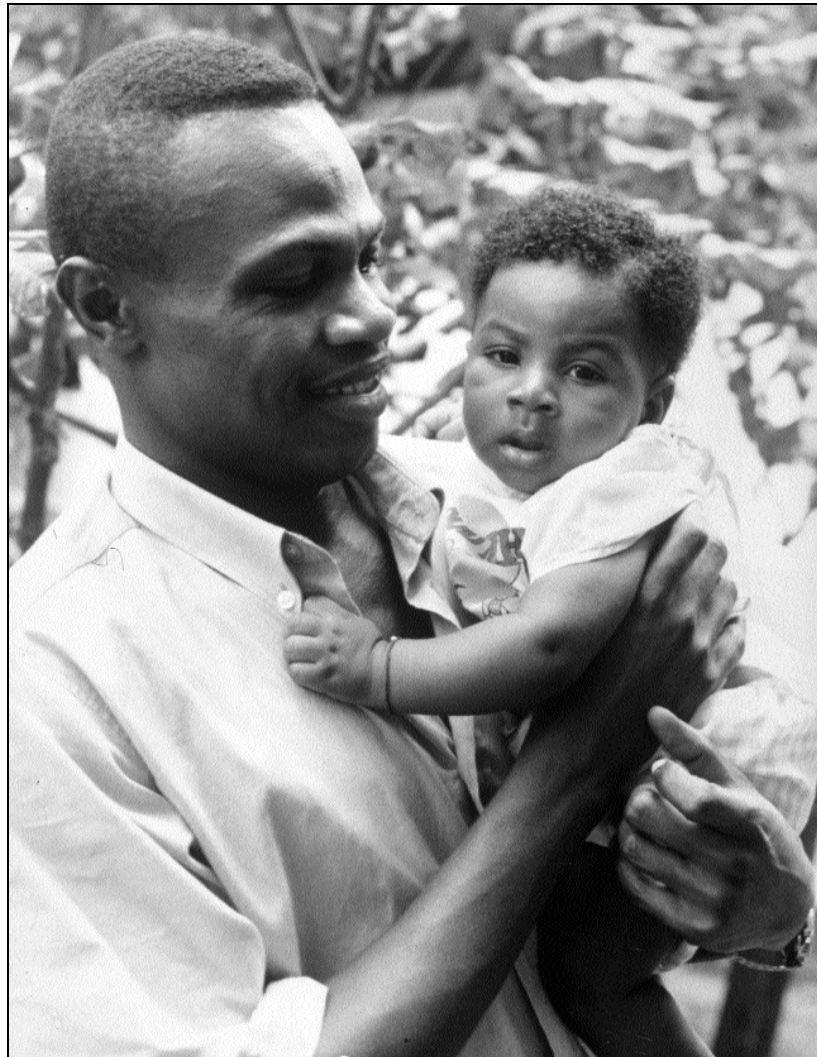


# Men: Key Partners in Reproductive Health

A Report on the First Conference  
of French-Speaking African Countries on  
Men's Participation in Reproductive Health

March 30-April 3, 1998  
Ouagadougou, Burkina Faso



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## Preface and Acknowledgments

In French-speaking Africa, as elsewhere, reproductive health programs have focused mainly on women. In recent years, however, recognition has grown that men have a significant influence on family reproductive decisions, that men themselves have substantial reproductive health needs, and that many men are interested in better reproductive health. Men also play an important role in reproductive health programs as managers and policy-makers. Growing realization of men's awareness of and interest in family planning and other reproductive health care has led to new communication projects that promote men as an audience and clientele for information and services.

The *First Conference of French-Speaking African Countries on Men's Participation in Reproductive Health* was held in Ouagadougou, Burkina Faso from March 30 to April 3, 1998. It was organized to share experiences and lessons learned over the past decade among African organizations about communicating with men on reproductive health issues. These lessons apply to: designing and implementing communication programs to build men's awareness and provide them with information about services; advocate and gain support among policy-makers to provide reproductive health information and services for men; and evaluate program results. This report provides an overview of the conference, including its objectives, deliberations, findings, and results. It also offers key recommendations and strategies to improve men's participation in reproductive health in French-speaking African countries.

This conference was co-sponsored by Johns Hopkins University Population Communication Services (JHU/PCS) and the Academy for Educational Development (AED). It received support and financing from a number of partner institutions and funding agencies, including:

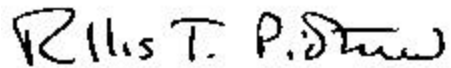
- The United States Agency for International Development (USAID) Office of Population, African Bureau, USAID/Benin, and USAID/Mali;
- The United Nations Population Fund (UNFPA) and its country offices in Benin, Burkina Faso, Cameroon, Guinea, Mali, Morocco, Niger, Togo, and Tunisia;
- The International Planned Parenthood Federation (IPPF) Africa region, Nairobi, Kenya office and affiliates in Benin, Cape Verde, Chad, and Mali;
- The Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) country offices in Burkina Faso, Cameroon, Guinea, Mali, Niger, and Senegal;
- CARE International country offices in Cameroon, Mali, Niger, and Togo;
- The USAID Regional Economic Development Services Office for West and Central Africa (REDSO/WCA) through the Family Health and AIDS Project (FHA);
- The University of North Carolina's Program for International Training in Health (INTRAH) through its office in Togo;
- Access to Voluntary and Safe Contraception (AVSC);
- The Population Council country office in Burkina Faso; and
- Ministries of Health in several countries of West and Central Africa.

In Burkina Faso the Minister of Health, A. Ludovic Tou, and his staff hosted the conference. Several other institutions in Burkina Faso provided valuable assistance, including the Ministry for the Advancement of Women, the Ministry of Youth and Sports, and the Ouagadougou office of the *Santé Familiale et Prévention de SIDA—SFPS* (Family Health and AIDS Prevention—FHA) Project.

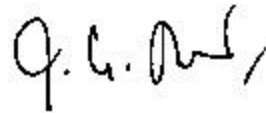
In the United States the Men's Participation Task Force, including Dr. David Awasum (JHU/PCS), Dr. Lalla Toure (AED/SARA), and Elizabeth Thomas (AED/PCS), organized the conference with support of Susan Krenn, and Philippe Langlois, (JHU/PCS). The conference benefited greatly from the administrative and logistical support of Susan Gaztanaga, Sherard Graham, and Catherine Sheets (JHU/PCS) and Pardiese Klauss (AED).

Dr. Suzanne Bocoum, of the UNFPA Dakar Country Support Team I, served as co-facilitator of the conference, along with Dr. David Awasum and Dr. Lalla Toure.

Conference rapporteurs were Bryant Robey (JHU/CCP), Soulimane Baro (UNFPA), Elizabeth Thomas (AED), Sidiki Kone (IPPF/Mali), and Guy Kpakpo (Benin).



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## List of Abbreviations

AED	Academy for Educational Development (Washington, D.C.)
AIDS	Acquired Immune Deficiency Syndrome
AVSC	Association for Voluntary and Safe Contraception (based in New York)
CEDPA	Centre for Development and Population Activities (Washington, D.C.)
CERCOM	Center for Teaching and Research in Communication (Cote d'Ivoire)
DHS	Demographic and Health Surveys
DSF	<i>Direction de Santé Familiale of Burkina Faso</i> (Burkina Faso Family Health Directorate)
EMF	Event Monitoring Form
FHA	Family Health and AIDS Project
GTZ	<i>The Deutsche Gesellschaft fur Technische Zusammenarbeit</i> (German Association for Technical Assistance)
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education, and Communication
INTRAH	Program for International Training in Health (Togo)
IPPF/AR	International Planned Parenthood Federation (Africa Region)
JHU/CCP	Johns Hopkins University/Center for Communication Programs
JHU/PCS	Johns Hopkins University/Population Communication Services
KAP	Knowledge, Attitudes, and Practices
MAQ	Maximizing Access and Quality of Care
MOH	Ministry of Health
MSH	Management Sciences for Health (Dakar)
RESAR	<i>Reseau Africain de Recherche en Santé de la Reproduction</i> (African Network of Research in Reproductive Health)
REDSO	Regional Economic Development Services Office
SAGO	<i>Societe Africaine de Gynecologie et Obstetriciens</i> (African Society of Obstetrics and Gynecology)
SANFAM	<i>Santé Familiale</i> (Family Health) (Senegal)
SARA	Support for Analysis and Research in Africa (Washington, D.C.)
SFPS	<i>Santé Familiale et Prévention de SIDA</i> (Family Health and AIDS Prevention)
STD	Sexually Transmitted Disease
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

## Executive Summary

The first conference of French-speaking African countries on men's participation in reproductive health was held in Ouagadougou, Burkina Faso from March 30 to April 3, 1998. The Ouagadougou conference built upon the results of a similar conference held in 1996 in Harare, Zimbabwe, for English-speaking African countries.

In Africa, men play key roles in reproductive health—as individuals, family members, community decision-makers, and national leaders. Most reproductive health care, however, focuses on women. Reaching men is key to making family planning more widely used, ensuring safe motherhood, and limiting the spread of HIV/AIDS. The conference focused on reaching men by overcoming barriers to men's participation and building on decision-making traditions in the region.

Communication and advocacy are key ways to reach men and increase their participation. Information, education, and communication (IEC) campaigns have proved effective at changing people's behavior, including better reproductive health behavior. Advocacy efforts recognize that men play important decision-making roles and thus can be powerful potential advocates for improved health care, not just the obstacles that they are often portrayed to be.

To reach men, communication must be based on men's information needs and must respond directly to their own interests and concerns. Research shows that IEC can:

- Portray men as responsible participants in reproductive health, not as obstacles.
- Encourage men to talk with their partners and make decisions together.
- Improve the image of contraceptives.
- Reach young men and promote their sexually responsible behavior.
- Provide information and counseling to help men use services.

Advocacy is a process that can help change reproductive health policies by building support for them. Experience shows that effective advocacy should:

- Identify audiences carefully.
- Design messages based on audience research.
- Establish networks and coalitions among supporters.

Conference participants recommended that national policy-makers, program managers, technical support organizations, and international donors should enhance their efforts to take men's participation issues into account. A key need is to develop strategies that recognize and respond to the reproductive health needs of men themselves and to undertake communication and advocacy activities that help men participate more in meeting the reproductive health needs of their partners.

Since men's participation is a new focus for reproductive health program managers, policy-makers, and donors, ways must be found to build a body of research-based knowledge about men's participation, to generate additional financial and technical resources for policy-making and program development, and to integrate activities for increasing men's participation into existing reproductive health care.

*Africa rejoices to see men not only bringing children into the world but also raising them and taking care of them. We hope to create a... political context favoring men's participation in family planning, safe motherhood, and child survival that reinforces our other family health programs.*

**The Honorable A. Ludovic Tou, Minister of Health,  
Burkina Faso**

*Increasing men's participation in reproductive health is one of the priorities of the Africa Region of the International Planned Parenthood Federation. We hope that the recommendations of this conference will help strengthen the family planning associations in French-speaking Africa and their efforts to integrate men's participation into program activities.*

**Mr. Kodjo Efu, International Planned Parenthood  
Federation (IPPF), Nairobi.**

*African men have been effective partners in the struggle for world peace, at great cost to the continent. Surely, they can do even better to ensure and sustain a viable reproductive health program for the region.*

**Professor Boniface Nasah, African Society of Obstetrics  
and Gynecology (SAGO), Conference Keynote Speaker**

*Quite simply, justice requires that relations between men and women should be based on mutual respect and the sharing of responsibilities in all areas.*

**Ms. Agniola Zinsou, United Nations Population Fund,  
Burkina Faso**



## About the Conference



The conference took place at the Silmande Hotel, Ouagadougou, Burkina Faso.

The conference on men's participation in reproductive health, held in Ouagadougou, Burkina Faso, was the first to bring together participants from French-speaking countries of Africa to consider men's participation in reproductive health and to discuss strategies for improving the reproductive health of men and their partners. This conference, which took place from March 30 to April 3, 1998, was attended by over 110 participants from 14 French-speaking countries in Africa (see Appendix A).

The Ouagadougou conference built upon the results of earlier conferences, including the International Conference on Population and Development (ICPD), held in Cairo in 1994, which stressed the importance of reproductive health for men. In 1995, a regional conference was held in Dakar to present new findings from Demographic and Health Surveys (DHS) on men's reproductive attitudes and behavior. In 1996, a regional conference on men's participation in reproductive health was held in Harare, Zimbabwe, for participants from English-speaking African countries. Also in 1996, the First Regional Forum in Central and West Africa met in Ouagadougou to discuss training in reproductive health. In 1997, two more African conferences related to men's participation took place, the first in Mombasa, Kenya, on service delivery, and the second in Lusaka, Zambia, on gender issues. The Ouagadougou Forum included identification of men's roles and participation and recommended actions focused on men as well as on women, children, and young people.

The Ouagadougou conference, like its predecessor in Harare, focused on strategies for communication and advocacy with participants meeting in plenary sessions to present and discuss research results, case studies, and institutional experience. They also met as work groups to develop new approaches to increasing men's participation in reproductive health. The outcomes included a clear consensus on men's participation and roles and a declaration of support for men's participation, a series of country action plans, and an announcement of a program that will use men's substantial interest in football (soccer) to promote reproductive health.

## Goal and Objectives

The goal of the conference was to share lessons learned in Africa about men's participation in reproductive health in order to develop new or enhance existing approaches for French-speaking African countries. Men in French-speaking African countries play key roles in reproductive health, whether as individual family members or as decision-makers at community and national levels. Most service delivery and information campaigns, however, focus on women. To improve the reproductive health of both men and women, health care providers will need to find ways to reach men and their partners more effectively. The conference was concerned both with improving men's own reproductive health—including increasing use of family planning and protecting against sexually transmitted diseases (STDs) including HIV/AIDS—and with men's roles in improving their partners' reproductive health.

The conference had seven objectives:

- **Lessons learned.** To share lessons learned from research on men's reproductive health.
- **Barriers.** To identify important obstacles to men's participation.
- **Men's roles.** To reach consensus on a definition of men's roles and their participation in reproductive health in Africa.
- **Strategies.** To share strategies for improving men's participation in reproductive health based on experience and lessons learned.
- **Action plans.** To develop action plans for improving men's participation in each country and in the region.
- **Further research.** To set forth the major research themes, both quantitative and qualitative, required for the region and for individual countries.
- **Follow-up.** To plan for follow-up of conference recommendations on improving men's participation in reproductive health.

## Themes

The overall theme was to identify obstacles standing between men and their participation in reproductive health and to examine strategies for overcoming these obstacles. Another central theme was to encourage men's participation in reproductive health by building on men's decision-making traditions in French-speaking African countries. Within this overall purpose, three themes formed the core of the conference approach (1) information, education, and communication to interest men and inform them about reproductive health; (2) communication in the context of service delivery; and (3) advocacy for social change. In plenary sessions and work groups, conference participants and facilitators explored these themes, based on presentations of research findings, program activities, case studies, and discussions.

## Structure

The conference took place over five days. The first day—Monday, March 30—was devoted to presentations of research results about men's interest in and need for reproductive health care and to descriptions of different organizational efforts to increase men's participation. On the second day participants discussed lessons learned about communicating with men on reproductive health matters, viewed videos of successful promotional campaigns for men's participation, and discussed how IEC can promote changes in men's reproductive health behavior. The third day highlighted IPPF's experiences and featured how reproductive health providers can reach men and their partners more effectively using such communication techniques as counseling, appropriate informational materials, and social marketing as

part of service delivery efforts. Participants were given a presentation of a comprehensive model for service delivery to men developed by AVSC. Day four was devoted to improving advocacy efforts with policy-makers and public opinion leaders and developing country action plans. On the final day of the conference participants presented country action plans, adopted the Ouagadougou Declaration, and were presented with a plan for the Challenge CUP: Men's Participation in Reproductive Health and Sports Initiative, as an innovative approach for reaching men with reproductive health messages through sports.

On Monday, work groups discussed men's roles and participation in reproductive health. On Tuesday, work groups met to discuss how to reduce the barriers to men's participation and how to use appropriate communication channels to promote men's participation. On Wednesday, work groups examined counseling, interpersonal communication, and access to services for men. On Thursday, country teams met to identify the changes needed at societal, organizational, and policy levels to increase men's participation and to discuss how advocacy can be used to bring about the necessary changes. Country action plans were drafted integrating advocacy and policy responses.

(See Appendix B for the conference agenda and Appendix C for the action plans.)



A well known singer, Ms. Amity Meria, and two neighborhood children of Ouagadougou provided participants with their perspectives on men's family roles. For Ms. Meria, a good family man is one who is faithful to his spouse, takes care of his family, and is responsible in matters of reproductive health. For the children, an ideal father is one who helps and counsels his children, does not get drunk, and is not violent towards his children or wife.

## Research Findings

A growing body of evidence—much of it from Africa—indicates that many men are interested in reproductive health but face obstacles to participation. In Ouagadougou participants were presented with results from a literature review, DHS surveys of men in African countries, a Situation Analysis of Burkina Faso, a knowledge, attitudes, practices (KAP) study in Morocco, and a qualitative study from Senegal. Research findings presented in Ouagadougou mirrored and supported those identified at the earlier conference in Harare.

### Ten Key Findings

Key research results identified in Ouagadougou, also presented in the report of the Harare conference, included the following 10 findings:

**1. Men are powerful decision-makers.**

In French-speaking African countries men's roles in family reproductive decision-making are powerful ones, perhaps even greater than in other parts of Africa. Men are accustomed to making decisions about reproduction, often without discussion with their wives. Men's participation in reproductive health, participants stressed, includes their role as family reproductive health decision-makers—including protection from HIV/AIDS and other STDs.

**2. Many men in French-speaking African countries have a negative view of “family planning” concepts and of contraceptives.**

In French-speaking African countries use of contraception is even lower than in other parts of Africa. Men tend to desire larger families than men elsewhere and also to want more children than their wives report wanting. In Morocco, for example, a KAP survey found that most men wanted to have four children, while most women wanted to have only three.

**3. Men in Africa are nevertheless predisposed to be potential advocates of family planning.**

Men in French-speaking African countries have largely been left out of the family planning equation. Men have had little opportunity to become involved as family planning participants or as advocates. Nevertheless, men's interest is growing stronger, while contraceptive use is increasing. In Senegal, for example, successive DHS show that the prevalence of modern contraceptive use quadrupled during the past decade, from 2% in 1986 to 8% in 1997. The 1997 Senegal DHS also shows that over half of all men who know about family planning approve of it and also approve of mass-media messages broadcast about it.

**4. Men have limited access to reproductive health services.**

As in many other countries, most reproductive health services in French-speaking African countries are geared to women and children and are offered in maternal and child health clinics and other places that many men do not often visit.

**5. Men do have distinct needs for counseling and services.**

As interest grows in providing reproductive health care information and services for men as well as for women, more informational materials need to be prepared for men, while service providers need to receive training on how to counsel men and how to reach men with services.

**6. Communication and services may be most successful when they go where men gather.**

Men have not used reproductive health services in the past in part because communication and service delivery have failed to reach out to men. Men may be reached in the workplace, on military bases, and in other institutions. Also, sporting events and other recreational venues provide an opportunity to reach men with reproductive health messages and services.

**7. Government policies and cultural norms pose special barriers.**

Even more than in other regions, in French-speaking African countries policies often make it difficult to provide family planning information or to provide contraceptives. For example, in some countries a law passed in 1920 during the French colonial era forbidding contraception still has not been repealed. In many French-speaking African countries the national population policy does not specifically address men, which makes it difficult to gain support for men's programs. Often, cultural and religious opposition to family planning/contraception make it difficult for family planning to be discussed in public.

**8. Young men face two major obstacles: gender and age.**

Young, unmarried men are more likely than young women to be sexually active. Young men are particularly susceptible to STDs because many feel "invulnerable" and may have several sexual partners. Nevertheless, in French-speaking African countries few programs provide young men with information about the potential health risks of sexual activity or about how to prevent disease by using condoms. Nor is it always easy for young men to obtain condoms or receive reproductive health services.

**9. The HIV/AIDS pandemic has provided more incentive for men's commitment to reproductive health.**

In sub-Saharan Africa as a whole, more than 13 million cases of HIV/AIDS have been reported. Because French-speaking African countries have yet to experience the spread of HIV/AIDS as fully as other parts of the continent, there may be an opportunity to limit the spread of the disease—provided that action can be taken quickly and effectively. Men have a key role to play in preventing HIV/AIDS because they typically take the initiative in sexual relations, they control the use (or non-use) of condoms, and they play powerful decision-making roles in African society.

**10. Communication between partners about sexual and reproductive health is difficult.**

In many French-speaking African countries, couples traditionally do not discuss reproduction. DHS results show that in French-speaking African countries spousal communication about family planning is minimal. For example, the most recent Senegal DHS shows that only one-quarter of men who know about family planning discussed it with their wives even once in the year before the survey. Similarly, in Niger only one-quarter of husbands discussed family planning with their wives during the previous year; and in Cameroon, only 39%. To stay healthy, partners must cooperate. Cooperation requires communication. When couples do not communicate about reproduction, partners cannot know what the other thinks. Surveys demonstrate that partners often have incorrect ideas about their partner's reproductive wishes and intentions.

## Obstacles to Men's Participation

In French-speaking African countries there are several obstacles to men's participation in reproductive health. Some of these obstacles are similar to those that women face. The Ouagadougou conference recognized obstacles at four levels: the individual level; the social and cultural level; the institutional and organizational level; and the policy level. The major obstacles that men face in participating more in reproductive health in French-speaking African countries are:

### Individual Barriers

- Lack of awareness of resources in reproductive health in their communities.
- Expectations about reproductive health that differ from program, or service offerings.
- Bias against service providers or authorities on reproductive health matters.
- Lack of motivation to become clients.
- Transportation difficulties to the service delivery points.
- Excessive waiting times at service delivery points.
- Negative attitudes toward reproductive health care.
- Less priority to prevention than to curative care.
- Poor understanding of their reproductive health roles.
- Low priority toward family planning or maternal and child health among young men.
- Attitude that married women who use contraceptives may be promiscuous.
- Little knowledge of contraceptive methods.
- Lack of enthusiasm to share reproductive health roles with wives.
- Health concerns about using contraceptives.
- Outright refusal to use condoms.
- Acute lack of support for spouse using modern contraception.
- Reluctance to seek treatment.

### Social and Cultural Barriers

- Strong misconceptions about men's reproductive health needs.
- Reproductive health roles seen as women's business.
- Class differences between service providers and men.
- Failure of service providers to understand the culture.
- Community disinterest in seeking reproductive health services.
- Lack of common language of communication on reproductive health.
- Religious beliefs that conflict with men's participation in reproductive health.
- Misconceptions and rumors about male methods—vasectomy and condoms.
- Lack of channels at various levels to reinforce reproductive health messages.
- Low literacy rates or little educational attainment.
- Cultural stereotypes against male contraceptive methods.
- Lack of motivation among service providers and community-based distributors.
- Traditional masculine stereotypes which reinforce stereotypes about male decision-making—"the Macho concept."
- Limited number and range of communication media.

### **Institutional and Organizational Barriers**

- Insufficient information about men's reproductive health needs.
- Insensitivity to waiting times at service delivery points.
- Untrained personnel about men's reproductive health needs.
- Underfinanced institutions, from central to district levels.
- Negative staff attitudes and behavior toward men at service delivery points.
- Institutional reappointments, communication, etc. do not consider clients.
- Lack of common terminology on men's reproductive health.
- Lack of knowledge about men's expectations.
- Inadequate and inconsistent communication about reproductive health.
- Mass-media messages that do not address young men's interests.
- Ineffective program management and lack of team work.
- Little or no involvement of opinion leaders—traditional, religious, etc.
- Limited contraceptive options for men.
- Inadequate training of service providers in STDs and HIV/AIDS counseling.
- Insufficient provider knowledge about men's reproductive goals/histories.
- Inadequate follow-up plans from the service provider.
- Difficulties in mobilizing resources for programs.
- Poor location of service delivery sites.
- Little sustainability for program activities.
- Untrained personnel, especially among community service providers.
- Lack of basic equipment in most service delivery sites.
- Gender issues not adequately integrated in programs.

### **Policy Barriers**

- Low priority to financing communication programs for men.
- Weak coordination of men's issues at various levels.
- Strong pronatalist beliefs and policies.
- Overcentralization of program activities.
- Lack of political commitment or policy support.
- Promotional restrictions on surgical contraceptive methods.
- Restrictive policies and standards of reproductive health services.



## Overcoming Obstacles, Encouraging Participation

How can the obstacles to men's participation be overcome? How can policy-makers and program managers encourage men's participation? Most people who have studied the subject agree that the two major avenues to increasing men's participation are communication and advocacy. Through better communication, including a focus on men's and women's social roles—gender issues—and through advocacy efforts, men can become more aware of reproductive health care, service providers can become better able to reach men, and national leaders (most of whom are men) can do more to support reproductive health care.

### Information, Education, and Communication for Men

Since the 1960s IEC has played a powerful and growing role in making family planning a household word and a community norm. Since the HIV/AIDS epidemic began over a decade ago, IEC efforts have been the main line of defense against the spread of this disease by promoting use of condoms and by stressing the importance of sexually responsible behavior. Particularly since the International Conference on Population and Development (ICPD) in 1994, which called attention to men's role in reproductive health, there has been growing attention to IEC for men's participation.

Before men will seek reproductive health care or change their health behavior, they must perceive a need for the services or a reason to act differently. One role of IEC is to promote behavior change. Many lessons learned from experience in health communication worldwide, and from communication campaigns with men in other regions, can be applied to increasing men's participation in French-speaking African countries. For example, successful communication campaigns use multiple channels, including such mass media as radio, TV, and newspapers and also such community-based media as folk theater and dance, and interpersonal communication. Experience demonstrates that multiple channels working in concert and carrying the same messages create a synergy that results in behavior change greater than the sum of the individual approaches.

Experience also shows that men are reproductive health and community decision-makers who are potential advocates for improved health care. Men need not be the obstacles to family reproductive health that they are often portrayed to be. To reach men with effective messages about reproductive health, however, IEC must be developed based on men's information needs and must respond directly to men's own interests and concerns. Men are many different audiences and thus need to be addressed not as a mass but based on research into their specific concerns and interests.

Participants were presented with an example of a research-based approach to IEC by representatives of Center for Teaching and Research in Communication (CERCOM) and the Family Health and AIDS Prevention Project (FHA),



"Barriers to men's participation are best addressed by multiple approaches," said Dr. David Awasum.

which conducted pretests of IEC messages in Burkina Faso, Cameroon, Cote d'Ivoire, and Togo in 1996 and 1997. Such pretests, conducted in focus-group discussions, not only indicate how acceptable planned messages are to their intended audiences but also provide qualitative information about the attitudes, opinions, and beliefs of the audience—in this case, men. The focus-group discussions supported other research findings from Africa showing that most men have little knowledge of modern reproductive health care. Many view contraceptive use as a threat to their status as reproductive decision-makers, reflecting a certain lack of confidence in their partners. Men knew little about modern contraception and often believed false rumors about them, in the absence of having factual knowledge themselves.

Nevertheless, men expressed interest in participating in reproductive health matters. Most men recognized that couples needed to have fewer children than was possible in the past. The focus-group findings suggest that many men in French-speaking African countries appear to be caught between traditional attitudes on the one hand and modern life on the other. Economic difficulties, urbanization, and changing living conditions are making it more difficult to support large families, but traditional beliefs still favor having many children. Younger men were less likely to face this dilemma than men over age 35.

Based on results of the focus-group discussions, CERCOM and the FHA project recommended that reproductive health messages directed to men:

- Portray families as having several children, with several years age difference between each child, well cared-for, educated, and in good health, as this image reflects men's perception of the true happiness in life for a man.
- Picture men as household heads, responsible for making decisions about the health of their wives and children.
- Present husbands and wives in close communication, suggesting that the husband's family health decisions result from discussion with his wife. Such an image can help develop the idea that, the more men are interested in the well-being of their families, the more they are respected in the community.
- Provide direct, clear, precise, and specific messages about contraceptive methods, offered in the language and choice of media most likely to be considered credible by the audience.
- Puncture the widespread myths and false rumors about family planning and contraception by creating factual messages based on research results.

Among other lessons learned from communication programs with men are the following:

- Present men as partners who care about the welfare of their family and not as irresponsible obstacles.
- Encourage men to talk with their partners about reproductive health and to make decisions together.
- Improve the image that men have of family planning and contraceptives.
- Pay particular attention to reaching young men to promote sexually responsible behavior.

## **Entertainment-Education Approach**

In Africa music is a powerful mode of communication, transcending national borders, cultures, and languages. Men's attention can be attracted by using an entertainment format—the “enter-educate” approach—which has proved effective in many countries. The term Enter-Educate is a contraction of the words entertainment and education and describes any communication presentation that delivers a pro-social educational message in an entertainment format. Participants viewed a film by JHU/PCS, *Les Hommes: Partenaires Clés dans la Santé de la Reproduction* (Men: Key Partners in Reproductive Health), which showed the many different ways that men can be reached through the mass media and advocacy.

In French-speaking African countries the FHA/REDSO project is using the enter-educate approach to address the problem of HIV/AIDS and to make people aware of how to prevent the disease. Through a musical program—*Wake Up Africa*—about 30 African musicians are helping to publicize the HIV/AIDS issue by creating and performing works on the theme of HIV/AIDS prevention. Participants in Ouagadougou watched a new music video, *Wake Up Africa*, produced by the FHA project featuring the musicians' works. In addition, the musical message is being promoted with a compact disk, an audio cassette, a live concert, radio and television spots, entertainment magazines, and T-shirts.

In French-speaking Africa, as in other regions, there are many ways in which the different cultural and social roles of men and women—gender—affect the delivery and use of reproductive health care, whether by women or by men. In Ouagadougou a presentation by the Center for Development and Population Activities (CEDPA) introduced the concept of gender planning in order to address the social and cultural differences between men's and women's roles, as they affect their reproductive health. In program planning, gender analysis helps to identify the different roles, responsibilities, access to resources, and decision-making spheres of men and women in order to overcome stereotypical assumptions and thus enhance the design and implementation of projects that benefit both men and women.

## **Communication in the Context of Service Delivery**

Communication and service delivery go hand in hand. People will not be able to use reproductive health services unless they know about them. Once people are motivated to improve their reproductive health, by using family planning methods, for example, they need information and counseling about appropriate methods, correct use, side effects, and the concerns that most people have about adopting new practices.

As service providers and communicators reach out more to men and their partners, they must learn more about their clients' information needs and how to provide counseling for men. Often, service providers will need new training in counseling men; informational materials, such as leaflets, posters, and flipcharts, will need to be prepared for men. Also, as communication and advocacy efforts create more demand for reproductive health services among men, programs will need to insure that the expectations of clients are met with a commensurate increase in services.

## Services for Men

Participants were given a presentation on a comprehensive model for service delivery to men developed by AVSC. The model is an extensive list of all possibilities for service delivery planners to consider in planning and implementing reproductive health services for men. The model consists of three main areas: screening—a medical history to be obtained from every man who comes to the clinic; information and counseling—to be provided to every man who visits the clinic; and clinical services—to be provided if the need is identified in screening.

The model is not intended as a prescription for all men's reproductive health services. In French-speaking African countries, as in other developing countries, the health care system is not equipped to provide such services. Accomplishing detailed screening, counseling, and clinical services for men also would require integrating men's services with female-oriented programs, while maintaining privacy.



Conference participants in a plenary session.

Increasing men's participation also is a high priority for the International Planned Parenthood Federation (IPPF/Africa), which tries to reach men in their communities, in workplaces and schools, in hotels and bars, and through social marketing, as well as with clinical services. Lessons learned from IPPF experience suggests that men are not opposed to family planning or to contraception but need to receive more information, along with community support and support from employers and opinion leaders. Among IPPF affiliates in French-speaking African countries the number of reproductive health programs directed to men remains extremely limited, however.

Two case studies about providing services were presented, by *Santé Familiale* (SANFAM), a Senegalese nongovernmental organization, and by CARE/Togo. SANFAM has run three programs directed to men's participation, including IEC related to HIV/AIDS prevention, family planning, and condom distribution. Since 1993, CARE/Togo has been managing a five-year project to improve reproductive health among men and women in selected rural areas of the country. Both projects reported some success, as measured by distribution of condoms, provision of information, and increased contraceptive use.

## Advocacy

Advocacy—a process to achieve changes in policies or programs—has become increasingly important as a strategy for improving reproductive health since the ICPD in 1994. Nations gathered in Cairo for the ICPD recognized the role of advocacy in gaining support for reproductive health care. Many donor agencies, such as UNFPA, engage in advocacy activities to gain support for population programs and to mobilize resources both at government and community levels.

Advocacy efforts recognize that, in order to build support for family planning and other reproductive health, a variety of different audiences and approaches must be used. To increase men's participation in reproductive health, advocacy activities can be used to address a variety of legislative, institutional, religious, and cultural barriers. At the community level, opinion leaders and religious leaders often have negative perceptions of family planning. At the national level, population policies enacted in recent years often do not specifically address men's participation in reproductive health, which can make it difficult for programs to gain support for activities directed to men. Some countries in French-speaking African countries are legally prohibited from disseminating contraceptive information because of the existence of a French law enacted in 1920 outlawing contraception.

In French-speaking African countries advocacy for men's participation in reproductive health is still a relatively new concept. Very few advocacy programs have been tried. In Niger, however, CARE used an advocacy approach in a project from 1992 to 1995 to mobilize community leaders in support of family planning and child health. A presentation of this campaign revealed that it had helped to increase men's knowledge of contraception and that contraceptive use had increased most in those villages where opinion leaders lived.

Representatives of AED and UNFPA provided participants with an overview of the main components of advocacy and the key steps in the advocacy process. The presentations stressed that effective advocacy should:

- Define primary and secondary audiences carefully.
- Set realistic objectives.
- Design messages based on research.
- Have a clear decision-making process.
- Establish networks and coalitions among supporters.
- Use specific advocacy techniques and tools.

## Defining Men's Role

*The conference adopted the International Conference on Population and Development's definition of reproductive health and determined that a definition of the role of men in reproductive health would help all concerned to get a better grasp of the concept of men's participation and the efforts to encourage that participation.*

### THE ROLE AND PARTICIPATION OF MEN IN REPRODUCTIVE HEALTH

#### **Men as Partners in Reproductive Health**

As partners, men may be decision makers, promoters and/or providers. Traditionally, men have played the role of decision makers. Improving their participation in the promotion of reproductive health would entail strengthening their roles as **promoters** at the **family**, **community** and **national** levels.

#### **At the Family Level**

Often the heads and holders of economic power in the family, men also have:

- A role in the upbringing of their children.
- A role as husbands and fathers responsible for the health of the family (including the protection of the family from STDs/HIV/AIDS, and other threats).
- A role as communicators responsible for discussing reproductive health issues with family members.

#### **At the Community Level**

Men can also exercise their authority as opinion leaders:

- To counter cultural practices unfavorable to reproductive health.
- To mobilize community resources in favor of reproductive health.
- To initiate and implement community health projects and contribute to the expansion of reproductive health services.

#### **At the National Level**

Above all, men play a role in advocating for institutional changes favorable to reproductive health.

#### **The Role of Men as Beneficiaries of Reproductive Health Services**

Men are potential users of specifically male-oriented products and services: contraception (condom and vasectomy), infertility, prevention and treatment of STDs/HIV/AIDS, prevention and treatment of diseases of the reproductive organs, particularly prostate cancer, and the treatment of sexual dysfunction. As fathers and husbands, they benefit from the services offered to other members of the family (maternal and child health and family planning).

## Work Group Findings

Participants divided into work groups during the conference to discuss the following topics:

- Men's roles and participation in reproductive health.
- IEC for men about reproductive health.
- Communication strategies to facilitate service delivery.
- Advocacy findings (also discussed but detailed in the country action plans).

### **Men's Roles and Participation in Reproductive Health**

Men play two types of roles in reproductive health. Men are health care decision-makers within the family, providers and promoters of health care, and play leadership roles in the community and at the national level. Men also are individual beneficiaries of reproductive health care. Men's roles as beneficiaries extends to the protection and care of their families, including family planning and maternal and child health. As beneficiaries of reproductive health services, men need information and services about contraceptive methods (particularly condoms and vasectomy), infertility, prostate cancer, and STDs, including HIV/AIDS prevention.

Work group members stressed that efforts to increase men's role in reproductive health should recognize their roles not only as beneficiaries of services but also as decision-makers. Communication with men should stress the positive contribution that men can make to reproductive health care, rather than viewing men as obstacles, as uninterested, or as uncaring. As decision-makers within the family, men can discuss reproductive health with their wives and protect themselves and their family members from HIV/AIDS and other STDs. As community and national decision-makers, men can build support for reproductive health by combatting cultural opposition, generating resources, and promoting beneficial reproductive health policies.

### **IEC for Men about Reproductive Health**

Work groups divided this topic into five themes: (1) access to the media; (2) men's participation as individuals; (3) integration of IEC with other aspects of reproductive health care; (4) access to services; and (5) sustainability of IEC. For each theme participants considered the obstacles to improvement and suggested solutions and strategies for overcoming them, including suggestions for research and evaluation.

#### **Theme 1—Access**

Media access for reproductive health promotion in French-speaking African countries is limited by such obstacles as: political and legislative constraints; limited infrastructure, personnel, and budgets; and social and cultural taboos. To overcome these obstacles will require advocacy efforts that stress the importance of reproductive health and the need to increase men's participation. More training of media personnel is needed, along with institutional development, and assistance in creating high-quality programming—efforts that will require more financial and technical support from donors and international assistance organizations. Research should focus on the impact of the mass-media on men's reproductive health attitudes and behavior, on the best ways to reach men through the mass media, and on institutional needs for support.

## **Theme 2—Individual Participation**

As individual participants in reproductive health, men face obstacles related to traditional attitudes and practices and to a lack of information and services. Overcoming social and cultural obstacles requires more educational efforts, particularly directed to youth and their parents. Research to support these efforts should identify the specific traditional attitudes that need to be addressed. Since family planning and maternal and child health programs generally have done little to involve men, more efforts should be made to integrate men's reproductive health care into existing approaches. Because men in French-speaking African countries have had little opportunity to learn about reproductive health or reproductive health programs, much more can be done to communicate with men as an audience and to improve the quality and frequency of media messages directed to men concerning their reproductive health.

## **Theme 3—Integration of IEC**

IEC could play a greater role in increasing men's participation in reproductive health if the cultural, financial, political, and technical obstacles standing in the way of improving IEC delivery could be overcome. In particular, more can be done to identify specific male audiences and to develop messages that meet their information needs. This effort will require not only more financing but also better organization and management of IEC within family planning and HIV/AIDS programs. Research in this area can focus on identifying men's information needs with regard to reproductive health topics and on learning how men's attitudes affect their reproductive health behavior.

## **Theme 4—Access to Services**

In French-speaking African countries reproductive health services for men, including access to condoms and vasectomy services, and access to services for disease prevention and treatment, have been handicapped by unavailability, lack of information, cultural obstacles, and poor quality of services. Many of the obstacles that stand in the way of delivering more and better health care to women and children affect men as well. In addition, the notion that family planning has little to do with men has limited men's access to services. To overcome this obstacle programs can do more to provide information directed to men, train service providers, improve quality of services, and integrate services for men into existing health care, particularly at the community level where many services are offered. Research into community needs, including situational analyses of service delivery, would help identify ways to improve services for men, as well as for women and children.

## **Theme 5—Sustainability of IEC**

Sustaining IEC to increase men's participation faces obstacles related to negative individual attitudes, reluctance among decision-makers to budget IEC activities, lack of staff training, and scarce resources. Programs need to undertake strong communication programs and be able to demonstrate how IEC activities affect men's participation in reproductive health. Research should help show which communication channels are appropriate for achieving IEC goals, how mass media messages affect men's reproductive health behavior, and how traditional communication channels can be used to reach men. Such indicators as the percentage of men discussing reproductive health with their partners, the percentage of men and couples using contraception, and the percentage of leaders and the public who are aware of reproductive health care needs can help build and sustain support for a strong IEC effort for increasing men's role in reproductive health in French-speaking African countries.



## Communication Strategies to Facilitate Service Delivery

Communication plays a vital role in the delivery of family planning and other reproductive health services. Work groups on this topic divided into three sub-groups to discuss different aspects of communication for service delivery—counseling, interpersonal communication outside of service delivery points, and service delivery itself.

*Counseling* requires a two-way discussion between service provider and client. Counseling men or couples often requires different techniques and approaches than counseling women clients alone. From the male client's perspective, such obstacles as unfamiliarity with his rights and responsibilities, social differences between the client and the service provider, and cultural attitudes may make it difficult to participate in counseling. From the service provider's perspective, lack of familiarity with men's interests and needs, lack of time or interest, and attitudes of superiority may inhibit effective counseling with male clients. Such obstacles need to be overcome with information, training, and support for new approaches to counseling for service delivery. Often, institutions themselves need to change to work effectively with men, for example, providing a separate room, establishing different hours, or hiring new staff.

*Interpersonal (face-to-face) communication*—focused discussions between two people or in a group—outside of clinics and other service delivery points often is an important step for people who are making reproductive health decisions. These discussions can often confirm or solidify information received through the mass media. Because men in French-speaking African countries traditionally have not been involved in reproductive health care, they may not be open to discussing reproductive health matters with each other, with women in the community, or with professional reproductive health communicators. Communicators, on their side, may not know how to approach and involve men in conversation about reproductive health. Thus programs need to learn more about what men think about reproductive health issues and how they make reproductive health decisions. Training communicators and choosing support groups among the community can help improve interpersonal communication.

Providing reproductive health services to men is a matter of *selecting services that men desire, offering them in sites that men will use*, and training staff to work effectively with male clients. In most cases, health departments will need to provide the staff and services, supported by appropriate information for men. Often, men can be served in workplaces, cultural institutions, and even sporting events, especially football—for example, by mobile vans—as well as in clinics and through community-based health care agents.



Participants met daily in work groups to examine topical issues and reported their findings in plenary sessions.

## Country Action Plans

Participants divided into country teams to draft action plans designed to increase men's participation in reproductive health. Reflecting the findings of the conference, these teams tended to identify similar obstacles to men's participation, and they developed similar approaches to overcoming the obstacles. The participants focused on the following obstacles, which they identified as the key barriers to men's participation in French-speaking African countries:

- A lack of trained service providers.
- Little reproductive health information and few services designed for men.
- Cultural and religious beliefs that may seem to be counter to reproductive health.
- A lack of policies that address men's reproductive health needs.
- Few financial resources to address men's reproductive health needs.

To help overcome these barriers, most plans included the following kinds of actions:

- Developing training curricula in men's reproductive health for service providers.
- Expanding reproductive health information and services to places where men traditionally gather, such as the workplace or sporting events.
- Increasing communication activities, including mass-media messages directed to men, preparation of print materials, and efforts that encourage spousal communication.
- Engaging in advocacy to gain the moral support of cultural and religious leaders.
- Seeking policy commitment and financial support from national governments and international donors.

The complete action plans for each country are contained as Appendix C.



A. Ludovic Tou, Burkina Faso Minister of Health; Ms. Agniola Zinsou, United Nations Population Fund, Burkina Faso; and Mr. Stephen Brundage Chargé d'Affairs, U.S. Embassy, Ouagadougou, at the conference.

## Key Conference Resolutions and Recommendations

Participants in the Ouagadougou conference made recommendations directed to national policy-makers and program managers and to international donor and technical support organizations, including the conference organizers, facilitators, and sponsors (JHU/PCS, AED, UNFPA, USAID, AVSC, CARE, INTRAH, IPPF, GTZ, FHA/WCA[REDSO], Population Council):

### Resolutions for Policy-makers and Program Managers

- Introduce the concept of men's participation in reproductive health as identified at this conference in each country (i.e. in work groups, workshops, symposia, and other appropriate forums).
- Initiate a review of reproductive health policies and programs to help policy-makers and program managers take men's participation issues into account better.
- Undertake advocacy activities focused on national and community leaders, as well as interested groups in the public and private sectors in order to build support for men's participation.
- Make use of existing survey data on men's reproductive attitudes and practices and conduct complementary qualitative research to improve understanding of men's needs and the social setting that affects men's participation in reproductive health.
- Develop communication strategies to respond to needs of different groups of men.

### Recommendations for Donors and Technical Assistance Organizations

- Follow up on this conference by providing support to national and regional efforts, especially in conducting research, training service providers, establishing men's clinical services, and developing IEC for male audiences.
- Expand and reinforce advocacy activities for men's participation in reproductive health among international organizations and country governments in order to mobilize additional financial and technical resources.



Panel members discuss lessons learned on opening day.

### FIRST CONFERENCE IN FRENCH-SPEAKING AFRICAN COUNTRIES ON MEN'S PARTICIPATION IN REPRODUCTIVE HEALTH

Ouagadougou, Burkina Faso  
March 30-April 3, 1998

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#### Ouagadougou Declaration on Men's Participation in Reproductive Health

The International Conference on Population and Development (ICPD), which took place in Cairo in September, 1994, marked a turning point in the definition of the concept of reproductive health. This concept was based on a holistic vision which emphasized equality and equity in gender relations and responsible sexual behavior.

As a follow-up to the ICPD, there were a series of regional conferences, including the following: the Maximizing Access and Quality of Care (MAQ) Conference, which took place in Ouagadougou in 1995, the Conference on Reproductive Health Educational Reform in Medical Schools and Schools of Public Health in West and Central Africa (September 1996), and the forum on Adolescent Reproductive Health (Addis Ababa, January, 1997). These conferences allowed African countries to reach a consensus on the definition of reproductive health, including a gender approach and the four main components of reproductive health.

In December, 1996, the Conference on Men's Participation in Reproductive Health in Anglophone Africa took place in Harare.

For the first time in French-speaking African countries, this conference in Ouagadougou, from March 30 to April 3, brought together approximately 110 participants from 14 French-speaking countries to examine the theme of men's participation in reproductive health. The goal of this conference is to share lessons learned from existing programs in order to develop new strategies and approaches.

The conference participants identified numerous barriers to men's participation in reproductive health. Following are some of the greatest barriers:

- Lack of information about reproductive health in general and men's reproductive health in particular.
- The often controversial interpretation of religious texts regarding reproductive health
- Powerful traditional and cultural barriers.
- Lack of appropriate reproductive health services for men.
- Neglect of men's reproductive health in existing programs and policies.

Men should be seen as springboards to the strengthening of their role as reproductive health advocates within their families, their communities and their countries, in order to achieve gender equity.

## Ouagadougou Declaration on Men's Participation (continued)

### Resolutions

Being aware of their responsibility to promote changes which encourage increased participation of men in reproductive health, the conference participants pledge to undertake the following:

- Introduce the concept of men's participation in reproductive health as defined at this conference in their respective countries, through appropriate channels (work groups, workshops or symposia).
- Initiate advocacy activities targeting authorities, communities and private and public sector associations in order to gain their support for integrating men's participation into reproductive health programs.
- Initiate the review of policies and programs in order to take into account men's participation.
- Conduct complementary qualitative research to increase the understanding of men's needs and social determinants which impact their participation in reproductive health.
- Develop communication strategies to respond to needs of different target groups.

### Recommendations

The participants make the following recommendations to the sponsoring organizations:

- Follow up on the conclusions of this conference and support national and regional efforts, especially in research, service provider training, establishment of clinical services and IEC.
- Expand and reinforce advocacy activities for men's participation in reproductive health among international organizations and country governments in order to mobilize additional resources.

*Written in Ouagadougou, Burkina Faso on April 3, 1998  
by the conference participants*



Conference participants at the *First Conference of French-Speaking African Countries on Men's Participation in Reproductive Health* held in Ouagadougou, Burkina Faso, March 30-April 3, 1998.

# Are you playing the game right?

When you're faced with a tricky situation, you're got to know what you're doing, and make the most of your choices.

Know the difference between fact and fiction. And don't be afraid to get a little coaching.

Long term and permanent methods of family planning are designed for couples who want smaller families.

Clinics, doctors and Community Based Distributors will help you choose the right method for you and your partner.

Play the game right. Once you're in control, it's easy to be a winner.



Adam, Madinda and Peter Nalovu of the Zimbabwe National Football Squad supports family planning.

## FAMILY PLANNING **IT'S YOUR CHOICE**

\* Long term and permanent methods include the loop and injections. Male and female sterilization are permanent methods.

*Are you playing the game right? campaign ad photo.*

## Challenge CUP: Men's Reproductive Health and Sports Initiative

### Guidelines for Project Development

As proposed at the Ouagadougou conference, the Challenge CUP Initiative aims to use the mass appeal of football (soccer) in French-speaking African countries to convince men to adopt sexually responsible behavior in family planning and prevention of STDs/HIV/AIDS. The increasing number of African men who participate in football as spectators and fans, coaches, players, and club managers makes football a promising forum for the delivery of public reproductive health messages directed to men. The Challenge CUP Initiative was first proposed at the Africa Regional Conference on Men's Participation in Reproductive Health in Harare, Zimbabwe in December 1996.

### Rationale

Football is the most popular sport in Africa today. The infrastructure in Africa provides a well-suited forum to reach men through football—a game that appeals very strongly to men, women, and youth. More men and their families can be reached and influenced with well tailored messages about reproductive health, to adopt positive reproductive health behaviors aimed at curbing not only the spread of HIV/AIDS but also the high rates of other STDs and unwanted pregnancies among teenagers.

Currently, there is renewed enthusiasm for football in Africa, given that more than 40 national teams are vying not only to occupy the five positions allocated for Africa at the World Cup, but also participating in the Africa Cup of Nations' bi-yearly tournament. Top performances by African football players in Europe and the recent gold medal won by Nigeria's Green Eagles at the Atlanta Olympic games have heightened the visibility of African football in the international media and made football the most topical issue in most homes in Africa.

Football matches attract large audiences in the stadiums, over the radio and television, and in the print media. For example, during the 1990 World Cup matches in Italy, the circulation of local newspapers in Cameroon increased from an average of 12 percent to over 70 percent. Tailoring reproductive health messages for spectators at stadiums, radio or TV audiences, or newspaper readers, ensures a wide reach of the population. These mass media channels can be used to inform men and their partners about service delivery sites and the need to increase communication with partners and support their use of available services.

### Communication Objectives

- To increase condom use among premier football club members and the general population.
- To increase the number of premier league club members and football fans who report practicing safer sex.
- To increase the number of football fans attending matches who recognize the reproductive health logo in each country.
- To increase the number of men nationwide discussing reproductive health with their spouses/partners.
- To increase knowledge about STD/HIV/AIDS prevention measures among men nationwide.

## Communication Objectives and Activities

Key activities to support specific communication objectives include:

### Objective—Increase Condom Use

- **Selection of Role Model for the Challenge Initiative.** A star player will be selected from the participating teams to promote men's participation in family planning—use of contraceptives and support of partner using contraceptives, STD/HIV/AIDS prevention, etc. He will be the football spokesperson over television and radio.
- **Development of messages and IEC materials.** The Challenge Cup Initiative will develop persuasive messages to promote spousal communication, team sport in health/family planning, safe sex, the prevention of STDs/HIV/AIDS among sportsmen and early teenage sex with adult men.
- **Production of IEC materials and giveaways.** To reach the large crowds that attend football matches, the Initiative will use items that interest football fans. Trading cards of star players/national teams bearing key reproductive health messages, paper sun caps with logos and messages, leaflets, T-shirts, bumper stickers, and posters of star players, will be distributed to fans at the stadiums. This will be an easy way of reaching more men with these materials.
- **National television and radio coverage.** Mass media (radio, television and print) will cover tournaments, activities of the role model, half-time performances, press conferences. Radio talk shows and the national radio and television will cover the football ticket raffle drawings and the quiz for men and their partners.
- **Half-time football performances.** Puppet shows, dramas and special appearances of role models will be used to promote and encourage men and their partners to adopt certain behaviors and fair play.
- **Knighting of more reproductive health goodwill “ambassadors.”** The Challenge Cup goodwill ambassador will encourage and knight other football stars and sports figures to advocate and influence reproductive health programs among junior clubs and community groups.
- **Orientation meetings for football club officials.** Team managers, coaches and a selected player will attend orientation meetings, receive IEC materials, learn about the national reproductive health logo and service delivery points in the community. They will in turn orient the other club members.
- **Sensitization of club members about reproductive health issues.** Using a peer-to-peer approach the premier league club members will be counseled about positive reproductive health behaviors, services and spousal communication. This will empower them to undertake discussions at the district level with junior football club members.
- **Strengthening district committees on reproductive health.** District development committees will be strengthened to organize the Challenge Cup Initiative at their level.
- **The Challenge Cup football encounters.** The football matches will bring out national authorities and constitute the pinnacle of the Challenge Cup activities. The matches will be covered widely by the media and culminate in the award of trophies to clubs and football stars involved in promoting reproductive health.



### Objective—Practicing Safer Sex

- **Orientation seminars.** The football club management and players will be informed by the role model about safer sex for couple/partner health.
- **Baseline KAP on sample of football team members.** A baseline KAP survey in July 1997 on a sample of players and club management of the eighteen premier league teams will carry on knowledge and practice of safer sex.
- **Rhino/Omnibus survey.** This survey will ask the general public 10 key questions about safer sex, spousal communication, etc.

### Objective—Recognize the Reproductive Health Logo

- Football matches create an innovative forum to disseminate information about the national reproductive health logos and their use in identifying service sites. Football fans will be exposed to the logos on leaflets, posters and trading cards. Football schedules will be printed with reproductive health logos and distributed nationwide.

### Objective—Discussing Reproductive Health with Spouses/Partners

- **Junior Club training and meetings in youth centers.** Football stars will undertake counseling meetings at youth centers and football club houses in the districts and also provide football coaching using soccer training materials provided by the project.
- **Sensitization of club executives.** Sensitization meetings for club executives and captains is will promote discussions among men about reproductive health issues.
- **Sensitization of club members.** During subsequent meetings organized by the club executives for other club members, a larger group of men will be sensitized about couple and partner communication.

### Increase Knowledge About STD/HIV/AIDS Prevention Measures

- **Distribution of leaflets, posters, football tickets, and other materials with various reproductive health messages.** Also, television and radio spots and press conferences will help to reach more men with messages about STD/HIV/AIDS preventive measures.
- **Rhino/Omnibus Survey.** This survey will be used to assess the increase in knowledge about STD/HIV/AIDS preventive measures. Also, planned DHS in the country will provide data about the increase in knowledge.

### Institutional/Capacity-Building Objectives and Activities

The project also seeks to increase collaboration and cost-sharing among the private sector, the Ministry of Health, and to strengthen the institutional capacity of agencies involved in reproductive health to support men's reproductive health programs. To increase collaboration and cost-sharing the project works with a variety of interested institutions and organizations on logistic support, cost-sharing and materials support for project activities. Finally, a sports marketing agency will be hired to market "The Challenge Cup." The agency will produce a calendar of activities of the Challenge Cup; produce and distribute program leaflets at football matches; publish football calendar/press releases in reputable newspapers; monitor TV and radio spots; and mobilize corporate support & financing.

### **Monitoring and Evaluation Activities**

Event Monitoring Forms (EMFs) will be used to record the number of people attending the matches, and the types and quantities of materials distributed at each of the matches and during health education talks to teams. STD Client Surveys will take place two times during the STD campaign and will incorporate Africa Challenge Cup evaluation questions. They will evaluate the percentage of STD clients attending matches and whether or not the matches influenced their decision to come to the health facility.

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