



Niger . Husbands & schools seek to get men actively involved in reproductive health

In Niger, UNFPA has developed an innovative strategy for involving men in the promotion of reproductive health and fostering behavioural change at community level.

Despite all the efforts, every minute somewhere in the world a woman dies in childbirth. In Niger, where the maternal mortality ratio is 648 deaths per 100,000 live births, a woman dies every two hours. This is one of the highest ratios in the world, and it does not include the unacceptable number of women left disabled after childbirth. Working to ensure that women survive childbirth is a human rights imperative and an absolute priority for international development.

The International Conference on Population and Development and the Millennium Development Goals call for both a *75% reduction in maternal mortality* by 2015 and *universal access to reproductive health*.

To gain a better understanding of the issue and find appropriate solutions, UNFPA commissioned a study on the obstacles to the promotion of reproductive health in Zinder Region. Conducted in 2007 by the Laboratoire d'Études et de Recherche sur les Dynamiques Sociales et le Développement Local (LASDEL ó Laboratory for Study and Research into Social Dynamics and Local Development), the study identified a number of barriers to the use of reproductive health services, the most important being the power and behaviour of the men who determine whether or not women can have access to medical care.



Members of the Bandé (Magaria) Husbands' School during a work session.



Work session on maternal health with the midwife and the Dungass (Magaria) members.

The Husbands'Schools initiative

To address this situation, UNFPA Niger has developed a strategy known as 'Ecole des Maris' (EdM ó Husbands'Schools), which aims to involve men in health promotion and foster a change in behaviour at community level.

The strategy is being implemented in Zinder Region, via the Reproductive Health Programme co-financed by the European Union and UNFPA between 2004 and 2008, and from 2009 in partnership with the Spanish Agency for International Development Cooperation. Eleven pilot schools have been set up in two health districts in Zinder, located in particularly vulnerable areas with low reproductive health indicators.

A forum for men'S involvement

The concept, approach and functioning of the EdMs were defined in greater detail at an initial workshop, based on a participatory approach, bringing together national NGOs, health workers, volunteer husbands, support organisations and other stakeholders. Criteria for selecting model husbands were established, of which the first five are essential:

1. Be married
2. Be a husband whose wife/wives use(s) reproductive health services
3. Be aged 25 or over
4. Be willing to participate

5. Be a husband who allows his wife to participate in group organisations
6. Be available for the School
7. Be of good moral character
8. Be someone who nurtures harmony within his household
9. Be a husband who supports his family.

The EdMs are based on voluntary membership and community involvement, the aim being to make men take responsibility for their own development. There is no leader: all members are equal and work in a nonhierarchical framework, with each member assuming his share of responsibilities on a rotational basis. The EdMs are a forum for discussion, decision-making and action.

The members meet around twice a month to analyse and discuss specific cases within the community in the field of reproductive health. This interaction is important since it gives the members insight into how they each perceive maternal health issues and problems. The group dynamic is also a tool for changing behaviour.

The husbands should look for appropriate solutions based on reliable knowledge available within the group or obtained from a specialist resource person. For example, on the basis of information provided by health personnel in the area, the husbands identify places where health indicators are critical, such as areas with low rates of prenatal consultation. Having identified the problem, the husbands can devise strategies and actions to get more pregnant and breastfeeding women attending Integrated Health Centres (Centres de Santé Intégrés, CSI), thereby improving the indicators. Awareness sessions held during religious services are also one of the strategies they use.

In the areas covered by EdMs, husbands are taking an increasingly active role in the healthcare of their families and communities.

Model husbands

The Husbandsø school primarily influences behaviour within individual couples. According to one wife, *ōwe have seen many changes since the schools were set up. The men have become more aware. The women, too, have learnt that it doesn't matter whether it is a man or a woman that delivers their baby. It is the men who take their wives to the CSI.ö*

Moreover, husbands and wives say that they are now talking to each other more: men understand the importance of the health of their wives and children. For the first time, husbands have even been attending the births of their children at the CSI. Member husbands are therefore acting as guides for their own families as well as for other families that would otherwise find it hard to get to a CSI.

Impact on health indicators

There has also been a noticeable change in behaviour among villagers, authorities and health workers. The decisive factor is the new relationship that has been built up between the EdMs and health workers, which is having a qualitative impact on the indicators. The CSIs that achieve the best results, are those where health workers have good relations with local people generally and the EdMs in particular.

According to the head of the CSI in one village, "the husbands have contributed significantly to improving health indicators. We found that our behaviour was a barrier to attendance at the Centers. We decided to change our behaviour in terms of the reception we provide. Services are also better organised, with a timetable (for pre- and postnatal consultations and family planning) sent out to the women in all of the villages concerned."

Figures that speak for themselves

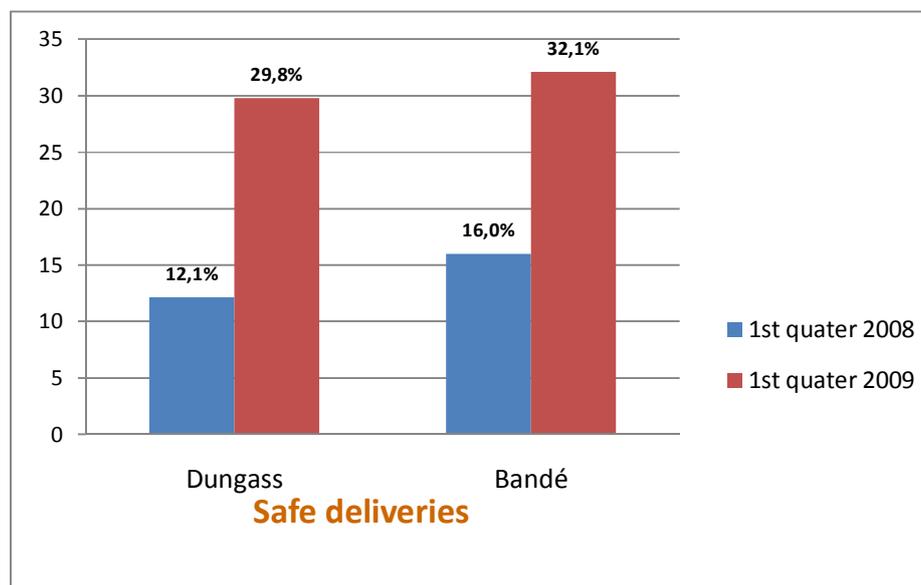
The reproductive health indicators are improving, with particularly significant rises in deliveries assisted by skilled personnel, prenatal and postnatal consultations and family planning. The graph below illustrates the positive impact on safe delivery rates at two sites with EdMs, where the figures have doubled.

In addition, the EdMs have led to positive spin-off effects and new village initiatives. For example, the EdMs emphasise the close link between sanitation and the health status of populations and are implementing hygiene measures in villages.

The EdMs have also achieved results in terms of community actions. For example, latrines have been built in the CSIs to enhance women's comfort and privacy; a midwife's residence and an observation room for women in labour have also been built, and a prenatal consultation room completed.

The EdM experiment is taking place in an area bordering northern Nigeria, where entrenched religious attitudes are hostile to modern reproductive healthcare and gender equality. The commitment of married men from the region to the cause of reproductive health is a key result in terms of changing behaviour.

The challenge now is to secure the continuity and sustainability of capacity-building and to ensure that these changes in behavior are passed on. The current members of the schools must be in a position to pass on to their children the knowledge, attitudes, skills and behaviour that they have acquired.



Following this positive experiment in Zinder Region, the Representative of UNFPA Niger, M Yacine Diallo says *the initiative is having such an impact that it has caught the attention of other development partners. Consequently, UNFPA is planning to support more partners and to work with the government to extend the initiative to other regions, in order to get more men involved in the fight for better reproductive health among women.*

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