Male engagement in family planning in Togo: Evaluating couples counseling models

Breakthrough RESEARCH

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Male Engagement in Family Planning in Togo
Evaluating Couples Counseling Models

Breakthrough RESEARCH is evaluating group-based and home-based couples counseling in Togo’s Kloto district to determine the benefits of each approach and their suitability for scaling up. In this district, USAID’s Maternal and Child Survival Project has designed several male engagement and couples counseling programs that must be evaluated before a common counseling framework is put in place.

WHY ARE WE DOING THIS ACTIVITY?

Twenty years of literature has shown that gender norms—or social expectations of men and women’s roles and behaviors—affect couples’ family planning decisions. Therefore, effective family planning counseling should engage both men and women in discussions about gender-equitable decision-making. Couples counseling programs have had particularly promising results to this end, improving partners’ overall communication and family planning use.

In Togo’s Kloto District, the Maternal and Child Survival Project has designed several male engagement and couples counseling programs with potential for scale. The models must be evaluated before a common counseling framework is put in place in the West Africa region.

HOW WILL THIS ACTIVITY BE IMPLEMENTED?

Breakthrough RESEARCH is evaluating two types of couples counseling to assess their benefits and feasibility and to determine which elements of each are best suited for roll-out on a broader scale. The two counseling models—group-based and home-based—will be implemented in separate townships (cantons) in Togo’s Kloto district.

- **Canton of Kpadapé (4 villages) will host group-based couples counseling.** Community health workers (CHWs) will deliver the sessions, featuring a mixture of digital videos and group reflection. Counseling will be offered to both mixed and same-sex groups.

- **Canton of Kpimé (15 villages) will host in-home couples counseling visits.** CHWs will deliver the sessions using counseling cards.

In both locations, CHWs, health service providers, and counselors will be trained on four modules: family planning; couple communication; gender norms; and intimate partner violence.

The study team will investigate three questions in each location:

- What processes and elements are needed—including resources, tools, and provider behavior profiles—to successfully roll-out and assess the two modalities of couples counseling in Togo?
• How do couples make decisions and communicate differently when engaged in individual versus group counseling (e.g., more time for personal dialogue in individual counseling compared with group counseling)?

• To what extent has the program enhanced the couples’ perceived ability to express the desire for family planning and negotiate contraceptive use? And, to what extent are the CHWs able to counsel couples on family planning?

The following methods will be used to answer these questions:

• **In-depth interviews with 12 couples**, segmented by counseling approach and demographic characteristics (e.g., age, education, etc.), to understand couples’ motivations and experiences with the counseling sessions. The interviews will explore disadvantages, potential effects on gender-equitable decision-making, women’s ability to make reproductive choices, and other behavioral outcomes, such as modern contraceptive use and conflict resolution.

• **In-depth interviews with five CHWs and three facility-based health service providers** who participated in the intervention training to understand their experiences delivering the counseling. Using participatory approaches, the interviews will explore how the CHWs are oriented and trained and how facility-based service providers are included in the intervention.

• **Focus-group discussions** (up to two) with implementers to assess feasibility and scalability of the counseling approaches.

• **Consultations with program implementers, stakeholders, and the project’s Research Utilization Committee in Togo**, either as a group or individually. The study team will document a conceptual framework and subsequent theory of change for the two counseling approaches that maps out the intervention logic and pathways to achieve outcomes.

**HOW WILL THE OUTCOMES HELP IMPROVE SBC PROGRAMS?**

The literature reviewed to date reveals that couples counseling can improve a range of sexual and reproductive health (SRH) outcomes, including family planning use, couple communication and partner support for family planning, knowledge about fertility and family planning, and male participation in counseling and SRH services.

USAID’s Maternal and Child Survival Project has successfully piloted group- and individual-based family planning counseling programs in Togo. However, the benefits and disadvantages of these models must be evaluated before scale-up continues. Togo has a high fertility rate (4.8 children per woman), low contraceptive use (20% of married women aged 15–49), and a high unmet need for family planning (34%). To significantly improve these statistics, reproductive health programs must identify a counseling framework best suited to this context.