Acceptability and feasibility of Healthy Men Healthy Communities program: male-led men’s health promotion and gender-based violence prevention program for South Sudanese refugee men in Uganda

HaEun Lee (haeunlee@umich.edu)  
University of Michigan–Ann Arbor

Daniel Kuir Ajak  
South Sudan Leadership and Community Development

Nora Drummond  
University of Michigan–Ann Arbor

Ruth Zielinski  
University of Michigan–Ann Arbor

Research Article

Keywords: men’s group, men’s health promotion, refugee settlements, gender-based violence prevention, sub-Saharan Africa

Posted Date: July 12th, 2023

DOI: https://doi.org/10.21203/rs.3.rs-3074045/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License. Read Full License

Additional Declarations: No competing interests reported.
Abstract

Background

Men living in refugee settings are often exposed to violence, poverty, and social instability. Living through these challenges impacts men's physical and mental health and increases their risk of perpetrating sexual and gender-based violence. The *Healthy Men Healthy Communities* program was developed as a male-led, health promotion program to address men's physical and mental health and the role men play in creating healthy relationships and families. The purpose of this pilot study is to assess the feasibility and acceptability of the program among South Sudanese men in Ugandan refugee settlements.

Methods

Three men from the settlements were trained to facilitate the *Healthy Men Healthy Communities* program. The program was implemented among six groups consisting of 12 men in each group. Pre/post survey data and qualitative data were collected among the facilitators and participants from one of the randomly selected groups.

Results

The program was found to be acceptable to the facilitators and the participants. Program content presented through the small groups setting facilitated open conversation on controversial topics such as birth spacing and healthy partner communication. Participants experienced increases in knowledge and confidence in practicing program content such as stress-reduction techniques and healthy communication strategies. Facilitators further suggested culturally appropriate ways to present physical activities as a stress reduction technique and the importance of spacing out births. Participants recommended additional topics such as fertility, reproductive health, and sexually transmitted infections be included in future programs.

Conclusion

The *Healthy Men Healthy Communities* program has potential to empower South Sudanese refugee men to promote their health as well as the health of their families. Expansion of the content to include topics suggested by participants and implementation of the program with more groups across a variety of settings are needed to further evaluate the effectiveness of *Healthy Men Healthy Communities*.

Background

People in refugee settlements are highly vulnerable to poverty, trauma, communicable diseases, mental illness, and sexual and gender-based violence (SGBV).\(^1\)\(^2\)\(^3\) Correlations between men's war experiences with poor mental health, unhealthy behaviors such as smoking and drinking, and engaging in SGBV are well established in the literature\(^4\). Additionally, most economic interventions in the camp target women
specifically, which may unintentionally cause the men in refugee settings to experience a loss of their societal role within the family and community which may further potentiate SGBV\(^1\).

Uganda is one of the top refugee-hosting countries in Africa with approximately 1.5 million refugees and asylum seekers currently residing there\(^5\). Currently, over 900,000 refugees are from South Sudan with a continued influx of refugees due to the ongoing conflict in their home country\(^3\). Recent reports indicated a rise in SGBV among refugee settlements in Uganda with the most predominant form being Intimate Partner Violence (IPV)\(^3\). Uganda's Refugee Response Plan (2018) emphasizes the importance of engaging men and boys in the development and implementation of programs aimed at eliminating SGBV\(^3\). Previous programs aimed at decreasing SGBV have successfully utilized community-leaders to facilitate group education interventions \(^6\). However, missing from those interventions is content specific to men's health and the impact of experiences such as war, poverty and instability on men's health and rates of SGBV. To the best of our knowledge, there are currently no programs for men in African refugee settlements that promote their physical, mental, and emotional health, while also addressing healthy relationships and communication with partners and family members.

To address this gap, our research team conducted a needs assessment through interviews with male community leaders, university faculty, and local nongovernmental organization members in Uganda's refugee settlements. Based on the findings, we developed a Healthy Men Healthy Communities program modeled on the format of Home-Based Life Saving Skills (HBLSS). The HBLSS curriculum was developed by the American College of Nurse-Midwives, the program utilizes vignette storytelling, large picture cards, and group discussion to educate traditional birth attendants and other community members in lower resourced settings\(^7\). It includes content related to healthy pregnancy, life-saving measures for pregnancy, labor, and postpartum, and essential care for newborns and was last updated in 2010. The Healthy Men Healthy Communities curriculum retained the HBLSS format of training-the-trainer, small community meetings with participatory facilitation, storytelling, and picture cards (Fig. 1). Health promoting topics specific to men such as healthy lifestyle, stress reduction techniques, and healthy partner communication were included. Materials from Safe Dates, an evidence-based curriculum for dating violence prevention and Stepping Stones South Africa, a group based gender transformative intervention on sex, alcohol use, sexual and physical IPV were also included in the intervention.\(^8\)\(^9\)\(^10\) An interactive picture-based group discussion format similar to HBLSS was used in an effort to encourage participants to discuss their physical and mental health, practice stress reduction techniques, and to role-play healthy partner communication in an all-male group setting.

Existing evidence points to the importance of involving community leaders to engage men in health promotion and SGBV prevention strategies.\(^11\) To this end, a train-the-trainer approach was used where facilitator training was conducted with male community leaders. The community leaders then went on to facilitate three program meetings with small groups in the wider community.
During the first meeting, the group learns about men's general health, that health is not simply the absence of sickness, but involves their bodies, minds, and relationships with family and community. Information and opportunity for discussion about women's health, including the importance of birth spacing for the health of mother and children was included. During the second meeting, healthy strategies to reduce stress such as walking away from the situation, taking deep breaths, participating in physical activity, and talking to a friend are introduced, discussed, and practiced. In the final meeting, healthy communication strategies, such as the use of 'I' statements are presented, discussed, and practiced.

The purpose of this pilot study was to assess the acceptability and feasibility of the Healthy Men Healthy Communities curriculum among South Sudanese refugee men in Uganda and to present preliminary findings of the effectiveness of the program in increasing knowledge among participants.

Methods

Three separate data sets were collected for this study. Following the facilitator training session, a focus group discussion was collected among the three facilitators about the content applicability and acceptability for the community. One of the facilitators then administered pre/post questionnaires with 12 of the men from the community who participated in the meetings. The same 12 men participated in a focus group where field notes were taken verbatim by the facilitator. This project was reviewed by the University of Michigan Institutional Review Board and determined to be non-regulated as no identifiers are included in the data collected or reported.

Study Setting

Most of the nearly 1 million South Sudanese refugees living in Uganda reside in the north of the country, in camps close to the border of their home country. Two refugee settlements within this large area, in the Adjumani-Pakele region, were selected for this pilot project. The camps were selected due to expressed community interest and were of moderate size with one camp housing approximately 5,000 people and another camp housing approximately 10,000 people.

Facilitator Discussion Data

Three male community leaders who volunteered as facilitators completed the initial one-day train-the-trainer program. All three men had extensive experience leading community education programs and were fluent in both English and the local language, Dinka. English is the official language of South Sudan and education is primarily provided in English, so the training materials were printed in English. However, most South Sudanese speak the local language Dinka, so to be inclusive of diverse educational backgrounds, the local language Dinka was utilized during the trainings in the camp.
The Healthy Men Healthy Community program includes a step-by-step facilitator’s guide with graphic images that are culturally appropriate and formatted to be displayed during education. After the training, the facilitators were asked to discuss their initial reaction to the curriculum including the program’s potential value and possible challenges in implementation. The data was recorded as field notes by a research team member. Thematic analysis of the qualitative data was completed and verified by a male community leader on the project team. Each facilitator led two groups of men with 12 participants in each group. Earth of the three facilitators led two Healthy Men Healthy Communities groups with groups meeting weekly for three weeks.

**Healthy Men Healthy Communities Curriculum participants**

The program participants were recruited via word of mouth and snowballing methods. The inclusion criteria were 1) South-Sudanese man residing in one of the two settlements, 2) 18 years or older 3) speaks Dinka. Six groups with 12 men in each group completed the program. The groups were limited to 12 participants due to the discussion-based interactive nature of the curriculum. One of the six groups was randomly selected to participate in a short pre and post assessment survey consisting of seven questions related to knowledge, acceptability, and confidence in the topics covered in the program. The pre-test was conducted prior to the first meeting and the post-test was collected upon completion of the third meeting. Facilitators were trained in administration and recording responses of the survey using an adaption of the “bead method” which is useful for collecting data in lower literacy settings. Participants were instructed to respond to each question by placing zeros, one, or two beads into a seven-day pill container (agree = 2 beads, somewhat agree = 1 beads, disagree = 0 beads). After the third meeting, the same participants were asked to participate in a debriefing session with the facilitator about what worked well, what they gained from the program, how it can be improved, and potential topics to be added.

**Data Analysis**

The field notes taken during the facilitator training and debriefing following the final meeting were thematically analyzed by members of the research team. After familiarization with the data, the researchers identified codes that then were used to develop themes. The themes were then shared with the facilitator that participated in the debriefing sessions and agreement was reached regarding the final coding of the themes. The pre/post survey was tabulated into an excel sheet with descriptive statistics calculated and presented.

**Ethics approval and consent to participate**

This project was reviewed by the University of Michigan Institutional Review Board and determined to be non-regulated, and informed consent was waived as no identifiers are included in the data collected or reported.
Results

Facilitator Debrief

Several themes emerged from the facilitator discussion. The facilitators were asked to openly reflect and discuss the overall content of the curriculum. They found the content on healthy relationship, family planning, and healthy stress reduction techniques to be important in addressing issues that can arise due to geographic and economic instability and high levels of mental health distress associated with life as a refugee.

Communication

The volunteers that were trained as facilitators recognized that patriarchal gender norms prevalent in South Sudanese communities often made healthy partner communication challenging. One facilitator reflected that the cultural expectation for a Dinka man is to avoid displaying affection and giving public attention to their wives. The phrase “the wife has taken you” is said of men who are outwardly affectionate to their wives, such as by holding hands, sitting next to one another, or walking side by side in public settings. Being “taken” by your wife is negatively viewed by the community because such explicit showing of affection indicates that the man is prioritizing his wife and her needs rather than the greater need of the community. One of the facilitators commented that if a man is excessively focused on his wife, it is viewed as a threat to the community. Another facilitator spoke from his personal experience stating, “I was in Kampala and when I got home, I had to wait until all other men left to greet my wife.”

Facilitators described men are often physically distant from their wives and children, either for work or because mothers often stay with their mother following the birth of a baby. They quoted a Dinka saying: “men don’t hear the cry of the baby”. Facilitators believe the physical distance of men contributes to men's challenges in being emotionally present and supportive for their wives and children. “At the end of the day you don’t hear the cry of the babies. It’s the woman who hears the cries of the babies. It is the woman who is always seeing how the child is suffering.”

The facilitators acknowledged that as a community, they need to push back against these cultural norms and to utilize the curriculum’s content on communication skills to avoid conflict with wives. Participating in childcare, which is not a standardized practice for men, and to show tenderness and love in family interactions were also mentioned as methods for reducing familial conflict. One facilitator stated, “we have to show them [our wives and children] emotional support, let them feel the love.” Another said, “we have to learn how to relate well with our family members to avoid confrontation and violence.”

Birth Spacing

The facilitators also mentioned that the idea of spacing out children and having fewer children is a new but important idea in the Dinka communities. Facilitators discussed how the concept of family planning and spaced-out birth aligns well with the expectations of a Dinka man to be a provider for the family. Men are expected to provide for family’s needs such as food, housing, healthcare, and education and the
facilitators recognized that having fewer children and spacing them 3-5 years apart would allow men to better provide. “You need to make a family plan, when you see that you have enough [money and provision] for another child, then you can have another child. You need to take the children all the way to the university level.”

**Physical exercise and stress reduction**

Included in the *Healthy Men Healthy Communities* curriculum is the physical and mental benefits of physical exercise. However, physical activities such as running, playing balls, and dancing are often viewed to be inappropriate for grown men. Facilitators shared that running is associated with danger and people run only in emergency situations “If someone sees me running, they will think I am running away from a wild animal”. Hence, men are not encouraged to run since it insinuates danger and could provoke fear and anxiety among the community. Furthermore, while children and youth often partake in soccer and dancing, the community will view that the man is not taking the plight of the refugee community seriously if he partakes in such activities. “If I am playing [soccer], then I am not serious about the problems. We need to be sorrowful about what has happened [the civil war in South Sudan].” However, during the discussion, the facilitators came up with strategies to start a recreational soccer league where a group of men can participate together and collectively can better experience the benefits of such physical activity.

**Post Program Implementation Debrief**

**Content**

One group is randomly selected from the six groups that participated in the program. The 12 participants from the group debriefed immediately after participating in the third and final meeting. Participants collectively reflected on the content, the potential values, and areas of improvement for the program. The participants found the most value in the stress reduction techniques and healthy communication strategies “I learned things I was not expecting, like deep breathing when you are angry.” Another stated, “I learned how to calmly inform somebody about what happened, the correct way you can let another a person know how you feel.”

**Format**

The participants also found that the small group setting was helpful for them to fully engage in the program and to discuss various content and role play. One of the participants mentioned that “the group is very small, so everyone was able to participate and become knowledgeable.” Additionally, they wished the program was longer than the three-meeting format, even having it as a regular, ongoing meeting among men. Ultimately, they wished that they could teach and become good examples for younger men in the community. “Men are willing to take up the role of guiding youth or adolescents if they acquire knowledge.”
**Suggested additional topics**

The participants recommended additional topics to be covered such as both men and women’s reproductive health, especially in terms of fertility “We can better plan our families if we know more about how pregnancy occurs”. Furthermore, they wished to learn about other health topics such as HIV/AIDS and stigmas related to the disease. One of the facilitators mentioned, “Men say that they need knowledge or information about HIV and issues of reproductive health and fertility, in terms of safe and unsafe days [to have sex and prevent pregnancy].” Another participant added, “When people find out they are infected [with HIV], they are often dead in a month. Our issue is stigma. People are not treated in a polite way. They are excommunicated. They commit suicide or become alcoholics.”

**Pre and Post Assessment Survey**

One of the six groups that participated in the post intervention debriefing session also participated in the pre/post survey. There was an increase in all seven questions of the survey regarding men's knowledge, acceptability, and confidence in program content (*Table 1*). Compared to before participating in the *Healthy Men Healthy Communities* program, men showed a 20% increase in knowledge of the harmful effects of tobacco. Furthermore, there was a 9.1% increase in participant’s knowledge in understanding that “being healthy includes physical, mental, and social-wellbeing,” “physical activity, such as playing soccer, can reduce feelings of anger,” and “it is healthy for both mothers and babies to allow at least three years between the birth of a baby and the next birth.”

There was a 17.65% increase in men’s confidence in techniques to reduce feelings of stress and anger and a 15.8% increase in confidence in communicating using “I” statements to avoid blaming the wives during conversations. Lastly, there was a 9.52% increase in men’s acceptability of the curriculum, that it is important to learn how to be a healthy man and ways to reduce stress.

**Discussion**

The facilitators’ response as well as the pre/post survey and participant feedback after the program suggests that *Healthy Men Healthy Communities* program is an acceptable and feasible intervention. The program increased knowledge and confidence in health promotion strategies and healthy communication techniques and show promise in promoting men's physical, mental, and social health which may, in turn decrease the incidence of SGBV in high tension settings such as refugee settlements.

Facilitator discussion revealed that there are cultural barriers to healthy communication between couples and releasing stress through physical activities. However, considering the benefits of healthy communication strategies and physical activities, the facilitators felt these content were important components of the curriculum. Considering how men in post-conflict settings face significant trauma, tension, and a sense of disempowerment, healthy coping strategies as well as communication strategies
with their partners are essential. Similar group-based interventions in war-affected regions of Côte d’Ivoire showed significantly positive results in men's reported behaviors related to IPV.

Both the facilitators and the program participants reinforced the importance of topics such as family planning and a desire to learn more about similar reproductive health related topics. A literature review examining the factors influencing family planning in crisis affected areas of sub-Saharan Africa found that male influence is one of the strongest factors in women's decision to utilize family planning services. Hence, there is a critical need to better involve and educate men about family planning. Additionally, considering the international call for better paternal involvement in antenatal care to improve maternal and newborn outcomes, further adding contents regarding male and female reproductive health as well as healthy pregnancy and childbirth related content would be beneficial. The small group, discussion-based format of the program may further provide an excellent platform for male group antenatal care, which has been understudied as a potential intervention to improve male involvement.

Facilitators and program participants unanimously expressed interest in continuing the Healthy Men Healthy Community program and the need to add additional topics in the curriculum. When developing the curriculum, our team chose to include less-sensitive topics such as healthy communication during conflict to be the starting point rather than beginning with topics such as family planning or SGBV. After implementing the program and receiving feedback from both facilitators and participants more direct and specific contents related to not only SGBV but also HIV, gender roles, healthy pregnancy and childbirth would be beneficial.

Lastly, despite massive global gender disparities, policies and programs instituted by most national governments consistently fail to address men's burden of ill health through male-centered strategies. Holistically addressing men's health is critical as it not only has the potential to improve men's health but could also significantly influence women and the overall community health. The Healthy Men Healthy Communities program aims to address not only men's physical, but also mental and social health to ultimately promote men, women, family, and community health in vulnerable settings such as refugee settlements.

Limitations:

As this was a pilot study, there was a small sample size consisting of three facilitators and 12 of the 36 total program participants provided data. Furthermore, all participants were South-Sudanese refugee men, limited the generalizability of the Healthy Men Healthy Communities program. The data collected, particularly the facilitator and participant qualitative data, is prone to social desirability bias since the facilitators who implemented the program were also part of the discussion. Therefore, the participants may have overstated the benefits of the program. Given the small sample size, the survey data analysis was limited to descriptive statistics and percentages. Because the post assessment survey was conducted immediately after the program, the long-term outcomes related to improvements in knowledge and confidence are unknown. And finally, the facilitator training was implemented
immediately prior to the onset of the pandemic. Fortunately, COVID-19 did not severely impact northern Uganda, however it limited travel and in-person follow up.

Conclusion

To achieve gender equality and address violence against women, men indisputably need to be included in the conversations and interventions. In refugee settlements, men face significantly higher risk of various physical and mental illnesses, which further contribute to various tensions within couples and families. To the best of our knowledge, Healthy Men Healthy Communities program is one of the first men-led men’s health promotion programs implemented with South Sudanese refugees in Uganda. Facilitator feedback, pre/post assessment survey, and facilitator and participant discussion were conducted to assess the acceptability and feasibility of the Healthy Men Healthy Communities program. This pilot data suggests that the program can improve men’s knowledge and confidence in stress reduction techniques and healthy partner communication strategies. Furthermore, both facilitators and the participants expressed strong desire to attend additional sessions with topics related to male and female reproductive health, healthy pregnancy and childbirth, and other health promotion disease prevention sessions. Further, larger studies both within the South Sudanese refugee setting as well as other communities is needed. Overall, the program has potential to empower men as individual agents of change in their families and communities.

Abbreviations

SGBV: Sexual and gender-based violence
IPV: Intimate partner violence
HBLSS: Home-based life saving skills
HIV: Human immunodeficiency virus

Declarations

Ethics and Consent:

This project was reviewed by the University of Michigan Institutional Review Board and determined to be non-regulated, and informed consent was waived as no identifiers are included in the data collected or reported. We confirm that all methods were carried out in accordance with Declaration of Helsinki.

Consent for Publication:

Not applicable

Availability of Data and Materials:
The survey datasets as well as the Health Men Healthy Communities program guide will be available from the corresponding author upon request.

**Competing Interests:**

The authors have no competing interests to declare

**Funding Source:**

This study was supported by the University of Michigan International Institute of Student Fellowships and University of Michigan School of Nursing Medvec Innovation Scholarship

**Author contributions:**

RZ and DA formulated the initial research question, design and survey, and data analysis. HL served as a primary contributor in writing the manuscript. ND and RZ provided support and guidance and all authors contributed to writing, revising, and approving the final manuscript.

**Acknowledgements**

The authors would like to thank the facilitators and the South Sudanese men for participating in this project as well as the South Sudanese Community and Leadership Development organization for their tireless work in community building.

**References**


5. UNHCR. Annual-Results-Report Uganda. Published online 2022.


Table 1
Table 1: Percent change in participants’ knowledge questions in pre/post test

<table>
<thead>
<tr>
<th>Knowledge Questions</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Being healthy includes physical, mental and social well-being.</td>
<td>9.1%</td>
</tr>
<tr>
<td>2. One of the ways to be a healthy man is to avoid tobacco.</td>
<td>20%</td>
</tr>
<tr>
<td>3. Physical activity, such as playing football, can reduce feelings of anger.</td>
<td>9.1%</td>
</tr>
<tr>
<td>4. It is healthy for both mothers and babies to allow at least 2 years between</td>
<td>9.1%</td>
</tr>
<tr>
<td>the birth of a baby and the next pregnancy.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confidence Questions</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. I am confident about techniques to reduce feelings of stress and anger.</td>
<td>17.65%</td>
</tr>
<tr>
<td>6. I am confident about communicating using statements that begin with “T” to</td>
<td>15.8%</td>
</tr>
<tr>
<td>avoid blaming the other person.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acceptability Question</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. It is important to learn how to be a healthy man and ways to reduce stress.</td>
<td>9.52%</td>
</tr>
</tbody>
</table>
Figure 1

Example from Healthy Men Healthy Communities Curriculum - Ways to reduce feelings of stress, frustration and anger