

MOMENTUM POLICY BRIEF N° 4

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Promoting Male Involvement in Antenatal Care and Birth Planning in Kinshasa, DRC: Momentum's Approach and its Effects

PURPOSE

To summarize the key findings on the effects of the Momentum project on male involvement in maternal health care.

EXECUTIVE SUMMARY

The World Health Organization recommends promoting and actively involving men during pregnancy, childbirth, and postpartum to improve maternal health outcomes. However, in the Democratic Republic of the Congo (DRC), pregnancy and childbirth are traditionally seen as the domain of women and cultural norms, beliefs about the roles and responsibilities that are appropriate for men and women, and societal expectations may constrain men's participation in maternal health care. The Momentum project in Kinshasa, DRC, demonstrated that home visits by nursing students and exposure to group education sessions significantly increased male partners' involvement in all eight antenatal care (ANC) activities and four out of six birth planning activities. The study involved male partners of first-time mothers aged 15–24 years old.

RESEARCH APPROACH

Momentum was an innovative, gender-transformative intervention that was piloted in Kinshasa DRC among first time mothers, aged 15 to 24, and their male partners. It consisted of home visits and group education at the community level by local nursing students. To figure out if and how the program worked, the Momentum project used a quasi-experimental design. It started with a baseline survey in 2018 and an endline survey in 2020. These surveys were for young first-time mothers (ages 15–24) and their male partners in six health zones of Kinshasa,

KEY FINDINGS

- Overall, the Momentum project had an significant positive effect on male partner involvement in antenatal care and birth planning activities, which is critical for maternal and child health outcomes.
- Male partners in the intervention group were more likely to ask the provider about the baby's health and dietary needs during pregnancy than those in the comparison group.
- For birth planning, the most significant effects of Momentum were in promoting male participation in critical decisions, such as antenatal care, skilled attendance at delivery, and arranging transport for delivery.

DRC—three health zones where the program was implemented and three where it was not. At the start, 1,766 male partners were interviewed (about six months into the pregnancy), and 1,248 of them were still part of the study by the end (about a year after the baby was born): 600 from the health zones that received the Momentum interventions and 648 from health zones that did not. This analysis was based on 1,204 male partners who provided complete information in both surveys and had a live baby. In the 2020 survey, male partners were asked whether they were present during any of the ANC checkups and (c) whether they participated in eight elements of ANC and six activities to plan for a normal birth and a possible emergency. Male partners were also asked how much they participated in the program activities. We created an index of male involvement in ANC by adding up answers to eight questions and an index of male involvement in birth planning by adding up answers to six questions. To get an accurate idea of the extent to which Momentum worked, we analyzed all male partners according to the group they were originally assigned, even if some male partners in the intervention group did not participate in Momentum’s activities. This was done to estimate the “real-world effect” of Momentum, not just the effect on male partners who received home visits and/or attended group education sessions.

RESEARCH RESULTS

Table 1 presents data on male involvement in various aspects of ANC as well as the Average Treatment Effect (ATE) and the statistical significance of the project’s effect on male involvement in ANC. The ATE is the average difference in ANC participation between male partners who received the Momentum interventions and those who did not, after controlling for background characteristics.

The percentage of male partners involved in ANC was low overall but was consistently higher in the intervention group across all activities compared to the comparison group. Thirty-eight percent of male partners in the intervention group were present for at least one ANC check-up compared to 26 percent of those in the comparison group but substantially fewer male partners in each group were actively involved in asking questions about the pregnancy. All p-values for the ATE are below 0.05, indicating that the differences observed between the comparison and intervention groups were statistically significant. The most significant differences were seen in activities like asking about the baby’s health (13.8 percentage points) and dietary needs during pregnancy (10.9 percentage points), which suggest increased engagement in both fetal and maternal well-being.

Table 1. Percentage of male partners who were involved in various elements of antenatal care and the average treatment effect, Kinshasa, 2020

% Involved/Mean				
Activity	Comparison	Intervention	ATE	P-value
Present during any ANC check-ups	25.8	38.3	-	-
Sit in consultation room with FTM during check-up	13.0	20.2	0.077	<0.001
Listen to the fetal heartbeat	8.1	14.8	0.073	<0.001
HIV or STI testing	14.9	20.6	0.065	<0.004
Ask provider if the baby is healthy	17.9	30.0	0.138	<0.001
Ask provider if the baby is a boy or a girl	13.5	19.7	0.076	<0.001
Ask provider about health problems during pregnancy	14.4	22.7	0.096	<0.001
Ask provider about sex during pregnancy	14.0	21.8	0.093	<0.001
Ask provider what FTM should eat during pregnancy	13.2	22.7	0.109	<0.001
Any of the above	23.0	33.6	-	-
Index of Male Involvement in ANC (SD)	1.09 (2.26)	1.72 (2.68)	0.728	<0.001
N	630	574	1,204	

Source: Gage, A. J., Wood, F. E., Woo, M., & Gay, R. (2022). Impact of the Momentum pilot project on male involvement in maternal health and newborn care in Kinshasa, Democratic Republic of the Congo: a quasi-experimental study. *BMC women's health*, 22(1), 460. <https://doi.org/10.1186/s12905-022-02032-1>

percentage points) and dietary needs during pregnancy (10.9 percentage points), which suggest increased engagement in both fetal and maternal well-being. The Index of Male Involvement in ANC averaged 1.09 in the comparison group and 1.72 in the intervention group, with an ATE of 0.728 ($p < 0.001$). These results suggest an overall positive effect of the Momentum interventions in enhancing male participation in ANC.

We also examined the extent to which male partners effectively prepared for the birth and possible complications. Male partners in the intervention group had higher participation rates in all listed birth planning activities than those in the comparison group. The overall index of male involvement in birth planning was significantly higher in the intervention (mean = 3.25) than in the comparison group (mean = 2.93, ATE = 0.407, $p = 0.001$). The most notable difference between the intervention and comparison groups was for deciding on skilled attendance at delivery, with the largest ATE (0.137) and the most significant p -value (<0.001).

CONCLUSIONS AND RECOMMENDATIONS

- Momentum successfully increased male partners' involvement in ANC and participation in birth planning, especially in activities like saving for emergencies, arranging transport, and deciding on skilled attendance, which are critical factors in reducing maternal and neonatal risks. Programs should build on the positive effects of Momentum and foster greater male engagement in antenatal care.
- To address the low level of male involvement in ANC, educational campaigns need to be developed to raise awareness about the benefits of male involvement for maternal and child health.
- Where social norms limit men's involvement in maternal health, men and communities must be engaged to discuss traditional gender roles and the value of men's participation in pregnancy- and childbirth-related decisions for better planning readiness.
- Programs should encourage couples to attend ANC sessions together and providers should actively invite male partners to participate in ANC sessions, encouraging them to ask questions about pregnancy, fetal development, and maternal health.
- It is important to regularly monitor and evaluate similar community-based approaches to identify effective strategies and scale them nationally.

Table 2. Percentage of male partners who participated in various elements of birth planning and the average treatment effect, Kinshasa, 2020

Activity	% Participating In:			
	Comparison	Intervention	ATE	P-value
Finding information about the pregnancy	40.0	42.2	0.039	0.174
Making decisions about antenatal care	55.6	60.6	0.064	0.025
Making a birth plan	57.5	60.8	0.056	0.068
Saving money for emergencies	67.5	71.6	0.054	0.043
Arranging transport for delivery	51.0	55.8	0.062	0.033
Deciding on skilled attendance at delivery.	21.3	34.0	0.137	<0.001
Index of Involvement in Birth Planning (SD)	2.93 (2.25) [Mean]	3.25 [2.22] [Mean]	0.407	0.001
N	630	574	1,204	

Source: Gage, A. J., Wood, F. E., Woo, M., & Gay, R. (2022). Impact of the Momentum pilot project on male involvement in maternal health and newborn care in Kinshasa, Democratic Republic of the Congo: a quasi-experimental study. *BMC women's health*, 22(1), 460. <https://doi.org/10.1186/s12905-022-02032-1>