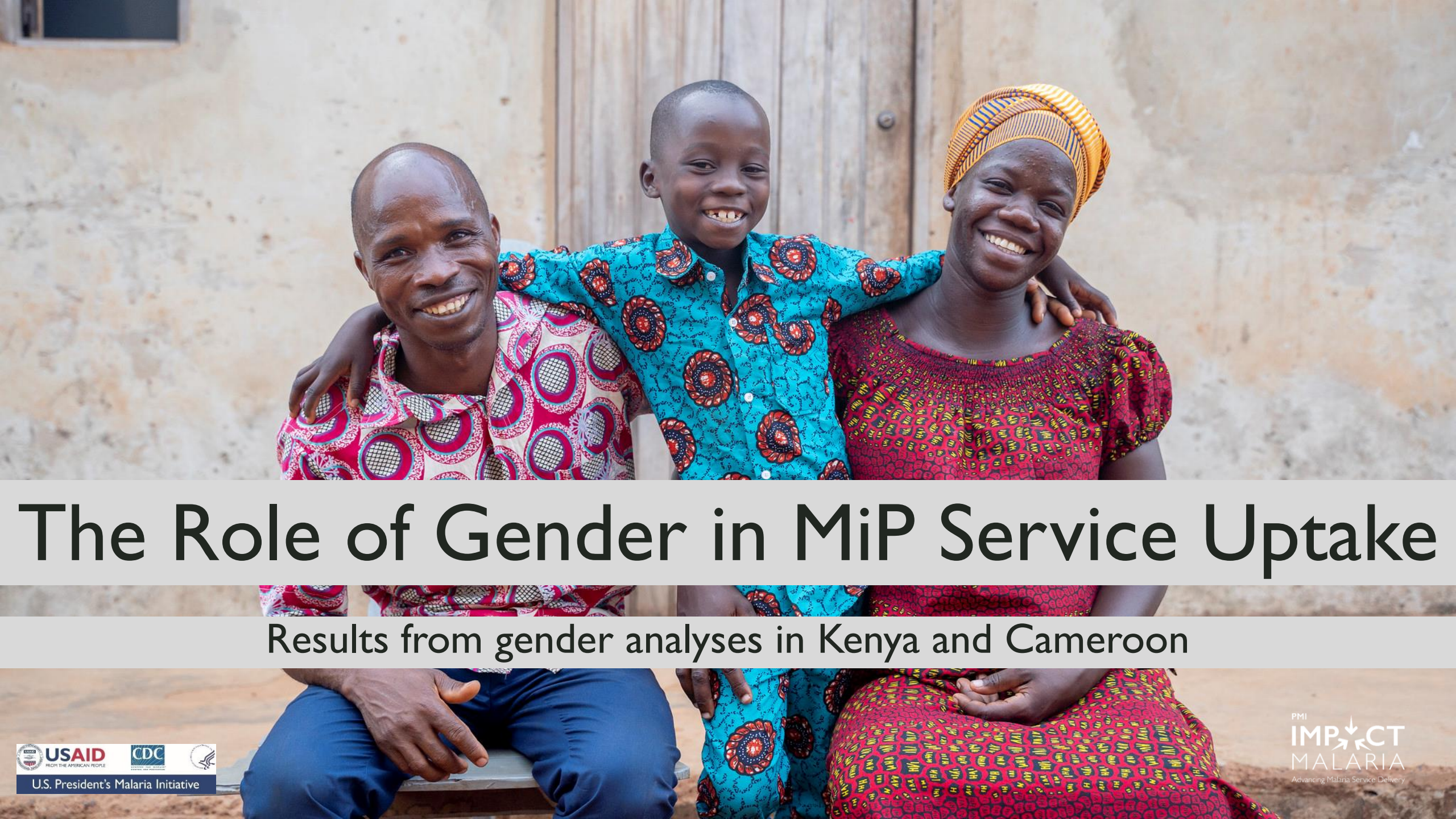

The Role of Gender in MiP Service Uptake

Results from gender analyses in Kenya and Cameroon

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Agenda

- Study overview
- Findings and recommendations
  - Early ANC uptake and continuation
  - IPTp use
- Way forward
- Q&A

Study overview

Study objectives

KENYA

- Identify the barriers and opportunities related to the prevention of malaria in pregnancy through the use of **ANC** services, and particularly through the uptake of **IPTp.**
- Identify the barriers and opportunities related to the prevention and treatment of malaria-related to **facility- and community-based service providers**.
- Identify the barriers related to correct and consistent treated **mosquito bed net usage** among pregnant women.

CAMEROON

- Identify the barriers and opportunities related to the prevention of malaria in pregnancy through the use of **ANC** services
- Identify the barriers and opportunities related to the prevention and treatment of malaria related to **facility- and community-based service providers**.
- Identify the barriers and opportunities related to the prevention and treatment of malaria in **children under five** years of age.

Methodology

- Qualitative methodology using FGDs and KIIs
- Participants:
  - Mothers of children under 5
  - Fathers of children under 5 (not partners of selected women)
  - Community health workers
  - Facility health workers
  - Kenya: older women
- Location:
  - Cameroon: Rey-Bouba and Garoua II communities in the North region and Maroua 3 and Goulfey communities in the Far North region
  - Kenya: Gem and Bondo sub-counties of Siaya county and Webuye West and Sirisia sub-counties of Bungoma county
- Two FGDs with each participant group and 1-2 KIIs with each informant type were included in each community, to allow for comparison between and within communities
  - 132 participants in Kenya
  - 144 participants in Cameroon
- Studies received Non-human subjects research determinations from the JHSPH and ethical approval from committees in country

Pregnancy Vignette

Imagine Mary is a 23-year-old who lives in this community with her husband, Samuel. Mary is 3 months pregnant. She has not yet attended an ante-natal care appointment.

IPTp Vignette

As part of Mary's first ANC visit, Carol also gives Mary medicine that she says will protect her unborn baby from malaria. Carol tells Mary to take the medicine now, before she leaves the clinic. Carol also tells Mary that she needs to come to her monthly appointments to get more of the medicine.

ANC Continuation Vignette

When Mary is four months pregnant, she goes to the clinic for her first ANC visit. The nurse, Carol, tells Mary that she waited too long to come in, but now that she has come, she should come back in every month to get checked to make sure she stays healthy. She also gives Mary a mosquito net and tells Mary that it is very important that she sleep under the net every night.

Findings and recommendations :ANC initiation and continuation

Early ANC: Knowledge

In both Kenya and Cameroon, women and their partners have complete and correct information about how, when, and why to seek ANC services.

The major information barrier impeding early ANC is that women are not always aware that they were pregnant during the first trimester.

Early ANC: Decision-makers

- Role of mothers-in-law in Kenya
- Male partners are the key decision-makers in both countries.

Mother in-law might have discouraged Mary from attending her ANC visits claiming she did not attend and nothing happened. Some other mother in-laws are good TBAs.—WRA, Bungoma

Samuel may not have given Mary permission to go to the facility and therefore influenced Mary's decision of not having attended her first ANC.—Man, Bungoma

Here you will not see a woman leave home without consent from her husband, and he often withholds his permission. –Service provider, Far North

Early ANC: Decision-makers

- Male partners pay for transport to care
- Different opinions about partner attendance

Samuel could be feeling if he begins facilitating Mary at an early stage of pregnancy, he will spend more.—WRA, Bungoma

Sometimes when women begin early you give them a meeting time and they do not come. When you ask, why didn't you come last time, they say, my husband did not give me the money, so what am I supposed to do?. –Service provider, North

The importance of a man accompanying his wife to ANC is that the woman will be valued [by the provider]–WRA, North

Early ANC: Provider behavior

Hostile treatment by health service providers should have discouraged Mary from attending her first ANC visit. Some are uncivil, un-professional and unfriendly while attending to expectant mothers.—Man, Bungoma

Some male service providers…sexually molest expectant mothers. Some use very vulgar language that makes expectant mothers cringe in shame. Such incidences may have made Samuel not to allow Mary to seek her first ANC at the facility.—Man, Bungoma

- Women fear judgement or mistreatment from providers
- Provider abuse in Kenya
- Unacceptability of male providers in Cameroon

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Early ANC: Additional findings from Kenya

- Role of discord within the couple
- Fear of HIV testing

Mary might be staying with Samuel but…she does not trust that her husband is responsible enough to take care of her and the baby. She does not attend clinic since that may reveal to the husband that she is pregnant.—Man, Siaya

Maybe Samuel is not faithful to Mary and so his friends advise him not to allow Mary to go for clinic, for if they go together, Mary will notice that he's HIV positive.—WRA, Siaya

ANC Continuation

The nature of reception, service and treatment by Carol, will determine if Mary might either attend other ANC visits or not. If she was coldly received, served or treated then Mary might not attend other ANC visits.—WRA, Bungoma

- Once a woman begins ANC, in general she will continue, IF she is treated well
- Reminders can help women consistently attend ANC

Some women, when they are poorly received, do not return to the hospital, but look for another. Others, after a bad reception decide not to even go to a hospital any more, saying "I'll see what happens. The birth is in the hands of God!"–Man, North

Recommendations for early ANC uptake and continuation

1. Engage influencers and those with decision-making power over women's actions
2. Help providers build their own skills in interpersonal communications to create a strong client-provider relationship
3. Explicitly address abusive behaviors in all provider training curricula
4. Prioritize the integration of couples' communication interventions
5. Build the capacity of health care providers in couples counseling, to facilitate partner participation in ANC
6. Advocate for revisions to provider terms of reference to remove barriers to recruitment and retention of female providers (Cameroon)
7. Delink HIV testing with other critical care, if possible (Kenya)
8. Integrate additional opportunities for reminders, such as through CHVs or SMS

Findings and recommendations : IPTp uptake

IPTp: Knowledge

In Kenya, women and their partners are aware of the benefits of IPTp use to prevent malaria in pregnancy, though participants in Siaya seemed misinformed about how the medicine works.

In Cameroon, women and their partners are not familiar with IPTp in particular, other than that it was a medicine expected to be taken during pregnancy.

IPTp: Physical discomfort

Maybe she's trying to take them but she feels nauseated--WRA, Siaya, Kenya

Mothers complain that drugs make them feel dizzy--WRA, Bungoma, Kenya

The medicine has bad smell and so I didn't even continue taking them. I think Mary could have felt the same.—WRA, Siaya, Kenya

[Women] collect the medicine from clinic but do not take it. The moment we visit they say the medicine is bitter and has a bad smell and so I can't take them, so we have to inform them of the importance of taking this medicine consistently.--CHW, Siaya, Kenya

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IPTp: Conflicting perceptions of DOT

Okay, we don't have any barriers [to IPTp provision] because it's the service provider giving instruction to the client to take medicine so there is no barrier.—ANC provider, Siaya, Kenya

She has no choice.—WRA, Siaya, Kenya

Yes [Mary took the IPTp], the nurse's presence may have compelled her to.—Older woman, Bungoma, Kenya

She will not come back for more medicine as she feels she was forced on her first ANC visit.—WRA, Bungoma, Kenya

IPTp: The role of the provider

If the health workers reception and treatment is enhanced, then she would take medicine and come back for more.—Man, Bungoma, Kenya

If health workers can be loving, friendlier and receptive, then Mary is more likely to take the medicine during her ANC visit and come back to get more.—Older woman, Bungoma, Kenya

If the nurses handle her nicely, then she is more likely to go back for medicine the following month.—WRA, Bungoma, Kenya

Recommendations for IPTp uptake

- Providers do not have the power to make IPTp less unpleasant for pregnant clients, but they can support clients by giving them the opportunity to voice their concerns, listen with empathy and respect, and address any questions they may have.

- Malaria programs should focus on providers' and clients' conflicting views about DOT: providers can explain to clients the reason behind the use of DOT, but also must acknowledge clients' discomfort at feeling like they do not have control of their own health choices.

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Way forward

Way forward

- Study reports have been shared with partners and ministry counterparts in Kenya and Cameroon
- Recommendations have been integrated into the IM Kenya workplan
- A validation and strategic planning workshop has been conducted in Cameroon to integrate results into IM Cameroon's workplan and the PNLP workplan
- Results will be presented at ASTMH in November 2021
- IM Kenya is preparing a manuscript for submission to the Malaria Journal

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