

Healthy Men, Healthy Families: Promoting Positive Health-Seeking Behavior among Men through Male-Friendly Health Services

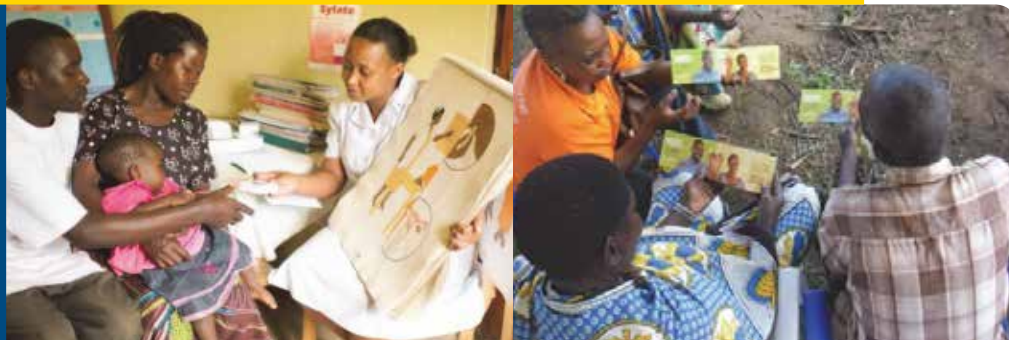


KEY POINTS

Poor health-seeking behavior among men and low support for their partner's reproductive health contributes to adverse health outcomes, including increased risk of HIV, for both men and their families.

To address the barriers that deter men from seeking and accessing HIV and RH services, the CHAMPION Project implemented a holistic package of male-friendly health service interventions to encourage men's participation in and utilization of health services.

Pilot results showed that when offered a comprehensive package of integrated HIV-RH services that are "male-friendly," more men seek care, particularly with their partners through integrated maternal health and HIV services.



BACKGROUND

An estimated 1.6 million Tanzanians live with HIV (UNAIDS, 2012), a disproportionate two-thirds of whom are women (TACAIDS, 2013). While HIV testing and counseling (HTC) has increased over the past decade—contributing to a slight decrease in HIV rates overall—men's utilization of HIV and reproductive health (RH) services remains inadequate, and support for their partners' RH is low. Constructive male involvement in health has been found to improve RH indicators, including HIV transmission and testing rates, family planning (FP) use, the likelihood of a facility-based delivery, and adherence to protocols for the prevention of mother-to-child transmission of HIV (PMTCT) (WHO, 2012; Mehta, 2001).

Barriers to Male Health Seeking

Multiple social and service delivery barriers impede male involvement in health. Entrenched, unequal gender norms—social expectations of men's and women's behaviors—are among the strongest factors preventing men from seeking health services, as well as fueling Tanzania's HIV epidemic. Men often equate being ill or seeking health services with weakness and do not seek care. When they do visit a health facility, men can feel unwelcome if providers are unsure how to, or are unwilling to, work with male clients due to inadequate training. As a result of inequitable gender norms, RH is also often perceived by men as a woman's responsibility; however, women often lack the decision-making power necessary to ensure their and their family's health (NBS & IFC Macro, 2011).

APPROACH

Holistic and Gender-Transformative

CHAMPION sought to promote a national dialogue about men's roles in health and to increase gender equity, and in doing so, reduce the vulnerability of men, women, and children to HIV and other adverse RH health outcomes. A critical component of the project's approach was to ensure that facility-based HIV and RH services are both welcoming to male clientele and able to meet their needs. CHAMPION's male-friendly health services (MFHS) intervention used a holistic, gender-transformative approach to engage all staff within a facility to improve their understanding of how gender norms negatively affect health and to increase providers' capacity to better serve men and couples.

HEALTH SERVICES
INTERVENTION



Table 1. Six MFHS intervention focus areas and illustrative activities

<p>Capacity Building</p> <ul style="list-style-type: none"> • Trained national government trainers in MFHS • Trained providers to counsel men and couples • Trained community-based providers to refer men to MFHS
<p>Facility Improvements</p> <ul style="list-style-type: none"> • Ensured privacy and confidentiality and improved client flow • Branded facilities with posters and signboards to indicate availability of MFHS • Installed male condom dispensers
<p>Communication Materials and Commodities</p> <ul style="list-style-type: none"> • Developed and disseminated social and behavior change communication (SBCC) materials promoting MFHS
<p>Community Outreach and Education</p> <ul style="list-style-type: none"> • Engaged communities through outreach events that promoted MFHS • Provided services through outreach and referrals • Encouraged female clients to bring their male partners to health visits • Conducted facility-based education sessions with men and couples
<p>Advocacy and Policy</p> <ul style="list-style-type: none"> • Conducted sensitization meetings with local officials on MFHS • Shared data on men's service uptake with Council Health Management Teams (CHMTs) to increase support and funding for MFHS • Advocated for the inclusion of MFHS care in district health plans
<p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> • Reviewed and analyzed quarterly data on men's service uptake • Developed and tracked quarterly action plans

Table 2. Selected MFHS indicators at 18 health care sites, preintervention and postintervention

Indicator	% of facilities (n)	
	2010	2013
Signs indicating that men are welcome to receive health services.	33 (6)	89 (16)
Clinical staff are trained to counsel men and couples on integrated HIV-RH messages.	61 (11)	89 (16)
There is physical privacy to examine clients and counsel them on HIV and RH services.	67 (12)	83 (15)
Male condoms are available without a clinical consultation.	28 (5)	94 (17)
Quarterly action plans include activities to involve men and couples in HIV and RH services.	0 (0)	100 (18)

The MFHS intervention was designed using global EngenderHealth tools on gender transformative approaches to male engagement in HIV and RH and was adapted for the Tanzanian context. Intervention activities fell into six focus areas (Table 1).

IMPLEMENTATION

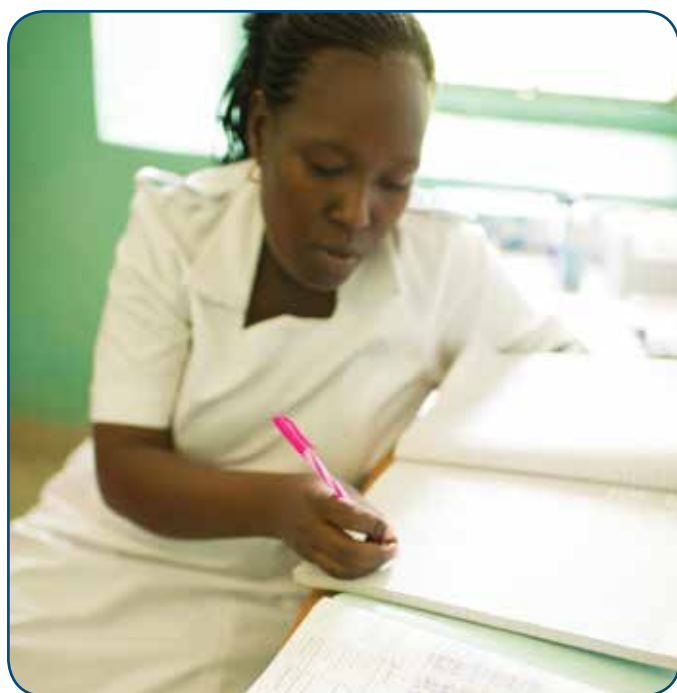
In collaboration with implementing partners,¹ CHAMPION piloted the MFHS intervention at 18 health facilities—six dispensaries, eight health centers, and four hospitals—across five districts spanning four regions. Preintervention service statistics were collected from March through August 2010. Pilot activities began in December 2010 and were assessed through August 2013 using routine data collected from quarterly facility audit checklists and monthly service statistics from the national health management information system (HMIS).

Building health workers' capacity to offer MFHS began by training 70 MOHSW trainers in MFHSs,² who then trained more than 1,200 clinical and nonclinical providers in the public and private sectors. Trainings focused on strategies to attract men to utilize services and support their partners' attendance, to counsel men about HIV and RH (alone and with their partners), and to reduce HIV-related stigma and discrimination. After the trainings, CHAMPION engaged in ongoing supportive supervision to ensure faithful implementation and to provide refresher trainings.

RESULTS

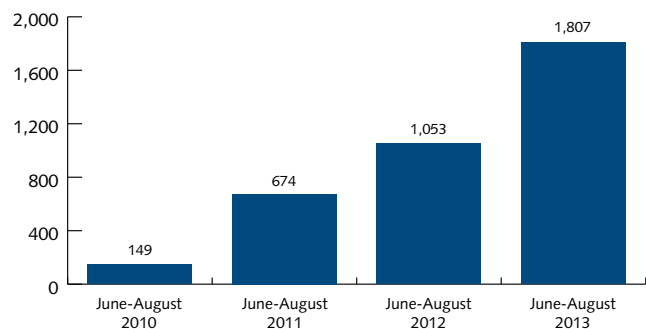
Facility Audits

Initial facility audits identified gaps at all 18 pilot sites. By the end of the intervention, improvements were observed at all sites (Table 2). Facilities with staff trained to counsel men and couples using integrated HIV-RH messages increased from 65% to 94%; 89% of facilities allocated private space for couples' counseling and examination, compared with 67% prior to the intervention. By 2013, 94% of facilities displayed signs welcoming men to obtain services, up from zero before the intervention.



A CHAMPION-trained health care worker in Mwanza region collecting data on male- and couple-friendly health services.

Figure 1. Number of couples receiving integrated HIV and postpartum FP messages during antenatal care (ANC)/PMTCT counseling sessions, over the period June–August, 2010–2013



A wider range of services are now available for men and couples. In 2010, all facilities provided sexually transmitted infection (STI) counseling and FP counseling and methods. By 2013, all facilities provided these services plus HTC. By the end of the pilot, condoms were available at all 18 facilities without a clinical consultation, up from only 28% beforehand. Likewise, all facilities developed quarterly action plans that included activities to involve men and couples in HIV and RH services.

Service Uptake

Men's service uptake at all 18 sites increased following MFHS activities. The number of men accompanying their partners for ANC/PMTCT visits who then received HTC increased from 149 in 2010 to 1,807 by 2013 (Figure 1).

Preintervention, only one male partner was tested for HIV for every 27 pregnant women newly enrolled in ANC/PMTCT services. By 2013, one male partner was tested for every three newly enrolled pregnant women (Figure 2).

While the overall number of men presenting alone for HTC services increased following the intervention (Figure 3), this number fluctuated over the course of the intervention, decreasing from 2,336 in 2010 to 970 in 2011 and then progressively increasing to 2,344 in 2013. Based on these results, the MFHS intervention appears to have been more

Figure 2. Ratio of women newly enrolled in ANC/PMTCT services to one male partner tested for HIV

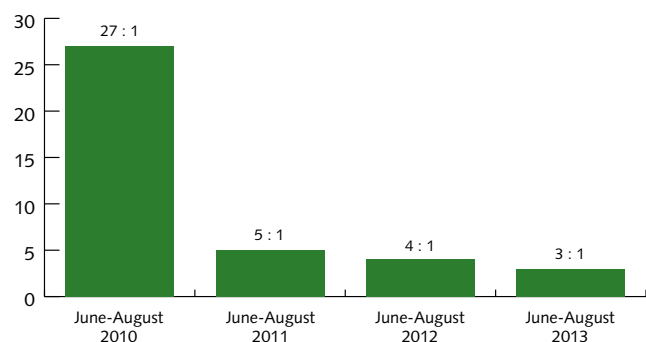
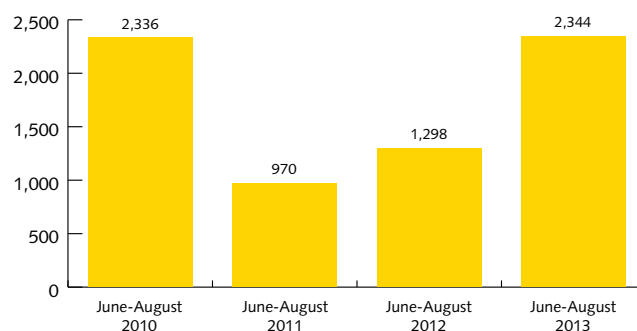


Figure 3. Number of men tested for HIV in HTC units, over the period June–August, 2010–2013



successful at encouraging men to access services while accompanying their partners to ANC/PMTCT visits than inducing them to attend individually.

Postintervention interviews indicated increased client satisfaction with services as a result of the intervention (from 60% to 78% among men and from 65% to 83% among women). The majority (80%) of those interviewed felt that the facility was a place where male clients would feel comfortable receiving services; however, a 96% of men felt that limited public-sector clinic hours (e.g., early afternoon closing on weekdays, no weekend hours) and long waiting times were inconvenient for men and served as a key barrier to uptake.

Advocacy and Policy Change

Routine meetings with five Community Health Management Teams (CHMTs) found that by 2014, three councils had included MFHS activities in their annual Council Health Plans. In addition, although CHAMPION supported a limited number of pilot facilities per district, all five CHMTs decided to use the project's monitoring tool to collect MFHS service delivery data from all health facilities in their districts on a routine basis and report these data to the national level.

RECOMMENDATIONS

Improve Data Collection Systems for Measuring Integrated and Couple Services

Data for effectively measuring integrated HIV-RH services and men's service uptake when accompanying their female partners (versus presenting alone) are not adequately captured by the national HMIS or by population-based surveys. As a result, it is difficult to procure enough HIV test kits to meet demand. National indicators and surveys need to be developed to better assess demand for MFHS.

Increase Access through Task Shifting, Expanded Service Hours, and Contraceptive Security

Task shifting (also known as task sharing) would ease the workload of overburdened clinical officers and increase the number of providers offering HTC. Additionally, extending facility hours to selected weekday evenings would increase access to health services for both men and women unable to attend facilities during working hours. Ensuring an adequate and reliable stock of commodities will better ensure that men's needs are met and that demand generation activities are coupled with available services.



CHAMPION-developed social and behavior change communication (SBCC) campaign materials encouraging men to attend maternal and reproductive health care with their partners and invest in their family's health

Ensure Gender-Equitable Service Delivery Practices

Strong measures are needed to ensure gender-equitable service delivery practices. Provider training on male engagement should address providers' biases, including practices that reaffirm male privilege, such as providing services to couples before women. Further, service delivery guidelines should reflect gender equity as a principal concern, and service improvements should be shared by both men and women. To change the practice of serving couples first as an incentive to attract male clients, CHAMPION reiterated the principles of male engagement during supportive supervision visits and encouraged health worker-led problem solving to improve client flow so that all patients could be seen in a timelier manner.

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¹ Jhpiego, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), African Medical and Research Foundation (AMREF), Marie Stopes Tanzania (MST), Angaza Zaidi Project, Zanzibar Association of People Living with HIV/AIDS (ZAPHA+), Tanga AIDS Working Group (TAWG), and Chama Cha Uzazi Malezi Bora Tanzania (UMATI).

² The MFHS package includes adequate staffing to meet the needs of male clients, adequate facility conditions for attracting and serving men, the availability of SBCC materials designed for men, the availability of health services for men (e.g., STI counselling, testing, and treatment; FP counseling and provision, management of sexual dysfunction, and infertility counseling and treatment), record keeping that ensures male service utilization is acutely captured and reported, and resolution of program management issues pertaining to serving men.

"After the CHAMPION training, I now realize that by transforming health providers' attitudes about gender norms and building their capacity to offer male-friendly health services, we can increase the number of men willing to seek care. Now, more men come with their wives for ANC/PMTCT."
 —Dr. Domitila Manoko, Makongokoro Health Centre, Mwanza

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