

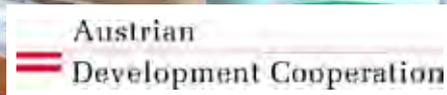
From the Periphery to the Fore

*Men at the Centre of Improving Access to Reproductive,
Child and Maternal Health in Northern Uganda*

BENEFICIARY STORIES AND EXPERIENCES



GWED-G
Gulu Women's Economic
Development & Globalization





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PROJECT TITLE

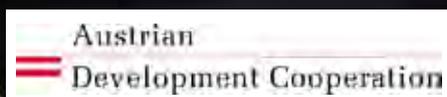
Improving Access to Reproductive, Child and Maternal Health in Northern Uganda

OVERALL OBJECTIVE

Contribute to improved Sexual, Reproductive, Maternal and Child Health amongst the target population

PROJECT PURPOSE

Overcome the barriers to accessibility of Sexual, Reproductive, Maternal and Child Health services that arise from gender norms by engaging men and adolescent boys in a process of change.



BACKGROUND

The twenty-year old Kony war had devastating effects on the physical, social, economic and political wellbeing of the people in northern Uganda and more significantly in the health area. Women and girls were mostly affected by the conflict and continue to face enormous challenges accessing sexual reproductive, and maternal and child health care. There is inadequate services compounded by a breakdown in the social fabric and the distortion of social norms, entangled with patriarchal society that would otherwise regulate gender equity in the communities.

Compounding to the problem, men consciously and unconsciously impede access to basic services for women and adolescents such as family planning services, HIV testing, participation in maternal health issues and support to infant feeding practices. Men often neglect their roles as fathers in the care of their infants. Adolescent males and females endure societal taboos that bar them from discussing issues around sexuality, and the disintegration of traditional family structures has impeded youth's access to older relatives who might have mentored them on the sexuality. Adolescent males experience developmental changes, and are also susceptible to social pressures around gender norms and sexuality. Without access to appropriate and comprehensive information on Sexual and Reproductive Health, they cannot uphold their own health as well as respect and be nonviolent towards female partners.

With funding from the Austria Development Agency (ADA) through CARE Austria and CARE International in partnership with Gulu Women Economic Development and Globalisation (GWED-G), the "Improving Access to Reproductive, Child and Maternal Health in Northern Uganda" project was implemented. The project engages and works with men and boys to overcome barriers to accessibility of reproductive, maternal and child health services that arise from social constructs, specifically gender norms. The project is implemented in four districts of Gulu, Omoro, Nwoya and Amuru districts.

A total of 100 role model men and their immediate families from 9 sub counties were engaged and trained on sexual reproductive, maternal and child health. The trainings imparted skills on how to engage other men and adolescent boys to dialogue on issues of access and utilization of sexual reproductive, maternal and child health services in their families and the community. Also, the training covered gender based violence, decision making power of women regarding reproductive health, high fertility rates, myths associated with family planning, limited male involvement in maternal health, roles and responsibilities of husbands and fathers, and challenges of gender inequality in societies.

In this book read about stories and experiences of seven individuals who have benefited from the project. The stories show how the project trainings have influenced their attitude and practices regarding issues of access and utilization of sexual reproductive, maternal and child health services.

THE MODEL USED – “ROLE MODEL MEN”

GWED-G adopted the role model men as a strategy to improve male participation in access to maternal and child health services. GWED-G has used this approach since 2012 where male-participants engaged in initiatives to mainstream their role in promoting zero tolerance to SGBV and gender equality work after learning that a huge number of perpetrators of gender based violence were actually men. The project applied the role model men theory as summarised below;

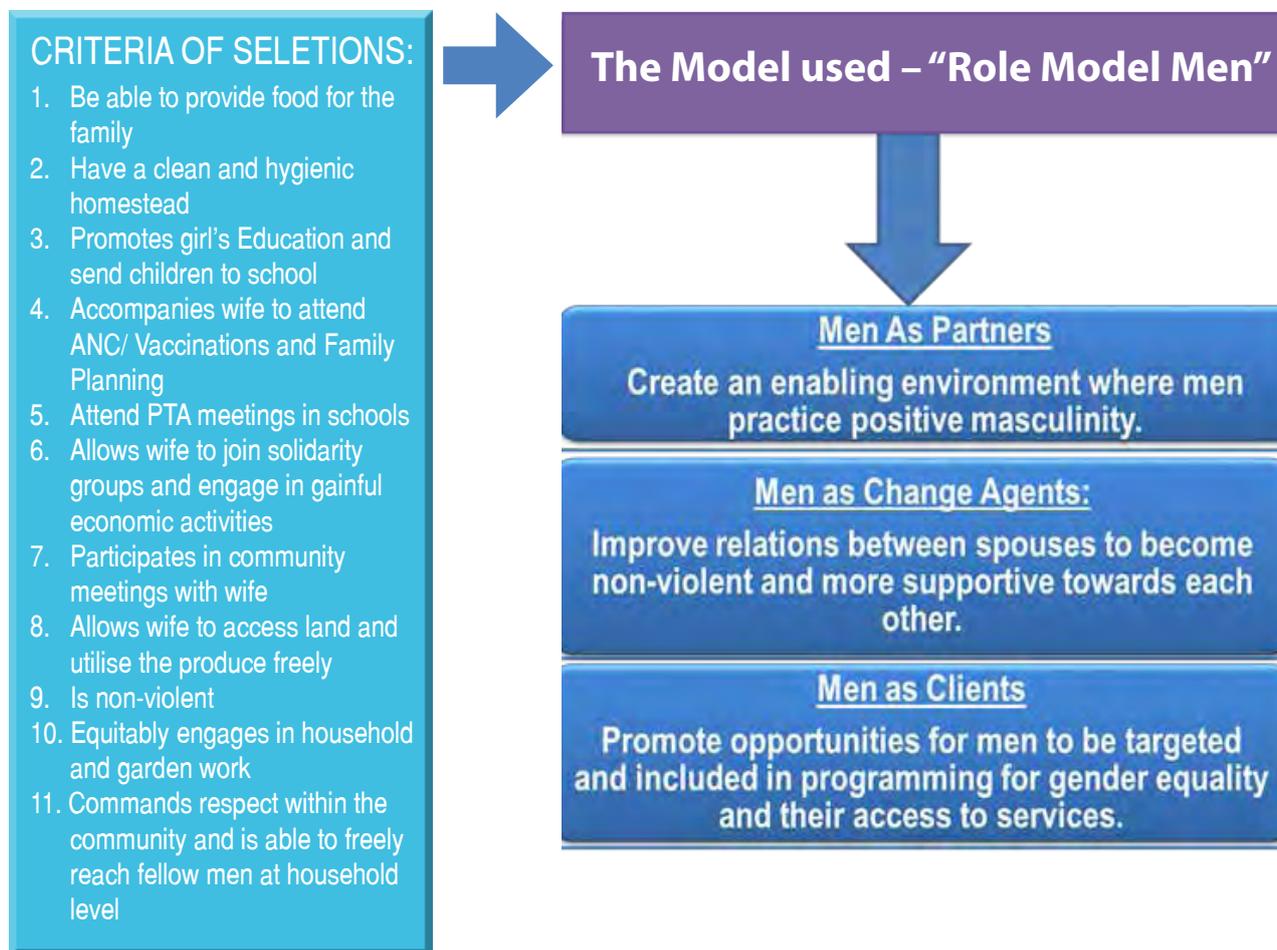
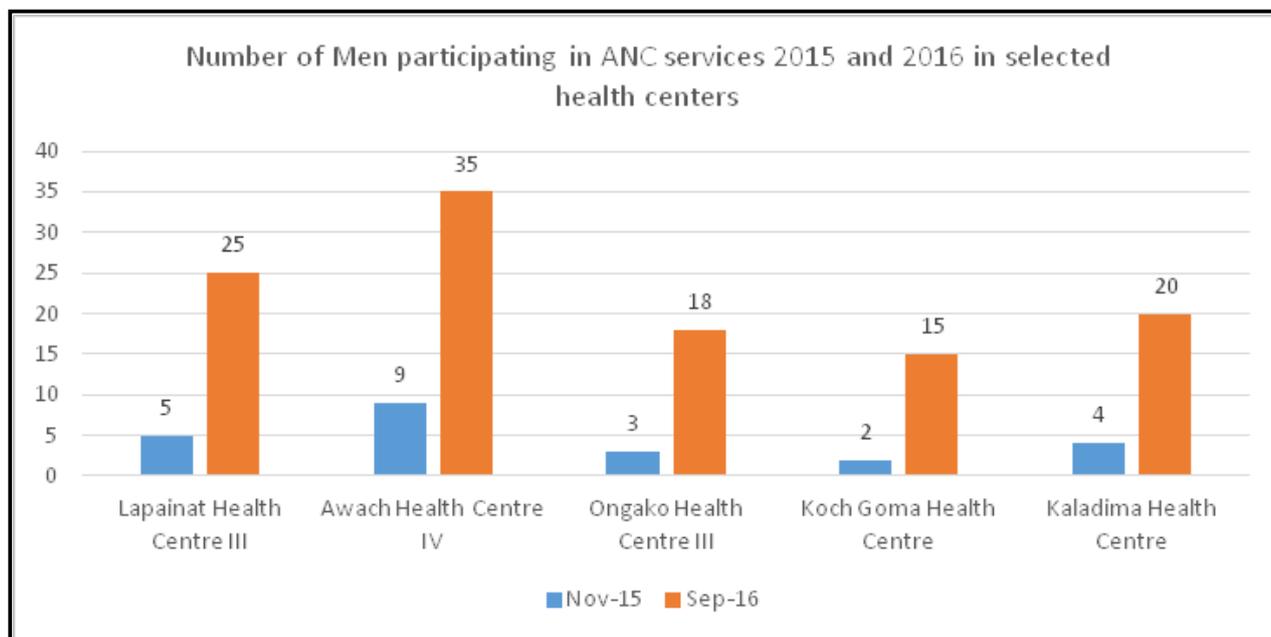


Table 1: Number of men accompanying their spouses for ANC

Health Centre per subcounty	November 2015	September 2016
Lapainat Health Centre III (Koro)	5	25
Awach Health Centre IV (Awach)	9	35
Ongako Health Centre III (Ongako)	3	16-18
Koch Goma Health Centre (Koch Goma)	2	15
Kaladima Health Centre (Lamogi)	4	20
Bobi Health Centre (Bobi)	5	23
Alero Health Centre (Alero)	3	13-16
Patiko Health Centre (Patiko)	6	27
Pabwo Health Centre (Bungatira)	2	11

Increased number of men accompanying their wives for ANC. Reports from midwives at sub-counties and health facilities indicate increase in the number of men accompanying their women for ANC at the facilities. For example, Clare Akello of Patiko Health Centre reported (20-25 men a month), Atim Eunice of Alero Health Centre reported (13-16 men a month), Iwanu Beatrice of Kaladima Health Centre reported (15-20 men a month) and Lalam Lilly of Koch Goma Health Centre reported (12 -16 men a month). Such numbers are high compared to the average of 5 men registered per month at the same facilities a few years back.





1

TWO COMMUNITY BY-LAWS WERE PASSED AS A RESULT OF THE ROLE MODEL MEN'S WORK IN AWACH COMMUNITY!

Dennis Obwoya has been a Community Facilitator for Awach Sub County for two years. “Before the programme, Awach community had many challenges.

They ranged from food insecurity, indiscriminate sale of food stuff by husbands, domestic violence and male participation in maternal health activities was nonexistent. HIV and AIDS was and still is a serious problem, testing for HIV was shunned by both males and females. Family planning was regarded as a taboo; families would have very many children without thinking of the responsibilities that came with children. Girl child education was not regarded as important at all and the tradition of giving-away girls into early marriages and early pregnancies thrived unabated. Alcoholism was the order of the day seriously fueling gender based violence and divorce. Thanks to GWED-G for introducing the role model men project where men were trained to sensitize fellow men on various issues.

Each role model man was assigned 10 households to work with and this has done miracles. The situation has changed significantly in the last two years. Levels of alcohol consumption are reducing,

husbands are now escorting their wives for antenatal checkups at the health centres, and very exciting, the shift in gender roles where men now participate in household activities like cooking, winnowing, sweeping etc. A man doing household chores was unheard of! Girls are now supported to go to school and fathers now recognize and buy sanitary pads for their female children. As a sub county facilitator, the role model men have eased my work. The sub-county is very proud of these men because many government programmes are being achieved through their efforts. For example, access to and utilization of family planning services has greatly improved in Awach community. Before, husbands used to attack the midwife at the health center for providing family planning services to their wives, because children especially boys were highly valued as a source of family pride, posterity and security. Family planning would be seen as contravention to family values and would interfere with their God given right to have many children. But nowadays couples come together for family planning and counselling at the health facility because they appreciate the benefits of child spacing. Also, mothers used to deliver from home, but with the role model men doing referrals from villages to health facilities, now Awach Health Centre IV receives 40-50 women for ANC per month and conducts about 30-35 deliveries monthly. All mothers come with their husbands for delivery!

Other improvements include; girl child enrollment in schools, uptake of family planning services by males, gender based violence has reduced in homes and police cells are no longer congested with gender based violence cases. As a result, Awach sub county local council has enacted two bye-laws to support the good work of GWED-G and the role model men are doing. One by-law is to restrict the sale of food stuff without agreement with the spouse and the other by-law is education for all, and ensuring that the girl child is in school and supported with all the needed requirements”.

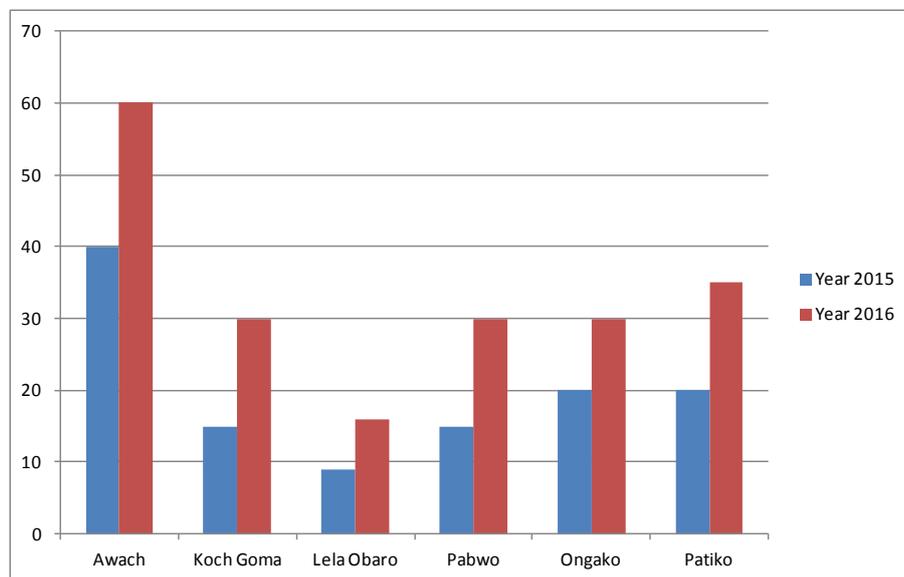


Table 3: Number deliveries at health facilities between 2015 and 2016



2

RMM MOBILIZE COMMUNITIES FOR VARIOUS HEALTH SERVICES

Clare Akello is an enrolled midwife at Patiko Health Centre III. “I was posted here over three years ago”. The community served by Patiko HC III had a lot of health issues, especially with regards to family planning. Gender based violence was very high and most cases that I attended to at the health facility were domestic violence related. One of the extreme cases I remember was that of a woman brought after her husband had cut off her hand. We treated on her and police also played their part.

As a nurse, I have participated in the GWED-G programmes on sexual reproductive, maternal and child health. We have been trained and linked to the role model men who mobilize and educate communities on various health issues. They do referrals and have significantly eased the outreach arm of the health facility.

Today we notice a lot of changes; men accompany their wives for antenatal classes, attend HIV pre-test and post - test counselling together, men engage nurses to find out more about family planning options and they come with their wives to get family planning services. Also, men bring their children for immunization which was very rare in the past. I was recently humbled by a man who came with the wife to deliver, he stayed at the Health Centre the whole period and after normal delivery, he asked for a session with the midwife seeking information on family planning. That being their seventh child, the man could not see his wife go through another delivery again!

Since the facility offers HIV/AIDS services, role model men mobilize and sensitize families, conduct treatment literacy and nutrition sessions for people living with HIV/AIDS. This has greatly improved the demand for HIV testing for couples, adherence to drugs and acceptance of HIV test results. For example, from 2014 to date, only 1 HIV positive mother has given birth to an HIV positive child.

GWED-G should expand the role model men Programme to cover the whole sub-county. Patiko has a population of 18,540 people and 10 role model men are not enough.





3

MY LAND, MARRIAGE AND FAMILY WERE SAVED!

Thirty-eight-year old Odora Patrick is a member of one of the 10 households that were reached in Bobi Sub county: “I live and work in Bobi sub county in Gulu district with my wife and children. We have a modest home and depend on agriculture as our main livelihood. We grow food crops and a few other crops for sell. My life has in the recent past been characterized by alcoholism and violence both at home and within the community. I used to spend almost three-quarters of my time at the trading center socializing with my friends/peers drinking locally brewed alcohol. I had little time for my family. Worse still, I often took away family resources such as food (seed) and chicken to sell to get money to buy alcohol for my peers.

Consequently, my wife and I separated because she could no longer handle the level of waste I had reached. Even worse, I had started battering her whenever she challenged me on household resource use. All this caused unrest to my children as they lacked the basics (books, uniform, pens, food) to attend school and were at the brink of dropping out.

I nearly sold my five acres of land to facilitate my drinking vice. Thank God GWED-G reached my home in time to save my only remaining asset. Had they delayed to reach this community with their programmes, my land, my marriage and family, would have disappeared.”

Through GWED-G programme on counselling and psychosocial support, I was helped to reconnect with myself, the family and community. I rediscovered myself and apologized to my wife’s family and indeed reconciled with my wife. I have since then restored the relationship with my children. They are back to school with my full support. I stopped drinking alcohol, improved my farming methods and having learnt some basic business skills, my family joined the Village Saving and Loan Association (VSLA). My wife is fully and equally participating in the saving scheme.

I have changed and now a role model supporting other community members and households to learn from my experience. My life is a living testimony of how men can reform from waste to change agents if reached with the necessary counseling and also equipped with reformative skills and knowledge.





4

I STOPPED BEING VIOLENT TO MY FAMILY!

Thirty-seven-year old Uma Geoffrey is a role model man from Pangeya village, Awach sub county in Gulu district: “I had entirely dedicated my life and time to drinking. I hardly spared any time for my family. My wife and I never had time to think, talk or plan together for the family. I never appreciated going with my wife during ante-natal care, post-natal care and even the time of delivery, she always went alone. I never bothered to know what doctors told her.

We never shared farm work because I thought it was her responsibility to work for the family. I also thought it was my right to live on the proceeds of her work. We often fought over simple quarrels. Due to my drinking vice, I often turned violent towards my wife and children. There was no proper household communication and sharing.

My reform started when I joined a Village Saving and Loan Association group which was began by a few members. They motivated me to join them and work together. It was out of sheer curiosity that I joined but later learnt that I could access credit. This opened me to what other men were doing for their families; fending for their children and wives' future wellbeing.

However, my turning point was in 2015 when GWED-G commenced their activities in our sub county particularly in Gwengdiya parish. I decided to join them because I saw this as a relief given the rowdy experiences I had cultivated in my home. I attended several community dialogues and awareness raising activities conducted by GWED-G especially on GBV reduction, maternal health, encouraging the communities to go for medical testing for various diseases including HIV/AIDS, hepatitis B, STI's and VSLA.

This opened my eyes to see beyond where I could touch. I acquired knowledge as a result of a series of learning sessions especially on how good it is to have a happy family that shares ideas and decides together. I have since then never incited any violent act in my home and my wife now feels free to express her thoughts and ideas with me.

My participation in GWED-G activities has empowered and motivated me to plan well. I have even built a permanent house and above all, engage in family planning with my wife so that we can properly raise a manageable number of children.

I have taken my learning to other households around my home and have been able to change other men to appreciate maternal and child health, and gender equity. Husbands now accompany their wives to health facilities to access maternal health services and checkups. Both men and women now do not waste agricultural products or food but profitably and productively utilize their resources together.

I have also noticed that people have become part and parcel of our team, moving around sensitizing other community members. This has enabled us to reach more households with positive lessons learnt causing a multiplier effect. I have also noticed reduced incidences of GBV cases and domestic violence in my community.



5

MY HUSBAND AND I NOW SHARE IDEAS AND MAKE DECISIONS TOGETHER

Forty-five year old Christine Alum is a wife to Olum Francis resident of Koro Sub county in Omoro District: “My marriage was a severe experience. My husband was very aggressive and abusive. I was never allowed any space to attend any public function, never allowed to take decisions on proceeds from my own garden, and also, never would I question his utilization of money and other resources. Marriage was a nightmare full of insults, belittling words, and feeling lowered to a mere human being in my husband’s home. Due to this, I found marriage unbearable and could not hold any longer. One time I contemplated separation. But still, I held on for the sake of my children’s survival.

During this time of my dilemma, my husband got engaged in GWED-G work, where he was reached by role model men who talked to him out of the chaotic life he led. I recall in April, 2015 GWED-G started the project on sexual reproductive and maternal health in our village. Several dialogue meetings and awareness raising training sessions were conducted at individual, household and community levels with emphasis being put on men to change their negative mindset and look at women as partners. This would foster change and provide space for human rights to flourish in households and communities.

Through these sessions my husband realized the suffering he had caused to his family. The role model men also exposed him to their own model homes that had reformed. Thereafter, he transformed. He now thinks of his family and views the community with respect. He is very responsible now .

Today, whenever I ask for anything, he provides and if he can't afford it, at least he pays attention to my needs. We now sit share ideas and decide together. He now escorts me to the health facility for antenatal, postnatal and other services. He also allows me to participate freely in community activities; for example, I am now one of the community leaders and trainers in my parish.





6

MY HUSBAND ALLOWED ME TO GO FOR FAMILY PLANNING AFTER THE GWED-G DIALOGUE MEETINGS

Thirty-seven year old Grace Acayo is a wife to one of the reformed men of Oilongo village in Koro Sub-county in Omoro district: “I have been married to my husband for 12 years. We had 5 children in the first 7 years of our marriage. We lived happily for about 4 years, but thereafter, we developed misunderstandings over the number of children we had to produce. My position was that we stop at that number of children for the sake of my health and for the good of the family. However, he disregarded my concerns and wanted me to produce more children or else he marries another wife.

To make it worse, he also became aggressive to me and the rest of the family without any genuine cause. This unbecoming behavior was so irritating, embarrassing and belittling to me, since I was solely responsible for our children and the entire household.

Unfortunately, in our community, we the women work harder and almost fend for our families single handedly. But the men hold all the power over us including power over our bodies. That is why my husband wanted me to produce more children. Men in our village own land which is the biggest and most valuable asset for the family. They decide on almost everything in the household.

When role model men were moving around households conducting house to house dialogue meetings in our villages, they stopped over at our home and talked to us about various issues. They talked about maternal health, child health and reproductive health. I thought it was a joke, I least expected my husband to even pay attention, but surprisingly he did. I would not imagine that he could in anyway and at a particular point in time change his negative attitude towards me and my children. But after several dialogues at our household, I noticed a change in the way he did his work and how he reacted to circumstances.

One of the very first things I noticed was his early return time at home. He had reduced frequent visits to the trading center where his peers influenced him to act “tough” like the traditional man would be. I thought he had run short of money. But I recently discovered that after the GWED-G dialogues, he was reflecting on how much time he spent with friends out-there visa - vee what he spent on productive activities at our home.

After a period of about 7 months, he broke the news to me that the dialogue had impacted him. Now he preoccupies his mind more with engaging in meaningful productive family ventures such as crop and small livestock farming particularly goats and chicken.

By the time my husband appreciated the messages GWED-G programme was promoting on maternal health and family planning, we had reached the eighth child but with lots of difficulty in delivery. I am very happy and proud to report that ever since then, he appreciates maternal health issues and has since allowed me to use family planning methods. He even went with me to the health facility to witness what family planning choices I made.



7

I SEE HOPE AND MEANINGFUL DEVELOPMENT IN THE COMMUNITY!

Ajok Sophia is a Community Based Facilitator (CBF) operating in Koch Goma Sub County in Nwoya district.

“I have been in Koch-Goma area as a community based facilitator for a about 5 years and I have seen this society transform through the various stages. It has transformed from a backward and miserable situation to the level of hope for meaningful development

From the onset many community members had negative attitudes towards sexual reproductive and health care programs. Men were not involved or rather, not concerned and this was aggravated by the high levels of illiteracy and ignorance. Maternal death was a common occurrence and so was child mortality.

Although health facilities were also not adequately available to all, the community dynamics also played a role in creating stigma and resentment towards medical tests for diseases like; HIV, Hepatitis B, STIs and pregnancy related complications. The men often felt that women would go for the tests if they felt like and their results would be proxy for their own status. With this mindset men never even bothered to reach the health facilities. Men were using women as yardsticks for their own health status.

As a community facilitator, such societal biases made my work difficult and often times, achieving meaningful results was difficult. Women never had support from their husbands especially during pregnancy through delivery, and changing men out of that was a nightmare. We found out that maternal health and family planning issues were among the common causes of domestic violence in homes.

Due to the intervention by GWED-G project and other stakeholders on sexual reproductive and maternal health, the situation has improved and men's attitudes have changed. Now men use their personal testimonies and experiences to talk other men out of their biases and negative behaviors towards women. Men and women now collectively appreciate family planning practices and have demystified the notion that many children are a source of wealth and security in terms of food and self-defense. There is hope in the community today. I notice that there is reduced maternal deaths due to the regular sensitization on sexual reproductive and maternal health. Majority of the women and men have enrolled for family planning and this in a long run will help reduce the number of unplanned pregnancies, and consequently children produced per household.

There has also been increased number of women who take their children for vaccination against the six killer diseases with the support of their spouses and therefore has reduced drastically the child mortality in the community. There has been remarkable improvement in hygiene and sanitation where most role model men have engaged in digging pit latrines, rubbish pits, and general home hygiene to control and combat the disease spread.



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