CONSTRUCTIVE MEN’S ENGAGEMENT IN REPRODUCTIVE HEALTH: A TRAINING-OF-TRAINERS’ MANUAL

Couple Communication and Shared Decisionmaking Related to Reproductive Health
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INTRODUCTION

This curriculum was developed as part of a USAID | Health Policy Initiative, Task Order 1 project focused on building an enabling policy and institutional environment for constructive men’s engagement (CME) in reproductive health in Mali. The project worked with the Ministry of Health and other partners in facilitating the process of creating national guidelines to integrate CME in family planning and reproductive health (FP/RH) and to improve women’s and men’s uptake of FP/RH services. The project brought together the assembly of a large, multisectoral group of stakeholders to develop, refine, and validate Mali’s national guidelines in support of the national Reproductive Health Strategic Plan. The Minister of Health quickly approved the guidelines and signed them into effect on May 20, 2008.

At the donor level, the project helped to institutionalize support for CME by assisting USAID in integrating CME into its existing FP/RH programs. This effort involved partnering with a local organization, CARE’s project Keneya Ciwara. This group was working with men in reproductive health to design and pilot an innovative module to train community peer educators (relais communautaires) in counseling couples on joint decisionmaking and communication on RH matters. The project trained a group of trainers, who have since conducted two highly successful pilot workshops with relais communautaires. The trained educators’ work has already affected men’s roles and improved the uptake of FP services—this is evident by the findings of a field assessment in one pilot-test site in the region of Dioïla.

This document contains the manual used in the pilot workshops with relais communautaires. It is designed to enable community health educators to incorporate activities related to constructive men’s engagement in reproductive health (CME-RH) in their daily work. This includes promoting dialogue among men and women to increase couple communication and shared decisionmaking related to FP/RH. As such, it can be adapted in other settings, based on local needs.

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2 For more information on the results of these workshops, see the document referenced above.

3 The content for this manual was largely derived from materials developed by Health Policy Initiative staff: Hannah Fortune-Greeley, Ken Morrison, Mary Kincaid, Britt Herstad, Modibo Maiga, consultant Timothé Dao, and former POLICY Project staff Elizabeth Doggett and Elizabeth Neason.
WORKSHOP OVERVIEW

Objectives

- Increase knowledge of the concepts and results of constructive men’s engagement in reproductive health.
- Reinforce the capacity of community health educators to undertake counseling for improved couple communication and decisionmaking.
- Reinforce the system of monitoring and evaluation of educators’ work to clarify and document results and lessons learned.

Length of the Workshop

The training-of-trainers’ workshop will last three days.

Resources Needed

(1) Location
   a. Suitable room or village meeting tree (location large enough to allow people to move around)
   b. Room or location with easy access

(2) Equipment
   a. Chairs/benches (in a circle) or mats
   b. Blackboard

(3) Organizational material
   a. Flip chart stand or chalkboard
   b. Paper flip chart, notebooks, cards
   c. Pencils, pens, chalk, markers
   d. White paper
   e. Images of aspects of reproductive health
   f. Tape and glue
   g. Post-it notes

Suggestions for Organizers

(1) Facilitate an interactive process.
   a. Take participants’ ideas into account
   b. Make a summary after each session

(2) Accommodate differing levels of comprehension among participants.

(3) Be flexible regarding time and take into account participants’ needs.

(4) Lead warm-up or icebreaker exercises to put the participants at ease.
Suggested Agenda

(1) Introduction  
   a. Welcome  
   b. Workshop objectives  
   c. Participant introductions and expectations  
   d. Agenda  
   e. Ground rules  

(2) “Vote With Your Feet”  
   a. Exercise  
   b. Two stations: “Agree” and “Disagree” in response to several statements  

(3) Constructive Men’s Engagement  
   a. Exercise: “Men’s Domain – Women’s Domain”  
   b. Discussion about CME  

(4) Couple Communication and Shared Decisionmaking  
   a. Discussion  
   b. Presentation  
   c. Role playing  

(5) Key Questions About Reproductive Health Among Couples  
   a. Small group exercises  
   b. Setting priorities for men and women  

(6) Applying Lessons to Health Educators’ Work  
   a. Methodology  
   b. Strategies to improve couple communication  
   c. Role playing  

(7) Next Steps  
   a. Technical support  
   b. Expected results, monitoring, and evaluation  

(8) Workshop Evaluation  

(9) Breaks (schedule where needed)
SESSION 1: INTRODUCTION

Time: 30 minutes

Objective: Clarify the following points: workshop objectives, order of events, participants’ introductions and expectations, and ground rules. The training should begin with a word of welcome from a representative of the hosts or organizers.

Materials: Flip chart stand, paper, markers

Process:

(1) Invite a representative of the hosts or organizers to say a word of welcome and talk about the significance of trainers’ work, the importance of fostering better couple communication, and the value of constructive men’s engagement in reproductive health.

(2) Facilitators should introduce themselves and explain the purpose of the workshop. They should also explain some important aspects of the agenda (such as the schedule, breaks, and the anticipated end time). It’s also important to explain that the workshop is broken down into two parts (divided into eight sessions): one part to explore the concepts and the other to develop and explain concrete strategies.

(3) Ask participants to briefly introduce themselves (for example: name, village or employment location, and an expectation or belief related to the workshop).

(4) Explain the objectives and agenda of the workshop. Note the key words or images to describe the guidelines. If there are some expectations that fall outside of the workshop subject, address them now. Make note of these expectations on paper so they can be addressed at the end of the workshop. After reviewing the objectives and agenda, ask participants if they have any questions or suggestions for changing or improving the workshop.

(5) Establish some “ground rules.”

   a. Examples of some rules

      i. Facilitators will call on participants who raise their hands. Only one participant will speak at a time while others listen respectfully. All participants will have an opportunity to speak if they want but do not have to speak if they feel uncomfortable.

      ii. Participants should be encouraged to voice confusion or disagreement in a respectful manner.

      iii. The training session should be a “safe space” that welcomes participant contributions. It must also remain a confidential one.

      iv. Remind participants that working on questions of reproductive health is not always easy and that they will be discussing sensitive subjects.

   b. Elect a leader from among the participants to help moderate the workshop.

Additional resources:

- Appendix 1: Suggestions for the Welcome and/or Workshop Introduction


**SESSION 2: “VOTE WITH YOUR FEET”**

**Time:** 45 minutes

**Objective:** Foster understanding and acceptance of diverse points of view.

**Materials:** Two signs, with the labels “Agree” on one and “Disagree” on the other (the distinction can be indicated by a check mark √ and an X).

**Process:**

1. Ask participants to move to the middle of the room (or to one side, with enough space to allow all participants to move freely).

2. Mark two distinct spots next to the Agree” and “Disagree” signs.

3. Explain that you are going to read a statement, and the participants will decide if they agree or disagree with it. They will then move to the space by the sign that expresses their opinion. It’s important to say that there are no right or wrong answers—there are simply differing personal opinions.

4. Read the statement clearly and repeat it so that all of the participants can hear. Explain once again that participants should move to the sign indicating their opinion.

5. When the participants have split into the two groups, facilitate a discussion about the reasons why they agree or disagree with the statement.

6. Only choose three or four statements. For example: “It’s easier to be a man than a woman in daily life.” See Appendix 2 for a list of possible statements (you can add others according to the situation and the participants).

7. After the activity, the participants should return to their seats.

8. Facilitate a discussion around the following questions:
   a. What do you think of this exercise?
   b. Were there any surprises?
   c. What lessons will you take away from this exercise?

9. In summary, explain that
   a. The questions around reproductive health often touch on some of the most difficult (sensitive) questions in life.
   b. Our experiences and beliefs about gender can have an effect on the formulation and success of our programs.
   c. It is important to be open to different opinions when working on issues related to gender and communication between men and women.

**Additional resources:**

- Appendix 2: “Vote with Your Feet” — List of Possible Statements
SESSION 3: CONSTRUCTIVE MEN’S ENGAGEMENT IN REPRODUCTIVE HEALTH

Time: 90 minutes

Objective: Increase participants’ knowledge about CME in RH.

Materials: Images, Post-It notes

Process:

(1) Facilitators should print out the prepared images related to different aspects of reproductive health and family planning (see Appendix 3 for examples). Place these around the training room, either on the wall or on tables. Provide different colored Post-It notes for participants.

(2) Explain to participants that you are going to examine the traditional roles of men and women in relation to activities linked to reproductive health.

(3) Explain that there are multiple colors of Post-Its, and assign one color to represent the man and one to represent the woman. (If there are three colors, one can be used to represent activities related to both men and women.)

(4) Ask the participants to place the Post-It notes beside the displayed images.

(5) The participants should stick their Post-Its beside each image according to which domains are traditionally those of men or women. For example, if the image represents a domain where women traditionally are present, the participant will place the Post-It of color X. If this image represents a domain where men and women both are traditionally present, the participant will place both color Post-Its (or a Post-It of the third color). Please note: if there is only one color of Post-it, you can mark men or women in another manner (with ♂ or ♀). If there are a lot of participants, they can work in groups (two women together, two men together).

(6) Conduct the discussion as a group where all the participants can see the images clearly. You can choose some examples that are clearly the domain of either the man or the woman and choose some that are mixed. Ask the participants why they made the choices they did. Explore together the difference between “sex” and “gender” (see Appendix 4).

(7) Give an introductory presentation on CME. See Appendix 4 for the points.
   a. What are the three aspects of CME and their content?
   b. What does the word “constructive” mean?

(8) Ask participants to explain why the engagement of men is particularly important. Explain how this can affect the health of women, men, and children.

Additional resources:
- Appendix 3: Images Related to CME
- Appendix 4: Important Points about CME in RH
SESSION 4: COUPLE COMMUNICATION AND SHARED DECISIONMAKING

Time: 120 minutes

Objective: Increase the participants’ knowledge of the key elements of good communication and the importance of shared decisionmaking.

Materials: Flip chart stand, paper, markers, tape

Process:
(1) Discuss with participants several questions related to couple communication:
   a. What is the goal of communication among couples?
   b. What are the advantages of communicating within the couple?
   c. What are the risks?
   d. What are the obstacles to good communication?
   e. How can you overcome the obstacles?
(2) Discuss advice for good communication and shared decisionmaking (see Appendix 5).
(3) As often as possible, put the key words and images of essential elements onto the paper or blackboard.
(4) Create small groups for a role-play exercise. If you want to make five groups, count off “1, 2, 3, 4, 5, 1, 2, 3…” etc., and put all of the “1s” together, all of the “2s” together, etc. If you don’t have enough space or time, you can simply group the participants as they’re seated. Each group should have between five and eight people. If, for example, there are 20 participants, form three groups of six or seven.
(5) Assign each group a scenario involving a couple communication problem and have them discuss strategies for counseling (see Appendix 6).
(6) Tell the groups how much time they have to discuss (between 15 and 30 minutes, depending on the size of the group). Give clear instructions:
   a. Have one member read the situation.
   b. Assignments
      i. Determine three elements of a good strategy for counseling the couple.
      ii. Prepare a short presentation of four or five minutes summarizing the situation and giving elements of the chosen strategy. Explain why this strategy was chosen.
      iii. Duration: 15–30 minutes, depending on group size.
(7) Have the groups report out.
(8) Discuss and summarize the exercise.

Additional resources:
• Appendix 5: Advice for Good Couple Communication and Shared Decisionmaking
Appendix 6: Scenarios for Exploring Strategies to Improve Couple Communication and Shared Decisionmaking
SESSION 5: KEY QUESTIONS ABOUT REPRODUCTIVE HEALTH AMONG COUPLES

Time: 90 minutes

Objective: Understand differences between men’s and women’s RH needs.

Materials: Cards, tape

Process:

(1) Explain to participants that you are going to explore RH topics that couples may want to discuss with one another.

(2) Ask participants to name the RH topics that should or could be subjects for discussion.

(3) Write the topics on the cards (if possible, in the form of an image or key word) and put tape on them.

(4) At the same time, have another trainer write the same topics on different cards (to have two sets of identical cards).

(5) With the participants, remove repetitive suggestions so that you don’t have too many themes. You can rewrite some in order to regroup certain themes.

(6) Divide the larger group into two: men and women (if there are more men than women, you can ask some men to join the women’s group to balance out the groups, and vice versa).

(7) Ask each group to classify the topics from top to bottom, by order of importance (the most important at the top). Men should classify them by importance for men; women by importance for women.

(8) Each group can then look at the results of the other group.

(9) Have the groups return to their places and discuss

   a. What is different? What is the same? Why?
   b. What are the effects of these topics on communication?

(10) Resume the discussion. The considerations could include the following:

   a. An issue is more difficult to understand if it is less important to one person than it is to the other.
   b. When communicating, it is important to remember that we do not always share the same concerns.
   c. Gender can influence what is important to us. It can be linked to the spheres of our experiences, our roles in society, our bodies, etc.

Additional resources:

- Appendix 7: Topics of Discussion Among Couples Related to RH
SESSION 6: APPLYING LESSONS TO HEALTH EDUCATORS’ WORK

Time: 120 minutes

Objective: Explain how community health educators can work with couples to develop concrete strategies for improving their communication.

Materials: Flip chart stand, paper, cards, tape, markers

Process:

(1) Group discussion on the work of community trainers. You can, for example, discuss the following questions (see Appendix 8):
   a. How often do you work with couples? (Daily? Or during specific occasions?)
   b. Are the strategies of male educators different from those of female educators?
   c. Do you often encounter difficult situations with couples having to do with communication and decisionmaking? What do you do during these situations?

(2) Split the group into smaller groups of four participants and give each group a case study that analyzes a strategy used for counseling. Have them prepare a role-play for the case study (see Appendix 9) and present it to the entire group.

(3) After each role-play, conduct a brief discussion reinforcing the strong points and engaging in constructive criticism about the weaker points.

(4) List the strategies suggested by each group on a flip chart.

(5) Summarize the strategies that received the most attention from the group.

(6) Review the distinct aspects of educators’ work. For example:
   a. During home visits, observe communication between couples, understanding the challenges and opportunities of working on couple communication issues. In evaluating the situation, identify and account for the concerns of both men and women.
   b. During individual counseling sessions, define the problem from the beginning, assure the person that what he/she says is confidential, identify their needs and concerns, clarify the advantages and disadvantages of the options compared to the problem, and help the person to make a decision.
   c. During the couple counseling sessions, remember that this session is similar to the individual session but is sometimes more complicated. Often, the first step is to open the door to good communication.

Additional resources:
- Appendix 8: Applying Lessons to Health Educators’ Work
- Appendix 9: Role Playing
SESSION 7: NEXT STEPS

Time: 30 minutes

Objective: Clarify the next steps to put the lessons from the workshop into action, identify strategies used by trainers, and discuss monitoring and evaluation and documentation procedures.

Materials: Flip chart stand, paper, markers

Process:

(1) Remind participants that they should not add activities to the work they already do but they can simply put greater emphasis on couple communication and shared decisionmaking.

(2) Review resources and support systems available (for example, the images that illustrate the aspects of CME, the need for supervision, and monthly meetings).

(3) Reinforce the idea that working on couple communication is part of a larger process of CME in RH.

(4) Review “key indicators” for monitoring and evaluation (see Appendix 10). Participants should add these to their activity notebooks (i.e., for use in home visits, counseling sessions), as well as the reference sheets.

(5) Ask participants if they have questions or suggestions. Discuss what they should do if they encounter problems to which they don’t have answers.

(6) Note the topics of discussion for the next monthly meeting (for groups that meet on a regular basis).

Additional resources:

- Appendix 10: Elements of Monitoring and Evaluation
SESSION 8: WORKSHOP EVALUATION

**Time:** 15 minutes. (If you would like to discuss the workshop further, you can add a few minutes to ask what the participants enjoyed and what they would like to change about the workshop.)

**Objective:** Evaluate the workshop.

**Materials:** Flip chart stand, paper with a bull’s-eye drawn on it, markers

**Process:**

1. Draw a bull’s-eye on the flip chart paper.

2. Separate the bull’s-eye into three or four parts (one part for each objective and, as a function of the discussion about the participants’ expectations, you can add a section marked “expectations”).

3. Explain that each participant should put an X (a cross) on the circle that marks their degree of satisfaction with the achievement of the objectives. The middle circle represents “very well,” and the three others represent “well,” “well enough,” and “satisfactory.” Make sure that everyone understands the system of evaluation. You can illustrate how to place the X as an example.

4. Put the flip chart in an area where the participants can mark it without being seen by the others.

5. One by one, the participants should go up to the flip chart to mark their Xs (with the same color marker).

6. At the end, you can lead a discussion about the workshop and the evaluation.

**Additional resources:**

- Appendix 11: *Bull’s-Eye Evaluation*
Appendix 1: Suggestions for the Welcome and/or Workshop Introduction

- Constructive men’s engagement in reproductive health is an essential element to the improvement of the lives of Malian men and women.
- Keneya Ciwara participated in the development and construction of a national guide on CME in RH.
- The focus of this project is the improvement of couple communication and shared decisionmaking as one of the key elements of CME in RH (e.g., infant mortality rates, etc.).
- Mali is an African country where communication about questions of reproductive health is very weak.
- We are looking at this project as a way to improve the reproductive health of men and women.
- Two communities in Mali (Kati and Dioila) have been chosen to take part in a pilot project, and we hope to learn from their experiences in order to apply the same lessons to other regions in Mali and West Africa.

Acknowledgments: USAID | Health Policy Initiative, CARE, Keneya Ciwara, the Ministry of Health, the Ministry of Social Development, etc. (depending also on who is present).
Appendix 2: “Vote With Your Feet” — List of Possible Statements

- “It is easier to be a man than a woman in daily life.”
- “Family planning is the responsibility of the woman.”
- “Sexuality is more important for men than it is for women.”
- “A man is only a real man if he has a child.”
- “A woman only has value if she has a child.”
- “It is normal for the man to take care of the children and the kitchen.”
- “A man has the right to force sexual activities with his own wife even if she doesn’t want to.”
- “Female circumcision is harmful to the health of girls and women.”
- “A male child is more valuable than a female child.”
- “Men work more than women.”
- “A woman can do any work a man can do.”
Appendix 3: Images Related to Constructive Men’s Engagement

Example 1

Example 2

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4 All illustrations by Ken Morrison.
Example 5

Example 6
Appendix 4: Important Points about Constructive Men’s Engagement in Reproductive Health

Discussions of constructive men’s engagement in reproductive health should include the following points:

- **Gender is more than “men” and “women”**
  “Gender” is often confused with “sex.” However, they are different terms with different meanings.
  - Sex refers to biological and physical characteristics that one is born with. These are generally unchanging. When referring to one’s sex, the terms “male” and “female” are used.
  - Gender refers to socially constructed roles that are seen as acceptable for men and women in a given society or culture. These roles can change over time and vary within or between cultures. When referring to gender, the terms “men” and “women” are used.

- **Ensuring gender is integrated into our work**
  Undertaking a process called gender analysis can help us address gender in our projects. Gender analysis includes looking at these particular areas:
  - What are roles, norms, and vulnerabilities of men and women concerning their health?
  - What kind of access do men and women have to resources?
  - Who controls these resources?
  - Who has the power to make decisions?
  When designing or revising a project, answering these questions can help you pay attention to how men and women can be engaged in the project.
  We also want to think about whether or not our projects perpetuate gender equity or favor gender inequity?
  - Gender equity is the process of being fair to men and women through the distribution of benefits and/or responsibilities.

- **Framework for engaging men in reproductive health**
  Three key aspects
  - Men as clients of health services
  - Men as supportive partners to women
  - Men as agents of change in family and community

**Men as clients of health services**
- Men are encouraged to use reproductive health services to reduce reproductive health complications for their partners and to improve their own reproductive health.
- Many projects seek to encourage men to use reproductive health services, including family planning services, vaccination, voluntary counseling and testing (VCT), and sexually transmitted infections (STI) services.

**Men as supportive partners to women**
- The programs concentrate on the positive influence that men can have on the reproductive and sexual health of women.
- The programs recognize that men play important roles in decisionmaking, planning, and the distribution of resources.
• It is important to engage men as supportive partners for maternal health, family planning, neonatal care, and HIV.
• Programs must consider men as allies and resources for improving reproductive health.
• Many projects take into account gender inequities that are harmful to health but do not implement activities to reduce them.

**Men as agents of change in family and community**

- This approach is more effective because it focuses on the gender norms that put men and women at risk.
- The programs require men to examine gender norms that negatively affect their lives and those of their partners and families. The men are invited to develop more effective solutions.
- An implicit assumption is that more progressive norms about masculinity and gender translate into improved reproductive health results.
- These programs are often intensive and difficult to implement because they ask men to undertake individual changes in indifferent and sometimes hostile communities.
- Some programs that use this approach require that men engage other men within their communities in order to promote gender equality in reproductive health.

**Promotion of couple communication for shared decisionmaking**

*Objective:* Increase the number of couples who speak openly about RH within the family and the community.

*Targets:*

- Men
- Women
- Girls and boys

*Obstacles:* The major obstacles are sociocultural barriers, lack of information on couples, poor quality of communication between men and women about reproductive health, and men’s perceptions that reproductive health is the concern of women.

*Strategies:*

- Increase communication to promote behavior change at all levels and by modern and traditional means of communication on RH rights
- Involve religious networks in promoting dialogue about the role of shared decisionmaking among couples
- Increase community educators’ and health workers’ commitment to the promotion of couple communication
- Increase adherence of couples to family planning through the testimony of satisfied clients/couples who have used RH services

*Constructive:* Positive, practical, concrete—the most important thing to emphasize is the fact that a man can influence his friends, community, and youth as a role model.
Appendix 5: Advice for Good Couple Communication and Shared Decisionmaking

Advice for communication
- Express yourself (the first step is talking)
- Listen (listen well to the other person)
- Consult/ask (asking questions demonstrates respect for the other person)
- Understand/sympathize (exploring differences in order to see the commonalities)
- Use body language (gestures) as well as words

Means of communication
Feeling + Behavior + Reason

- “I feel bad” + “when you ignore my mother” + “because she is important to me.”
- “I don’t like” + “that you leave me to go to the health center alone” + “because I only want to avoid problems with my pregnancy and have a healthy baby.”

It’s important to include all three elements in a statement. Often someone will demonstrate that they are not happy without explaining why.

Decision
- Have time and a quiet, private place
- Agree on the decision that needs to be made
- Sum up the aspects and their effects
- Weigh the options: advantages and disadvantages
- Consider feelings and concerns

Killer bees (Elements that harm good communication)
- Assuming
- Avoiding
- Criticizing
- Blaming
- Being on the defensive

Benefits and risks of working on couple communication
- Benefits: more exchanges, increased understanding, shared decisions, clarity of differences
- Risks: time, misunderstanding, annoyance

Advice from a mother to her children
There are three essential things in life: laughing, dreaming, and sweating. Communication is like this: you need to be patient, begin with the positive, let people express themselves, and finally see how this translates into action.
Appendix 6: Scenarios for exploring Strategies to Improve Couple Communication and Decisionmaking

Scenario A:
(1) A man does not want to let the woman talk. She isn’t capable of talking in front of him, and he has forbidden her to speak with other men.
(2) During a home visit, the woman reveals she wishes to space her pregnancies. She already has five children, the oldest of which is nine years old.
(3) Instructions:
   a. Have everyone in the group read the couple’s situation.
   b. Tasks:
      (1) Identify three elements of a good counseling strategy for the couple.
      (2) Prepare a short presentation (four to five minutes) for the entire group, summarizing the situation and giving elements of the chosen counseling strategy. Explain why the strategy was chosen (if possible, write the key words or images on paper).
   c. Time allotted: 15–30 minutes (depending on the trainer).

Scenario B:
(1) A nurse at the health center tells you that there is a problem in the home of a couple that you’ve already visited.
(2) The woman was to undergo sterilization but her husband has forbidden it.
(3) Instructions:
   a. Have everyone in the group read the couple’s situation.
   b. Tasks:
      (1) Identify three elements of a good counseling strategy for the couple.
      (2) Prepare a short presentation (four to five minutes) for the entire group, summarizing the situation and giving elements of the chosen counseling strategy. Explain why the strategy was chosen (if possible, write the key words or images on paper).
   c. Time allotted: 15–30 minutes (depending on the trainer).

Scenario C:
(1) Neighbors tell you in confidence that there are problems at home with a couple and that they believe that the husband hits his wife.
(2) You have not yet visited the house, but it is on your list of houses to visit.
(3) Instructions:
   a. Have everyone in the group read the couple’s situation.
   b. Tasks:
      (1) Determine three elements of a good counseling strategy for the couple.
      (2) Prepare a short presentation (four to five minutes) for the entire group, summarizing the situation and giving elements of the chosen counseling strategy. Explain why the strategy was chosen (if possible, write the key words or images on paper).
   c. Time allotted: 15–30 minutes (depending on the trainer).
Appendix 7: Topics of Discussion Among Couples Related to Reproductive Health

- Dialogue within the couple
- HIV/AIDS
- Postnatal consultation
- Using condoms
  - Double protection
- Traditional contraceptive methods
- Childrearing
- Prenatal consultation
- Standard Days Method
- Birth spacing
- Female genital cutting
- Breastfeeding/Lactational Amenorrhea
- Preparation for delivery
- Child vaccinations
- Fidelity/infidelity
- Weaning

Other examples and possible discussion topics

- Domestic violence
- STIs
- Access to resources
- Access to health services
Appendix 8: Applying Lessons to Health Educators’ Work

Elements of trainers’ work (to be clarified during the workshop)

- Home visits
- Individual counseling
- Couple counseling
- Informal conversations
- Work with men’s groups/men’s social networks
- Community-based distribution
- Social mobilization
- Activities report
- Monthly meetings

Strategies for improving communication and shared decisionmaking within the couple (to be clarified during the workshop)

- Home visits
  - Emphasizing communication and shared decisionmaking, as well as the benefits of men’s engagement in reproductive health.
  - Observing the couple’s communication and shared decisionmaking (interest in the subject, problems, conflicting opinions, etc.).
  - Listening actively and encouragingly.

- Counseling sessions
  - Identifying the problem at the beginning.
  - Identifying the availability of the service provider for counseling, and urging the client to tackle and discuss the problem.
  - Assuring the client of confidentiality.
  - Knowing the needs of the person or couple.
  - Explaining the benefits to solving the problem posed.
  - Helping the person, or couple, to make a decision.
  - Verifying with the client, or couple, the applicability of the decision.

- Informal conversations and men’s groups/men’s social networks
  - Discussing the importance of communication within the couple.
  - Insisting on the benefits of good communication within the couple.

- Examples: Advantages to birth spacing
  - Child development
  - Fewer health problems for the child if the mother is healthy
  - Lower prescription costs
  - Harmony within the family
  - More time for income-providing activities
  - Cleanliness
Appendix 9: Role Playing

Instructions

(1) Read the situation.
(2) Decide which strategies to undertake to improve the situation.
(3) Prepare a short role-play to illustrate the strategy (10 minutes maximum).
(4) The role-play can be about another case outlined by the group or a counseling session with several of the trainers (one man and one woman).

Situation 1

- During a counseling session, only the man speaks for most of the time. He interrupts his wife and he always answers first or speaks for his wife.
- He might say, “We are here because…” “She doesn’t understand the problem…” etc.

Situation 2

- The man is hesitant to share information or seems uninterested in the session and lets his wife do all the talking.
- He might say things like, “I don’t know,” “Everything’s fine,” “I don’t have any problems,” “That’s her responsibility,” etc.

Situation 3

- During the session, one person reveals information that surprises the other.
- The man might say, “Why didn’t you tell me this before?” “I thought you didn’t want to talk about that,” “I can’t believe that you hid that from me,” etc.

Situation 4

- The partners don’t agree on a “plan of action” or they need more information on a subject (for example, contraception).
- The man might say, “We don’t need to worry about that,” “That method is a sin (only for prostitutes, doesn’t work, not normal)” etc.

Situation 5

- The partners don’t agree on a “plan of action” or they need more information on a subject (for example, birth spacing).
- The man might say, “A man should decide how many children he needs,” “It’s her responsibility,” “She’s afraid that I’ll take another wife,” etc.
Appendix 10: Elements of Monitoring and Evaluation

Key Indicators

(1) Level of acceptance
   a. Perception of the importance of communication and shared decisionmaking within the couple (constructive men’s engagement)
   b. Acceptance of considering and discussing communication and shared decisionmaking within the couple (specifically for men) and within the home
   c. *Means and sources of verification:* Perception and feedback of community trainers during monthly meetings

(2) Process
   a. Number of trainers trained who implement counseling within the couple
   b. Number of home visits made during which CME in reproductive health and/or communication within the couple is discussed
   c. Number of counseling sessions during which CME and/or communication within the couple is discussed
   d. *Means and sources of verification:* Trainers’ activity reports/monthly meetings

(3) Results
   a. Perception of changes in quantity and quality of communication and shared decisionmaking within the couple
   b. Examples of changes (in the form of anecdote or testimony)
   c. *Means and sources of verification:* Perception and feedback of community trainers during monthly meetings and/or perception and feedback of health workers during monthly meetings (for example, perceptions of men frequenting the health centers, changes in demand, etc.).

(4) After three months, do a complete review (with the participation of Health Policy Initiative, if possible)
Appendix 11: Bull’s-eye Evaluation

Workshop Objectives

- Increase knowledge of concepts and results of constructive men’s engagement in reproductive health.
- Reinforce the capacity of community health educators to undertake counseling for improved couple communication and decisionmaking.
- Reinforce the system of monitoring and evaluation of educators’ work to clarify and document results and lessons learned.

Or: Add another line for the participants’ expectations.