

Including Men in Preconception Care & Family Planning - The Creative Problem Solving Approach

Gender Brief

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UNRWA organized the 27 and 28 July 2010 a workshop using the Creative Problem Solving Approach to include men in pre-conception care and family planning. The workshop aimed at fostering conducive environment to learning and quality improvement of the services provided to the Palestine refugees through gender mainstreaming. The health gender focal points and the technical staff from UNRWA health programme in the 5 fields were given the opportunity to open up boundaries for cross field learning and learning from external actors in this case from the Institute for Family Health in Jordan. The workshop introduced the Creative Problem Solving Approach and its use in gender mainstreaming the preconception care and family planning interventions.

UNRWA and Gender

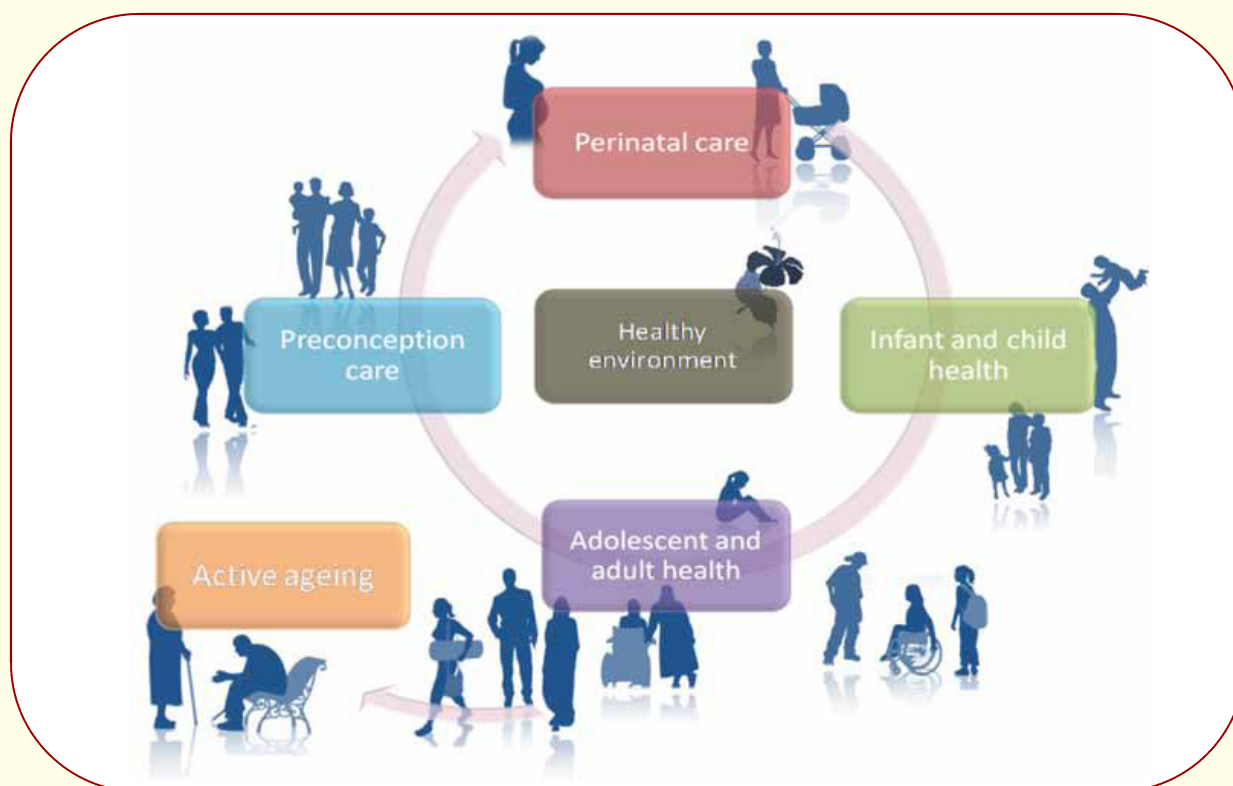
UNRWA adopted a gender equality policy in 2007. *“The Gender Policy commits the Agency to the achievement of equality of women, men, girls and boys, as well as to the promotion and protection of the full enjoyment by women and girls of all human rights and fundamental freedoms”*

UNRWA Health Programme

In 2009 the health programme underwent a programmatic shift as part of a major health reform that aims at increasing quality, efficiency and effectiveness of activities. This programmatic shift is called “The life cycle approach to health” and focuses on comprehensive primary health care delivery and put Palestine refugee at the centre of the activities.

What is the Life Cycle Approach?

A healthy life is a continuum of phases from infancy to old age. Each one of these phases has specific needs for the maintenance of good health: *“Health care should be designed to provide packages of prevention and clinical assistance that are best suited to each phase of an individual's life”*



Advantages of the Life Cycle Approach:

- The interventions are cumulative;
- Maximum benefit in one age group can be derived from interventions in an earlier age group;
- Intervening at one point or a few points is not enough for sustainable improvement of outcomes among the most vulnerable groups;
- Interventions in one generation will bring benefits to successive generations.

UNRWA Health Gender Mainstreaming Strategy

Consistently with the gender and health related Millennium Development Goals, The convention of the Rights of the Child and following a series of international mandates such as the ECOSOC Resolutions and the Beijing Platform for Action, the World Health Organization and UNRWA are taking a gender mainstreaming approach to their work. This approach commits any health services provision to promoting equal opportunity and access to health care for men and boys, women and girls. Neither health staff and nor information materials should transmit gender stereotypes or perpetuate existing inequalities.

To develop its health Gender Mainstreaming Strategy and the action plan for 2008-2013 UNRWA conducted a situational gender analysis focusing on 7 main areas:

- Data collection
- Access and utilization trends
- Pre-conception care
- Family planning and awareness for young people
- Mental health and psycho-social issues
- Gender based violence
- Health department staffing structure



The analysis identified 5 areas of concerns and the following 5 interventions were designed to bridging the gender gaps in the next 5 years.

UNRWA health programme gender mainstreaming strategy:

- Output 1: Gender sensitive human resources management and better balanced workforce achieved;
- Output 2: Gender biases in access to health care evaluated;
- Output 3: Gender orientated operational research within the programmes expanded;
- Output 4: Family planning and preconception care provided to women and men as standard;
- Output 5: Gender-based violence and related psycho-social problems are addressed at primary health services.

During UNRWA's first annual gender taskforce meeting, which was held on the 21st and 22nd of October 2009, and taking into account the context of fund limitations the decision was made to focus on 2 interventions for the 2010-11 biennium: addressing gender based violence and including men in preconception care and family planning.

During the last months the health programme worked systematically on addressing gender based violence and coordinated with other programmes the development of the referral system for victims of GBV.

In July 2010 a workshop was organized to support the development of interventions on including men in preconception care and family planning through the use of tools from the "Creative Problem Solving Approach" and through exchange of best practices.



The Creative Problem Solving Approach

"Creativity in the management context is often a matter of overcoming mindsets and inflexibility created by habits, routines, stress and lack of time.... What is needed is usually the right idea at the right time, rather than a fundamentally 'new' idea" (John Martin, 2007)

The implementing of UNRWA Gender Mainstreaming Strategy is the opportunity to develop UNRWA capacities to be a reflective practitioner. The problem solving approach is unique in consolidating the latter as it is based on continuous enquiry and learning.

During this workshop tools from the creative problem solving approach (CPS) were used to explore the situation of interest and generate ideas when it comes to include men in preconception care and family planning in UNRWA health centres.

Different frameworks for problem solving as well as the precepts for creative thinking were discussed before initiating the analysis based on the simple staged model for problem solving developed by John Martin and Ros Bell (2007).

The discussion on the different frameworks allowed exploring how participants and practitioners from UNRWA five fields of operations see bringing change in defined interventions. Frameworks where problem solving is seen as

"cultivation" and "debate" are most suitable when it comes to develop policies and services in difficult and resisting context, example including men in preconception care and family planning.

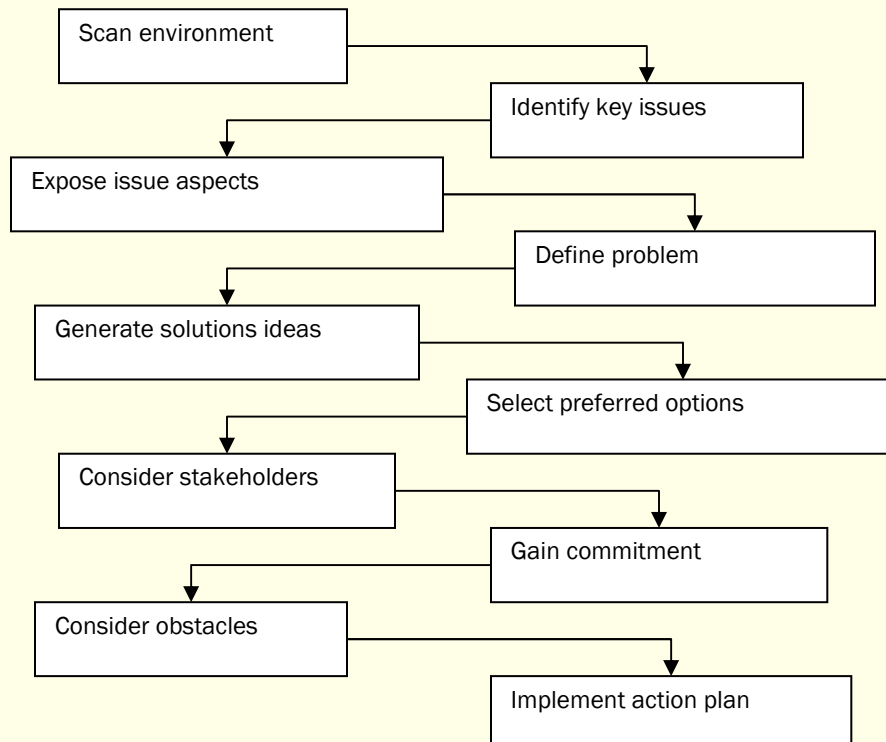
As cultivation the problem solving is a whole process where all aspects of the situation of interest are explored. The chosen solution is not necessary the best option but it needs to be developed and cared of till being the best. As a debate the solution emerges from negotiations with participants, tools will allow access to participants tacit knowledge and will maximize acceptance among them.

The discussion of the precepts of creativity highlighted the importance of curiosity to explore and challenge our routines in order to learn from our practice. Curiosity needs to be coupled with forgiveness and unconditional positive regard to offer the adequate space for reflection and innovation. Besides a sense of direction is important to give an equilibrium to interventions and corresponds to what McCaskey (1988) calls 'controlling, but not controlling'.

Going through the simple staged model (fig. 1) was helpful to identify the stages for the workshop while having an idea of the whole process.

Figure 1

A simple staged model for problem solving



By: John Martin and Ros Bell, 2007.

Exploring the Problem

- **Problem exploration phase**

During this phase, participants used 2 tools the *Dimensional Analysis* and *Rich Picture*.

The Dimensional Analysis was developed by Jensen (1978) and is based on the *Five Ws and H* questions to develop a checklist that explores a problem where complexity is linked to human factors rather than technical elements. It explores and surfaces the values that might be associated with a problem. Their answers were as follows:

The substantive dimension: What?

The problem is linked to change in attitudes and practice within communities, health providers and stakeholders. The problem is source of irritation and has visible and invisible consequences. It is not that we are doing something wrong, but we have a missing point. It is not a threat, but it is an irritating point. We are missing a strong component in the family. It also concerns identity and attitudes.

The spatial dimension: Where?

It is widespread and has a remote influence. It is global and affecting all the communities and is linked to other problems. It is influenced by issues related to culture, religion, socio-political contexts as well as our own attitude and the structure of our services.

The temporal dimension: When?

It is an old problem that is actually happening continuously. The new program in preconception care is an opportunity to learn from our experience while attempting to involve men. It needs to be an on-going process with continuous assessment. There will be a need for capacity building to make it happen.

The quantitative dimension: How much?

The problem has multiple cases including culture, physical barriers in clinics, negative attitude, lack of knowledge and the working hours. The problem is affecting our target group and the staff. It could improve the quality of the services provided by UNRWA and their consistency. The problem needs that we broaden our thinking. Furthermore it needs collective efforts and working with others to succeed.

The qualitative dimensions: How serious?

It is a serious issue that could bring high value to our program. We could consider that it affects deep values related to our cultural identity. These might be assumptions, taking into account the leading experience from Gaza. The values that should be defended concern shared decision making, and shared responsibility.



The Rich Picture is a way to explore the different elements associated with a situation. It specifically helps to capture intuitive elements in a situation. Furthermore it is used to reflect different viewpoints and perspectives associated with the situation or the problem being explored.



Elements of the discussion triggered by the problem exploration:

A- Values and or mindset?

Sharing in the couples is a value, it is part of respect. Not making men participating is violating this value. We need to take into account the community and the culture; however Gaza pilot interventions shows that it is feasible. Organizing focus groups to discuss assumptions with the community and overcome our own resistance and mindsets might be helpful.

B- Who needs the change?

It is a challenge and an opportunity to make a change in our clinics. It looks like we are missing something. We are providing an incomplete service. This should be part of our efforts to improve quality.

C- A new approach in the health centres?

A limitation is coming maybe from the female staff to deal with men. We should have male counselors for family planning and preconception care. Midwives and counselors should be trained on how to include men and guidelines are needed. The health center is still seen as a center for maternal and children care, not for family health. We need to change the name and then the approach to family health.

Generating Ideas

• Problem Redefinition

During this phase participants redefined the problem before using the idea advocate.

The **redefinition of the problem** is supported by the ideas generated by the exploration phase. The redefinition process allows the participants to highlight elements of the problem that they see as important and settle new boundaries to it.

As redefined the problem was: **How to make UNRWA health centres oriented to providing family health care?**

• Generating ideas

This phase is meant to generate possible solution to the problem after the redefinition. The used tool was the **idea advocate**. It is a dialectical technique where one participant is allocated an idea and has to make a case for it that will be discussed by the rest of the group.



The 2 groups that worked on the rich picture made 2 presentations that agreed on the importance of a “people centered approach” with **Involve and Encourage** as a core change message reflected in 5 lines for intervention:

1. The people: couples and families that UNRWA serves and the community, the stakeholders and key persons.

Focus group could be used with health education tools as well as counseling. The role of communication is important. Brochures, photos, pamphlets have to be developed with clear health messages to men and advocating for preconception care for all the family. The community and stakeholders around the health centres need to participate.

2. The staff: There are needs to raise awareness, train and equip and gain commitment and support. Equip them to be “expert” and gain commitment

3. Guidelines protocols and policies: clear and direct to the point. Guidelines to use family health concept as reference by staff.

4. The environment: the change is suitable. We have to change our labels and how the premises are organized. It

accepts men and women. We have to look to flexible clinic times to allow more men to benefit from the services.

5. Evidence based system that will use database and reports to aliment situation analysis and orientate processes.

Advocating for men’s inclusion in preconception care and family planning

Focus on family health and not on maternal and child health, link the different aspects of family health. It corresponds to the Life Cycle approach that UNRWA health programme is under-taking.

Family health would include: maternal health, child health, school health, and mental health. Including men in preconception care would improve the adhesion to the family planning programme and to the preconception care.

The change in the approach needs changing the role of the community and its involvement. This would improve the adequacy between UNRWA services and the community needs.



Leading Experiences

Institute for Family Health and PSP

The Institute for Family Health (IFH) was founded in 1986 with support from Save the Children Sweden, Radda Barnen, as a model for health care services for mothers and children. The institute was the first health center in Jordan to provide comprehensive training for medical professionals. Training initially focused on children with disabilities, including detection training, screening, and rehabilitation. Since then, IFH has expanded its services to address additional family health needs, with special emphasis on women through the Women's Health Counseling Center.

IFH's highly qualified medical staff empower families to lead healthy lives by providing comprehensive health care services, ranging from medical, social and psychological counseling to legal advice and dentistry.

Training and Health Education

Training is a core activity at IFH. Besides training child development specialists on the early detection of childhood disabilities, IFH provides training in family health care, psychology and social work to college and university students and community-based organizations (CBOs) in Jordan and the region.

A community outreach mobile unit runs working groups for adolescents and adults on topics including reproductive health, nutrition, and the detection and prevention of domestic violence. IFH also provides support groups for parents and information to teachers on early signs of childhood disabilities.

IFH has produced several educational pamphlets, covering topics such as family planning, breast feeding, sexually transmitted diseases, and sexual harassment. These pamphlets are distributed to universities, health centers, hospitals and community centers across Jordan.

Family Planning and Reproductive Health

IFH gives comprehensive information and advice to both women and men on family planning and reproductive health, including sexually transmitted diseases and contraceptive use with support from the Ministry of Health. IFH also organizes reproductive health awareness campaigns at the institute and throughout Jordan.

Women's and Children's Health

IFH takes a comprehensive approach to women's health, concerned with lifelong well-being. In 2002, IFH established the Women's Health Counseling Center (WHCC) with support from the Italian NGO AIDOS and funding from the European Union and UNFPA.

WHCC is the first center in Jordan to provide comprehensive health care to women, including clinical services, gynecological

and obstetrics and menopause care, early detection of cervical and breast cancer, pre-natal and post-natal care and baby massage, nutrition assessment, and laboratory services. WHCC also operates a women's gymnasium.

Through its Pediatric Unit, IFH offers primary health care to infants and children including routine vaccinations and developmental monitoring.

IFH's Child Development Unit provides specialist care to children with mild to moderate disabilities, including speech and hearing impairment, orthopedic or movement impairments, learning disabilities, and other syndromes.

Counseling and Domestic Violence

IFH provides psychological, social and legal counseling services to women, men and children for a broad range of issues including marital laws, women's rights and physical and sexual abuse. IFH also helps aspiring women entrepreneurs start their own businesses.

IFH specializes in the prevention and detection of domestic violence, and is recognized by the USAID-funded Private Sector Project for Women's Health (PSP) and Freedom House for its role in the screening, management and referral of domestic violence victims in rural and urban areas in Jordan.

IFH is taking a leading role in a national project developed by PSP to train medical staff in public and private hospitals and CBOs across Jordan in the detection of violence against women and the referral of victims.

Displaced Iraqis in Jordan

IFH began providing its services to displaced Iraqis living in Jordan in 2006. In particular, IFH offers psychological counseling to Iraqi men, women and children who suffer from post-traumatic stress. With support from International Relief and Development, the UNHCR and the Bureau of Population, Refugees, and Migration, these services are being expanded to include home visits, as well as capacity-building for CBOs covering counseling and health care for Iraqis.



Leading Experiences

UNRWA Gaza Field Health Programme

Gaza decided to launch an intervention with the community to support the inclusion of men in pre-conception care and family planning.

The inclusion of men in pre-conception care was seen important:

- To promote gender equality;
- To raise awareness of men regarding reproductive health;
- To avoid unwanted pregnancy ;
- To support screening for and treating STIs (sexually transmitted infections) for both partners;
- It is an opportunity to improve reproductive health for men by reducing stress, eating right, non smoking and will improve the quality of their life.

The health team with the Family Health Officer in Gaza considered:

- Family planning units become open for both male and females.;
- Nurses meet with both “wife and husband” together when the choice of the family planning methods is done;
- Small discussion forums are conducted at clinics by male nurses to target 2-3 men. It takes the informal shape in order to create acceptance within the clients.



Brochure produced by GFO on Family Planning for couples

During the July workshop Gaza field presented the outcome of the first raising awareness workshop:

- The first workshop was attended by 30 male clients;
- They received a lecture on family planning;
- A questionnaire was filled by the attendants to reflect their knowledge, attitude and practice regarding their role in family planning;
- This questionnaire orientated the discussion on the role of men in the family planning;
- They established by the end of the workshop the first “wives’ health support committee”.



Activities undertaken:

- Raising Awareness Workshops have been arranged to be conducted on monthly basis at the health clinics. Every workshop is targeting 30-50 men.
- After the workshop a committee called “wives - health support committee” is constituted of 5-7 males community members. The committee is facilitating the interaction between family planning unit and the whole neighborhood community.
- Awareness brochure was prepared and distributed on daily basis for male clients.

Workshop participants and contacts

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