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Strategies for Involving Men and Leaders in the Demand for Reproductive Health and Family Planning Services: Evidence from a Mixed Study in Six Regions in Burkina Faso

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Abstract The involvement of men in boosting the demand and effectiveness of family planning (FP) programmes in Burkina Faso is necessary, but the strategies for their real involvement are little known and contextualized. The question arises as to what strategies would be best suited to the context. The objective of this study was to identify and analyse strategies for the better involvement of men in FP programmes in Burkina Faso. The research was conducted in six regions of Burkina Faso. This was a mixed study with a quantitative component and a qualitative component. The results show that the strategies for involving men and local leaders in the demand for sexual and reproductive health services and family planning (SR/FP) are as follows: (i) Capacity building of SR/FP service providers, especially in the field such as reception, which is very often criticized by men, and (ii) the inclusion of FP in an integrated approach by taking advantage of moments of popular festivities, such as traditional and customary festivals, sermons by religious leaders to spread the message about FP or through the promotion of income-generating activities involving men. Incorporating these strategies into the implementation of policies and programmes could contribute to improving SR/FP and maternal and child health indicators in Burkina Faso.

Keywords: *strategies, involvement of men, leaders, usage, family planning, Burkina Faso*

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1. Introduction

In the 1970s, on the eve of the first World Population Conference in the 1970s, the issue of family planning (FP) was not even on the agenda of countries' governments. In West and Central Africa, only Ghana considered its fertility and population growth rates too high and pursued a coherent policy of reducing them [1]. Contraception was prohibited by French law of 1920 and the only methods of birth control used were those over which the man had primary control: withdrawal, periodic abstinence and use of male condoms. Since the development of hormonal methods for women, followed by the marketing authorization of the first oral contraceptive in 1960, further development of intrauterine devices and modern surgical sterilization, FP services are now focused on women, with men generally excluded.

FP programmes and interventions have focused more on mothers than on fathers. These were often overlooked when it came to questions about parenting, responsibilities and contributions to the care and maintenance of children [2,3]. Excluding men from information, counselling and services ignores the important role that men's behaviour and attitudes can play in couples' reproductive health choices. For example, in some countries, societal norms, religious practices and even legal requirements give men a great influence on decisions that affect their family's reproductive health [4,5,6].

The International Conference on Population and Development, held in Cairo in 1994, and the World Conference on Women, held in Beijing in 1995, both highlighted the hitherto neglected need for men's participation in FP and reproductive health in the context of gender equity and responsible sexual behaviour' [4,7,8]. Despite international recognition of men's involvement, many countries have not developed large-scale programmes for men. As a result, many men do not know why they need to be involved in sexual and reproductive health, how they can be involved and what services are available to them and their partners [8].

Many studies have documented the benefits of men's participation in maternal health in developing countries, including improved maternal access to antenatal and postnatal services and an increased likelihood of contraceptive use [9-12].

However, men's involvement in FP has not been apparent for a long time. Indeed, in recent decades, FP programmes have been biased, almost excluding men simply because most services have been offered in maternal and child health centres [13,14] Most FP interventions and information campaigns have focused on women, reinforcing the belief that FP is largely a women's issue, with men playing a peripheral role.

Various factors influence men's participation in FP. Research on barriers to men's involvement in FP has highlighted many cultural factors, religious beliefs, socioeconomic factors and psychological factors [15,16]. Increasing men's engagement in FP involves changing deep-rooted gender norms and is therefore a complex process that requires long-term commitment.

In Burkina Faso, the health situation is precarious, particularly with regard to reproductive health. This precariousness is aggravated by the security issue characterized by the multiplicity of terrorist attacks that have made several localities inaccessible, causing thousands of internally displaced populations to struggle to access adequate health services in general and sexual and reproductive health services in particular. However, the country has subscribed to various international and regional legal instruments on this subject and has put in place programmes and services for FP and the promotion of gender in decision-making within the couple. The growing interest given to population-development relations and FP led Burkina Faso to adopt a first national population policy in 1991, which was revised for the first time in 2000, with the objective, among other things, of increasing modern contraceptive prevalence from 6% in 1998 to 19% in 2015 [17]. However, to remedy the slow pace of change, a third population policy covering the period 2010–2030 was officially adopted in 2012. This policy set ambitious new targets, including reaching 3.6 children per woman in Burkina Faso by 2030, thanks in particular to a significant increase in contraceptive prevalence among women in unions (all methods) of 1.5 percentage points per year, leading to a prevalence of 51.5% in 2030 (compared to 16% in 2010) [18].

However, there is still low demand and therefore low use of FP services, with contraceptive prevalence remaining low but also high unmet needs. Admittedly, efforts have been made by the government and development partners to increase contraceptive use. Despite these efforts, modern contraceptive prevalence among women in unions remains low, despite improvements over the years. Indeed, estimated at 4% in 1993 and 5% in 1998, modern contraceptive prevalence among women in unions increased to 9% in 2003, then to 15% in 2010, 24% in 2015 and 31% at the beginning of 2019 (PMA, 2020). However, the level of unmet needs for FP, 20% in 2019, was still high.[1] Thus, issues related to access to quality care among the most vulnerable groups, particularly mothers and children, remain a central concern. Indeed, according to the DHS 2010, the maternal mortality ratio was estimated at 341 deaths per 100,000 births that occurred in the seven years preceding the survey, which means that Burkinabe women are at a risk of 1 in 50 of dying from maternal mortality during reproductive ages [19]. According to the DHS 2010, 129 out of every 1,000 children born in the five years preceding the survey died before reaching their fifth birthday [19] So-called high-risk pregnancies (too early, too close together, too late or too numerous) in still very large numbers constitute a threat to the health and lives of mothers and children. In cases where pregnancies are unwanted, many women resort to clandestine abortions in violation of the legislation in force and are most often carried out in poor sanitary conditions and are therefore at risk of their lives. Developing a strategy to increase demand for reproductive health services and FP (SR/FP) could thus limit certain practices that endanger the health of mothers and children and reduce the number of high-risk pregnancies.

According to some studies, low levels of demand for and practice of FP are largely attributable to the low participation and consideration of men in health programmes. In Burkina, the results of studies show that the proportion of men who discuss FP topics with women is very low (35.7%, according to the DHS 2003). Congo's study [20] showed that among the factors explaining contraceptive use in couples, exchanges with the spouse and their favourable attitude towards contraception induced 4.64 and 3.82 times more chances that the woman would use a modern contraceptive method, respectively.

Other studies highlight men's resistance to promoting the demand for FP and the use of contraceptive methods within couples. Indeed, in most sub-Saharan African countries, the planning programmes put in place were neither culturally nor socially accepted by the population [21] In this context, the role and place of men in household decision-making has been ignored. The observation is that in African society, the point of view of the man is decisive for the use of contraception, especially modern contraception.

Moreover, some beliefs still present among the population say not to oppose "the exit of children who are in the womb of the woman" for lack of knowing the punishment reserved for this purpose. In addition, there are rumours that the purpose of the spread of pills is to end rural women's fertility in order to reduce development aid [22,23,24]. From the point of view of some spouses, contraceptive practices are a means of promoting infidelity in women in couples [25,26]. In addition, according to some religious perceptions, only traditional methods of contraception based on abstinence are acceptable [26]. Research in West Africa on the factors explaining contraceptive use shows that the woman's and her spouse's level of education, the place of residence (urban vs. rural), the discussion within the FP couple, the spouse's perceptions of contraception, the number of the woman's children and the age of the spouses are favourable factors for the practice of FP [27,28,29,30]. The involvement of men in boosting the demand for and effectiveness of FP programmes in Burkina is therefore necessary. But which strategy would be most suitable? To conduct our research on this topic, we hypothesized that

1 https://fr.pmadata.org/sites/default/files/data_product_results/PMA2020-Burkina-R6-FP-Brief-FR.pdf.

the failure to systematically include men in policies and strategies to promote SR/FP in Burkina Faso would explain their low demand for and adherence to FP and contraceptive use.

2. Methodology

2.1. Study Site and Study Type

The data used in this study come from population surveys conducted in several regions of Burkina Faso: the Cascades, Boucle du Mouhoun region, Centre, Centre-Sud, Centre-Nord and Sud-Ouest.

This is a mixed study that combines quantitative and qualitative components. The quantitative component aimed to measure indicators related to the demand for FP or contraception, the determinants of the number of children desired and the reasons underlying the low involvement of men. The objective of the qualitative survey was to analyse the respondents' perceptions of planning themes, including their assessment of the ECOWAS parliamentarians' statements on the three children per woman. The two components are complementary. The qualitative data were the subject of thematic content analyses and some *verbatim* were used to illustrate results from the quantitative data.

2.2. Study Samples

For the quantitative survey, an independent draw was made in each of the six regions and the units sampled were for provinces, villages, households, men and women in union. In total, a sample of 2,404 participants living in unions in the six regions were selected for this study, including 1,457 women and 947 men. The sample from this survey and studied is not representative by region or province. Therefore, the results of the study cannot be extrapolated to the region or province.

For the qualitative survey, interviews were conducted with a sample of men and women chosen in a reasoned manner on the basis of their authority, leadership or the influence they exemplify in the community or in public or private administration. Fifty-nine (59) individual interviews were conducted with local leaders (religious and customary community leaders), chief medical officers of districts, health workers, community health workers, members of associations, organizations of society and authorities of the Ministry of Health and international organizations. In addition, 21 focus groups were conducted with women and men.

2.3. Data Analysis

Analysis of the quantitative data was performed using STATA software. For this article, we have only made simple frequencies.

In terms of data processing for the qualitative component, all audio recordings of the interviews were transcribed and captured in French and saved in Word file format. The qualitative data were processed and analysed using NVIVO.12 software. As a result, all files were imported into an input mask or used as a "code book" and encoded. All excerpts of files encoded according to themes were isolated and summarized to serve as a corpus for analysis. Verbatims were extracted and used to support the analyses.

2.4. Ethical Considerations

The research protocol was submitted to the Ethics Committee for advice. This protocol was presented to the Ethics Committee at its session on 13 December 2019, which issued a favourable opinion for the continuation of the research project by deliberation N°2019/0013/MS/SG/CNRFP/CIB. All respondents gave their consent before the interviews through a questionnaire and an interview guide.

3. Results

3.1. Description of the Sample

Table 1 presents the socio-demographic characteristics of the quantitative survey respondents. A total of 2,404 individuals were surveyed, 60.6% of whom were women. In each region, approximately 400 individuals were surveyed. The age distribution showed that people aged 25–34 (41.5%) and those aged 35–49 (35%) were the most represented in the study sample.

Table 1. Sample characteristics

Variables	n	%
Gender		
Male	947	39,4
Woman	1457	60,6
Region		
Boucle du Mouhoun	399	16,6
Cascades	398	16,6
Centre	401	16,7
Centre-North	402	16,7
Hauts-Bassins	404	16,8
South-west	400	16,6
Age of respondent		
<19 years	97	4,0
20-24 years	322	13,4
25-34 years	988	41,1
35-49 years	842	35,0
50+ years	155	6,4
N	**2404**	**100**

3.2. Consideration of Men's Needs for Improved Demand for SR/FP

Better involvement of men in creating the demand for couples for SR/FP must be done with men and also for men. This necessarily involves taking into account their SR/FP needs. For example, in this study, men were asked about their preferences for SR/FP business days and hours.

- *SR/FP service delivery moments*

Regarding the opening hours of FP services, these do not seem to matter from the point of view of the men interviewed in the study. Indeed, 40.1% of men find that the working days and hours of services are suitable for them, and 39.8% do not attach any importance to the days

and hours of opening FP services for women, with significant differences between regions. In the southwest region, 77.8% of men prefer that women attend SR/FP services during hours and working days, compared to 14% in the Hauts-Bassins region and 21% in the Boucle du Mouhoun region, where two-thirds of men say they attach little importance to the days and hours of opening of SR/FP services.

Table 2. Distribution of Men by Region by Preference for SR/FP Service Delivery Times

Region	Preferred timing of FP services for men			Total
	Day/non-working hours	Working day/hours	No matter/ At any time	
Boucle du Mouhoun	12,0%	21,3%	66,7%	100,0%
Cascades	28,7%	46,1%	25,1%	100,0%
Centre	9,9%	40,8%	49,3%	100,0%
Centre-North	25,5%	37,3%	37,3%	100,0%
High-Basins	40,2%	14,0%	45,7%	100,0%
Southwest	2,9%	77,8%	19,3%	100,0%
Total	20,1%	40,1%	39,8%	100,0%

Source: WAHO/MS/MAG survey results, February 2020.

According to the activity reports of the Directorate of Family Health, most women in rural areas of the country prefer to come late at night for SR/FP services in order to be out of sight of men, or they take advantage of market days or ceremonies to come to the health facility for SR/FP services. Another practice is to leave health records in health facilities to dissimile to their husbands the fact that they went to the health facility for a need for SR/FP service. These reports thus suggest that there is a certain mismatch between the schedules dedicated to the provision of SR/FP services in health facilities and the needs of SR/FP beneficiaries. In addition, men do not have a particular preference for hours of attendance by their spouses for FP services, as evidenced by the following:

> No for us, the time does not matter to us? Only we want the woman to inform us of what she wants to do and if it's late, she just has to tell us where she is in the night. (Focus group men, Kaya)

As a result, men do not appear to be demanding the timing of SR/FP service delivery unless it has to be done at a late hour, especially for their wives.

> I am ready to accompany my wife if it is late but why she will not go to the hospital during the day while the eyes see (clear). She is free to go at the time she wants. (municipal councillor, Ouagadougou)

- SR/FP service provider profile

During this study, men were surveyed to rate their preferences regarding the profile of the FP service provider they would like to have for their wives. Across the six health regions studied, 67.5% of men would like their wives to be seen by another woman in FP consultation compared to 19.7% who have a preference for men. This rather large difference could be explained by the traditionalist conception that FP is a woman's business. This sociocultural conception is widely supported by men, particularly in rural areas and in environments with strong religious connotations. According to men, young or old people are not their preferred choice to offer SR/FP services.

Table 3. Distribution of Men by Region by Preference over SR/FP Service Provider Profile

Region	Profile of the preferred FP provider among men				Total
	Male	Woman	Elderly person	Young	
Boucle du Mouhoun	32,0%	61,3%	4,0%	2,7%	100,0%
Cascades	34,1%	49,1%	1,2%	15,6%	100,0%
Centre	3,5%	86,6%	9,2%	0,7%	100,0%
Centre-North	13,1%	73,2%	13,1%	0,7%	100,0%
High-Basins	19,5%	62,2%	15,2%	3,0%	100,0%
South-west	14,6%	74,9%	4,1%	6,4%	100,0%
Total	19,7%	67,5%	7,7%	5,1%	100,0%

These results are different from those of the baseline study of the sub-project "School of husbands and future husbands", which indicated that 63% of women prefer to give birth with midwives versus 37% with midwives.

- Cost of SR/FP service delivery

Regarding men's assessment of the cost of FP benefits, 51.2% of men would like FP to be free, 23.4% felt that FP benefits should be reduced and 25.3% did not indicate any preferences in this regard. The majority of men approve of free FP benefits in all regions (with a maximum of 77.8% in the Cascades region), except in the Sud-Ouest and central regions, where only 33% and 37% of men, respectively, approve of free access and where the preference for a lower cost of benefits is significant.

The majority of men in the six study regions were therefore in favour of free FP benefits at the time of our survey, in early 2020.

Table 4. Distribution of Men by Region by Preference over FP Benefit Cost

REGION	Preferential cost of FP benefits for men			Total
	Free of charge	Low cost	No	
Boucle du Mouhoun	60,0%	16,7%	23,3%	100,0%
Cascades	77,8%	3,6%	18,6%	100,0%
Centre	45,8%	19,0%	35,2%	100,0%
Centre-North	37,3%	35,3%	27,5%	100,0%
High Basins	52,4%	18,9%	28,7%	100,0%
South-West	33,3%	46,2%	20,5%	100,0%
Total	51,2%	23,4%	25,3%	100,0%

- Adherence to the FP's free-benefits policy

In fact, the policy of free FP services (visits and contraceptive products) adopted in 2018, which is likely to boost the level of contraceptive prevalence in Burkina Faso, meets with the support of three-quarters of the men interviewed: 73.4%, and even more that of women since more than four out of five women – 83% – approve of it.

For men in union, the highest adherence to free contraceptive products was recorded in the Cascades region (84.4%), followed by the Boucle du Mouhoun region (80.7%) and the Hauts-Bassins region (76.2%). Below the average membership of 73.4%, we find the southwest region (70.8%), the Centre region (69.0%) and finally the Centre-North (58.2%).

For women in union, the highest adherence to free contraceptive products was recorded in the Boucle du Mouhoun region (94.4%), followed by the Cascades and

Centre-Nord regions, with 82.7% each, a percentage close to the average of 82.5%. Then, below the average membership, we find the regions of the Centre (81.1%), the Hauts-Bassins (79.6%) and finally the southwest (73.8%).

Table 5. Distribution of participants by region who adhere to the policy of free FP services in Burkina Faso

Adherence to the policy of free FP services			
Region	**n**	**Gender of respondent**	
		Male	Woman
Boucle du Mouhoun	399	80,7%	94,4%
Cascades	398	84,4%	82,7%
Centre	401	69,0%	81,1%
Centre-North	402	58,2%	82,7%
High-Basins	404	76,2%	79,6%
South-west	400	70,8%	73,8%
Total	2404	73,4%	82,5%

In total, in all regions, there is a greater adherence of women than men to the policy of free FP benefits adopted at the end of 2018, except in the region of Cascades, but in this region, the support of men and women is massive, at more than 80%.

Adherence to a man's family palification is very important in the demand. This is related to its influence on reproductive decisions. When it adheres, it can support the success of FP programmes.

> Yes, I would actually say that it helps, because women can't come without men. If men agree to accompany their wives it will help a lot, and as I said, the word of God encourages it, the family is man and woman, so in any case in our teachings, it affects both, men and women, that's it. (religious leader, Dédougou)

Health officials regularly organize activities to promote SR/FP and involve opinion leaders to resonate with the population.

> Every year when the district launches the campaign (promoting SR/FP), we are involved, we also participate and in our way our component is to exchange in a local talk with women in relation to this component. (Local leader, Dédougou)

3.3. Measures or Arrangements to be Taken for Better Adherence of Men to FP

Overall, we note that SR/FP policies and strategies implemented so far in several countries are struggling to achieve the expected results. The fault is that they do not sufficiently take into account the involvement of men. Hence, there is a need to rethink provisions or measures to be taken for the better involvement of men in all issues related to SR/FP. These measures concern strengthening the inclusion of men in all SR/FP-related topics, building the capacity of male providers in SR/FP and finally taking into account the involvement of men in SR/FP through a multi-sectoral approach.

- Strengthen human inclusion in all SR/FP issues

When a man refuses to use contraceptive methods, it is usually because the woman would have adopted them without his approval. Some men think that if a woman takes birth control, she wants extramarital affairs. If, from the outset, she has her husband's consent, there is no problem, but if not, there are men who threaten to repudiate their wives if she does not immediately abandon contraception.

> When it comes to FP, NO, laugh... It is the woman who has been placed at the centre of national politics. It is true that it is the first concerned, but as we are in feudal societies, if we do not take into account the opinions of man, we do not succeed in adopting the methods of FP. (Health professional, Diébougou)

As already pointed out above, to avoid the feeling that men are sidelined in the FP approach, actors need to review their strategies. The latter will need to be gender-inclusive by also considering men as a target of SR/FP policy. This will make it possible to achieve more results, which will be mainly long-term to avoid a step backwards. This could jeopardize the gains of FP, provoke talks and even threaten the stability of many couples.

> In any case, we must review our strategy, because man has been forgotten. If we can do that, we can boost things. Everything is centered on the woman and even if we have the results, they are ephemeral results. (Health professional, Banfora)

The failure or success of FP depends on the approaches taken by its proponents. The general observation is that, in our societies, men should not be excluded from debates on the question of the adoption of contraceptive methods, whether to space births or control the size of the family. Knowing that in most traditionalist societies, especially in Africa, the woman's decision counts for little, her decision is taken into consideration only when it is first accepted by the man. The effective and permanent implementation of such an approach, which touches the very heart of life in society in Burkina Faso, cannot do without the participation and effective involvement of men at all stages of the FP adoption process. The idea of free FP benefits is relevant, as it opens up access to all socio-professional strata of society. However, this is not enough since very few women are willing to take the risk of being evicted from their homes by their husbands or even by other family members. The family in Africa is not only the man and the woman but also the parents who always have a strong influence on the life of the couple.

> There are women who come to put the contraceptives on, and then they come back and say that the husband said to take it off. During FP week contraceptive methods are free, since there is a lot of noise around. (Health professional, Diébougou)

As the current trend is for health awareness activities to be devolved to community-based organizations (CBOs), the desire of stakeholders is that they give a strong place to SH and FP in their activities towards men.

> Laughter.... It is those (OBC) that will involve men more! This mainly involves raising awareness among opinion leaders. If we can have their support, we can get the message across very easily. (Health professional, Diébougou)

- Building the capacity of FP and SR providers for men and leaders

In terms of promoting SR/FP, the health system implements three main activities.

- National FP Week, during which preparatory meetings are held, stocktaking takes place and an important theme is discussed;

- Conducting audits of maternal and infant deaths. For this activity, feedback meetings are organized every six months;
- Supervision of health workers on reproductive health. Indeed, every six months, a supervision mission is organized in the health centres.

Ongoing training of health workers in RH/FP, although ad hoc and rare, is sometimes made possible thanks to the support of NGOs.

> For health workers, in 2019, there were at least 3 training sessions funded by the NGO PLAN-Burkina, Helen Keller International Burkina Faso (HKI), and JHPIEGO ("international non-profit health organization affiliated with Johns Hopkins University"). But, as far as men's involvement is concerned, I didn't notice anything about it? We raise awareness for the benefit of large groups. (Health professional, Gaoua)

When it comes to building the capacity of women health workers in SR/FP, it must first be recognized that each health worker receives basic training in SR/FP. As programme implementation evolves, however, there is not much ongoing training in SR/FP.

> Since I arrived here (in Diébougou 6 years ago) we have not had any training in clinical FP, it is the basic training of health workers. That is to say that it is complicated.... For 6 years there has been no specific training in the field of FP for care providers. (Health professional, Diébougou)

In addition, supervision activities organized in health centres can be considered as opportunities to strengthen the capacity of health workers. Therefore, it is necessary to take into account new aspects in the promotion of SR/FP, particularly through the adoption of appropriate strategies for the involvement of men and local leaders in the demand for SR/FP.

Contrary to widely held perceptions, men are not an obstacle to the implementation of FP policy. Indeed, several leaders and health professionals interviewed in our quantitative component stated that men are rather favourable to SR/FP. Their reluctance would therefore come from their exclusion from the debates on the issue of SR/FP and the fact that they have only a vague idea of the information provided to women. Thus, giving men the same information as that given to women should lead them to become more actively involved in the adoption of contraceptive methods in their relationships. Therefore, it is partly a misconception that humans are a brake on the use of FP.

> Generally man is not like that. If he is informed and is convinced of the merits of the thing it is himself who will initiate it from the room. The man loves what pleases his wife and sympathizes with the suffering of the woman. The man gets excited quickly but he is also a fearful. The man in short is not an obstacle to FP. (Association leader, Kaya)

- Multisectoral approach to involvement for better participation of men and local leaders in the adoption of SR/FP

If we can involve men, they will be able to mobilize other men in support of SR/FP, and we will have better results. It is also necessary to have the support of opinion leaders because it is through them that we can mobilize men so that they adhere more easily to the SR/FP. Strategies for involving men in creating demand for SR/FP include taking advantage of popular festivities and traditional and customary festivals to raise awareness:

> We can have advocacy meetings with them (...) We can go to them, through visits and ask for their involvement (...) Make awareness sessions for them, take advantage of social events (funerals, baptisms), and market days. (Health professional, Gaoua)

The involvement of men can also be achieved through a meeting targeting associations and groups of men. These frameworks can be used to engage in men's awareness of and adherence to FP methods. This is the point of view of a resource person met in the city of Ouagadougou:

> Men are organized in associations (that of gardeners, fishermen, breeders .....) Why not use these frameworks? Why not use the actors of these sectors to pass on the information? (Health professional, Ouagadougou)

Some suggest that in information, education and communication activities, men should be given a place in the FP adoption process: seeking to reach a significant number of men and, more importantly, looking at how they react to the different messages they receive about FP.

> For sensitization, it is necessary that the man is the indicator of measurement of the target and make IEC exclusively with men, ... say how many men have been affected and what their reactions have been. (Health professional, Gaoua)

In the same vein, respondents recommended that information-education-communication (IEC) activities be carried out in associative frameworks, bringing together men. Men and members of these associations/groups could thus participate in the dissemination of information to their comrades in their respective localities. The issue of FP being sensitive, directing men to health centres that also welcome women for the same needs, is not to everyone's taste. Sexuality is still a taboo subject for many people and talking about its control in public still meets resistance or reluctance, especially among men. This is evidenced by the following statements:

> I think that in each locality we should make groups of men, in a way associations, and in each group choose a leader. These groups can be relays of awareness and if someone needs information. They can do it. Otherwise in health centers some men are ashamed to go and mix with women for claims for benefits. (Municipal councillor, Kadiogo)

In view of the diversity of sometimes antagonistic social representations on the issue of births and FP, a rereading of the messages is fundamental. In other words, because men are different from women in terms of knowledge and understanding, the messages to be disseminated to the male sex must take this difference into account. Above all, avoid copying and pasting, which can be an obstacle to the successful implementation of FP. Therefore, it is necessary to adapt the messages to each communication target.

> The involvement of the men you are talking about can only work when the message is adapted. And even for the same region, the same province, depending on the layer, the messages are different. And now an element that is very important, at the beginning we said sociocultural weight, it is taboo now, we say social

norms. What does the individual, society, community think? For you who have seen you say that it is bad. But for him it is a value. (Health professional, Ouagadougou)

For some, the strategy for mobilizing men would be to invite them to exchanges with a view to reducing poverty in their communities. We must therefore exclude any idea of imposing something on anyone. It is necessary to convince them to participate in IEC meetings aimed at the socioeconomic well-being of women, men, children and society as a whole. Gradually, men will be able to exchange issues related to sexuality in complete freedom in the sense of their development. To achieve these goals, actors such as community health workers should play an important role in mobilization.

How do we mobilize them (men)? We need to raise awareness and go through community health workers, mobilize them to come and listen to us. Not in the sense of imposing something on them, but proposing a strategy that allows them to get out of poverty... 'detëlise' sexuality, and make it a subject of discussion for all actors. (Health professional, Gaoua)

3.4. Local Initiatives to Involve Men and Local Leaders in Creating Demand for SR/FP

In each of the regions visited, local initiatives to involve men and opinion leaders in creating demand for SR/FP exist, but these remain quite isolated and do not benefit from ongoing funding. Most of these initiatives were held during National Family Planning Week. During this week, activities are held, such as advocacy for opinion leaders and raising awareness in places of worship and royal courts. The following is a local initiative to engage men during the annual National RH/FP Week.

We involve them but there is no formal strategy. It's on the occasion of National FP Week held in November (2019), that's all. But health workers are asked to tell women to bring their husbands with them for FP benefits when they go. (Health professional, Ouagadougou)

Among the NGOs/associations that conduct advocacy towards men and local leaders in the creation of the demand for SR/FP, we can mention the intervention of PROMACO in the district of Karangasso Vigué with the support of the Union of religious and customary of Burkina for the promotion of Health and Development (URCB/SD) for a better involvement of religious and customary leaders in the SR/FP. We can also mention the advocacy carried out by the URCB/SD through the RAPID tool in the Hauts-Bassins, Cascades and Centre regions.

In addition, the sub-project "*Clubs of husbands and future spouses*" implemented in the district of Houndé, Hauts Bassins, was highly appreciated by the populations in view of the results obtained, but only a few villages and the Health and Social Promotion Centre were concerned with this pilot project.

For some men who are reluctant on the issue of SR/FP, buy-in can be gained by starting with sensitizing local leaders who exert some influence on men.

It is true that some leaders do not accept, but it is because they had not been sensitized. If we do not show them, some will say I am not aware of this, whereas currently we have all been trained and sensitized at the levels of the Town Halls and leaders in the locality. We brought young people together to raise awareness. So now people understand the merits of contraception. (City councillor, Kadiogo)

4. Discussion

This study aimed to identify and analyse strategies for men's involvement in FP programmes to improve the use of SR/FP services in Burkina Faso. Interviews with various stakeholders made it possible to identify possible solutions for the better involvement of men. The main results of the study show that strategies to better involve men and local leaders in the demand for SR/FP services include (i) capacity building of SR/FP service providers, especially in the field such as reception, the quality of which is very often criticized by men, (ii) including FP in an integrated approach by taking advantage of moments of popular rejoicing, such as traditional and customary festivals, sermons and religious festivals and (iii) disseminating messages on FP by involving the promotion of income-generating activities involving men. In addition, the study highlighted the need for greater involvement of men and local leaders in the demand for SR/FP services, taking into account the specific needs of men in terms of SR/FP.

The results of this study are innovative from several points of view. First, they indicate that strategies for better involvement of men in programmes and use of SR/FP services in contrast to several studies that have shown that men are barriers to the use of FP services [25,26,31] or that men's involvement is necessary to improve women's use of FP services [12,32,33] without proposing strategies. Additionally, according to Hook et al. [34], in analysing several national strategic plans, several of these documents did not comprehensively address the inclusion and participation of men and boys in FP programmes as support partners, contraceptive users and agents of change, with a focus on addressing gender norms and power differences throughout the life cycle. However, the success of the FP or reproductive health programme will largely depend on the active participation of men and women. Results from previous studies have shown that increasing male participation is not limited to male-related programme activities, such as preventing and treating sexually transmitted diseases, promoting condom use or opening men's clinics [4,6]. It also involves encouraging a range of positive social and reproductive health behaviours on the part of men to help ensure the well-being of women and children [3]. The 1994 International Conference on Population and Development and the 1995 Fourth World Conference on Women emphasized the importance of men's role in eliminating gender inequality and reducing women's domestic burden and in the use of reproductive health services.

In Burkina Faso, several initiatives to engage men in improving demand for RH/FP services have been piloted in health regions and districts across the country. These are the "school of husbands" or "model husbands", the "Burkinbila Fathers" initiative, the "Pugsid-songo"

strategy (literally = good head of household or good husband) and the "*school of husbands* and future spouses". Evaluations of these experiences show that encouraging results are recorded in terms of creating a framework for dialogue between husbands and wives around reproductive health, improving men's level of knowledge about reproductive health and strengthening dialogue between fathers and children on reproductive health. However, these different experiments conducted as research actions in specific contexts cannot be systematically replicated everywhere, even if their results are satisfactory. It is indeed necessary to carefully examine the sociocultural particularities of the areas where these successful experiences have been established.

5. Conclusion

The study highlighted the need for the better involvement of men and local leaders in the demand for SR/FP services, taking into account the specific needs of men for SR/FP. One of the strategies for better involvement of men is a change of mentality, capacity building of SR/FP service providers and adaptation of reception structures to the address of SR/FP services to men. Another strategy for involving men would be part of an integrated and multisectoral approach aimed at improving their living conditions. The integration of these strategies into the implementation of programmes and policies is necessary for the improvement of SR/FP indicators and those of maternal and child health in Burkina Faso.

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Conflict of Interest

All authors have declared no conflict of interest in the publication of this article.

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