

Final Report

Testing Men's Club Prototype

OVERVIEW

Research findings show that Somali woman trusts her husband's wisdom and leadership; She also trusts her husband is well informed and acts for the good of the family and his wife. Even though husbands have low knowledge about health matters and have myths about modern birth spacing methods, the husband is the key lever for health outcomes because he is the decision maker. Women receive most sensitive health information but cannot decide of herself afraid of jeopardizing her submission to her husband; Hence, she wants these initiatives to come from her husband.

This prototype came into being after successive design challenges with different men groups in Hargeisa and Borama on how it might we empower the husband with accurate, reliable health information within the cultural and religious context? SAHAN team further articulated the ideas generated during co-design workshops with those groups and built the Men's club as one prototype involve males into the process to make better health decisions with their wives.

This prototype is designed around a place where men regularly congregate for social activities. Somali men spend time together almost every day from 3- 8pm at Khat chewing places and tea shops. PSI team will identify and recruit one man who has the potential to be an authority in health matters. He will be trained to be a health champion in the group and will receive a short training on family health. He would then present to his friends and answer questions they might have.

The men will be encouraged to have conversations with their spouses and decisions made at the family level to improve health outcomes for the household.

Objectives

- Improving awareness among men on health issues
- Empowering men with health information to make better health decisions with their wives
- Enabling men to prepare for pregnancy, childbirth and emergency situations financially.

TESTING ACTIVITIES

The aim of the report is to present the findings of the Men's club Testing carried out in Hargeisa and Dila to test the validity of the prototype in terms of content, delivery and pretest of its materials. The findings included in this report is collected during an in-session observations and follow-up questionnaires collected from 29 participants at the end of each session on 01st-13th July 2019. Two groups from Hargeisa and Dila took part in the first testing phase of the prototype. The participants had one session per day in 3 days facilitated by trained male champions. Male champions are recruited based on their

familiarity in the area, communications skills etc. they had one day orientation meeting about the tasks to be executed and were trained by the SAHAN team. The following day, the two male IPCs showcased how they will deliver sessions and received feedbacks as they continue testing their abilities and skills to deliver the first three sessions of the Men's Club curriculum.

In Hargeisa, the two Male IPCs were forced to work as pairs to complement each other during the sessions and worked like that throughout the 3 days of the session delivery. They were free to select the suitable venue for the sessions and change it by the given advice of the SAHAN team during the feedback meetings at the end of every session. Garage, Kiosk/cafeteria, and a fence inside of school were some places selected for as the venue for the sessions. For instance, the latter came at request of the participants complaining about the noisy kiosk.

The members of the SAHAN were responsible for observing the sessions, sharing feedback with the male IPCs and follow-up questionnaires with the participants at the end of each session. The following are the findings identified during those sessions in terms of session content, delivery and materials used during the sessions:

Section I: Sessions

All the participants were very satisfied to the program, and they clarified that this program is more important to the community in a different aspect of life such as health, family structure and the behavior of life. They indicated that the lessons learned from sessions will inspire them to discuss and explain with their families and the community. Most of the respondents suggested conveying this program to the community, whether urban or rural areas.

Here are the responses, suggestions and recommendations of the participants to the sessions.

- ❖ What was your general understanding of the sessions?
 - ✓ Unanimously the programme has been welcomed by all participants and they recommended impacts to be further expanded to the community. All the participants in Hargeisa and Dilla suggested that they understand and get the concept and message of the sessions and noted that the sessions touched their life experiences when way or the other. Also, they understood that there is more negligence in the side of men to their families.
 - ✓ One participant suggested that the family finance of rural differs from the urban one. He said that our programme only focused on how to plan the family finances of the urban people. Hence, it is important to set a plan suitable for the rural setting.
- ❖ Do you think this session will inspire you to discuss these health issues with your wife?
- ❖ All participants welcomed the programme and felt inspired to share this new health information with their families and their communities. Also, they added that this kind of programme is highly needed by the communities. Participants shared the knowledge gain during sessions with their family and

friends. Some of them asked additional booklets because their books were taken from by the around him.

- ❖ Which aspects for the session did you enjoy the most and the least?
 - ✓ All the respondents suggested that all aspects of the sessions are more important to them and the community, but in the first session All of them supported that the family finances is the most important point in that session, in the second session the mothers follow up to the MCH and health centers during pregnancy in the leading one that they enjoyed in that session while the third session breastfeeding in the mostly appreciated point.
 - ✓ For instance, the programme started discussions between husbands and their wives about the health issues that it addressed. Women graced that men took these sessions in which only women used to have previously.

- ❖ How do you plan to use the information you have gathered from this session to promote your family?
 - ✓ After each session, participants could recall the key points that they received during that session. Most of the participants suggested that they did not have any plan about the management of their families, such as mother and children's health issues and family finances. But they told that they are only responsible to find and search their daily live expenses and give them what they got daily without thinking the future. Therefore, now they planned to use, discuss, and share the information gathered from the sessions to their families and set a plan for the future use to prevent the problems faced.
 - ✓ A few of the participants told that they have enough understanding of the importance and men's responsibilities of these issues, but they were afraid to have blamed them if they share it with the community because of ignorance and negligence of other men in the community regarding these issues. They emphasized that getting such awareness programmes will enable them to share their experiences with their peers in the community.

Section II: Delivery

Here are the responses, suggestions and recommendations of the participants about how the sessions were delivered.

- ❖ What do you think about the venue and setup of the session? Is there any other place you will prefer to have a session like this?
 - ✓ In Hargeisa the sessions were held a tea shop and, in a garage, In Dilla the sessions were held in a school, almost all the participants suggested that venue was suitable for these sessions and how the sessions were set up. Only one participant who came from the rural areas of Dila preferred to hold this session in a different rural setting. He explained that the rural community was the most

vulnerable and needy for this programme because of a lack of health facilities and limited knowledge in health.

- ✓ Some respondents in Hargeisa suggested holding these sessions in restaurants rather than in tea shops or schools. Others recommend increasing the per diem of the sessions.

❖ How was the duration of the session?

- ✓ The duration of the sessions was two hours at most, one for the session delivery and one for the interview and the follow-up questions to the participants. All the participants in the two locations told that the time is good enough to the sessions.

❖ What time of the day will you prefer this session to happen?

- ✓ Most of the participants in Hargeisa preferred that the best time to hold these sessions is afternoon. While some of them suggested that morning is better to hold. All the respondents in Dilla District emphasized that the best time to hold these sessions should be afternoon with a duration of two hours.

❖ What do you think about the facilitator of this session? What did you enjoy the most and least about how the session was delivered? Why?

- ✓ Two facilitators were selected in each location (Hargeisa and Dilla). Participants recalled that the facilitators helped them to get the session objectives of the programme and liked the way of their delivery. Particularly, they preferred the open discussion methods used during the session rather than teaching/lecturing methods. Facilitators' skills have a great impact on the effectiveness of the session, as observed during the two-group session. In Hargeisa one of the Male champions has showed a very good facilitations skills after each session followed by a feedback session with the PSI Team. For instance, the last sessions, it was more on a participatory method of teaching where all participants were engaged in the open discussion. In Dilla all the respondents clarified that both facilitators have the capacity to handle such sessions.
- ✓ Using open discussion methods encourage to share the experience of participants each other and to know how each participant handle and manage the health issues of his family.

Section III: Materials (Relevance, Acceptance and Appeal)

Here are the ideas, suggestions and recommendations of the participants to the material given in the sessions, such as toolkit book. In particular:

❖ How easy would this message be for you and people around here to understand? Do you consider these materials to be culturally appropriate?

- ✓ All the participants responded that the message and content of the toolkit are easily understandable for everyone and culturally appropriate.

- ❖ Which words in the toolkit do you think seem difficult to you? Which words do you not know? Which words do you not understand?
 - ✓ Some participants showed their bewilderment why eating of the liver is highly discouraged in the toolkit. In addition, they suggested to further explain the content of the toolkit.

- ❖ What additional information would you prefer to add to this toolkit?
 - ✓ Most of the participants suggest that the font size of the toolkit is so small and needed to enlarge to see clearly and to understand the message of the toolkit.
 - ✓ Showing the duration that mother needs to recover from the labor/delivery.
 - ✓ To add Encouragements about giving colostrum milk to the baby.
 - ✓ Adding the number of risks that breastfeeding prevents the mother and child. Add the book the importance of birth spacing for the Mother, Father, and the children.
 - ✓ Adding verses of the Quran that encourages birth spacing.
 - ✓ They advised to add to the toolkit a comparison between people who have a better family health and financial plan and those who have not a plan for their lives. For instance, what happens if the mother is not attached to the health facility? How will this affect other family members, including the husband?
 - ✓ Majority of the participants recommended using English translation rather than Somali in the section of birth spacing when using modern methods and they reasoned that their teenage girls can misuse if they get the toolkit because the message is easy to understand. To add more pictures in each section to convey the message to the illiterate people.

- ❖ What images/colors would you like to add/change in the toolkit that could make the tool most appealing? What would you change the content and pictures of the tool kit?
 - ✓ On page 9 of the booklet, each group identified one picture in that page looks like a cockroach and suggested making changes. Dilla participants encouraged replacing rice and pasta into locally produced cereals such as sorghum, corn, and millet. Labeling the picture of the food with its name and nutritious advantages gain. For instance: Pasta: carbohydrate, meat: protein, etc.
 - ✓ Some participants suggested that the book should be less writing but more pictures. The opposite cover of the book should be depicted as an unhappy family compared to the happy picture on the front. Adding pictures about the mother who did not deliver at a health facility.

RECOMMENDATIONS

- ✚ Facilitators have a great role in the programme's effectiveness. They should be carefully selected in terms of communications skills, session delivery and questioning skills.
- ✚ The toolkit should be expanded and more content. Participants recommended adding more pictures and content portraying how people like or consequences happen if they do not attach their wives to health facilities.

- ✚ Based on the feedback from the participants, this prototype seems to be piloted after some fine-tuning. The testing activities inspired the men and started conversations with their wives about health issues discussed in those sessions. Some participants reported that women welcomed this idea as they urged: they were the one who used to solely receive health awareness. This encourages men to make better health decisions for the family.
- ✚ In rural or semi-rural environments, local foods should be used and encouraged inside a toolkit in place of rice, pasta, etc.
- ✚ The open discussion method of teaching is the preferable way of doing such activities with men.

Annex: Session photos



Figure 1: Men's club session participants in Hargeisa.



Figure 2: Men's club session participants in Dilla



Figure 3: Men's club session participants in Hargeisa.



Figure 4: Session's follow up interview