

Title: EMPOWERING MEN ON MATERNAL & CHILD-CARE: INFORMATION COMMUNICATION TECHNOLOGY HELPFUL IN REACHING THE UNREACHED IN INDIA

Goals:

- Reducing maternal mortality by involving Men in pregnancy care
- Reducing child mortality and malnutrition by involving fathers in child care
- Using Information Communication Technology (ICT) to create awareness among men about maternal and child care in remote locations

Objectives:

- Discuss the influence of the gender bias on malnutrition, maternal and child mortality
- Explain the maternal and child mortality and malnutrition status in India
- Demonstration of ICT tool used to create awareness to male members of the family

Back ground: Maternal mortality is an indicator of disparity and inequity in access to appropriate health care and nutrition services throughout a lifetime, and particularly during pregnancy and child birth. India still ranks first among the 12 countries that account for 2/3 of under-five and maternal deaths in the world. Analysis of the important causes of maternal mortality reveals that most of them are preventable. Government of India's National Rural Health Mission aims at correcting rural inequities in the matter of health by strengthening gross root level health services which lead to increased institutional deliveries, but the maternal mortality has not reduced as expected, One reason behind increased maternal mortality may be non-utilization of health services by the mothers due to **lack of awareness** in women about the importance of pregnancy care and delivery facilities and women's **lack of decision** making power within the family (gender bias). Men's attitudes, behavior, and the general level of inequality between the sexes in terms of their intimate behavior and social relationships affect women's ability to exercise choice and attain positive sexual and reproductive health outcomes and child survival. The origin of gender inequalities can be traced to Manu Dharma sutras in 200 BC who mentions about the ideal behavior of a woman as "By a young girl, by a young woman, or even by an aged one, nothing must be done independent, even in her own house". Just as women need to liberate themselves from patriarchal strongholds, men need to be liberated, too, from the patriarchal construct of masculinity. In patriarchal society of India, the gender development index is 98 out of 140 countries. Gender inequality and lack of decision making power are some of the reasons for child mortality. Government health services are available and many incentives are provided to increase the utilization of health services, But cultural, social and economic barriers and lack of awareness about the health care and services may prevent women from seeking reproductive health care at during pregnancy, there is a need to bring about awareness on maternal and child care among the male members of the family.

Methodology: We worked with the men in the community of Rajam Mandal of Srikakulam district, Andhra Pradesh state, India. Spouses of pregnant women and fathers of children under 18 month-old were interviewed using standardized questionnaire and registered for the 'Mobile based maternal health awareness program'. Customized voice alerts in local language, particularly on awareness pregnancy care, child health and survival, were scheduled and sent to the registered users, using the Information Communication Technology (ICT) tool developed by Centre for Development of Advanced Computing (C-DAC), a scientific society under Ministry of Communications and Information Technology, Government of India. This initiative is being piloted by Akkshaya Foundation at field level.

Results and discussion

Before the implementation of the program, maternal and child health was considered completely as women's domain, the men were involved at critical situations where there was need for decision and to implement the action, which was leading to mortality. Mother project helped the male members of the family to be responsible and participate in few activities related to pregnancy and child care. After one year of our intervention, we observed few positive changes among the men, but realized many more areas to work.

The results were, 93.4% men were aware of monetary benefits offered by Government; 91% regarding accompanying wife to hospital visits. While 86.6 % of them were aware of ultrasound test, only 19% about vaccination during pregnancy and childhood, 51% decided on finances and place of delivery. While 89.5 % were aware of the importance of colostrum feeds, but not aware about the early initiation of breast milk. The awareness levels related to nutrition, growth and development was only 22.8%.

Observation: impact assessment has been done after one year implementation of the project we observed few positive changes after implementations of the project they are

- Repeated voice calls sensitized the family members, particularly husbands, to understand the importance of pregnancy and care to be taken at critical stages
- Improved health workers participation: Increased the responsibility of Health workers to follow-up with registered members. Number of visits by health workers to the beneficiary house reduced, in turn helping them to effectively utilize their time in other productive works.
- Corruption: Beneficiaries were sensitized about the entitlements and monetary benefits, from health department along with voice health alerts.
- Online monitoring of the beneficiaries details by higher government health authorities.

Challenges and lesson learnt:

- Registration and updating of the beneficiary records in the 'MOTHER' system directly from remote locations, was a big challenge, owing to poor internet connectivity. Our field workers started collecting the beneficiary details manually in the prescribed registration forms and in the evening, records are being updated online from the Mandal Headquarters
- Voice alerts are being pushed from the system to the beneficiary mobiles and it is unilateral Communication (Push Method). Beneficiary can't call back and interact with the system. To facilitate the beneficiaries, phone numbers of health officials of the PHCs have been circulated to the beneficiaries during registration
- In many families, most of the husbands are not interested to know about the health advices provided about pregnancy and child care. They feel that it is the duty of the women. Sensitizing the husbands was one of the major challenges faced by our team. As part of MOTHER project, we organised village level awareness meetings to sensitize the men to listen to the voice alerts and pass the information to their wives.
- Compared to SMS, voice calls are costlier. Moreover, service providers charge based on call duration and number of calls made per month. So, we designed the voice alerts such a way that each call will be less than one minute and each alert will be sent two times in a day. Only critical alerts (such as expected date of delivery) will be repeated more than 3 times.

Scaling up: in spite of few limitations and challenges faced by the Mother tool implementation, the Mother project is a successful program to create awareness to the male members of the family. considering the level of mobile penetration in India and literacy level among rural women, voice calls (MOTHER) is the best model to reach-out the target beneficiaries directly at affordable cost the projected has been scaled up to the state level and National Rural Health Mission is adopting this tool and scaling up to different states in phase wise manner at national level. This project has been awarded [eIndia 2012'](#) Public Choice Award under Health category.