

Kenya

Male involvement project

For many years, Kenyan men have effectively been excluded either deliberately or by default from many SRH programmes. The **male involvement project – Reaching out to men: the forgotten 50%** – aims to redress this.

In a setting where patriarchal traditions are strong, negative male attitudes can restrict women's access to services and hamper efforts to promote HIV prevention.

The main challenge has been to change men's attitudes and behaviour so that they will use condoms both for family planning and STI/HIV/AIDS protection, support their partner's use of family planning, and encourage better communication between husband and wife on SRH issues. A more understanding attitude among men may liberate women to use contraception without fear or shame.

The project pioneered innovative strategies focusing on men as the target group. It set up male-only clinics, trained workplace motivators to canvass their colleagues, motivated men to use condoms, and used imaginative information, education and communication (IEC) approaches.

The key project objectives were:

- to increase the involvement of men aged 18-59 in SRH education programmes and services
- to increase male and female contraceptive prevalence rates
- to increase couple communication on SRH matters
- to contribute to the reduction of the high incidence and spread of STIs/HIV/AIDS.

Although the project initially focused on male involvement in family planning, it widened its focus to concentrate more on the increasing threat from STIs/HIV/AIDS. To reflect this evolution, the project's message changed from 'Men who care, plan their families' to 'Men who care, plan *and protect* their families'.

The project addressed an important objective in IPPF's Vision 2000 strategic plan by encouraging male involvement in SRH.

PROJECT TITLE

Reaching out to men: the forgotten 50% (the male involvement project)

IMPLEMENTED BY

Family Planning Association of Kenya (FPAK). The FPAK was set up in 1962. It is a pioneer in the innovation and development of family planning and sexual and reproductive health services.

PROJECT AIM

To increase the involvement of men aged 18-59 in family planning and SRH education programmes and services.

FUNDING

IPPF Vision 2000 Fund

BUDGET

US\$4,893,660

DURATION

October 1994 to December 2000





Use of puppetry has been a very effective innovation in communicating messages in a frank and humorous way. Puppets are neutral and non-threatening and can convey messages on sensitive topics.

'Your husband has been away on business, and you've just found a packet of condoms in his suitcase – what do you do? Don't be angry, be relieved!' This is one of the messages conveyed during a puppet show.

ADDRESSING MYTHS AND TABOOS LINKED TO SEXUALITY

A baseline survey in 1995 identified major concerns to be addressed through IEC. These included: working within a pronatalist culture; changing the image of vasectomy, traditionally regarded as castration; dispelling the myth that contraception encourages promiscuity; and preventing risky lifestyles that put people at risk of STIs/HIV/AIDS.

Three project districts were chosen because of their low contraceptive prevalence rate, high fertility rate and high STI/HIV prevalence. These factors were compounded by unsupportive male attitudes to SRH, and traditional practices which reinforce the spread of STIs/HIV/AIDS such as group circumcision with a single knife, and wife inheritance where men expect to father children with the widows of their brothers.

REACHING OUT TO THE FORGOTTEN 50%

IEC activities generated excitement and curiosity, and raised awareness about SRH issues. Almost a million people have been reached through motivational activities. IEC tools were developed, including 200,000 publications, 300 radio spots, a 45-minute video and regular newspaper advertisements.

The IEC component was the lynchpin of the project. An innovative and very effective multi-media strategy – combining mass media, folk media, puppetry, print materials and community mobilisation – aimed to:

- reach men with relevant information on family planning and SRH
- transform awareness and knowledge of HIV/AIDS into behaviour change and condom use
- encourage partner communication
- inspire men to support their wife's use of contraception
- encourage treatment-seeking behaviour.

Imaginative use has also been made of events where large numbers of men gather, such as football and darts matches, fairs, agricultural shows and markets.

USING PUPPETS TO CONVEY MESSAGES ON SENSITIVE TOPICS

One of the most successful project innovations has been the use of puppetry, which has communicated SRH messages powerfully in a cost-effective way. Over 1,000 puppetry shows have been seen by 200,000 people.

Puppetry has proved very effective in communicating messages in a frank and humorous way. Puppets are neutral and non-threatening and can convey messages on sensitive topics. They are used to draw attention to the spread of HIV/AIDS and the benefits of SRH and family planning, as well as the implications of traditional values and attitudes.

DELIVERING TAILOR-MADE AND MALE-FRIENDLY CLINIC SERVICES

Between 1996 and 1999 three new men-only clinics saw 75,122 clients: 19,537 (27%) for family planning, 29,619 (39%) for laboratory tests, 11,488 (15%) for other reproductive health services, mainly STIs, and 14,478 (19%) for general medical care.

The project set up three men-only clinics – in Nakuru, Kisumu and Kakamega – to provide a one-stop shop for high quality, tailor-made SRH services. The clinics met nearly all the criteria identified for male-friendly services including privacy, confidentiality, knowledgeable, courteous and discreet male providers, integration of STI services and HIV/AIDS prevention, flexible opening hours, short waiting time and affordable services. The rationale for setting up male-only clinics was that many men feel uncomfortable sharing service provision alongside women in a traditional clinic.

The clinics provided a comprehensive range of integrated services: all family planning methods for men and women (except tubal ligation); diagnosis and treatment of STIs; infertility counselling and management; male circumcision; sexual and marital counselling; youth counselling; treatment of common ailments; educational sessions; and HIV pre- and post-test counselling. Each clinic offered testing for STIs, HIV and infertility, pregnancy testing and cervical smears, and tests for malaria and typhoid.

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It had originally been expected that the clinics would serve mainly men. However, it became clear that men's SRH needs could not be separated from women's, and that it was beneficial to encourage couples to attend the clinics and for both sexes to benefit from IEC activities. Statistics show that 18% of clients attended as couples with women representing 30% of users in the three clinics. This increased level of partner communication built confidence and self-esteem and led to reduced domestic violence. Because of increased male support, women became less likely to practise family planning in secret: the number of women leaving their appointment card at clinics for fear of it being discovered by their partner dropped from 180 in 1995 to 10 in 1998.

While contraceptives were provided free, clients were charged for consultations, treatment, laboratory tests and drugs. The fee was waived for clients who could not pay, around 10%.

Clinic staff occasionally provided mobile medical services at community and sporting events. These were very effective in bringing information and services to large numbers of people.

The project has succeeded in making condoms acceptable and the stigma associated with their use has diminished. This is an important achievement. Men increasingly accept the necessity to use condoms with extra-marital partners ('away matches') in order to protect their regular partner. However, condom use within a stable relationship, including marriage, is still a sensitive issue linked with trust and dynamics within the relationship. Although vasectomy numbers are still small, the steadily rising trend reveals a gradual but significant change in male behaviour in a culturally conservative environment.

USING THE WORKPLACE AS A CHANNEL FOR INFORMATION AND SERVICES

Workplace motivators accounted for 80% of all condoms distributed by the project and over 90% of pill distribution. Their efforts have doubled the number of clients at the clinics. 28.2% of men in workplaces (42,887) have received information and services from workplace motivators as well as 20,362 women.

Another project innovation was the use of workplace motivators. Their role was split between IEC and service delivery. In 2000 the project had 102 workplace motivators in 90 companies and other organisations: they distributed condoms, spermicides and pills, provided information and counselling, and referred people to the project's clinics or other services. Workplace motivators are cost-effective, and easily accessible because of their daily contact with fellow workers in factories, sugar plantations, private sector companies and public institutions.

Support from company management has been very strong as employers are concerned about the impact of STIs/HIV/AIDS among their workforce.

SATISFIED USERS SPREAD THE MESSAGE

Satisfied users motivated other couples by providing personal testimonies. This approach is especially effective in motivating men to have a vasectomy. Satisfied couples could reassure potential clients that their sex life had not been affected and that impotence after vasectomy is a myth.

NARROWING THE GAP BETWEEN AWARENESS AND BEHAVIOURAL CHANGE

Although awareness can increase within five years, behaviour changes take much longer to become a reality.

With the immediate objective of raising awareness of family planning and SRH

achieved, the greatest challenge is to transform awareness and knowledge into behaviour change. Although 1,000,000 people have been reached through IEC, only 110,000 have actually used the services provided. Similarly only 26% of men use condoms although 96% know about them. Closing this gap requires a highly focused communication strategy concentrating, for example, on strengthened inter-personal communication. This could address people's concerns, fears and aspirations, and help to bring about desired behavioural changes.

General awareness of STIs/HIV/AIDS has increased to a high level, although routes of transmission are not yet well understood nor do men really understand their personal risk factors. Because many STIs are treatable, it appears that men do not feel threatened by the possibility of getting an infection, and do not link this to the very real threat of contracting HIV.

FORGING CLOSE COLLABORATION WITH PROJECT STAKEHOLDERS

Community participation is vital, and was integral to the project. Community leaders, local civil society representatives and government officials have been involved with the project since its launch. Community attitudes towards the project are also very positive and supportive.

Through its advocacy work and community mobilisation, the project has created a favourable climate in which most individuals and groups no longer oppose family planning. Community leaders believe that efforts aimed at encouraging men to take a more responsible attitude towards their sexual and reproductive health should help to improve quality of life for women.

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The project had a steering committee in each of the three sites and at national level, including representatives from different stakeholders. The wide membership is a good indicator of project support. The committees play a major role in strengthening partnerships with other stakeholders, which is vital for project sustainability.

Many men, from different walks of life, are recruited as workplace motivators. Patrick Masinde is administration officer and workplace motivator at Western College of Art and Applied Sciences.

'Typically there is always a group of men who are resistant to new ideas and I try to identify these men and challenge them. I get the men who recognise the need of family planning and I put these men with the reluctant men and slowly the influence rubs off. This is how I deal with the difficult men.'

(Source: Male Involvement: Reaching Out to Men, An IPPF Vision 2000 case study, 2000)

The project aimed to reach men with information on family planning and SRH, encourage partner communication and inspire men to support their wife's use of contraception.



profile

Kenya

THE MALE INVOLVEMENT PROJECT ... TWO YEARS ON

Financial constraints since the end of project funding gave FPAK the opportunity to look to the future in two main ways.

Firstly, it examined best practice and lessons learnt from the project, and took steps to incorporate these into its other projects. Examples include men-only information days and billboard publicity aimed at men. Secondly, it prompted the FPA to identify the most important aspects of the project and prioritise these. The general focus has turned to availability and accessibility of services to match the demand created by the project's IEC awareness-raising activities.

The picture two years on looks positive. Developments in sustainability include the following.

- Clinic integration: the men-only clinics have been merged with the conventional clinics. Laboratory services are marketed towards men, a strategy which is attracting more clients.
- Hand-over of workplace motivators to companies: company support has allowed counselling and service referral to continue.
- Two puppetry groups have become self-sufficient: they continue to spread SRH messages in their unique way.
- Community involvement: some community members have been trained in behaviour change communication, and how to handle sensitive topics that were previously taboo.

LEARNING FROM THE PROJECT EXPERIENCE

The project developed bold, creative and flexible management, willing and able to experiment with new motivational and clinical activities. It built on 40 years of successful experience, helping FPAK make the transition from traditional family planning services to sexual and reproductive health, and increasing its visibility and image.

The project pioneered innovative strategies to change men's attitudes and behaviour. It has demonstrated a valid and successful model for male involvement and piloted the feasibility of male-only clinics. What lessons have been learnt?

- On-going efforts are needed to publicise new services and create demand.
- Changing attitudes and behaviour need a longer-term perspective and creative approaches.

The project pioneered innovative strategies to change men's attitudes and behaviour. It has demonstrated a valid model for male involvement.

- A single IEC activity cannot achieve project goals in isolation. A combination of approaches, methods and media – together with careful targeting of messages – maximises impact and appeal. Humorous and entertaining messages are particularly memorable.
- Targeting activities which interest men, such as football, are effective ways to capture their attention.
- Combining mass media with group and individual activities creates ownership and pride among community members.
- Male involvement cannot be separated from gender issues.
- Separate male clinics are not necessary. What is important is staff who are sensitive to men's needs and respect their privacy, a male-friendly environment, a complete range of integrated services and flexible hours. The willingness of men to seek services from conventional clinics is a major project achievement.
- Involving influential people from the project areas, such as mayors and other politicians, increases the appeal of the project to its audience.

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The project is based in three areas: **Nakuru** (Rift Valley Province), **Kisumu** (Nyanza Province) and **Kakamega** (Western Province).

- **Population is 31.1 million, with 37% aged 10-24.**
- **Human Development Index ranking: 134 out of 173 countries.** (Source: UNDP 2002)
- **Average life expectancy at birth is 48 years.**
- **The infant mortality rate is high at 74 per thousand live births.**
- **The maternal mortality rate is very high at 1,300 per hundred thousand live births.**
- **The total fertility rate is estimated at 4.4 with only 39% of married women aged 15-49 practising family planning.**
- **Only 44% of all births are assisted by trained personnel.**
- **Population living with HIV/AIDS (15-49) is 15%.**
- **The literacy rate among adults is high at 76% for women and 89% for men.**

(Source: PRB 2002)

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