

Male Motivators in Communities: Uniting Men on the Importance of Women's Health



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The **Maternal, Newborn and Child Health Programme** in Northern Nigeria (MNCH2) is a UK government-funded five-year programme designed to improve maternal and child health across six states – **Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara.**

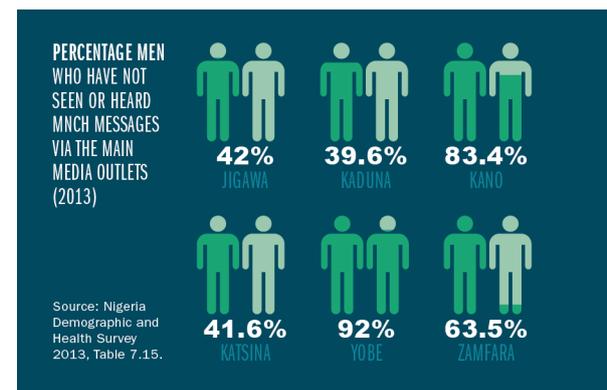


In Northern Nigeria, husbands play a critical role in ensuring women of child-bearing age access Reproductive, Maternal, Newborn and Child health (RMNCH) services. Across Nigeria, men head most households – 77.1% in urban areas increasing to 84.8% in rural communities¹. In MNCH2 intervention states, social and cultural norms dictate that women gain the head of household's permission to access health services. Men are seen as the custodians of women and provide them with money for transportation, drugs, medication and services.

Despite this, the 2013 Demographic Health Survey reported that on average, men in the North East and North West regions received the least amount of information regarding RMNCH messages via radio, television, posters and other sources of information. Yobe State and Kano State had the highest percentage of respondents that had not heard or seen messages via the main media outlets².

¹ Nigeria Demographic and Health Survey 2013, Table 2.8.
² Main media outlets refers to: Radio, television, newspapers/magazines, poster/leaflet/brochure and other, Nigeria Demographic and Health Survey 2013, pg. 111.

To improve message delivery to men and better encourage their active role in woman and child health, MNCH2 instituted Male Support Groups led by carefully trained and supported volunteer Male Motivators. Engaging men through interpersonal communication (IPC) at the community level has helped to create a better understanding of RMNCH. By actively engaging state and local governments as well as religious and traditional leaders to establish the groups, the programme has encouraged community ownership of the groups and helped to promote a more supportive environment for women to access RMNCH services.



1 Male support groups making presentation during training in Kaura, Zamfara State.



MALE SUPPORT GROUP PERFORMANCE AS OF SEPTEMBER 2016

	Jigawa	Kaduna	Kano	Katsina	Yobe	Zamfara
The number of male support groups supported by MNCH2	111	75	650	142	107	405
Number of Inter-personal Communication sessions held	586	292	292	2,073	346	428

Supporting women and communities

Male support groups actively promote the use of RMNCH services at health facilities, seek blood donors and talk to husbands of pregnant women about the importance of granting standing permission for their pregnant wives to visit health facilities as and when the need arises. Additionally, they speak with men across the community, married and unmarried, with the aim of increasing the understanding of RMNCH issues and to strengthen the support men provide to women of child bearing age to access RMNCH services. Group members are drawn from the communities they serve, so are well able to help identify the communities and households in most need of support.

The engagement of existing groups by MNCH2 is done through a collaborative effort between MNCH2 and the State Ministry of Local Government and Chieftaincy Affairs. The main players involved from the Ministry are the Local Government Area (LGA) Health Educators and the Maternal and Child Health (MCH) Coordinators.

Once the Ministry is brought on board, advocacy visits are conducted to community leaders and influencers. During these meetings, communities select Male Motivators based on clearly defined criteria.

Male Motivators are then trained with support from MNCH2. Training is conducted by LGA Health Educators and consists of a two-day class and a practical session in the field. To strengthen male involvement in and awareness of RMNCH, MNCH2 has focused its training and mentoring on men who have been identified as being committed to serve their community through their involvement in other groups and who have been seen to have the ability to influence other men in their communities, mainly to solicit their support and cooperation to enable their wives, their wards and other women of child bearing age access available RMNCH services.

The training supported by MNCH2 enhances their existing capacity as volunteers to deliver sensitization, mobilisation, blood donation and referral to health facilities. The Male Motivators are supported by MNCH2 and the LGA Health Educators, whose main role is to mentor and monitor and report on their activities.

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2 Male support groups making presentation on field visit in Fagoji, Zamfara.

3 & 4 Kano Training Session

The Male Motivators are trained on several topics including: the importance of a healthy diet and rest during pregnancy and post-partum for the women; the importance of antenatal care (ANC); facility delivery; and Healthy Timing and Spacing of Pregnancies (HTSP).

After completion of training, Male Motivators form local Male Support groups consisting of 8-15 men in the community. Group meetings are informal, but structured. They meet in the communities at majalisa, an Arabic and Hausa term meaning assembly, which is used to describe an informal social club or gathering, which may be under a tree, at a gurin mai shayi (tea spot), barbeque places, or other places men regularly gather to visit with one another. Every majalisa is unique. The norm in the northern Hausa community is for groups of men to gather with their peers at specific times of the day, mostly as an opportunity to relax. The timings vary and could be any time of day. However, the common denominator across all majalisas is that each one consists of a group of men from the same age bracket, social status, neighbourhood, social beliefs, and sometimes occupation.

MNCH week - encouraging the access of health services by women

In addition to the majalisas and other interpersonal communication outreach, male support groups actively support activities that encourage the uptake and access of RMNCH services by women.

One such activity that is heavily supported by the groups is MNCH week. MNCH week is held state-wide in all of the MNCH2 intervention states, and beyond in the country. It is held once, sometimes twice a year, and is led by the Federal and State Ministries of Health and support by a variety of partners such as local CSOs, NGOs and international donors such as UNICEF.

MNCH week comprises of a series of activities to mobilise the community members to access MNCH services. These services are actively provided through outreach during this week in addition to deworming, integrated management of childhood illnesses (IMCI), birth registration and routine immunization.

Other activities also take place such as spaces and meetings for mothers, to learn about home-based care of common childhood diseases – tepid sponge for Malaria, mixing oral rehydration salt (ORS) for diarrhea, proper cooking of nutritious meals to prevent nutrient damage and more.

The male support groups are informed of when the MNCH Weeks will take place by the LGA Health Educators and they actively promote it and encourage attendance within their communities.



The Male Motivators engage these majalisas, thus forming male support groups using the gathering as an opportunity to educate them on RMNCH. Whilst the majalisas meet almost daily, the Male Motivators only talk to the groups twice a week about RMNCH issues. Through the Male Motivators, volunteerism is exercised and multiplied, which has helped to ensure community ownership of RMNCH issues and the sustainability of the male support group by working with the existing structures within the community.





“ I am delighted that MNCH2 is building our capacity to support our communities.

Meet Male Motivator: Isyaka Abubakar

Isyaka Abubakar is a trained Male Motivator and is a resident in Kasuwar Kuka Cikin Gari community of Kunchi LGA in Kano state. It is a catchment community of Kasuwar Kuka PHC, an MNCH2 focal health facility. Isyaka is married and has one young son. He says:

‘I am a member of the LHC (Local Health Committee) and educating communities on benefits of MNCH is not new to me. But the great thing I learnt during the 2-day training of Male Motivators are the skills and tactics I need to introduce and facilitate sensitive MNCH issues to members of my community.

I target [male community members] at their majalisa and educate them on the importance of ANC (antenatal care), facility delivery and complete immunization for children under-5.

It is amazing to learn that childhood killer diseases are preventable through immunization. My community is concerned about measles. We have witnessed outbreaks that kill innocent children.

I have made men understand the importance of supporting their wives, especially during pregnancy. I have made them commit to ensure their wives attend ANC and they personally supervise them take their routine supplements.’

Saving lives through blood donation

The male support groups are not just focusing on accessing RMNCH services, but also on saving lives through encouraging community members to donate blood for women in labour. The Male Motivators are trained on how to

deal with misconceptions from religious beliefs about blood donation outside the immediate and extended family. The Male Motivators help spread the message about how blood donation is paramount in saving lives.

As a result of the male support groups, men are volunteering to be blood donors and a list of donors is kept for each community.

The communities and health facilities know the Male Motivators and when a woman in labour requires a blood donation they are contacted. They contact an appropriate donor who then follows the woman to the Secondary Facilities to make the blood donation.

Sustaining change through male involvement

Throughout the programme, Male Motivators are provided on-the-spot mentoring during field visits by MNCH2, LGA Health Educators and Reproductive Health Coordinators. Additionally, Male Motivators meet quarterly with the Zonal and LGA Health Educators and MNCH2 staff to share information about activities and get feedback. Regular monitoring takes place of activities, and information is fed back to the LGA M&E Coordinator via the Health Educator and Reproductive Health Coordinator. The data is collected by the Health Educator and is reported at their Joint Quarterly Review Meeting at the end of each quarter.

The support groups and Male Motivators are part of the larger community effort to sustain the improvements made through the MNCH2 programme. The network of MNCH2 trained community volunteers and professional healthcare workers are regularly introduced to demonstrate how they are part of a wider effort to save lives in their communities. This interaction between male volunteers and other community interventions such as Traditional Birth Attendants, Emergency Transport Schemes, Male Support Groups, Facility Health Committees, Young Women Support Groups and Religious Leaders helps to increase community ownership and ultimately overall sustainability.



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MNCH2 is managed by Palladium and its partners - Axios, Marie Stopes International (MSI), Options Consultancy, Society for Family Health (SFH), MannionDaniels and Association for Reproductive and Family Health (ARFH)

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