

Focused Group Discussions /awareness sessions on Male Involvement in Reproductive Health Services.

In Urban and Camp Settings, for men & boys, married and unmarried

Presented by:
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Introduction:

- RH working group recognized lack of inclusion of males in RH activities implemented for refugees in both urban and camp setting.
- In order to enhance male involvement and highlight areas of needed improvement of current RH services\activities provided to men, boys support to RH services; RH working group suggested to conduct male involvement focused group discussions.

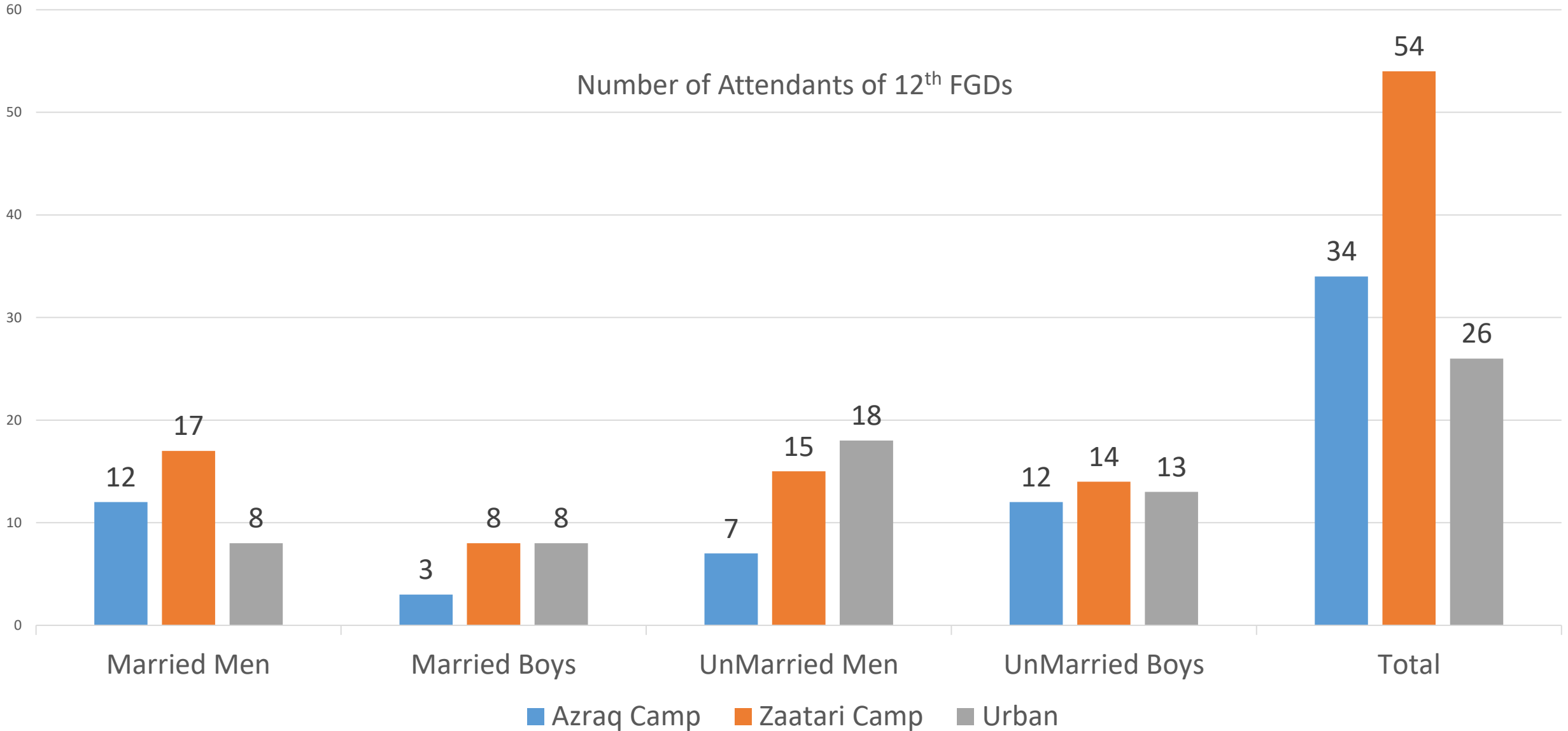
Objectives of FGDs sessions:

- Assess the level of knowledge of RH services among men and boys.
- Level of accessibility of targeted group to RH services available.
- Identify respondents' attitudes towards participating in RH services.
- Determine the main cause for the reject FP and RH services
- Determine the possible interventions (existing and new) that shall enhance the role of targeted group.

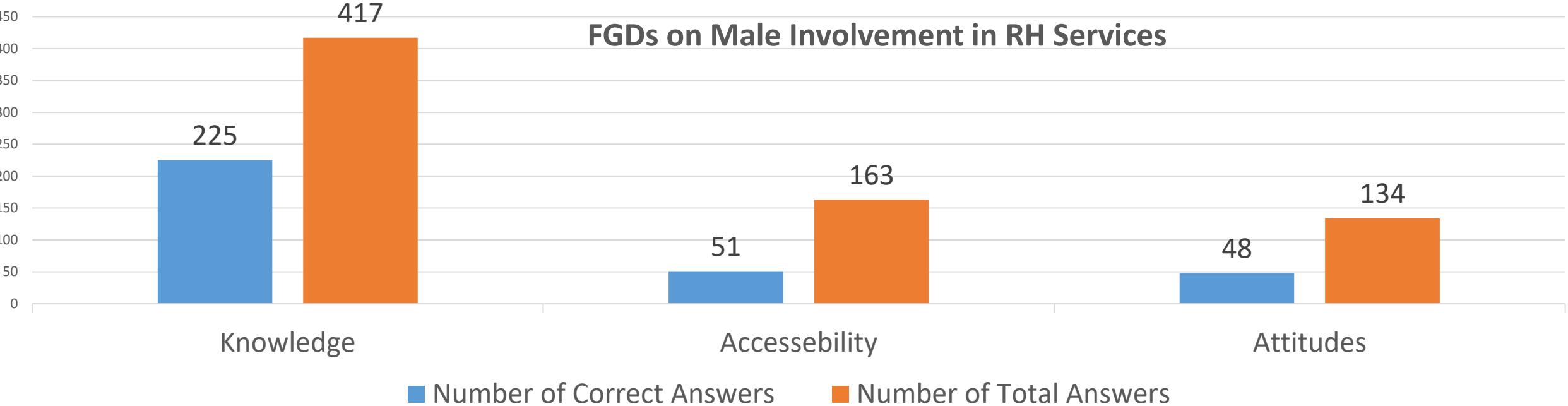
Methodology and Data collection

- Focused group discussion tool (forms) was developed for the purpose of this activity. UNFPA coordinated with JHASi to design the forms and analyze data
- The forms collected qualitative data that covers; knowledge, accessibility, and attitudes.
- Forms differentiated between married and unmarried\ men and boys.
- Activity was conducted during November and December 2016 through UNFPA's implementing partners IMC, JHASi, and IFH.
- A total of 12 sessions were conducted.

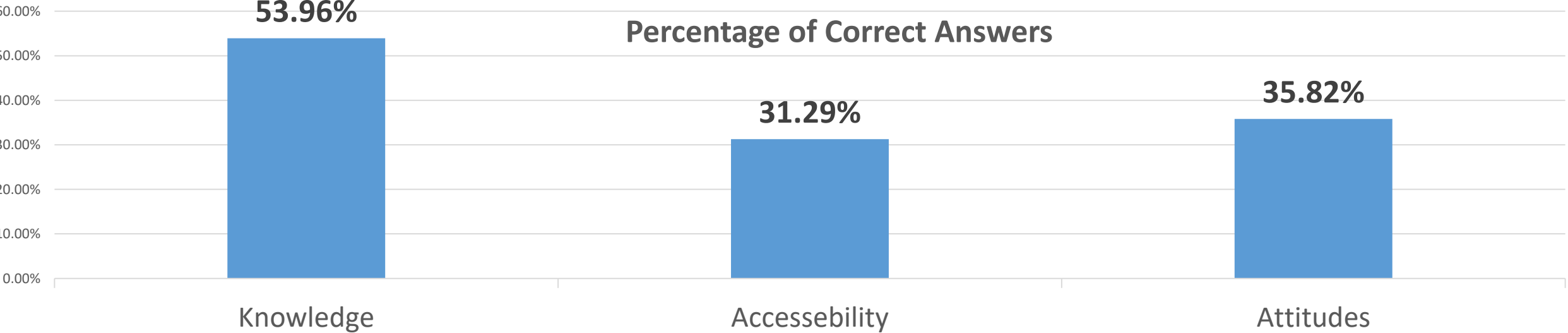
Results:

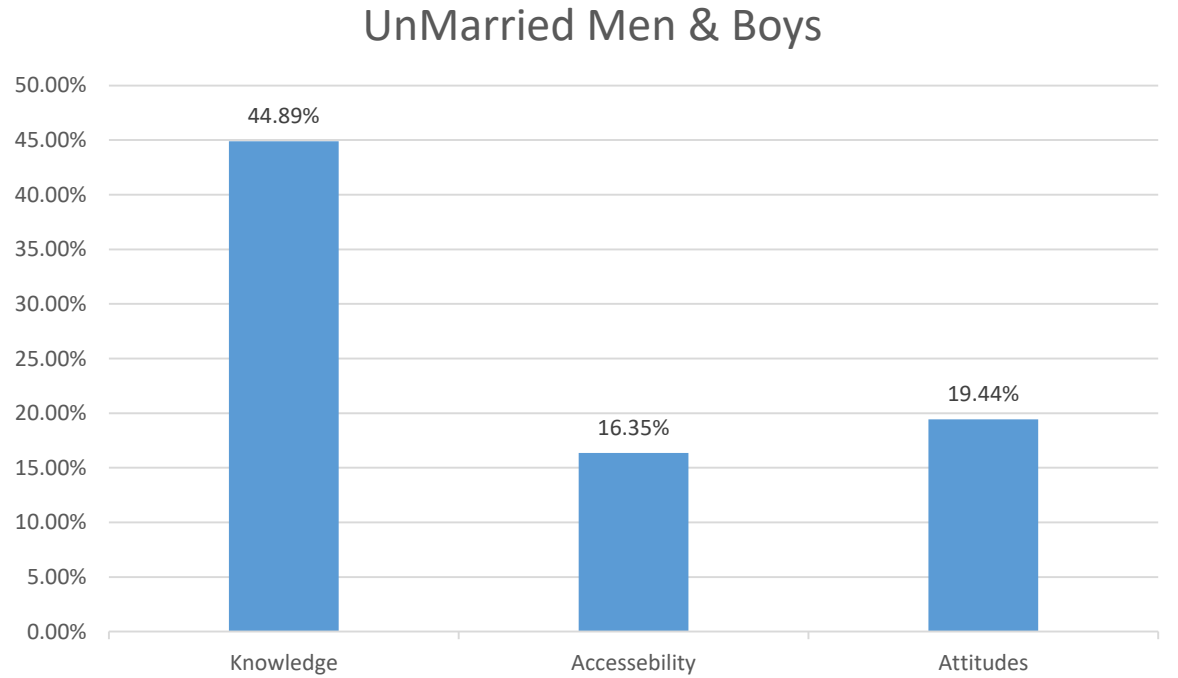
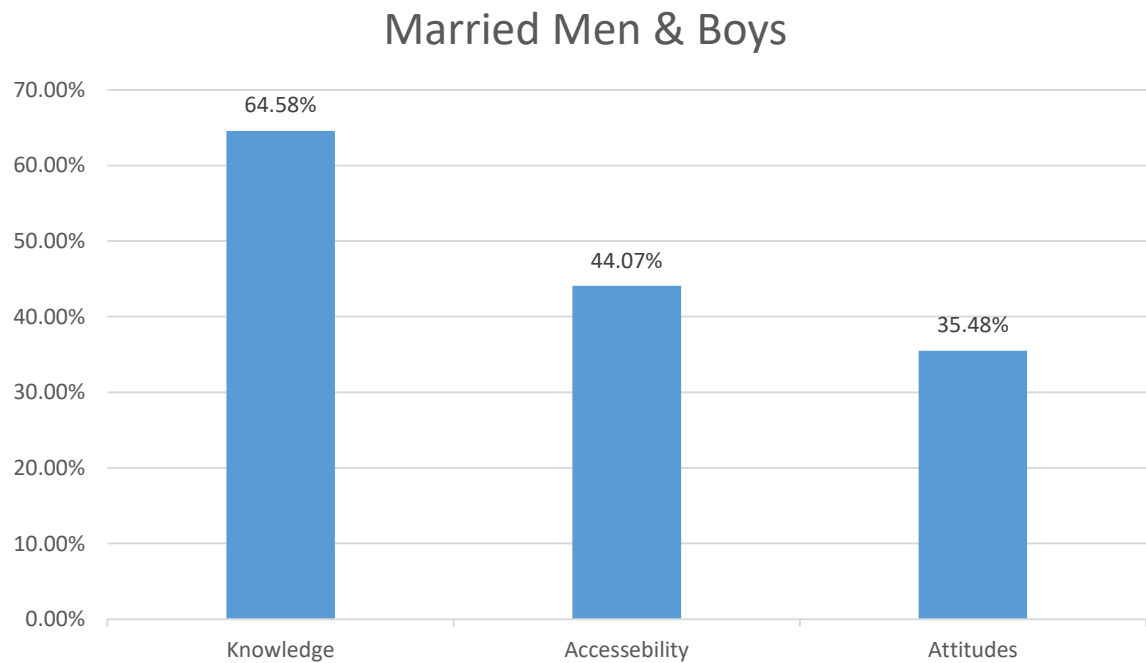
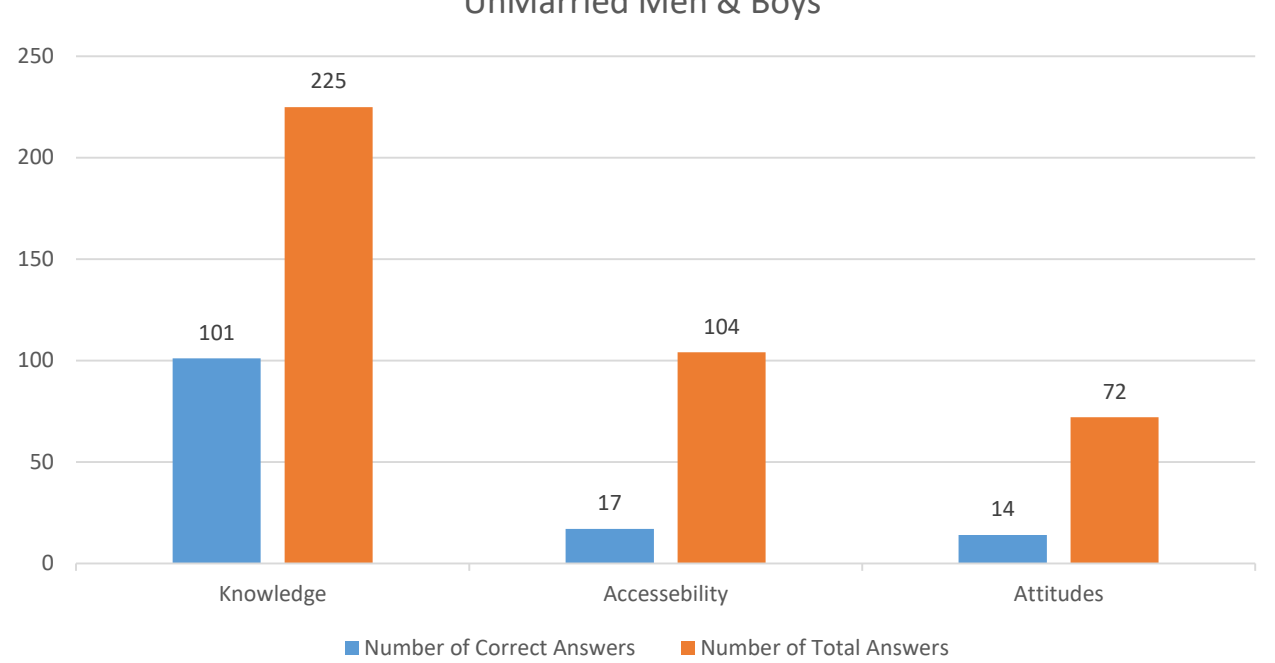
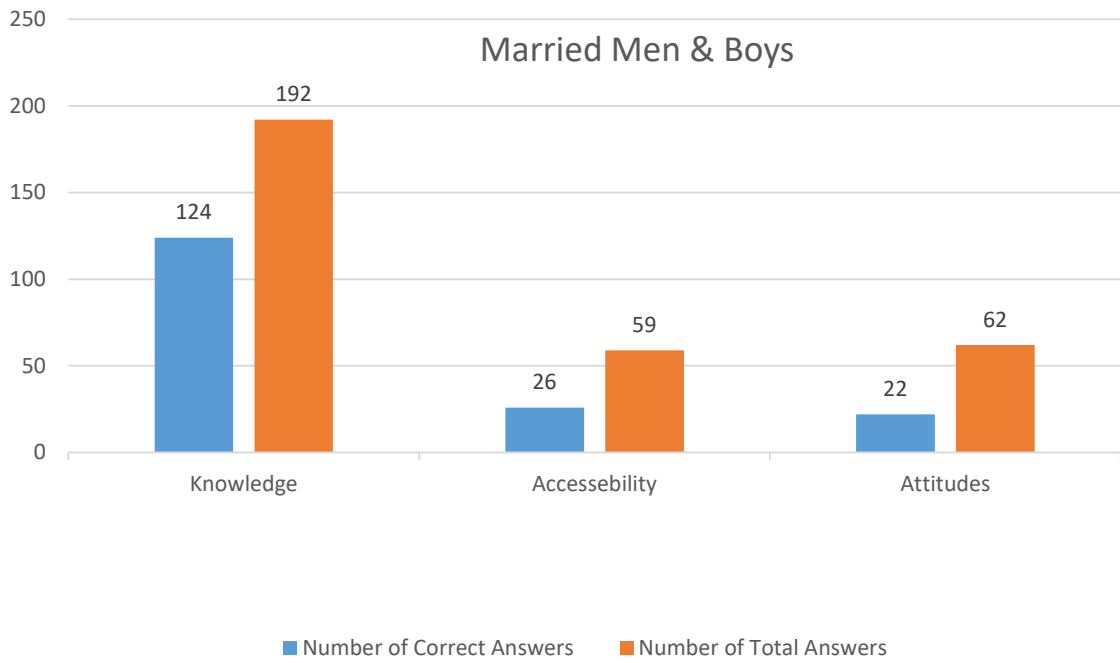


FGDs on Male Involvement in RH Services

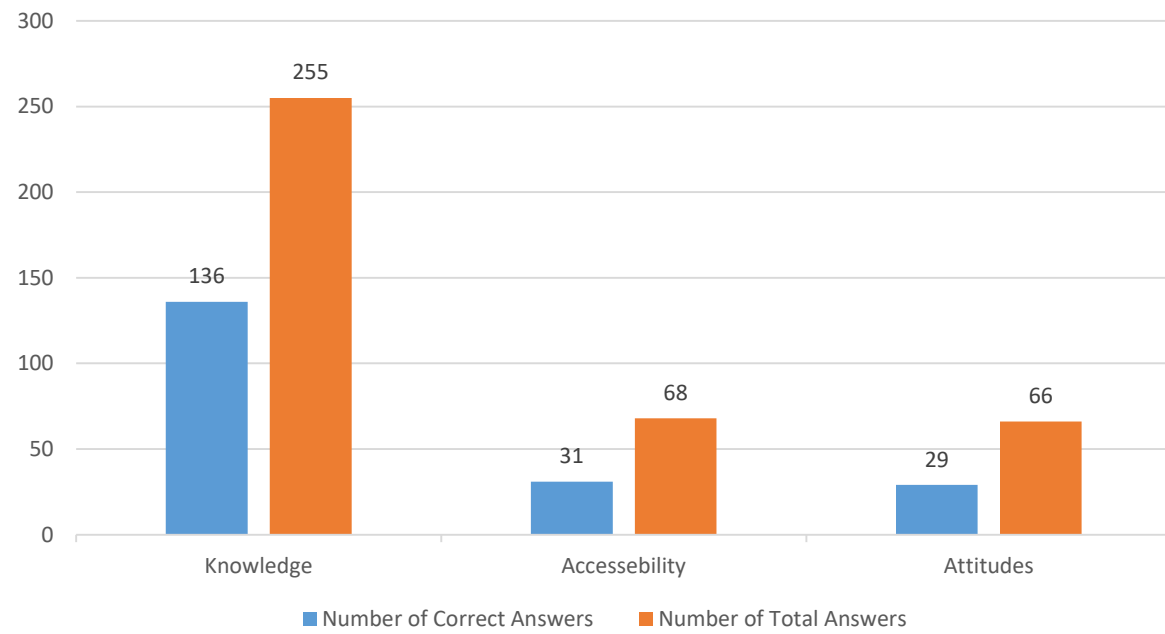


Percentage of Correct Answers

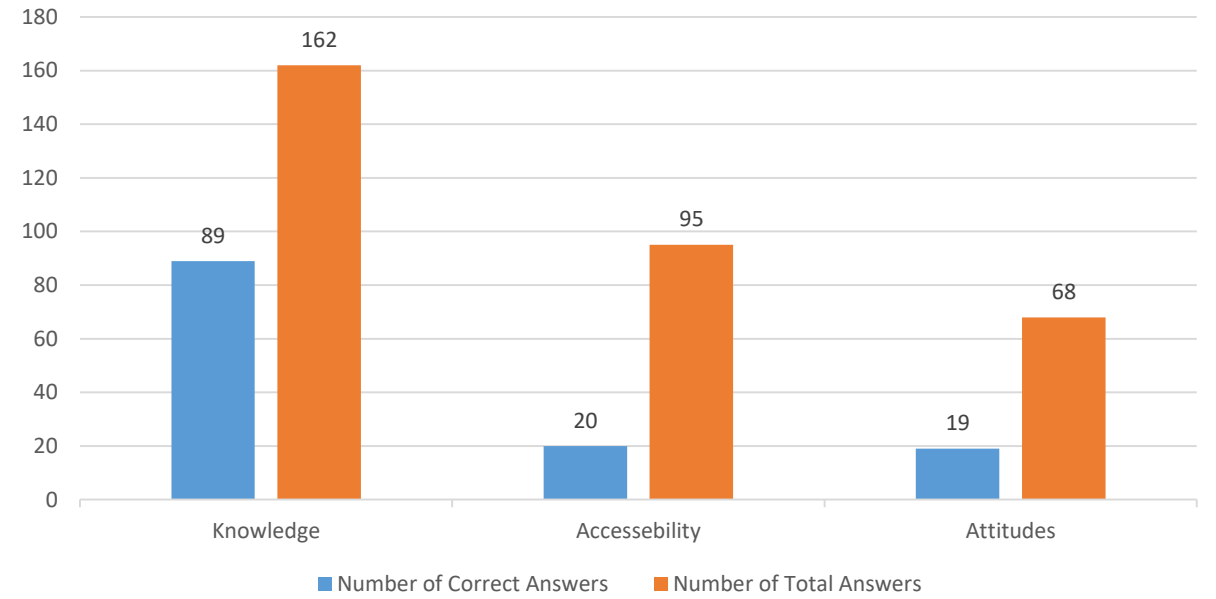




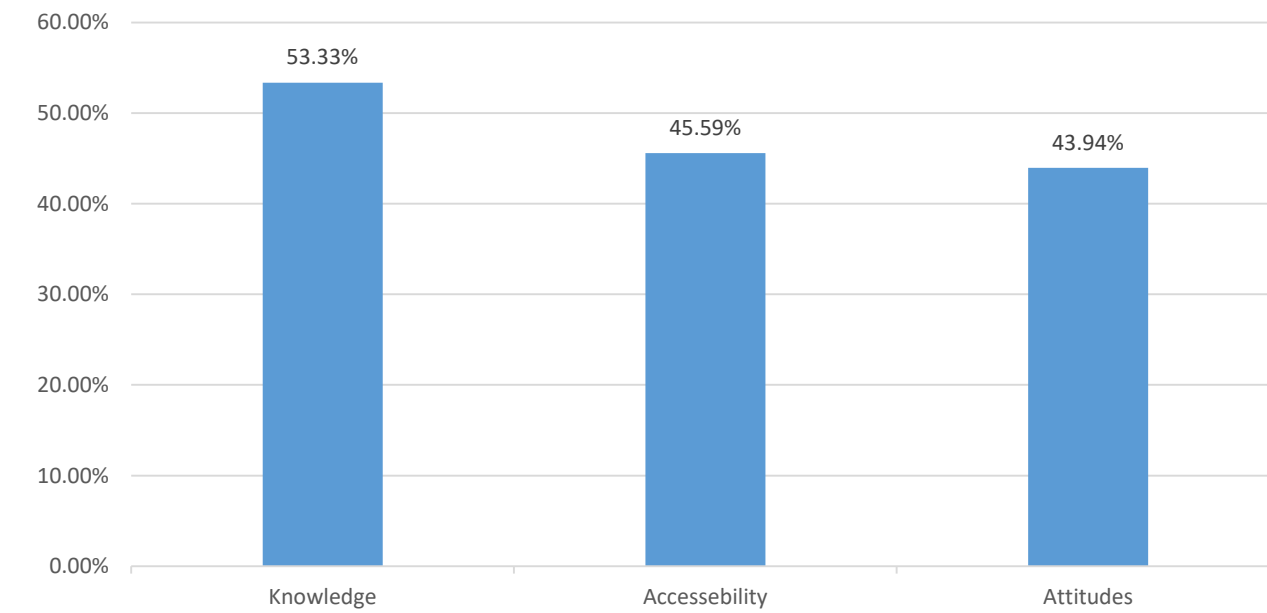
Men



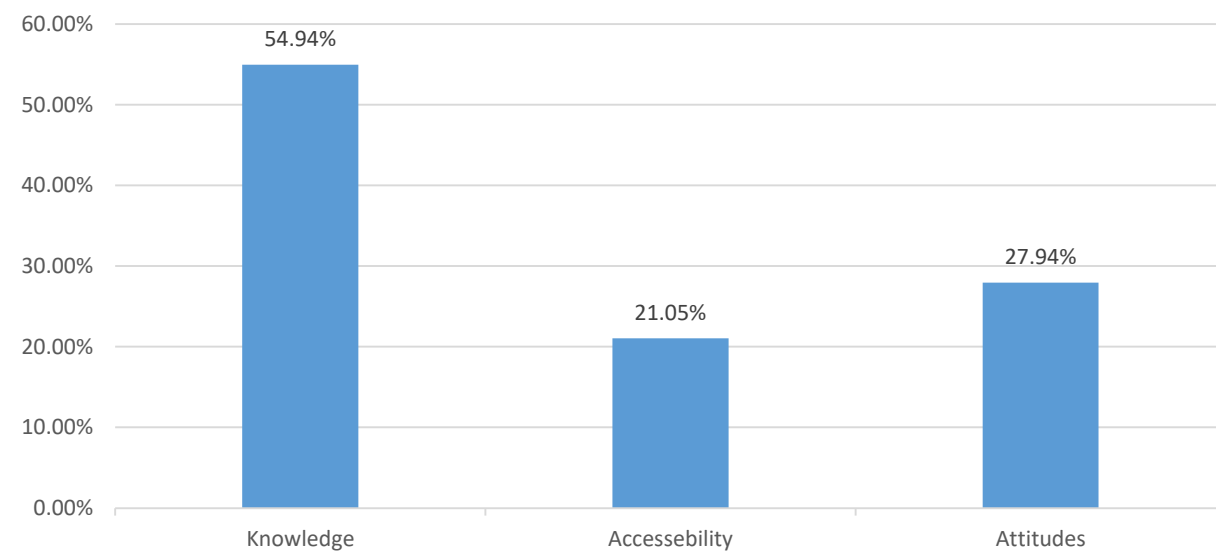
Boys



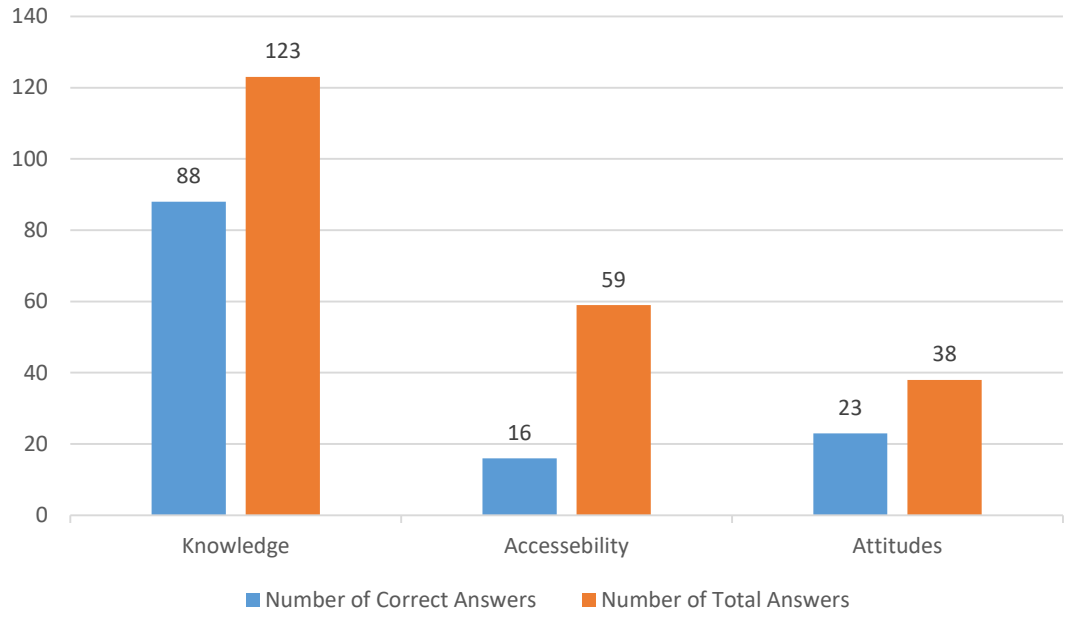
Men



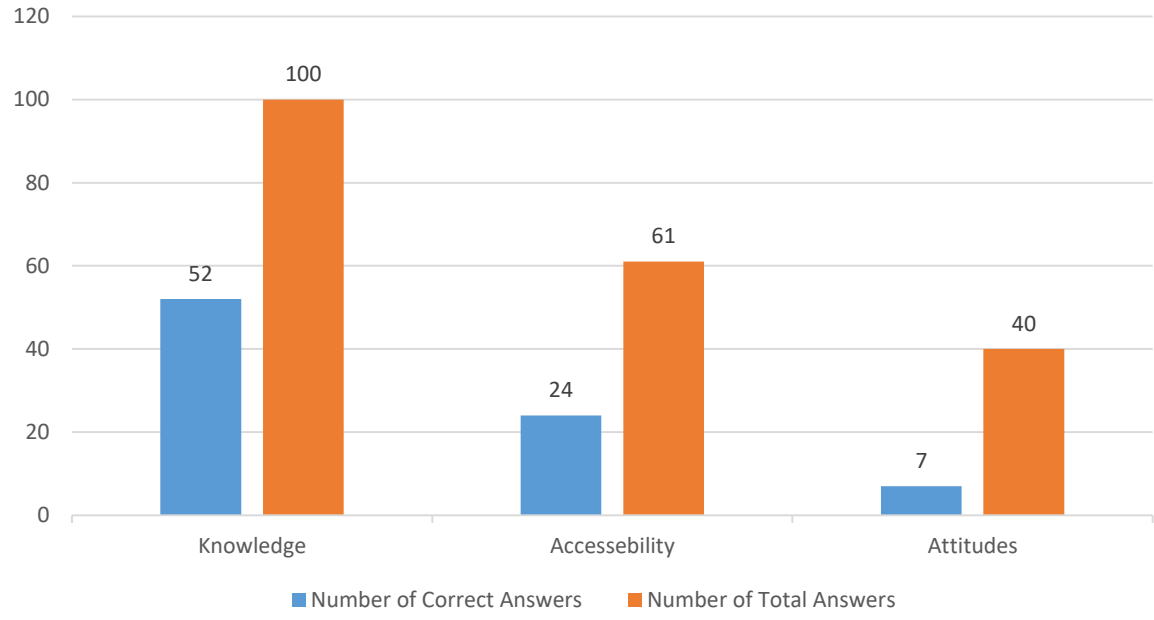
Boys



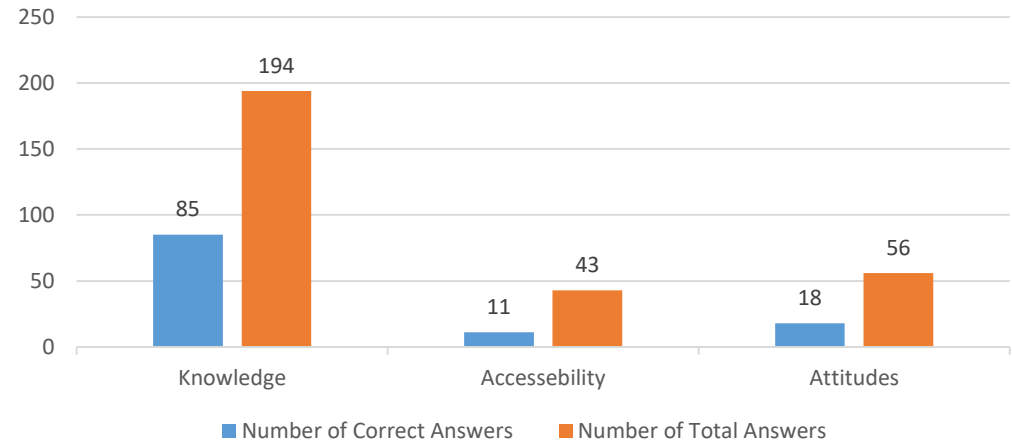
Azraq Camp



Zaatari Camp



Urban



The main note from the session:

1. 1/3 from the married and 1/5 of unmarried participant reflect positive attitude to the FP and RH services.
2. The main cause behind of accessibility and attitude point as we noted through the sessions:
 - A. At Azraq camp there is a kind of regulation related to number of family to get the caravan (each 6 member / one caravan)
 - B. Some males do not accompany their wives to the RH clinic due to cultural reasons (some males said that they do not go with their wives because it is a Gynecology clinic i.e. for women only)
 - C. Some of them have objection to the concept of FP due to religious reasons and the babies are from god and each one come with his\her **potboiler**
 - D. Some of them reported they do not follow their PNC visits due to the conception that there is no **health need** for that (for the mother and the child) “my mother did not go to any doctor any she had many healthy children”
 - E. Most of them used the traditional FP (count) as the method and they mentioned that we and our families already used this methods.
 - F. Some of them mentioned difficulty accessing Health facilities in the camp due to long walking distances (specially at Azraq camp) and lack of reliable transportation
 - G. The cultural point in male side is when you get a lot of babies that mean you are a strong man and you are controlling on your family and that give them highly self confidence.
 - H. Also some of them mentioned that since they don't have work or another thing to do so they find a lot of time and power to pregnant and take care of babies
3. From the another side that the ladies (from the CHV and that effect on male attitude) trying to be pregnant to let her husband love her more and more (and prevent him think in others) also they tell her husband that family planning methods are associated with some misconceptions. Ex: FP methods might cause infertility and many side effects. In additional to used her husband as an excuse to explain her action for example remove the IUD and one of the sentence that the attendance used it at the session “tell her please”

Challenges:

- Number of attendance in married boys under 18 years sessions at Azraq camp was **low**, that was related to restrict in marriage age (minimum age to get married is 18 years for male and 15 years for female). *Is it legal or through the traditional contract? If it is not regular, maybe will create problem in the future if any separate happened for the couple?*
- Difficulty in engaging the attendance to participate in the sessions, specially in unmarried boys group. In addition to their sensitivity for RH topics discussed (STI, AIDs, etc).
- Educational level of attendance affected understanding the topics discussed (the facilitator had to further explain the discussion topics).

Recommendation:

- Conduct awareness sessions on regular basis. And focus on their understanding for RH services.
- Highlight and mainstream the role of men and boys in RH in all RH awareness sessions provided.
- Engage the male and boys in counseling and allocate specific time in RH clinics for couples counselling.
- Increase the accessibility of men and boys to the RH facilities by allowing men and boys to enter RH centers (as per need), and advertise on services that they can benefit from.
- Conduct pre-marital RH awareness and counseling for both genders.
- At Azraq camp the IMC start enhance involvement of male in RH services through their CHV and RH campaign
- At Zaatari camp the IFH conducted the awareness sessions for the male and we encourage them to increase their session.

Thanks a lot