MOMENTUM POLICY BRIEF N°5

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Young Fathers' Knowledge of Reproductive, Maternal and Newborn Health in Kinshasa, DRC: The Momentum Project's Effects

KEY FINDINGS

- The Momentum project significantly improved young fathers' knowledge in key areas such as return of fertility after childbirth, modern contraceptive methods, benefits of antenatal care, obstetric danger signs, maternal emergency preparedness, and Kangaroo Care.
- More exposure to Momentum activities led to greater knowledge gains for modern contraceptive methods, obstetric danger signs, and Kangaroo Care.
- No statistically significant effect was observed on knowledge of the World Health Organization-recommended birth interval, the number of antenatal visits and timing of the first visit, newborn danger signs, and reduced myths and misconceptions about family planning.
- It is important to sustain and expand knowledge gains among young fathers, conduct qualitative follow-up studies to understand why certain knowledge areas did not improve significantly, and develop alternative strategies for addressing critical knowledge gaps.

PURPOSE

To summarize key findings on the effects of the Momentum project on young fathers' knowledge of reproductive, maternal, and newborn health (RMNH).

EXECUTIVE SUMMARY

Since the 1994 International Conference on Population and Development, considerable progress has been made in meeting young people's sexual and reproductive health information needs. Despite the growing recognition that men play a critical role in RMNH, little is known about young fathers' knowledge, attitudes, and beliefs in these areas. In the Democratic Republic of Congo (DRC), cultural values and norms may pose significant barriers

to men's access to RMNH information. Although the most recent Demographic and Health Survey (2023-2024) and Multiple Indicator Cluster Survey (2018) in the DRC have included men, insufficient attention has been given to obtaining additional information about young men's RMNH knowledge and attitudes. This study demonstrated that home visits by local nursing students and exposure to group education sessions significantly increased young male partners' (ages 15-24) knowledge of RMNH in critical areas, such as return of fertility after childbirth, modern contraceptive methods, benefits of antenatal care, obstetric danger signs, maternal emergency preparedness, and Kangaroo Care. However, important gaps remained. The study involved young male partners of first-time mothers (FTMs) aged 15-24 years old.

RESEARCH APPROACH

Momentum was a new project tested in Kinshasa, DRC for adolescent and young (FTMs) and their male partners. The program included home visits and group education sessions led by local nursing students. To see if the program was effective, researchers conducted a baseline survey in 2018 and an endline survey in 2020 among young FTMs and their male partners who agreed to participate in the project. The surveys were conducted in six health zones of Kinshasa: three where the project was implemented and three where it was not. At the beginning, 1,766 male partners were interviewed when the FTMs were about six months pregnant. By the end, 1,248 of these men, 402 of whom were 15-24 years old (197 from areas with the program and 205 from areas without it), were still participating about a year after the baby was born.

In both surveys, male partners were asked the following questions to ascertain their knowledge:

1. After the birth of a child, how long should a woman wait before trying to become pregnant again?
2. After the birth of a child, can a woman become pregnant before her menstrual period has returned?
3. Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid pregnancy. Have you ever heard of (METHOD)?
4. For eight statements about family planning myths or misconceptions: Please tell me whether you strongly agree, agree, disagree or strongly disagree with each of the following statements.
5. Can you please tell me three important benefits of a woman seeing someone for antenatal care when she is pregnant?
6. How many times should a pregnant woman go for antenatal care?
7. In what month of pregnancy should a woman start attending antenatal services?
8. What danger signs during pregnancy, delivery or soon thereafter do you know that need immediate medical attention?
9. What signs tell you that your newborn is in danger and needs health care right away?
10. How can you and (NAME OF FTM) prepare for a possible maternal emergency?
11. Have you ever heard of Kangaroo Care?

Answers to these questions were used to define the 11 knowledge outcomes analyzed below, nine of which were binary.

RESEARCH RESULTS

Sixty-three percent of male partners ages 15-24 in the intervention group were reached by the Momentum project, either through home visits or group education sessions. Half of male partners reached by the project participated in both interventions. By comparison, 85% of FTMs were reached by Momentum, highlighting the difficulties of reaching young men with RMNH information.

Table 1 presents the percentage of young male partners in the comparison and intervention groups with specific knowledge of RMNH areas covered by the questions above, as well as the Average Treatment Effect (ATE) and p-value to assess the effect of Momentum on each knowledge outcome. As knowledge was measured before and after the project was implemented (in 2018 and 2020, respectively), the ATE is a comparison of how much knowledge changed over time in the intervention group and in the comparison group. If male partners who lived in health zones that received the Momentum interventions experienced a bigger change than those who did not, while taking background characteristics into account, then we can conclude that the Momentum project worked to increase young male partners' knowledge of RMCH.

Table 1. Percentage of male partners ages 15-24 with specific knowledge of reproductive, maternal and newborn health, and average treatment effects, Kinshasa, 2020

	Percent/Mean					
	Comparison		Intervention			
Knowledge Outcome	2018	2020	2018	2020	ATE	P-value
WHO recommended birth interval	76.7	86.8	73.7	85.4	0.012	0.820
After childbirth a woman can become pregnant before menses return	62.4	63.5	50.2	65.4	0.141	0.026
No. of modern contraceptive methods known	8.4 [2.1]	9.5 [2.2]	7.8 [2.5]	10.2 [1.9]	1.353	<0.001
No. of FP myths or misconceptions endorsed (out of 8) [SD]	5.2 [2.4]	5.2 [2.6]	5.3 (2.4)	4.9 (2.5)	-0.370	0.260
3+ benefits of ANC	67.0	55.3	37.1	57.1	0.318	<0.001
Recommended no. of ANC visits (4+)	64.0	73.1	55.1	67.8	0.031	0.628
Recommended timing of ANC (1st trimester)	50.8	68.5	40.5	64.4	0.062	0.338
3+ obstetric danger signs	40.6	32.0	19.0	35.1	0.248	<0.001
3+ newborn danger signs	28.9	29.9	18.0	27.3	0.082	0.181
3+ ways to prepare for a maternal emergency	8.1	4.6	3.9	9.3	0.089	0.006
Heard of Kangaroo Care	5.6	26.3	5.9	39.5	0.125	0.017
N	197		205		402	

At endline, knowledge was highest, 85%-87%, for the World Health Organization (WHO)-recommended birth interval (at least 24 months between a live birth and the next pregnancy) and lowest, less than 10%, for three or more ways to prepare for a maternal emergency.

Both the intervention group and the comparison group showed an improvement from 2018 to 2020 in knowledge of the WHO-recommended birth interval, the recommended number of ANC visits (four or more according to the DRC Ministry of Health guidelines at the time of the survey), and the timing of the first visit (within the first trimester of pregnancy). However, p-values (0.820, 0.628, and 0.338, respectively) suggest no significant intervention effect. Both groups had relatively high misconceptions about family planning (e.g., "Contraceptives can harm your womb"). Although the ATE is negative (-0.370, indicating a decline in the number of family planning myths and misconceptions endorsed), it is not statistically significant ($p = 0.260$), suggesting little intervention effect.

There is greater knowledge in the intervention group than in the comparison group of the return of fertility after childbirth, modern contraceptive methods, ANC benefits, obstetric danger signs, how to prepare for a maternal emergency, and Kangaroo Care. For these outcomes, all p-values for the ATE are below 0.05, indicating a statistically significant positive effect of the Momentum interventions. The strongest intervention effects ($p < 0.001$) were seen for knowledge of modern contraceptive methods (ATE = 1.353), ANC benefits (an increase of 31.8 percentage points), and obstetric danger signs (an increase of 24.8 percentage points).

In Table 2, we present ATEs for RMNH knowledge outcomes, comparing different levels of exposure to project activities. We focus on the six areas of knowledge on which the project has a statistically significant effect. For modern contraceptive methods, obstetric danger signs, and Kangaroo Care, a significant increase in knowledge was observed for young male partners who were exposed 3 or more times but not for those exposed once or twice. For ANC benefits, both exposure groups showed significant improvements, though the effect was slightly stronger for those exposed 1-2 times (ATE = 0.315, $p = 0.001$) compared to 3 or more times (ATE = 0.256, $p = 0.010$), suggesting that early gains may plateau. For knowledge about the return of fertility after childbirth and maternal emergency preparedness, the effect of exposure was positive but not statistically significant.

Table 2. Average treatment effects for specific knowledge about reproductive, maternal, and newborn health by the number of times male partners ages 15-24 were exposed to Momentum project activities, Kinshasa, 2020

	1-2 versus No Exposure		3 or more versus No Exposure	
Knowledge Outcome	**ATE**	**P-value**	**ATE**	**P-value**
After childbirth a woman can become pregnant before menses return	.029	0.745	.061	0.523
No. of modern contraceptive methods known	.320	0.430	1.158	0.007
3+ benefits of ANC	.315	0.001	.256	0.010
3+ obstetric danger signs	.170	0.062	.242	0.006
3+ ways to prepare for a maternal emergency	.040	0.343	.080	0.174
Heard of Kangaroo Care	-.031	0.691	.274	0.001

CONCLUSION AND RECOMMENDATIONS

For six of the 11 variables examined, male partners living in the intervention health zones experienced a bigger improvement in knowledge than those than those living in the comparison health zones. Momentum had a significant effect on improving young male partners' knowledge of return of fertility after childbirth, modern contraceptive methods, ANC benefits, obstetric danger signs, maternal emergency preparedness, and Kangaroo Care. For three of these six variables (contraceptive methods, obstetric danger signs, and Kangaroo Care), more exposure to Momentum led to greater knowledge gains. No statistically significant effects of Momentum were found for knowledge of the WHO-recommended birth interval, number of ANC visits and the timing of the first visit, newborn danger signs, and reduced myths and misconceptions about family planning.

The findings have several implications for policies and programs:

- To sustain and build on knowledge gains achieved among male partners, the nursing student model should be expanded and complemented by peer education and community dialogue.
- The Momentum interventions did not significantly reduce myths and misconceptions about family planning among male partners, although previous analysis demonstrated a significant reduction among FTMs. Health workers at all levels, nursing students doing community-based internships and community leaders should be actively engaged in countering family planning misinformation among men. Programs could explore the use of digital technologies and mass media to launch family planning myth-busting campaigns and should monitor and evaluate the effects of these strategies.
- Although Momentum improved young male partners' knowledge of maternal emergency preparedness, overall awareness remained low. Community health promotion programs and antenatal care services must educate men about maternal emergency preparedness and about the importance of timely initiation of ANC and the minimum recommended number of ANC visits.
- Historically, it has been difficult to reach young men with RMNH information and male partners' less than optimal participation in the Momentum interventions was a major challenge to improving their access to RMNH information. To complement the activities of nursing student community providers, community health volunteers should be trained to conduct home visits or small-group sessions to educate men about key RMNH issues.

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