

## Addressing men's concerns about reproductive health services in a rural community mobilization program

Philip B. Adongo, Rofina Asuru, Abraham Hodgson, and Ellie Feinglass

In patriarchal African settings, efforts to address the reproductive health and family planning needs of women can precipitate anxiety and worry among men. In most of these societies, marriage and customs are grounded in traditions of bride-wealth that inculcate a notion of women as property of male-dominated lineages. Family planning services for women challenge the notion that reproduction is a male prerogative. Husbands of contraceptive women are embarrassed and even ostracized if their wives' practice is known to extended family members, since fertility regulation represents a direct challenge to family values by diminishing the investment of a lineage in childbearing. The Navrongo Community Health and Family Planning Project (CHFP) addresses the profoundly complex gender problems of a societal setting that exemplifies these customs.

Since 1994, the CHFP has been examining the fertility impact of two experimental arms of activities: i) marshalling traditional social institutions for community leadership and participation in program operations which constituted the *Zurugelu* component of the project; and ii) reorienting the normal Ministry of Health bureaucratic health care system to community-based services. These activities were carefully designed into four experimental cells with Cell I to III receiving either the community-based services or the *Zurugelu* component or both treatments. In Cell I, the normal Ministry of Health activities were maintained. However the community was mobilized to support health services delivery. Volunteers were trained to provide health services. In Cell II, community health nurses were reoriented, trained, and designated community health officers (CHO) and relocated in the community to provide health services. The strategy in cell III combined components of both cells I and II. Cell IV is the control arm of the experiment.

Beginning with careful outreach and dialogue with chiefs, elders, and lineage heads, the project established a program of community durbars for legitimizing reproductive health services through the *Zurugelu* approach. This approach provided the avenue for communicating project activities to communities by reaching the traditional male patriarchal system with information and opportunities for program leadership, while simultaneously building the roles and status of women. Health services for children were provided in conjunction with discrete, but comprehensive family planning services for couples. The *Zurugelu* approach provides mechanisms for mobilizing and organizing male networks and support groups to diminish gender stratification in reproductive health decisionmaking. Men's support groups within the community were formed to prevent gender-based social discord. Community leaders were involved in explaining the program to men; male networks, social groups, and leadership systems were utilized to convey the message that family planning was appropriate for families. Open celebration of the program among men was accompanied by strategies for involving women in village governance and communication systems. Although traditional institutions rarely allow active participation of women in durbars, the CHFP was successful in working with chiefs and elders to overcome this barrier.

This paper assesses the social impact of the *Zurugelu* system on the attitudes of men towards women's autonomy, gender violence, and reproductive health services. An indepth comparison of Cell II, where there are only outreach services and no community mobilization activities (the *Zurugelu* component), with Cell III, where nurses provide outreach services in conjunction with village mobilization activities, permits appraisal of the effect of *Zurugelu* exposure on these attitudes.

The results of the paper support the hypothesis that carefully designed interventions for men in patriarchal African settings can positively impact men's attitude towards women's autonomy, reduce gender-based violence and increase acceptance of reproductive health services, with direct benefits to the reproductive autonomy of women. The CHFPP approach has dissipated social discord and empowered women. In Cell III of the experiment, contraceptive use has increased and fertility has declined; Cell II has had no effect relative to the comparison area. This experimental finding can be attributed to the successful *Zurugelu* approach to mobilizing male participation.