of 15-24-year-old FTMs enrolled in MOMENTUM in the intervention HZs.
- 1213 male partners enrolled in the evaluation study in the comparison HZs.

Ninety-nine percent power was chosen over the standard 80 percent to ensure that the sample size was adequate to detect small changes that occurred over the duration of the project. Male partners who completed the baseline survey and resided in intervention HZs were followed up for 16 months during program implementation and were administered the endline survey five to eight months later. Those who resided in comparison HZs were interviewed in the endline survey approximately 21-24 months after the baseline survey.

1.6 Questionnaires

The questionnaire format was based on the DHS Program's standard questionnaires. Questions reflected population and health issues relevant to MOMENTUM's project objectives and results framework and tracker. Input was solicited from various stakeholders representing government ministries and agencies, nongovernmental organizations, and international donors. The male partner survey questionnaire was structured, and interviewer directed. The questionnaire covered a range of topics: (a) household characteristics, (b) respondent's background, (c) history of reproduction, (d) contraception and fertility desires, (e) antenatal care (ANC), (f) delivery and postnatal care, (g) fertility preferences, (h) gender relations (roles, decision making, attitudes and norms about routine childcare activities), and (j) perpetration of intimate partner violence. The questionnaires were translated from English into French and were pretested.

1.7 Training and Field Work

Data were collected in the community via smartphones using the SurveyCTO mobile data collection application. Interviewers, supervisors, and controllers received training on interviewing techniques and research ethics, as well as on how to maintain a comfortable environment when posing sensitive questions. Regardless of prior experience, all interviewers and supervisors were required to undergo in-depth training on the process of informed consent. The following topics were emphasized during training: (a) the purpose of the project, (b)

the informed consent process, (c) ensuring voluntary participation, and (d) verifying understanding of informed consent. Interviewers were also trained on the description of family planning methods, the art of interviewing, the use of mobile phones as data collection tools, as well as QR code scanning.

Training for endline survey implementation originally started in March 2020 (March 15-18) but was suspended due to government measures to combat the COVID-19 pandemic. After the restrictions were lifted, the training of the field team re-started on 14th May 2020 and ended on 17th May 2020. In total, 100 data collectors (50 male and 50 female) and 12 supervisors were trained. A one-day training was held for CF agents responsible for updating the addresses of FTMs and their male partners who had moved from the residence that was recorded at baseline. Many of the FTMs and their partners had changed addresses; thus, updating those addresses was a crucial step in reducing the loss-to-follow-up rate.

Due to the COVID-19 restrictions in place in May 2020, the interviewers were asked to pre-test the questionnaires with family members who had at least one child. All field activities were coordinated by the principal investigators (PIs). During data collection, the unique QR code assigned at baseline to the couple (FTM and male partner) permitted us to link the participants' endline data to their baseline data as well as the FTM's data to that of her male partner.

Male partners who had been granted approval by the FTM to enroll in the survey and were invited by a member of the research team to participate in the endline evaluation survey spent no more than 90 minutes in the interview. Male partners were interviewed by trained male interviewers. Written informed consent was obtained and a hard copy of the informed consent form was provided to each participant in the survey. For all survey participants, consent was also recorded in the smartphones used for data collection. The interviewer read the informed consent form out loud, which appeared section by section on the screen of her programmed smartphone. After reading each section, interviewer ensured sufficient time to ask verification questions to ensure that the participant understood the voluntary nature of the study.

Once the subject understood and agreed to participate, she signed the consent screen or "checked" the consent box on the interviewer's smartphone, which unlocked the appropriate survey questionnaire. Without checking the box or signing on the screen, the interviewer was not able to access the appropriate questionnaire and the smartphone sent data to the server indicating that consent was refused. Participants were under no pressure to participate in the endline evaluation survey, if eligible. Field deployment started on 25th May 2020, the effective start date of data collection. Interviews began in the intervention HZs (Kingasani, Lemba, and Matete) and were assigned a specific number of male partners who were interviewed in 2018 during the baseline survey and who gave their consent to be recontacted for endline survey. After completing the collection in the intervention HZs, the interviewing team went to the comparison HZs (Bumbu, Masina 1, and Ndjili). We started with the intervention HZs because the addresses of those participants were more up to date than those of participants in the control HZs. Since 2018, participants in the comparison HZs had not been visited, whereas in the intervention HZs, the addresses were updated during monthly home visits by MOMENTUM nursing students.

Interviews took place in French or in Lingala. If participants preferred Lingala, the most used language in Kinshasa's communities, the interviewers switched to this language. Most people who have completed primary education in DRC are completely proficient in French, but some questions or concepts might not translate directly into Lingala (which does not have an official written translation). Interviewers and supervisors were completely proficient in both languages (as are most people with a primary education in the DRC). The use of mobile technology for data collection allowed interviewers to automatically upload data to a secure electronic server instead of having to code and enter data manually.

Supervisors assigned the identified male partners of FTMs to the interviewers; helped them to find the physical addresses of male partners; and provided solutions to the technical problems encountered by the

interviewers in mobile phone data collection, in collaboration with the controllers and the Co-PI. Supervisors checked the quality of data collected by the interviewers before allowing them to upload data to the server. After this first data quality check done in the field by the supervisors, the controller and Co-PI performed the second quality check. This second quality check served to correct some inconsistencies. Field visits made by Co-PI were an important aspect of supervision. Feedback was provided to controllers, supervisors, and interviewers, and, where necessary, FTMs were revisited. Data collection took place from 25th May 2020 to 15th August 2020.

Steps to mitigate the transmission of COVID-19

Transportation was provided daily for interviewers and supervisors to prevent the use of the public transportation and reduce the chance of exposure of training participants to the COVID-19 virus. The measures put in place during the transport of training participants complied with the COVID-19 measures enacted by the government. Six to eight busses were provided daily to pick up training participants from their homes. Four areas were designated as collection points, and to board the bus the training participants had to comply with the COVID-19 measures (wear a face mask, sanitize before boarding the bus and maintain physical distance from others). The buses that picked up the training participants took them from their homes to the training site and back to their homes. Transportation was also provided during data collection.

On arrival at the training site, the interviewers and supervisors washed their hands at designated handwashing stations and afterwards their temperatures were recorded. Subsequently, the interviewers disposed of the masks they brought from their place of residence and replaced them with masks provided at the training site. There were 50 female interviewers and 50 male interviewers. We provided three training rooms per session (session for the 50 male interviewers and session for the 50 female interviewers) and in each training room, there were less than 20 people (approximately 14-16 interviewers and 3-4 supervisors).

COVID-19 precautions were programmed in the SurveyCTO forms used for data collection. Three reminders were included and popped-up during the interview: (a) when launching the form, (b) before starting section 5, and (c) at the end of the interview. Similar processes were also used for the FTM questionnaire.

1.8 Data Processing

Data from the interviewers' smartphones were monitored closely by the study PIs and the research team in the DRC. Periodic spot checks were undertaken by the supervisors and controllers in the field to ensure that interviewing procedures were respected at all levels. The PIs served as data safety monitors, keeping all data in encrypted files on password-protected computers.

Data accuracy was assured in several ways. The Co-PI in the DRC monitored submission of data to the server daily and ran automated routines that generated progress reports on individual field staff. He flagged and reported on interviewers who did not submit data according to plan and performed validation and quality assurance checks on data received. He provided standardized feedback specific to each interviewer and supervisor every two days during the data collection period. He generated preliminary tables as part of the data quality assurance and communicated regularly with the Tulane PI to resolve outstanding issues. The study PIs enforced protocol compliance at every level. All local collaborators were well-oriented towards the study protocol to help ensure compliance. Only the PIs and selected research assistants working on data analysis had direct access to the stored data. All content was coded. No consent forms with the names of participants and no identifiers were linked to survey or interview data. Data editing was accomplished using Stata. Secondary editing was initiated in December 2018 and completed in January 2019.

1.9 Response Rates

Table 1.1 shows response rates. A total of 1,766 husbands/male partners were eligible for interview at the endline survey and their addresses were visited by data collectors. Of eligible husbands/partners, 72.3% completed the interview, 2.7% refused to be interviewed and 0.3% died between baseline survey and endline survey.

Table 1.1 Percent distribution of included male partners and those lost to follow-up, by study arm, Kinshasa

	Total		Intervention		Comparison	
Results	Frequency	%	Frequency	%	Frequency	%
Completed	1,276	72.3	628	74.0	648	70.7
Changed addresses (Traveled or moved)	165	9.3	72	8.5	93	10.1
Not found	137	7.8	69	8.1	68	7.4
Not at home	131	7.4	61	7.2	70	7.6
Refused	47	2.7	17	2.0	30	3.3
Died	5	0.3	0	0.0	5	0.5
Postponed	3	0.2	1	0.1	2	0.2
Partly completed	2	0.1	1	0.1	1	0.1
Total	1,766	100.0	849	100.0	917	100.0
After matching						
Retained	1,248		600		648	
Lost to follow-up	518		249		269	
Attrition rate (%)	29.3		29.3		29.3	

Only male partners whose baseline and endline survey data could be matched were retained for the endline analysis. The others were considered lost to follow-up and were excluded from the analysis. Overall, the attrition rate was at 29.3%. The attrition rate was similar in comparison and intervention health zones (29.3% and 29.3%, respectively, p=0.394).

2 CHARACTERISTICS OF MALE PARTNERS

Anastasia J. Gage

Key findings:

- Housing characteristics:
  - At endline, at least 90% of male partners lived in a household with access to an improved water source. In both study arms, access to an improved water source did not change significantly between the baseline and endline surveys.
  - At endline, 80% of male partners in comparison HZs and 71% of those in intervention HZs lived in households with an improved toilet facility. No significant changes in access to an improved toilet facility occurred over time.
  - At endline at least 90% of male partners lived in a household that had electricity. In intervention HZs, significantly more of the older male partners lived in households with electricity at the endline than at the baseline survey.
  - In intervention HZs, household ownership of a television (TV), refrigerator, stove, and motorcycle/scooter increased significantly between surveys.
- Baseline characteristics of respondents
  - At least two in three male partners had attained secondary or higher levels of education, with the percentage being considerably higher among older than younger male partners.
  - Less than 15% of male partners were never married.
  - Significantly more male partners lived in the poorest households in intervention HZs than in comparison HZs (38% versus 27%).
  - Nearly nine in ten male partners worked in the past 12 months and three in five watched TV at least once a week.
  - Seven in ten male partners had two parents who had attended secondary or higher levels of schooling.
- Relationship closeness with the father/father figure
  - In the endline survey, the mean score for the closeness of the male partner's relationship with his father/father figure was 5.3 in comparison HZs and 5.2 in intervention HZs.
  - Older male partners reported significantly higher relationship closeness scores for their father/father figure than younger male partners.

This chapter presents housing characteristics and the baseline socio-demographic profile of male partners who participated in the 2018 baseline survey and were interviewed during the 2020 endline survey. Differences between comparison and intervention HZs are analyzed, with the expectation that this information would help the reader interpret findings presented later in this report. Baseline sociodemographic characteristics of male partners are disaggregated by age group (15-24 versus 25 and older). Finally, we describe the male partner's relationship closeness with his father or father figure while growing up.

2.1 Housing Characteristics

Table 2.1 presents the percent distribution of male partners by housing characteristics according to age group, study arm, and survey round. In both the baseline and endline surveys, over 90% of male partners lived in a household with an improved drinking water source. Improved water sources include water from pipe/tap, public tap, borehole or pump, protected well, protected spring or rainwater. Improved water sources do not include vendor-provided water, bottled water, tanker trucks or unprotected wells, and spring. Access to improved drinking water sources was slightly higher in comparison than in intervention HZs, but the difference was not statistically significant. Fewer male partners (80% in comparison HZs and 71% in intervention HZs) lived in a household with an improved toilet facility (that is a flush/pour flush toilet, ventilated improved pit latrine or pit latrine with slab) at endline. In both study arms, access to an improved toilet facility remained largely unchanged between the baseline and endline surveys and was higher among older than younger male partners.

Most male partners lived in households that used solid fuels (coal/lignite, charcoal, wood/straw/shrubs/grass, agricultural crops, and animal dung) for cooking (88% in comparison HZs and 77% in intervention HZs at endline). In the overall sample and in both age groups, there was a significant increase in the percentage of male partners in intervention HZs who reported electricity as the typical cooking fuel: from 10% percent at baseline to 21% at endline in the overall sample; from six percent to 21% among those age 15-24, and from 12% to 23% among those age 25 and older. The changes in type of cooking fuel were not statistically significant in comparison HZs.

Regarding the materials used to construct the dwelling, cement was the most common wall material (not shown). At endline, nine in ten male partners in comparison HZs and 88% of those in intervention HZs lived in dwellings with finished wall materials and over 95% in dwellings with finished floors and finished roofs. There were no significant differences over times in the flooring or roofing materials of the dwelling, regardless of age group and study arm. Overall, nine in ten male partners live in households that had access to electricity, with the prevalence being lower in intervention HZs than in comparison HZs.

Data on household possession of consumer durables, an indicator of socioeconomic status, are shown in Table 2.2. TV and mobile phones were common household possessions and were reported by at least 90% and 80% of male partners, respectively, at the endline survey. Household ownership of a TV was significantly more prevalent in comparison HZs than in intervention HZs at baseline but increased significantly over time in the latter HZs (from 76% to 82% in the total sample). Radio ownership was not as common at TV ownership, but increased significantly over time, especially among older partners residing in comparison HZs (from 58% to 65%). At endline, refrigerators were owned by at least 25% of male partners' households and gas/electric stoves by at least 40%. In the total sample, household ownership of a refrigerator and stove increased over time in intervention HZs (from 23% to 28% and from 41% to 28%, respectively). Computer ownership was low and reported by 16% to 18% of male partners. Household ownership of computers did not change significantly over time. Few male partners reported that their households owned a means of transportation. At endline, six percent of male partners lived in households that owned a bicycle and about 9% to 11% in households that owned a motorcycle or scooter. Although household ownership of a motorcycle or scooter was low, it increased significantly between surveys in both comparison HZs and interventions HZs. Less than seven percent of male partners lived in households that owned a car or truck

Table 2.1 Percentage distribution of male partners, by housing characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24				Age 25+				Total			
	Comparison		Intervention		Comparison		Intervention		Comparison		Intervention	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Improved drinking water source												
No	3.0	3.6	5.9	4.4	2.2	4.0	5.6	6.1	2.5	3.9	5.7	5.5
Yes	97.0	96.4	94.1	95.6	97.8	96.0	94.4	93.9	97.5	96.1	94.3	94.5
Improved toilet facility												
No	29.9	29.9	40.0	38.5	15.7	16.0	24.1	24.3	20.1	20.2	29.5	29.2
Yes	70.1	70.1	60.0	61.5	84.3	84.0	75.9	75.7	79.9	79.8	70.5	70.8
Fuel for cooking			***				***				***	
Elec./gas/kerosene	13.7	12.2	6.3	20.5	16.0	16.2	12.4	22.5	15.3	15.0	10.3	21.8
Solid fuel	84.3	86.8	91.2	78.5	82.5	80.7	86.3	76.5	83.0	82.6	88.0	77.2
Other	2.0	1.0	2.5	1.0	1.5	3.1	1.3	1.0	1.7	2.5	1.7	1.0
Electricity							**				*	
No	2.5	4.6	9.8	8.3	2.9	3.1	9.4	4.3	2.8	3.5	9.5	5.7
Yes	97.5	95.4	90.2	91.7	97.1	96.9	90.6	95.7	97.2	96.5	90.5	94.3
Type of wall materials					**				**			
Natural	2.0	0.0	1.5	1.0	2.0	0.2	0.3	0.3	2.0	0.2	0.7	0.5
Rudimentary	0.0	0.5	1.0	0.0	0.9	0.4	1.3	1.3	0.6	0.5	1.2	0.8
Finished	86.3	88.3	86.3	82.0	92.9	90.7	93.2	90.4	90.9	90.0	90.8	87.5
Other	11.7	11.2	11.2	17.1	4.2	8.6	5.3	8.1	6.5	9.4	7.3	11.2
Type of floor												
Natural	6.1	4.1	5.9	7.8	1.3	1.6	1.8	2.5	2.8	2.3	3.2	4.3
Finished	93.9	95.4	94.1	92.2	98.4	98.2	98.2	97.5	97.1	97.4	96.8	95.7
Other	0.0	0.5	0.0	0.0	0.2	0.2	0.0	0.0	0.2	0.3	0.0	0.0
Type of roof												
Natural	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.0
Rudimentary	1.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.6	0.0	0.0	0.0
Finished	99.0	100.0	100.0	100.0	99.3	99.8	99.2	100.0	99.2	99.8	99.5	100.0
Other	0.0	0.0	0.0	0.0	0.2	0.0	0.8	0.0	0.2	0.0	0.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	**197**		**205**		**451**		**395**		**678**		**600**	

*** p <.001; ** p < .01; * p < .05; ns Not significant
Source: Momentum 2018 Baseline Survey and 2020 Endline Survey

Table 2.2 Percentage of male partners living in households possessing various household effects and means of transportation, by age group, survey round, and study arm, Kinshasa

Household Possessions	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
	T1	T2	Sig.	T1	T2	Sig.	T1	T2	Sig.	T1	T2	Sig.	T1	T2	Sig.	T1	T2	Sig.
Household effects																		
Radio	56.3	64.5		54.6	60.0		57.9	64.7	*	61.3	61.8		57.4	64.7	**	59.0	61.2	
Television	84.8	82.2		70.2	80.0		86.5	85.8		79.2	83.3		86.0	84.7		76.2	82.2	**
Non-mobile phone	2.5	1.0		2.4	1.5		2.9	1.3		2.5	1.8		2.8	1.2	*	2.5	1.7	
Computer	15.7	14.2		15.1	16.1		20.6	16.6		16.7	19.2		19.1	15.9		16.2	18.2	
Refrigerator	26.4	32.5		21.0	23.4		29.0	33.7		23.3	30.1		28.2	33.3		22.5	27.8	*
Stove	54.8	53.3		33.7	42.9		56.8	57.9		45.3	49.9		56.2	56.5		41.3	47.5	*
Watch	69.5	76.1		75.6	73.7		74.1	74.1		69.9	72.4		72.7	74.7		71.8	72.8	
Mobile phone	89.8	88.8		87.8	88.3		93.3	94.2		93.7	94.7		92.3	92.6		91.7	92.5	
Means of transport																		
Bicycle	5.1	6.6		3.9	5.9		2.7	5.8	*	5.1	6.1		3.4	6.0		4.7	6.0	
Motor cycle/scooter	3.6	7.6		5.4	9.3		6.7	9.8		8.4	12.2		5.7	9.1	*	7.3	11.2	*
Animal- drawn cart	0.5	0.0		0.0	0.5		0.4	0.2		0.3	0.3		0.5	0.2		0.2	0.3	
Car/truck	7.6	5.1		4.4	4.4		7.3	7.8		5.8	4.8		7.4	6.9		5.3	4.7	
Boat with a motor	0.5	0.0		0.5	0.5		0.4	0.2		0.5	0.0		0.5	0.2		0.5	0.2	
Total	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

2.2 Baseline Characteristics of Respondents

In Table 2.3, we present the percent distribution of male partners, by baseline characteristics, age group, and study arm. These characteristics will be used throughout the report. At least two in three male partners had attained secondary or higher levels of education, with the percentage being considerably higher among older than younger male partners. For example, in intervention HZs, the percentage of male partners with secondary or higher levels of education was 60% in the 15-24 age group and 74% among those 25 and older. Less than 15% of male partners were never married. Almost twice as many younger as older male partners in comparison HZs were never married. Three in four male partners had two parents with secondary or higher levels of education.

At least one in four male partners in the total sample (27% in comparison HZs and 38% in intervention HZs) lived in the poorest households), with the percentage being much higher in the younger than older age group. Nearly nine in ten male partners worked in the past 12 months and three in five watched TV at least once a week. Age differences in weekly TV exposure were small. Among younger male partners, weekly TV exposure was significantly lower in intervention HZs than in comparison HZs.

2.3 Relationship Closeness with Father or Father Figure

In the endline survey, we used the 'Inclusion of the Other in the Self' (IOS) Scale (Aron, et al., 1992) to measure the male partner's perception of the closeness of his relationship with his father/father-figure while growing up (up to age 15). Male partners were asked to assess this relationship by selecting one out of seven pairs of increasingly overlapping circles, as depicted in Figure 2.1. In each pair of circles "You" referred to the male partner and "X" to his father/figure. The scale ranged from 1 "not close at all" (represented by non-overlapping circles) to 7 "Very close" (represented by almost completely overlapping circles).

Figure 2.1 'Inclusion of the Other in Self (IOS)' Pictorial Tool

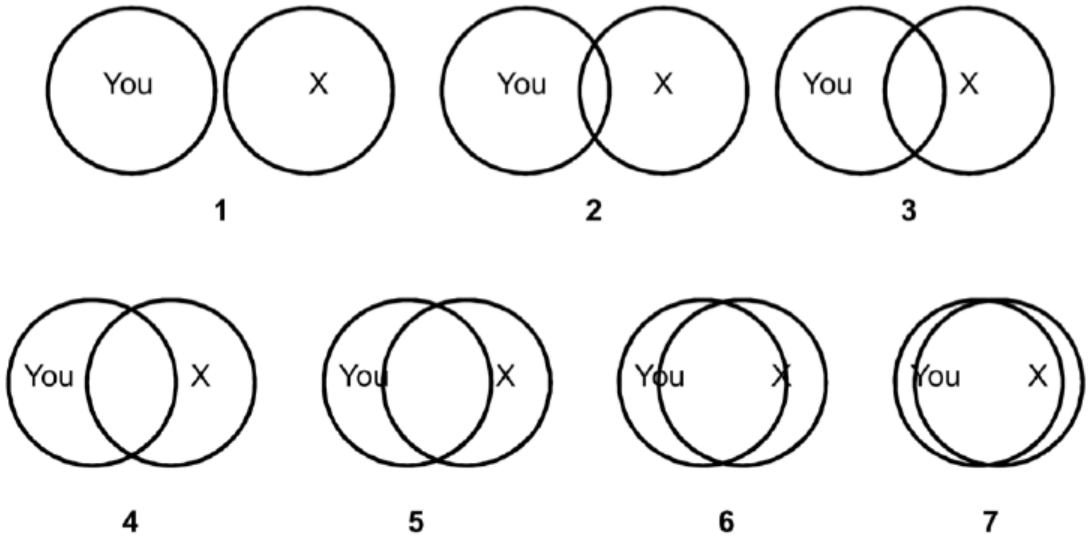


Table 2.3 Percent distribution of male partners, by baseline characteristics, age group, and study arm, Kinshasa

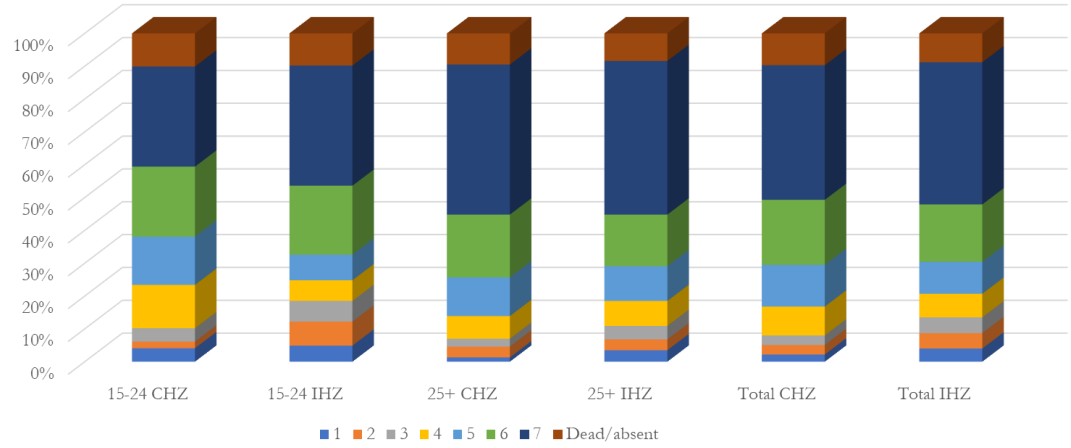
	Age 15-24		Age 25+		Total	
Baseline Characteristics	**Comparison**	**Intervention**	**Comparison**	**Intervention**	**Comparison**	**Intervention**
Male partner's highest level of education						
None/primary/secondary incomplete	46.2	40.5	27.7	25.6	33.3	30.7
Secondary complete/higher	53.8	59.5	72.3	74.4	66.7	69.3
Never married						
No	78.7	82.9	88.9	88.6	85.8	86.7
Yes	21.3	17.1	11.1	11.4	14.2	13.3
Household wealth	**		*		***	
Low	32.5	47.3	24.4	32.4	26.9	37.5
Medium	39.6	32.2	39.2	38.2	39.4	36.2
High	27.9	20.5	36.4	29.4	33.8	26.3
Worked last year						
No	15.7	19.5	7.5	6.1	10.0	10.7
Yes	84.3	80.5	92.5	93.9	90.0	89.3
Watched TV at least once a week	*					
No	32.5	42.0	33.0	34.4	32.9	37.0
Yes	67.5	58.0	67.0	65.6	67.1	63.0
Both parents have secondary/higher education						
No	19.3	21.0	27.3	25.3	24.8	23.8
Yes	80.7	79.0	72.7	74.7	75.2	76.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	**197**	**205**	**451**	**395**	**648**	**600**

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey and 2020 Endline Survey

Figure 2.2 shows the distribution of the IOS score, hereafter referred to as the relationship closeness score, by age group and study arm. In the 15-24 age group, more male partners in comparison HZs than in intervention HZs ranked their relationship closeness with their father or father figure as a 4 or 5. Fewer younger than older male partners assigned the maximum score of seven to their relationship with their father or father figure (31% versus 46% in comparison HZs and 37% versus 47% in intervention HZs, estimates not shown). Slightly fewer than 10% of male partners reported that their father or father figure was deceased/absent.

Figure 2.2 Percent distribution of male partners by relationship closeness with their father/father figure, age group, and study arm, Kinshasa



Source: Momentum 2020 Endline Survey

Table 2.4 presents the mean relationship closeness scores and associated standard deviations for male partners who did not declare their father or father figure as being deceased or absent. The most striking finding is the similarity in relationship closeness scores between male partners in intervention HZs and their counterparts in comparison HZs, regardless of age group and socioeconomic subgroup. None of the differences by study arm are statistically significant. Age group differences in mean relationship scores were statistically significant, regardless of study arm. In comparison HZs, the mean scores were 4.954 (SD = 2.194) for those age 15-19 and 5.405 (SD =2.179) for those 25 and older ($p = 0.0165$). In intervention HZs, the mean scores were 4.897 (SD = 2.387) for younger male partners and 5.374 (SD = 2.176) for their older counterparts ($p = 0.0147$).

Table 2.4 Mean relationship closeness scores for the male partner and his father/father figure, by baseline characteristics, age group, and study arm, Kinshasa

	Age 15-24		Age 25+		Total	
Baseline Characteristics	**Comparison**	**Intervention**	**Comparison**	**Intervention**	**Comparison**	**Intervention**
Male partner's highest level of education						
None/primary/secondary incomplete	4.818 (2.221)	4.549 (2.653)	4.758 (2.529)	4.889 (2.347)	4.783 (2.400)	4.735 (2.489)
Secondary complete/higher	5.066 (2.175)	5.132 (2.167)	5.653 (1.977)	5.54 (2.093)	5.508 (2.041)	5.420 (2.120)
Never married						
No	4.928 (2.266)	5.047 (1.923)	5.398 (1.922)	5.360 (2.160)	5.267 (2.216)	5.257 (2.220)
Yes	5.049 (2.329)	4.147 (2.560)	5.460 (2.140)	5.477 (2.318)	5.275 (2.044)	4.897 (2.500)
Household wealth						
Low	4.391 (2.447)	4.753 (2.508)	5.220 (2.374)	5.238 (2.268)	4.913 (2.428)	5.027 (2.382)
Medium	5.382 (1.818)	5.125 (2.312)	5.517 (2.061)	5.288 (2.240)	5.476 (1.989)	5.238 (2.259)
High	5.019 (2.252)	4.881 (2.232)	5.407 (2.171)	5.629 (1.980)	5.310 (2.193)	5.430 (2.070)
Worked last year						
No	5.367 (2.327)	4.675 (2.336)	5.794 (2.086)	6.087 (1.676)	5.594 (2.195)	5.190 (2.213)
Yes	4.878 (2.167)	4.951 (2.403)	5.373 (2.185)	5.329 (2.197)	5.232 (2.190)	5.212 (2.268)
Watched TV at least once a week						
No	4.635 (2.288)	4.729 (2.597)	5.405 (2.212)	5.226 (2.179)	5.175 (2.257)	5.032 (2.358)
Yes	5.107 (2.138)	5.017 (2.226)	5.405 (2.165)	5.451 (2.174)	5.314 (2.160)	5.314 (2.197)
Both parents have secondary/higher education						
No	4.605 (2.377)	4.791 (2.445)	5.309 (2.200)	5.463 (2.041)	5.143 (2.255)	5.254 (2.188)
Yes	5.038 (2.145)	4.925 (2.378)	5.441 (2.174)	5.345 (2.221)	5.310 (2.170)	5.196 (2.283)
Total	4.954 (2.194)	4.897 (2.387)	5.405 (2.179)	5.374 (2.176)	5.268 (2.191)	5.210 (2.260)
N	**194**	**203**	**447**	**388**	**641**	**591**

*** p <.001; ** p < .01; * p < .05

Data pertain to male partners whose fathers were alive at the time of the endline survey. Absent fathers were assigned the value 0 on the relationship closeness score.

Source: Momentum 2018 Baseline Survey and 2020 Endline Survey

3 FAMILY PLANNING

Anastasia J. Gage

Key findings:

- **Knowledge**: The percentage of male partners who knew the World Health Organization (WHO)-recommended minimum interval of at least 24 months after a live birth before attempting the next pregnancy increased significantly from 78% to 87% in both comparison and intervention HZs. Accurate knowledge of the fertile period during the ovulatory cycle remained low at endline and was 28% in comparison HZs (up from 20%) and 23% in intervention HZs (up from 21%). There was a significant increase in knowledge that after childbirth a woman could become pregnant again before her menses returned (from 61% to 67% in comparison HZs and from 58% to 67% in intervention HZs). The mean number of modern contraceptive methods known increased by 1.0 and 1.7 in comparison and intervention HZs, respectively.
- **Attitudes**: At endline, more than three in five male partners endorsed six of the eight FP myths and misconception examined, regardless of study arm. Male partners in comparison HZs endorsed an average of 5.3 of eight family planning myths and misconceptions compared to 4.9 among their counterparts in intervention HZs. Significant declines in endorsement of FP myths and misconception occurred largely among older male partners living in intervention HZs. At endline, less than half of male partners approved of a woman's use of FP in the first six weeks following childbirth (46% up from 37% in comparison HZs and 48% up from 39% in intervention HZs. In the total sample, the increase over time in approval rates for women's use of FP in the immediate postpartum period was statistically significant in both study arms.
- **Injunctive Norms**: The percentage of male partners who believed that most referents (at least 4 out of five) approved of the male partner and FTM's' use of a contraceptive method within the first six weeks following childbirth did not increase significantly in comparison HZs (49% at baseline versus 51% at endline). However, in intervention HZs, these injunctive norms increased significantly from 46% at baseline to 51% at endline, when both age groups were combined.
- **Descriptive Norms**: The percentage of male partners who believed that most new mothers in the community used FP within the first six weeks following childbirth was low but increased from 11% to 14% in comparison HZs (an insignificant change) and from 10% to 21% in intervention HZs (a significant change).
- **Normative Expectations**: Normative expectations around use of family planning in the immediate postpartum period were also low at endline: 11% in comparison HZs and 16% in intervention HZs, up from 9% and 8%, respectively.
- **Personal Agency**: In intervention HZs, the mean Pearlin Mastery Scale (a measure of the extent to which the male partner regarded his life chances as being under his personal control rather than fate) was 17.1 in intervention HZs at both the baseline survey and endline survey. In comparison HZs, the mean scale declined from 16.9 at baseline to 16.5 at endline ($p < .05$).
- **Discussion of FP**: The lifetime prevalence of discussion of use of FP in the first six weeks following childbirth increased significantly in both comparison HZs and intervention HZs, from 13% to 18% and from 14% to 33%, respectively. The postpartum prevalence of partner discussion of PPFP was slightly higher in intervention HZs than in comparison HZs (35% versus 31%).

- **Exposure to FP Information**: Overall, the percentage of male partners exposed to three or more FP information channels in the past 12 months increased from 40% to 55% in intervention HZs ($p < .001$) and from 52% to 53% in comparison HZs. In intervention HZs, at least twice as many male partners as in comparison HZs were counseled about different contraceptive methods by a health or FP worker in the postpartum period: 49% versus 21% in the 15-24 age group, 53% versus 23% in the age group 25 and older, and 52% versus 22% in the overall sample.
- **Contraceptive use**: Use of a modern method of contraception after childbirth or pregnancy loss was significantly higher in intervention HZs than in comparison HZs (52% versus 43%).

This chapter presents data on contraceptive knowledge, attitudes, and behavior among male partners who were interviewed in both the baseline and endline surveys. We analyze changes in key knowledge, and attitudinal, normative and control beliefs governing contraceptive use for selected socioeconomic groups. The data are disaggregated by study arm and age group. As FTMs were approximately six-months pregnant at baseline, data on contraceptive use were collected only in the endline survey.

The following topics are covered in this chapter:

1) FP-related knowledge: This section presents data on knowledge of the fertile period, of the possibility that a woman can become pregnant again before her menses return after childbirth, and of modern contraceptive methods.
2) Attitudes towards FP: These were measured by the male partner's endorsement of FP myths and misconceptions and approval of women's use of FP within the first six weeks following childbirth.
3) Perceived norms: These norms captured social pressure regarding postpartum contraceptive use as perceived by male partners. We present data on:
    a. Injunctive norms: Beliefs about what others think one should do and motivation to comply.
    b. Descriptive norms: Perceptions about what other FTMs in the community are doing when it comes to PPFP.
    c. Normative influences on FP: These are the male partner's belief about expectations that close individuals or groups hold regarding his and the FTM's use of postpartum contraception.
4) Personal agency: We used the Pearlin Mastery Scale (PMS) to measure the extent to which the male partner regarded his life chances as being under his personal control rather than fate.
5) Discussion of FP. This section captured the lifetime prevalence of discussion about FP use in the immediate postpartum period with anyone and, specifically, with the FTM after childbirth or pregnancy loss.
6) Exposure to FP information: We present information on exposure to three or more FP information channels and to postpartum counseling by a health or FP worker about contraceptive methods.
7) Modern contraceptive prevalence. We measure the percentage of male partners who reported that they and the FTM used a modern contraceptive method after childbirth or pregnancy loss.

3.1 Knowledge

Table 3.1 presents the percentage of male partners who knew the WHO-recommended minimum interval of at least 24 months after a live birth before attempting the next pregnancy. Between the baseline and endline surveys, there was a significant increase in knowledge of the WHO-recommended birth interval, from

78% to 87% in both comparison and intervention HZs. Similar increases in knowledge were observed in both age groups and study arms. Regardless of age group and study arm, knowledge of the WHO-recommended birth interval increased significantly among male partners who were married and those who were employed in the past 12 months.

Age- and HZ-specific differences were detected in the socioeconomic subgroups with significant increases in knowledge between the baseline and endline surveys. In the 15-24 age group and in both comparison and intervention HZs, knowledge of the WHO-recommended birth interval increased significantly among male partners who did not complete secondary school and those who lived in the poorest households. While male partners with less frequent exposure to TV and less educated parents had significant increases in levels of knowledge in comparison HZs, this was not observed in intervention HZs. In the latter HZs, significant increases occurred among male partners with weekly TV exposure and more educated parents, a pattern that was also seen in the older age group. In addition, among male partners 25 and older living in comparison HZs, knowledge increased significantly among those who did not complete secondary school and those who lived in the richest households, whereas in intervention zones, knowledge increased significantly among those with secondary complete/higher education and those living in medium-wealth households.

At endline, only 28% of male partners in comparison HZs and 23% of those in intervention HZs correctly reported the most fertile time as being halfway between two menstrual periods (see Table 3.2). This level of knowledge represented a significant change from 20% in comparison HZs and an insignificant change from 21% in intervention HZs. Overall, no significant increase in knowledge of the ovulatory cycle occurred among male partners 25 and older, regardless of study arm, and among those age 15-24 residing in intervention HZs. However, significant increases were seen in specific socioeconomic subgroups.

When the data were disaggregated by age group, the only subgroup in intervention HZs that showed a significant improvement in accurate knowledge of the ovulatory cycle was male partners living in the poorest households (from 14% at baseline to 27% at endline). In comparison HZs, increases in accurate knowledge of the ovulatory cycle occurred mostly among male partners 15-24 in the following socioeconomic subgroups: those who completed secondary school or had higher levels of education, those who were ever married, those who were employed, those from the poorest and richest households, those without two parents that completed secondary school, and those with more educated parents. Among male partners 25 and older in comparison HZs, the only subgroups with significant improvement in accurate knowledge of the ovulatory cycle were those who worked last year (from 23% to 35%) and those with more educated parents (from 22% to 32%). In all socioeconomic subgroups, regardless of age and study arm, accurate knowledge of the ovulatory cycle was below 40% at endline.

Table 3.1 Percentage of male partners who knew the WHO-recommended birth interval, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	72.5	85.7	*	71.1	88.0	**	72.8	84.8	*	79.2	83.2		72.7	85.2	**	75.5	85.3	*
Secondary complete/higher	80.2	87.7		75.4	83.6		81.6	87.7		80.6	88.4	**	81.3	87.7	**	79.1	87.0	**
Never married																		
No	75.5	86.5	*	71.8	86.5	***	78.6	87.3	***	79.7	87.4	**	77.7	87.1	***	77.1	87.1	***
Yes	81.0	88.1		82.9	80.0		84.0	84.0		84.4	84.4		82.6	85.9		83.8	82.5	
Household wealth																		
Low	70.3	89.1	**	73.2	87.6	*	76.4	89.1	*	79.7	88.3		74.1	89.1	***	76.9	88.0	**
Medium	79.5	88.5		71.2	84.8		84.2	84.2		79.5	88.1	*	82.7	85.5		77.0	87.1	**
High	80.0	81.8		78.6	81.0		75.6	88.4	**	81.9	84.5		76.7	86.8	**	81.0	83.5	
Worked last year																		
No	77.4	87.1		72.5	77.5		82.4	91.2		79.2	83.3		80.0	89.2		75.0	79.7	
Yes	76.5	86.7	*	73.9	87.3	**	78.9	86.6	**	80.3	87.3	***	78.2	86.6	***	78.4	87.3	***
Watched TV at least once a week																		
No	67.2	89.1	**	70.9	82.6		71.8	85.9	**	85.3	90.4		70.4	86.9	***	79.7	87.4	*
Yes	81.2	85.7		75.6	87.4	*	82.8	87.4		77.6	85.3	*	82.3	86.9		77.0	86.0	**
Both parents with secondary/higher education																		
No	71.1	97.4	**	74.4	81.4		76.4	91.9	***	82.0	86.0		75.2	93.2	***	79.7	84.6	
Yes	78.0	84.3		73.5	86.4	**	80.2	85.1		79.7	87.5	*	79.5	84.8	*	77.5	87.1	***
Total	76.6	86.8	**	73.7	85.4	**	79.2	86.9	**	80.3	87.1	**	78.4	86.9	***	78.0	86.5	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.2 Percentage of male partners with accurate knowledge of the ovulatory cycle, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	11.0	16.5		14.5	13.3		19.2	24.0		15.8	25.7		15.7	20.8		15.2	20.1	
Secondary complete/higher	12.3	31.1	***	17.2	18.9		25.5	31.3		26.2	27.2		22.2	31.3	**	23.6	24.8	
Never married																		
No	9.0	25.8	***	14.7	16.5		22.2	29.4		23.1	26.9		18.5	28.4	***	20.4	23.5	
Yes	21.4	19.0		22.9	17.1		36.0	28.0		26.7	26.7		29.3	23.9		25.0	22.5	
Household wealth																		
Low	6.3	20.3	*	19.6	14.4		16.4	20.9		14.1	26.6	*	12.6	20.7	*	16.4	21.3	
Medium	14.1	23.1		10.6	15.2		27.7	31.1		29.8	25.8		23.5	28.6		24.0	22.6	
High	14.5	30.9	*	16.7	23.8		24.4	32.9		25.9	28.4		21.9	32.4	*	23.4	27.2	
Worked last year																		
No	25.8	38.7		2.5	12.5		32.4	14.7		25.0	45.8		29.2	26.2		10.9	25.0	*
Yes	9.0	21.7	**	19.4	17.6		23.0	30.5	*	23.5	25.6		19.0	28.0	***	22.2	23.1	
Watched TV at least once a week																		
No	6.3	31.3	***	18.6	17.4		24.2	28.2		25.0	33.1		18.8	29.1	*	22.5	27.0	
Yes	14.3	21.1		14.3	16.0		23.5	29.8		22.8	23.6		20.7	27.1	*	20.1	21.2	
Both parents with secondary/higher education																		
No	2.6	21.1	*	20.9	20.9		27.6	22.8		20.0	28.0		21.7	22.4		20.3	25.9	
Yes	13.8	25.2	*	14.8	15.4		22.3	31.7	**	24.7	26.4		19.5	29.6	***	21.2	22.5	
Total	11.7	24.4	***	16.1	16.6		23.7	29.3		23.5	26.8		20.1	27.8	**	21.0	23.3	
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.3 shows the percentage of male partners who knew that after childbirth a woman could become pregnant again before her menses returned. In the total sample, knowledge increased significantly between survey rounds in both the comparison HZs (from 61% to 67%) and intervention HZs (from 58% to 67%). Knowledge increased significantly among male partners 15-24 in intervention HZs and among those age 25 and older, regardless of study arm. Among male partners 15-24 in comparison HZs, the only subgroup with a significant change in knowledge were those with less educated parents; among this group of male partners, knowledge decreased from 74% at baseline to 42% at endline. Among male partners age 15-24 in intervention HZs, the only subgroups that did not show a significant increase in knowledge that after childbirth a woman could become pregnant again before her menses returned were: those who were more educated, lived in medium-wealth or the richest households, were unemployed last year, and had less educated parents.

In the age group 25 and older, male partners who were married and who watched TV at least once a week had significant increases in knowledge of the possibility that women may become pregnant before their menses return after childbirth, regardless of study arm. In addition, in comparison HZs, knowledge increased significantly among older male partners who resided in the richest households and those who were employed. When both age groups were combined, there were more socioeconomic groups with significant increases in knowledge in intervention HZs than in comparison HZs. In the total sample, the absolute change in knowledge ranged from -3 to 20 percentage points in comparison HZs and from 5 to 14 percentage points in intervention HZs.

Regarding knowledge of modern contraceptive methods, Table 3.4 shows that the mean number of methods known increased significantly between survey rounds in both age groups and in both the comparison HZs and intervention HZs. In the total sample, the mean number of modern methods known by male partners residing in comparison HZs increased from 7.2 at baseline to 8.2 at endline. In intervention HZs, the corresponding estimates were 6.7 at baseline and 8.4 at endline. The largest absolute increases in the mean number of modern methods known (at least 2.5 methods) occurred among male partners age 15-24 in intervention HZs who lived in the poorest households (5.8 versus 8.3), were unemployed (5.4 versus 8.7), and did not have weekly exposure to TV (5.4 versus 8.1). Smaller increases in knowledge of modern contraception occurred among older male partners in intervention HZs. When both age groups were combined, all socioeconomic groups showed a significant increase in knowledge of modern contraception between the baseline and endline surveys. However, among younger male partners, significant changes were not detected among those who were never married and those with less educated parents. In the age group 25 and older, unemployed male partners were the only subgroup for which knowledge did not increase significantly between surveys.

Table 3.3 Percentage of male partners who know that after the birth of a child a woman can become pregnant again before her menses return, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	65.9	67.0		49.4	72.3	**	62.4	72.8		59.4	66.3		63.9	70.4		54.9	69.0	**
Secondary complete/higher	59.4	60.4		50.8	60.7		59.8	66.6		61.9	68.7		59.7	65.0		58.7	66.3	*
Never married																		
No	63.2	62.6		50.0	63.5	*	59.4	69.6	**	60.3	68.3	*	60.4	67.6	*	56.9	66.7	**
Yes	59.5	66.7		51.4	74.3	*	70.0	58.0		68.9	66.7		65.2	62.0		61.3	70.0	
Household wealth																		
Low	62.5	65.6		51.5	69.1	*	59.1	65.5		60.9	68.0		60.3	65.5		56.9	68.4	*
Medium	65.4	65.4		51.5	63.6		64.4	65.0		61.6	69.5		64.7	65.1		58.5	67.7	*
High	58.2	58.2		45.2	59.5		57.3	73.8	***	61.2	66.4		57.5	69.9	**	57.0	64.6	
Worked last year																		
No	45.2	67.7		37.5	50.0		55.9	73.5		62.5	75.0		50.8	70.8	*	46.9	59.4	
Yes	65.7	62.7		53.3	69.1	**	60.9	67.9	*	61.2	67.7		62.3	66.4		58.8	68.1	**
Watched TV at least once per week																		
No	65.6	60.9		52.3	68.6	*	63.8	69.8		68.4	65.4		64.3	67.1		62.2	66.7	
Yes	60.9	64.7		48.7	63.0	*	58.9	67.5	*	57.5	69.5	**	59.5	66.7	*	54.8	67.5	***
Both parents have secondary/higher education																		
No	73.7	42.1	**	65.1	81.4		61.8	70.7		70.0	79.0		64.6	64.0		68.5	79.7	*
Yes	59.7	68.6		46.3	61.1	**	60.1	67.4		58.3	64.4		60.0	67.8	*	54.0	63.2	**
Total	62.4	63.5		50.2	65.4	**	60.5	68.3	*	61.3	68.1	*	61.1	66.8	*	57.5	67.2	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.4 Mean number of modern contraceptive methods known among male partners, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-19						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	6.3	7.3	**	5.8	8.2	***	7.1	8.0	***	6.8	8.2	***	6.8	7.7	***	6.3	8.2	***
Secondary complete/ higher	6.8	8.0	***	6.3	8.6	***	7.5	8.6	***	7.0	8.5	***	7.3	8.5	***	6.8	8.6	***
Never married																		
No	6.5	7.8	***	6.2	8.5	***	7.4	8.5	***	7.0	8.5	***	7.2	8.3	***	6.8	8.5	***
Yes	7.0	7.2		5.6	7.9	***	7.2	8.2	**	6.6	8.4	***	7.1	7. 7	*	6.1	8.2	***
Household wealth																		
Low	6.5	7.5	**	5.8	8.3	***	7.3	8.0	*	6.7	8.3	***	7.0	7.8	***	6.3	8.3	***
Medium	6.7	7.8	***	6.2	8.3	***	7.2	8. 5	***	7.0	8.4	***	7.0	8.3	***	6.7	8.4	***
High	6.5	7.5	*	6.8	8.8	***	7.6	8.7	***	7. 3	8.6	***	7.4	8.4	***	7.2	8.7	***
Worked last year																		
No	6.2	7.6	*	5.4	8.7	***	7.3	8.1		7.0	8.3		6.8	7.9	*	6.0	8.6	***
Yes	6.7	7.7	***	6.3	8.3	***	7.4	8.5	***	7.0	8.5	***	7.2	8.2	***	6.8	8.4	***
Watched TV at least once a week																		
No	6.2	7.5	***	5.4	8.1	***	7.1	8.5	***	6.6	8.3	***	6.8	8.2	***	6.1	8.2	***
Yes	6.8	7.7	***	6.6	8.6	***	7.6	8.4	***	7.2	8.5	***	7.3	8.2	***	7.0	8. 6	***
Both parents have secondary/higher education																		
No	6.8	7.5		6.0	8.4	***	7.5	8.5	***	6.9	8.4	***	7.4	8.3	***	6.6	8.4	***
Yes	6.5	7.7	***	6.1	8.4	***	7.4	8.4	***	7.0	8.5	***	7.1	8.2	***	6.7	8.5	***
Total	6.6	7.7	***	6.1	8.4	***	7.4	8.4	***	7.0	8.5	***	7.2	8.2	***	6.7	8.4	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns Not significant

Source: MOMENTUM 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

3.2 Attitudes

We examined the percentage of male partners who endorsed specific FP myths and misconceptions, by age group, survey round, and health zone. These myths and misconceptions were:

1) People who use contraceptives end up with health problems.
2) Contraceptives are dangerous to women's health.
3) Contraceptives can harm your womb.
4) Use of a contraceptive injection can make a woman permanently infertile.
5) Contraceptives reduce women's sexual urge.
6) Contraceptives can give you deformed babies.
7) Women who use family planning may become promiscuous.
8) Contraceptives can cause cancer.

Changes in male partners' level of endorsement of specific FP myths/misconceptions are shown in Figure 3.1, by age group and study arm. In comparison HZs and in the 15-24 age group, little change occurred in the level of endorsement of FP myths and misconceptions. Among younger male partners residing in comparison health zones, the only statistically significant change occurred in the percentage of male partners who agreed that women who use FP may become promiscuous (from 82% at baseline to 72% at endline). At endline, more than half of these male partners endorsed all but two of the myths/misconceptions examined. In intervention HZs, there were significant reductions in the percentage of male partners age 15-24 who endorsed the following two myths/misconceptions: (a) "Contraceptives are dangerous to women's health" (from 84% to 72%); and (b) "Contraceptives reduce women's sexual urge" (from 48% to 32%). Among older male partners in intervention HZs, there were significant declines in agreement with all but the following two FP myths and misconceptions: (a) "Contraceptives are dangerous to women's health"; and (b) "Contraceptives can cause cancer."

Figure 3.1 Percentage of male partners who endorsed specific family planning myths and misconceptions by age group and study arm, Kinshasa

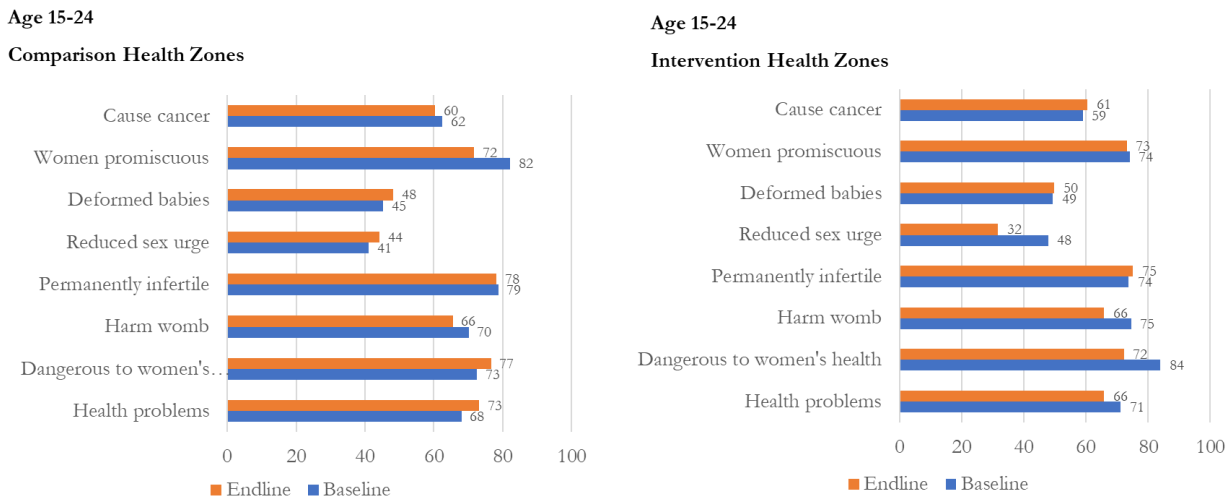
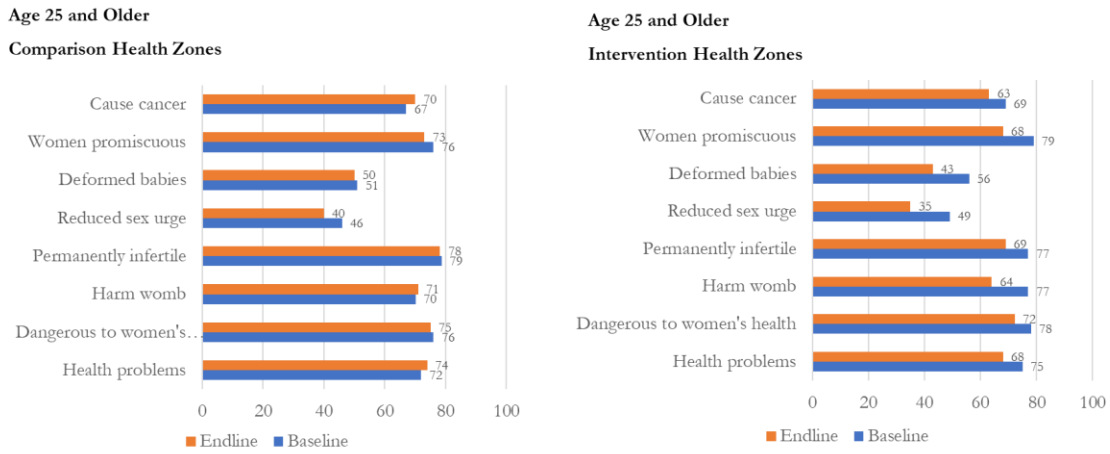


Figure 3.1 contd.



As Table 3.5 shows, in the total sample, statistically significant declines in endorsement of FP myth and misconceptions occurred largely among male partners living in intervention HZs. In comparison HZs, the only significant decline that occurred when both age groups were combined was in the endorsement of the myth/misconception that women who used FP may become promiscuous (from 78% at baseline to 73% at endline). This decline was statistically significant among male partners 15-24 but not among those 25 and older. In intervention HZs, declines in endorsement were statistically significant for all but two FP myths and misconceptions when both age groups were combined: (a) "Use of a contraceptive injection can make a woman permanently infertile;" and (b) "Contraceptives can cause cancer." Most of the significant declines in Intervention HZs were concentrated among older versus younger male partners. For example, the percentage of male partners who agreed that "Contraceptives can give you deformed babies" was 50% at endline versus 49% at baseline among male partners 15-24 in intervention HZs and 43% at endline versus 56% at baseline among their counterparts who were 25 and older. At endline, more than three in five male partners endorsed six of the eight FP myths and misconception examined, regardless of study arm. At endline, the least endorsed statement was "Contraceptives reduce women's sexual urge" (endorsed by about 41% of male partners living in comparison HZs and by less than a third of those living in intervention HZs.

Table 3.6 shows that in the total sample, there was a significant decline in the average number of FP myths and misconceptions endorsed by male partners residing in intervention HZs (from 5.5 to 4.9), but in comparison HZs, no change occurred, with an average of 5.3 myths/misconceptions endorsed at baseline as at endline. When the data were disaggregated by age group and study arm, the decline over time was significant only among older male partners in intervention HZs. In this subgroup, the only socioeconomic categories that did not have a statistically significant decline in endorsement of FP myths/misconceptions were those who did not complete secondary school, those who were never married, the unemployed, and those who did not watch TV at least once a week. In comparison HZs, the average number of FP myths and misconceptions endorsed increased significantly among younger male partners who did not watch TV at least once a week, from 4.3 at baseline to 5.5 at endline.

At endline, less than half of male partners approved of a woman's use of FP in the first six weeks following childbirth (46% up from 37% in comparison HZs and 48% up from 39% in intervention HZs (see Table 3.7). In the total sample, the increase over time in approval rates for women's use of FP in the immediate postpartum period was statistically significant in both comparison and intervention HZs. Age disaggregation of the data revealed that approval of women's use of FP in the immediate postpartum period did not increase significantly among male partners 15-24 residing in comparison HZs and among male partners 25 and older in intervention HZs.

Table 3.5 Percentage of male partners who endorsed specific family planning myths and misconceptions, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Family Planning Myths and Misconception	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
People who use contraceptives end up with health problems.	68.0	73.1		71.2	65.9		72.1	74.3		75.4	68.4	*	70.8	73.9		74.0	67.5	*
Contraceptives are dangerous to women's health.	72.6	76.6		83.9	72.2	**	75.8	75.4		78.2	72.4		74.8	75.8		80.2	72.3	**
Contraceptives can harm your womb.	70.1	65.5		74.6	65.9		69.6	70.5		76.7	64.1	***	69.8	69.0		76.0	64.7	***
Use of a contraceptive injection can make a woman permanently infertile.	78.7	78.2		73.7	75.1		79.4	77.6		76.7	68.9	*	79.2	77.8		75.7	71.0	
Contraceptives reduce women's sexual urge	41.1	44.2		47.8	31.7	***	46.3	39.5	*	47.8	34.7	***	44.8	40.9		47.8	33.7	***
Contraceptives can give you deformed babies	45.2	48.2		49.3	49.8		51.0	49.7		56.2	43.0	***	49.2	49.2		53.8	45.3	**
Women who use family planning may become promiscuous.	82.2	71.6	*	74.1	73.2		75.6	73.4		79.2	67.8	***	77.6	72.8	*	77.5	69.7	**
Contraceptives can cause cancer.	62.4	60.4		59.0	60.5		67.2	69.6		68.6	62.8		65.7	66.8		65.3	62.0	
N	**197**			**487**			**525**			**467**			**964**			**954**		

*** p <.001; ** p < .01; * p < .05; ns Not significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.6 Mean number of family planning myths and misconceptions among male partners, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	5.3	5.4		5.4	5.1		5.4	5.4		5.7	5.1		5.3	5.4		5.5	5.1	
Secondary complete/higher	5.2	5.0		5.3	4.8		5.4	5.2		5.6	4.7	***	5.3	5.2		5.5	4.8	***
Never married																		
No	5.1	5.2		5.5	5.1		5.4	5.4		5.7	4.8	***	5.3	5.3		5.6	4.9	***
Yes	5.5	5.2		4.5	4.1		5.4	4.7		5.1	5.3		5.4	4.9		4.8	4.8	
Household wealth																		
Low	5.2	5.7		5.5	4.9		5.3	5.6		5.7	5.0	*	5.3	5.6		5.6	5.0	**
Medium	5.4	5.2		5.1	5.1		5.5	4.9	*	5.5	4.8	*	5.5	5.0	*	5.4	4.9	
High	4.9	4.5		5.5	4.8		5.3	5.5		5.6	4.6	**	5.2	5.3		5.5	4.7	**
Worked last year																		
No	4.6	5.0		4.8	5.7		5.3	5.5		4.8	4.2		5.0	5.3		4.8	5.1	
Yes	5.3	5.2		5.5	4.8		5.4	5.3		5.6	4.9	***	5.4	5.3		5.6	4.8	***
Watched TV at least once a week																		
No	4.3	5.5	*	4.9	5.0		5.2	5.4		5.1	5.0		4.9	5.4		5.0	5.0	
Yes	5.6	5.0	*	5.7	4.9	*	5.5	5.3		5.9	4.7	***	5.5	5.2		5.8	4.8	***
Both parents with secondary/higher education																		
No	5.7	5.2		5.6	5.4		5.5	5.1		5.8	4.7	**	5.5	5.1		5.7	4.9	**
Yes	5.1	5.2		5.3	4.8		5.3	5.4		5.5	4.9	**	5.2	5.3		5.4	4.9	***
Total	5.2	5.2		5.3	4.9		5.4	5.3		5.6	4.8	***	5.3	5.3		5.5	4.9	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.7 Percentage of male partners who approved of women's use of a family planning method within the first six weeks following childbirth, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	35.2	36.3		33.7	44.6		40.0	42.4		43.6	44.6		38.0	39.8		39.1	44.6	
Secondary complete/higher	43.4	44.3		38.5	50.8		35.0	50.9	***	39.8	48.6	*	37.0	49.3	***	39.4	49.3	**
Never married																		
No	41.3	42.6		32.9	50.6	***	37.9	48.9	**	39.1	48.0	*	38.8	47.1	**	37.1	48.8	***
Yes	33.3	33.3		54.3	37.1		24.0	46.0	*	53.3	44.4		28.3	40.2		53.7	41.2	
Household wealth																		
Low	40.6	37.5		34.0	40.2		35.5	45.5		39.8	47.7		37.4	42.5		37.3	44.4	
Medium	32.1	38.5		39.4	54.5		36.7	49.2	*	44.4	47.7		35.3	45.9	*	42.9	49.8	
High	49.1	47.3		38.1	57.1		36.6	50.0	*	37.1	47.4		39.7	49.3	*	37.3	50.0	*
Worked last year																		
No	38.7	45.2		27.5	52.5	*	20.6	38.2		45.8	62.5		29.2	41.5		34.4	56.3	*
Yes	39.8	39.8		38.8	47.3		37.6	49.4	***	40.4	46.6		38.3	46.7	**	39.9	46.8	*
Watched TV at least once a week																		
No	45.3	37.5		43.0	44.2		38.9	44.3		47.1	45.6		40.8	42.3		45.5	45.0	
Yes	36.8	42.1		31.9	51.3	**	35.1	50.7	***	37.5	48.6	**	35.6	48.0	***	35.7	49.5	***
Both parents have secondary/higher education																		
No	39.5	26.3		30.2	34.9		39.8	46.3		43.0	45.0		39.8	41.6		39.2	42.0	
Yes	39.6	44.0		38.3	51.9	*	35.1	49.4	***	40.0	48.5	*	36.6	47.6	***	39.4	49.7	**
Total	39.6	40.6		36.6	48.3	*	36.4	48.6	***	40.8	47.6		37.3	46.1	**	39.3	47.8	**
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

In comparison HZs, no socioeconomic subgroups of male partners 15-24 experienced a statistically significant increase in approval rates for immediate PPFP use. Among same-age male partners in intervention HZs, approval rates increased significantly from 33% to 51% among the ever married, from 28% to 53% among the unemployed, and from 32% to 51% among those who watched TV at least once a week. In the age group 25 and older, twice as many socioeconomic groups had a significant increase in approval rates for women's use of FP in the immediate postpartum period in comparison HZs than in intervention HZs. In the intervention HZs, approval rates increased significantly among older male partners in the following socioeconomic groups: those who completed secondary school or had higher levels of education, those who were ever married, those with weekly TV exposure, and those with more educated parents.

3.3 Perceived Norms

3.3.1 Injunctive norms

In the baseline and endline surveys, male partners were asked to list up to five people who were most important to them, either generally, or when deciding to use a method of contraception and to report these referents' relationship to them. Male partners were then asked to report whether the referents mentioned would approve or disapprove of the male partner and FTM's use of a method of contraception within the first six weeks following childbirth. Table 3.8 presents the percentage of male partners who believed that most (at least four of the five) referents would approve of their and the FTM's use of FP within the first six weeks following childbirth. There was little change over time in perceived referent approval of the male partner and FTMs' use of FP in the immediate postpartum period. No significant change occurred within each age group in comparison and intervention HZs. When both age groups were combined, a significant increase in the perceived referent approval rate was detected in intervention HZs (from 46% at baseline to 53% at endline) but not in the comparison HZs (from 49% at baseline to 51% at endline).

Among male partners 15-24 in comparison HZs, no socioeconomic subgroups had a significant increase in perceived referent approval rates. Among their same-age counterparts in intervention HZs, perceived referent approval rates for the couple's PPFP use increased significantly among those with the following socioeconomic characteristics: secondary complete/higher levels of education (45% to 62%), ever married (42% to 55%), residence in medium-wealth households (41% to 59%), and weekly TV exposure (43% to 59%). In the 25 and older age group, only three socioeconomic groups experienced a significant increase in perceived referent approval rates: never married male partners residing in comparison HZs, male partners residing in intervention HZs who watched TV at least once a week, and male partners in intervention HZs who had two parents with secondary/higher levels of education. When both age groups were combined, no socioeconomic subgroup in the comparison HZs had a significant increase in the percentage of male partners who believed most referent would approve of their and the FTM's use of FP in the immediate postpartum period.

3.3.2 Descriptive norms

Descriptive norms were measured by male partners' perceptions that most (more than half or all) new mothers in the community used a method of FP within the first six weeks following childbirth, and even if breastfeeding. Table 3.9 shows changes in descriptive norms around FP use in the immediate postpartum period by new mothers in the community. At endline, fewer than one in four male partners believed that most new mothers in the community used FP within the six weeks following childbirth. The percentage of male partners with this perception increased from 11% at baseline to 14% at endline in comparison HZs and from 10% at baseline to 21% at endline in intervention HZs. Regarding age differences in descriptive norm change,

Table 3.8 Percentage of male partners who believe most referents (4 or 5) would approve of their use of postpartum family planning within the first six weeks following childbirth, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	42.9	47.3		43.4	42.2		48.8	54.4		48.5	51.5		46.3	51.4		46.2	47.3	
Secondary complete/higher	52.8	53.8		45.1	61.5	*	48.8	49.7		45.9	53.4		49.8	50.7		45.7	55.8	**
Never married																		
No	48.4	54.2		42.4	55.3	*	49.9	49.9		46.6	53.1		49.5	51.1		45.2	53.8	**
Yes	47.6	38.1		54.3	45.7		40.0	60.0	*	46.7	51.1		43.5	50.0		50.0	48.7	
Household wealth																		
Low	40.6	51.6		43.3	46.4		49.1	53.6		43.8	53.1		46.0	52.9		43.6	50.2	
Medium	52.6	46.2		40.9	59.1	*	46.3	53.1		51.0	53.0		48.2	51.0		47.9	54.8	
High	50.9	56.4		52.4	61.9		51.2	47.0		44.0	52.6		51.1	49.3		46.2	55.1	
Worked last year																		
No	41.9	48.4		42.5	57.5		41.2	38.2		54.2	62.5		41.5	43.1		46.9	59.4	
Yes	49.4	51.2		44.8	52.7		49.4	52.0		46.1	52.3		49.4	51.8		45.7	52.4	
Watched TV at least once a week																		
No	43.8	50.0		46.5	46.5		47.7	51.7		55.9	54.4		46.5	51.2		52.3	51.4	
Yes	50.4	51.1		42.9	58.8	*	49.3	50.7		41.7	52.1	*	49.7	50.8		42.1	54.2	***
Both parents have secondary/higher education																		
No	42.1	42.1		34.9	51.2		45.5	51.2		40.0	54.0	*	44.7	49.1		38.5	53.1	*
Yes	49.7	52.8		46.9	54.3		50.0	50.9		48.8	52.5		49.9	51.5		48.1	53.2	
Total	48.2	50.8		44.4	53.7		48.8	51.0		46.6	52.9		48.6	50.9		45.8	53.2	*
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.9 Percentage of male partners who believe that most (more than half or all) new mothers in the community used a family planning method within the first six weeks following childbirth, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	18.7	25.3		15.7	25.3		7.2	14.4		9.9	21.8	*	12.0	19.0	*	12.5	23.4	**
Secondary complete/higher	10.4	16.0		6.6	27.0	***	9.5	10.4		10.5	17.3	*	9.7	11.8		9.4	20.2	***
Never married																		
No	12.3	18.7		11.8	27.6	***	8.2	11.7		10.3	19.4	***	9.4	13.7	*	10.8	22.1	***
Yes	21.4	26.2		2.9	20.0	*	14.0	10.0		11.1	11.1		17.4	17.4		7.5	15.0	
Household wealth																		
Low	21.9	25.0		12.4	28.9	**	9.1	14.5		11.7	18.0		13.8	18.4		12.0	22.7	**
Medium	6.4	17.9	*	10.6	24.2	*	8.5	11.3		7.9	20.5	**	7.8	13.3	*	8.8	21.7	***
High	16.4	18.2		4.8	23.8	*	9.1	9.8		12.1	16.4		11.0	11.9		10.1	18.4	*
Worked last year																		
No	6.5	6.5		10.0	35.0	**	8.8	8.8		4.2	12.5		7.7	7.7		7.8	26.6	**
Yes	15.7	22.9		10.3	24.2	***	8.9	11.8		10.8	18.9	**	10.8	14.9	*	10.6	20.5	***
Watched TV at least once a week																		
No	17.2	14.1		8.1	31.4	***	2.0	13.4	***	6.6	11.0		6.6	13.6	*	7.2	18.9	***
Yes	12.8	23.3	*	11.8	22.7	*	12.3	10.6		12.4	22.4	**	12.4	14.5		12.2	22.5	***
Both parents have secondary/higher education																		
No	15.8	15.8		14.0	37.2	*	6.5	10.6		11.0	16.0		8.7	11.8		11.9	22.4	*
Yes	13.8	21.4		9.3	23.5	***	9.8	11.9		10.2	19.3	**	11.1	15.0		9.8	20.8	***
Total	14.2	20.3		10.2	26.3	***	8.9	11.5		10.4	18.5	**	10.5	14.2	*	10.3	21.2	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

in both age groups, no significant increases occurred in comparison HZs. In intervention HZs, on the other hand, the percentage of male partners who believed that most new mother in the community used FP in the immediate postpartum period increased from 10% to 26% among those age 15-24 and from 10% to 19% among those age 25 and older. In the total sample, all socioeconomic groups in intervention HZs except never married male partners had significant increases in perceived descriptive norms around FP use in the immediate postpartum period. In comparison HZs, the increases in descriptive norms about PPFP use were statistically significant in only five socioeconomic groups.

In the age group 15-24, men who did not complete secondary school were the only socioeconomic group in intervention HZs that did not have a significant change in descriptive norms pertaining to PPFP use by new mothers in the community. In comparison HZs, only two socioeconomic groups of male partners age 15-24 showed a significant change in this indicator between the baseline and endline surveys: those residing in medium-wealth households and those with weekly exposure to TV. Among older male partners, only one socioeconomic subgroup in comparison HZs (those without weekly exposure to TV) compared to seven subgroups in intervention HZs had a significant increase in descriptive norms around PPFP use. The largest absolute change in descriptive norms about PPFP use (about 23 percentage points) occurred among male partners 15-24 in intervention HZs who did not have weekly exposure to TV and who had less educated parents.

Table 3.10 shows the percentage of male partners who believed that most new mothers in the community used FP within the six weeks following childbirth, even if they were breastfeeding. The lower prevalence of these descriptive norms suggested that, in general, male partners believed that breastfeeding practices were associated with reduced FP use in the immediate postpartum period. The age group and socioeconomic patterns of change in Table 3.10 mirrored those in Table 3.9, with a few exceptions. There were more socioeconomic groups of male partners 25 and older in comparison HZs with a significant increase in descriptive norms about new mothers' use of PPFP if breastfeeding.

3.3.3 Normative expectations

Questions about PPFP normative expectations pertained to use of PPFP in the six weeks following childbirth. Male partners were asked to indicate whether they strongly agreed, agreed, disagreed, or strongly disagreed with the following statement: "Most people who are important to me believe that (NAME OF FTM) and I ought to start using a method of contraception within the first 6 weeks following childbirth." A similar question was asked about normative expectations pertaining to use of PPFP if breastfeeding, but these data are not presented here. Table 3.11 shows that at endline, only 16% of male partners in intervention HZs and 11% of those in comparison HZs strongly agreed that most people who were important to them expected them and the FTMs to use FP in the six weeks following childbirth. Although these normative expectations were low, they represented a significant improvement from the baseline survey at which only 9% of male partners in comparison HZs and 8% of those in intervention HZs strongly agreed with the statement.

Regardless of age and socioeconomic group, no significant changes in normative expectations around PPFP use occurred in comparison HZs. In intervention HZs, the percentage of male partners who strongly agreed that most people important to them expected that they and the FTM would use FP within the first six weeks following childbirth increased from 9% to 17% among those age 15-24 and from 8% to 16% among those age 25 and older. Among younger male partners in intervention HZs, significant increases occurred in five subgroups: the ever married, the never married, those residing in medium-wealth households, those with weekly TV exposure and those with more educated parents. Among older male partners in intervention HZs, significant changes in normative expectations were detected among all but the following subgroups: those who did not complete secondary school or had lower levels of education, those who were never married, those from

Table 3.10 Percentage of male partners who believe that most (more than half or all) new mothers in the community use a family planning method within the first six weeks following childbirth even if they are breastfeeding, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	11.0	20.9		14.5	19.3		4.0	12.8	*	7.9	19.8	*	6.9	16.2	**	10.9	19.6	*
Secondary complete/higher	10.4	14.2		5.7	20.5	***	5.8	9.2		8.5	12.6		6.9	10.4		7.7	14.9	**
Never married																		
No	8.4	15.5		9.4	20.6	**	4.7	10.5	**	8.6	15.1	**	5.8	11.9	***	8.8	16.9	***
Yes	19.0	23.8		8.6	17.1		10.0	8.0		6.7	8.9		14.1	15.2		7.5	12.5	
Household wealth																		
Low	18.8	20.3		10.3	20.6	*	5.5	12.7		9.4	14.8		10.3	15.5		9.8	17.3	*
Medium	6.4	14.1		9.1	21.2		6.2	11.3		7.9	15.2	*	6.3	12.2	*	8.3	17.1	**
High	7.3	18.2		7.1	16.7		4.3	7.3		7.8	12.9		5.0	10.0	*	7.6	13.9	
Worked last year																		
No	3.2	6.5		7.5	30.0	**	8.8	8.8		0.0	16.7	*	6.2	7.7		4.7	25.0	**
Yes	12.0	19.3		9.7	17.6	*	5.0	10.3	**	8.9	14.3	*	7.0	12.9	***	9.1	15.3	**
Watched TV at least once a week																		
No	14.1	10.9		7.0	23.3	**	2.0	10.7	**	6.6	8.1		5.6	10.8		6.8	14.0	*
Yes	9.0	20.3	**	10.9	17.6		7.0	9.9		9.3	17.8	**	7.6	13.1	**	9.8	17.7	**
Both parents have secondary/higher education																		
No	13.2	15.8		9.3	20.9		5.7	10.6		9.0	14.0		7.5	11.8		9.1	16.1	
Yes	10.1	17.6		9.3	19.8	**	5.2	10.1	*	8.1	14.6	*	6.8	12.5	**	8.5	16.4	***
Total	10.7	17.3		9.3	20.0	**	5.3	10.2	**	8.4	14.4	**	6.9	12.3	***	8.7	16.3	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.11 Percentage of male partners who strongly agree that most people who are important to them expect that they and the FTM would use a family planning method within the first six weeks following childbirth, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	8.8	7.7		8.4	16.9		8.0	10.4		7.9	9.9		8.3	9.3		8.2	13.0	
Secondary complete/higher	8.5	12.3		9.0	17.2		8.9	11.7		7.8	17.7	***	8.8	11.8		8.2	17.5	***
Never married																		
No	8.4	11.6		10.6	18.2	*	8.5	11.7		7.7	15.7	**	8.5	11.7		8.7	16.5	***
Yes	9.5	4.8		0.0	11.4	*	10.0	8.0		8.9	15.6		9.8	6.5		5.0	13.8	
Household wealth																		
Low	9.4	9.4		9.3	14.4		6.4	13.6		8.6	14.1		7.5	12.1		8.9	14.2	
Medium	9.0	7.7		6.1	24.2	**	8.5	11.9		8.6	18.5	*	8.6	10.6		7.8	20.3	***
High	7.3	14.5		11.9	11.9		10.4	9.1		6.0	13.8	*	9.6	10.5		7.6	13.3	
Worked last year																		
No	6.5	12.9		12.5	27.5		2.9	2.9		8.3	20.8		4.6	7.7		10.9	25.0	*
Yes	9.0	9.6		7.9	14.5		9.1	12.0		7.8	15.4	**	9.1	11.3		7.8	15.1	***
Watched TV at least once a week																		
No	10.9	12.5		10.5	16.3		9.4	12.1		7.4	16.9	*	9.9	12.2		8.6	16.7	*
Yes	7.5	9.0		7.6	17.6	*	8.3	10.9		8.1	15.1	*	8.0	10.3		7.9	15.9	***
Both parents have secondary/higher education																		
No	13.2	5.3		7.0	7.0		12.2	13.0		7.0	15.0		12.4	11.2		7.0	12.6	
Yes	7.5	11.3		9.3	19.8	**	7.3	10.7		8.1	15.9		7.4	10.9		8.5	17.3	**
Total	8.6	10.2		8.8	17.1	*	8.6	11.3		7.8	15.7	***	8.6	11.0		8.2	16.2	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

the poorest households, those who were unemployed, and those with or without two parents who had secondary or higher levels of schooling.

Overall, the perception that the community would speak favorably of women who used FP in the immediate postpartum period did not change significantly over time in comparison HZs or intervention HZs. The only age group with a significant change in prevalence of this perception consisted of male partners 15-24 in intervention HZs. Among this group of male partners, the prevalence of this perception declined significantly from 24% at baseline to 16% at endline (see Table 3.12).

The decline in perceived community approval of PPFP use was seen in most socioeconomic subgroups. Among male partners 15-24, the decline was statistically significant among those living in medium-wealth households in comparison HZs and among those who did not complete secondary school, lived in the poorest households, and did not watch TV at least once a week in intervention HZs. Among male partners 25 and older, the change in perceived community approval of PPFP was not statistically significant in any socioeconomic subgroup.

3.4 Personal Agency

Male partners were not asked the same questions about perceived behavioral control related to PPFP as FTMs. As mentioned earlier, we used the Pearlin Mastery Scale (PMS) to measure the extent to which the male partner regarded his life chances as being under his personal control rather than fate. The PMS consisted of seven items, each of which was rated on a four-point Likert scale, ranging from 1, "Strongly disagree" to 4, "Strongly agree". To create the PMS, the responses to the items were reverse coded as appropriate so that higher scores indicated greater levels of mastery. Then, the scores were summed, yielding a range of 7 to 28. The seven items comprising the PMS were the following:

1) "There is really no way I can solve some of the problems I have"
2) "Sometimes I feel I'm being pushed around in life"
3) "I have little control over the things that happen to me"
4) "I can do just about anything I really set my mind to"
5) "I often feel helpless in dealing with the problems of life"
6) "What happens to me in the future mostly depends on me"
7) "There is little I can do to change many of the important things in my life"

Table 3.13 presents the mean PMS, by background characteristics, age group, survey round, and study arm. At endline, the mean PMS was higher in intervention HZs than in comparison HZs. While the average score remained the same over time in intervention HZs (mean=17.1), the score declined from 16.9 at baseline to 16.5 at endline ($p < .05$) in comparison HZs. Significant declines in the PMS occurred in comparison HZs among the following socioeconomic groups: more educated male partners, those who were ever married, those residing in the wealthiest households, those who were unemployed, those with weekly TV exposure, and those with more educated parents.

When the data were disaggregated by age group, most of the decline in the mean PMS occurred among male partners who were 25 and older. Among younger male partners in comparison HZs, the only subgroup with a significant decline in the mean PMS was unemployed male partners (from 17.7 at baseline to 15.9 at endline). In intervention HZs, unemployed male partners 25 and older were the only socioeconomic subgroup with a significant decline over time in the mean PMS, from 17.1 to 15.7.

Table 3.12 Percentage of male partners who believe the community will say good things about women who use family planning within the first six weeks following childbirth, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	16.5	11.0		27.7	12.0	*	15.2	16.0		19.8	12.9		15.7	13.9		23.4	12.5	**
Secondary complete/higher	18.9	11.3		21.3	18.0		18.4	17.5		17.0	17.0		18.5	16.0		18.3	17.3	
Never married																		
No	19.4	12.3		22.9	14.7		16.7	17.2		16.6	16.6		17.4	15.8		18.7	16.0	.
Yes	11.9	7.1		28.6	20.0		24.0	16.0		26.7	11.1		18.5	12.0		27.5	15.0	
Household wealth																		
Low	14.1	14.1		33.0	13.4	**	18.2	18.2		19.5	14.8		16.7	16.7		25.3	14.2	**
Medium	17.9	6.4	*	13.6	16.7		14.7	18.1		17.9	15.9		15.7	14.5		16.6	16.1	
High	21.8	14.5		19.0	19.0		20.1	15.2		15.5	17.2		20.5	15.1		16.5	17.7	
Worked last year																		
No	9.7	3.2		17.5	10.0		20.6	14.7		16.7	29.2		15.4	9.2		17.2	17.2	.
Yes	19.3	12.7		25.5	17.0		17.3	17.3		17.8	15.1		17.8	16.0		20.1	15.7	
Watched TV at least once a week																		
No	23.4	14.1		29.1	14.0	*	14.1	20.8		19.9	15.4		16.9	18.8		23.4	14.9	*
Yes	15.0	9.8		20.2	16.8		19.2	15.2		16.6	16.2		17.9	13.6		17.7	16.4	
Both parents have secondary/higher education																		
No	21.1	13.2		30.2	18.6		13.8	19.5		16.0	19.0		15.5	18.0		20.3	18.9	.
Yes	17.0	10.7		22.2	14.8		18.9	16.2		18.3	14.9		18.3	14.4		19.7	14.9	
Total	17.8	11.2		23.9	15.6	*	17.5	17.1		17.7	15.9		17.6	15.3		19.8	15.8	.
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.13 Mean Pearlin Mastery Scale, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	16.9	16.9		17.5	17.4		16.5	16.6		17.2	17.1		16.7	16.8		17.3	17.3	
Secondary complete/higher	17.1	16.6		17.2	17.3		16.9	16.4	*	17.0	16.8		17.0	16.4	**	17.0	17.0	
Never married																		
No	17.0	16.7		17.2	17.3		16.8	16.4	*	17.0	16.9		16.8	16.5	*	17.1	17.0	
Yes	17.1	16.8		17.7	17.5		17.1	16.9		17.0	17.3		17.1	16.8		17.3	17.4	
Household wealth																		
Low	16.7	17.0		17.4	17.4		16.8	16.8		17.3	17.0		16.8	16.9		17.4	17.2	
Medium	17.2	16.5		17.3	17.7		16.8	16.8		17.0	17.1		16.9	16.7		17.1	17.3	
High	17.2	16.9		17.2	16.5		16.8	15.8	**	16.8	16.6		16.9	16.1	**	16.9	16.6	
Worked last year																		
No	17.7	15.9	*	17.9	17.6		17.3	16.6		17.1	15.7	*	17.5	16.3	*	17.6	16.9	
Yes	16.9	16.9		17.2	17.3		16.8	16.4		17.0	17.0		16.8	16.6		17.1	17.1	
Watched TV at least once a week																		
No	16.9	16.6		17.4	17.4		16.5	16.5		17.2	17.2		16.6	16.5		17.2	17.3	
Yes	17.1	16.9		17.3	17.3		17.0	16.5	*	17.0	16.8		17.0	16.6	*	17.1	16.9	
Both parents have secondary/higher education																		
No	16.2	16.4		17.4	16.7		16.4	16.6		16.7	17.1		16.4	16.6		16.9	17.0	.
Yes	17.2	16.8		17.3	17.5		17.0	16.4	**	17.1	16.9		17.1	16.5	**	17.2	17.1	
Total	17.0	16.8		17.3	17.3		16.8	16.5	*	17.0	16.9		16.9	16.5	*	17.1	17.1	.
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

3.5 Discussion of Family Planning

This section presents the percentage of male partners who have ever discussed use of a FP method within the first six weeks of childbirth with anyone and the percentage who discussed use of FP method within the first six weeks postpartum with the FTM after childbirth or pregnancy loss. Table 3.14 shows that between the baseline and endline surveys, the lifetime prevalence of discussion of PPFP use increased significantly in both comparison and intervention HZs, from 13% to 18% and from 14% to 33%, respectively. In the total sample, the increase in the lifetime prevalence of discussion of PPFP use was statistically significant in all socioeconomic subgroups in comparison HZs. In intervention HZs, the only exceptions to this pattern were never married and unemployed male partners.

Among male partners 15-24, the absolute change in the lifetime prevalence of PPFP discussion ranged from seven to 16 percentage points in comparison HZs and from 13 to 35 percentage points in intervention HZs, where it exceeded 25 percentage points among more educated male partners, those residing in medium-wealth households, those with weekly TV exposure, and those with less educated parents. In the older age group, absolute increases in the lifetime prevalence of PPFP discussion were similar in comparison HZs and intervention HZs. The change from the baseline to the endline survey was statistically significant in all socioeconomic subgroups except less educated male partners in comparison HZs and never married and unemployed male partners in intervention HZs. The lifetime prevalence of PPFP discussion did not exceed 45 percent in any socioeconomic subgroup, regardless of age.

In Table 3.15, we examined the percentage of male partners who discussed use of a FP method within the first six weeks postpartum with the FTM after childbirth/pregnancy loss. Overall, the prevalence of partner discussion of PPFP use after childbirth or pregnancy loss was 31 percent in comparison HZs and 35% in intervention HZs. Among both younger and older male partners, there was no socioeconomic group with a statistically significant HZ differential in the prevalence of partner discussion of PPFP use after childbirth/pregnancy loss. When the age groups were combined, there was a significantly higher prevalence of partner discussion of FP in the postpartum period in intervention HZs than in comparison HZs among the following socioeconomic subgroups: those who were employed (35% versus 31%), those who did not watch TV weekly (35% versus 28%), and those with more educated parents (36% versus 31%).

3.6 Exposure to Family Planning Information

Exposure to FP information channels was measured by asking male partners: "In the last twelve months, have you seen, heard or read about family planning (a) on the radio, (b) on TV, (c) on the internet, (d) from voice or text messages on a mobile phone, (e) in a newspaper or magazine, (f) from a poster/billboard, (g) from leaflets and brochures, (h) from community events, (i) from religious leaders speaking in favor of family planning, (j) from any other source." We analyzed the percentage of male partners who were exposed to three or more FP information channels in the past 12 months.

Overall, the percentage of male partners exposed to three or more FP information channels in the past 12 months increased from 40% to 55% in intervention HZs ($p < .001$) and from 52% to 53% in comparison HZs (see Table 3.16). Significant increases in exposure to FP information channels occurred in both age groups in intervention HZs (from 32% to 48% among those age 15-24 and from 45% to 59% among those 25 and older). In comparison HZs, no socioeconomic subgroup had a significant increase in exposure to FP information channels except older male partners with less educated parents (from 49% to 62%, $p < .05$).

In both age groups of male partners residing in intervention HZs, rates of exposure to three or more FP information channels increased significantly in the following socioeconomic groups: those who completed secondary school or had higher levels of education, those who were ever married, those residing in the poorest

Table 3.14 Percentage of male partners who have ever discussed use of a family planning method within the first six weeks of childbirth with anyone, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	11.0	18.7		12.0	25.3	*	15.2	24.0		5.0	32.7	***	13.4	21.8	*	8.2	29.3	***
Secondary complete/higher	9.4	22.6	**	13.1	42.6	***	14.7	33.4	***	18.7	31.0	***	13.4	30.8	***	17.1	34.4	***
Never married																		
No	11.0	20.6	*	12.4	37.1	***	16.0	30.7	***	14.6	33.1	***	14.6	27.9	***	13.8	34.4	***
Yes	7.1	21.4		14.3	28.6		6.0	32.0	***	20.0	17.8		6.5	27.2	***	17.5	22.5	
Household wealth																		
Low	9.4	25.0	*	11.3	29.9	**	12.7	31.8	***	12.5	26.6	**	11.5	29.3	***	12.0	28.0	***
Medium	11.5	20.5		9.1	42.4	***	15.8	33.3	***	17.2	34.4	***	14.5	29.4	***	14.7	36.9	***
High	9.1	16.4		21.4	38.1		15.2	27.4	**	15.5	32.8	**	13.7	24.7	**	17.1	34.2	***
Worked last year																		
No	16.1	32.3		15.0	30.0		8.8	32.4	*	16.7	20.8		12.3	32.3	**	15.6	26.6	
Yes	9.0	18.7	*	12.1	37.0	***	15.3	30.7	***	15.1	32.1	***	13.6	27.3	***	14.2	33.6	***
Watched TV at least once a week																		
No	9.4	17.2	*	14.0	31.4	**	17.4	29.5	*	11.0	30.1	***	15.0	25.8	**	12.2	30.6	***
Yes	10.5	22.6	**	11.8	38.7	***	13.6	31.5	***	17.4	32.0	***	12.6	28.7	***	15.6	34.1	***
Both parents have secondary/higher education																		
No	7.9	15.8	*	9.3	44.2	***	13.8	23.6	*	17.0	34.0	**	12.4	21.7	*	14.7	37.1	***
Yes	10.7	22.0	**	13.6	33.3	***	15.2	33.5	***	14.6	30.5	***	13.8	29.8	***	14.2	31.5	***
Total	10.2	20.8	**	12.7	35.6	***	14.9	30.8	***	15.2	31.4	***	13.4	27.8	***	14.3	32.8	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.15 Percentage of male partners who discussed use of family planning method within the first six weeks postpartum with the FTM after childbirth/pregnancy loss, by baseline characteristics, age group, and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	26.4	32.5		30.4	34.2		28.7	33.4	
Secondary complete/higher	28.8	35.7		33.1	35.9		32.1	35.8	
Never married									
No	29.0	34.4		32.7	36.4		31.7	35.8	^
Yes	22.6	34.3		30.0	27.8		26.6	30.6	
Household wealth									
Low	26.6	30.4		31.4	33.6		29.6	32.2	
Medium	28.2	36.4		31.4	35.1		30.4	35.5	
High	28.2	40.5		34.1	37.9		32.6	38.6	
Worked last year									
No	25.8	32.5		36.8	35.4		31.5	33.6	
Yes	28.0	34.8		32.0	35.4		30.9	35.3	*
Watched TV at least once a week									
No	25.0	32.0		29.2	36.0		27.9	34.5	*
Yes	28.9	36.1		33.9	35.1		32.4	35.4	
Both parents have secondary/higher education									
No	26.3	34.9		30.9	32.5		29.8	33.2	
Yes	28.0	34.3		32.9	36.4		31.3	35.7	*
Total	27.7	34.4	*	32.4	35.4		30.9	35.1	*
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05
Source: Momentum 2020 Endline Survey

households, those who were employed last year, those who did not watch TV at least once a week, and those with more educated parents. In addition, among older male partners in intervention HZs, significant increases in rates of exposure to three or more FP information channels occurred in medium-wealth and the wealthiest households, among those who watched TV at least once a week, and among those with less educated parents. In the 15-24 age group, the absolute change in exposure rates within socioeconomic subgroups of male partners residing in intervention HZs ranged from two percentage points to 17 percentage points. Among their counterparts 25 and older, the absolute change ranged from 7 percentage points to 23 percentage points. At endline, the highest rate of exposure to three or more FP information channels occurred among male partners age 25 and older with less educated parents in intervention HZs (72%) and the lowest rate of exposure among male partners age 15-24 in intervention HZs who did not complete secondary school (24%). In general, levels of exposure to three or more FP information channels were higher among older than younger male partners.

In Table 3.17, we examine levels of exposure in the postpartum period to counseling by a health or FP worker about different contraceptives methods. At least twice as many male partners in intervention HZs were exposed to counseling about different contraceptive methods after the FTM's childbirth or pregnancy loss as in comparison HZs: 49% versus 21% in the 15-24 age group, 53% versus 23% in the age group 25 and older, and 52% versus 22% in the overall sample. Similar differentials by study arm were seen in each socioeconomic subgroup. Among male partners 15-24, the biggest absolute difference (44 percentage points) occurred among those living in the wealthiest households whereas among older male partners, it occurred among those who were unemployed (41 percentage points).

3.7 Modern Contraceptive Prevalence

In the endline survey, male partners were asked several questions to measure use of a modern methods of contraception, for example: (a) "Since [NAME OF FTM's FIRST CHILD] was born or since she lost her pregnancy/baby, have you or (NAME OF FTM) done something or used any method to delay or avoid getting pregnant?"; (b) When you first started using a method after [NAME OF FTM'S FIRST CHILD] was born or after she lost her pregnancy/baby, which method did you or (NAME OF FTM) use? In Table 3.18, we examined the percentage who reported that they and the FTM used a modern contraceptive method after childbirth/pregnancy loss. A modern method of contraception was defined to include female sterilization, male sterilization, intrauterine device, injectables, implants, pill, condom, female condom, emergency contraception, standard days method, and lactational amenorrhea method.

Modern postpartum contraceptive prevalence was significantly higher in intervention HZs than in comparison HZs as evidenced in Table 3.18. Fifty-two percent of male partners in intervention HZs and 43% of those in comparison HZs reported that they and the FTM used a modern method of contraception in the postpartum period. There was a large difference by study arm in level of modern contraceptive use among male partners 15-24 (56% in intervention HZs versus 34% in comparison HZs). However, among older male partners, the overall HZ differentials in modern postpartum contraceptive prevalence was small and statistically insignificant. In the 15-24, the largest absolute HZ differentials in modern postpartum contraceptive prevalence were found among male partners residing in medium-wealth households (32 percentage points). In this age group, intervention HZs had significantly higher postpartum modern contraceptive prevalence rates than comparison HZs in all socioeconomic groups except those residing in the wealthiest households, the unemployed, and those with less educated parents. In the age group 25 and older, there were small differences in modern postpartum contraceptive use by study arm; male partners with less educated parents were the only socioeconomic subgroup to have a statistically significant HZ differential in modern postpartum contraceptive prevalence 58% in intervention HZs versus 45% in comparison HZs ($p < 0.05$).

Table 3.16 Percentage of male partners exposed to three or more family planning information channels, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	34.1	39.6		21.7	24.1		43.2	47.2		42.6	54.5		39.4	44.0		33.2	40.8	.
Secondary complete/higher	46.2	51.9		38.5	59.8	***	58.0	60.7		46.9	65.3	***	55.1	58.6		44.5	63.7	***
Never married																		
No	40.6	48.4		31.2	45.9	**	54.1	56.6		46.3	64.3	***	50.4	54.3		41.3	58.3	***
Yes	40.5	38.1		34.3	42.9		52.0	60.0		42.2	48.9		46.7	50.0		38.8	46.3	
Household wealth																		
Low	37.5	39.1		20.6	34.0	*	36.4	44.5		43.0	57.8	*	36.8	42.5		33.3	47.6	**
Medium	35.9	51.3		33.3	47.0		54.2	57.6		45.0	66.2	***	48.6	55.7		41.5	60.4	***
High	50.9	47.3		54.8	69.0		65.2	64.6		50.0	62.9	*	61.6	60.3		51.3	64.6	*
Worked last year																		
No	35.5	48.4		27.5	47.5		50.0	58.8		45.8	62.5		43.1	53.8		34.4	53.1	*
Yes	41.6	45.8		32.7	44.8	*	54.2	56.8		45.8	62.5	***	50.6	53.7		41.8	57.1	***
Watched TV at least once a week																		
No	29.7	32.8		23.3	40.7	*	49.0	55.7		41.2	64.0	**	43.2	48.8		34.2	55.0	***
Yes	45.9	52.6		37.8	48.7		56.3	57.6		48.3	61.8	**	53.1	56.1		45.0	57.7	***
Both parents have secondary/higher education																		
No	31.6	31.6		32.6	34.9		48.8	61.8	*	49.0	72.0	***	44.7	54.7		44.1	60.8	**
Yes	42.8	49.7		31.5	48.1	**	55.8	55.2		44.7	59.3	***	51.5	53.4		40.0	55.4	***
Total	40.6	46.2		31.7	45.4	**	53.9	57.0		45.8	62.5	***	49.8	53.7		41.0	56.7	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 3.17 Percentage of male partners who were counseled about different family planning methods by a health worker or family planning worker after the FTM's childbirth/pregnancy loss, by baseline characteristics, age group, and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	24.2	45.8	**	19.2	57.4	***	21.3	52.2	***
Secondary complete/higher	17.9	50.8	***	24.5	51.4	***	22.9	51.2	***
Never married									
No	20.6	48.2	***	24.4	53.7	***	23.4	51.9	***
Yes	21.4	51.4	**	12.0	46.7	***	16.3	48.7	***
Household wealth									
Low	21.9	40.2	*	21.8	46.1	***	21.8	43.6	***
Medium	20.5	51.5	***	23.2	55.6	***	22.4	54.4	***
High	20.0	64.3	***	23.8	56.9	***	22.8	58.9	***
Worked last year									
No	12.9	52.5	***	17.6	58.3	***	15.4	54.7	***
Yes	22.3	47.9	***	23.5	52.6	***	23.2	51.1	***
Watched TV at least once a week									
No	15.6	48.8	***	22.1	52.2	***	20.2	50.9	***
Yes	23.3	48.7	***	23.5	53.3	***	23.4	51.9	***
Both parents have secondary/higher education									
No	23.7	51.2	*	20.3	58.0	***	21.1	55.9	***
Yes	20.1	48.1	***	24.1	51.2	***	22.8	50.1	***
Total	20.8	48.8	***	23.1	52.9	***	22.4	51.5	***
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05
Source: Momentum 2020 Endline Survey

Table 3.18 Percentage of male partners who reported that they and the FTM used a modern contraceptive method after childbirth/pregnancy loss, by baseline characteristics, age group, and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	29.7	55.4	***	44.0	45.5		38.0	50.0	*
Secondary complete/higher	36.8	55.7	**	48.8	50.7		45.8	52.2	
Never married									
No	32.3	53.5	***	48.1	51.4		43.7	52.1	**
Yes	38.1	65.7	*	42.0	33.3		40.2	47.5	
Household wealth									
Low	34.4	54.6	*	41.8	46.9		39.1	50.2	*
Medium	26.9	59.1	***	50.8	52.3		43.5	54.4	*
High	41.8	52.4		47.6	48.3		46.1	49.4	
Worked last year									
No	45.2	55.0		44.1	54.2		44.6	54.7	
Yes	31.3	55.8	***	47.7	49.1		43.1	51.1	**
Watched TV at least once a week									
No	28.1	50.0	**	47.7	51.5		41.8	50.9	
Yes	36.1	60.0	***	47.4	48.3		43.9	51.9	*
Both parents have secondary/higher education									
No	39.5	60.5		44.7	58.0	*	43.5	58.7	**
Yes	32.1	54.3	***	48.5	46.4		43.1	49.2	
Total	33.5	55.6	***	47.5	49.4		43.2	51.5	**
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05
Source: Momentum 2020 Endline Survey

4 MATERNAL AND NEWBORN HEALTH-RELATED BELIEFS AND NORMS

Madeline Woo

Key findings:

- **Knowledge of ANC**: ANC knowledge among male partners varied by topic in the endline survey, with the lowest percentage of male partners knowing the benefits of ANC and the highest percentage knowing the World Health Organization-recommended number of ANC visits. A little over half of male partners could name three or more benefits of ANC visits; however, the percentage of male partners who would name three or more increased between survey rounds only in the intervention HZs (47% to 60%) while it decreased among male partners in the comparison HZs (67% to 61%). Only one benefit, "check baby is growing well," was well known (reported by over 90% of male partners) and "check for danger signs" was the only other perceived benefit reported by over 50% of male partners in the endline survey. Four of the seven benefits identified by the study were known to less than a quarter of male partners.

  Knowledge of the timing of the initiation of ANC was the second least known ANC topic among male partners in the endline survey. Sixty-four percent of male partners in the intervention HZs and 71% of male partners in the comparison HZs knew that ANC visits should be initiated in the first trimester and the percentage of male partners who knew the correct timing increased significantly between survey rounds in both HZs. Finally, 70% of male partners in the intervention HZs and 79% of male partners in the comparison HZs knew that four or more ANC visits are recommended. The baseline percentage in the intervention HZs (58%) was lower than the baseline percentage in the comparison HZs (71%) and the increase in knowledge in both HZs was statistically significant.

- **Birth Preparedness and Complication Readiness**: Knowledge of obstetric danger signs was low among male partners in the endline survey with slightly less than half of male partners knowing three or more danger signs. The percentage of male partners who knew three or more obstetric danger signs increased significantly (10 percentage points) in the intervention HZs but decreased significantly (7 percentage points) in the comparison HZs. "Fever" was the only obstetric danger sign mentioned by more than half of respondents in both HZs (73%). Five of the nine obstetric danger signs identified by the study were known by 20% or fewer of male partners in both HZs at endline.

  Only a third of male partners knew three or more newborn danger signs in the endline survey. While over 90% of male partners could name "fever" as a danger sign, less than a third of male partners could recall any other newborn danger sign. Knowledge of three or more maternal emergency preparedness steps was very low among male partners in the endline survey (10%) and the percentage of male partners who knew three or more preparedness steps did not increase significantly between survey rounds in either HZs. "Saving money for an emergency" was the most mentioned step by over 85% of male partners while less than a third of male partners mentioned any other step. Finally, about three-fourths of male partners reported that they had an emergency transport plan in the endline survey, with the percentage of male partners reporting having a plan significantly increasing in the comparison HZs and non-significantly decreasing in the intervention HZs.

- **Kangaroo Mother Care**: While knowledge of Kangaroo Mother Care (KMC) among male partners improved between survey rounds, less than half of male partners reported having heard of KMC in the endline survey and knowledge of specific benefits remained low. The percentage of male partners who reported ever having heard of KMC increased significantly from the baseline survey to the endline survey in both the intervention HZs (35 percentage points) and the comparison HZs (27 percentage points). Less than one third of male partners could name three or more benefits of KMC in the endline survey and only two of the ten identified benefits were mentioned by more than 50% of male partners. The other eight benefits were mentioned by less than 15% of male partners in the endline survey and about 10% of male partners could not name any benefits.

  Although knowledge was low, approval of KMC was high (87%) among male partners in the endline survey. About one in five male partners believed that no father in their community practiced KMC, a little over 80% felt that they should practice KMC, a little less than half of male partners felt that those most important to them think they should practice KMC as well, and 70% of male partners stated that they would still practice KMC even if those important to them did not want them to.

- **Postpartum and Newborn Complications Health Seeking Behavior**: While over 90% of male partners in both HZs reported that their partners sought treatment at a health facility when experiencing postpartum complications, only 77% in the intervention HZs and 86% in the comparison HZs reported that they sought treatment at a health facility when their newborn experienced complications. A slightly higher percentage of male partners reported appropriate health seeking behavior in the comparison HZs compared to the intervention HZs, however the difference was not statistically significant, for both health seeking indicators.

4.1 Antenatal Care

4.1.1 Perceived benefits of antenatal care

The 2018 MOMENTUM Baseline survey and the 2020 MOMENTUM Endline survey measured the perceived advantages of ANC among male partners by asking them the following question: "Can you please tell me three important benefits of a woman seeing someone for antenatal care when she is pregnant?" Table 4.1 presents the percentage of male partners who could mention three or more specific ANC benefits by age group, sociodemographic characteristics, HZ, and survey round.

Overall, 60% of male partners in the endline survey could name three or more benefits of ANC in both the intervention and comparison HZs. However, while male partners in the intervention HZs had a statistically significant increase of 13 percentage points in the percentage of male partners who could name three or more ANC benefits, male partners in the comparison HZs had a statistically significant decrease of seven percentage points in the percentage of male partners who would name three or more benefits of ANC. The baseline percentage of knowledge of ANC benefits among male partners in the intervention and comparison HZs was not similar, with an absolute difference of 20 percentage points. Among the sociodemographic subgroups of male partners age 15 and older, the level of knowledge of ANC benefits increased from the baseline survey to the endline survey in all subgroups in the intervention HZs but mostly decreased in all sociodemographic subgroups in the comparison HZs.

Regarding age differentials, male partners age 15-24 in the comparison HZs had the lowest percentage at endline (55%) and male partners age 25 and older in the comparison HZs had the highest percentage at endline (63%). In both age categories, the percentage of male partners that could name three or more ANC benefits decreased between the baseline survey and the endline survey in the comparison HZs, while male

partners in the intervention HZs had an increase in the percentage who could name three or more ANC benefits, regardless of age group. This pattern was repeated in the sociodemographic subgroups as well in each age category.

Table 4.2 presents the percentage of male partners age 15 and older who mentioned a specific benefit of ANC by age group, HZ, and survey round. Over 90% of all endline survey respondents mentioned the benefit "check baby is growing well" in both HZs. "Check for danger signs" was the second most mentioned benefit in the endline survey, with 60% in the comparison HZs and 59% in the intervention HZs naming this benefit. All other benefits were mentioned by less than 50% of male partners in the endline survey. "Be immunized against tetanus" was the least mentioned ANC benefit in the comparison HZs (four percent) and the intervention HZs (six percent). The percentage of male partners who were unable to mention any benefits or did not know any benefits fell to two percent in both HZs in the endline survey. Overall, the largest relative change for any benefit among male partners in the intervention HZs was for "get medicine to prevent malaria" (200% increase), while the largest relative change among male partners in the comparison HZs was also for "get medicine to prevent malaria" (160% decrease).

For some benefits, the percentage of male partners in the comparison HZs who mentioned the specific ANC benefit declined from the baseline survey to the endline survey, while there were no declines between survey rounds among male partners in the intervention HZs, even when the data were disaggregated by age group. Declines in the percentage of male partners with knowledge of a specific benefit were not uniform across age groups; for example, the percentage of male partners who mentioned the advantage "learn how to care for a newborn" declined between survey rounds in the comparison HZs among male partners age 15-24 but increased among male partners age 25 and older. The percentage of male partners who mentioned "learn to prepare for a healthy birth" declined between the baseline survey and the endline survey among male partners age 25 and older, while increasing among male partners age 15-24.

4.1.2 Knowledge of the recommended minimum number of antenatal care visits

The WHO recommends four or more antenatal visits for pregnant women. Table 4.3 presents the percentage of male partners age 15 years and older who reported that four or more antenatal visits are recommended by age group, sociodemographic characteristic, HZ, and survey round. At endline, 70% of male partners in the intervention HZs, and 79% of those in the comparison HZs, reported that four or more ANC visits were recommended. At baseline, knowledge of the recommended number of ANC visits was lower in the intervention HZs (58%) than in the comparison HZs (71%). For all male partners, knowledge of the recommended number of ANC visits increased in both HZs, even after disaggregating by sociodemographic characteristics. Overall, male partners in the intervention HZs had a larger absolute increase of 12 percentage points (compared to eight percentage points in the comparison HZs).

When the data were disaggregated by age group, male partners age 15-24 years in the intervention HZs had the lowest level of knowledge of the recommended number of ANC visits in the endline survey (68%) and male partners age 25 and older in the comparison HZs had the highest (81%). In both age groups, the percentage of male partners who knew the recommended number of ANC visits was higher in the comparison HZs than in the intervention HZs. However, both the absolute and relative change in knowledge were higher in the intervention HZs as the baseline percentages were lower in those HZs. Overall, the percentage of male partners who could name the recommended number of ANC visits increased in all HZs in both age subgroups and in all sociodemographic subgroups.

Table 4.1 Percentage of male partners age 15 and older who knew three or more ANC advantages, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/ secondary incomplete	67.0	51.6	*	39.8	53.0	ns	66.4	58.4	ns	47.5	53.5	ns	66.7	55.6	*	44.0	53.3	ns
Secondary complete/higher	67.0	58.5	ns	35.2	59.8	***	67.5	64.4	ns	53.7	64.3	**	67.4	63.0	ns	48.3	63.0	***
Never married																		
No	67.7	57.4	ns	37.6	58.2	***	68.3	63.8	ns	54.6	63.1	*	68.2	62.1	*	49.0	61.5	***
Yes	64.3	47.6	ns	34.3	51.4	ns	58.0	54.0	ns	33.3	48.9	ns	60.9	51.1	ns	33.8	50.0	*
Household wealth																		
Low	65.6	53.1	ns	34.0	55.7	**	65.5	57.3	ns	49.2	53.1	ns	65.5	55.7	ns	42.7	54.2	*
Medium	67.9	57.7	ns	43.9	54.5	ns	61.0	64.4	ns	52.3	64.2	*	63.1	62.4	ns	49.8	61.3	*
High	67.3	54.5	ns	33.3	64.3	**	75.0	64.6	*	55.2	67.2	ns	73.1	62.1	*	49.4	66.5	**
Worked last year																		
No	70.5	43.2	**	30.2	50.8	*	72.7	56.4	ns	52.7	70.9	ns	71.7	50.5	**	40.7	60.2	**
Yes	66.0	58.8	ns	40.1	59.9	***	66.4	63.6	ns	52.1	60.0	*	66.3	62.3	ns	48.5	60.0	***
Watched TV at least once a week																		
No	64.1	54.7	ns	41.9	58.1	*	63.1	66.4	ns	47.1	58.1	ns	63.4	62.9	ns	45.0	58.1	**
Yes	68.4	55.6	*	33.6	56.3	***	69.2	60.9	*	54.8	63.3	*	69.0	59.3	**	48.1	61.1	***
Both parents have secondary/higher education																		
No	50.0	52.6	ns	23.3	58.1	***	63.4	63.4	ns	48.0	62.0	*	60.2	60.9	ns	40.6	60.8	***
Yes	71.1	56.0	**	40.7	56.8	**	68.6	62.5	ns	53.6	61.4	ns	69.4	60.4	**	49.0	59.7	**
Total	67.0	55.3	*	37.1	57.1	***	67.2	62.7	ns	52.2	61.5	**	67.1	60.5	*	47.0	60.0	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.2 Percentage of male partners age 15 and older who mentioned specific advantages of seeing someone for antenatal care, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Benefits of ANC	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Check for danger signs	62.9	50.8	*	47.8	57.6	*	65.4	63.4	ns	58.5	59.5	ns	64.7	59.6	ns	54.8	58.8	ns
Check baby is growing well	86.8	91.4	ns	77.6	92.2	***	90.0	94.0	*	85.8	92.2	**	89.0	93.2	**	83.0	92.2	***
Be immunized against tetanus	6.6	3.6	ns	2.0	5.4	ns	7.5	4.4	*	6.3	5.8	ns	7.3	4.2	*	4.8	5.7	ns
Get tablets to prevent anemia	12.2	8.1	ns	7.3	9.8	ns	12.0	7.3	*	9.4	6.6	ns	12.0	7.6	**	8.7	7.7	ns
Get medicine to prevent malaria	19.8	24.4	ns	7.8	20.0	***	22.2	23.9	ns	12.7	23.3	***	21.5	24.1	ns	11.0	22.2	***
Learn to prepare for a healthy birth	39.6	40.6	ns	30.7	39	ns	46.1	38.8	*	37.5	46.1	*	44.1	39.4	ns	35.2	43.7	**
Learn how to care for a newborn	27.9	20.8	ns	20.0	25.4	ns	23.3	27.7	ns	22.3	23.5	ns	24.7	25.6	ns	21.5	24.2	ns
Other	18.8	8.1	**	26.3	13.7	**	19.1	9.8	***	18.2	12.9	*	19.0	9.3	***	21.0	13.2	***
Can't name any benefits/don't know	3.6	2.5	ns	2.9	2.0	ns	0.7	1.6	ns	2.3	1.3	ns	1.5	1.9	ns	2.5	1.5	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.3 Percentage of male partners age 15 and older who reported that four or more antenatal care visits are recommended, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	T1	T2	Sig.
Male partner's highest level of education																		
None/primary/secondary incomplete	62.6	75.8	ns	45.8	68.7	**	74.4	75.2	ns	54.5	68.3	*	69.4	75.5	ns	50.5	68.5	***
Secondary complete/higher	64.2	70.8	ns	61.5	67.2	ns	74.5	83.7	**	61.6	72.4	**	72.0	80.6	**	61.5	70.9	**
Never married																		
No	58.1	73.5	**	58.2	67.1	ns	73.6	81.3	**	58.6	71.7	***	69.2	79.1	***	58.5	70.2	***
Yes	83.3	71.4	ns	40.0	71.4	**	82.0	82.0	ns	68.9	68.9	ns	82.6	77.2	ns	56.2	70.0	ns
Household wealth																		
Low	67.2	71.9	ns	46.4	61.9	*	67.3	77.3	ns	54.7	68.0	*	67.2	75.3	ns	51.1	65.3	**
Medium	60.3	74.4	ns	66.7	81.8	*	72.9	81.9	*	55.0	65.6	ns	69.0	79.6	**	58.5	70.5	**
High	63.6	72.7	ns	57.1	59.5	ns	81.1	83.5	ns	71.6	82.8	*	76.7	80.8	ns	67.7	76.6	ns
Worked last year																		
No	59.1	81.8	*	47.6	69.8	*	72.7	76.4	ns	50.9	80.0	**	66.7	78.8	ns	49.2	74.6	***
Yes	64.7	70.6	ns	58.5	66.9	ns	74.7	82.1	*	61.2	70.0	*	71.9	78.9	**	60.4	69.1	**
Watched TV at least once a week																		
No	56.2	60.9	ns	45.3	64.0	*	64.4	75.2	*	63.2	66.2	ns	62.0	70.9	ns	56.3	65.3	ns
Yes	66.9	78.9	*	62.2	70.6	ns	79.5	84.4	ns	57.9	74.1	***	75.6	82.8	**	59.3	73.0	***
Both parents have secondary/higher education																		
No	52.6	73.7	ns	55.8	46.5	ns	77.2	74.0	ns	66.0	77.0	ns	71.4	73.9	ns	62.9	67.8	ns
Yes	66.0	73.0	ns	54.9	73.5	***	73.5	84.1	***	57.6	69.5	**	71.0	80.5	***	56.7	70.9	***
Total	63.5	73.1	*	55.1	67.8	**	74.5	81.4	*	59.7	71.4	***	71.1	78.9	**	58.2	70.2	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

4.1.3 Knowledge of the recommended timing of antenatal care visits

The WHO (2016) recommends that ANC visits should begin in the first trimester of pregnancy. Establishing care early in a pregnancy allows for more comprehensive care and reduces the risk of adverse outcome. Early initiation of care allows for more accurate estimates of gestational age which is vital for identifying preterm birth risks. Table 4.4 presents the percentage of male partners who knew that ANC must be initiated in the first trimester of pregnancy by age group, sociodemographic characteristic, study arm, and survey round.

The endline survey found that only 64% of male partners in the intervention HZs knew that ANC should be initiated in the first trimester of pregnancy compared to 71% of male partners in the comparison HZs. In the overall sample, knowledge of the correct timing of ANC initiation increased significantly in all sociodemographic subgroups between the baseline and endline surveys, except among unemployed male partners residing in comparison HZs. Overall, at endline, the percentage of male partners who knew the correct timing of initiation of ANC was lower in the intervention HZs than in the comparison HZs. Among the sociodemographic subgroups, male partners with the least amount of education in the intervention HZs had the lowest percentage (61%) who knew the correct timing and male partners with at least one parent who did not have a secondary education in the comparison HZs had the highest (74%).

Among male partners age 15-24, those in the comparison HZs had slightly higher knowledge (69%) compared to those in the intervention HZs (64%) in the endline survey. Overall and within each sociodemographic subgroup, knowledge of the recommended timing for ANC initiation was lower in the intervention HZs than in the comparison HZs at both the baseline and endline surveys. The increase in the percentage of male partners who knew the correct timing from the baseline survey to the endline survey was statistically significant in both HZs and in almost every sociodemographic subgroup. The only subgroups of male partners age 15-24 that did not have a statistically significant change in knowledge between survey rounds were those from medium-wealth households in the intervention HZs and those who were never married or lived in the poorest or wealthiest households in the comparison HZs

Among male partners age 25 and older, 72% in the comparison HZs and 64% in the intervention HZs knew the correct timing for ANC initiation in the endline survey. The increase in knowledge between survey rounds was statistically significant in both HZs. As was observed in the younger age group, knowledge was lower in the intervention HZs than in the comparison HZs, regardless of survey round. The only two sociodemographic subgroups that did not have a statistically significant change in knowledge between survey rounds were male partners from the wealthiest households in the intervention HZs and unemployed male partners in the comparison HZs.

4.2 Birth Preparedness and Complication Readiness

4.2.1 Knowledge of obstetric danger signs

In both surveys male partners were asked to name obstetric danger signs occurring during pregnancy, delivery, or the immediate postpartum period that need immediate medical attention. Table 4.5 presents the percentage of male partners age 15 and older who knew three or more obstetric danger signs by age group, sociodemographic characteristics, HZs, and survey round. In the endline survey, less than half of male partners in both HZs knew three or more obstetric danger signs, with the level of knowledge being slightly higher in the intervention HZs (45%) than in the comparison HZs (42%). The percentage of male partners who could name three or more obstetric danger signs increased significantly by 10 percentage points in the intervention HZs but decreased significantly by seven percentage points in the comparison HZs. For all sociodemographic subcategories there was a decrease in the percentage of male partners who could name three or more

Table 4.4 Percentage of male partners age 15 and older who knew that antenatal care must be initiated in the first trimester of pregnancy, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	56.0	71.4	*	27.7	65.1	***	45.6	68.8	***	42.6	57.4	*	50.0	69.9	***	35.9	60.9	***
Secondary complete/higher	46.2	66.0	**	49.2	63.9	*	54.6	73.3	***	46.9	65.6	***	52.5	71.5	***	47.6	65.1	***
Never married																		
No	49.7	71.0	***	41.8	64.1	***	52.6	71.8	***	47.4	63.1	***	51.8	71.6	***	45.6	63.5	***
Yes	54.8	59.5	ns	34.3	65.7	**	48.0	74.0	**	33.3	66.7	**	51.1	67.4	*	33.8	66.2	***
Household wealth																		
Low	59.4	70.3	ns	37.1	67.0	***	46.4	71.8	***	41.4	65.6	***	51.1	71.3	***	39.6	66.2	***
Medium	44.9	69.2	**	43.9	57.6	ns	49.7	68.9	***	44.4	62.9	**	48.2	69.0	***	44.2	61.3	***
High	49.1	65.5	ns	42.9	69.0	*	58.5	75.6	**	52.6	62.1	ns	56.2	73.1	***	50.0	63.9	*
Worked last year																		
No	40.9	63.6	*	54.0	66.7	ns	58.2	63.6	ns	45.5	65.5	*	50.5	63.6	ns	50.0	66.1	*
Yes	53.6	69.9	**	34.5	63.4	***	51.3	73.2	***	45.9	63.2	***	51.9	72.3	***	42.5	63.3	***
Watched TV at least once a week																		
No	46.9	68.8	*	38.4	69.8	***	43.6	72.5	***	43.4	66.9	***	44.6	71.4	***	41.4	68.0	***
Yes	52.6	68.4	**	42.0	60.5	**	56.3	71.9	***	47.1	61.8	***	55.2	70.8	***	45.5	61.4	***
Both parents have secondary/higher education																		
No	57.9	78.9	*	20.9	53.5	**	50.4	72.4	***	48.0	74.0	***	52.2	73.9	***	39.9	67.8	***
Yes	49.1	66.0	**	45.7	67.3	***	52.7	72.0	***	45.1	60.0	***	51.5	70.0	***	45.3	62.6	***
Total	50.8	68.5	***	40.5	64.4	***	52.1	72.1	***	45.8	63.5	***	51.7	71.0	***	44.0	63.8	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.5 Percentage of male partners age 15 and older who knew three or more obstetric danger signs, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	46.2	35.2	ns	32.5	43.4	ns	48.0	39.2	ns	36.6	48.5	ns	47.2	37.5	*	34.8	46.2	*
Secondary complete/higher	49.1	37.7	ns	19.7	43.4	***	50.0	46.6	ns	41.5	45.6	ns	49.8	44.4	ns	35.1	45.0	**
Never married																		
No	49.0	38.1	ns	26.5	47.1	***	49.9	44.6	ns	41.1	46.9	ns	49.6	42.8	*	36.3	46.9	***
Yes	42.9	31.0	ns	17.1	25.7	ns	46.0	44.0	ns	33.3	42.2	ns	44.6	38.0	ns	26.3	35.0	ns
Household wealth																		
Low	45.3	34.4	ns	23.7	43.3	**	50.9	47.3	ns	31.2	41.4	ns	48.9	42.5	ns	28.0	42.2	**
Medium	43.6	37.2	ns	24.2	43.9	*	48.0	40.7	ns	43.7	49.0	ns	46.7	39.6	ns	37.8	47.5	*
High	56.4	38.2	ns	28.6	42.9	ns	50.0	47.0	ns	45.7	48.3	ns	51.6	44.7	ns	41.1	46.8	ns
Worked last year																		
No	40.9	31.8	ns	11.1	46.0	***	52.7	45.5	ns	47.3	52.7	ns	47.5	39.4	ns	28.0	49.2	***
Yes	49.7	37.9	*	31.0	42.3	*	49.0	44.4	ns	39.1	45.3	ns	49.2	42.6	*	36.7	44.4	*
Watched TV at least once a week																		
No	37.5	42.2	ns	26.7	44.2	*	45.6	42.3	ns	36.8	44.9	ns	43.2	42.3	ns	32.9	44.6	*
Yes	52.6	33.8	**	23.5	42.9	**	51.3	45.7	ns	42.1	47.1	ns	51.7	42.1	**	36.2	45.8	**
Both parents have secondary/higher education																		
No	36.8	42.1	ns	39.5	37.2	ns	48.8	44.7	ns	33.0	54.0	**	46.0	44.1	ns	35.0	49.0	*
Yes	50.3	35.2	**	21.0	45.1	***	49.7	44.5	ns	42.7	43.7	ns	49.9	41.5	**	35.0	44.2	**
Total	47.7	36.5	*	24.9	43.4	***	49.4	44.6	ns	40.3	46.3	ns	48.9	42.1	*	35.0	45.3	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

obstetric dangers in the comparison HZs between survey rounds, though most changes were not significant. Conversely, nearly all sociodemographic subcategories in the intervention HZs had a statistically significant increase in the percentage of male partners who could name three or more obstetric danger signs.

When data were disaggregated by age group, a higher percentage of male partners in the intervention HZs in both the 15-24 age group (43%) and the 25 and older age group (46%) knew three or more obstetric danger signs compared to the male partners age 15-24 (37%) and age 25 and older (45%) in the comparison HZs. While male partners in the intervention HZs saw an increase in the percentage of men who knew three or more obstetric danger signs, male partners in the comparison HZs had a decline between survey rounds. The change over time in the percentage of male partners who knew three or more obstetric danger signs was statistically significant for both HZs among male partners age 15-24 but not among those age 25 and older. Male partners age 15-24 in the intervention HZs had the largest absolute change (an increase of 19 percentage points) between survey rounds, and male partners age 25 and older in the comparison HZs had a smallest absolute change (a decrease of five percentage points) between survey rounds.

No sociodemographic subgroup of male partners age 25 and older had a statistically significant change in knowledge of three or more obstetric danger signs but, among younger male partners, there were significant changes in the percentage who knew three or more obstetric danger. Most of these changes occurred in the intervention HZs. In the comparison HZs, younger male partners who worked the year before the baseline, watched TV at least once a week, and had two parents with least a secondary education had a statistically significant decrease in the percentage who could name three or more obstetric danger signs. In the intervention HZs, multiple sociodemographic categories of younger male partners had a significant increase in knowledge of three or more obstetric danger signs. These categories included those who had been married at least once, those with the highest education, the unemployed, those who worked in the past 12 months, and those from low- and medium-wealth households.

Table 4.6 shows the percentage of male partners who mentioned a specific danger sign by age group, HZ, and survey round. "Fever" was mentioned by nearly three-fourths of all male partners and was the only obstetric danger sign mentioned by more than half of respondents. "Severe headache" was the second most mentioned obstetric danger sign with about half of respondents citing it. "Placenta does not follow the baby out" was the least reported danger sign, mentioned by less than five percent of male partners in the comparison and intervention HZs.

When both age groups were combined, the percentage of male partners mentioning "severe headache" and "fits/convulsions" declined between survey rounds. The decline was statistically significant for "severe headache." Mentions of all other obstetric danger signs increased among male partners in the intervention HZs and the increase was statistically significant for "fever", "foul discharge", "swollen feet", and "severe bleeding." Among all male partners residing in the comparison HZs the percentage who mentioned "severe headache", "foul discharge", "swollen feet", "fits/convulsions", and "baby does not come head first" declined from the baseline survey to the endline survey. For "foul discharge", "fits/convulsions", and "baby does not come head first," the decline was statistically significant. In the comparison HZs, "prolonged labor of 12 or more hours" was the only obstetric danger sign for which knowledge increased significantly over time.

Among male partners age 15-24, "fever" was the most cited obstetric danger sign (70%) and "placenta does not follow the baby out" was the least cited (three percent in the comparison HZs and two percent in the intervention HZs). While the percentage of younger male partners who mentioned "fever" increased between survey rounds, in neither the comparison HZs nor the intervention HZs was this change statistically significant. Among younger male partners in the comparison HZs, there was a statistically significant increase in knowledge of "prolonged labor" and a statistically significant decrease in knowledge of "fits convulsions." Among younger male partners in intervention HZs, the only decrease over time occurred in the percentage mentioning

Table 4.6 Percentage of male partners age 15 and older who mentioned an obstetric danger sign signs, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Obstetric Danger Signs	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Severe headache	50.8	41.6	ns	50.7	51.2	ns	49.0	48.6	ns	64.6	47.8	***	49.5	46.5	ns	59.8	49.0	***
Fever	67.5	70.6	ns	64.4	70.2	ns	73.2	73.8	ns	68.9	74.4	ns	71.5	72.8	ns	67.3	73.0	*
Foul discharge	17.8	12.2	ns	7.8	13.7	ns	21.7	12.0	***	9.9	16.5	**	20.5	12.0	***	9.2	15.5	***
Placenta does not follow the baby out	4.6	2.5	ns	1.0	1.5	ns	7.1	5.1	ns	1.8	4.1	ns	6.3	4.3	ns	1.5	3.2	ns
Swollen feet	27.4	24.9	ns	13.7	22.4	*	22.8	22.8	ns	15.9	24.6	**	24.2	23.5	ns	15.2	23.8	***
Fits/convulsions	12.2	3.6	**	8.8	7.8	ns	11.3	8.0	ns	10.6	7.6	ns	11.6	6.6	**	10.0	7.7	ns
Severe bleeding	40.6	40.1	ns	16.6	42.9	***	42.1	41.7	ns	26.3	47.1	***	41.7	41.2	ns	23.0	45.7	***
Prolonged labor of 12+ hours	1.5	6.1	*	2.9	6.8	ns	2.9	7.5	**	5.3	5.6	ns	2.5	7.1	***	4.5	6.0	ns
Baby does not come head first	6.6	3.6	ns	2.0	4.4	ns	7.5	5.1	ns	4.1	4.8	ns	7.3	4.6	*	3.3	4.7	ns
Other	25.4	21.8	ns	30.2	23.9	ns	22.2	21.3	ns	26.8	19.5	*	23.1	21.5	ns	28.0	21.0	**
Does not know any obstetric danger signs	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

"fits/convulsions." Knowledge of all other obstetric danger signs increased between survey rounds, but the increase was statistically significant only for mentions of "swollen feet" and "severe bleeding."

Among male partners age 25 and older in both HZs, "fever" was the most mentioned obstetric danger sign in the endline survey (74%), and "placenta does not follow the baby out" was the least mentioned (five percent in the comparison HZs and four percent in the intervention HZs). As was observed among younger male partners, there were declines in the percentages of older male partners who mentioned a specific obstetric danger sign in the comparison HZs. Among the latter group of male partners, the only increase in the percentage mentioning a specific danger sign was for "prolonged labor for 12 or more hours," but the change was not statistically significant. The percentage decrease in mentions of "foul discharge" among older male partners in comparison HZs was statistically significant, while in intervention HZs, mentions of "severe headache" declined significantly between survey rounds. Mentions of all other obstetric danger signs increased over time and the changes were statistically significant for "foul discharge", "swollen feet" and "severe bleeding." In both survey rounds and in each age group, there was no male partner with zero knowledge of any obstetric danger sign.

4.2.2 Knowledge of newborn danger signs

The MOMENTUM baseline and endline surveys asked male partners "What signs tell you that your newborn is in danger and needs health care right away?". Answers were classified into one of eight danger signs or "other": high fever; fits, convulsions, shaking of body; yellow eyes, palms, or soles of feet; difficulty or fast breathing; difficulty feeding or sucking; feels colder than normal; red, swelling, or pus around eyes; red, swelling, pus or bad small around belly button or cord. Table 4.7 shows the percentage of male partners age 15 and older who knew three or more newborn danger signs by age group, sociodemographic characteristic, HZ, and survey round.

As Table 4.7 shows, knowledge of three or more newborn danger signs was low. In the endline survey, only one in three male partners knew three or more newborn danger signs. Knowledge increased significantly between survey rounds in the intervention HZs (from 25% to 33%), but not in the comparison HZs (34% at baseline and 33% at endline). In most sociodemographic subgroups, knowledge levels remained around one-third. Fewer male partners age 15-24 knew three or more newborn danger signs compared to those age 25 and older. This pattern was found in both the comparison HZs and the intervention HZs. In the 15-24 age group, the percentage of male partners who knew three or more newborn danger signs was lower in the intervention HZs than in the comparison HZs. In comparison HZs, changes in knowledge were not statistically significant in any socioeconomic subgroup, regardless of age. In intervention HZs, significant increases in the percentage who knew three or more newborn danger signs occurred in the following socioeconomic groups, regardless of age: ever married, with weekly exposure to TV, and with two parents who had secondary/higher education. Younger male partners who were less educated and residing in the poorest households and older male partners who were more educated and unemployed also had a significant increase in knowledge of three or more newborn danger signs in the intervention HZs.

Table 4.7 Percentage of male partners age 15 and older who knew three or more newborn danger sign signs, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary. incomplete	29.7	26.4	ns	14.5	31.3	**	35.2	32.0	ns	23.8	25.7	ns	32.9	29.6	ns	19.6	28.3	ns
Secondary complete/higher	28.3	33.0	ns	20.5	24.6	ns	36.8	35.6	ns	29.9	39.8	*	34.7	35.0	ns	27.2	35.3	*
Never married																		
No	27.7	30.3	ns	18.2	28.2	*	37.2	34.7	ns	29.1	37.4	*	34.5	33.5	ns	25.6	34.4	**
Yes	33.3	28.6	ns	17.1	22.9	ns	30.0	34.0	ns	22.2	26.7	ns	31.5	31.5	ns	20.0	25.0	ns
Household wealth																		
Low	29.7	29.7	ns	16.5	28.9	*	43.6	31.8	ns	25.0	30.5	ns	38.5	31.0	ns	21.3	29.8	*
Medium	25.6	29.5	ns	15.2	28.8	ns	36.7	32.2	ns	26.5	33.1	ns	33.3	31.4	ns	23.0	31.8	*
High	32.7	30.9	ns	26.2	21.4	ns	31.1	39.0	ns	34.5	46.6	ns	31.5	37.0	ns	32.3	39.9	ns
Worked last year																		
No	25.0	25.0	ns	14.3	27.0	ns	34.5	32.7	ns	29.1	50.9	*	30.3	29.3	ns	21.2	38.1	**
Yes	30.1	31.4	ns	19.7	27.5	ns	36.6	34.8	ns	28.2	33.8	ns	34.8	33.9	ns	25.7	32.0	*
Watched TV at least once a week																		
No	39.1	37.5	ns	19.8	26.7	ns	40.9	34.9	ns	33.8	33.1	ns	40.4	35.7	ns	28.4	30.6	ns
Yes	24.1	26.3	ns	16.8	27.7	*	34.1	34.4	ns	25.5	37.8	**	31.0	32.0	ns	22.8	34.7	***
Both parents have secondary/higher education																		
No	34.2	36.8	ns	11.6	11.6	ns	39.8	35.0	ns	27.0	34.0	ns	38.5	35.4	ns	22.4	27.3	ns
Yes	27.7	28.3	ns	19.8	31.5	*	35.1	34.5	ns	28.8	36.9	*	32.6	32.4	ns	25.6	35.0	**
Total	28.9	29.9	ns	18.0	27.3	*	36.4	34.6	ns	28.4	36.2	*	34.1	33.2	ns	24.8	33.2	**
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.8 presents the percentage of male partners age 15 and older who knew specific newborn danger signs by age group, HZ, and survey round. Nine in ten male partners knew that "high fever" was a newborn danger sign while only two percent reported "swelling, pus, bad smell around the cord/belly button.". Except for "high fever," less than one third of male partners in either study arm knew other newborn danger signs. In intervention HZs, there was a statistically significant increase in the percentage of respondents mentioning "high fever," "fits/convulsions," and "difficulty feeding and sucking" and a statistically significant decrease in the percentage citing "red, swelling/pus around eyes." The percentage of male partners in comparison HZs mentioning "high fever" increased significantly while the percentage mentioning "fits/convulsions" decreased significantly between survey rounds. Male partners in both HZs stated at least one newborn danger sign with zero percent reporting they did not know any signs.

In the endline survey, the second most mentioned danger sign in both age groups was "difficulty feeding/sucking." This danger sign was mentioned by around 40% of male partners in each age group in both HZs, the exception being male partners age 15-24 in the intervention HZs, of whom only 29% mentioned it. In both age groups in the comparison HZs, the only statistically significant change in knowledge of a specific danger sign was a decline in mentioning "fit/convulsions." For male partners age 15-24 in intervention HZs, there was a statistically significant increase in knowledge of "high fever", "fit/convulsions", and "difficulty feeding/sucking." Among male partners age 25 and older in intervention HZs, knowledge increased significantly from the baseline survey to the endline survey for "high fever," "difficult/fast breathing," and "difficulty feeding/sucking," and decreased significantly for "red, swelling/pus around eyes."

4.2.3 Knowledge of how to prepare for a maternal emergency

ANC visits are an important opportunity for health care providers to counsel patients and their families about birth preparedness. In the MOMENTUM baseline and endline surveys male partners were asked how they would prepare for a maternal emergency and their answers were classified into five categories: learn danger signs, save money for emergency care, obtain standing permission from the FTM's family to go to hospital, arrange for emergency transportation, and make sure family knows a blood donor. Table 4.9 shows the percentage of male partners age 15 and older who know three or more maternal emergency preparedness steps by age group, baseline sociodemographic characteristics, study arm, and survey round.

Only one in ten male partners in the sample was able to name three or more maternal emergency preparedness steps. Overall, the percentage of male partners who knew three or more steps did not increase significantly between survey rounds in either the comparison or intervention HZs. An analysis of change within sociodemographic subgroups showed that in the overall sample, knowledge of preparedness steps increased significantly only among male partners in comparison HZs who were highly educated and among male partners in intervention HZs who were less educated and who lived in the medium-wealth households.

Among male partners age 15-24, those in intervention HZs had slightly higher levels of knowledge (10%) compared to male partners in the comparison HZs (six percent). The change over time in the percentage of male partners age 15-24 who knew three or more steps was statistically significant and positive in intervention HZs but not in comparison HZs where the change was negative. Within the comparison health zones, no sociodemographic subgroups had a significant change in the percentage of male partners age 15-24 in comparison HZs who knew three or more maternal emergency preparedness steps. In the intervention HZs, the percentage of male partners age 15-24 who knew three or more maternal emergency preparedness steps increased significantly for those in the lower education category, those who have been married, those living in the wealthiest households, and those with more educated parents.

Table 4.8 Percentage of male partners age 15 and older who knew newborn danger signs, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Newborn Danger Signs	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
High fever	86.8	91.4	ns	78.5	90.2	**	89.6	93.1	ns	82.5	92.9	***	88.7	92.6	*	81.2	92.0	***
Fits/convulsions	34.5	18.8	***	14.6	23.9	*	35.5	21.1	***	19.7	24.1	ns	35.2	20.4	***	18.0	24.0	*
Yellow eyes, palms, soles	13.7	11.7	ns	11.2	15.1	ns	13.1	17.7	ns	12.7	10.9	ns	13.3	15.9	ns	12.2	12.3	ns
Difficult/fast breathing	26.9	26.4	ns	27.3	25.4	ns	36.4	31.9	ns	27.1	34.2	*	33.5	30.2	ns	27.2	31.2	ns
Difficulty feeding/sucking	29.9	37.6	ns	19.5	28.8	*	35.5	36.8	ns	31.9	40.8	**	33.8	37.0	ns	27.7	36.7	***
Feels colder than normal	7.1	6.6	ns	4.4	9.3	ns	8.0	8.2	ns	8.1	9.1	ns	7.7	7.7	ns	6.8	9.2	ns
Red, swelling/pus around eyes	11.7	7.1	ns	16.1	10.7	ns	8.6	7.1	ns	11.9	7.3	*	9.6	7.1	ns	13.3	8.5	**
Swelling, pus, bad smell around the cord/belly button	0.5	1.5	ns	0.5	2.0	ns	1.1	1.3	ns	1.0	2.0	ns	0.9	1.4	ns	0.8	2.0	ns
Other	23.9	26.9	ns	19.5	32.2	**	28.6	28.8	ns	26.8	29.1	ns	27.2	28.2	ns	24.3	30.2	*
Does not know any signs	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.9 Percentage of male partners age 15 and older who knew three or more maternal emergency preparedness steps, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	11.0	4.4	ns	0.0	7.2	*	9.6	9.6	ns	6.9	10.9	ns	10.2	7.4	ns	3.8	9.2	*
Secondary complete/higher	5.7	6.6	ns	7.4	11.5	ns	7.4	12.9	*	10.9	9.5	ns	6.9	11.3	*	9.9	10.1	ns
Never married																		
No	7.1	4.5	ns	4.7	11.2	*	8.0	12.0	ns	10.3	9.7	ns	7.7	9.9	ns	8.5	10.2	ns
Yes	11.9	9.5	ns	2.9	2.9	ns	8.0	12.0	ns	6.7	11.1	ns	9.8	10.9	ns	5.0	7.5	ns
Household wealth																		
Low	10.9	7.8	ns	3.1	6.2	ns	9.1	10.9	ns	6.2	5.5	ns	9.8	9.8	ns	4.9	5.8	ns
Medium	5.1	5.1	ns	0.0	13.6	**	10.7	11.9	ns	7.9	9.9	ns	9.0	9.8	ns	5.5	11.1	*
High	9.1	3.6	ns	14.3	11.9	ns	4.3	12.8	**	16.4	14.7	ns	5.5	10.5	ns	15.8	13.9	ns
Worked last year																		
No	0.0	4.5	ns	3.2	11.1	ns	10.9	3.6	ns	9.1	12.7	ns	6.1	4.0	ns	5.9	11.9	ns
Yes	10.5	5.9	ns	4.9	9.2	ns	7.6	13.1	*	10.0	9.4	ns	8.4	11.1	ns	8.5	9.3	ns
Watched TV at least once a week																		
No	9.4	9.4	ns	3.5	9.3	ns	8.1	11.4	ns	9.6	11.8	ns	8.5	10.8	ns	7.2	10.8	ns
Yes	7.5	3.8	ns	5.0	10.1	ns	7.9	12.3	ns	10.0	8.9	ns	7.8	9.7	ns	8.5	9.3	ns
Both parents have secondary/higher education																		
No	10.5	7.9	ns	4.7	11.6	ns	10.6	8.9	ns	9.0	11.0	ns	10.6	8.7	ns	7.7	11.2	ns
Yes	7.5	5.0	ns	4.3	9.3	ns	7.0	13.1	**	10.2	9.5	ns	7.2	10.5	ns	8.1	9.4	ns
Total	8.1	5.6	ns	4.4	9.8	*	8.0	12.0	*	9.9	9.9	ns	8.0	10.0	ns	8.0	9.8	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Among male partners age 25 and older, the percentage who knew three or more maternal emergency preparedness steps in the endline survey was slightly higher in comparison HZs (12%) than in intervention HZs (10%). While the increase in knowledge between surveys was significant in the comparison HZs, it was not in the intervention HZs. In this age group, no sociodemographic subgroup in the intervention HZs showed a significant change in knowledge of maternal emergency preparedness steps between the baseline survey and the endline survey. In the comparison HZs, older male partners with higher education, who lived in the wealthiest households, were employed the year before the baseline survey, and had more educated parents had a statistically significant increase in the percentage who knew three or more steps.

Table 4.10 shows the percentage of male partners in the overall sample who reported a specific step for preparing for a maternal emergency. Among all male partners at endline, "save money for an emergency" was the most mentioned preparedness step in both the comparison HZs (88%) and the intervention HZs (87%). "Making sure family knows a blood donor" was the least mentioned maternal emergency preparedness step at endline (less than two percent) in both the comparison HZs and the intervention HZs. These patterns occurred in each group. About one fourth of respondents in both HZs mentioned "learn danger signs" in the endline survey, and about one third mentioned "arranged for emergency transport." In the endline survey, "obtain standing permission" was only mentioned by four percent of all male partners in the intervention HZs and by three percent of all male partners in the comparison HZs. No male partners reported not knowing any steps to prepare for a maternal emergency. Among all male partners, the only statistically significant increase in knowledge of maternal emergency preparedness steps between the baseline survey and the endline survey was in the percentage who mentioned "save money for an emergency." This increase occurred only in intervention HZs and was detected in the overall sample as well as in each age group.

Table 4.11 presents the percentage of male partners age 15 and older who had an emergency transport plan for the sick mother and/or sick newborn, by age group, sociodemographic characteristic, HZ, and survey round. In the endline survey, about three-fourths of male partners in the overall sample reported having an emergency transport plan for a sick mother and/or sick newborn, regardless of study arm and sociodemographic characteristics. The increase between survey rounds in the percentage of male partners who had an emergency transport plan for a sick mother/newborn was significant in the comparison HZs, but not in the intervention HZs. Among male partners in the intervention HZs, only those in medium-wealth households had a statistically significant change over time in ownership of an emergency transport plan and, surprisingly, it was an eight-percentage point decrease. In the overall sample of male partners in comparison HZs, the following sociodemographic subgroups had statistically significant increases in the percentage of respondents who had an emergency transport plan: those who were more educated, ever married, residing in the poorest households, employed in the past 12 months, exposed to TV less than once a week, and had less educated parents.

The percentage of male partners that had an emergency transport plan for maternal or newborn emergencies was higher in the older than in the younger age group, a pattern that was generally observed when the data were disaggregated by sociodemographic characteristics. In the intervention HZs, no sociodemographic category had a statistically significant change in the percentage of male partners who reported having an emergency transport plan, regardless of age group. In the comparison HZs, a few sociodemographic groups did. Among younger male partners in comparison HZs, groups with significant increases included those residing in medium-wealth households, those who did not watch TV weekly, and those with less educated parents. For example, among younger male partners with less educated parents, the percentage with an emergency transport plan increased from 50% at baseline to 82% at endline. Among older male partners in comparison HZs, significant increases in having an emergency transport plan for maternal and newborn emergencies were detected among those who were ever married, residing in the poorest households, and not exposed to TV on a weekly basis.

Table 4.10 Percentage of male partners age 15 and older who reported a specific step for preparing for a maternal emergency, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Steps to prepare for a maternal emergency	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Learn danger signs	21.3	21.3	ns	19.0	23.9	ns	27.7	25.1	ns	27.1	25.8	ns	25.8	23.9	ns	24.3	25.2	ns
Save money for an emergency	80.7	85.8	ns	70.7	85.4	***	86.9	89.1	ns	80.3	87.3	**	85.0	88.1	ns	77.0	86.7	***
Obtain standing permission	4.1	2.5	ns	3.4	3.4	ns	4.0	3.3	ns	5.1	4.6	ns	4.0	3.1	ns	4.5	4.2	ns
Arrange for emergency transport	29.4	27.9	ns	28.8	33.2	ns	29.5	33.0	ns	33.9	34.2	ns	29.5	31.5	ns	32.2	33.8	ns
Make sure family knows a blood donor	1.0	0.0	ns	0.0	1.0	ns	0.2	0.2	ns	0.3	0.3	ns	0.5	0.2	ns	0.2	0.5	ns
Other	8.6	7.1	ns	12.7	5.9	*	7.3	7.8	ns	6.3	5.6	ns	7.7	7.6	ns	8.5	5.7	ns
Does not know any ways to prepare	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.11 Percentage of male partners age 15 and older who had an emergency transport plan for the sick mother and/or newborn, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	65.9	71.4	ns	69.9	68.7	ns	76.0	80.8	ns	82.2	80.2	ns	71.8	76.9	ns	76.6	75.0	ns
Secondary complete/higher	66.0	77.4	ns	73.8	73.0	ns	68.7	74.8	ns	83.3	81.6	ns	68.1	75.5	*	80.5	79.1	ns
Never married																		
No	65.2	73.5	ns	71.2	71.8	ns	70.1	77.3	*	83.4	82.0	ns	68.7	76.3	**	79.4	78.7	ns
Yes	69.0	78.6	ns	77.1	68.6	ns	76.0	70.0	ns	80.0	75.6	ns	72.8	73.9	ns	78.7	72.5	ns
Household wealth																		
Low	67.2	75.0	ns	69.1	68.0	ns	60.0	75.5	*	80.5	81.2	ns	62.6	75.3	*	75.6	75.6	ns
Medium	59.0	76.9	*	77.3	66.7	ns	73.4	74.6	ns	85.4	78.1	ns	69.0	75.3	ns	82.9	74.7	*
High	74.5	70.9	ns	71.4	85.7	ns	75.0	79.3	ns	82.8	85.3	ns	74.9	77.2	ns	79.7	85.4	ns
Worked last year																		
No	63.6	70.5	ns	71.4	68.3	ns	65.5	70.9	ns	76.4	87.3	ns	64.6	70.7	ns	73.7	77.1	ns
Yes	66.7	75.8	ns	72.5	72.5	ns	71.5	77.3	ns	84.1	80.3	ns	70.1	76.9	*	80.7	78.0	ns
Watched TV at least once a week																		
No	57.8	75.0	*	74.4	68.6	ns	65.8	77.2	*	80.9	73.5	ns	63.4	76.5	**	78.4	71.6	ns
Yes	69.9	74.4	ns	70.6	73.1	ns	73.2	76.2	ns	84.2	85.3	ns	72.2	75.6	ns	79.9	81.5	ns
Both parents have secondary/higher education																		
No	50.0	81.6	**	65.1	76.7	ns	65.9	70.7	ns	79.0	82.0	ns	62.1	73.3	*	74.8	80.4	ns
Yes	69.8	73.0	ns	74.1	69.8	ns	72.6	78.7	ns	84.4	81.0	ns	71.7	76.8	ns	80.7	77.0	ns
Total	66.0	74.6	ns	72.2	71.2	ns	70.7	76.5	*	83.0	81.3	ns	69.3	75.9	**	79.3	77.8	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

4.3 Postnatal Care

4.3.1 Kangaroo Mother Care

Kangaroo Mother Care (KMC) is a method of newborn care to help low-birthweight and preterm infants (WHO, 2003). KMC is primarily defined as skin-to-skin contact between mother and child but can also include frequent and exclusive, or nearly exclusive, breastfeeding. Table 4.12 shows the percentage of male partners age 15 and older who had ever heard of KMC by age group, sociodemographic characteristic, HZ, and survey round. In the endline survey, more male partners in the intervention HZs had heard of KMC (43%) than those in the comparison HZs (34%). The percentage of male partners who had heard of KMC increased significantly in both HZs, with a larger absolute change in the intervention HZs (35 percentage points) than in the comparison HZs (27 percentage points). For all male partners, every sociodemographic category reported a statistically significant increase between survey rounds in the percentage of male partners who had ever heard of KMC, regardless of study arm. For each sociodemographic category and survey round, knowledge of KMC was lower in comparison HZs than in the intervention HZs.

In the endline survey, 40% of adolescent and young male partners in the intervention HZs had heard of KMC compared to 26% of their counterparts in the comparison HZs, an increase of 34 percentage points and 21 percentage points, respectively, from baseline levels. Male partners who had never been married were the only sociodemographic group without a statistically significant increase over time in the percentage who had ever heard of KMC. In many sociodemographic subgroups, the increase in the percentage of male partners who had heard of KMC was at least 20 percentage points in the comparison HZs and about 30 percentage points in the intervention HZs.

In the age group 25 and older, 45% of male partners in the intervention HZs and 38% of male partners in the comparison HZs reported ever hearing of KMC in the endline survey. This represented an increase from the baseline of 35 percentage points in the intervention HZs and 30 percentage points in the comparison HZs. All sociodemographic subgroups, had a statistically significant increase between survey rounds of the percentage of male partners who had ever heard of KMC.

Table 4.12 Percentage of male partners age 15 and older who had ever heard of Kangaroo Mother Care, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	3.3	25.3	***	2.4	38.6	***	5.6	29.6	***	7.9	33.7	***	4.6	27.8	***	5.4	35.9	***
Secondary complete/higher	7.5	27.4	***	8.2	40.2	***	8.6	40.8	***	10.5	49.3	***	8.3	37.5	***	9.9	46.6	***
Never married																		
No	7.1	26.5	***	4.7	42.4	***	8.0	38.2	***	9.4	45.4	***	7.7	34.9	***	7.9	44.4	***
Yes	0.0	26.2	***	11.4	25.7	ns	6.0	34.0	***	13.3	44.4	***	3.3	30.4	***	12.5	36.2	***
Household wealth																		
Low	7.8	21.9	*	8.2	32.0	***	7.3	33.6	***	5.5	34.4	***	7.5	29.3	***	6.7	33.3	***
Medium	2.6	28.2	***	3.0	40.9	***	8.5	37.3	***	11.9	45.0	***	6.7	34.5	***	9.2	43.8	***
High	7.3	29.1	**	4.8	54.8	***	7.3	40.9	***	12.1	57.8	***	7.3	37.9	***	10.1	57.0	***
Worked last year																		
No	6.8	36.4	***	4.8	42.9	***	7.3	23.6	*	12.7	52.7	***	7.1	29.3	***	8.5	47.5	***
Yes	5.2	23.5	***	6.3	38.0	***	7.8	39.6	***	9.4	44.1	***	7.1	35.2	***	8.5	42.3	***
Watched TV at least once a week																		
No	4.7	26.6	***	4.7	36.0	***	6.7	35.6	***	5.1	37.5	***	6.1	32.9	***	5.0	36.9	***
Yes	6.0	26.3	***	6.7	42.0	***	8.3	38.7	***	12.4	49.4	***	7.6	34.9	***	10.6	47.1	***
Both parents have secondary/higher education																		
No	5.3	23.7	*	4.7	32.6	***	7.3	35.8	***	11.0	43.0	***	6.8	32.9	***	9.1	39.9	***
Yes	5.7	27.0	***	6.2	41.4	***	7.9	38.4	***	9.5	46.1	***	7.2	34.7	***	8.3	44.4	***
Total	5.6	26.4	***	5.9	39.5	***	7.8	37.7	***	9.9	45.3	***	7.1	34.3	***	8.5	43.3	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.13 presents the percentage of male partners age 15 and older who knew three or more benefits of KMC by age group, baseline sociodemographic characteristic, HZ, and survey round. A little less than 30% of male partners in both HZs knew three or more benefits of KMC in the endline survey. There was a statistically significant increase between surveys of 13 percentage points among male partners in the intervention HZs and nine percentage points among those in the comparison HZs.

Among male partners age 15-24, a higher percentage reported knowing three or more benefits of KMC in the intervention HZs (27%) than in the comparison HZs (19%) in the endline survey. While the increase in knowledge was statistically significant among male partners age 15-24 in the intervention HZs, it was not in the comparison HZs. No sociodemographic subgroup in the comparison HZs had a statistically significant increase in the percentage of male partners age 15-24 who could name three or more benefits of KMC. In contrast, knowledge of three or more benefits of KMC increased significantly among male partners in the intervention HZs who were more educated, ever married at baseline, residing in low- or medium-wealth households, exposed to TV weekly, and had more educated parents.

In the endline survey, slightly more male partners age 25 and older knew three or benefits of KMC compared to those age 15-24. Unlike the younger cohort, male partners age 25 and older had statistically significant increases in the percentage who knew three or more benefits in both HZs (from 18% to 31% in comparison HZs and from 19% to 30% in intervention HZs). Additionally, in both HZs, there were statistically significant increases in the percentage who knew three or more benefits of KMC among older male partners who were more educated, ever married, living in medium-wealth households, employed and who had weekly or less frequent TV exposure and more educated parents.

Table 4.14 shows the percentage of male partners age 15 and older who knew a specific benefit of KMC by age group, HZs, and survey round. Overall, with the exception of two benefits, knowledge of specific benefits of KMC was low. The most frequently mentioned benefit in the endline survey was "helps baby stay warm" (73% in the comparison HZs and 69% in the intervention HZs). The second most frequently mentioned benefit in the endline survey was "helps baby survive" with 59% in the comparison HZs and 62% in the intervention HZs. "Helps baby sleep" was the least mentioned benefits with one percent of male partners reporting it at endline in both HZs. In the comparison HZs, the benefit, "helps baby stay warm" had the largest increase over time (21 percentage points) while the benefit "promotes father-baby bonding" had the largest decline (four percentage points); both changes were statistically significant. In the intervention HZs, the benefit, "helps baby stay warm" also had the largest increase between surveys in the percentage of male partners who mentioned it (10 percentage points). While the percentage of male partners who did not know any benefits of KMC declined from the baseline survey to the endline survey, the decline was larger (seven percentage points) and statistically significant in the intervention HZs than in the comparison HZs (four percentage points). With the exception of "helps baby stay warm" and "helps baby survive," no benefit was mentioned by more than 14% of male partners in the comparison HZs or 12% in the intervention HZs.

Among both younger and older male partners, the two most frequently mentioned benefits in both the comparison and intervention HZs were "helps baby stay warm" and "Helps baby survive." Knowledge of all other benefits was below 15% in the comparison HZs and below 13% in the intervention HZs. Among younger male partners, "Helps baby sleep" was the least mentioned benefit in the endline survey at zero percent in the comparison HZs and one percent in the intervention HZs. While the percentage of male partners who did not know any benefits of KMC declined between survey rounds in both age groups, the decline was larger and statistically significant among older male partners in the intervention HZs (approximately eight percentage points compared to a decline of four percentage points among their counterparts in the comparison HZs).

Table 4.13 Percentage of male partners age 15 and older who knew three or more benefits of Kangaroo Mother Care, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	16.5	19.8	ns	13.3	24.1	ns	20.8	28.8	ns	18.8	33.7	*	19.0	25.0	ns	16.3	29.3	**
Secondary complete/higher	18.9	18.9	ns	12.3	29.5	***	17.2	31.3	***	18.7	28.9	**	17.6	28.2	***	16.8	29.1	***
Never married																		
No	16.1	18.1	ns	14.1	30.0	***	18.5	31.2	***	18.3	32.3	***	17.8	27.5	***	16.9	31.5	***
Yes	23.8	23.8	ns	5.7	14.3	ns	16.0	26.0	ns	22.2	13.3	ns	19.6	25.0	ns	15.0	13.8	ns
Household wealth																		
Low	14.1	18.8	ns	12.4	28.9	**	19.1	30.0	ns	14.8	25.8	*	17.2	25.9	ns	13.8	27.1	***
Medium	19.2	15.4	ns	7.6	24.2	**	19.8	29.4	*	15.9	32.5	***	19.6	25.1	ns	13.4	30.0	***
High	20.0	25.5	ns	21.4	28.6	ns	15.9	32.3	**	26.7	31.9	ns	16.9	30.6	***	25.3	31.0	ns
Worked last year																		
No	13.6	22.7	ns	6.3	25.4	**	14.5	25.5	ns	18.2	38.2	*	14.1	24.2	ns	11.9	31.4	***
Yes	19.0	18.3	ns	15.5	28.2	**	18.7	31.3	***	18.8	28.8	**	18.8	27.7	***	17.8	28.6	***
Watched TV at least once a week																		
No	10.9	21.9	ns	16.3	27.9	ns	16.1	28.9	**	19.1	30.9	*	14.6	26.8	**	18.0	29.7	**
Yes	21.1	18.0	ns	10.1	26.9	***	19.2	31.5	***	18.5	29.7	**	19.8	27.4	**	15.9	28.8	***
Both parents have secondary/higher education																		
No	10.5	18.4	ns	11.6	18.6	ns	21.1	39.8	**	18.0	29.0	ns	18.6	34.8	**	16.1	25.9	*
Yes	19.5	19.5	ns	13.0	29.6	***	17.1	27.1	**	19.0	30.5	**	17.9	24.6	**	16.8	30.2	***
Total	17.8	19.3	ns	12.7	27.3	***	18.2	30.6	***	18.7	30.1	***	18.1	27.2	***	16.7	29.2	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.14 Percentage of male partners age 15 and older who knew specific benefits of Kangaroo Mother Care, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Benefits of Kangaroo Mother Care	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Helps baby stay warm	47.2	69.0	***	57.6	63.9	ns	53.9	74.5	***	59.7	71.4	***	51.9	72.8	***	59.0	68.8	***
Helps baby survive	64.5	57.9	ns	55.6	60.0	ns	56.3	60.1	ns	56.2	63.5	*	58.8	59.4	ns	56.0	62.3	*
Reduces infant morbidity	6.1	5.6	ns	3.9	8.3	ns	9.5	8.0	ns	6.8	11.6	*	8.5	7.3	ns	5.8	10.5	**
Easier breastfeeding	4.1	10.2	*	7.8	9.3	ns	2.7	8.4	***	11.6	11.9	ns	3.1	9.0	***	10.3	11.0	ns
Helps mom make milk	0.0	1.0	ns	2.4	2.4	ns	0.9	3.1	*	2.0	1.5	ns	0.6	2.5	**	2.2	1.8	ns
Promotes mother-baby bonding	10.2	11.2	ns	2.9	12.7	***	8.2	14.6	**	7.8	11.4	ns	8.8	13.6	**	6.2	11.8	***
Promotes father-baby bonding	12.7	3.6	***	4.9	9.3	ns	12.2	11.1	ns	5.6	10.4	*	12.3	8.8	*	5.3	10.0	**
Promotes healthy infant weight	6.6	9.1	ns	8.3	12.2	ns	2.7	12.6	***	8.1	12.4	*	3.9	11.6	***	8.2	12.3	*
Improves baby's mental development	7.1	6.6	ns	8.3	8.8	ns	5.3	6.7	ns	7.1	7.6	ns	5.9	6.6	ns	7.5	8.0	ns
Helps baby sleep	1.5	0.0	ns	0.5	1.0	ns	3.5	0.7	**	1.3	1.0	ns	2.9	0.5	***	1.0	1.0	ns
No benefits	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns	0.0	0.0	ns
Other	3.0	1.0	ns	2.0	3.4	ns	4.2	2.0	ns	2.3	2.5	ns	3.9	1.7	*	2.2	2.8	ns
Don't know any benefits of KMC	15.7	12.7	ns	17.6	11.7	ns	16.0	12.2	ns	17.0	9.1	**	15.9	12.3	ns	17.2	10.0	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.15 shows the percentage of male partners age 15 and older who approved of KMC by age group, sociodemographic characteristic, HZ, and survey round. In the endline survey, most male partners approved of KMC, 86% in the comparison HZs and 87% in the intervention HZs, a significant increase from baseline levels in both study arms. Among all male partners in the intervention HZs, the highest approval rate at endline (92%) was found among male partners residing in the wealthiest households and the lowest rate (83%) among those with less education. In the comparison HZs, male partners who did not work last year had the highest KMC approval rate (90%) in the endline survey and those who did not watch TV last week had the lowest (82%). No sociodemographic subgroup had less than 80% of male partners who approved of KMC at endline.

In the 15-24 age group, 87% of male partners in the comparison HZs and 85% in the intervention HZs approved of KMC in the endline survey. Regardless of HZ, the change in the KMC approval rate between survey rounds was not significant in any sociodemographic subgroup of adolescent and young male partners. Among older male partners, approval of KMC was also high at endline, with 89% approving in the intervention HZs and 86% approving in the comparison HZs. Approval increased significantly between survey rounds, by eight percentage points in the intervention HZs and six percentage points in the comparison HZs. More socioeconomic subgroups in the intervention HZs had a statistically significant increase in the percentage of male partners who approved of KMC between survey rounds than in the comparison HZs. Never married male partners were the only socioeconomic subgroup of older male partners to have a statistically significant increase in approval of KMC between survey rounds (from 68% to 90% in the comparison HZs and from 76% to 93% in the intervention HZs).

Table 4.16 presents the percentage of male partners age 15 and older who believed that they should practice KMC by age group, sociodemographic characteristics, HZs, and survey round. In the endline survey, a little over 80% of male partners in both HZs reported that they believed that they should practice KMC. Overall, baseline levels were high and exceeded 70% in both age groups and in all socioeconomic subgroups. The increase over time in the percentage of male partners who believed that they should practice KMC was not statistically significant in both HZs or in any socioeconomic subgroup except for those with secondary or higher education and those who did not work last year in the comparison HZs.

Among male partners age 15-24, 86% of those in the comparison HZs and 82% of those in the intervention HZs reported in the endline survey that they believed that they should practice KMC. The increase in the percentage of respondents who believed that they should practice KMC was not statistically significant overall and within each sociodemographic subgroup. Among male partners age 25 and older, normative personal beliefs about KMC were similar at endline in the comparison and intervention HZs (about 83%). Significant increases over time were detected in the following sociodemographic subgroups: those in the intervention HZs who worked last year and those in the comparison HZs who had at least a secondary education, were never married, resided in medium-wealth households, and were unemployed the year before the baseline survey.

Table 4.15 Percentage of male partners age 15 and older who approved of Kangaroo Mother Care, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	84.6	83.5	ns	79.5	79.5	ns	82.4	83.2	ns	73.3	86.1	*	83.3	83.3	ns	76.1	83.2	ns
Secondary complete/higher	84.9	89.6	ns	83.6	88.5	ns	80.1	87.4	*	82.7	89.5	*	81.2	88.0	**	82.9	89.2	**
Never married																		
No	85.2	87.1	ns	84.7	86.5	ns	82.3	85.8	ns	80.9	88.0	**	83.1	86.2	ns	82.1	87.5	*
Yes	83.3	85.7	ns	68.6	77.1	ns	68.0	90.0	**	75.6	93.3	*	75.0	88.0	*	72.5	86.3	*
Household wealth																		
Low	87.5	87.5	ns	82.5	84.5	ns	77.3	80.0	ns	69.5	85.2	**	81.0	82.8	ns	75.1	84.9	**
Medium	80.8	84.6	ns	77.3	78.8	ns	78.5	88.1	*	86.1	90.1	ns	79.2	87.1	*	83.4	86.6	ns
High	87.3	89.1	ns	88.1	95.2	ns	85.4	88.4	ns	84.5	90.5	ns	85.8	88.6	ns	85.4	91.8	ns
Worked last year																		
No	81.8	88.6	ns	81.0	87.3	ns	76.4	90.9	*	76.4	89.1	ns	78.8	89.9	*	78.8	88.1	ns
Yes	85.6	86.3	ns	82.4	83.8	ns	81.3	85.6	ns	80.9	88.5	**	82.5	85.8	ns	81.3	87.1	*
Watched TV at least once a week																		
No	85.9	84.4	ns	79.1	83.7	ns	71.8	80.5	ns	80.9	90.4	*	76.1	81.7	ns	80.2	87.8	*
Yes	84.2	88.0	ns	84.0	85.7	ns	85.1	89.1	ns	79.9	87.6	*	84.8	88.7	ns	81.2	87.0	*
Both parents have secondary/higher education																		
No	84.2	92.1	ns	81.4	90.7	ns	76.4	85.4	ns	77.0	89.0	*	78.3	87.0	*	78.3	89.5	**
Yes	84.9	85.5	ns	82.1	83.3	ns	82.3	86.6	ns	81.4	88.5	*	83.2	86.2	ns	81.6	86.7	*
Total	84.8	86.8	ns	82.0	84.9	ns	80.7	86.3	*	80.3	88.6	**	81.9	86.4	*	80.8	87.3	**
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.16 Percentage of male partners age 15 and older who believed they should practice Kangaroo Mother Care, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	85.7	86.8	ns	75.9	77.1	ns	86.4	80.0	ns	74.3	78.2	ns	86.1	82.9	ns	75.0	77.7	ns
Secondary complete/higher	84.9	84.9	ns	81.1	85.2	ns	75.2	83.7	**	79.9	84.0	ns	77.5	84.0	*	80.3	84.4	ns
Never married																		
No	84.5	85.8	ns	80.0	83.5	ns	79.6	82.0	ns	78.9	82.9	ns	80.9	83.1	ns	79.2	83.1	ns
Yes	88.1	85.7	ns	74.3	74.3	ns	68.0	88.0	*	75.6	80.0	ns	77.2	87.0	ns	75.0	77.5	ns
Household wealth																		
Low	84.4	92.2	ns	77.3	80.4	ns	77.3	78.2	ns	71.9	78.9	ns	79.9	83.3	ns	74.2	79.6	ns
Medium	85.9	83.3	ns	75.8	80.3	ns	72.9	83.1	*	81.5	85.4	ns	76.9	83.1	ns	79.7	83.9	ns
High	85.5	81.8	ns	88.1	88.1	ns	84.8	85.4	ns	81.9	82.8	ns	84.9	84.5	ns	83.5	84.2	ns
Worked last year																		
No	75.0	81.8	ns	81.0	85.7	ns	69.1	87.3	*	80.0	72.7	ns	71.7	84.8	*	80.5	79.7	ns
Yes	88.2	86.9	ns	78.2	80.3	ns	79.5	82.1	ns	78.2	84.1	*	82.0	83.4	ns	78.2	83.0	ns
Watched TV at least once a week																		
No	81.2	84.4	ns	77.9	82.6	ns	71.1	77.9	ns	78.7	84.6	ns	74.2	79.8	ns	78.4	83.8	ns
Yes	87.2	86.5	ns	79.8	81.5	ns	81.8	85.1	ns	78.4	81.5	ns	83.4	85.5	ns	78.8	81.5	ns
Both parents have secondary/higher education																		
No	89.5	89.5	ns	76.7	88.4	ns	76.4	82.1	ns	78.0	82.0	ns	79.5	83.9	ns	77.6	83.9	ns
Yes	84.3	84.9	ns	79.6	80.2	ns	79.0	82.9	ns	78.6	82.7	ns	80.7	83.6	ns	79.0	81.8	ns
Total	85.3	85.8	ns	79.0	82.0	ns	78.3	82.7	ns	78.5	82.5	ns	80.4	83.6	ns	78.7	82.3	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.17 presents the percentage of male partners age 15 and older who believed that no fathers with a low birthweight (LBW) baby in their community practiced kangaroo care by age group, sociodemographic characteristic, HZ, and survey round. In the endline survey about one in five male partners reported that they believed no father with a LBW baby practiced kangaroo care in their community. The percentage increased slightly between surveys in the comparison HZs (three percentage points) and decreased slightly in the intervention HZs (by one percentage point). Neither change was statistically significant. While this pattern was also observed among male partners age 25 and older, among younger male partners age 15-24 in the comparison HZs, there was a statistically significant increase in the percentage who believed no father with a LBW baby in their community practiced kangaroo care. In the endline survey, male partners age 15-24 in the intervention HZs had the highest percentage (27%) who reported no father with a LBW baby practiced kangaroo care in their community, while male partners age 25 and older in the intervention HZs had the lowest (19%). In general, the percentage of male partners who reported that they believed no father with a LBW baby in their community practiced kangaroo care did not change significantly between survey rounds. The exceptions were male partners age 15-24 in the comparison HZs who had at least a secondary education, those who were never married at baseline, those in the wealthiest households, those who worked the year before baseline, those who watched TV, and those with more educated parents.

Table 4.18 shows the percentage of male partners age 15 and older who strongly agreed with the statement that most people who were important to them thought they should practice kangaroo care if they had a LBW baby. In both HZs, less than half of respondents (47%) in the endline survey reported that they strongly agreed with the statement, and normative expectations about kangaroo care did not change significantly between survey rounds. In the overall sample, the only sociodemographic subgroups with a statistically significant increase in normative expectations about kangaroo care were male partners in the comparison HZs with secondary or higher education, those residing in medium-wealth households at baseline, and those who did not work in the 12 months preceding the baseline survey. At baseline, each of these subgroups had normative expectations about kangaroo care that were at least seven percentage points lower than levels seen among their counterparts in the intervention HZs.

Among male partners age 15-24, no socioeconomic subgroup had a statistically significant change in normative expectations about kangaroo care between the baseline survey and the endline survey. Among those age 25 and older, the percentage of male partners who strongly agreed with the statement increased from 38% at baseline to 44% at endline in the comparison HZs (a significant change), and from 42% at baseline to 45% at endline in the intervention HZs (a statistically insignificant change). In the intervention HZs, no socioeconomic subgroup of older male partners had a statistically significant change in normative expectations about kangaroo care. In the comparison HZs, significant increases were detected among older male partners who were more educated, residing in medium-wealth households at baseline, and watched TV at least once per week.

Table 4.19 presents the percentage of male partners age 15 and older who would still practice kangaroo care even if most people who were important to them do not want them to by age group, sociodemographic characteristic, HZ, and survey round. Overall, about seven in ten male partners reported in the endline survey that they would still practice kangaroo care even if those important to them did not want them to. The absolute difference in the percentage of male partners who would still practice kangaroo care despite opposition was six percentage points (significant) in the comparison HZs and one percentage point (not significant) in the intervention HZs. No sociodemographic subgroup in the intervention HZs had a statistically significant change over time in the percentage of respondents who reported that they would still practice kangaroo care while, in the comparison HZs, only those who had been married, were from the poorest households, worked the year before the baseline survey, did not watch TV at least once per week, or had less educated parent did.

Table 4.17 Percentage of male partners age 15 and older who believed that no fathers with a low birthweight baby in their community practiced Kangaroo Mother Care, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	15.4	23.1	ns	26.5	25.3	ns	11.2	20.0	ns	13.9	19.8	ns	13.0	21.3	*	19.6	22.3	ns
Secondary complete/higher	13.2	24.5	*	26.2	28.7	ns	24.2	21.8	ns	23.1	18.4	ns	21.5	22.5	ns	24.0	21.4	ns
Never married																		
No	16.1	23.2	ns	24.7	28.2	ns	21.4	21.7	ns	21.7	18.0	ns	20.0	22.1	ns	22.7	21.3	ns
Yes	7.1	26.2	*	34.3	22.9	ns	14.0	18.0	ns	13.3	24.4	ns	10.9	21.7	*	22.5	23.7	ns
Household wealth																		
Low	20.3	26.6	ns	29.9	35.1	ns	18.2	19.1	ns	19.5	21.9	ns	19.0	21.8	ns	24.0	27.6	ns
Medium	16.7	25.6	ns	24.2	19.7	ns	18.6	22.6	ns	21.9	22.5	ns	18.0	23.5	ns	22.6	21.7	ns
High	3.6	18.2	*	21.4	21.4	ns	24.4	21.3	ns	20.7	10.3	*	19.2	20.5	ns	20.9	13.3	ns
Worked last year																		
No	25.0	31.8	ns	20.6	22.2	ns	29.1	18.2	ns	14.5	16.4	ns	27.3	24.2	ns	17.8	19.5	ns
Yes	11.1	21.6	*	28.9	29.6	ns	19.4	21.7	ns	21.8	19.1	ns	17.1	21.7	ns	23.9	22.2	ns
Watched TV at least once a week																		
No	17.2	25.0	ns	22.1	24.4	ns	14.8	20.1	ns	11.8	16.9	ns	15.5	21.6	ns	15.8	19.8	ns
Yes	12.8	23.3	*	29.4	29.4	ns	23.5	21.9	ns	25.5	19.7	ns	20.2	22.3	ns	26.7	22.8	ns
Both parents have secondary/higher education																		
No	18.4	28.9	ns	30.2	23.3	ns	21.1	21.1	ns	22.0	24.0	ns	20.5	23.0	ns	24.5	23.8	ns
Yes	13.2	22.6	*	25.3	28.4	ns	20.4	21.3	ns	20.3	16.9	ns	18.1	21.8	ns	22.1	21.0	ns
Total	14.2	23.9	*	26.3	27.3	ns	20.6	21.3	ns	20.8	18.7	ns	18.7	22.1	ns	22.7	21.7	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.18 Percentage of male partners age 15 and older who strongly agreed with the statement that most people who are important to them think they should practice Kangaroo Mother Care if they have a low birthweight baby, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	53.8	41.8	ns	42.2	45.8	ns	41.6	43.2	ns	33.7	34.7	ns	46.8	42.6	ns	37.5	39.7	ns
Secondary complete/higher	44.3	49.1	ns	46.7	54.1	ns	36.2	44.5	*	44.9	48.3	ns	38.2	45.6	*	45.4	50.0	ns
Never married																		
No	48.4	45.8	ns	45.3	53.5	ns	38.4	44.1	ns	41.1	45.4	ns	41.2	44.6	ns	42.5	48.1	ns
Yes	50.0	45.2	ns	42.9	37.1	ns	32.0	44.0	ns	48.9	40.0	ns	40.2	44.6	ns	46.3	38.8	ns
Household wealth																		
Low	48.4	46.9	ns	43.3	43.3	ns	41.8	39.1	ns	32.8	43.0	ns	44.3	42.0	ns	37.3	43.1	ns
Medium	44.9	44.9	ns	43.9	50.0	ns	32.2	45.2	*	47.7	49.0	ns	36.1	45.1	*	46.5	49.3	ns
High	54.5	45.5	ns	50.0	69.0	ns	40.9	46.3	ns	44.8	41.4	ns	44.3	46.1	ns	46.2	48.7	ns
Worked last year																		
No	36.4	54.5	ns	50.8	57.1	ns	32.7	47.3	ns	36.4	52.7	ns	34.3	50.5	*	44.1	55.1	ns
Yes	52.3	43.1	ns	42.3	47.9	ns	38.4	43.7	ns	42.9	43.5	ns	42.3	43.5	ns	42.7	44.8	ns
Watched TV at least once a week																		
No	50.0	42.2	ns	48.8	45.3	ns	33.6	35.6	ns	39.0	43.4	ns	38.5	37.6	ns	42.8	44.1	ns
Yes	48.1	47.4	ns	42.0	54.6	ns	39.7	48.3	*	43.6	45.6	ns	42.3	48.0	ns	43.1	48.4	ns
Both parents have secondary/higher education																		
No	50.0	44.7	ns	39.5	58.1	ns	37.4	43.1	ns	43.0	44.0	ns	40.4	43.5	ns	42.0	48.3	ns
Yes	48.4	45.9	ns	46.3	48.8	ns	37.8	44.5	ns	41.7	45.1	ns	41.3	45.0	ns	43.3	46.4	ns
Total	48.7	45.7	ns	44.9	50.7	ns	37.7	44.1	*	42.0	44.8	ns	41.0	44.6	ns	43.0	46.8	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 4.19 Percentage of male partners age 15 and older who would have still practiced Kangaroo Mother Care even if most people who are important to them do not want them to, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary /secondary incomplete	72.5	73.6	ns	66.3	63.9	ns	57.6	71.2	*	69.3	70.3	ns	63.9	72.2	ns	67.9	67.4	ns
Secondary complete/higher	69.8	73.6	ns	65.6	68.9	ns	63.8	69.3	ns	70.4	71.8	ns	65.3	70.4	ns	69.0	70.9	ns
Never married																		
No	71.0	73.5	ns	66.5	65.9	ns	62.8	70.1	*	70.6	71.4	ns	65.1	71.0	*	69.2	69.6	ns
Yes	71.4	73.8	ns	62.9	71.4	ns	56.0	68.0	ns	66.7	71.1	ns	63.0	70.7	ns	65.0	71.3	ns
Household wealth																		
Low	67.2	73.4	ns	61.9	68.0	ns	53.6	68.2	*	66.4	69.5	ns	58.6	70.1	*	64.4	68.9	ns
Medium	71.8	73.1	ns	66.7	66.7	ns	64.4	66.1	ns	70.9	72.2	ns	66.7	68.2	ns	69.6	70.5	ns
High	74.5	74.5	ns	73.8	64.3	ns	65.2	75.0	ns	73.3	72.4	ns	67.6	74.9	ns	73.4	70.3	ns
Worked last year																		
No	68.2	75.0	ns	68.3	73.0	ns	67.3	69.1	ns	70.9	67.3	ns	67.7	71.7	ns	69.5	70.3	ns
Yes	71.9	73.2	ns	64.8	64.1	ns	61.4	69.9	*	70.0	72.1	ns	64.3	70.9	*	68.5	69.7	ns
Watched TV at least once a week																		
No	68.8	76.6	ns	66.3	69.8	ns	49.0	67.1	**	69.1	71.3	ns	54.9	70.0	**	68.0	70.7	ns
Yes	72.2	72.2	ns	65.5	64.7	ns	68.5	71.2	ns	70.7	71.4	ns	69.7	71.5	ns	69.0	69.3	ns
Both parents have secondary/higher education																		
No	68.4	76.3	ns	60.5	65.1	ns	61.0	73.2	*	75.0	71.0	ns	62.7	73.9	*	70.6	69.2	ns
Yes	71.7	73.0	ns	67.3	67.3	ns	62.5	68.6	ns	68.5	71.5	ns	65.5	70.0	ns	68.1	70.0	ns
Total	71.1	73.6	ns	65.9	66.8	ns	62.1	69.8	*	70.1	71.4	ns	64.8	71.0	*	68.7	69.8	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p < .001; ** p< .01; * p< .05; ns Not Significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

In the 15-24 age group, 73% of male partners in the comparison HZs and 67% of those in the intervention HZs reported that they would still practice kangaroo care even if those important to them did not want them to. The change over time in the percentage of male partners who would still practice kangaroo care was not statistically significant, even when the data were disaggregated by sociodemographic characteristics. Within most sociodemographic subgroups, the comparison HZs had slightly higher percentages of male partners who would still practice kangaroo care despite opposition from significant others (range: 73% to 76%) than the intervention HZs (range: 64% to 70%). No sociodemographic subgroup had a statistically significant change in the percentage of male partners age 15-24 who reported that they would still practice kangaroo care despite opposition from most people who were important to them.

For male partners age 25 and older, about seven in ten reported in the endline survey that they would still practice kangaroo care even if most people important to them did not want them to. The change over time was statistically significant in the comparison HZs (from 62% at baseline to 70% at endline) but not in the intervention HZs (70% at baseline and 71% at endline). In the intervention HZs, the percentage of older male partners who would practice KMC despite opposition did not change significantly in any of the socioeconomic subgroups. In the comparison HZs, the following sociodemographic subgroups of older male partners saw a statistically significant increase in the indicator: those who were less educated, ever married, residing in the poorest households, employed, did not watch TV weekly, and had less educated parents.

4.3.2 Care Seeking for Postpartum Complications

When experiencing postpartum complications women are advised to seek medical care at health facilities. Table 4.20 shows the percentage of male partners age 15 and older whose partners sought treatment at a health facility when experiencing postpartum complications by age group, sociodemographic characteristic, and HZ. In both comparison HZs and intervention HZs, over 90% of male partners reported that their partner sought treatment at a health facility when experiencing postpartum complications. Care seeking for postpartum complications did not differ significantly between HZs, even when the data were disaggregated by sociodemographic characteristic and age group.

Table 4.21 presents the percentage of male partners who sought treatment at a health facility when their newborn experienced complications, by age group, sociodemographic characteristic, and HZ. Overall, more male partners in the comparison HZs than in the intervention HZs reported seeking treatment at a health facility for newborn complications (86% versus 77%), but the difference was not statistically significant. In the overall sample, only male partners with less educated parents had a statistically significant difference in the care seeking at a health facility for newborn complication, with 92% of male partners in the comparison HZs seeking help compared to only 66% of male partners in the intervention HZs. Generally, in each sociodemographic subgroup, fewer male partners in the intervention HZs reported seeking treatment at a health facility for newborn complications compared to those in the comparison HZs. This pattern was observed in both age groups. Regarding HZ and age group differences, care seeking at a health facility for newborn complications was least prevalent among adolescent and young male partners in the intervention HZs (72%) and most prevalent among male partners age 25 and older in the comparison HZs (87%). Within the sociodemographic subgroups, the only statistically significant HZ difference in care seeking at a health facility for newborn complications occurred among never married male partners age 25 and older: 25% in the intervention HZs versus 92% in the comparison HZs.

Table 4.20 Percentage of male partners age 15 and older whose partner sought treatment at a health facility when experiencing postpartum complications, by baseline characteristics, age group and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	100.0	88.9	ns	100.0	94.1	ns	100.0	91.4	ns
Secondary complete/higher	95.0	91.3	ns	92.9	93.9	ns	93.4	93.1	ns
Never married									
No	96.3	86.7	ns	95.5	93.0	ns	95.7	90.8	ns
Yes	100.0	100.0	ns	85.7	100.0	ns	91.7	100.0	ns
Household wealth									
Low	100.0	86.4	ns	94.7	100.0	ns	96.9	93.0	ns
Medium	87.5	91.7	ns	90.9	93.1	ns	90.2	92.7	ns
High	100.0	100.0	ns	100.0	87.5	ns	100.0	91.3	ns
Worked last year									
No	90.0	94.4	ns	100.0	85.7	ns	95.2	92.0	ns
Yes	100.0	87.0	ns	93.5	94.9	ns	95.2	92.7	ns
Watched TV at least once a week									
No	100.0	86.7	ns	95.5	95.8	ns	96.8	92.3	ns
Yes	95.7	92.3	ns	94.1	92.9	ns	94.6	92.6	ns
Both parents have secondary/higher education									
No	85.7	88.9	ns	95.5	94.7	ns	93.1	92.9	ns
Yes	100.0	90.6	ns	94.1	93.6	ns	96.1	92.4	ns
Total	96.9	90.2	ns	94.5	93.9	ns	95.2	92.5	ns
N	**73**			**139**			**212**		

*** p < .001; ** p< .01; * p< .05
Source: Momentum 2020 Endline Survey

Table 4.21 Percentage of male partners age 15 and older who sought treatment at a health facility when their newborn experienced complications, by baseline characteristics, age group and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	89.5	82.4	ns	85.7	92.3	ns	87.5	86.7	ns
Secondary complete/higher	81.0	63.6	ns	87.3	77.8	ns	85.7	72.4	ns
Never married									
No	85.3	66.7	ns	85.9	86.7	ns	85.7	78.7	ns
Yes	83.3	88.9	ns	92.3	25.0	**	89.5	69.2	ns
Household wealth									
Low	87.5	68.2	ns	79.3	81.2	ns	82.2	73.7	ns
Medium	76.9	75.0	ns	92.9	76.5	ns	87.8	75.9	ns
High	90.9	80.0	ns	88.9	87.5	ns	89.5	85.7	ns
Worked last year									
No	84.6	50.0	ns	80.0	83.3	ns	82.6	70.0	ns
Yes	85.2	74.3	ns	87.8	81.4	ns	87.1	78.2	ns
Watched TV at least once a week									
No	87.5	81.0	ns	86.7	78.9	ns	87.0	80.0	ns
Yes	83.3	61.1	ns	87.0	83.3	ns	85.9	75.0	ns
Both parents have secondary/higher education									
No	88.9	58.3	ns	92.6	70.6	ns	91.7	65.5	**
Yes	83.9	77.8	ns	84.2	87.5	ns	84.1	83.1	ns
Total	85.0	71.8	ns	86.9	81.6	ns	86.3	77.3	ns
N	**79**			**133**			**212**		

*** p < .001; ** p< .01; * p< .05
Source: Momentum 2020 Endline Survey

5 FERTILITY PREFERENCES

Francine E. Wood

Key findings:

- **Desire for another child**: Over nine in ten male partners wanted to wait two years before the birth of another child, regardless of age group, survey round, or study arm. Over time, the percentage of male partners age 15 and older who wanted to wait two years declined in the comparison and intervention HZs by 3 percentage points and 1 percentage point, respectively. Only the change in the comparison HZs was statistically significant.
- **Ideal number of children**: At the endline survey, male partners in both study arms wanted an average of 5 children (comparison HZs: 4.5, intervention HZs: 4.7) and the difference in the ideal family size across study arms was not statistically significant at endline (p=0.117). The ideal family size increased by 0.3 points over the study period in both study arms and older male partners wanted more children than their younger counterparts at each study round.
- **Discussion of family size with partner**: Over three in five male partners age 15 and older had discussed the number of children they would like with their FTMs (comparison HZs: 66%; intervention HZs: 68%). Compared with their baseline values, the increases seen were significant in both study arms; however, the absolute increase was larger in the comparison HZs than in the intervention HZs (9.4 percentage points versus 6.8 percentage points).
- **Agreement on family size with partner**: Among male partners age 15 and older who discussed the number of children with their partner, 44% in the comparison HZs and 51% in the intervention HZs wanted the same number of children at endline. Contrary to expectations, the percentage who wanted more children than the FTM increased over time by five percentage points in the comparison HZs (from 19% at baseline to 24% at endline) and by four percentage points in the intervention HZs (from 18% at baseline to 22% at endline).

This chapter presents information on partners' fertility preferences. Understanding these fertility preferences is important because men are the primary decisions makers in many households and their fertility preference could ultimately determine family planning decisions and the use of contraception to space or limit births. Additionally, there is limited research on men's fertility and much of the research has been on women. In the chapter, we assess the significance of differences between baseline and endline surveys within each age group for the following outcomes:

1) Desire for another child (period before another child)
2) Ideal family size
3) Discussions and agreement of family size with the FTM

5.1 Desire for Another Child

Male partners were asked "Would you prefer to have another child, or would you prefer not to have any more children?" and if they wanted another child, "How long you would like to wait (from now) before the

birth of another child?" Table 5.1 presents the change over time among male partners who wanted to wait two years to have more children, by their baseline characteristics, age group, and study arm.

Over nine in ten male partners in the overall sample wanted to wait two years in both study periods regardless of age group and study arm. At endline, 91% of male partners age 15 and older in the comparison HZs and intervention HZs wanted to wait for two years before having another child, while at baseline a higher percentage of male partners wanted to wait (comparison HZs: 95%; intervention HZs: 92%). The decline over time observed was statistically significant in the comparison HZs but not in the intervention HZs. In each of the age groups explored, the percentages of male partners who wanted to wait two years was higher in the comparison HZs than the intervention HZs at baseline. Regarding sociodemographic subgroup differences, significant changes over time were observed for those in the comparison HZs who were ever married, had more education, lived in medium-wealth households, had worked in the last year, had watched TV at least once a week, and had two parents with secondary/higher education. In the intervention HZs, none of the sociodemographic differences were significant.

Among male partners age 15-24, the percentage who wanted to wait two years declined in the comparison HZs (96% to 92%) but increased slightly in the intervention HZs (90% to 92%). However, these changes over time were not statistically significant. The sociodemographic subgroup differences were also not significant in both study arms. For male partners age 25 and older, there was a non-significant three percentage-points reduction in the desire to wait two years in both HZs (comparison HZs: 94% to 91%; intervention HZs: 93% to 90%). Significant changes in the sociodemographic subgroups were not observed for those in the intervention HZs but were seen for those in the comparison HZs who had medium household wealth, had worked last year, had watched TV at least once a week, and had two parents with secondary/higher education.

5.2 Ideal Family Size

Male partners were asked about the number of children they would like to have if they could choose the number of children to have in their whole life. The findings presented in Table 5.2 indicate that male partners wanted to have at least 4 children. In the total sample, male partners' average ideal family size increased over time by 0.3 points in both study arms. At the endline survey, male partners in both study arms wanted an average of five children (comparison HZs: 4.5, intervention HZs: 4.7). Further analysis indicated that during the endline survey, the difference in ideal family size across study arms was not statistically significant ($p=0.117$).

There were significant changes in the ideal family in the comparison HZs for all sociodemographic subgroups, except male partners who had less education, lived in the poorest households, had not worked last year, and did not have two parents who completed secondary/higher education. As was observed in the comparison HZs, changes in ideal family size among male partners in the intervention HZs who had not worked last year and did not have two parents who completed secondary/higher education were not significant. Additionally, changes over time in the ideal family size of male partners in the intervention HZs who had never married, had medium and high household wealth, and watched TV at least once a week were not significant. In the comparison HZs, the largest absolute change in the average ideal family size occurred for those who had never been married and had not worked last year (increase of 0.3 points) and in the intervention HZs, the largest absolute change (increase of 0.7 points) was seen for those who had never been married and had low household wealth.

Table 5.1 Percentage of male partners age 15 and older who wanted to wait more than two years before another pregnancy, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**
Level of education																		
None/primary/secondary incomplete	94.1	94.3	ns	87.3	93.6	ns	94.1	89.2	ns	92.6	92.7	ns	94.1	91.3	ns	90.2	93.1	ns
Secondary complete/higher	97.0	90.3	ns	92.7	91.3	ns	94.4	91.9	ns	93.0	89.3	ns	95.1	91.5	*	92.9	89.9	ns
Never married																		
No	95.1	92.0	ns	89.8	91.2	ns	94.0	90.2	ns	92.6	91.0	ns	94.3	90.7	*	91.8	91.1	ns
Yes	97.5	92.7	ns	93.5	97.0	ns	97.7	97.9	ns	95.0	83.3	ns	97.6	95.5	ns	94.4	89.3	ns
Household wealth																		
Low	95.0	95.2	ns	89.9	94.6	ns	90.6	94.2	ns	93.4	94.3	ns	92.2	94.6	ns	91.9	94.4	ns
Medium	95.9	93.3	ns	90.0	91.5	ns	97.0	89.7	**	91.1	88.3	ns	96.6	90.8	**	90.8	89.2	ns
High	96.0	86.8	ns	92.3	87.8	ns	94.2	90.5		94.6	88.0	ns	94.6	89.6	ns	94.0	87.9	ns
Worked last year																		
No	92.6	89.7	ns	92.1	100.0	ns	86.2	94.1	ns	90.0	83.3	ns	89.3	92.1	ns	91.4	93.8	ns
Yes	96.2	92.6	ns	90.0	90.2	ns	94.9	90.8	*	93.1	90.6	ns	95.3	91.4	**	92.2	90.5	ns
Watched TV at least once a week																		
No	94.6	95.1	ns	88.3	90.1	ns	91.5	93.6	ns	96.2	91.3	ns	92.4	94.1	ns	93.3	90.9	ns
Yes	96.1	90.8	ns	91.9	93.8	ns	95.8	89.9	**	91.1	89.6	ns	95.9	90.1	**	91.4	90.9	ns
Both parents have secondary/higher education																		
No	89.2	89.2	ns	90.0	84.6	ns	88.5	92.2	ns	90.2	89.2	ns	88.7	91.4	ns	90.2	87.9	ns
Yes	97.3	92.9	ns	90.5	94.2	ns	96.5	90.7	**	93.8	90.5	ns	96.7	91.4	***	92.7	91.8	ns
Total	95.7	92.1	ns	90.4	92.2	ns	94.4	91.1	ns	92.9	90.2	ns	94.7	91.4	*	92.1	90.9	ns
N	**191**			**193**			**427**			**380**			**618**			**569**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 5.2 Mean ideal family size (number of children) of male partners age 15 and older, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**
Male partner's highest level of education																		
None/primary/secondary	4.09	4.32	ns	3.83	4.37	*	4.25	4.50	ns	4.57	4.87	ns	4.18	4.43	ns	4.23	4.65	*
incomplete	(1.50)	(1.44)		(1.69)	(1.47)		(1.39)	(1.35)		(1.60)	(2.34)		(1.44)	(1.39)		(1.68)	(2.01)	
Secondary complete/higher	4.26	4.59	ns	4.21	4.55	ns	4.21	4.57	**	4.54	4.79	ns	4.22	4.57	**	4.44	4.72	*
	(1.41)	(2.28)		(1.77)	(2.31)		(1.55)	(1.69)		(1.73)	(2.02)		(1.51)	(1.85)		(1.74)	(2.11)	
Never married																		
No	4.16	4.51	ns	4.06	4.44	ns	4.25	4.52	*	4.56	4.77	ns	4.23	4.52	**	4.40	4.66	*
	(1.40)	(2.12)		(1.75)	(1.95)		(1.56)	(1.58)		(1.70)	(1.98)		(1.52)	(1.74)		(1.73)	(1.98)	
Yes	4.24	4.29	ns	4.00	4.62	ns	3.98	4.78	**	4.42	5.13	ns	4.10	4.55	*	4.24	4.91	ns
	(1.64)	(0.99)		(1.73)	(2.30)		(0.91)	(1.78)		(1.67)	(2.90)		(1.29)	(1.48)		(1.70)	2.65)	
Household wealth																		
Low	4.35	4.44	ns	3.97	4.74	**	4.28	4.55	ns	4.48	5.06	*	4.30	4.51	ns	4.25	4.92	***
	(1.50)	(1.39)		(1.75)	(2.21)		(1.53)	(1.46)		(1.59)	(2.29)		(1.51)	(1.43)		(1.68)	(2.26)	
Medium	4.19	4.41	ns	4.09	4.33	ns	4.27	4.63	*	4.63	4.70	ns	4.25	4.56	*	4.47	4.59	ns
	(1.33)	(1.26)		(1.94)	(1.81)		(1.51)	(1.64)		(1.71)	(1.72)		(1.45)	1.54)		(1.80)	(1.75)	
High	3.96	4.56	ns	4.17	4.10	ns	4.14	4.48	*	4.51	4.66	ns	4.09	4.50	*	4.42	4.51	ns
	(1.54)	(3.00)		(1.38)	(1.78)		(1.49)	(1.64)		(1.79)	(2.34)		(1.50)	(2.06)		(1.69)	2.21)	
Worked last year																		
No	4.13	5.03	ns	4.56	4.93	ns	4.09	4.29	ns	4.74	4.54	ns	4.11	4.65	ns	4.63	4.78	ns
	(1.86)	(3.86)		(1.92)	(2.70)		(1.60)	(1.24)		(1.45)	(1.69)		(1.72)	(2.81)		(1.75)	(2.37)	
Yes	4.19	4.36	ns	3.92	4.36	*	4.23	4.57	**	4.53	4.82	*	4.22	4.51	**	4.35	4.68	**
	(1.36)	(1.29)		(1.68)	(1.79)		(1.50)	(1.62)		(1.71)	(2.13)		(1.46)	(1.54)		(1.72)	(2.04)	
Watched TV at least once a week																		
No	4.34	4.78	ns	3.93	4.46	ns	4.23	4.57	*	4.54	4.93	ns	4.26	4.64	*	4.29	4.75	*
	(1.55)	(2.86)		(1.70)	(2.02)		(1.47)	(1.46)		(1.67)	(1.91)		(1.49)	(1.98)		(1.70)	(1.96)	
Yes	4.10	4.31	ns	4.14	4.48	ns	4.22	4.54	*	4.55	4.74	ns	4.18	4.47	**	4.43	4.66	ns
	(1.40)	(1.25)		(1.78)	(2.02)		(1.53)	(1.67)		(1.71)	(2.20)		(1.49)	(1.55)		(1.74)	(2.14)	
Both parents have secondary/higher education																		
No	4.16	4.68	ns	3.67	4.32	ns	4.42	4.66	ns	4.51	4.70	ns	4.36	4.67	ns	4.25	4.59	ns
	(1.62)	(1.40)		(1.68)	(2.02)		(1.53)	(1.40)		(1.45)	(1.96)		(1.55)	(1.40)		(1.57)	(1.97)	
Yes	4.18	4.41	ns	4.16	4.51	ns	4.15	4.51	**	4.56	4.84	ns	4.16	4.48	**	4.42	4.73	*
	(1.41)	(2.04)		(1.75)	(2.01)		(1.49)	(1.67)		(1.77)	(2.15)		(1.46)	(1.80)		(1.77)	(2.11)	
Total	4.18	4.46	ns	4.05	4.47	*	4.22	4.55	**	4.55	4.81	ns	4.21	4.53	***	4.38	4.69	**
	(1.45)	(1.93)		(1.74)	(2.01)		(1.51)	(1.60)		(1.70)	(2.10)		(1.49)	(1.71)		(1.73)	(2.08)	
N	**197**			**203**			**449**			**394**			**646**			**597**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

On average, adolescent and young male partners in both HZs wanted an average of 4.5 children. This was an increase from the baseline survey for both study arms, but the increase was greater in the intervention HZs (0.4 points versus 0.3 points). The increase in ideal family size was also significant in the intervention HZs, but not in the comparison HZs. For male partners in the comparison HZs, the change over time was not significant by sociodemographic subgroup while for those in the intervention HZs, significant changes were observed for those who had less education, had low household wealth (largest absolute change of 0.8 points), and had worked last year.

Older male partners wanted more children than their younger counterparts at each study round and in both study arms. In the comparison HZs, the mean ideal family size increased significantly by 0.4 points from 4.2 to 4.6 and in the intervention HZs it increased by 0.2 points from 4.6 to 4.8 but the change was not significant. Sociodemographic subgroup analysis of changes in ideal family size over time showed significant increases among male partners with low household wealth and who worked last year in the intervention HZs. In the comparison HZs, the change over time was significant for all subgroups except those who had lower education, had low household wealth, had not worked last year, and did not have two parents with secondary/higher education. Those who had never been married had the largest absolute change (comparison HZs: by 0.8 points; intervention HZs: by 0.7 points), but the change was not significant for those in the intervention HZs.

5.3 Discussion of Family Size with Partner

Male partners were asked if they had discussed the number of children that they would like with the FTM in the past 12 months and, subsequently, those who responded "yes" were asked if the FTM wanted the same number, fewer, or more children than he wanted. Table 5.3 shows the percent distribution of male partners who discussed the number of children desired with the FTM and their level of agreement on the number of children to have, by age group, survey round and study arm. By the endline survey, two in three male partners age 15 and older had discussed the number of children they would like with the FTM (comparison HZs: 66%; intervention HZs: 68%). Compared with their baseline values, the increases seen in the prevalence of partner discussion of family size were significant in both study arms, but the absolute increase was larger in the comparison HZs than in the intervention HZs (9.4 percentage points versus 6.8 percentage points).

The prevalence of partner discussion of family size was higher among older than among younger male partners in both study arms at endline. Seventy-one percent of male partners age 25 and older in the intervention HZs and 69% of those in the comparison HZs had discussed the number of children with their partner compared to 57% and 52% of male partners age 15-24 in the comparison HZs and intervention HZs, respectively. For younger male partners, the absolute increase in the prevalence of partner discussion of family size was larger in the intervention HZs (13.6 percentage points) than in the comparison HZs, whereas for older male partners, the absolute increase was larger in the comparison HZs (10.0 percentage points) than in the intervention HZs. Both changes over time were statistically significant.

Among male partners age 15 and older who had discussed family size with their partner, data from the endline survey revealed that 44% in the comparison HZs and 51% in the intervention HZs wanted the same number of children as the FTM. In the comparison HZs, this was a substantial absolute reduction from the baseline estimates (9.8 percentage points compared to 2.4 percentage points in the intervention HZs). At endline, more male partners in the intervention HZs than in the comparison HZs wanted the same number of children as the FTM, regardless of age group. For instance, in the age group 25 and older, 52% of male partners in the intervention HZs and 41% of those in the comparison HZs wanted the same number of children as the FTM. Similar to the total sample, there was a reduction over time in the percentage of male partners who wanted the same number of children as the FTM, and the largest absolute change was seen in older male

partners in the comparison HZs (12.3 percentage points). Contrary to expectations, the percentage of male partners age 15 and older who wanted more children than the FTM increased over time by five percentage points in the comparison HZs (19% to 24%) and by four percentage points in the intervention HZs (18% to 22%).

Table 5.4 presents the change over time in partner discussion of family size, by baseline characteristics, age group, and study arm. In the comparison HZs, significant increases were seen for all but four sociodemographic subgroups: male partners age 15 and older who were less educated, residing in the poorest and the wealthiest households, and unemployed last year. Similarly, in the intervention HZs, significant increases were observed for male partners age 15 and older who were ever married, less educated, residing in the poorest households, employed last year, and had not watched TV at least once a week, and did not have two parents with secondary/higher education. The largest absolute change was observed for male partners in the comparison HZs who had never been married (from 45% to 66%, a 21 percentage-point increase) and for those in the intervention HZs who did not have two parents with secondary or higher education (from 55% to 73%, an 18 percentage-point increase).

Among male partners age 15-24 in the intervention HZ, significant increases over time in the occurrence of partner discussion of family size were observed for those who had less education, were ever married, had low household wealth, had worked last year, had not watched TV at least once a week, and had two parents with secondary/higher education. While for their counterparts in the comparison HZs, only those with medium household wealth saw significant changes over time. For these men, the prevalence of partner discussion increased by 17 percentage points. Among older male partners, in the intervention HZs, the change over time in discussion of family size was significant for those with less education and those who did not have two parents with secondary/higher education. While for the older male partners in the comparison HZs, significant increases over the study period were seen for all but five sociodemographic subgroups.

Table 5.5 shows that among male partners age 15 and older who had discussed desired family size with the FTM, the percentage who wanted the same number of children as the FTM decreased significantly in the comparison HZ from 53% to 44% and insignificantly in the intervention HZs from 54% to 51%. This decrease was significant in the comparison HZs but not in the intervention HZs. Male partners in the comparison HZs who had more education, were ever married, had worked last year, had watched TV at least once a week, and did not have two parents with a secondary/higher education had significant changes over time. The latter sociodemographic subgroup had the largest absolute change over time (decline of 22 percentage points, from 67% to 45%). In the intervention HZs, those who had not worked in the last year had the largest absolute change (30 percentage points) and the percentage who wanted the same number of children as the FTM increased over time (23% at baseline to 53% at endline) unlike most other subgroups. Never-married male partners in the intervention HZs also had significant change from baseline to endline, but it was a decline of 27 percentage points.

Among male partners age 15-24, the percentage who wanted the same number of children as the FTM declined significantly in the comparison HZs among those with medium household wealth and in the intervention HZs among those who had never been married. Among male partners age 25 and older, significant changes over time were not detected for any sociodemographic subgroups in the intervention HZs, while in the comparison HZs, male partners who were more educated, ever married, living in the poorest or wealthiest households, employed last year, and who had watched TV at least once a week, and had two parents with or without secondary/higher education had significant changes over time. In these sociodemographic subgroups, there was a decrease in the percentage of male partners who wanted the same number of children as the FTM.

Table 5.3 Percent distribution of male partners who discussed their ideal family size with their first-time mother and the agreement on the family size, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
	T1	T2	Sig	T1	T2	Sig	T1	T2	Sig	T1	T2	Sig	T1	T2	Sig	T1	T2	Sig
Discussion of number of children with partner			ns			**			**			ns			**			*
No	50.8	42.6		51.2	37.6		40.8	30.8		32.7	29.4		43.8	34.4		39.0	32.2	
Yes	49.2	57.4		48.8	62.4		59.2	69.2		67.3	70.6		56.2	65.6		61.0	67.8	
Concordance of the number of children with partner [a]			ns			ns			*			ns			*			ns
Same number	52.6	49.6		51.0	50.8		53.6	41.3		54.9	51.6		53.3	43.5		53.8	51.4	
More children	15.5	20.4		15.0	19.5		20.2	25.6		19.5	23.3		19.0	24.2		18.3	22.1	
Fewer children	26.8	28.3		24.0	26.6		20.6	28.8		20.3	21.9		22.3	28.7		21.3	23.3	
Don't know	5.2	1.8		10.0	3.1		5.6	4.2		5.3	3.2		5.5	3.5		6.6	3.2	
Total	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

a: Pertains only to male partners who discussed the number of children with their partner at the time of the interview

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 5.4 Percentage of male partners age 15 and older who discussed the number of children they would like to have with their first-time mother, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**
Male partner's highest level of education																		
None/primary/secondary incomplete	48.4	56.0	ns	43.4	60.2	*	48.8	55.2	ns	55.4	71.3	*	48.6	55.6	ns	50.0	66.3	**
Secondary complete/higher	50.0	58.5	ns	52.5	63.9	ns	63.2	74.5	**	71.4	70.4	ns	60.0	70.6	**	65.9	68.5	ns
Never married																		
No	51.6	56.1	ns	48.2	62.4	**	60.6	69.1	*	67.7	72.6	ns	58.1	65.5	*	61.3	69.2	**
Yes	40.5	61.9	ns	51.4	62.9	ns	48.0	70.0	*	64.4	55.6	ns	44.6	66.3	**	58.8	58.8	ns
Household wealth																		
Low	56.2	53.1	ns	42.3	64.9	**	58.2	62.7	ns	60.9	68.8	ns	57.5	59.2	ns	52.9	67.1	**
Medium	47.4	64.1	*	54.5	62.1	ns	54.8	70.1	**	68.9	71.5	ns	52.5	68.2	***	64.5	68.7	ns
High	43.6	52.7	ns	54.8	57.1	ns	64.6	72.6	ns	72.4	71.6	ns	59.4	67.6	ns	67.7	67.7	ns
Worked last year																		
No	38.7	61.3	ns	40.0	55.0	ns	55.9	58.8	ns	41.7	58.3	ns	47.7	60.0	ns	40.6	56.2	ns
Yes	51.2	56.6	ns	50.9	64.2	*	59.5	70.0	**	69.0	71.4	ns	57.1	66.2	**	63.4	69.2	*
Watched TV at least once a week																		
No	42.2	56.2	ns	46.5	61.6	*	55.0	66.4	*	64.0	72.1	ns	51.2	63.4	*	57.2	68.0	*
Yes	52.6	57.9	ns	50.4	63.0	ns	61.3	70.5	*	69.1	69.9	ns	58.6	66.7	*	63.2	67.7	ns
Both parents have secondary/higher education																		
No	47.4	68.4	ns	51.2	67.4	ns	49.6	61.8	ns	56.0	75.0	**	49.1	63.4	*	54.5	72.7	**
Yes	49.7	54.7	ns	48.1	61.1	*	62.8	72.0	*	71.2	69.2	ns	58.5	66.3	*	63.0	66.3	ns
Total	49.2	57.4	ns	48.8	62.4	**	59.2	69.2	**	67.3	70.6	ns	56.2	65.6	***	61.0	67.8	*
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 5.5 Among male partners age 15 and older, the percentage who wanted the same number of children as their first-time mother, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**	**T1**	**T2**	**Sig**
Male partner's highest level of education																		
None/primary/secondary incomplete	54.5	45.1	ns	52.8	46.0	ns	55.7	43.5	ns	51.8	45.8	ns	55.2	44.2	ns	52.2	45.9	ns
Secondary complete/higher	50.9	53.2	ns	50.0	53.8	ns	52.9	40.7	*	55.7	53.6	ns	52.5	43.3	*	54.4	53.7	ns
Never married																		
No	50.0	48.3	ns	51.2	57.5	ns	53.9	43.0	*	53.6	52.0	ns	52.9	44.2	*	53.0	53.6	ns
Yes	64.7	53.8	ns	50.0	18.2	*	50.0	28.6	ns	65.5	48.0	ns	56.1	39.3	ns	59.6	34.0	*
Household wealth																		
Low	47.2	55.9	ns	53.7	49.2	ns	62.5	43.5	*	55.1	43.2	ns	57.0	47.6	ns	54.6	45.7	ns
Medium	64.9	42.0	*	55.6	46.3	ns	50.5	46.0	ns	55.8	64.8	ns	54.5	44.8	ns	55.7	59.7	ns
High	41.7	55.2	ns	39.1	62.5	ns	50.9	35.3	*	53.6	43.4	ns	49.2	39.2	ns	50.5	47.7	ns
Worked last year																		
No	66.7	42.1	ns	25.0	50.0	ns	47.4	40.0	ns	20.0	57.1	ns	54.8	41.0	ns	23.1	52.8	*
Yes	50.6	51.1	ns	56.0	50.9	ns	54.0	41.4	**	56.2	51.3	ns	53.2	43.8	*	56.2	51.2	ns
Watched TV at least once a week																		
No	40.7	41.7	ns	45.0	47.2	ns	54.9	41.4	ns	55.2	54.1	ns	51.4	41.5	ns	52.0	51.7	ns
Yes	57.1	53.2	ns	55.0	53.3	ns	53.0	41.3	*	54.7	50.3	ns	54.1	44.5	*	54.8	51.2	ns
Both parents have secondary/higher education																		
No	72.2	46.2	ns	54.5	55.2	ns	65.6	44.7	*	48.2	46.7	ns	67.1	45.1	**	50.0	49.0	ns
Yes	48.1	50.6	ns	50.0	49.5	ns	50.0	40.3	*	56.7	53.4	ns	49.5	43.0	ns	54.9	52.1	ns
Total	52.6	49.6	ns	51.0	50.8	ns	53.6	41.3	**	54.9	51.6	ns	53.3	43.5	**	53.8	51.4	ns
N	**113**			**128**			**312**			**279**			**425**			**407**		

*** p <.001; ** p < .01; * p < .05; ns – not significant
Pertains only to male partners who discussed the number of children with their partner at the time of the interview
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

6 GENDER RELATIONS

Francine E. Wood

Key findings:

- **Control over earnings and household decisions**: Sole decisions by currently married male partners decreased by 10 percentage points over time in the comparison HZs and increased by one percentage point in the intervention HZs. Conversely, joint decision making increased in the comparison HZs from 38% to 44% and decreased slightly in the intervention HZs from 37% to 36%. None of the observed changes were statistically significant. In the overall sample, the only sociodemographic subgroup with a significant increase in joint decision making about the use of the male partner's earnings were those in intervention HZs who had less educated parents (21% at baseline and 49% at endline).
- **Decisions about large household purchases**: In the comparison HZs, joint decisions about large household purchases increased by four percentage points to 41% and in the intervention HZs, the percentage decreased from 42% to 37%. These differences over time within each study arm were not significant. When the data were disaggregated by age group, at endline, a larger percentage of older male partners in the intervention HZs had participated in joint decisions about large household purchases compared to their younger counterparts (38% versus 30%, p=0.49) and in the comparison HZs the reverse was observed.
- **Decisions about the male partner's healthcare**: Over seven in ten male partners made decisions about the male partner's own healthcare alone irrespective of age group and study arm. Sole decision making by the male partner was higher in the comparison HZs than in the intervention HZs, and the reverse was observed for joint decision making. Age-disaggregated analysis revealed that older male partners participated in more decisions compared to their younger counterparts in both study arms.
- **Maternal and neonatal health decisions**: Joint decision making about maternal and neonatal health decisions was low, and the average number of joint decisions decreased over time. Those in the comparison HZs participated jointly in about 2.23 decisions at baseline and in 2.01 decisions at endline, while in the intervention HZs, joint decision making reduced by 0.31 points from 2.29 decisions to 1.98 decisions. Male partner-dominated decision making was more common for issues related to when to start seeking ANC, when and where to seek care and treatment for danger signs for the mother and/or newborn, and how long to wait after childbirth before attempting another pregnancy. Among male partners in the comparison HZs, the pattern of decision making changed significantly over time for all but two decisions examined, but the prevalence of joint decision making did not increase. A similar pattern of change was observed in the intervention HZs. On average, older male partners participated in more joint decisions than younger male partners.
- **Parental Competency**: Male partners' strong agreement/agreement with the statements in the parental sense of competency scale varied and ranged from seven percent to 95% in the total population. Over nine in ten male partners strongly agreed/agreed with the statement "I would make a fine model for a new father to follow in order to learn what he would need to know in order to be a good parent" and under 13% of male partners strongly agreed/agreed with the statement "I do not really know how to be a parent and that does not interest me." Parental efficacy levels were similar in both study arms, however parental satisfaction was higher in the comparison HZs.
- **Gender-equitable attitudes**

- **Equity subscale**: The variation in the average equity score over the study period was not significant in both study arms and across all age groups. At endline, the equity scores were slightly lower in the intervention HZs than in the comparison HZs, but this variation was not significant. Over three in five male partners had high equitable attitude at endline and this was a significant increase from baseline estimates in both study arms. More older male partners had high equity compared to younger male partners and among the older male partner high equity increased significantly over time in both study arms.
- **Gender equity men's (GEM) scale**: Support for gender equity was low and varied significantly over time. In the comparison HZs, the average GEM score of male partners age 15 and older decreased by 0.3 points from 4.0, while in the intervention HZs, the average score increased by 0.3 points from 3.5. At endline, the male partners had similar levels of gender equity and the health zone difference in the endline estimates were not statistically significant. Also, as expected, older male partners had significantly higher support for gender equity compared to the younger male partners, regardless of the study arm and survey round. About half of male partners age 15 and older had high support for gender equity at endline.

- **Personal agency**: Over the study period, the level of perceived power/personal agency in the relationship declined. Male partners in the comparison HZs average power score decreased by 0.4 points and in the intervention HZs by 0.3 points. At endline, over two thirds of male partners age 15 and older had high perceived power and this increased significantly over time by 12 percentage points in the comparison HZs and by 18 percentage points in the intervention HZs.
- **Involvement in maternal health**
  - **ANC**: Presence at ANC was low, with a quarter and a third of male partners being present for at least one ANC visit at endline in the comparison HZs and intervention HZs, respectively. Male partners' presence at ANC increased in both study arms, although the increase was greater in the intervention HZs compared to the comparison HZs. For both younger and older male partners, presence during ANC visits and involvement in specific ANC components was higher in the intervention HZs than in the comparison HZs at endline. Overall, over half of male partners participated in at least one ANC component, with participation rates ranging from 33% to 71% in the comparison HZs and from 40% to 81% in the intervention HZs.
  - **Birth planning**: Participation in birth planning increased over the survey period in both study arms and the increase over time was higher in the intervention HZs. In the comparison HZs, the average number of birth planning activities undertaken by male partners increased by 0.5 points between survey rounds while in the intervention HZs, it increased by 1.6 points. Most male partners saved money for emergencies in both study arms, survey rounds, and age groups. The least common component of birth planning was arranging for a blood donor, about five percent to 13%.
  - **Childbirth/pregnancy loss**: Less than half of the male partners were present at childbirth/pregnancy loss across age groups and study arms, and male partner presence was significantly higher in the intervention HZs than in the comparison HZs as expected.
  - **Involvement in routine childcare activities**: On average, male partners participated a great deal in about six routine child activities, regardless of study arm. Participation was greater overall for activities pertaining to interactions with the baby (e.g., playing with the baby) and low for activities pertaining to household tasks and caretaking (e.g., cleaning the house). Male partners who were never married participated in the least number of activities while those living in medium-wealth households and those who did not have two parents with secondary/higher education participated in the highest number of activities. For most routine childcare activities, older male partners had greater participation rates than younger male partners.

- **Beliefs about paternal involvement**: At endline, only a third of male partners believed that involvement in ten or more routine childcare activities were extremely appropriate. At endline, male partners in both study arms believed that the community would find an average of one activity extremely appropriate for fathers. This was a significant decline from the baseline estimates in both study arms and age groups.

- **Perceived norms about paternal involvement**
  - **Descriptive norms**: In the endline survey, under a quarter of male partners believed that most fathers perform routine childcare activities. This was a significant decrease from the baseline estimates in the comparison HZs and a non-significant increase in the intervention HZs. Age differentials within each study arm were not significant, irrespective of survey round.
  - **Normative referents**: The most important two referents for decisions about male involvement in routine childcare in both survey periods and study arms were the male partner's mother and the FTM. Age group analyses revealed that the mother was more important for the older male partners than their younger counterparts.
  - **Injunctive norms**: Over four in five male partners in the comparison HZs (84%) and 76% of male partners in the intervention HZs believed that most referents would approve of their participation in routine childcare activities, and the absolute change over time was larger in the comparison HZs than in the intervention HZs (13 percentage points versus one percentage point).
  - **Motivation to Comply**: Male partners' motivation to comply with most referents was low; fewer than 10% were motivated to comply with most referents. The low rates were observed among both younger and older male partners.
  - **Normative expectations**: Over a third of male partners strongly agreed that most people who are important to them think they ought to perform routine childcare activities and more male partners in the intervention HZs than the comparison HZs strongly agreed with this statement at endline. These normative expectations improved in the intervention HZs only.
- **Autonomy regarding paternal involvement**: At endline, over three-fourths of male partners stated they would perform routine childcare activities (such as, changing the diapers, bathing the bay, washing the baby's clothes, taking the baby to the doctor, etc.) for their infant despite opposition from most people who were important to them." Improvements in autonomy regarding paternal involvement in routine childcare activities were noted in comparison HZs but not in intervention HZs. Older male partners in the intervention HZs were more autonomous than their counterparts in the comparison HZs, but among younger partners, autonomy regarding paternal involvement in routine childcare was similar in both study arms. Differentials by study arm and survey round were not statistically significant.

Gender norms are social constructs or principles that determine the roles, duties, responsibilities, rights, opportunities of people based on what sex they are (Wood et al., 2019). Over the years, studies have highlighted societal messaging and unequal gender norms can encourage or restrict the behaviors of men and women. They found that the perception that certain activities, such as pregnancy and childcare, are a woman's domain can limit a man's desire to be involved or his actual involvement in these domains (Aarnio et al., 2009; Byamugisha et al., 2011; Ditekemena et al., 2011, 2012; Nyondo et al., 2015). As a result of the inequitable gender norms, differences in social position, power, access to resources, and health-related behaviors are created between men and women. Understanding the attitudes, perceived norms in the community and the current level of involvement is vital to fully combat the gender inequality and its impact.

This chapter presents information on decision making, attitudes, perceived norms, and behavior among male partners of FTMs age 15-24 at baseline and endline. We also identify the significance of differences

between the baseline and endline surveys within each age group and study arm, as appropriate. The following topics are covered in this chapter:

1) Partner's role in decision making: This section presents data on the male partner's control over his earnings, his involvement in decision making about household matters as well as about his own health, and maternal and neonatal healthcare issues.
2) Gender-equitable attitudes: This section presents data on scales that measure the male partners' equitable attitudes towards gender roles.
3) Personal agency: This was measured using the power subscale of the Gender Relations Scale.
4) Self-efficacy: Data are presented on a male partner's belief in his ability or degree of confidence to perform various activities.
5) Involvement in maternal health and newborn care: This section present data on the actual involvement of male partners in pregnancy-related and routine childcare activities.
6) Beliefs about paternal involvement: These were captured by measuring the male partner's personal and perceived community belief regarding the appropriateness of paternal involvement in routine childcare activities.
7) Perceived norms about paternal involvement: These norms can determine a male partner's decision to participate or not participate in routine childcare activities. We present data on:
    a. Descriptive norms: Perceptions about what other fathers are doing when it comes to paternal involvement in routine childcare activities.
    b. Injunctive norms: Belief about key influencers' approval of paternal involvement and the male partner's motivation to comply with what he believes they think he should do.
    c. Normative expectations: Belief that that key influencers think they ought to perform routine childcare activities.
8) Personal agency regarding paternal involvement: This measures the male partners' defiance of their key influencers, specifically, if they would be involved in routine childcare activities against the wishes of the people who were most important to them.

6.1 Partner's Role in Decision Making

Male partners' decision making autonomy was assessed by collecting information on their control of their cash earnings, and their participation in decisions about household matters, their own health, and maternal and neonatal healthcare issues.

6.1.1 Control over male partner's earnings and household decisions

Male partners who were currently married or living together with the FTM and earned cash in the past 12 months before the survey were asked who the main decision maker was for use of their earnings and large household purchases. Their responses are presented by survey round and study arm in Table 6.1. We only show data for the overall sample due to small number of male partners who were currently married/living together and earned cash in the 15-24 age group (comparison HZs: 17 and intervention HZs: 20).

The percentage of male partner age 15 and older who made sole decisions about the use of their cash earnings decreased from 50% to 40% over the survey period in the comparison HZs and increased by one percentage point, from 50% to 51% in the intervention HZs. Decisions made solely by the FTMs increased slightly in the comparison HZs (by four percentage points) and decreased slightly in the intervention HZs (by one percentage point). Joint decision making in the use of the male partner's cash earnings followed a similar

pattern. It increased in the comparison HZs from 38% to 44% and decreased in the intervention HZs from 37% to 36%. None of these changes observed were significant over time in any of the study arms.

In the comparison HZs, 37% of male partners made decisions about large household purchases jointly with the FTM at baseline and, at endline, this increased by four percentage points to 41%, while in the intervention HZs, the percentage decreased from 42% to 37%. Sole decision making by male partners remain virtually unchanged between survey rounds in the comparison HZs (from 31% at baseline to 32% at endline) and decreased over time in the intervention HZs (by five percentage points, from 35% to 30%). Decision making solely by the FTM decreased slightly by three percentage points in the comparison HZs (from 30% to 27%) and increased by 11 percentage points in the intervention HZs (from 18% to 30%). It's worth noting that the sole decision making at baseline was much lower in the intervention HZs than in the comparison HZs.

Sociodemographic differences in joint (i.e., male partner and the FTM) decision making about use of the male partner's cash earnings and about large household are shown in Table 6.2. It was anticipated the joint decision making would increase in the intervention HZs. However, this was not the case for decisions about the male partner's cash earnings. Among male partners age 15 and older, joint decisions decreased in the intervention HZs by one percentage point (from 37% to 36%) and decreased in the comparison HZs by six percentage points (from 39% to 44%). These changes were not statistically significant. Significant changes in the sociodemographic subgroups were only observed in the intervention HZs among male partners who did not have two parents with a secondary/higher education. Joint decision making for these male partners increased by 27 percentage points from 21% to 49%.

In the total sample, joint decision making about large household purchases was higher at endline in the comparison HZs than in the intervention HZs (41% versus 37%). These differences across study arms were not statistically significant ($p=0.54$, analysis not shown). Sociodemographic subgroup differences in the comparison HZs were not significant and in the intervention HZs, only male partners who watched TV at least once a week (decrease of 14 percentage points) and those who had two parents with secondary/higher education (decrease of 13 percentage points) had significant changes over time.

Table 6.1 Among male partners age 15 and older who are in a relationship (currently married/living together) and earned cash in the 12 months preceding the survey, percent distribution of decision making regarding how the male partner's earnings are used and large household purchases, by survey round, and study arm, Kinshasa

	Total					
	Comparison			Intervention		
	T1	T2	Sig.	T1	T2	Sig.
Person who decides how the male partner's cash earnings are used			ns			ns
Mainly male partners	50.3	39.8		50.0	51.0	
Mainly FTM	11.7	15.7		12.0	11.4	
FTM and male partners jointly	38.0	44.4		37.3	36.2	
Other	0.0	0.0		0.7	1.3	
Person who makes decisions about large household purchases			ns			ns
Mainly male partners	30.7	32.4		34.5	30.2	
Mainly FTM	30.1	26.9		19.7	30.2	
FTM and male partners jointly	36.8	40.7		42.3	36.9	
Other	2.5	0.0		3.5	2.7	
Total	100.0	100.0		100.0	100.0	
N	**163**			**149**		

Pertains only to men who were married or living with their FTMs at the time of the interview and reported working in the past 12 months for cash.
*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.2 Percentage of male partners age 15 and older (currently married/living with FTM) who shared decisions about large household purchases and how the male partners cash earnings are used, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Male partner's cash earnings						Large household purchases					
	Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education												
None/primary/secondary incomplete	31.0	40.7	ns	32.4	34.1	ns	31.0	37.0	ns	35.3	34.1	ns
Secondary complete/higher	40.5	45.7	ns	38.9	37.1	ns	38.8	42.0	ns	44.4	38.1	ns
Household wealth												
Low	23.5	30.0	ns	41.9	28.3	ns	32.4	40.0	ns	46.5	39.1	ns
Medium	49.2	50.0	ns	30.5	34.4	ns	42.9	37.5	ns	37.3	34.4	ns
High	34.8	45.8	ns	42.5	47.6	ns	33.3	43.8	ns	45.0	38.1	ns
Watched TV at least once a week												
No	20.8	28.6	ns	38.6	46.3	ns	29.2	25.0	ns	38.6	50.0	ns
Yes	45.2	50.0	ns	36.7	30.5	ns	40.0	46.3	ns	43.9	29.5	*
Both parents have secondary/higher education												
No	43.2	51.5	ns	21.4	48.7	**	38.6	36.4	ns	31.0	46.2	ns
Yes	36.1	41.3	ns	44.0	31.8	ns	36.1	42.7	ns	47.0	33.6	*
Total	38.0	44.4	ns	37.3	36.2	ns	36.8	40.7	ns	42.3	36.9	ns
N	**163**			**149**			**163**			**149**		

Pertains only to men who were married or living with their FTMs at the time of the interview and reported working in the past 12 months for cash.
*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

6.1.2 Male partner's healthcare

In the endline survey, male partners were asked "Who usually makes decisions about health care for yourself: you, (NAME OF FTM), you and (NAME OF FTM) jointly, or someone else?" Table 6.3 presents the percentage distribution of all male partners in the sample by pattern of decision making about their own health care while Table 6.4 presents the percentage who made joint decisions, by baseline characteristics, age group, survey round, and study arm. Over seven in ten male partners made decisions about their healthcare alone, irrespective of age group and study arm (Table 6.3). Among male partners age 15 and older, sole decision making by the male partner was slightly higher in the comparison HZs than in the intervention HZs (74% versus 71%) while joint decision making was higher in the intervention HZs than in the comparison HZs (21% versus 17%). Less than seven percent of male partners reported that their health care decisions were made by the FTM. A similar pattern was observed for the older and younger age groups; however, none of these variations by study arm were statistically significant in any age group or sociodemographic subgroups. In both study arms, joint decision making was highest for those who were living in the wealthiest households, were ever married, and watched TV at least once a week (Table 6.4).

Older male partners participated in more decisions compared to their younger counterparts. In the comparison HZs, 19% of male partners age 25 and older made decisions jointly compared to 13% of male partners age 15-24 (p=0.041). In the intervention HZs, 22% of older male partners made joint decisions compared to 18% of younger male partners (p=0.285). The largest absolute changes over time were seem among the following age groups: male partners age 15-24 living in the wealthiest households (increase of 18 percentage points, from 11% to 29%), male partners age 25 and older who did not work in the last year (increase of 18 percentage points, from 15% to 33%) and male partners age 15 and older who did not work in the last year (increase of 12 percentage points, from 15% to 27%). Among male partners age 15-24, significant variation was observed across study arms for those who completed secondary school or attained higher levels of education (comparison HZs: 10%; intervention HZs: 21%) and those from the wealthiest households (comparison HZs: 11%; intervention HZs: 29%). For all other sociodemographic subgroups in both study arms, differences over time were not statistically significant.

6.1.3 Maternal and neonatal healthcare decisions

In both rounds of the survey, we assessed the male partner's involvement in maternal and neonatal healthcare decisions by asking him if each of the following issues was mainly his decision, mainly the FTM's decision, someone else's decision, or if he and the FTM decided together:

- When to start seeking ANC for the pregnancy?
- The number of ANC visits to make?
- Where to deliver the baby?
- How soon to start breastfeeding newborn?
- Whether to practice exclusive breastfeeding?
- How to take care of baby's umbilical cord?
- When to seek care and treatment for danger signs of the mother or newborn?
- Where to seek care and treatment for danger signs of the mother or newborn?
- How long to wait after childbirth before attempting another pregnancy?

The average number of maternal and neonatal healthcare joint decisions are shown in Figure 6.1 and the percent distribution of male partners according to the main decision maker for specific maternal and neonatal healthcare matters are shown in Table 6.5.

Table 6.3 Percent distribution of male partners age 15 and older by person who made decisions about the male partner's healthcare by age group and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Decisions	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Person who makes decisions about male partner's healthcare			ns			ns			ns
Mainly male partner	75.1	71.2		73.4	70.6		73.9	70.8	
Mainly FTM	4.1	4.4		5.3	5.6		4.9	5.2	
FTM and male partner jointly	12.7	18.0		19.3	21.8		17.3	20.5	
Other	8.1	6.3		2.0	2.0		3.9	3.5	
Total	100.0	100.0		100.0	100.0		100.0	100.0	
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.4 Percentage of male partners age 15 and older who made joint decisions about the male partner's healthcare, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	15.4	13.3	ns	19.2	21.8	ns	17.6	17.9	ns
Secondary complete/higher	10.4	21.3	*	19.3	21.8	ns	17.1	21.6	ns
Never married									
No	12.9	17.6	ns	19.2	22.9	ns	17.4	21.2	ns
Yes	11.9	20.0	ns	20.0	13.3	ns	16.3	16.3	ns
Household wealth									
Low	12.5	14.4	ns	17.3	25.0	ns	15.5	20.4	ns
Medium	14.1	16.7	ns	18.6	17.2	ns	17.3	17.1	ns
High	10.9	28.6	*	21.3	24.1	ns	18.7	25.3	ns
Worked last year									
No	16.1	22.5	ns	14.7	33.3	ns	15.4	26.6	ns
Yes	12.0	17.0	ns	19.7	21.0	ns	17.5	19.8	ns
Watched TV at least once a week									
No	14.1	18.6	ns	14.1	18.4	ns	14.1	18.5	ns
Yes	12.0	17.6	ns	21.9	23.6	ns	18.9	21.7	ns
Both parents have secondary/higher education									
No	13.2	25.6	ns	17.9	25.0	ns	16.8	25.2	ns
Yes	12.6	16.0	ns	19.8	20.7	ns	17.5	19.0	ns
Total	12.7	18.0	ns	19.3	21.8	ns	17.3	20.5	ns
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Male partners were the main decision makers for issues related to when to start seeking ANC, when and where to seek care and treatment for danger signs for the mother and/or newborn and how long to wait after childbirth before attempting another pregnancy (Table 6.5). This was observed across both age groups, study arms, and survey round. For instance, in the comparison HZs, 40% of male partners age 15 and older reported that decisions about when to start seeking ANC were mainly made them at baseline and by endline, 45% reported that they made these decisions. For those in the intervention HZs, a slightly higher proportion of male partners were the main decision makers about when to start ANC (48% in both survey rounds). Across survey rounds, study arms and age groups, decisions about when to start breastfeeding and whether to practice exclusive breastfeeding were mainly made by the FTM, while decisions regarding the number of ANC visits and the caring of the baby's umbilical cord were mainly made by others.

There was a significant change in the pattern of decision making in the comparison HZs for all but two of those decisions ($p>0.05$ for decisions about when and where to seek treatment for danger signs), while in the intervention HZs, the decision-making pattern differed significantly over time for all but one decision ($p>0.05$ for decisions about the wait time before attempting another pregnancy). The largest absolute change in the comparison HZs was seen for decisions by others regarding whether to practice exclusive breastfeeding (13 percentage point increase). For this decision, at endline, 28% of male partners reported that they relied on others' decisions to decide on whether to practice exclusive breastfeeding while at baseline only 15% relied on others. In the intervention HZs, the largest absolute change was observed for decisions made by others regarding the number of ANC visits (16 percentage points). More male partners reported that decisions about the number of ANC visits were made by themselves or the FTM, thus the reliance on others to make decisions reduced from 52% at baseline to 36% at endline.

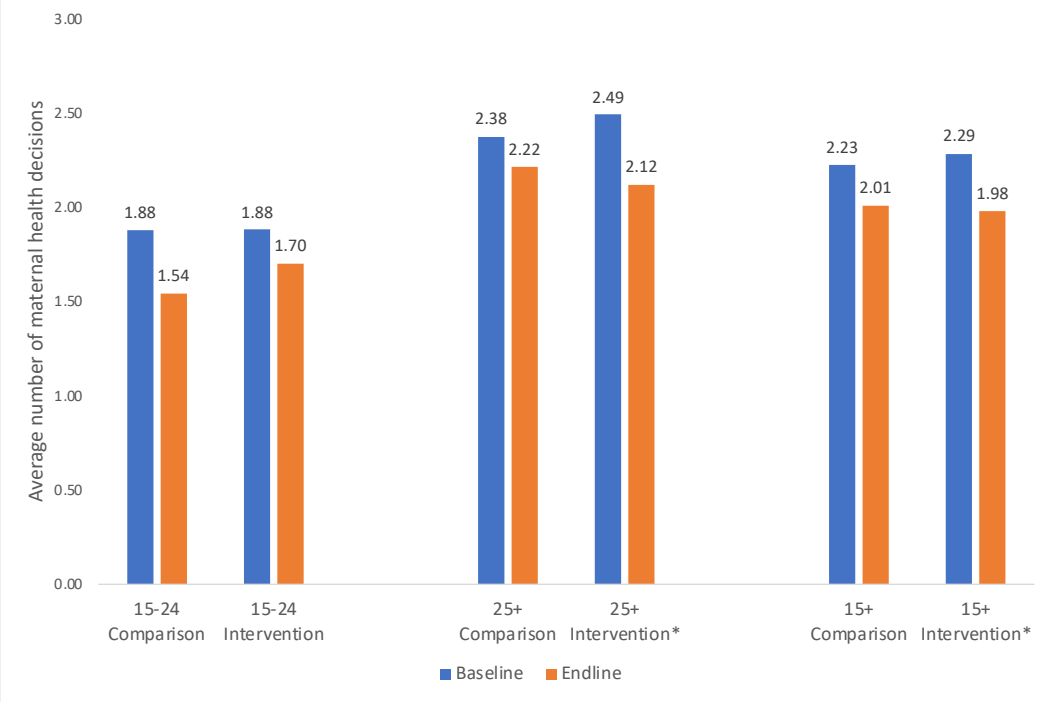
Among younger male partners in the comparison HZs, the pattern of decision making differed significantly over time for the number of ANC visits and whether to practice exclusive breastfeeding. More male partners reported that the FTM was the main decision maker for the number of ANC visits in the endline survey than in the baseline survey (24% versus 14%) and more reported that the decision pertaining to exclusive breastfeeding was made mainly by others at endline than at baseline (35% versus 19%). In the intervention HZs, sole decision making by the FTM significantly increased over time for decisions about when to start seeking ANC (from 14% to 22%), the number of ANC visits (from 11% to 19%), and when to seek care and treatment for danger signs (from 5% to 11%).

Among male partners age 25 and older in the comparison HZs, the distribution of three decisions (when to initiate ANC, whether to practice exclusive breastfeeding, and the wait time before attempting another pregnancy) varied significantly over time. For example, male dominance of decisions as to how long to wait before attempting another pregnancy decreased from 57% to 49%, sole decision making by FTMs decreased as well from 8% to 4%, and joint decision making increased by 12 percentage points from 35% to 47%. In the intervention HZs, the percent distribution of six out of the nine decisions differed significantly over time. These decisions included the number of ANC visits, where to deliver the baby, how soon to start breastfeeding, whether to practice exclusive breastfeeding, how to care for the umbilical cord, and when to seek care and treatment for danger signs.

The average number of joint decisions among male partners age 15 and older decreased over time in both study arms, but the decrease was significant in only the intervention HZs (Figure 6.1). In the comparison HZs, male partners participated jointly in about 2.23 decisions and at endline they participated in 2.01 decisions, while in the intervention HZs, their participation reduced by 0.31 points from 2.29 decisions to 1.98 decisions. Although joint decision making reduced over time in both study arms for both age groups, older male partners participated in more joint decisions compared to their counterparts. In the comparison HZs, the mean number of joint decisions was higher among older male partners than among their younger counterparts (baseline: 2.38 decisions versus 1.88 decisions; endline (2.22 decisions versus 1.54 decisions). Similarly, in the intervention

HZs, joint decision making was higher among older male partners than among younger male partners at both study periods (baseline: 2.49 decisions versus 1.88 decisions; endline: 2.12 decisions versus 1.70 decisions).

Figure 6.1 Average number of maternal and neonatal health care joint decisions that male partners age 15 and older participated in, by age group, survey round, and study arm, Kinshasa



Decisions in similar types of health-related topics were grouped and examined to gain a better insight to joint decision making. Three groups—ANC and delivery decisions, breastfeeding decisions, and post-delivery decisions—were constructed and the findings are presented in Tables 6.6, 6.7 and 6.8, respectively as well as Figures 6.2, 6.3 and 6.4. The first group, ANC and delivery decisions, comprised of three decisions: when to initiate ANC, the number of ANC visits and where to deliver the baby. Joint decision making in ANC and delivery decisions was low with male partners participating in an average of 1 decision (Table 6.5). The average number of joint decisions decreased over time in the comparison HZs (by 0.16 points from 0.67 decisions to 0.51 decisions) and intervention HZs (by 0.05 points from 0.63 decisions to 0.58 decisions), but the decline was significant in only the comparison HZs. At endline, male partners in the intervention HZs made slightly more decisions than those in the comparison HZs.

Table 6.5 Percent distribution of male partners age 15 and older by person who usually made decisions about various issues, by type of decision, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Maternal Health Decisions	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
When to start seeking ANC			ns			*			*			ns			*			**
Mainly male partner	40.1	42.6		45.4	47.8		39.2	46.3		49.4	48.4		39.5	45.2		48.0	48.2	
Mainly FTM	17.8	20.8		13.7	22.0		22.2	22.8		12.9	18.7		20.8	22.2		13.2	19.8	
FTM and male partner jointly	22.3	15.7		20.0	19.5		30.4	22.4		26.3	25.1		27.9	20.4		24.2	23.2	
Other	19.8	20.8		21.0	10.7		8.2	8.4		11.4	7.8		11.7	12.2		14.7	8.8	
Number of ANC visits			*			*			ns			***			*			***
Mainly male partner	22.8	16.2		24.4	23.4		21.7	20.4		20.8	28.6		22.1	19.1		22.0	26.8	
Mainly FTM	13.7	24.4		10.7	19.0		16.0	20.2		9.1	20.5		15.3	21.5		9.7	20.0	
FTM and male partner jointly	14.7	12.2		13.2	17.6		18.8	16.9		18.5	17.2		17.6	15.4		16.7	17.3	
Other	48.7	47.2		51.7	40.0		43.5	42.6		51.6	33.7		45.1	44.0		51.7	35.8	
Where to deliver the baby			ns			ns			ns			*			*			*
Mainly male partner	29.9	24.9		36.1	41.0		34.6	36.8		41.0	42.3		33.2	33.2		39.3	41.8	
Mainly FTM	34.0	36.0		25.9	27.3		31.9	36.4		22.5	29.9		32.6	36.3		23.7	29.0	
FTM and male partner jointly	15.7	10.2		15.6	15.1		23.7	17.3		25.3	19.0		21.3	15.1		22.0	17.7	
Other	20.3	28.9		22.4	16.6		9.8	9.5		11.1	8.9		13.0	15.4		15.0	11.5	**
How soon to start BF			ns			ns			ns			**			*			
Mainly male partner	14.7	9.6		14.6	12.7		16.2	11.8		16.7	19.0		15.7	11.1		16.0	16.8	
Mainly FTM	52.8	55.3		54.1	50.7		47.2	51.4		48.9	48.1		48.9	52.6		50.7	49.0	
FTM and male partner jointly	15.7	10.2		13.7	13.7		22.4	20.4		24.8	15.7		20.4	17.3		21.0	15.0	
Other	16.8	24.9		17.6	22.9		14.2	16.4		9.6	17.2		15.0	19.0		12.3	19.2	
Whether to practice EBF			**			ns			***			***			***			***
Mainly male partner	19.8	9.6		17.6	16.1		20.8	15.7		17.0	20.0		20.5	13.9		17.2	18.7	
Mainly FTM	43.1	38.6		42.0	37.6		42.8	36.8		40.3	33.7		42.9	37.3		40.8	35.0	
FTM and male partner jointly	18.3	17.3		20.5	17.1		23.1	22.2		29.6	20.0		21.6	20.7		26.5	19.0	
Other	18.8	34.5		20.0	29.3		13.3	25.3		13.2	26.3		15.0	28.1		15.5	27.3	
Caring of umbilical cord [a]			ns			ns			ns			***			*			***
Mainly male partner	9.6	7.6		18.5	12.7		7.3	10.0		21.8	11.6		8.0	9.3		20.7	12.0	
Mainly FTM	19.3	14.7		16.1	17.6		22.4	24.2		12.2	21.5		21.5	21.3		13.5	20.2	
FTM and male partner jointly	18.3	11.7		16.6	11.7		18.8	12.9		21.5	12.9		18.7	12.5		19.8	12.5	
Other	52.8	66.0		48.8	58.0		51.4	53.0		44.6	53.9		51.9	56.9		46.0	55.3	
When to seek care and treatment for DS [b]			ns			*			ns			*			ns			**
Mainly male partner	50.8	51.3		52.7	55.6		44.3	47.9		57.0	52.9		46.3	48.9		55.5	53.8	
Mainly FTM	7.6	12.2		4.9	11.7		12.2	9.1		3.3	8.1		10.8	10.0		3.8	9.3	
FTM and male partner jointly	29.9	21.8		31.2	22.4		33.9	32.4		32.2	30.9		32.7	29.2		31.8	28.0	
Other	11.7	14.7		11.2	10.2		9.5	10.6		7.6	8.1		10.2	11.9		8.8	8.8	
Where to seek care and treatment for DS [b]			ns			ns			ns			ns			ns			*
Mainly male partner	50.8	45.2		53.7	57.1		47.2	51.0		59.7	58.2		48.3	49.2		57.7	57.8	
Mainly FTM	13.7	16.2		9.8	13.7		14.2	10.9		5.8	9.9		14.0	12.5		7.2	11.2	
FTM and male partner jointly	25.9	20.3		26.3	16.6		31.5	29.9		29.4	26.3		29.8	27.0		28.3	23.0	
Other	9.6	18.3		10.2	12.7		7.1	8.2		5.1	5.6		7.9	11.3		6.8	8.0	

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Maternal Health Decisions	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Wait time before another pregnancy [c]			ns			ns			**			ns			***			ns
Mainly male partner	62.9	59.9		62.4	58.5		56.8	48.6		54.9	50.1		58.6	52.0		57.5	53.0	
Mainly FTM	7.6	3.6		4.9	3.9		7.5	3.5		2.0	4.1		7.6	3.5		3.0	4.0	
FTM and male partner jointly	26.9	35.0		31.2	36.6		35.0	47.2		41.8	45.1		32.6	43.5		38.2	42.2	
Other	2.5	1.5		1.5	1.0		0.7	0.7		1.3	0.8		1.2	0.9		1.3	0.8	
Total	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
Average number of joint decisions (SD)																		
ANC and delivery (range 0 - 3)	0.53 (0.89)	0.38 (0.81)	ns	0.48 (0.89)	0.52 (0.96)	ns	0.73 (1.03)	0.57 (0.93)	*	0.70 (1.07)	0.61 (0.95)	ns	0.67 (0.99)	0.51 (0.90)	**	0.63 (1.02)	0.58 (0.954)	ns
Breastfeeding (range 0 - 2)	0.34 (0.67)	0.27 (0.62)	ns	0.34 (0.65)	0.31 (0.62)	ns	0.45 (0.77)	0.43 (0.73)	ns	0.54 (0.83)	0.36 (0.67)	***	0.42 (0.74)	.38 (0.70)	ns	0.48 (0.78)	0.34 (0.66)	**
Post-delivery/postpartum (range 0 - 4)	1.01 (1.23)	0.89 (1.21)	ns	1.05 (1.30)	0.87 (1.10)	ns	1.19 (1.32)	1.22 (1.24)	ns	1.25 (1.34)	1.15 (1.20)	ns	1.14 (1.29)	1.12 (1.24)	ns	1.18 (1.33)	1.06 (1.17)	ns
All decisions (range 0 - 9)	1.88 (2.33)	1.54 (2.17)	ns	1.88 (2.32)	1.70 (2.24)	ns	2.38 (2.60)	2.22 (2.33)	ns	2.49 (2.72)	2.12 (2.28)	*	2.23 (2.53)	2.01 (2.30)	ns	2.29 (2.61)	1.98 (2.27)	*
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

a: How to take care of baby's umbilical cord; b: Seeking care and treatment for danger signs for the mother and newborn; c: Wait time after childbirth before attempting another pregnancy

ANC – antenatal care; BF- breastfeeding; EBF- exclusive breastfeeding; FTM – first-time mother

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

As shown in Figure 6.2, less than 11 percent of male partners age 15 and older participated in all three ANC and delivery decisions together with the FTM and joint decisions decreased over time. One in ten men in the comparison HZs made decisions jointly with their partner at baseline and this decreased significantly by three percentage points to seven percent at endline. In the intervention HZs, there was a non-significant decline by two percentage points from 11% to nine percent. When disaggregated by age, under 10 percent of male partners age 15-24 made all decisions jointly, and this level of joint decision making was higher in the intervention HZs than in the comparison HZs. For those in the comparison HZs, participation in joint decisions decreased slightly over time by one percentage point (from six percent to five percent), while in the intervention HZs, joint decisions increased by two percentage points from seven percent to nine percent. Joint decision making was slightly higher among the older male partners and decreased significantly over time in both study arms. In the comparison HZs, 11% of male partners age 25 and older made all ANC and delivery decisions together with their partner at baseline but by endline, only seven percent reported that they made joint decisions. Similarly, in the intervention HZs, the prevalence of joint decision making decreased by five percentage points from 13% to eight percent.

Figure 6.2 Percentage of male partners age 15 and older who participated in all ANC and delivery decisions, by age group, survey round, and study arm, Kinshasa

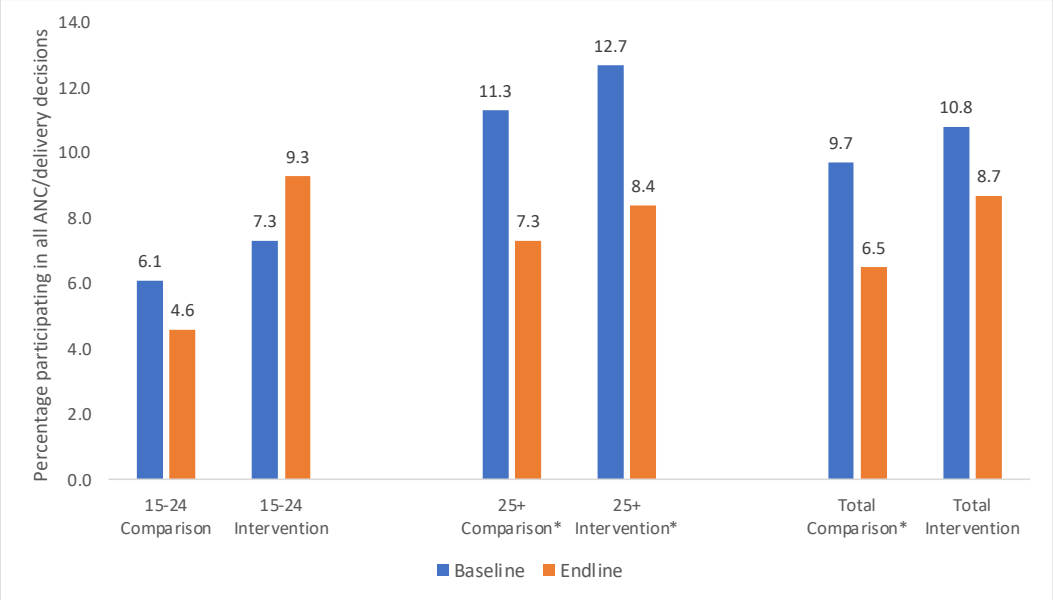


Table 6.6 shows the percentage of male partners who participated in at least one ANC and delivery decision, by baseline characteristics, age group, survey round, and study arm. At endline, three in ten male partners age 15 and older in the comparison HZs and about a third in the intervention HZs participated in at least one ANC and delivery decision. This was a significant decrease from baseline estimates in the comparison HZs (from 38% to 30%) and no change occurred in the intervention HZs (34% in both surveys). Among male partners age 15-24, participation in at least one decision significantly decreased in the comparison HZs (from 32% to 22%) and no significant change was seen in the intervention HZs (decrease by one percentage point, from 29% to 28%). Older men in both surveys participated in more decisions than their younger counterparts. As with the younger male partners, participation in at least one decision decreased in the comparison HZs (from 41% to 33%) and did not change in the intervention HZs (37% in both surveys). Significant sociodemographic subgroup changes over time were observed in the comparison HZs in both age groups as

well as the total population, while in the intervention HZs, none of the subgroup changes were significant. For instance, significant declines were seen for male partners age 15-24 who were more educated male partners, those with medium household wealth, had worked last year and had two parents with secondary/higher education.

Breastfeeding decisions included how soon to start breastfeeding the newborn and whether to practice exclusive breastfeeding. Male partner participation in joint decisions about breastfeeding was even lower than their participation in ANC and delivery decisions, and their participation declined over time in both study arms and across age groups (Table 6.5). In the total population, the decline in the average number of joint breastfeeding decisions was larger in the intervention HZs (by 0.14 points from 0.48 decisions to 0.34 decisions) than the comparison HZs (by 0.02 points from 0.42 decisions to 0.38 decisions), and the change was significant in the intervention HZs. Older male partners also participated in more breastfeeding decisions compared to their younger peers in both surveys.

The rate of joint participation in all breastfeeding decisions also reduced over time in both study arms and across all age groups (Figure 6.3). At endline, joint decision-making rates reduced by two percentage points from 15% to 13% in the comparison HZs; in the intervention HZs, the decline was significant and larger (eight percentage points from 18% to 10%). Older male partners had higher joint decision-making rates than their younger counterparts, as well as larger declines in the percentage who made both breastfeeding decisions jointly with the FTM. For example, in the intervention HZs, 22% of male partners age 25 and older in the participated in breastfeeding decisions with their partner at baseline, but at endline, the prevalence was half as high (11%). Regardless of study arm, the prevalence of joint decisions about breastfeeding remained about the same across surveys in intervention HZs (10% at baseline versus 9% at endline). Non-significant changes in joint decision making about breastfeeding were observed in the comparison HZs, regardless of age group.

Figure 6.3 Percentage of male partners age 15 and older who participated in all breastfeeding decisions, by age group, survey round, and study arm, Kinshasa

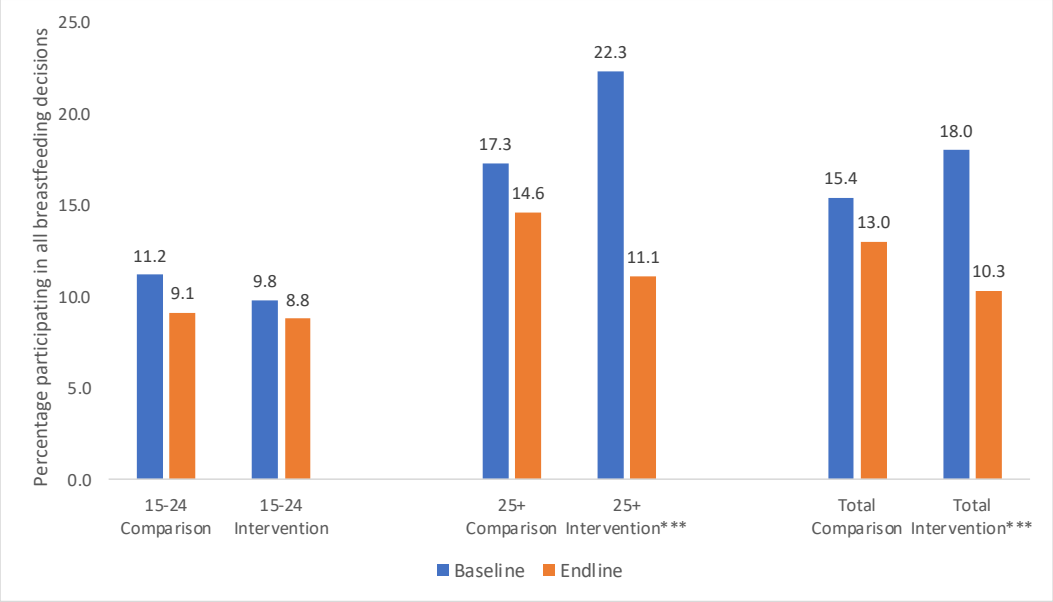


Table 6.6 Percentage of male partners age 15 and older who participated in at least one antenatal care and delivery decision, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	33.0	25.3	ns	28.9	19.3	ns	35.2	27.2	ns	37.6	31.7	ns	34.3	26.4	ns	33.7	26.1	ns
Secondary complete/higher	31.1	18.9	*	28.7	33.6	ns	43.3	35.6	*	36.1	38.1	ns	40.3	31.5	**	33.9	36.8	ns
Never married																		
No	30.3	21.9	ns	28.8	27.6	ns	40.1	34.7	ns	36.9	39.1	ns	37.4	31.1	*	34.2	35.4	ns
Yes	38.1	21.4	ns	28.6	28.6	ns	48.0	22.0	**	33.3	15.6	ns	43.5	21.7	**	31.2	21.2	ns
Household wealth																		
Low	34.4	23.4	ns	32.0	21.6	ns	33.6	30.0	ns	34.4	36.7	ns	33.9	27.6	ns	33.3	30.2	ns
Medium	35.9	19.2	*	25.8	36.4	ns	40.1	36.2	ns	36.4	35.8	ns	38.8	31.0	ns	33.2	35.9	ns
High	23.6	23.6	ns	26.2	28.6	ns	47.0	32.3	**	38.8	37.1	ns	41.1	30.1	*	35.4	34.8	ns
Worked last year																		
No	19.4	12.9	ns	30.0	37.5	ns	38.2	35.3	ns	37.5	45.8	ns	29.2	24.6	ns	32.8	40.6	ns
Yes	34.3	23.5	*	28.5	25.5	ns	41.2	33.1	*	36.4	35.8	ns	39.3	30.4	**	34.0	32.6	ns
Watched TV at least once a week																		
No	31.2	20.3	ns	23.3	20.9	ns	37.6	31.5	ns	33.8	36.8	ns	35.7	28.2	ns	29.7	30.6	ns
Yes	32.3	22.6	ns	32.8	32.8	ns	42.7	34.1	*	37.8	36.3	ns	39.5	30.6	**	36.2	35.2	ns
Both parents have secondary/higher education																		
No	36.8	36.8	ns	39.5	34.9	ns	43.9	31.7	*	32.0	39.0	ns	42.2	32.9	ns	34.3	37.8	ns
Yes	30.8	18.2	**	25.9	25.9	ns	39.9	33.8	ns	38.0	35.6	ns	37.0	28.7	**	33.7	32.2	ns
Total	32.0	21.8	*	28.8	27.8	ns	41.0	33.3	*	36.5	36.5	ns	38.3	29.8	**	33.8	33.5	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.7 shows differences between surveys in the percentage of male partners age 15 and older who made at least one breastfeeding decision jointly with the FTM. Overall, one in four male partners age 15 and older participated in at least one breastfeeding decision with their partner at endline (comparison HZs: 25%; intervention HZs: 24%). This was a significant decrease of 6 percentage points from the baseline values in the intervention HZs and a non-significant decrease of 2% in the comparison HZs. With regards to the sociodemographic subgroup analysis, none of the changes over time were significant in the comparison HZs. In the intervention HZs, significant changes over time in joint decision making about breastfeeding were seen among male partners who were ever married, living in medium-wealth households, employed last year, exposed to TV at least once a week, and who had two parents with secondary/higher education.

At endline, 28% of male partners age 25 and older in comparison HZs participated in making at least one breastfeeding decision jointly with the FTM compared to 18% of younger male partners. In the intervention HZs, 25% of older male partners compared to 22% of their younger counterparts participated in joint decisions about breastfeeding. In both age groups, there was a decrease in joint decision making about breastfeeding over time, and the decrease was significant only among older male partners in the intervention HZs. In the latter group of male partners, significant changes over time were observed in six sociodemographic subgroups.

The last group of decisions pertained to the postpartum/postnatal period and included: 1) caring for the umbilical cord, (2) wait time before another pregnancy; (3) and where and (4) when to seek and treatment for dangers signs for the mother and newborn. The prevalence of joint decision making was higher for post-delivery/postnatal decisions than for ANC/delivery and breastfeeding decisions. On average, male partners participated in one postpartum/postnatal decision regardless of the study arm and survey round, and participation in post-delivery decisions was higher among those in the comparison HZs than among those in intervention HZs. At endline, male partners age 15 and older participated in 1.12 decisions in the comparison HZ and 1.06 decisions in the intervention HZs. Male partners age 15-24 participated in an average of 0.89 decisions and 0.87 decisions in the comparison and intervention HZs, respectively, and older male partners participated in more joint postpartum/postnatal decisions (comparison HZs: 1.22 decisions; intervention HZs: 1.15 decisions). For both age groups and both study arms, baseline estimates of the average number of decisions were higher than the endline estimates; however, none of these changes over time were significant.

Joint decision making for all post-delivery/postnatal decisions was low – less than 12% and participation decreased over the study period in both age groups and the total population (Figure 6.4). Participation was higher in the comparison HZs than the intervention HZs at endline, regardless of age group. For instance, among male partners age 25 and older, seven percent in the comparison HZs and five percent in the intervention HZs participated in all decisions together with their partner.

Figure 6.4 Percentage of male partners age 15 and older who participated in all post-delivery and postnatal decisions, by age group, survey round, and study arm, Kinshasa

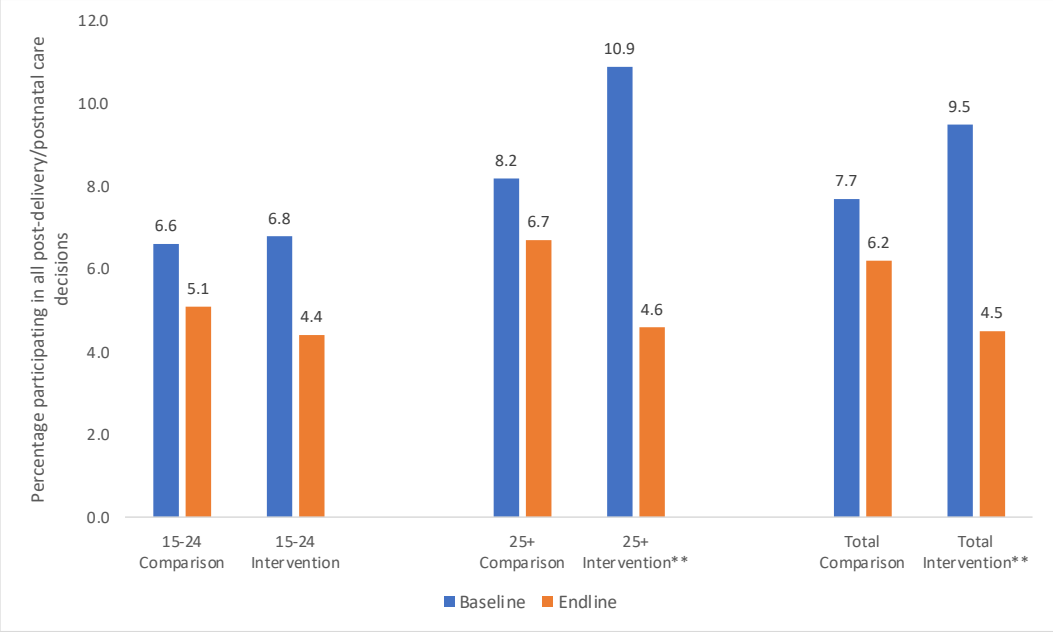

Percentage participating in all post-delivery/postnatal care decisions
12.0
10.0
8.0
6.0
4.0
2.0
0.0
6.6
5.1
6.8
4.4
8.2
6.7
10.9
4.6
7.7
6.2
9.5
4.5
15-24 Comparison
15-24 Intervention
25+ Comparison
25+ Intervention**
Total Comparison
Total Intervention**
Baseline
Endline

Table 6.7 Percentage of male partners age 15 and older made at least one breastfeeding decision jointly with the first-time mother, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	18.7	24.2	ns	21.7	22.9	ns	29.6	21.6	ns	34.7	19.8	*	25.0	22.7	ns	28.8	21.2	ns
Secondary complete/higher	26.4	13.2	*	26.2	21.3	ns	27.6	30.4	ns	31.3	26.2	ns	27.3	26.2	ns	29.8	24.8	ns
Never married																		
No	22.6	19.4	ns	24.1	20.0	ns	28.7	29.9	ns	33.4	26.0	*	27.0	27.0	ns	30.4	24.0	*
Yes	23.8	14.3	ns	25.7	31.4	ns	24.0	12.0	ns	22.2	13.3	ns	23.9	13.0	ns	23.7	21.2	ns
Household wealth																		
Low	20.3	18.8	ns	21.6	24.7	ns	25.5	20.9	ns	32.0	26.6	ns	23.6	20.1	ns	27.6	25.8	ns
Medium	26.9	17.9	ns	25.8	22.7	ns	29.4	37.3	ns	36.4	24.5	*	28.6	31.4	ns	33.2	24.0	*
High	20.0	18.2	ns	28.6	14.3	ns	28.7	22.6	ns	26.7	22.4	ns	26.5	21.5	ns	27.2	20.3	ns
Worked last year																		
No	35.5	6.5	**	20.0	25.0	ns	26.5	32.4	ns	25.0	41.7	ns	30.8	20.0	ns	21.9	31.2	ns
Yes	20.5	20.5	ns	25.5	21.2	ns	28.3	27.6	ns	32.6	23.5	**	26.1	25.6	ns	30.4	22.8	**
Watched TV at least once a week																		
No	20.3	7.8	*	22.1	29.1	ns	23.5	24.8	ns	33.1	22.1	*	22.5	19.7	ns	28.8	24.8	ns
Yes	24.1	23.3	ns	26.1	16.8	ns	30.5	29.5	ns	31.7	25.9	ns	28.5	27.6	ns	29.9	23.0	*
Both parents have secondary/higher education																		
No	21.1	15.8	ns	30.2	16.3	ns	29.3	27.6	ns	29.0	31.0	ns	27.3	24.8	ns	29.4	26.6	ns
Yes	23.3	18.9	ns	22.8	23.5	ns	27.7	28.0	ns	33.2	22.4	**	26.3	25.1	ns	29.5	22.8	*
Total	22.8	18.3	ns	24.4	22.0	ns	28.2	27.9	ns	32.2	24.6	*	26.5	25.0	ns	29.5	23.7	*
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.8 presents the percentage of male partners who participated in at least one post-delivery/postnatal decision together with the FTM, by baseline characteristics, age group, survey round, and study arm. About half of the male partners age 15 and older in both study arms participated in at least one decision and participation increased over the study period. In the comparison HZs, 55% of male partners participated in at least one decision and this increased by two percentage points to 57%, while in the intervention HZs, participation increased by one percentage point from 57% to 58%. Among male partners age 15-24 in the comparison HZs, participation in joint postpartum/postnatal decisions decreased by seven percentage points from 52% at baseline to 45% at endline, and for those in the intervention HZs, participation was significantly lower and reduced slightly over time (from 29% to 28%). Unlike the young male partners, the rate of participation in at least one postpartum/postnatal decision increased over time for older male partners. In the comparison HZs, participation was 57% at baseline and increased to 63% (increase by six percentage points) and in the intervention HZs, it remained same (0.2 percentage point increase, 60% in both surveys). None of these changes over time were statistically significant and similarly, none of the sociodemographic subgroups had significant changes over time except for male partners age 25 and older who were more educated and ever married.

6.2 Parental Competency

The parental sense of competency scale (PSOC) was used to measure parent self-efficacy among male partners. The validated scale developed in 1978 is a 17-item scale with two subscales, parental satisfaction, and parental efficacy (Gibaud-Wallston & Wandersman, 1978). Male partners were asked to rate their level of agreement from 1 (strongly disagree) to 4 (strongly agree) with the 17 items included in the scale (see Table 6.9 for list of items). To create the subscales, responses were reverse coded as necessary such that higher scores in the 4-point Likert scale indicated higher levels of parent self-efficacy. For example, responses to the statement "being a parent is manageable, and any problems are easily solved" were reverse coded so that the higher values were indicative of higher levels of parent self-efficacy. Thereafter, the satisfaction and efficacy subscales were created by summing up the items within each subscale. The scores for the satisfaction subscale ranged from 10 to 32 and the efficacy subscale ranged from 9 to 32. A higher score indicates a higher parenting sense of competency.

Table 6.9 presents the percentage of male partners who strongly agreed or agreed with the specific statements in the PSOC by age group and study arm. Male partners' strong agreement/agreement with the statements in the PSOC varied and ranged from seven percent to 95% in the total population, five percent to 95% for younger male partners and eight percent to 96% for older male partners. Across age group and study arms, statements with the highest and lowest level of agreement were consistent. Over nine in ten male partners strongly agreed/agreed with the statement "I would make a fine model for a new father to follow in order to learn what he would need to know in order to be a good parent" and under 13% of male partners strongly agreed/agreed with the statement "I do not really know how to be a parent and that does not interest me."

Male partners in both study arms had similar parental efficacy levels (average score- 20), whereas their parental satisfaction score varied significantly. The average parental satisfaction score in the intervention HZs was significantly higher than the average score in the comparison HZs than the intervention HZs (22.9 versus 22.1); however, the differences were small in magnitude. When data were disaggregated by age, a similar pattern was observed, and older male partners had slightly higher levels of parental satisfaction in both study arms; however, the variation was not statistically significant ($p>0.05$ in both study arms). In the comparison HZs, older male partners had a significantly higher parental satisfaction score than younger male partners (22.3 versus 21.7), and in the intervention HZs, older male partners also had significantly higher scores (23.1 versus 22.6). For parental efficacy levels, the scores were slightly higher among the male partners in the comparison HZs.

Table 6.8 Percentage of male partners age 15 and older who participated in at least one post-delivery/postnatal decision, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	51.6	46.2	ns	28.9	19.3	ns	58.4	57.6	ns	58.4	61.4	ns	55.6	52.8	ns	52.7	57.1	ns
Secondary complete/higher	51.9	43.4	ns	28.7	33.6	ns	56.1	64.7	*	60.9	60.2	ns	55.1	59.5	ns	58.2	57.9	ns
Never married																		
No	54.2	47.7	ns	28.8	27.6	ns	57.6	64.6	*	60.6	62.9	ns	56.7	59.9	ns	56.2	59.4	ns
Yes	42.9	33.3	ns	28.6	28.6	ns	50.0	48.0	ns	57.8	42.2	ns	46.7	41.3	ns	58.8	46.3	ns
Household wealth																		
Low	59.4	50.0	ns	32.0	21.6	ns	50.9	63.6	ns	59.4	59.4	ns	54.0	58.6	ns	52.4	54.7	ns
Medium	52.6	38.5	ns	25.8	36.4	ns	60.5	63.3	ns	60.9	58.3	ns	58.0	55.7	ns	59.0	58.5	ns
High	41.8	47.3	ns	26.2	28.6	ns	56.7	61.6	ns	60.3	64.7	ns	53.0	58.0	ns	58.9	60.8	ns
Worked last year																		
No	38.7	38.7	ns	30.0	37.5	ns	55.9	67.6	ns	50.0	62.5	ns	47.7	53.8	ns	50.0	56.2	ns
Yes	54.2	45.8	ns	28.5	25.5	ns	56.8	62.4	ns	60.9	60.4	ns	56.1	57.6	ns	57.3	57.8	ns
Watched TV at least once a week																		
No	54.7	43.8	ns	23.3	20.9	ns	56.4	61.7	ns	60.3	60.3	ns	55.9	56.3	ns	54.5	57.2	ns
Yes	50.4	45.1	ns	32.8	32.8	ns	57.0	63.2	ns	60.2	60.6	ns	54.9	57.7	ns	57.7	57.9	ns
Both parents have secondary/higher education																		
No	57.9	50.0	ns	39.5	34.9	ns	63.4	61.0	ns	61.0	67.0	ns	62.1	58.4	ns	54.5	63.6	ns
Yes	50.3	43.4	ns	25.9	25.9	ns	54.3	63.4	ns	60.0	58.3	ns	53.0	56.9	ns	57.1	55.8	ns
Total	51.8	44.7	ns	28.8	27.8	ns	56.8	62.7	ns	60.3	60.5	ns	55.2	57.3	ns	56.5	57.7	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.9 Percentage of male partners age 15 and older who strongly agreed/agreed with specific statements about parental competency and the average parental competency scores, by age group, study arm, and study period, Kinshasa

	Age 15-24			Age 25+			Total		
Statements in Parental Competency Scale	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Now I understand how my actions can affect my child. Because I understand that, I feel like the problems of taking care of a child are easy to solve [a]	69.5	73.2	ns	68.7	73.9	ns	69.0	73.7	ns
I am happy to be a parent, but my child's age could make things difficult [b]	54.8	61.0	ns	50.3	57.0	ns	51.7	58.3	*
I feel like I do not do a lot of things in a day [b]	60.9	53.2	ns	47.5	53.4	ns	51.5	53.3	ns
Sometimes I feel manipulated when I should feel like I am in control [b]	36.5	39.5	ns	26.2	25.1	ns	29.3	30.0	ns
My father was better prepared to be a good father than I am [b]	79.2	79.5	ns	71.2	68.4	ns	73.6	72.2	ns
I would make a fine model for a new father to follow in order to learn what he would need to know in order to be a good parent [a]	93.4	90.2	ns	95.8	96.0	ns	95.1	94.0	ns
Being a parent is manageable, and any problems are easily solved [a]	42.6	48.3	ns	43.9	52.9	**	43.5	51.3	**
A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one [b]	71.1	71.2	ns	67.0	64.1	ns	68.2	66.5	ns
Sometimes, I feel I am not getting anything done [b]	36.5	38.0	ns	33.9	34.7	ns	34.7	35.8	ns
I am satisfied with the way I take care of my child. Everything is happening as I expected [a]	67.0	71.2	ns	69.4	73.7	ns	68.7	72.8	ns
Only I can find the answer to what is troubling my child [a]	59.4	64.9	ns	67.4	71.1	ns	65.0	69.0	ns
I do not really know how to be a parent and that does not interest me [b]	5.1	12.7	**	8.0	7.6	ns	7.1	9.3	ns
I feel very comfortable in my role as a father given the time spent since I became a father [a]	87.8	87.8	ns	88.9	89.9	ns	88.6	89.2	ns
I honestly believe I have all the skills necessary to be a good father to my child [a]	61.4	72.2	*	64.7	76.7	***	63.7	75.2	***
Being a parent makes me tense and anxious [b]	81.7	83.9	ns	87.4	89.1	ns	85.6	87.3	ns
Being a good father is a reward in itself [a]	50.8	49.3	ns	41.5	45.6	ns	44.3	46.8	ns
Average scores (SD)									
Parental satisfaction (range 10 - 32)	21.73 (3.15)	22.59 (2.91)	**	22.26 (3.38)	23.08 (3.30)	**	22.10 (3.32)	22.91 (3.18)	***
Parental efficacy (range 9 - 32)	19.72 (2.78)	19.44 (2.78)	ns	20.39 (2.94)	20.13 (3.14)	ns	20.19 (2.91)	19.90 (3.03)	ns
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05; ns – not significant

a – parental efficacy; b -parental satisfaction

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Older male partners had significantly higher levels than the young male partners in the comparison HZs (20.4 versus 19.7, p=0.007) and intervention HZs (20.1 versus 19.4, p=0.009).

Using the median split approach, dichotomous variables for each subscale were created to explore the sociodemographic differentials in parental satisfaction and efficacy. Scores at or above the median were categorized as high and those below the median as low. The findings for high level of parental satisfaction and parental efficacy by baseline characteristics, age group, and study arm are presented in Tables 6.10 and 6.11, respectively. In the total population, significantly more male partners in the intervention HZs had high parental satisfaction compared to those in the comparison HZs (56% versus 47%). In both study arms, male partners age 15 and older who were more educated, ever married, and employed had high parental satisfaction than those who were not.

Age group analysis indicated that more male partners age 25 and older had high parental satisfaction compared to younger male partners in both the comparison HZs (50% versus 41%) and intervention HZs (59% versus 51%). The age variation was significant in the comparison HZs (p=0.04) but not in the intervention HZs (p=0.08). In both age groups, significantly more male partners had high parental satisfaction in the intervention HZs than in the comparison HZs. Among male partners age 15-24, significant variations by study arm were seen for those who resided in medium-wealth households, did not work last year, watched TV at least once a week, and had two parents with secondary/higher education. For older male partners, significant health zone differentials were observed for who were more educated, ever married, residing in the wealthiest households, exposed to TV at least once a week, and who had two parents with secondary/higher education.

Over half of male partners age 15 and older had high parental efficacy, regardless of study arm, with the overall prevalence being higher in the comparison HZs than in the intervention HZs (58% versus 51%). This variation by study arm was also significant for male partners age 15 and older who had secondary/higher education, were ever married, had watched TV at least once a week, and had two parents with secondary/higher education. Significantly more male partners age 25 and older than younger male partners had high parental efficacy in the comparison HZs (61% versus 51%, p=0.01) and intervention HZs (54% versus 44%, p=0.02). In the 15-24 age group, no socioeconomic group had a significant difference in high parental efficacy between comparison HZs and intervention HZs. Among older male partners, the difference in the high parental efficacy rate between comparison HZs and intervention HZs was statistically significant in only two sociodemographic subgroups: those who were employed and those who had less educated parents.

6.3 Gender-equitable Attitudes

Attitudes towards gender equality and social expectations of men and women influence behavior. Thus, this section seeks to assess gender-equitable attitudes among male partners using two validated scales: the Gender Relations Scale and the Gender-equitable Men (GEM) Scale.

6.3.1 Gender Relations Scale

The Gender Relations Scale consists of 23-items that assess a person's attitude towards gender roles and expectations, decision-making around sex and reproduction, household decision making, violence, and communication. It consists of two subscales used to measure equity and power (personal agency) within intimate relationships. During the baseline and endline surveys, male partners were asked about their level of agreement (total agreement, partial agreement, or disagreement) with the 23 items in the scale. Responses were coded such that higher scores reflected higher equity/power and positive responses were coded as 1 while negative responses were coded as 0 (Stephenson et al., 2012). Thereafter, the items in the subscales were summed to create the equity subscale (range: 0-16; baseline α- 0.6076; endline α- 0.5580) and power subscales.

Table 6.10 Percentage of male partners age 15 and older with high level of parental satisfaction, by baseline characteristics, age group, and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	41.8	48.2	ns	49.6	52.5	ns	46.3	50.5	ns
Secondary complete/higher	40.6	53.3	ns	49.7	60.9	**	47.5	58.7	**
Never married									
No	43.2	53.5	ns	50.4	61.7	**	48.4	59.0	**
Yes	33.3	40.0	ns	44.0	35.6	ns	39.1	37.5	ns
Household wealth									
Low	42.2	45.4	ns	55.5	54.7	ns	50.6	50.7	ns
Medium	42.3	60.6	*	50.3	59.6	ns	47.8	59.9	**
High	38.2	50.0	ns	45.1	62.1	**	43.4	58.9	**
Worked last year									
No	22.6	60.0	**	47.1	41.7	ns	35.4	53.1	*
Yes	44.6	49.1	ns	49.9	59.8	**	48.4	56.5	**
Watched TV at least once a week									
No	42.2	47.7	ns	51.0	58.1	ns	48.4	54.1	ns
Yes	40.6	53.8	*	49.0	59.1	*	46.4	57.4	**
Both parents have secondary/higher education									
No	44.7	51.2	ns	51.2	56.0	ns	49.7	54.5	ns
Yes	40.3	51.2	*	49.1	59.7	**	46.2	56.7	**
Total	41.1	51.2	*	49.7	58.7	**	47.1	56.2	**
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.11 Percentage of male partners age 15 and older with high level of parental efficacy, by baseline characteristics, age group, and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	50.5	48.2	ns	60.0	52.5	ns	56.0	50.5	ns
Secondary complete/higher	50.9	41.8	ns	61.0	54.8	ns	58.6	51.0	*
Never married									
No	49.0	41.8	ns	61.3	54.3	ns	57.9	50.2	*
Yes	57.1	57.1	ns	56.0	53.3	ns	56.5	55.0	ns
Household wealth									
Low	48.4	42.3	ns	60.0	51.6	ns	55.7	47.6	ns
Medium	57.7	45.5	ns	58.2	55.6	ns	58.0	52.5	ns
High	43.6	47.6	ns	64.0	55.2	ns	58.9	53.2	ns
Worked last year									
No	58.1	35.0	ns	50.0	50.0	ns	53.8	40.6	ns
Yes	49.4	46.7	ns	61.6	54.4	*	58.1	52.1	*
Watched TV at least once a week									
No	46.9	37.2	ns	59.7	50.0	ns	55.9	45.0	*
Yes	52.6	49.6	ns	61.3	56.4	ns	58.6	54.2	ns
Both parents have secondary/higher education									
No	44.7	44.2	ns	61.8	60.0	ns	57.8	55.2	ns
Yes	52.2	44.4	ns	60.4	52.2	*	57.7	49.5	*
Total	50.8	44.4	ns	60.8	54.2	ns	57.7	50.8	*
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

(range: 0-7; baseline α- 0.5383; endline α- 0.5132); higher scores on the subscales indicated more equitable attitudes toward gender roles and more perceived personal agency or power in a relationship

Table 6.12 presents the percentage of male partners who totally agreed with statements about gender roles and their average gender equity score, by age group, survey round, and study arm. The variation in the average equity score over the study period was not significant in both study arms and across all age groups. In the comparison HZs, there was a slight decline in average scores over time while in the intervention HZs there was an increase in scores. Male partners age 15 and older in the comparison HZs had an average gender equity score of 8.7 at baseline and by endline it had decreased by 0.2 points. At endline, average scores for male partners in the intervention HZs were slightly lower than those for their counterparts in the comparison HZs, but this variation was not statistically significant (p=0.27). The score in the intervention HZs increased by 0.2 points over time from 8.1 at baseline to 8.3 at endline.

A similar pattern was observed by age group. Although the variation in equity scores over time was not significant in each age group, significantly more male partners age 25 and older had higher levels of equitable attitudes than the younger counterparts in both survey rounds. For instance, older male partners in the comparison HZs had an average score of 8.7 while the younger male partners had an average score of 8.0 (p=0.001), and in the intervention HZs, older male partners scored 8.6 and younger male partners scored 7.9 (p=0.003). In both study arms and across age groups, over 83% of male partners totally agreed with the statements "a couple should decide together if they want to have children" and "a man should know what his partner likes during sex." Under 12% of male partners totally agreed with the statement "a man can hit his wife if she won't have sex with him" and under 20% totally agreed with the statement "men and women should share household chores." For the most part, the variations over time in the percentage who totally agreed with the statements were not significant.

Changes over time within sociodemographic subgroups were explored using a binary measure of equity that was created using the median split approach. Scores above and at the median were classified as high and scores below the median as low. The findings are presented in Table 6.13. Over three in five male partners had high gender-equitable attitude at endline (comparison HZs: 64%; intervention HZs: 62%). This was a significant increase from baseline estimates (comparison HZs: from 54% to 64%; intervention HZs: from 47% to 62%). In both study arms, there were significant differences over time within most sociodemographic subgroups. In the comparison HZs, significant changes between the baseline and endline surveys were not observed among male partners who were never married, had low household wealth, and had not worked last year. In the intervention HZs, those who were never married and had medium household wealth did not have significant variation in the percentage with high gender-equitable attitudes over time.

Among male partners age 15-24, the percentage with high gender equity increased over the study period in both study arms and the absolute change was slightly higher in the comparison HZs than in the intervention HZs (15 percentage points versus 13 percentage points). In the comparison HZs, 42% had high equity at baseline and it increased to 57% at endline, while in the intervention HZs, the percentage with high gender equity increased from 42% at baseline to 55% at endline. Significant differences over time were seen in the comparison HZs for male partners who were less educated, ever married, from medium-wealth and the wealthiest households, employed last year, who did not watch TV at least once a week, and who had two parents with secondary/higher education. In intervention HZs, significant variation over time was observed among those who had less education, were ever married, had low household wealth, did not worked last year, did not watch TV at least once a week, and had two parents with secondary/higher education.

More of the older than the younger male partners had high levels of gender-equitable attitudes and, among the older male partner, the percentage with high equity increased significantly over time in the comparison HZs (from 59% to 67%) and intervention HZs (from 50% to 66%). In comparison HZs, there were significant increases over time in the percentage of male partners age 25 and older with high equity scores in the following sociodemographic subgroups: those who had more education, had high household wealth, had

Table 6.12 Percentage of male partners age 15 and older who totally agreed with statements about gender roles and their average gender equity score, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Statements in Equity sub-scale	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Men need sex more than women do	48.2	49.7	ns	48.3	51.2	ns	47.9	45.9	ns	42.8	42.5	ns	48.0	47.1	ns	44.7	45.5	ns
You don't talk about sex, you just do it	21.3	18.8	ns	22.9	16.6	ns	19.5	17.1	ns	22.3	13.9	**	20.1	17.6	ns	22.5	14.8	**
It is a woman's responsibility to avoid getting pregnant	38.6	34.5	ns	36.6	32.2	ns	33.9	26.6	*	35.4	24.6	**	35.3	29.0	*	35.8	27.2	**
A man should have the final word about decisions in his home	79.7	78.7	ns	83.9	77.1	ns	73.8	73.4	ns	73.9	73.9	ns	75.6	75.0	ns	77.3	75.0	ns
Men are always ready to have sex	53.8	55.3	ns	48.8	45.4	ns	48.6	43.9	ns	40.8	41.0	ns	50.2	47.4	ns	43.5	42.5	ns
A woman should tolerate violence to keep her family together	40.1	33.0	ns	36.6	36.1	ns	38.4	27.7	**	33.2	25.1	*	38.9	29.3	***	34.3	28.8	*
A man needs other women even if things with his wife are fine	34.0	33.0	ns	31.7	33.7	ns	32.4	25.1	*	26.6	24.8	ns	32.9	27.5	*	28.3	27.8	ns
A man can hit his wife if she won't have sex with him	6.6	5.1	ns	11.2	11.2	ns	8.4	4.4	*	7.8	4.8	ns	7.9	4.6	*	9.0	7.0	ns
A couple should decide together if they want to have children	87.8	85.3	ns	83.9	85.9	ns	89.1	86.3	ns	88.1	87.1	ns	88.7	86.0	ns	86.7	86.7	ns
Changing diapers, giving a bath, and feeding kids is the mother's responsibility	59.4	55.8	ns	73.7	53.2	***	55.0	48.6	ns	64.8	49.6	***	56.3	50.8	*	67.8	50.8	***
A woman can suggest using condoms just like a man can	42.1	40.6	ns	35.6	38.0	ns	47.2	49.0	ns	41.0	33.4	*	45.7	46.5	ns	39.2	35.0	ns
A man should know what his partner likes during sex	89.8	82.7	*	83.9	82.9	ns	90.2	87.6	ns	86.6	85.1	ns	90.1	86.1	*	85.7	84.3	ns
A man and a woman should decide together what type of contraceptive to use	80.2	80.7	ns	79.0	79.0	ns	86.5	85.6	ns	86.1	82.0	ns	84.6	84.1	ns	83.7	81.0	ns
A real man produces a male child	31.0	32.0	ns	42.4	26.3	**	24.8	23.1	ns	33.7	21.5	***	26.7	25.8	ns	36.7	23.2	***
Men and women should share household chores	17.3	20.3	ns	16.1	16.1	ns	19.7	17.7	ns	14.7	19.0	ns	19.0	18.5	ns	15.2	18.0	ns
A woman should not initiate sex	30.5	21.3	*	18.5	22.0	ns	24.6	16.6	**	20.5	18.5	ns	26.4	18.1	***	19.8	19.7	ns
Average score (SD)																		
Equity score (range 0 - 16)	8.10 (2.42)	8.01 (2.52)	ns	7.57 (2.65)	7.89 (2.60)	ns	8.91 (2.56)	8.71 (2.60)	ns	8.35 (2.76)	8.56 (2.64)	ns	8.67 (2.54)	8.50 (2.60)	ns	8.08 (2.75)	8.34 (2.65)	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.13 Percentage of male partners age 15 and older with high equitable attitudes, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	35.2	52.7	*	28.9	55.4	**	50.4	57.6	ns	42.6	56.4	ns	44.0	55.6	*	36.4	56.0	***
Secondary complete/higher	48.1	61.3	ns	50.0	54.1	ns	62.9	70.2	*	53.1	69.7	***	59.3	68.1	**	52.2	65.1	***
Never married																		
No	41.9	58.7	**	42.4	55.3	*	60.8	67.3	ns	50.0	68.3	***	55.6	64.9	**	47.5	64.0	***
Yes	42.9	52.4	ns	37.1	51.4	ns	48.0	62.0	ns	53.3	51.1	ns	45.7	57.6	ns	46.3	51.2	ns
Household wealth																		
Low	42.2	46.9	ns	32.0	51.5	**	58.2	63.6	ns	44.5	68.8	***	52.3	57.5		39.1	61.3	***
Medium	38.5	59.0	*	51.5	57.6	ns	58.8	63.8	ns	53.6	61.6	ns	52.5	62.4	*	53.0	60.4	ns
High	47.3	67.3	*	47.6	57.1	ns	61.0	72.0	*	52.6	69.8	**	57.5	70.8	**	51.3	66.5	**
Worked last year																		
No	58.1	67.7	ns	37.5	62.5	*	44.1	67.6	ns	20.8	83.3	***	50.8	67.7	ns	31.2	70.3	***
Yes	39.2	55.4	**	42.4	52.7	ns	60.7	66.7	ns	52.3	65.2	***	54.5	63.5	**	49.3	61.4	***
Watched TV at least once a week																		
No	37.5	60.9	**	37.2	54.7	*	53.0	64.4	*	46.3	62.5	**	48.4	63.4	**	42.8	59.5	***
Yes	44.4	55.6	ns	44.5	54.6	ns	62.6	67.9	ns	52.5	68.3	***	57.0	64.1	*	50.0	64.0	***
Both parents have secondary/higher education																		
No	42.1	60.5	ns	39.5	55.8	ns	53.7	68.3	*	52.0	66.0	*	50.9	66.5	**	48.3	62.9	*
Yes	42.1	56.6	**	42.0	54.3	*	61.6	66.2	ns	49.8	66.4	***	55.2	63.0	*	47.0	62.1	***
Total	42.1	57.4	**	41.5	54.6	**	59.4	66.7	*	50.4	66.3	***	54.2	63.9	***	47.3	62.3	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

not watched TV at least once a week, and did not have two parents with secondary/higher education. Whereas in the intervention HZs, all but three sociodemographic subgroups had significant increases over the study period in the percentage with relatively more gender-equitable attitudes.

Over the study period, the level of perceived power in the relationship declined (Table 6.14). Among male partners age 15 and older in the comparison HZs, the average power score decreased by 0.4 points from 4.7 to 4.3, while among their counterparts in the intervention HZ, the average score decreased by 0.3 points from 4.4 to 4.1. This decline was significant and also present when the analysis was disaggregated by age group. Male partners age 15-24 had a 0.5 point decline in the comparison HZs (from 4.5 to 4.0) and a 0.3 point decline in the intervention HZs (from 4.3 to 4.0), while older male partners had a 0.4 point decline in the comparison HZs (from 4.8 to 4.4) and a 0.3 point decline in the intervention HZs (from 4.5 to 4.2). It is worth noting that at endline, older male partners had higher perceived power scores than younger male partners, but the difference was significant only in the comparison HZs (p=0.003). Less than one in five male partners totally agreed with the statement "my partner has more say than I do about important decisions that affect us" and the percentage declined over time across age groups and study arm. At endline, most male partners (over 70%) totally agreed with the statement "a woman should be able to talk openly about sex with her husband" in the comparison HZs and with the statement "I feel comfortable discussing family planning with my partner" in the intervention HZs.

Similar to the equity subscale, the median split approach was used to create a binary variable (low/high) for the power subscale. Table 6.15 shows the percentage with high perceived power, by baseline characteristics, age group, survey round, and study arm. At endline, over two thirds of male partners age 15 and older had high perceived power and this increased significantly over time by 12 percentage points in the comparison HZs (from 59% to 71%) and by 18 percentage points in the intervention HZs (from 50% to 68%). All the sociodemographic subgroups in the intervention HZs and all but two subgroups in the comparison HZs had significant changes over time in the percentage of male partners with high perceived power. At endline, more male partners age 25 and older had high perceived power than male partners age 15-24 in the comparison HZs (74% versus 64%, p=0.01) and intervention HZs (69% versus 65%, p=0.32). Compared to the baseline estimates, the percentage with high perceived power increased significantly over the study period in all age groups and study arms, with the exception of male partners age 15-24 in the comparison HZs. There were also significant changes in the prevalence of high perceived power among male partners age 15-24 in the comparison HZs who had less education and had worked last year. In the intervention HZs, significant changes were observed for those who were less educated, ever married, never married, residing in the poorest and medium-wealth households, employed last year and who had not watched TV at least once a week, and did not have two parents with secondary/higher education. Among the male partners 25 and older, significant changes over time occurred for all but three sociodemographic subgroups in both study arms.

6.3.2 Gender-equitable men's scale

The gender equitable men (GEM) scale is a validated index that has been used to measure attitudes towards gender norms in intimate relationships or differing social expectations for men and women. Items in the scale focus on measuring violence, sexual relationships, homophobia, domestic chores and daily life, and reproductive health and disease prevention. Additionally, the number of items included in the scale has varied in different country applications but incorporate many of the 24 original items. In the baseline and endline surveys, male partners were asked their level of agreement (1-totally agree, 2-partially agree, and 3-disagree) with 17 statements. Exploratory factor analysis and item analysis were performed to determine which statements should be retained for the scale. Items with factor loadings less than 0.30 and items with a negative correlation coefficient omitted from the final scale (Singh et al., 2013). In some instances, responses were

Table 6.14 Percentage of male partners age 15 and older who totally agreed with statements about perceived personal agency or power in a relationship and their average power score, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Statements in Power sub-scale	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
My partner has more say than I do about import-ant decisions that affect us	13.2	11.2	ns	12.7	8.3	ns	16.2	11.3	*	10.9	8.4	ns	15.3	11.3	*	11.5	8.3	ns
I am more committed to this relationship than my partner is	30.5	41.1	*	32.2	34.1	ns	35.7	37.0	ns	29.6	31.9	ns	34.1	38.3	ns	30.5	32.7	ns
A woman should be able to talk openly about sex with her husband	77.2	73.1	ns	67.3	65.4	ns	78.7	77.8	ns	69.1	73.4	ns	78.2	76.4	ns	68.5	70.7	ns
My partner dictates who I spend time with	38.1	27.9	*	23.9	27.3	ns	36.4	24.2	***	27.8	28.4	ns	36.9	25.3	***	26.5	28.0	ns
When my partner and I disagree, he gets his way most of the time	23.9	15.7	*	16.6	12.7	ns	19.3	14.6	ns	16.5	15.2	ns	20.7	15.0	**	16.5	14.3	ns
I feel comfortable discussing family planning with my partner	79.2	66.5	**	60.5	73.2	**	82.0	76.5	*	69.1	74.7	ns	81.2	73.5	**	66.2	74.2	**
I feel comfortable discussing HIV with my partner	73.1	50.3	***	58.0	59.0	ns	85.4	65.6	***	68.6	62.5	ns	81.6	61.0	***	65.0	61.3	ns
Average score (SD)																		
Power score (range 0 - 7)	4.53 (1.42)	4.02 (1.60)	**	4.31 (1.64)	4.03 (1.65)	ns	4.75 (1.40)	4.41 (1.46)	***	4.45 (1.60)	4.17 (1.60)	*	4.69 (1.41)	4.29 (1.52)	***	4.40 (1.61)	4.13 (1.62)	**
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.15 Percentage of male partners age 15 and older with high perceived power, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	53.8	69.2	*	31.3	63.9	***	55.2	72.8	**	39.6	58.4	**	54.6	71.3	***	35.9	60.9	***
Secondary complete/higher	58.5	58.5	ns	57.4	65.6	ns	62.0	74.8	***	55.1	72.4	***	61.1	70.8	**	55.8	70.4	***
Never married																		
No	58.1	65.2	ns	52.4	65.9	*	60.6	74.6	***	52.6	70.0	***	59.9	71.9	***	52.5	68.7	***
Yes	50.0	57.1	ns	20.0	60.0	***	56.0	72.0	ns	40.0	60.0	ns	53.3	65.2	ns	31.2	60.0	***
Household wealth																		
Low	53.1	67.2	ns	43.3	60.8	*	62.7	73.6	ns	47.7	66.4	**	59.2	71.3	*	45.8	64.0	***
Medium	60.3	66.7	ns	47.0	74.2	**	61.0	74.6	**	56.3	64.2	ns	60.8	72.2	**	53.5	67.3	**
High	54.5	54.5	ns	54.8	59.5	ns	57.3	74.4	**	48.3	77.6	***	56.6	69.4	**	50.0	72.8	***
Worked last year																		
No	64.5	51.6	ns	50.0	62.5	ns	64.7	73.5	ns	33.3	66.7	*	64.6	63.1	ns	43.8	64.1	*
Yes	54.8	65.7	*	46.1	65.5	***	59.7	74.3	***	52.3	69.0	***	58.3	71.9	***	50.4	67.9	***
Watched TV at least once a week																		
No	59.4	71.9	ns	30.2	61.6	***	53.7	78.5	***	39.7	65.4	***	55.4	76.5	***	36.0	64.0	***
Yes	54.9	59.4	ns	58.8	67.2	ns	63.2	72.2	*	57.1	70.7	**	60.7	68.3	*	57.7	69.6	**
Both parents have secondary/higher education																		
No	57.9	55.3	ns	39.5	65.1	*	55.3	77.2	***	52.0	63.0	ns	55.9	72.0	**	48.3	63.6	**
Yes	56.0	65.4	ns	48.8	64.8	**	61.9	73.2	**	50.8	70.8	***	60.0	70.6	**	50.1	68.7	***
Total	56.3	63.5	ns	46.8	64.9	***	60.1	74.3	***	51.1	68.9	***	59.0	71.0	***	49.7	67.5	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

reverse coded such that high scores represented high support for gender equitable norms and some items were reverse coded if a high score reflected low support for gender equity. The final GEM scale comprised of 10 items (items dropped are indicated in Table 6.16), with factor loading between 0.31 and 0.53 and Kaiser-Meyer-Olkin overall measure of 0.76. The internal consistency measured with Cronbach's alpha reliability coefficient was 0.67 (baseline: α=0.69; endline: α=0.65). This was lower than the alpha values in Rwanda (α=0.72) and India (α=0.74) (Barker et al., 2010).

Table 6.16 presents the percentage of male partners who totally agree with statements in GEM scale and their average GEM score, by age group, survey round, and study arm. Support for gender equity was low and varied significantly over time. In the comparison HZs, the average GEM score of male partners age 15 and older decreased by 0.3 points from 4.0 to 3.7, while in the intervention HZs, the average score increased by 0.3 points (from 3.5 to 3.8). Although the direction of change differed in the study arms, at endline the male partners had similar levels of gender equity and the difference in the endline estimates were not statistically significant (p=0.74). For the younger male partners, the decrease in the average GEM score over time in the comparison HZs (from 3.6 to 3.4) as well as the increase the increase over time in the intervention HZs (from 3.1 to 3.4) were not significant. Whereas for the older male partners, the change in the average GEM score over time was significant in the comparison HZs (from 4.2 to 3.9), but not in the intervention HZs (from 3.7 to 4.0). Also, as expected, older male partners had significantly higher support of gender equity compared to the younger male partners regardless of the study arm and survey round. For example, at endline male partners age 25 and older had higher average GEM scores than younger men in the comparison HZs (3.9 versus 3.4; p=0.02) and similarly in the intervention HZs (4.0 versus 3.4; p=0.002).

Across all age groups, study arms and survey rounds, over 83% percent of male partners totally agreed with the statements "a couple should decide together if they want to have children" and "a man should know what his partner likes during sex." Less than a quarter of men totally agreed with the statement "You don't talk about sex; you just do it" and the agreement decreased over time across all age groups and study arms. Overall, male partners' total agreement with statements that reflect gender inequity decreased over the study period. Among male partners age 15 and older in the comparison HZs, the largest absolute change of about 10 percentage points was observed for the following statements: "a woman should tolerate violence in order to keep her family together" and "men should be embarrassed if they are unable to get an erection during sex." The same absolute changes were observed across age groups in the comparison HZs. However, in the intervention HZs, the pattern across age groups were not consistent. In the overall sample, the largest absolute change was seen for male partners' total agreement with the statement "men should be embarrassed if they are unable to get an erection during sex" and when disaggregated by age, the largest absolute change was seen for the statement "changing diapers, giving a bath, and feeding kids is the mother's responsibility."

Table 6.17 shows the percentage of male partners with high support of equitable attitudes, by baseline characteristics, age group, survey round, and study arm. Male partners with high support of equitable attitudes had GEM scores at/above the median score and those with low support had GEM scores below the median score. About half of male partners age 15 and older had high support of gender equity at endline; however, their high support varied significantly over time. High support significantly increased by 8 percentage points from 45% to 53% in the intervention HZs but decreased by six percentage points in the comparison HZs from 56% to 50%. Thus, at endline, more male partners in the intervention HZs had high support of gender equity compared to those in the comparison HZs. This variation was not significant (p=0.300). In the comparison HZs, sociodemographic subgroups varied significantly over time for those who had more education, were ever married, had low household wealth, had worked last year, had watched TV at least once a week, and had two parents with secondary/higher education. For those in the intervention HZs, significant differences were observed for those with less education, were ever married, had low household wealth, had not worked in the past year, had not watched TV at least once a week and did not have two parents with secondary/higher education.

Table 6.16 Percentage of male partners age 15 and older who totally agreed with statements in the Gender Equitable Men's (GEM) scale and their average GEM score, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Statements in GEM scale	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
A woman's most important role is to take care of her home and cook for her family	56.3	65.0	ns	68.3	72.2	ns	56.5	61.2	ns	71.4	69.4	ns	56.5	62.3	*	70.3	70.3	ns
Men need sex more than women do	48.2	49.7	ns	48.3	51.2	ns	47.9	45.9	ns	42.8	42.5	ns	48.0	47.1	ns	44.7	45.5	ns
You don't talk about sex; you just do it	21.3	18.8	ns	22.9	16.6	ns	19.5	17.1	ns	22.3	13.9	**	20.1	17.6	ns	22.5	14.8	**
There are times when a woman deserves to be beaten	34.0	27.4	ns	37.6	26.3	*	22.8	19.1	ns	22.0	15.2	*	26.2	21.6	ns	27.3	19.0	**
Changing diapers, giving a bath, and feeding kids is the mother's responsibility	59.4	55.8	ns	73.7	53.2	***	55.0	48.6	ns	64.8	49.6	***	56.3	50.8	*	67.8	50.8	***
It is a woman's responsibility to avoid getting pregnant	38.6	34.5	ns	36.6	32.2	ns	33.9	26.6	*	35.4	24.6	**	35.3	29.0	*	35.8	27.2	**
A man should have the final word about decisions in his home	79.7	78.7	ns	83.9	77.1	ns	73.8	73.4	ns	73.9	73.9	ns	75.6	75.0	ns	77.3	75.0	ns
Men are always ready to have sex	53.8	55.3	ns	48.8	45.4	ns	48.6	43.9	ns	40.8	41.0	ns	50.2	47.4	ns	43.5	42.5	ns
A woman should tolerate violence in order to keep her family together	40.1	33.0	ns	36.6	36.1	ns	38.4	27.7	**	33.2	25.1	*	38.9	29.3	***	34.3	28.8	*
I would be outraged if my wife asked me to use a condom [NI]	27.9	26.9	ns	22.9	29.3	ns	28.2	18.8	**	25.3	20.0	ns	28.1	21.3	**	24.5	23.2	ns
A man and a woman should decide together what type of contraceptive to use [NI]	80.2	80.7	ns	79.0	79.0	ns	86.5	85.6	ns	86.1	82.0	ns	84.6	84.1	ns	83.7	81.0	ns
I would never have a gay friend [NI]	78.2	77.7	ns	80.5	69.3	**	74.1	81.2	*	77.0	77.5	ns	75.3	80.1	*	78.2	74.7	ns
If someone insults me, I will defend my reputation, with force if I have to [NI]	26.4	21.8	ns	17.1	21.5	ns	22.2	19.7	ns	17.2	16.7	ns	23.5	20.4	ns	17.2	18.3	ns
To be a man, you need to be tough	46.7	42.6	ns	52.7	39.5	**	38.8	36.1	ns	47.8	33.7	**	41.2	38.1	ns	49.5	35.7	***
Men should be embarrassed if they are unable to get an erection during sex [NI]	86.8	75.6	**	69.3	74.1	ns	83.4	74.3	**	64.8	69.4	ns	84.4	74.7	***	66.3	71.0	ns

A couple should decide together if they want to have children [NI]	87.8	85.3	ns	83.9	85.9	ns	89.1	86.3	ns	88.1	87.1	ns	88.7	86.0	ns	86.7	86.7	ns
A man should know what his partner likes during sex [NI]	89.8	82.7	*	83.9	82.9	ns	90.2	87.6	ns	86.6	85.1	ns	90.1	86.1	*	85.7	84.3	ns
Average score (SD)																		
GEM score (range 0 - 10)	3.57 (2.33)	3.43 (2.67)	ns	3.14 (2.06)	3.40 (2.15)	ns	4.23 (2.43)	3.88 (2.31)	*	3.68 (2.39)	3.98 (2.18)	ns	4.03 (2.42)	3.74 (2.31)	*	3.50 (2.29)	3.78 (2.18)	*
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant
NI – statement not included in the final score
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.17 Percentage of male partners age 15 and older with high support equitable attitudes, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	44.0	38.5	ns	32.5	48.2	*	46.4	40.8	ns	41.6	52.5	ns	45.4	39.8	ns	37.5	50.5	*
Secondary complete/higher	54.7	44.3	ns	46.7	43.4	ns	63.8	57.7	ns	48.0	57.5	*	61.6	54.4	*	47.6	53.4	ns
Never married																		
No	52.9	43.9	ns	41.2	44.1	ns	60.8	53.9	*	46.3	58.0	**	58.6	51.1	*	44.6	53.5	**
Yes	38.1	33.3	ns	40.0	51.4	ns	44.0	46.0	ns	46.7	42.2	ns	41.3	40.2	ns	43.8	46.3	ns
Household wealth																		
Low	56.2	35.9	*	32.0	46.4	*	59.1	50.9	ns	44.5	58.6	*	58.0	45.4	*	39.1	53.3	**
Medium	44.9	42.3	ns	53.0	45.5	ns	57.6	49.2	ns	46.4	51.7	ns	53.7	47.1	ns	48.4	49.8	ns
High	49.1	47.3	ns	42.9	42.9	ns	60.4	58.5	ns	48.3	59.5	ns	57.5	55.7	ns	46.8	55.1	ns
Worked last year																		
No	61.3	48.4	ns	32.5	42.5	ns	47.1	64.7	ns	25.0	75.0	***	53.8	56.9	ns	29.7	54.7	**
Yes	47.6	40.4	ns	43.0	46.1	ns	60.0	52.0	*	47.7	55.0	*	56.4	48.7	**	46.3	52.2	ns
Watched TV at least once a week																		
No	50.0	45.3	ns	36.0	47.7	ns	59.1	53.0	ns	40.4	53.7	*	56.3	50.7	ns	38.7	51.4	**
Yes	49.6	39.8	ns	44.5	43.7	ns	58.9	53.0	ns	49.4	57.5	ns	56.1	49.0	*	47.9	53.2	ns
Both parents have secondary/higher education																		
No	42.1	47.4	ns	30.2	55.8	*	53.7	57.7	ns	46.0	57.0	ns	50.9	55.3	ns	41.3	56.6	**
Yes	51.6	40.3	*	43.8	42.6	ns	61.0	51.2	*	46.4	55.9	*	57.9	47.6	**	45.5	51.2	ns
Total	49.7	41.6	ns	41.0	45.4	ns	59.0	53.0	ns	46.3	56.2	**	56.2	49.5	*	44.5	52.5	**
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

During the age group analysis, a similar trend in the variation over time of high support of gender equity was observed. In the comparison HZs, the percentage of male partners with high support decreased over time and increased over time in the intervention HZs. For example, in the variation over time was only significant for male partners age 25 and older in the intervention HZs. Regardless of this variation, older male partners had higher support of gender equity than their younger counterparts at endline in both study arms (comparison HZs: 53% versus 42%, p=0.01; intervention HZs: 56% versus 45%, p=0.01). Additionally, high support was greater in the intervention HZs than the comparison HZs for both age groups, but the difference was not significant (p>0.05). Several of the sociodemographic subgroups did not differ significantly for young male partners. There were two and three subgroups with significant differences over time in the comparison and intervention HZs, respectively. For older male partners in the comparison HZs, significant variation between surveys was observed for those who were ever married, had worked last year, and had two parents with secondary/higher education, while in the intervention HZs, significant variation was observed for those with more education, were ever married, had low household wealth, had/had not worked in the past year, had not watched TV at least once a week and had two parents with secondary/higher education.

6.4 Male Involvement in Maternal Healthcare

Male partners have a shared responsibility in parenthood as well as maternal health and research suggests that male involvement in pregnancy has a positive effect on a woman's ANC attendance. However, gender norms that dictate the social expectations of the roles of men and women may deter men's involvement during pregnancy. This section seeks to assess the involvement of male partners enrolled in the MOMENTUM study by asking male partners about the following:

1) presence during antenatal care
2) involvement in specific antenatal care activities
3) involvement in pregnancy related activities
4) presence during childbirth/pregnancy loss

6.4.1 Male partner involvement during antenatal care

Male partners were asked if the FTM saw anyone for ANC for her pregnancy and those who responded affirmatively were asked if they were present during any of those antenatal visits. Table 6.18 shows the percentage of male partners who were present for at least one ANC visit, by baseline characteristics, age group, survey round, and study arm. Presence at ANC in the total population was low at endline with under a quarter and a third of male partners being present in the comparison and intervention HZs, respectively. Over the survey period, improvements were noted in the male partner's presence in at least one ANC visit in both study arms, and as expected, the increase was greater in the intervention HZs (an increase of 20 percentage points compared to six percentage points in the comparison HZs). There were also significant increases in male partner presence at ANC among men who were more educated, were ever married, had medium household wealth, had worked last year, had watched TV at least once a week, and did not have two parents with secondary/higher education. In the intervention HZs, all the sociodemographic differences over time were significant.

In the age group 15-24, 22% of male partners in comparison HZs were present for at least one ANC visit in the comparison HZs at endline while in the intervention HZs, 36% were present. As was observed in the overall sample, the change over time was greater among those in the intervention HZs than among those in the comparison HZs (29% versus 8%). Significant changes over time were observed in all but one sociodemographic subgroups of male partners age 15-24 in the intervention HZs. In the comparison HZs, significant changes over time were observed among those who had less education, were ever married, had

medium household wealth, had worked last year, and had two parents with secondary/higher education. Older male partners had similar levels of participation in ANC visits as their younger counterparts. In the endline survey, 26% of male partners age 25 and older were present for at least one ANC visit at endline in the comparison HZs and 37% were present in the intervention HZs. The change observed over time was larger and significant in the intervention HZs, but not in the comparison HZs. Additionally, only male partners with less educated parents had significant changes over time in the comparison HZs, whereas in intervention HZs, all sociodemographic subgroups did.

During the endline survey, male partners who attended the FTM's ANC visit were asked about specific ANC activities they participated in. These activities included: (1) sitting in consulting room during antenatal care, (2) listening to fetal heartbeat, (3) HIV or STI testing, (4) asking provider if baby is healthy, (5) asking provider about baby's gender, (6) asking provider about health problems during pregnancy, (7) asking provider about sex during pregnancy, and (6) asking provider about FTM's diet/food during pregnancy. The findings presented in Table 6.19 are restricted to those who attended at least one ANC visit.

On average, male partners age 15 and older participated in 4.4 activities in the comparison HZs and 4.7 activities in the intervention HZs (Table 6.19). Regarding age differentials, older male partners participated in more activities than their younger counterparts in the comparison HZs (4.7 activities versus 3.6 activities) and intervention HZs (5.0 activities versus 4.0 activities). Participation was also higher in the intervention HZs than the comparison HZs regardless of age group; however, the variation across study arms was not statistically significant.

Overall, over half of male partners participated in an activity during ANC with participation ranging from 33% to 71% among male partners age 15 and older in the comparison HZs and from 40% to 81% in the intervention HZs. Most male partners in the overall sample participated in asking the provider if the baby was healthy and the least participated in listening to the fetal heartbeat, regardless of study arm and age group. Older male partners participated in more activities during ANC than younger male partners, with the exception of one activity in the intervention HZs. For instance, in the intervention HZs, 59% of male partners age 25 and older sat in the consulting room during the ANC visit compared to 49% of male partners age 15-24, and 72% of older male partners asked the provider about health problems during the pregnancy compared to 43% of younger male partners.

6.4.2 Male partner involvement during pregnancy

In both surveys, male partners were asked about their participation in specific aspects of the FTM's pregnancy over the duration she was pregnant. The activities included:

- Finding information about the pregnancy
- Making decisions about antenatal care
- Making a birth plan
- Saving money for emergencies
- Arranging transport for delivery
- Deciding on skilled attendance at delivery
- Arranging for a blood donor
- Encouraging exclusive breastfeeding

Table 6.18 Percentage of male partners age 15 and older who were present in at least one antenatal care visit, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	14.3	26.4	*	4.8	24.1	***	17.6	18.4	ns	8.9	32.7	***	16.2	21.8	ns	7.1	28.8	***
Secondary complete/higher	14.2	18.9	ns	15.6	44.3	***	22.4	28.8	ns	23.5	38.1	***	20.4	26.4	*	21.2	39.9	***
Never married																		
No	12.9	25.2	**	11.8	38.8	***	21.9	26.2	ns	21.1	38.3	***	19.4	25.9	*	18.1	38.5	***
Yes	19.0	11.9	ns	8.6	22.9		14.0	24.0	ns	8.9	24.4	*	16.3	18.5	ns	8.7	23.7	*
Household wealth																		
Low	7.8	17.2	ns	10.3	24.7	**	18.2	21.8	ns	16.4	36.7	***	14.4	20.1	ns	13.8	31.6	***
Medium	14.1	29.5	*	10.6	43.9	***	16.9	25.4	ns	21.2	37.7	**	16.1	26.7	**	18.0	39.6	***
High	21.8	18.2	ns	14.3	50.0	***	27.4	29.3	ns	21.6	35.3	*	26.0	26.5	ns	19.6	39.2	***
Worked last year																		
No	19.4	19.4	ns	12.5	35.0	*	8.8	26.5	ns	4.2	29.2	*	13.8	23.1	ns	9.4	32.8	**
Yes	13.3	22.9	*	10.9	36.4	***	22.1	25.9	ns	20.8	37.2	***	19.6	25.0	*	17.7	36.9	***
Watched TV at least once a week																		
No	6.2	10.9	ns	5.8	24.4	**	19.5	23.5	ns	13.2	30.9	***	15.5	19.7	ns	10.4	28.4	***
Yes	18.0	27.8	ns	15.1	44.5	***	21.9	27.2	ns	23.2	39.8	***	20.7	27.4	*	20.6	41.3	***
Both parents have secondary/higher education																		
No	10.5	15.8	ns	7.0	34.9	**	13.0	24.4	*	25.0	35.0		12.4	22.4	*	19.6	35.0	**
Yes	15.1	23.9	*	12.3	36.4	***	24.1	26.5	ns	18.0	37.3	***	21.1	25.7	ns	16.0	37.0	***
Total	14.2	22.3	*	11.2	36.1	***	21.1	25.9	ns	19.7	36.7	***	19.0	24.8	*	16.8	36.5	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.19 Among male partners age 15 and older who attended first-time mother's antenatal care, percentage who participated in specific aspects of antenatal care, by age group and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Participation in activities during ANC	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Sit in consulting room during ANC	52.3	48.6	ns	53.8	58.6	ns	53.4	55.3	ns
Listen to fetal heartbeat	31.8	39.2	ns	33.3	40.0	ns	32.9	39.7	ns
HIV or STI testing	47.7	45.9	ns	64.1	60.7	ns	59.6	55.7	ns
Ask provider if baby is healthy	56.8	71.6	ns	76.9	85.5	ns	71.4	80.8	*
Ask provider about baby's gender	36.4	45.9	ns	60.7	57.2	ns	54.0	53.4	ns
Ask provider about health problems during pregnancy	47.7	43.2	ns	62.4	71.7	ns	58.4	62.1	ns
Ask provider about sex during pregnancy	50.0	50.0	ns	58.1	63.4	ns	55.9	58.9	ns
Ask provider about FTM's diet/food during pregnancy	40.9	54.1	ns	58.1	64.8	ns	53.4	61.2	ns
Average (SD)									
Activities participated in (range 0 - 8)	3.64 (2.37)	3.99 (2.48)	ns	4.68 (2.45)	5.02 (2.27)	ns	4.39 (2.47)	4.67 (2.39)	ns
N	**44**	**74**		**117**	**145**		**161**	**219**	

*** p <.001; ** p < .01; * p < .05; ns – not significant
ANC – antenatal care; FTM – first-time mother; STI – sexually transmitted infections
Source: Momentum 2020 Endline Survey

Table 6.20 presents the average number of activities male partners participated in and the percentage who participated in specific activities by age group, survey round, and study arm. Participation in pregnancy-related activities increased over the survey period in both study arms and the increase over time was higher in the intervention HZs. The average number of activities of male partners age 15 and older increased by 0.5 points, from 2.9 activities to 3.4 activities, in the comparison HZs while in the intervention HZs, the average number of activities increased by 1.6, from 2.4 activities to 3.9 activities. These changes observed were statistically significant. When disaggregated by age group, increments were observed regardless of the study arm and age group, with those in the intervention HZs having the largest increase in average scores. Participation was also higher among older male partners. At endline, male partners age 15-24 participated in an average of 2.9 activities in the comparison HZs and 3.7 activities in the intervention HZs, while male partners age 25 participated in an average of 3.6 activities and 4.0 activities in the comparison and intervention HZs, respectively.

Most male partners participated in saving money for emergencies. Participation in this activity increased significantly over time except for male partners 15-24 in the comparison HZs. It was also the activity with the largest absolute change for older male partners in both study arms (comparison HZs: 14 percentage points; intervention HZs: 26 percentage points) and male partners 15 and older in the comparison HZs (13 percentage point increase). The least common activity was arranging for a blood donor, ranging from five percent to 13%. It was also the lowest activity among older and younger male partners in both study arms. In the comparison HZs, participation in arranging for a blood donor decreased significantly, while in the intervention HZs, participation increased but not significantly.

Table 6.21 shows that over three in five male partners participated in at least one specific aspect of the FTM's pregnancy. At endline, 70% of male partners age 15 and older in the comparison HZs participated in at least one activity and in the intervention HZs, 76% participated. Although participation is higher in the intervention HZs was higher at endline, the baseline estimate was lower. Thus, the increment observed from the baseline estimates was greater among those in the intervention HZs than those in the comparison HZs (22 percentage points versus 6 percentage points). There were also sociodemographic differentials in all subgroups in the intervention HZs and six subgroups in the comparison HZs. In both study arms, the largest absolute changes were seen in the household wealth subgroups. For those in the comparison HZs, male partners with low household wealth had an 18-percentage point increase in participation in at least one activity (from 54% to 72%) and those with medium household wealth had a 34-percentage point increase (from 47% to 81%).

Age group analysis showed that intervention HZs had higher participation than comparison HZs in both age groups, and the older male partners participated to a greater extent in at least one aspect of the FTM's pregnancy. Among male partners age 15-24, a slight increase in participation was observed in the comparison HZs (two-percentage point increase, from 60% to 62%) and in the intervention HZs, there was a significant increase of 22 percentage points from 50% at baseline to 72% at endline. Older male partners had a similar pattern, with an eight-percentage point increase in the comparison HZs (from 65% to 73%) and a 23-percentage point increase in the intervention HZs (55% to 78%). The variation over time in the sociodemographic subgroups for male partners age 15-24 in the comparison HZs were not significant for any of the subgroups, while in the intervention HZs, all but two subgroups were significant. Among older partners, variations over time were significant for those in the comparison HZs who had less education, were ever married, had low medium household wealth, had worked last year, had not watched TV at least once a week, and did not have two parents with a secondary/higher education. For the older male partners in the intervention HZs, most subgroups had significant variation over time except for the never married and unemployed.

Table 6.20 Percentage of male partners age 15 and older who participated in specific aspects of the first-time mother's pregnancy, by age group, survey round, and study arm, Kinshasa

Participation in activities during pregnancy	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
	T1	T2	Sig.	T1	T2	Sig.	T1	T2	Sig.	T1	T2	Sig.	T1	T2	Sig.	T1	T2	Sig.
Finding information about the pregnancy	27.9	33.5	ns	20.5	40.5	***	31.7	42.8	**	24.6	42.5	***	30.6	40.0	***	23.2	41.8	***
Making decisions about antenatal care	41.6	46.2	ns	35.6	55.1	***	47.7	59.6	***	41.5	62.5	***	45.8	55.6	**	39.5	60.0	***
Making a birth plan	44.7	51.8	ns	29.3	55.1	***	49.0	60.3	**	38.0	63.3	***	47.7	57.7	***	35.0	60.5	***
Saving money for emergencies	51.3	60.4	ns	42.9	68.3	***	56.3	70.5	***	46.3	72.7	***	54.8	67.4	***	45.2	71.2	***
Arranging transport for delivery	33.5	45.2	*	31.7	49.8	***	41.2	53.7	***	35.4	58.2	***	38.9	51.1	***	34.2	55.3	***
Deciding on skilled attendance at delivery	17.3	18.8	ns	14.6	29.8	***	23.1	22.4	ns	18.7	35.9	***	21.3	21.3	ns	17.3	33.8	***
Arranging for a blood donor	13.7	3.6	***	9.3	14.1	ns	11.1	6.2	**	10.9	12.2	ns	11.9	5.4	***	10.3	12.8	ns
Encouraging exclusive breastfeeding	39.1	34.5	ns	24.4	52.7	***	42.8	46.8	ns	32.2	55.4	***	41.7	43.1	ns	29.5	54.5	***
Average score (SD)																		
Activities participated in (range 0 - 9)	2.69 (2.72)	2.94 (2.68)	ns	2.09 (2.47)	3.66 (2.73)	***	3.05 (2.68)	3.63 (2.63)	**	2.49 (2.74)	4.04 (2.66)	***	2.94 (2.70)	3.42 (2.66)	**	2.35 (2.65)	3.91 (2.69)	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.21 Percentage of male partners age 15 and older who participated in at least one specific aspect of the first-time mother's pregnancy, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	52.7	60.4	ns	49.4	68.7	*	61.6	75.2	*	54.5	81.2	***	57.9	69.0	*	52.2	75.5	***
Secondary complete/higher	67.0	63.2	ns	50.8	73.8	***	66.6	72.7	ns	55.1	76.5	***	66.7	70.4	ns	53.8	75.7	***
Never married																		
No	58.7	61.9	ns	52.4	71.8	***	64.8	74.6	**	54.0	78.0	***	63.1	71.0	**	53.5	76.0	***
Yes	66.7	61.9	ns	40.0	71.4	**	68.0	64.0	ns	62.2	75.6	ns	67.4	63.0	ns	52.5	73.8	**
Household wealth																		
Low	53.1	62.5	ns	50.5	68.0	*	54.5	77.3	***	52.3	70.3	**	54.0	71.8	**	51.6	69.3	***
Medium	64.1	62.8	ns	45.5	77.3	***	71.8	71.2	ns	47.7	82.8	***	69.4	68.6	ns	47.0	81.1	***
High	63.6	60.0	ns	57.1	71.4	ns	65.2	73.2	ns	67.2	79.3	*	64.8	69.9	ns	64.6	77.2	*
Worked last year																		
No	71.0	71.0	ns	47.5	72.5	*	67.6	76.5	ns	62.5	75.0	ns	69.2	73.8	ns	53.1	73.4	*
Yes	58.4	60.2	ns	50.9	71.5	***	65.0	73.1	*	54.4	77.9	***	63.1	69.5	*	53.4	75.9	***
Watched TV at least once a week																		
No	54.7	65.6	ns	46.5	67.4	**	63.1	74.5	*	55.9	79.4	***	60.6	71.8	*	52.3	74.8	***
Yes	63.2	60.2	ns	52.9	74.8	***	66.2	72.8	ns	54.4	76.8	***	65.3	69.0	ns	54.0	76.2	***
Both parents have secondary/higher education																		
No	50.0	71.1	ns	58.1	60.5	ns	67.5	80.5	*	50.0	79.0	***	63.4	78.3	**	52.4	73.4	***
Yes	62.9	59.7	ns	48.1	74.7	***	64.3	70.7	ns	56.6	77.3	***	63.9	67.1	ns	53.6	76.4	***
Total	60.4	61.9	ns	50.2	71.7	***	65.2	73.4	**	54.9	77.7	***	63.7	69.9	*	53.3	75.7	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

6.4.3 Male partner involvement during childbirth

During the endline survey, male partners were also asked if they were present at childbirth/delivery or when the FTM lost her pregnancy/baby. Table 6.22 show the results by baseline characteristics, age group, and study arm. Less than half of the male partners were present at delivery/pregnancy loss and male partner presence was significantly higher in the intervention HZs than in the comparison HZs, as expected. Forty-four percent of male partners in intervention HZs were present at delivery/pregnancy loss compared to 31% of those in the comparison HZs. In the overall sample, health zone differences were statistically significant among those who were more educated, were ever married, had high household wealth, had worked last year, had watched TV at least once a week, and had two parents with secondary/higher education.

Among male partners age 15-24, 23% were present at childbirth/pregnancy loss and about 1.6 times that as many were present in the intervention HZs (37%). This difference across study arms was statistically significant. The variation across study arms was also significant for male partners age 25 and older. Thirty-five percent of older male partners were present in the comparison HZs while in the intervention HZs, 48% were present. In both age groups, there was significant variation across study arms for male partners who had more education, were ever married, had high household wealth, had worked last year, had watched TV at least once a week, and had two parents with secondary/higher education.

6.5 Male Involvement in Newborn Healthcare and Activities

Male involvement in newborn care was measured by asking male partners enrolled in the study about their actual involvement, personal belief about paternal involvement, perceived community belief about the appropriateness of paternal involvement, perceived norms about paternal involvement and personal agency pertaining to paternal involvement. Questions in this section were framed around 16 routine childcare activities:

- Changing the baby's diapers
- Helping or supporting feeding
- Helping when baby cries
- Bathing the baby
- Playing with baby
- Washing the baby's clothes
- Cooking or preparing food
- Cleaning the house
- Putting the baby to sleep or bed
- Singing to the baby
- Talking to the baby
- Staying home when the child is or was sick
- Smiling or making silly faces at the baby
- Dancing with the baby
- Taking the baby to the doctor

6.5.1 Male partner involvement in routine childcare activities

During the endline survey, male partners were asked to report the degree to which they participated in the 16 afore-mentioned routine childcare activities: a great deal, a bit or not at all. The questions were restricted to male partners of FTM who had a live birth. Table 6.23 reports the percentages of male partners who participated a great deal in routine childcare activities for their baby.

Participation in the routine childcare activities varied within and across study arms. More than half of male partners age 15 and older participated a great deal in playing with the baby (comparison HZs: 58%; intervention HZs: 57%), talking to the baby (comparison HZs: 57%; intervention HZs: 55%), and taking the baby to the doctor (comparison HZs: 50%; intervention HZs: 55%). Male partner participation was greater overall in interactions with the baby; however, their participation in activities pertaining in household tasks and caretaking roles were low. Less than 20% participated a great deal in cooking (comparison HZs: 10%;

Table 6.22 Percentage of male partners age 15 and older who were present at childbirth/pregnancy loss, by baseline characteristics, age group, and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	20.9	30.1	ns	36.8	43.6	ns	30.1	37.5	ns
Secondary complete/higher	24.5	41.0	**	34.4	49.7	***	31.9	47.1	***
Never married									
No	23.9	38.2	***	33.9	48.9	***	31.1	45.4	***
Yes	19.0	28.6	ns	44.0	42.2	ns	32.6	36.2	ns
Household wealth									
Low	23.4	28.9	ns	35.5	44.5	ns	31.0	37.8	ns
Medium	23.1	36.4	ns	40.1	47.0	ns	34.9	43.8	ns
High	21.8	54.8	**	29.3	53.4	***	27.4	53.8	***
Worked last year									
No	25.8	30.0	ns	35.3	54.2	ns	30.8	39.1	ns
Yes	22.3	38.2	**	35.0	47.7	***	31.4	44.8	***
Watched TV at least once a week									
No	21.9	37.2	*	38.9	45.6	ns	33.8	42.3	ns
Yes	23.3	36.1	*	33.1	49.4	***	30.1	45.2	***
Both parents have secondary/higher education									
No	15.8	25.6	ns	43.9	54.0	ns	37.3	45.5	ns
Yes	24.5	39.5	**	31.7	46.1	***	29.4	43.8	***
Total	22.8	36.6	**	35.0	48.1	***	31.3	44.2	***
N	**197**	**205**		**451**	**395**		**648**	**600**	

*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2020 Endline Survey

Table 6.23 Percentage of male partners age 15 and older with a live birth who participated a great deal in routine childcare activities, by age group, and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Routine Childcare Activities	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Changing the baby's diapers	12.8	23.7	**	21.1	31.1	**	18.6	28.6	***
Helping/supporting feeding	33.8	37.4	ns	43.4	47.1	ns	40.5	43.7	ns
Helping when baby cries	44.1	46.0	ns	50.8	55.9	ns	48.7	52.4	ns
Bathing the baby	16.4	16.7	ns	18.6	23.1	ns	17.9	20.9	ns
Playing with the baby	54.9	55.1	ns	59.8	57.7	ns	58.3	56.8	ns
Looking after the baby when the mother goes out or is at work	41.0	38.4	ns	44.8	52.9	*	43.7	47.9	ns
Washing the baby's clothes	10.8	12.1	ns	10.1	16.2	*	10.3	14.8	*
Cooking or preparing food	11.3	8.6	ns	9.4	12.2	ns	10.0	11.0	ns
House cleaning	12.3	11.6	ns	17.5	18.1	ns	15.9	15.9	ns
Putting the baby to sleep/bed	36.4	36.4	ns	43.0	48.1	ns	41.0	44.1	ns
Singing to the baby	42.1	46.0	ns	47.6	50.5	ns	45.9	49.0	ns
Talking to the baby	53.8	50.0	ns	58.6	57.7	ns	57.1	55.1	ns
Staying home when the child is/was sick	32.3	35.9	ns	33.8	44.1	**	33.3	41.3	**
Smiling/making silly faces at the baby	43.1	43.4	ns	48.7	48.1	ns	47.0	46.5	ns
Dancing with the baby	41.5	41.4	ns	42.5	46.5	ns	42.2	44.8	ns
Taking the baby to the doctor	47.7	51.0	ns	51.5	58.0	ns	50.3	55.6	ns
N	**195**	**198**		**435**	**376**		**630**	**574**	

*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2020 Endline Survey

intervention HZs: 11%), house cleaning (16% in both study arms), and washing the baby's clothes (comparison HZs: 10%; intervention HZs: 15%). Involvement in routine childcare did not differ by study arm for most activities except for changing the baby diaper (by 10 percentage points), washing the baby's clothes (by five percentage points), and staying home when the child was sick (by eight percentage points).

When disaggregated by age group, most young and old male partners participated a great deal in playing with the baby, talking to the baby, and taking the baby to the doctor while they were least likely to participate a great deal in cooking, cleaning the house and washing the baby's clothes. Slightly different patterns were observed when the data were disaggregated by age group. For instance, in the age group 15-24, while more male partners in the intervention HZs than comparison HZs participated in changing the baby's diaper (24% versus 13%), a similar percentage in both study arms participated a great deal in putting the baby to bed (36% in both study arms), playing with the baby (55% in both study arms), cleaning the household (12% in both study arms), and smiling/making silly faces at the baby (43% in both study arms), and dancing with the baby

For most routine childcare activities, older male partners had greater participation rates than younger male partners. In the comparison HZs, age differentials were significant for male involvement in changing the baby's diapers (by eight percentage points: age 15-24: 13%; age 25 and older: 21%) and helping/supporting feeding (by nine percentage points, age 15-24: 34%; age 25+: 43%). There were more age differentials in routine child care activities in the intervention HZs: helping/supporting feeding (by 10 percentage points, age 15-24: 37%; age 25 and older: 47%), helping when baby cries (by 10 percentage points, age 15-24: 46%; age 25 and older: 56%), looking after the baby when mother goes out (by 15 percentage points, age 15-24: 38%; age 25 and older: 53%), house cleaning (by seven percentage points, age 15-24: 12%; age 25 and older: 18%), and putting the baby to sleep (by 12 percentage points, age 15-24: 36%; age 25 and older: 48%).

Participation in each routine childcare activity was summed to create an index measuring the number of routine childcare activities that male partners participated a great deal in. As in Table 6.23, the analysis was restricted to male partners of FTMs with a live birth. Table 6.24 shows that on average male partners age 15 and older participated a great deal in about six activities, and participation was higher in the intervention HZs than in the comparison HZs (6.0 activities versus 5.6 activities). Health zone differences in the routine childcare participation index were not statistically significant. Male partners who were never married participated in the least number of activities (comparison HZs: 4.6 activities; intervention HZs: 4.5) while those with medium household wealth (comparison HZs: 5.8 activities; intervention HZs: 6.4) and who did not have two parents with secondary/higher education (comparison HZs: 5.8 activities; intervention HZs: 6.4) participated in the highest average number of activities. The largest difference across study arms was observed among male partners age 15 and older who had not worked in the past year (1.2 point difference, comparison HZs: 4.8 activities; intervention HZs: 6.0 activities), but this differential along with the remaining sociodemographic subgroup differentials were not significant.

In both study arms, older male partners participated in more activities compared to their younger counterparts. Significantly more male partners age 25 and older participated in routine childcare activities than male partners age 15-24 in the intervention HZs (6.4 activities versus 5.3 activities, $p=0.01$), while in the comparison HZs, age differences in participation were not statistically significant even though older male partners participated on average in more routine child care activities (5.8 activities versus 5.2 activities; $p=0.14$). Within each age group, the differences across study arms were not significant and the only significant sociodemographic differentials across study arms were among male partners age 25 and older who had not worked in the last year (comparison HZs: 4.9 activities, intervention HZs: 7.7 activities) and had watched TV at least once a week (comparison HZs: 5.8 activities, intervention HZs: 6.6 activities).

Table 6.24 Average number of routine childcare activities that male partners age 15 and older (with a live birth) participated a great deal in, by baseline characteristics, age group and study arm, Kinshasa

	Age 15-24			Age 25+			Total		
Baseline Characteristics	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**	**Comparison**	**Intervention**	**Sig.**
Male partner's highest level of education									
None/primary/secondary incomplete	5.29 (4.84)	5.03 (4.27)	ns	5.24 (4.63)	6.04 (4.71)	ns	5.26 (4.71)	5.58 (4.54)	ns
Secondary complete/higher	5.15 (4.50)	5.48 (4.39)	ns	6.01 (4.61)	6.48 (4.42)	ns	5.80 (4.59)	6.18 (4.43)	ns
Never married									
No	5.26 (4.79)	5.52 (4.37)	ns	5.99 (4.61)	6.57 (4.44)	ns	5.78 (4.67)	6.22 (4.44)	ns
Yes	5.07 (4.16)	4.21 (4.10)	ns	4.23 (4.47)	4.79 (4.65)	ns	4.63 (4.33)	4.53 (4.40)	ns
Household wealth									
Low	5.33 (4.97)	4.91 (4.50)	ns	5.77 (4.51)	6.24 (4.56)	ns	5.60 (4.68)	5.67 (4.57)	ns
Medium	5.50 (4.62)	6.18 (4.36)	ns	5.96 (4.65)	6.48 (4.36)	ns	5.82 (4.64)	6.39 (4.35)	ns
High	4.69 (4.35)	4.73 (3.78)	ns	5.66 (4.69)	6.35 (4.64)	ns	5.41 (4.61)	5.91 (4.47)	ns
Worked last year									
No	4.74 (4.22)	5.00 (4.30)	ns	4.91 (4.36)	7.65 (5.00)	*	4.83 (4.26)	5.98 (4.71)	ns
Yes	5.30 (4.73)	5.37 (4.36)	ns	5.87 (4.64)	6.28 (4.46)	ns	5.71 (4.67)	6.00 (4.44)	ns
Watched TV at least once a week									
No	5.05 (5.07)	5.20 (4.08)	ns	5.89 (4.69)	5.88 (4.29)	ns	5.63 (4.82)	5.62 (4.22)	ns
Yes	5.30 (4.45)	5.37 (4.53)	ns	5.76 (4.60)	6.62 (4.59)	*	5.62 (4.55)	6.22 (4.60)	ns
Both parents have secondary/higher education									
No	5.40 (4.80)	5.73 (4.33)	ns	5.98 (4.76)	6.62 (4.50)	ns	5.83 (4.76)	6.36 (4.45)	ns
Yes	5.17 (4.63)	5.19 (4.35)	ns	5.74 (4.58)	6.28 (4.50)	ns	5.55 (4.60)	5.88 (4.47)	ns
Total	5.22 (4.65)	5.30 (4.34)	ns	5.80 (4.62)	6.36 (4.50)	ns	5.62 (4.64)	6.00 (4.47)	ns
N	**195**	**198**		**435**	**376**		**630**	**574**	

*** p <.001; ** p < .01; * p < .05; ns – not significant
Source: Momentum 2020 Endline Survey

6.5.2 Personal belief about paternal involvement in routine childcare activities

To provide insight into personal beliefs about the various roles that are appropriate for fathers, male partners were asked "How appropriate do you think each of the following activities is for fathers to do: extremely inappropriate, inappropriate, appropriate, or extremely appropriate?" Male partners age 15 and older believed that a moderate number of routine child activities were extremely appropriate for fathers (Table 6.25). At endline, male partners in the comparison HZs believed that on average 7.4 activities were extremely appropriate and, in the intervention, HZs they believed 7.1 activities were extremely appropriate. This was a significant increase from the baseline estimate for those in the comparison HZs (by 1.2 points, from 6.1 activities to 7.4 activities), and a significant decrease from the baseline estimate for those in the intervention HZs (by 1.3 points, from 8.3 activities to 7.1 activities).

Table 6.25 also presents information on the percentage of male partners who believed that paternal involvement in 10 or more routine childcare activities was extremely appropriate. Only a third of male partners believed that involvement in 10 or more routine childcare activities were extremely appropriate at endline (comparison HZs: 35%; intervention HZs: 34%). The variation seen from the baseline estimates differed in both study arms. In the comparison HZs, there wasn't much variation over time (3-percentage point increase); however, in the intervention HZs, there was a 14-percentage point decline in the percentage who believed that involvement in 10 or more routine childcare activities were extremely appropriate. The latter variation was significant. Significant sociodemographic differentials over time were observed in the comparison HZs among those with more education and those with medium household wealth, and in the intervention HZs, among both education subgroups, those who were ever married, lived in the poorest and wealthiest households, had worked last year, had watched TV at least once a week, and had/did not have two parents with secondary/higher education.

Interestingly, at endline, a slightly higher percentage of younger than older male partners believed that paternal involvement in 10 or more routine childcare activities was extremely appropriate. In the comparison HZs, 37% of male partners age 15-24 had this belief compared to 34% of older male partners, while in the intervention HZs, the prevalence of this belief was 35% among younger male partners compared to 33% among older male partners. Significant variations over time were not observed in any of the comparison HZs regardless of age group and sociodemographic subgroup. Conversely, in the intervention HZs the variations over time were significant and older male partners had the larger absolute change over time compared to the younger male partners (16 percentage points versus 12 percentage points). Among male partners age 15-24 in the intervention HZs, the variation over time was significant for those with less education, were ever married, had high household wealth, had worked last year, and did not have two parents with secondary higher education. For the older male partners, the variation was significant for all but five sociodemographic subgroups.

6.5.3 Perceived community belief about the appropriateness of paternal involvement in routine childcare activities

To measure perceived community belief, male partners were asked the question "How appropriate would most fathers in your community think the following activities are for fathers to do - extremely inappropriate, inappropriate, appropriate, or extremely appropriate?" The percentage of male partners who believed that most fathers in their community thought that paternal involvement in routine childcare activities was extremely appropriate is presented in Table 6.26. Relatively few male partners believed that most fathers in their community would consider paternal involvement in routine childcare activities to be extremely appropriate. At endline, male partners age 15 and older in both study arms believed that community would find on average one activity extremely appropriate for fathers. This was a significant decline from the baseline estimates in the comparison HZs (by 0.8 points) and intervention HZs (by 0.6 points). A similar trend was

observed within each age group. Among male partners age 15-24, a significant decline of 1.1 points was observed in the average number of activities in the comparison HZs (from 1.6 activities to 0.6 activities) and in the intervention HZs, it decreased by 0.4 points from 1.4 activities to 0.9 activities ($p>0.05$). Older male partners in the comparison HZs believed that most fathers in the community would find an average of 1.7 activities extremely appropriate at baseline and, by endline, an average of 1.0 activities were extremely appropriate. In the intervention HZs, older male partners believed that most fathers in the community would find more activities (average of 1.7) as extremely appropriate at baseline and by endline, this was comparable to what was observed in the comparison HZs (average of 1.0). The variations over time were significant for both study arms.

Regarding individual routine childcare activities, less than 30% of male partners age 15 and older believed that fathers' performance of each activity would be perceived as "extremely appropriate." Taking the baby to the doctor was the activity that the highest percentage of male partners believed most fathers in the community would consider extremely appropriate. In the comparison HZs, 34% of male partners age 15 and older believed that most fathers in the community perceived taking the baby to the doctor as extremely appropriate at baseline and by endline only 21% held this belief. Like the comparison HZs, the intervention HZs had a decline in prevalence over time but it was not significant. Twenty nine percent of male partners age 15 and older believed that most fathers in the community would find taking to the baby as extremely appropriate at baseline and it decreased by 3 percentage points at endline. Less than five percent of male partners believed that most fathers in the community perceived the following activities as extremely appropriate at endline: changing the baby's diapers (comparison HZs: 1%, intervention HZs: 2%), cleaning the house (comparison HZs: 1%, intervention HZs: 2%), cooking food (2% for both study arms), helping when the baby cries (4% for both study arms), bathing the baby (comparison HZs: 1%, intervention HZs: 2%), washing the baby's clothes (2% for both study arms), and putting the baby to sleep (comparison HZs: 4%, intervention HZs: 3%).

When the data were disaggregated by age group, the prevalence of perceived community support for paternal involvement in routine childcare activities was still low. At endline, 0% to 23% of male partners age 15-24 and 2% to 28% of male partners age 15 and older believed that most fathers in the community would find involvement in routine childcare activities as extremely appropriate. In the 15-24 age group, 18% of male partners in the comparison HZs and 23% of their counterparts in the intervention HZs believed that most fathers in the community would find "taking the baby to the doctor" as extremely appropriate. The lowest percentage of male partners found "changing the baby's diapers" as extremely appropriate in both study arms at endline (comparison HZs: 0%, intervention HZs: 0.5%). In the age group 25 and older, taking the baby to the doctor was the activity with the highest percentage of male partners believing most fathers in their community would consider most appropriate (comparison HZs: 23%, intervention HZs: 28%). At endline, the lowest percentage of older male partners in the comparison HZs believed that changing the baby's diapers, bathing the baby, and cleaning the house were extremely appropriate (2% for all activities), while in the intervention HZs, the lowest percentage believed that changing the baby's diapers, washing the baby's clothes, cooking, and cleaning the house were extremely appropriate (2% for all activities). It's worth noting that at endline, more male partners in the intervention HZs than in the comparison HZs perceived the community to consider taking the baby to the doctor as an extremely appropriate role for fathers, regardless of the age group.

At endline, only about one percent of male partners age 15 and older, 0.5 percentage of those age 15-24, and one percent of those age 15 and older believed that fathers in the community thought it was extremely appropriate for fathers to participate in 10 or more routine childcare activities. Due to the low prevalence, further analyses were not performed.

Table 6.25 Percentage of male partners age 15 and older who believed that paternal involvement in 10 or more routine childcare activities is extremely appropriate, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	38.5	33.0	ns	49.4	32.5	*	37.6	35.2	ns	46.5	30.7	*	38.0	34.3	ns	47.8	31.5	**
Secondary complete/higher	26.4	39.6	*	44.3	36.1	ns	29.1	33.1	ns	49.3	33.7	***	28.5	34.7	*	47.8	34.4	***
Never married																		
No	27.1	34.8	ns	48.2	34.7	*	31.4	33.7	ns	49.4	33.4	***	30.2	34.0	ns	49.0	33.8	***
Yes	50.0	42.9	ns	37.1	34.3	ns	32.0	34.0	ns	42.2	28.9	ns	40.2	38.0	ns	40.0	31.2	ns
Household wealth																		
Low	31.2	32.8	ns	46.4	36.1	ns	35.5	39.1	ns	51.6	32.0	**	33.9	36.8	ns	49.3	33.8	**
Medium	25.6	38.5	ns	42.4	36.4	ns	27.7	36.2	ns	43.7	36.4	ns	27.1	36.9	*	43.3	36.4	ns
High	41.8	38.2	ns	52.4	28.6	*	32.9	27.4	ns	51.7	29.3	**	35.2	30.1	ns	51.9	29.1	***
Worked last year																		
No	25.8	32.3	ns	40.0	42.5	ns	26.5	41.2	ns	37.5	29.2	ns	26.2	36.9	ns	39.1	37.5	ns
Yes	33.1	37.3	ns	47.9	32.7	**	31.9	33.1	ns	49.3	33.2	***	32.2	34.3	ns	48.9	33.0	***
Watched TV at least once a week																		
No	20.3	34.4	ns	41.9	31.4	ns	33.6	32.9	ns	42.6	36.0	ns	29.6	33.3	ns	42.3	34.2	ns
Yes	37.6	37.6	ns	49.6	37.0	ns	30.5	34.1	ns	51.7	31.3	***	32.6	35.2	ns	51.1	33.1	***
Both parents have secondary/higher education																		
No	34.2	31.6	ns	58.1	20.9	***	35.8	30.9	ns	52.0	39.0	ns	35.4	31.1	ns	53.8	33.6	**
Yes	31.4	37.7	ns	43.2	38.3	ns	29.9	34.8	ns	47.5	30.8	***	30.4	35.7	ns	46.0	33.5	***
Total	32.0	36.5	ns	46.3	34.6	*	31.5	33.7	ns	48.6	32.9	***	31.6	34.6	ns	47.8	33.5	***
Average score (SD)																		
Extremely appropriate activities (range 0 - 16)	6.70 (6.04)	7.52 (6.43)	ns	8.13 (76.48)	7.39 (5.79)	ns	5.87 (6.08)	7.29 (6.05)	**	8.42 (6.58)	6.87 (5.82)	***	6.12 (6.07)	7.36 (6.17)	***	8.32 (6.55)	7.05 (5.81)	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.26 Percentage of male partners age 15 and older who believed that most fathers in their community think that paternal involvement in routine childcare activities is extremely appropriate, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Routine Childcare Activities	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Changing the baby's diapers	2.5	0.0	*	2.9	0.5	ns	3.5	1.8	***	2.0	2.0	***	3.2	1.2	*	2.3	1.5	ns
Helping/supporting feeding	16.2	7.6	**	17.1	11.2	ns	17.7	7.8	***	18.5	9.1	***	17.3	7.7	***	18.0	9.8	***
Helping when baby cries	7.6	3.6	ns	5.4	3.4	ns	7.8	4.2	*	8.9	4.6	*	7.7	4.0	**	7.7	4.2	*
Bathing the baby	4.1	0.0	**	2.4	1.5	ns	5.1	1.8	**	1.8	2.8	ns	4.8	1.2	***	2.0	2.3	ns
Playing with the baby	11.7	5.1	*	6.8	7.8	ns	9.1	7.1	ns	15.4	6.6	***	9.9	6.5	*	12.5	7.0	**
Looking after the baby when the mother goes out or is at work	13.2	4.1	**	6.3	6.3	ns	13.7	7.8	**	11.9	7.6	*	13.6	6.6	***	10.0	7.2	ns
Washing the baby's clothes	4.1	0.0	**	2.0	2.9	ns	4.9	2.4	ns	2.0	1.5	ns	4.6	1.7	**	2.0	2.0	ns
Cooking or preparing food	3.6	0.5	*	1.5	2.0	ns	4.2	2.0	ns	2.0	1.8	ns	4.0	1.5	**	1.8	1.8	ns
House cleaning	4.6	0.5	*	1.0	1.5	ns	5.3	1.8	**	1.8	1.8	ns	5.1	1.4	***	1.5	1.7	ns
Putting the baby to sleep/bed	10.7	3.6	**	6.3	2.9	ns	7.5	4.2	*	10.1	3.5	***	8.5	4.0	**	8.8	3.3	***
Singing to the baby	11.7	4.1	**	10.7	5.4	*	10.0	6.9	ns	12.7	7.3	*	10.5	6.0	**	12.0	6.7	**
Talking to the baby	13.7	5.1	**	11.7	7.8	ns	10.0	11.3	ns	14.4	10.6	ns	11.1	9.4	ns	13.5	9.7	*
Staying home when the child is/was sick	13.2	3.6	**	8.3	6.3	ns	13.1	6.7	**	7.8	7.8	ns	13.1	5.7	***	8.0	7.3	ns
Smiling/making silly faces at the baby	12.2	6.1	*	14.1	5.9	**	10.6	8.6	ns	18.7	7.1	***	11.1	7.9	*	17.2	6.7	***
Dancing with the baby	9.6	2.5	**	11.7	4.4	**	9.8	5.8	*	13.9	5.3	***	9.7	4.8	**	13.2	5.0	***
Taking the baby to the doctor	38.1	17.8	***	27.3	23.4	ns	32.6	22.6	**	30.1	27.8	ns	34.3	21.1	***	29.2	26.3	ns
Average score (SD)																		
Extremely appropriate activities (range 0 - 16)	1.77 (2.90)	0.64 (1.65)	***	1.36 (2.54)	0.93 (1.75)	ns	1.65 (3.15)	1.03 (2.38)	**	1.72 (2.97)	1.07 (2.17)	**	1.69 (3.07)	0.91 (2.19)	***	1.60 (2.83)	1.03 (2.03)	***
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

6.5.4 Perceived norms regarding male involvement in routine childcare activities

A male partner's intention to participate and actual participation in routine childcare activities can be influenced by his perceived norms regarding male involvement in routine childcare activities. In the baseline and endline surveys, data were collected on descriptive norms, normative referents, injunctive norms, motivation to comply with normative referents, and normative expectations related to the male partner's involvement in routine childcare activities.

6.5.4.1 Descriptive norms

Descriptive norms are perceptions about what other male partners or fathers in the male partner's social environment or personal network are doing with regards to participation in routine childcare activities. This norm was measured by asking male partners to respond on a 5-point scale (all of them, more than half of them, about half of them, less than half of them, or none of them) to the question "How many fathers in your community do you believe perform routine childcare activities for children under 12 months of age (such as, changing the diapers, bathing the baby, washing the baby's clothes, taking the baby to the doctor, etc.)? A dichotomous variable was then created such that responses indicating "all of them" or "more than half of them" were coded as 1 and all remaining response options were coded as 0 (about half of them, less than half of them, or none of them). Table 6.27 presents the percentage of male partners older who thought that most fathers performed routine childcare activities in their community, by baseline characteristics, age group, survey round, and study arm.

The perceived prevalence of fathers' performance of routine childcare activities in the community was low across study arms. At endline, under a quarter of male partners age 15 and older in the comparison and intervention HZs believed that most fathers performed routine childcare activities, 22% and 21% respectively. Compared to the baseline estimates, there was a significant decrease over time in the comparison HZs (by 5.3 percentage points) and a non-significant increase over time in the intervention HZs in the percentage of male partners who believed that most fathers performed routine childcare activities. Significant declines over time were also observed in the comparison HZs among male partners with less education, who had worked in the past year, and had two parents with secondary/higher education. In the intervention HZs, none of the sociodemographic subgroups had significant changes in these descriptive norms between the baseline and endline surveys.

Within each study arm, age differentials were not significant, irrespective of the survey round. In the 15-24 age group, 22% of male partners in the comparison HZs and 19% of those in the intervention HZs believed that most fathers performed routine childcare activities at endline, while among the older male partners, 22% held this belief in both study arms. None of the variations over time in the study arms were significant for any of the age groups. Sociodemographic differentials over time were also not significant with the exception of two subgroups of male partners age 15-24 in the comparison HZs. For these male partners, significant differences over time were seen for those who were never married and had high household wealth.

Table 6.27 Percentage of male partners age 15 and older who thought most fathers perform routine childcare activities in their community, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	34.1	22.0	ns	23.2	15.7	ns	32.8	22.4	ns	17.8	23.8	ns	33.3	22.2	*	20.2	20.1	ns
Secondary complete/higher	27.4	21.7	ns	12.3	21.3	ns	23.9	22.5	ns	22.4	21.4	ns	24.8	22.3	ns	19.5	21.4	ns
Never married																		
No	28.4	25.2	ns	14.8	20.0	ns	27.2	22.0	ns	20.6	21.4	ns	27.5	22.9	ns	18.7	21.0	ns
Yes	38.1	9.5	**	25.7	14.3	ns	20.0	26.0	ns	26.7	26.7	ns	28.3	18.5	ns	26.3	21.2	ns
Household wealth																		
Low	35.9	25.0	ns	19.6	13.4	ns	29.1	23.6	ns	21.9	21.9	ns	31.6	24.1	ns	20.9	18.2	ns
Medium	28.2	26.9	ns	15.4	25.8	ns	26.0	22.6	ns	19.2	25.2	ns	26.7	23.9	ns	18.1	25.3	ns
High	27.3	10.9	*	11.9	21.4	ns	25.0	21.5	ns	23.3	18.1	ns	25.6	18.8	ns	20.3	19.0	ns
Worked last year																		
No	35.5	19.4	ns	17.5	27.5	ns	26.5	26.5	ns	37.5	25.0	ns	30.8	23.1	ns	25.0	26.6	ns
Yes	29.5	22.3	ns	16.5	17.0	ns	26.4	22.1	ns	20.2	21.8	ns	27.3	22.2	*	19.1	20.3	ns
Watched TV at least once a week																		
No	29.7	21.9	ns	12.9	12.8	ns	28.2	24.8	ns	19.1	21.3	ns	28.6	23.9	ns	16.7	18.0	ns
Yes	30.8	21.8	ns	19.3	23.5	ns	25.5	21.3	ns	22.4	22.4	ns	27.1	21.4	ns	21.4	22.8	ns
Both parents have secondary/higher education																		
No	31.6	26.3	ns	23.3	16.3	ns	30.9	28.5	ns	19.0	22.0	ns	31.1	28.0	ns	20.3	20.3	ns
Yes	30.2	20.8	ns	14.9	19.8	ns	24.7	20.2	ns	22.0	22.0	ns	26.5	20.4	*	19.5	21.2	ns
Total	30.5	21.8	ns	16.7	19.0	ns	26.4	22.4	ns	21.3	22.0	ns	27.6	22.3	*	19.7	21.0	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

6.5.4.2 Normative referents

Normative referents are individuals or groups that male partners might listen to when deciding whether to be involved in routine childcare. Male partners were asked to name five people who were most important to them either generally or when deciding how they as fathers should care for their children under 12 months of age. Table 6.28 shows that the male partner's mother was the most important referent for decisions about male involvement in routine childcare in both study arms, regardless of age group. In the comparison HZs, 82% of male partners age 15 and older mentioned their mother as a referent and this decreased by six percentage points to 76% at endline, while in the intervention HZs, 80% of male partners mentioned their mother as a referent in both survey rounds. The second most important referent was the FTM, 71% in the comparison HZs and 75% in the intervention HZs mentioned her as a referent during the endline survey. Teachers were the least important referents. Under five percent mentioned teachers as a referent for decisions about male involvement in routine childcare during the endline survey (comparison HZs: 3%, intervention HZs: 1%). Age group analysis showed a similar pattern for the most and least important referents. The importance of the mother was higher among younger than older male partners in the comparison HZs (endline: 82% versus 74%) and intervention HZs (endline: 85% versus 77%). Whereas the second most important referent, the FTM, was mentioned by more of the older than the younger male partners in the comparison HZs (endline: 73% versus 67%) and intervention HZs (endline: 76% versus 71%).

6.5.4.3 Injunctive norms

Injunctive norms reflect the male partner's perception of what is considered acceptable and unacceptable behavior. To measure injunctive norms regarding paternal involvement in routine childcare activities, male partners were asked "Would the following people you mentioned approve or disapprove of you performing routine childcare activities (such as, changing the diapers, bathing the baby, washing the baby's clothes, taking the baby to the doctor, etc.) for your child who is under 12 months of age?" Table 6.29 presents the percentage who believed that most (4 or 5) referents approved of them participating in routine childcare activities, by baseline characteristics, age group, survey round, and study arm.

Most of the male partners age 15 and older believed that most of their referents would approve of them performing routine childcare activities. In the endline survey, over four in five male partners in the comparison HZs (84%) and 76% of male partners in the intervention HZs believed that most referents would approve and the absolute change over time was larger in the comparison HZs than the intervention HZs (13 percentage points versus one percentage point). Although the comparison HZs had lower baseline estimates than the intervention HZs (71% versus 74%), at endline, more male partners in the comparison HZs than the intervention HZs believed that most referents would approve of their participation in routine childcare activities (84% versus 76%). Sociodemographic subgroup analysis revealed that among male partners age 15 and older in the intervention HZs, those who had/had not watched TV at least once a week had significant changes over time and in the comparison HZs, all but two subgroups did.

When the data were disaggregated by age group, the largest absolute changes were observed in the comparison HZs for both age groups (age 15-24: 14 percentage points; age 25 and older: 12 percentage points). It's also worth noting that at endline, more male partners in the comparison HZs than the intervention HZs believed that most referents would approve of their participation in routine childcare activities (age 15-24: 85% versus 72%; age 25 and older: 84% versus 78%). Among male partners age 15-24, the largest (and significant) change in the comparison HZs was observed among those who had not worked in the last year. Those in the latter HZ who had more education, were ever married, lived in the wealthiest households, had/had not worked in the past year, had watched TV at least once a week, and had two parents with secondary/higher education also had significant changes over time. Among their older counterparts, significant changes over time were observed for all but four sociodemographic subgroups. In the intervention HZs, significant changes over time were observed for younger and older male partners who watched TV at least once a week.

Table 6.28 Percentage of male partners age 15 and older who named specific persons among the five most important referents when making decisions about their involvement in routine childcare activities, by age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Key Influencers	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Mother	88.8	81.7	*	86.8	85.4	ns	78.9	74.1	ns	75.7	77.2	ns	81.9	76.4	*	79.5	80.0	ns
Father	66.5	57.9	ns	70.2	60.5	*	59.2	53.4	ns	55.2	55.9	ns	61.4	54.8	*	60.3	57.5	ns
First-time mother	76.1	66.5	*	68.3	71.2	ns	77.6	73.2	ns	77.7	77.5	ns	77.2	71.1	*	74.5	75.3	ns
Sister	64.0	58.4	ns	57.6	61.5	ns	55.7	49.2	ns	50.1	52.4	ns	58.2	52.0	*	52.7	55.5	ns
Other family member	52.3	56.9	ns	54.6	51.7	ns	50.6	50.8	ns	52.7	44.8	*	51.1	52.6	ns	53.3	47.2	*
Mother-in-law	15.7	10.2	ns	14.1	7.8	*	16.4	9.8	**	12.4	12.9	ns	16.2	9.9	**	13.0	11.2	ns
Friend	53.8	64.0	*	51.7	63.9	*	63.6	70.5	*	58.2	66.1	*	60.6	68.5	**	56.0	65.3	**
Religious leader	21.8	25.4	ns	17.1	21.5	ns	34.8	35.5	ns	32.7	37.7	ns	30.9	32.4	ns	27.3	32.2	ns
Health worker	33.5	25.4	ns	28.8	28.8	ns	30.8	33.5	ns	30.9	31.1	ns	31.6	31.0	ns	30.2	30.3	ns
Teacher	1.0	2.0	ns	1.0	1.0	ns	1.6	2.7	ns	4.1	1.0	**	1.4	2.5	ns	3.0	1.0	*
Co-worker	6.1	16.8	**	15.1	10.2	ns	12.6	22.8	***	22.8	16.7	*	10.6	21.0	***	20.2	14.5	*
Neighbor	4.1	17.8	***	16.1	16.1	ns	7.5	13.3	**	10.1	11.1	ns	6.5	14.7	***	12.2	12.8	ns
Other	16.2	17.3	ns	18.5	20.5	ns	10.6	11.3	ns	17.5	15.4	ns	12.3	13.1	ns	17.8	17.2	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.29 Percentage of male partners age 15 and older who believed that most (4 or 5) referents approve of them participating in routine childcare activities, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	73.6	83.5	ns	68.7	66.3	ns	77.6	85.6	ns	72.3	73.3	ns	75.9	84.7	*	70.7	70.1	ns
Secondary complete/higher	67.9	85.8	**	69.7	75.4	ns	69.0	82.8	***	78.9	78.9	ns	68.8	83.6	***	76.2	77.9	ns
Never married																		
No	69.7	85.8	**	70.0	75.3	ns	71.6	83.8	***	77.1	77.4	ns	71.0	84.4	***	74.8	76.7	ns
Yes	73.8	81.0	ns	65.7	54.3	ns	70.0	82.0	ns	77.8	77.8	ns	71.7	81.5	ns	72.5	67.5	ns
Household wealth																		
Low	71.9	82.8	ns	70.1	67.0	ns	78.2	80.0	ns	76.6	77.3	ns	75.9	81.0	ns	73.8	72.9	ns
Medium	75.6	87.2	ns	68.2	71.2	ns	67.8	88.1	***	79.5	77.5	ns	70.2	87.8	***	76.0	75.6	ns
High	61.8	83.6	*	69.0	83.3	ns	70.7	81.1	*	75.0	77.6	ns	68.5	81.7	**	73.4	79.1	ns
Worked last year																		
No	61.3	87.1	*	62.5	65.0	ns	58.8	82.4	*	70.8	79.2	ns	60.0	84.6	**	65.6	70.3	ns
Yes	72.3	84.3	**	70.9	73.3	ns	72.4	83.7	***	77.6	77.4	ns	72.4	83.9	***	75.6	76.1	ns
Watched TV at least once a week																		
No	67.2	76.6	ns	70.9	60.5	ns	71.1	79.9	ns	81.6	71.3	*	70.0	78.9	*	77.5	67.1	*
Yes	72.2	88.7	**	68.1	79.8	*	71.5	85.4	***	74.9	80.7	ns	71.7	86.4	***	72.8	80.4	*
Both parents have secondary/higher education																		
No	65.8	84.2	ns	60.5	69.8	ns	66.7	81.3	**	74.0	83.0	ns	66.5	82.0	**	69.9	79.0	ns
Yes	71.7	84.9	**	71.6	72.2	ns	73.2	84.5	***	78.3	75.6	ns	72.7	84.6	***	75.9	74.4	ns
Total	70.6	84.8	**	69.3	71.7	ns	71.4	83.6	***	77.2	77.5	ns	71.1	84.0	***	74.5	75.5	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

6.5.4.4 Motivation to comply

Normative referents can influence a male partner's decision and actual behavior. If a male partner believes the referent approves of his participation, he may be motived to meet the referent's expectation. Understanding a male partner's motivation to comply can help us assess the importance of a male partner's consideration of his referents approval/disapproval when deciding whether to participate in routine childcare activities. Male partners' motivation to comply with each referent was measured by asking "Please tell me whether you strongly agree, agree, disagree or strongly disagree with each of the following statements: When it comes to deciding how to care for my child who is under 12 months of age, I want to do: I do what _____ thinks I should do." Those who reported that they strongly agreed with the statement that they would do what the referent thought they should do were categorized as being motivated to comply with the referent.

Table 6.30 shows the percentage of male partners who were motivated to comply with most (4 or 5) referents regarding participating in routine childcare activities. Male partners' motivation to comply with most referents was low and under 10 percent of male partners age 15 and older were motivated to comply with most referents. In the comparison HZs, seven percent were motivated to comply with most referents in both survey rounds while in the intervention HZs, 9% of male partners at baseline and 7% at endline were motived to comply. The decrease of two percentage points in the intervention HZs was not statistically significant. The low rates were also observed among younger and older male partners. At endline, more male partners age 15-24 in the intervention HZs than the comparison HZs were motivated to comply with most referents regardless of the survey round. This pattern was not observed among the older male partners. Among the older male partners, more male partners in the intervention HZ were motivated to comply with most referents at endline and the reverse was observed at baseline. Most sociodemographic subgroups did not have significant changes over time, regardless of age group and study arm. Changes over time were significant for male partners age 25 and older from medium-wealth households and male partners age 15-24 as well as those age 15 and older who did not have two parents with secondary/higher education.

6.5.4.5 Normative expectations

Normative expectations are the male partner's beliefs about what other people think he ought or should do. This was measured by asking male partners whether they strongly agreed, agreed, disagreed, or strongly disagreed with the statement "Most people who are important to me think I ought to perform routine childcare activities (such as, changing the diapers, bathing the baby, washing the baby's clothes, taking the baby to the doctor, etc.) for my child who is under 12 months of age."

As shown in Table 6.31, over a third of male partners age 15 and older strongly agreed that most people who were important to them thought they ought to perform routine childcare activities and more male partners in the intervention HZs than the comparison HZs strongly agreed with the statement at endline (39% versus 36%). For those in the comparison HZs, there was a three-percentage point decrease over time while in the intervention HZs, there was a five-percentage point increase over time. These changes over time were not significant. Changes over time were also not significant for many sociodemographic subgroups except for male partners who living in the poorest households in the comparison HZs, and those who were ever married and watched TV at least once a week in the intervention HZs.

During the endline survey, a larger percentage of older than younger male partners in the comparison HZs agreed that most people who were important to them thought they ought to perform routine childcare activities (38% versus 34%) and in the intervention HZs, there was only one percentage point difference (age 15-24: 39%, age 25+: 40%). None of the variations over time were significant in any study arm or age group. Similarly, none of the within-subgroup changes among male partners age 15-24 in both study arms and male

partners age 25 and older in the comparison HZs were significant. In the intervention HZs, older male partners who had watched TV at least once a week had significant changes, from 34% at baseline to 45% at endline (11 percentage point difference). All other subgroups had non-significant changes over time.

6.5.5 Autonomy pertaining to paternal involvement in routine childcare activities

Autonomy is an individual's ability to make his/her own decision free of the will of others. Male partners' autonomy about performing routine childcare activities was assessed by asking male partners "If most of the people who are important to you did not want you to perform routine childcare activities (such as, changing the diapers, bathing the baby, washing the baby's clothes, taking the baby to the doctor, etc.) for your baby who is under 12 months of age, would you still do it?" Male partners who responded affirmatively, indicating they would still perform routine childcare activities, were considered to be autonomous. Table 6.32 presents the percentage of male partners who reported that they would still perform routine childcare activities against the wishes of most people important to them.

Overall, over three fourths of male partners age 15 and older were autonomous at endline and reported that they would perform routine childcare activities against the wishes of most people who were important to them. In the comparison HZs, 76% were autonomous which was a 10-percentage point increase from the baseline estimate while in the intervention HZs, 77% at baseline and 78% at endline were autonomous. The increase observed in the comparison HZs was significant. There were significant sociodemographic subgroup differences over time for all but three subgroups in the comparison HZs and all the subgroups in the intervention HZs, were not significant.

Older male partners in the intervention HZs were more autonomous than their counterparts in the comparison HZs at endline (80% versus 76%), and among the younger male partners the same percentage were autonomous (75% in both study arms). These variations across the study arms as well as the variation over time within the study arms were not statistically significant. Male partners age 25 and older in the comparison HZs had the largest absolute change over time (12 percentage points) compared to the other age groups and study arms. Within the intervention HZs, significant changes over time were observed for male partners age 25 and older who had less education, while in the comparison HZs, significant changes were seen for male partners age 15-24 who were never married and had not watched TV at least once a week, as well as for all but three subgroups of male partners 25 and older (never married, medium household wealth, and unemployed in the past year).

Table 6.30 Percentage of male partners age 15 and older who were motivated to comply with most (4 or 5) referents regarding participating in routine childcare activities, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	12.1	7.7	ns	9.6	6.0	ns	9.6	7.2	ns	9.9	6.9	ns	10.6	7.4	ns	9.8	6.5	ns
Secondary complete/higher	5.7	6.6	ns	10.7	9.8	ns	5.8	7.7	ns	8.5	6.8	ns	5.8	7.4	ns	9.1	7.7	ns
Never married																		
No	9.7	8.4	ns	12.4	9.4	ns	7.5	7.5	ns	8.6	7.1	ns	8.1	7.7	ns	9.8	7.9	ns
Yes	4.8	2.4	ns	0.0	2.9	ns	2.0	8.0	ns	11.1	4.4	ns	3.3	5.4	ns	6.2	3.7	ns
Household wealth																		
Low	7.8	4.7	ns	8.2	7.2	ns	10.9	6.4	ns	8.6	5.5	ns	9.8	5.7	ns	8.4	6.2	ns
Medium	6.4	6.4	ns	9.1	10.6	ns	5.1	11.3	*	9.3	7.9	ns	5.5	9.8	ns	9.2	8.8	ns
High	12.7	10.9	ns	16.7	7.1	ns	6.1	4.3	ns	8.6	6.9	ns	7.8	5.9	ns	10.8	7.0	ns
Worked last year																		
No	9.7	0.0	ns	12.5	10.0	ns	2.9	5.9	ns	0.0	8.3	ns	6.2	3.1	ns	7.8	9.4	ns
Yes	8.4	8.4	ns	9.7	7.9	ns	7.2	7.7	ns	9.4	6.7	ns	7.5	7.9	ns	9.5	7.1	ns
Watched TV at least once a week																		
No	12.5	4.7	ns	5.8	5.8	ns	7.4	8.1	ns	5.1	5.1	ns	8.9	7.0	ns	5.4	5.4	ns
Yes	6.8	8.3	ns	13.4	10.1	ns	6.6	7.3	ns	10.8	7.7	ns	6.7	7.6	ns	11.6	8.5	ns
Both parents have secondary/higher education																		
No	15.8	2.6	*	2.3	11.6	ns	8.1	5.7	ns	4.0	7.0	ns	9.9	5.0	ns	3.5	8.4	ns
Yes	6.9	8.2	ns	12.3	7.4	ns	6.4	8.2	ns	10.5	6.8	ns	6.6	8.2	ns	11.2	7.0	*
Total	8.6	7.1	ns	10.2	8.3	ns	6.9	7.5	ns	8.9	6.8	ns	7.4	7.4	ns	9.3	7.3	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.31 Percentage of male partners age 15 and older who strongly agreed that most people who were important to them thought they ought to perform routine childcare activities, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	44.0	30.8	ns	38.6	33.7	ns	38.4	36.0	ns	26.7	34.7	ns	40.7	33.8	ns	32.1	34.2	ns
Secondary complete/higher	39.6	35.8	ns	31.1	41.8	ns	38.3	38.0	ns	36.7	41.2	ns	38.7	37.5	ns	35.1	41.3	ns
Never married																		
No	39.4	34.2	ns	35.9	42.9	ns	40.9	38.9	ns	34.0	40.3	ns	40.5	37.6	ns	34.6	41.2	*
Yes	50.0	31.0	ns	25.7	17.1	ns	18.0	26.0	ns	35.6	33.3	ns	32.6	28.3	ns	31.2	26.3	ns
Household wealth																		
Low	45.3	32.8	ns	34.0	35.1	ns	50.0	40.0	ns	35.2	41.4	ns	48.3	37.4	*	34.7	38.7	ns
Medium	41.0	30.8	ns	34.8	43.9	ns	31.1	36.2	ns	36.4	40.4	ns	34.1	34.5	ns	35.9	41.5	ns
High	38.2	38.2	ns	33.3	38.1	ns	38.4	37.2	ns	30.2	36.2	ns	38.4	37.4	ns	31.0	36.7	ns
Worked last year																		
No	41.9	41.9	ns	40.0	35.0	ns	32.4	35.3	ns	33.3	41.7	ns	36.9	38.5	ns	37.5	37.5	ns
Yes	41.6	31.9	ns	32.7	39.4	ns	38.8	37.6	ns	34.2	39.4	ns	39.6	36.0	ns	33.8	39.4	ns
Watched TV at least once a week																		
No	45.3	39.1	ns	39.5	34.9	ns	42.3	37.6	ns	34.6	29.4	ns	43.2	38.0	ns	36.5	31.5	ns
Yes	39.8	30.8	ns	30.3	41.2	ns	36.4	37.4	ns	34.0	44.8	*	37.5	35.4	ns	32.8	43.7	*
Both parents have secondary/higher education																		
No	47.4	31.6	ns	34.9	44.2	ns	35.8	39.8	ns	30.0	37.0	ns	38.5	37.9	ns	31.5	39.2	ns
Yes	40.3	34.0	ns	34.0	37.0	ns	39.3	36.6	ns	35.6	40.3	ns	39.6	35.7	ns	35.0	39.2	ns
Total	41.6	33.5	ns	34.1	38.5	ns	38.4	37.5	ns	34.2	39.5	ns	39.4	36.3	ns	34.2	39.2	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

Table 6.32 Percentage of male partners age 15 and older who would still perform routine childcare activities against the wishes of most people important to them, by baseline characteristics, age group, survey round, and study arm, Kinshasa

	Age 15-24						Age 25+						Total					
	Comparison			Intervention			Comparison			Intervention			Comparison			Intervention		
Baseline Characteristics	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**	**T1**	**T2**	**Sig.**
Male partner's highest level of education																		
None/primary/secondary incomplete	70.3	74.7	ns	81.9	73.5	ns	60.0	73.6	*	71.3	83.2	*	64.4	74.1	*	76.1	78.8	ns
Secondary complete/higher	68.9	75.5	ns	72.1	76.2	ns	66.3	77.0	**	79.3	78.2	ns	66.9	76.6	**	77.2	77.6	ns
Never married																		
No	71.0	72.9		76.5	77.1	ns	65.3	76.8	***	77.7	80.9	ns	66.9	75.7	**	77.3	79.6	ns
Yes	64.3	83.3	*	74.3	65.7	ns	58.0	70.0	ns	73.3	68.9	ns	60.9	76.1	*	73.8	67.5	ns
Household wealth																		
Low	57.8	71.9	ns	78.4	78.4	ns	58.2	75.5	**	78.1	78.1	ns	58.0	74.1	**	78.2	78.2	ns
Medium	78.2	76.9	ns	77.3	72.7	ns	66.7	74.0	ns	75.5	82.1	ns	70.2	74.9	ns	76.0	79.3	ns
High	70.9	76.4	ns	69.0	71.4	ns	66.5	78.7	*	78.4	77.6	ns	67.6	78.1	*	75.9	75.9	ns
Worked last year																		
No	67.7	87.1	ns	65.0	67.5	ns	70.6	76.5	ns	62.5	83.3	ns	69.2	81.5	ns	64.1	73.4	ns
Yes	69.9	72.9	ns	78.8	77.0	ns	64.0	76.0	***	78.2	79.2	ns	65.7	75.1	***	78.4	78.5	ns
Watched TV at least once a week																		
No	60.9	79.7	*	80.2	75.6	ns	60.4	72.5	*	76.5	76.5	ns	60.6	74.6	**	77.9	76.1	ns
Yes	73.7	72.9	ns	73.1	74.8	ns	66.6	77.8	**	77.6	81.1	ns	68.7	76.3	*	76.2	79.1	ns
Both parents have secondary/higher education																		
No	73.7	71.1	ns	79.1	74.4	ns	66.7	79.7	*	81.0	84.0	ns	68.3	77.6	ns	80.4	81.1	ns
Yes	68.6	76.1	ns	75.3	75.3	ns	63.7	74.7	**	75.9	78.0	ns	65.3	75.2	***	75.7	77.0	ns
Total	69.5	75.1	ns	76.1	75.1	ns	64.5	76.1	***	77.2	79.5	ns	66.0	75.8	***	76.8	78.0	ns
N	**197**			**205**			**451**			**395**			**648**			**600**		

*** p <.001; ** p < .01; * p < .05; ns – not significant

Source: Momentum 2018 Baseline Survey (T1) and 2020 Endline Survey (T2)

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APPENDIX

Data Collection Team and Entry Team

Baseline Survey

Interviewers			
No	Name	No	Name
1	ABELY TSHOMBA	49	MAVULA MBAYALA CHRISTELLE
2	ANAMBATU DINA	50	MBAKA MUSIMBI
3	ATUMANISA GUYLAIN	51	MBUMBA ALBERT
4	BAKWALUFU MIKE	52	MIKANGAMANI EUPHRASIE
5	BAMBONGO ANICHA	53	MITSHO-UZZANA
6	BINANGA CHRISTIAN	54	MOLENGE HERVE
7	BOKOMBE RICHARD	55	MOUSSA NDUKU
8	BOLIA PAPY	56	MOUYA LAFAYETTE
9	BOLUWA BASEKA CAJOU	57	MPELEBWE NIUMBI
10	BOLUWA DIDO	58	MPEMBA KELLY
11	BONGONGO BALONG JOLIE	59	MUFUATA ERIC
12	BONGU VERONICA	60	MUGO MWANGA FALONNE
13	BOSSOKU ABIGAEL	61	MUKUNA TRESOR
14	BUSOGA CRISPAIN	62	MUKUNDA MICHAEL
15	DINANGAYI JOELLE	63	MULANGA NONO
16	EPY NGERA KAZADI	64	MUSEMA LAEL
17	FAZILI MUNDENGA ROSETTE	65	MUSIMBI BENJAMIN
18	FLAVIE-MALOBA	66	MUSUWA KASAJI IRENE
19	GRACE ODIA	67	MUZENGA MUTOMBO NADEGE
20	ILUNGA HARLETTE	68	MWAMINI ZUHULA MELANIE
21	ISONGA NICLETTE	69	MWANGILWA LUKENGE DANIELLA
22	KABASELE LINDA	70	NANISSA NEHEMIE
23	KABUKA SAKINA ASCE	71	NDENE ABRAHAM
24	KALALA TRESOR	72	NDUKU DEGO
25	KANKONDE JENNIFER	73	NGALIA APAULINE
26	KANKU TSHIBANGU	74	NGOIE NDOMBE ADELE
27	KASONGO JOSUE	75	NGYESSE CEDRIC
28	KAWAYA NDAYA PRISCA	76	NICKVERT JONATHAN
29	KETHO DIKONDO	77	NLANDU KIUKA TRESOR
30	KILOLA GRACE	78	NSONGA MARIE
31	KIMFUTA MAKUMBI JULIA	79	NSUBI KIZOMBO
32	KISUBA CHARLOTTE	80	NYEMBO MUSEMA
33	KOLO ARISTOTE	81	NZUMBA NICLETTE
34	KWIMI MASISA NADIA	82	NZUZI DELPHINE
35	LEMBA LEMBA LYSETTE	83	ODIA PANIQUE
36	LOKOKA MAMIE	84	PAOLA VALIA TSHAMBA
37	LOMINGO MARLYSE	85	PHUATI NIMI
38	LUVUNGA CIDY	86	RACHELLE BEYA
39	LYS TONA	87	SADIKI WASOKOLELA MERVEILLE
40	MAKENGA DESMOND	88	SAFI LUZINGA MARLENE

Interviewers			
No	Name	No	Name
41	MAMIE FASHINGABO	89	SAIDI SAMUEL
42	MANDJOKO GEDIDJA	90	SHEKINAH DJONDO
43	MASENGI YVES	91	SHESHE SELEMANI YANEL
44	MASHITA MADO	92	TEKETESSE ARTHUR
45	MASUAMA MAKONDA HYGINS	93	TOKO PASCAL
46	MASWA SYLVAIN	94	VITULA CLAUDE
47	MATANGILA CHRIST	95	YEMBA AUGUSTINE
48	MAVILA CEDRIC	96	YOMBO TSHITEYA OLGA

Supervisors			
No	Name	No	Name
1	BENITO KAZENZA MAYKONDO	8	MAFUTA NENE
2	FALANGA TINDA MYRIAM	9	MANTETE SEDU NARCISSE
3	ILAKA MAMIE	10	MOKE SEBASTIEN
4	ILUNGA GRACE	11	MUKOMBELWA ARLETTE
5	KALANZAYA GYPSI	12	PANSHI CHRISTINE
6	KISALU KAMBALE ROSY	13	TSHIJIYA JEAN PAUL
7	LULEBO MAMIE	14	VAVA SORY SIMON SIMON

Controllers			
No	Name	No	Name
1	STEVE MBIKAYI	4	PRESCILLIA VISI
2	GUY NGINDU	5	DYNA KAYEMBE
3	CHARLES KASONGO	6	TESKY KOBA

Endline Survey

Interviewers			
No	Name	No	Name
1	ANAMBATU DINA	51	ABELY TSHOMBA
2	BONGONGO BALONG JOLIE	52	ATUMANISA GUYLAIN
3	BOSSOKU ABIGAEL	53	BAKWALUFU MIKE
4	CHADDAI MANGOYO	54	BOKOMBE RICHARD
5	DAUPHINE MBOMBO	55	BUSOGA CRISPAIN
6	DINANGAYI JOELLE	56	KALALA TRESOR
7	EPY NGEKA KAZADI	57	KASONGO JOSUE
8	FAZILI MUNDENGA ROSETTE	58	KETHO DINGU REAGEN
9	ADELE NGOY	59	KOLO ARISTOTE
10	GRACE ODIA	60	LUVUNGA CIDY
11	ILUNGA HARLETTE	61	MAKENGA DESMOND
12	ISONGA NICLETTE	62	MANDJOKO GEDIDJA
13	KABASELE LINDA	63	TOMBONGO LEON
14	KABUKA SAKINA ASCE	64	MASUAMA MAKONDA HYGINS
15	KIGALU NORA	65	MASWA SYLVAIN
16	KIMFUTA MAKUMBI JULIA	66	MATANGILA CHRIST
17	KISALU KAMBALE ROSY	67	MAVILA CEDRIC
18	KISUBA CHARLOTTE	68	KATEMBO MUNENE MARCEL
19	KWIMI MASISA NADIA	69	MBUMBA ALBERT
20	LINA JACQUEMIN	70	MOUSSA NDUKU
21	LOMINGO MARLYSE	71	MOUYA LAFAYETTE
22	MARTINE TINA EKEBA	72	ISMAEL TSHIBENGU

Interviewers

No	Name	No	Name
23	MASHITA MADO	73	MERVEIL WITELE
24	MASUMBU KABELO JULIE	74	MUKUNA TRESOR
25	MBONZE MYRIAM	75	MUSEMA LAEL
26	MIKANGAMANI EUPHRASIE	76	MUSIMBI BENJAMIN
27	MUENGA TSHIBEU ORNELLA	77	NDENE ABRAHAM
28	MUGO MWANGA FALONNE	78	NDUKU DEGO
29	MUJINGA GINA	79	NGYESSE CEDRIC
30	MUSUWA KASAJI IRENE	80	NICKVERT JONATHAN
31	MWAMINI ZUHULA MELANIE	81	NSUBI KIZOMBO
32	MWANGILWA LUKENGE DANIELLA	82	NYEMBO MUSEMA
33	NADINE LUZANGI	83	PHUATI NIMI
34	NDJOLI FIFI	84	SHESHE SELEMANI YANEL
35	NGALIA APAULINE	85	TEKETESSE ARTHUR
36	NLANDU KIUKA TRESOR	86	VITULA CLAUDE
37	NSONGA MARIE	87	ERIC SANGWA
38	PAOLA VALIA TSHAMBA	88	MOKE MERVEILLE
39	RACHELLE BEYA	89	JEAN KANGAMINA KABALA
40	SADIKI WASOKOLELA MERVEILLE	90	EMMANUEL MITANGA
41	SAFI GLORIA	91	BOB SENKER
42	SAFI LUZINGA MARLENE	92	CASSIEN LINGWENGE
43	SANGWA ELISABETH	93	PATRICK NTUMBA MEJI
44	SHEKINAH DJONDO	94	HONORE NDUKU
45	SOLANGE KAPEMBA	95	LUZITU MWIMBA AQUARIUS
46	TENDO KAZADI PAMELA	96	JEOVANI KANZA
47	YEMBA AUGUSTINE	97	STEPHANE NICKVERT
48	VERITE LAWU	98	MICHE MBWEBE
49	MARIELLE BILONDA	99	KANKU TSHIBANGU
50	LYS TONA	100	TOKO PASCO

Supervisors

No	Name	No	Name
1	GYPSYNE BUNGU	7	BOMOLO MABIBI
2	ILAKA MAMIE	8	NELLY LOBOTA
3	JOHN LHUDAL	9	MUKOMBELWA ARLETTE
4	KALANZAYA GYPSI	10	PANSHI CHRISTINE
5	LULEBO MAMIE	11	TSHIJIYA JEAN PAUL
6	MAFUTA NENE	12	RICHARD MUBIKAYI

Controllers

No	Name	No	Name
1	STEVE MBIKAYI	4	PRESCILLIA VISI
2	GUY NGINDU	5	DYNA KAYEMBE
3	CHARLES KASONGO		