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Research Article

Evaluation of the 'School for Husbands' Strategy: A Qualitative Assessment 12 Years After Implementation in the Koumpentoum Health District, Senegal

Ndeye Mareme Sougou[1, *], Cheikh Tacko Diop[2], Amadou Ibra Diallo[1], Abdou Aziz Diouf[1]

[1]Service of Preventive Medicine and Public Health, University Cheikh Anta Diop, Dakar, Senegal
[2]Department of Public Health, University Alioune Diop, Bambey, Senegal

Abstract

Introduction: Women's lack of decision-making autonomy is a concern for their access to sexual and reproductive health services. To combat maternal morbidity and mortality, Senegal launched the husbands' school strategy in 2012, with the aim of improving men's involvement. The objective is to assess the perception of the husbands' school among the communities of Koumpentoum (one of the first districts to enrol). Methods: This is a qualitative study. In-depth individual interviews were conducted with healthcare providers (12), community health workers (2) and beneficiaries (men (8) and women (8)). A purposive sampling method was used. The study included people who had been living in the district for at least one year and were involved in the strategy. A thematic analysis was performed using Nvivo 12 software. Results: The strategy is well recognised and adopted by the community because of its preventive and participatory nature in promoting family well-being. The degree of involvement of men was considered sufficient. The recruitment of peer husbands based on the exemplary behaviour of men in their households had created a positive emulation among other men. According to service providers, results were noted in terms of an increase in the fre ntion of reproductive health services and a decrease in cases of husbands opposing their wives' access to health services. Conclusion: The husband school strategy is a strategy that engages positive masculinity and improves access to sexual and reproductive health services. Policy makers could strengthen this strategy and scale it up.

Keywords

School of Husbands, Reproductive Health, Community Engagement, Senegal

1. Introduction

At the Cairo Conference in 1994 and the Beijing Conference in 1995, states adopted declarations stating that men and women of all ages had "the right to decide freely and responsibly on the number and spacing of their children, to have the information necessary to do so, and the right of all to access better sexual and reproductive health [1]. The involvement of men has been recognized as an important focus in the development of Reproductive Health (RH) and Family Planning (FP) policies and strategies since these events. In West Africa, studies have focused on the factors that contribute to ine-

*Corresponding author: ndeyemaremesougou1@gmail.com (Ndeye Mareme Sougou)

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qualities in access to decision-making on health matters [2]. Sociocultural factors based on religious values and norms give men in African societies decisive power over health issues [3]. This situation is one of the causes of significant disparities in access to and use of reproductive health services [4]. This marginalisation has negative effects on maternal health and tends to increase the level of poverty among low-income households. This hinders the ability of low-income countries to achieve the Sustainable Development Goals (SDGs).

In Senegal, women's access to decisions about their own health remains low. Only 6.26% of women have the freedom to make their own decisions on such matters. For most of them (80.33%), it was their husband or partner who made the decisions for them [5]. To address the obstacles limiting health outcomes, some African countries (Niger, Togo, Burkina Faso, Senegal) have developed strategies to involve men through peer-to-peer communication activities. The actions taken in this context, targeting men, have led to significant progress in reproductive health and family planning [6].

Since 2012, Senegal has been implementing a pilot project called École des Maris (EDM) in several districts in certain regions (Tambacounda, Kédougou, Louga, Kaolack, Sédhiou, Ziguinchor and Dakar). The aim of this strategy was to increase men's involvement in sexual and reproductive health and thereby improve women's access to sexual and reproductive health services.

The study aims primarily to explore stakeholders' perceptions and perceived effects of the School for Husbands strategy on men's involvement and access to reproductive health services, rather than to measure causal impact on health indicators.

The School for Husbands initiative aims, in general, to contribute to improving reproductive health and gender relations [7]. It is based on strengthening men's involvement and taking gender issues into account in resolving problems affecting sexual and reproductive, maternal, child and neonatal health. It has involved setting up schools for 15 to 20 husbands. A model husband is considered by his community to be someone of integrity who supports his family, strives to maintain peace within the household, is supportive of his wife's use of reproductive health care, and is willing to give his time to improve the health of the community. Members of the Husband School are trained in leadership, teamwork, communication, advocacy and negotiation skills, as well as the use of reproductive services and basic benefits. Members of each school are considered peers to other men in the community. Meetings are held periodically, based on an agreed schedule. At these meetings, peer husbands discuss reproductive health issues in their community, based on information provided by the health worker responsible for the area. They engage in interactive discussions on the issues and propose solutions to be implemented to change behaviour, under the guidance and advice of the health worker and the partner NGO (Non-Governmental Organization). They also carry out home visits, hold discussions and even undertake specific investment actions such as building latrines or constructing or rehabilitating health infrastructure.

The model husbands then talk to other men (and, through their own wives, to other women) to facilitate community-level awareness-raising discussions on reproductive health and the involvement of women and men [8].

The husbands' school carries out certain activities such as talks, advocacy, focus groups, integrated home visits, and community referrals within the community.

2. Materials and Methods

The study took place in the department of Koumpentoum, which coincides with the health district of the same name. The departmental capital is located 100 km west of Tambacounda, 350 km from Dakar and 26 km from the health district of Koungheul.

2.1. Type of Study

This is a qualitative case study. The case studied is the process of implementing the husbands' school. The study was conducted in 2024.

A total of 30 key informants were interviewed.

The study population consisted of healthcare providers involved in the implementation (12), community health workers (2), and beneficiaries of the husbands' school, which consisted of men involved in the husbands' school (8) and women (8).

2.2. Sampling and Data Collection

This was a purposive sampling. Informants who had been living in the locality for at least one year and who were involved in the intervention activities of the husbands' school were included. The size was set at 17 key informants. In-depth individual interviews were conducted in the local language and transcribed into French.

2.3. Data Analysis

Thematic analysis using Nvivo 12 software was performed.

2.4. Limitations of the Study

The difficulties encountered in collecting and analysing data were the lack of consistency in recording data in certain positions, errors and inconsistencies in the recording of service providers and, above all, the retention of data from 2022 onwards. As a qualitative study, the findings reflect participants' perceptions and reported experiences and do not allow causal inference regarding changes in health indicators.

2.5. Ethical Considerations

Verbal informed consent was obtained from all participants prior to data collection, in accordance with local ethical standards for qualitative research. Confidentiality and anonymity were strictly respected. No individual will be named in this study, in accordance with confidentiality rules. The results obtained will be made available to all stakeholders for the improvement of the strategy.

3. Results

3.1. Perception of the Husbands' School

Service providers perceive the husbands' school as a very interesting strategy that brings together men in positions of responsibility with the aim of promoting reproductive health, particularly maternal, infant and child health and neonatal health, with its components of family planning, pre- and post-natal consultations and childbirth. According to them, it is a strategy that is well appreciated by the population, enabling them to gain a better understanding of sexual and reproductive health strategies and to become more involved in them.

"It is a strategy to help improve the health of women and children through the men who hold decision-making power in their families and communities, so their involvement is more than necessary in the fight against maternal, neonatal and infant mortality. It is a very good initiative, reminding women of their appointments and involving their husbands in their health," says a midwife.

Women, whether they are Badjenou Gox or community relays, also see this as a wonderful and much-appreciated idea that brings men together to interact with each other. According to these community health workers, this strategy adopts the same practices as those of community workers. It provides men with opportunities for discussion. Within families, the strategy facilitates couple cohesion and helps to address refusals to use health services such as contraception, pre- and post-natal visits, vaccination and various problems arising in the household.

For peer husbands, i.e. husbands who are involved in the strategy, it allows them to get together with other men and learn about health issues. The school thus provides a living and exchange environment that facilitates and brings the population closer to health facilities. It is a well-appreciated strategy that promotes prevention, awareness and adherence to care such as childbirth monitoring, pre- and post-natal visits, breastfeeding and vaccination.

3.2. Implementation of the Husbands' School

Most providers argue that the husbands' school is implemented in a context where women lack autonomy in accessing healthcare. They therefore approve of the selection of peer husbands based on certain criteria. These criteria were that the person should be committed, a motivator and have the ability to raise awareness. The choice of where to set up the schools in the communities was linked to the fact that there were problems in the communities, such as difficulties in achieving maternal health dictators in the area or insufficient adherence by community members to sexual and reproductive health interventions in the area.

The choice of peer husbands is made with the support of community members to facilitate acceptance.

It is in this vein that a midwife explains in this verbatim:

"We choose health posts or health centers where there are problems in achieving the indicators and also where there is reluctance on the part of the population, and we issue a call for applications with well-defined criteria and a character assessment among the population. Then we select the peer husbands with the involvement of the population and train them on the activities to be carried out and the objectives of the indicators to be achieved."

Women, notably Badiénou Gox, also confirm that a meeting with community prevention stakeholders was held before the men were selected in each neighbourhood, followed by training for the stakeholders.

As well as the service providers, the peer husbands also approve of the implementation in a context of lack of empowerment and collaboration of men in seeking care, as well as the selection of volunteers based on criteria of model husbands capable of mobilising and raising awareness in the community, as well as training in communication, maternal and neonatal health and the importance of prevention and early access to care; then targeting certain households to ensure compliance with health protection and prevention measures.

"The husbands' school was set up after our superior went on a training course. He told us about a selection of men who were committed and influential in the field of health, capable of working with the population and health structures. They were then trained to take on the role of peer husbands," explains one peer husband.

3.3. Degree of Involvement of Men

Some service providers agree that there are peer husbands who are very committed, respond to any call and do remarkable work, as indicated by a midwife in this slogan*: "Among the peer husbands, there are some who are very committed and really understand the importance of these resources for community health."*

The same is true of the Badiénou Gox, who maintain that peer husbands intervene whenever there is a problem at their level.

Peer husbands renew their commitment regardless of the time of day and their responsibility to raise awareness and communicate in any situation that is harmful to family health. *"I am a peer husband and as such, we must above all be*

responsible and stand out in our responsibilities at home; we must be a reference because cleanliness and order begin at home, and that is the level of involvement I have in the husbands' school. I raise awareness in my own home first before moving on to other homes. I thus play the role of awareness-raiser," says one peer husband to justify his commitment.

3.4. Perception of the Impact of the Husbands' School on Health Indicators and/or on the Health of Communities and Women in Particular

Service providers have noted an increase in the use of family planning services, compliance with prenatal and postnatal consultation appointments, a decrease in home births and a reduction in the use of traditional practitioners. They have also noted an improvement in maternal, neonatal and child health indicators, as well as a decrease in maternal deaths and stillbirths. In this regard, one midwife states: *"This strategy boosts health indicators while facilitating everyone's involvement in reproductive health services, especially among women who previously had less access to family planning. This marks a significant change since the start of activities. The same is true for assisted deliveries and prenatal consultations. Some husbands are very committed and truly understand the importance of these services for community health, which reduces maternal, neonatal and stillbirth deaths, as well as the use of traditional practitioners."*

Women, whether Badienou Gox or community relays, have noted relevant changes, as well as an improvement in men's behaviour, i.e. refusal of prenatal visits and consultations, contraception, which is a wake-up call and an endorsement by the community of reproductive health services (CPN (Prenatal Consultation), CPON (Postnatal Consultation)., PF, etc.). There has been a decrease in home births. *"The success of the husbands' school is that it has awakened the community's awareness of their health status. During our last session, they raised the case of a child who had been lost to follow-up for vaccinations in the Toro neighbourhood, but thanks to the checks they carried out on the women's health records, they finally brought him back to the district,"* says a Badiénou Gox.

The husbands' peers also note this awakening of the population to prevention, as well as many cases of lost track of prenatal consultations, and regular monitoring of visits. The same is true for the reduction of closely spaced pregnancies through the promotion of contraception and the reduction of ignorance, phobia of health facilities and certain practices harmful to health, thus improving indicators.

3.5. Impact of Husband School on Men's Involvement

Healthcare providers are increasingly noticing that men are accompanying women to healthcare facilities for maternal and neonatal care, which was rare in the past, and that they are also embracing and understanding the importance of prenatal and postnatal consultations, family planning, *etc. Before, the focus was only on women, but with peer husbands, men feel much more involved and know better how to help their wives at home and with health issues,"* explains a midwife in this verbatim.

Women are also increasingly noticing that men are more supportive and no longer refuse to seek care.

According to the peer husbands, the husbands' school has increased men's involvement in family health and well-being, as well as in monitoring pregnancies. According to them, men, who were previously a major obstacle, are becoming more aware and cooperative. They also note an increase in the number of men accompanying women to healthcare facilities for follow-up appointments. This is why this husband peer states: *"It has also enabled men to increase their involvement in women's health. For example, women used to come to consultations alone, but with awareness-raising, men now agree to accompany women. Men generally tell us after discussions that they were ignorant of many concepts and that this has enabled them to understand a lot of things."*

3.6. Proposed Changes for a "Better Husbands' School"

Some healthcare providers, namely midwives, recommend expanding husband schools in health centres, regular supervision of activities, and the provision of identifiers such as badges, uniforms, illustrated tools, picture boxes and a review of management tools, which are very complex. Others suggest providing incentives, reviewing certain selection criteria such as educational level, and involving adolescents and Koranic teachers. It was also recommended to encourage peer husbands to provide two family planning services per month and to allow for good coordination between each peer husband and his ICP. The most notable recommendation remains the continuity of the programme, which has a defined duration. *"With regard to the recommendations, I think we need to increase the number of husband schools in the area because they have a positive impact. We also need to simplify the tools and adapt them to our context, and finally, continually renew the strategy contract for better continuity of activities,"* announced this service provider in her list of grievances.

Peer husbands, for their part, are calling for self-sufficiency in terms of tools and copies of work, their transcription into local languages (Wolof, Halpular, etc.), and their adaptation for members with little or no education in French, particularly imams and Badienou Gox. The same applies to their continuing education and capacity building, and the status of peer husbands for greater motivation, as well as regular visits and checks. The continuity of activities also remains one of the frequently received complaints in order to make the strategy a national benchmark. *"If there are any recommendations, they*

would perhaps be about the duration of the activities. After each assessment following home visits and discussions, there should be meetings the following week so that everyone can get involved. And as I mentioned earlier, the levels are not the same. We must ensure that those at a low-level master certain module, even though we work as a team," says a peer mediator in this verbatim.

4. Discussion

The strategy is perceived by the community as an interesting organisation, a group of men working to promote maternal, neonatal and reproductive health through prevention. According to the various interviews, this strategy is well recognised and adopted by the community because of its preventive and participatory nature and its contribution to family well-being. In Niger, similar results have been found, showing that the School for Husbands is an intervention that is accepted and supported by the community and that model husbands who are "members of the schools" are listened to and considered credible resources for SR by their wives, peers and community members [9]. This positive perception of the Husband School remains a major asset in facilitating communication and awareness-raising and also encourages peer husbands to achieve their goal of beneficial behavioural change.

To implement the husbands' school, model husbands were recruited from the community. This strategy is greatly appreciated. It is a strategy of positive masculinity. Thus, like their peers in Niger and Togo, the men chosen as peer husbands become guides and role models within their own families and for other members of their community [10]. The commitment, which is considered satisfactory by the men themselves, women and some service providers, remains an important element in the full implementation of activities such as talks, home visits and focus groups. This commitment is considered to be responsible for positive behavioural changes in the community regarding attitudes towards reproductive health services. The importance of this involvement is consistent with the findings of certain studies (Zoungara et al. 2008) which assert that the mixed results of reproductive health programmes are largely attributable to the low participation of men [11]. The School for Husbands in Niger has led to an improvement in women's sexual and reproductive health indicators, as well as the beginnings of a change in the distribution of decision-making power within couples [12]. Other similar interventions in West Africa show that male involvement increases the use of family planning services and participation in HIV testing, and reduces risky behaviour [13].

Thus, with regard to the strategy's effects on community awareness and education, among other effects, there has been an improvement in men's behaviour, i.e. fewer cases of refusal to attend visits, as well as a reduction in ignorance, fear of health facilities and certain practices that are harmful to health. In Niger, before the establishment of husbands' schools, men were viewed with suspicion and disbelief when they dared to take an interest in "women's issues" or promote SR services and their use, and social sanctions existed for men who dared to help their wives with household chores during pregnancy and after childbirth. These sanctions have greatly diminished in the sites studied [9]. Furthermore, these positive changes in attitudes remain a good way to achieve the major objective of promoting maternal, neonatal and child health in Senegal through men. Support for men remains important because, for example, a study in Senegal showed that only 6.26% of Senegalese women had the freedom to make their own decisions about their health, including access to health services. The same study showed that for most of these women (80.33%), it was their husband or partner who made decisions on their behalf [5]. Thus, the involvement of men promotes better communication within the couple and reduces the obstacles linked to social norms that hinder women's access to healthcare [14].

Several recommendations were made to improve the husbands' school. These included increasing the motivation of peer husbands, but also increasing its effectiveness in improving indicators. One recommendation is to continue the strategy throughout the year. The use of community health workers in interventions requires regularity in organization [15, 16] Given the relevance of the strategy to the community, it is also important to expand husband schools by integrating religious leaders, but also to strengthen the status and capacity of peer husbands [6].

5. Conclusions

This study showed that the husbands' school is a gender-transformative intervention that has trained and promoted male leaders. This intervention has thus helped to raise awareness of reproductive health among men in the community. The study reported a positive impact on access to health services, highlighting the role of men in combating barriers to access to healthcare services. This study calls for an epidemiological study to examine the impact on health indicators.

Abbreviations

CPN	Prenatal Consultation
CPON	Post-Natal Consultation
FP	Family Planning
EDM	Ecole Des Maris

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Author Contributions

Ndeye Mareme Sougou: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing

Cheikh Tacko Diop: Investigation, Methodology, Writing – review & editing

Amadou Ibra Diallo: Conceptualization, Investigation, Methodology, Supervision, Validation, Visualization, Writing – original draft

Abdou Aziz Diouf: Conceptualization, Data curation, Formal Analysis, Investigation, Methodology, Software, Validation, Writing – review & editing

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Data Availability Statement

The data is available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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Biography

Ndeye Mareme Sougou is a medical doctor, pediatrician, and Professor of Public Health at Cheikh Anta Diop University of Dakar, Senegal. She holds a PhD in Public Health and Master's degrees in Health Socio-Anthropology and Public Health, with a specialization in Monitoring and Evaluation of Health Policies and Programs. Her research focuses on social and gender inequalities in access to health services, with a particular interest in maternal, child, and adolescent health. Prof. Sougou teaches courses on qualitative research methods, health systems evaluation, and policy analysis. She has authored numerous publications in national and international peer-reviewed journals and serves as a mentor to early-career researchers in West Africa. Deeply committed to advancing women's leadership in science and medicine, she actively promotes collaborative, inclusive, and equity-driven approaches to research and training across the region.

Research Field

Ndeye Mareme Sougou: Public health, Medical anthropology-Gender inequities, Evaluation

Cheikh Tacko Diop: Health economy, Public Health

Amadou Ibra Diallo: Public health, Medical anthrology-Gender inequities, Evaluation

Abdou Aziz Diouf: Public Health, Reproductive Health