
**Thank you for joining us.
We will begin shortly.**

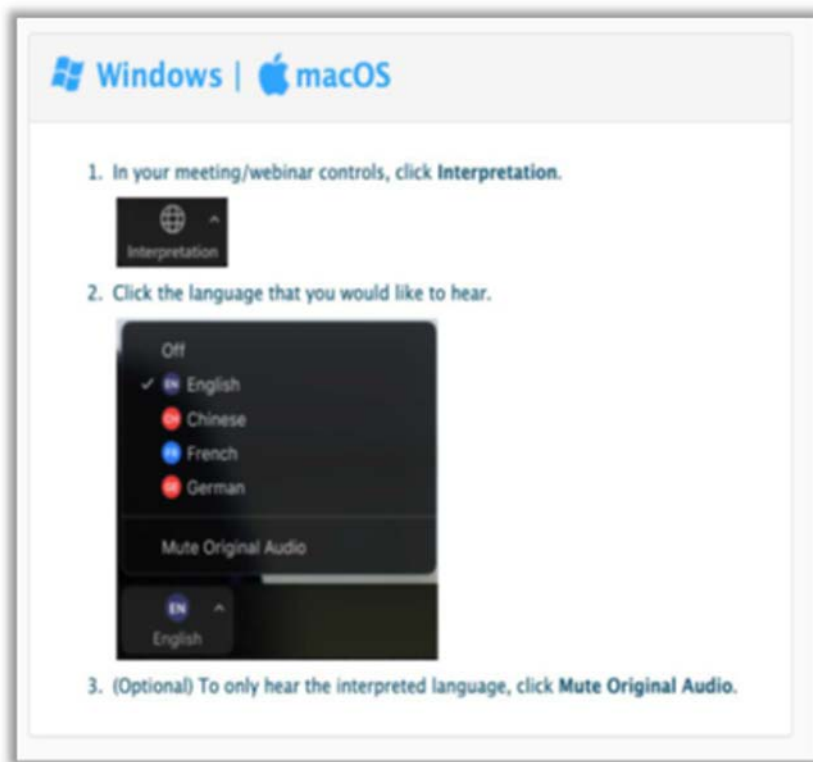


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Select Your Preferred Language

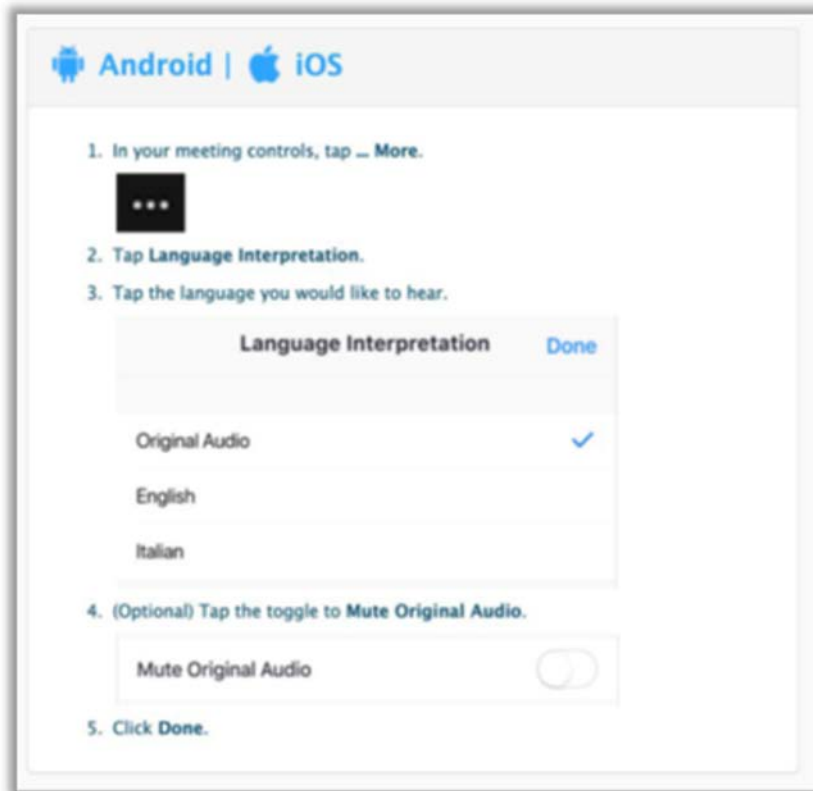
Desktop computer



- Click on the **Interpretation** icon on the bottom right of your screen and select your preferred language.
- *Haga clic en el icono de **Interpretación** en la parte inferior derecha de la pantalla y seleccione su idioma preferido.*

Select Your Preferred Language

Mobile phone application



- Under “meeting controls” press the three (3) dots then press **Language Interpretation**. Select English or Spanish.
- *En los “controles de asistente” haga clic en el menú de tres (3) puntos. Luego haga clic en **Interpretación de idioma**. Seleccione inglés o español.*

Webinar Logistics

Zoom: Video and audio web conferencing platform

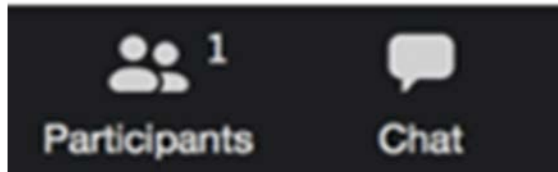
- Slide presentations
- Small group interactions (breakout rooms)
- Chatting and speaking with one another
- Recording plenary and small group discussions

We will share the slides and recording after the webinar.

Engaging during the Webinar

When in plenary:

- Keep yourself muted unless speaking
- Keep video turned off unless presenting
- Use the chat box to communicate



Chat with other participants



raise hand



yes



no



go slower



go faster



more

Interagency Gender Working Group Male Engagement Task Force

Men and Boys' Mental Health: Emerging Evidence and Innovative Approaches

June 2, 2021



Commitment to Care

This event will address content that may be sensitive or upsetting. We recognize that this content will impact us in different ways.

We encourage you to do what you need to take care of yourself both during and after this event. If you need to leave the event for any reason, please feel free to do so.

IGWG Male Engagement Task Force

Myra Betron
(she/her)

USAID MOMENTUM
Country and Global
Leadership, Jhpiego



Julie Pulerwitz
(she/her)

Breakthrough
RESEARCH,
Population Council



Courtney McLarnon-Silk
(she/her)

Passages Project, Institute
for Reproductive Health at
Georgetown University



Dominick Shattuck
(he/him)

Breakthrough ACTION,
Johns Hopkins Center for
Communication Programs



Ann Gottert
(she/her)

Population Council



Danette Wilkins
(she/her & they/them)

Breakthrough ACTION,
Johns Hopkins Center for
Communication Programs



IGWG Male Engagement Task Force

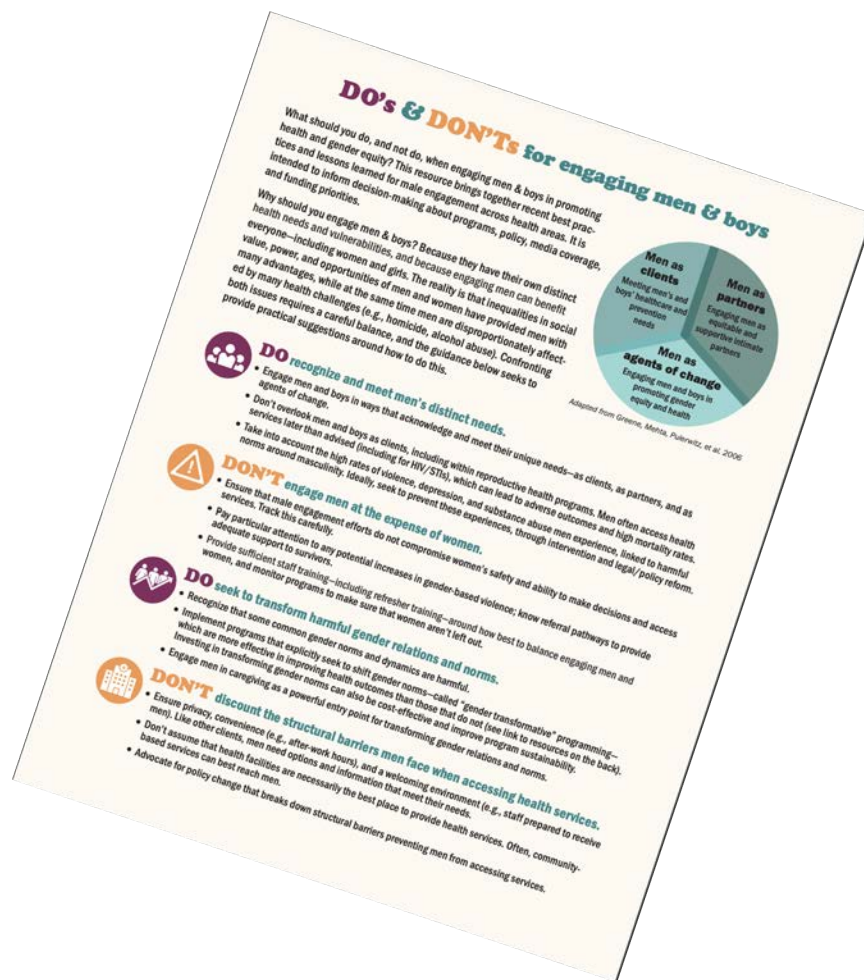
The Male Engagement Task Force is an information, advocacy, and knowledge exchange network that:

- Examines how to engage men and boys in health promotion and gender equality
- Explores the who/what/where/when/why/how of better reaching and including men and boys while addressing gender dynamics that act as barriers to health
- Focuses on the health areas of family planning and sexual and reproductive health (FP/SRH); maternal, newborn, and child health (MNCH); HIV/AIDS, and prevention and treatment of infectious diseases (e.g. malaria, tuberculosis)
- Considers best, promising, and emerging practices in research and programming in order to improve outcomes across these health areas

Resource Highlight

The DO's and DON'Ts for Engaging Men and Boys

- Two-pager on important considerations for engaging men and boys in health promotion and gender equity
- Cited as key resource to guide decision-making about programs, policy, media coverage, research, and funding priorities (Example: MenStar Coalition)
- Now available in English, French, Spanish, and Portuguese



Focus and Objectives

Emerging Evidence and Innovative Approaches to Support Men and Boys' Mental Health in Global Health Programming

Objectives

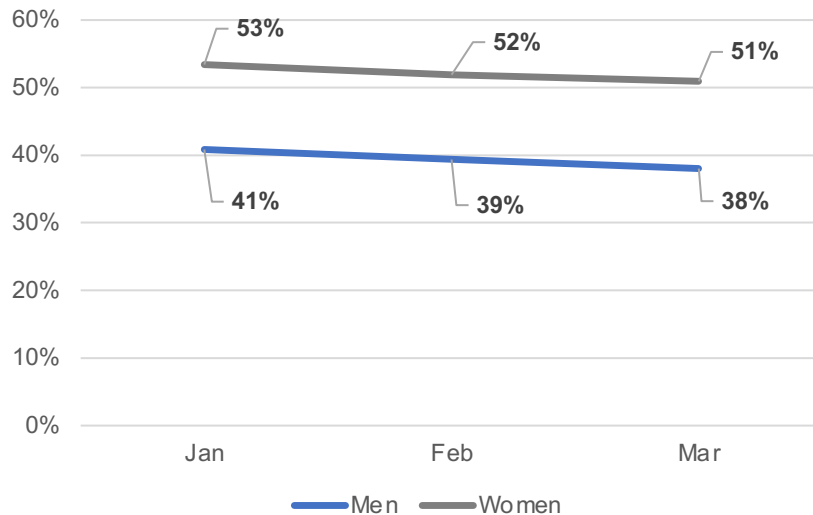
1. Explore emerging evidence and innovative approaches for addressing men and boys' mental health in global health programming
2. Engage in knowledge exchange with colleagues across the globe on men and boys' mental health and its relationship to other global health areas (family planning, maternal and child health, HIV, etc.)

Agenda and Speakers

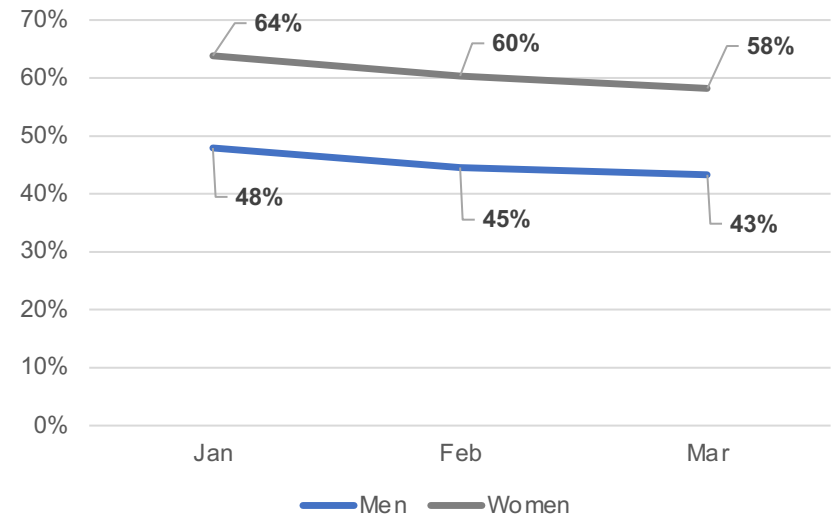
8:30–8:40 EDT	Welcome and Opening	Dominick Shattuck Johns Hopkins Center for Communication Programs
8:40–8:50 EDT	Introductory Remarks	Paul Bolton USAID
8:50–9:10 EDT	Men's Lifetime Experiences of Trauma in South Africa and Eswatini	Julie Pulerwitz and Ann Gottert Population Council
9:10–9:30 EDT	Men.Men.Men The Podcast: Unpacking and Unlearning Mental Health for Men in Tanzania	Michael Baruti Ubungu
9:30–9:50 EDT	Calm Line: Supporting Men's Emotional Health and Well-Being in Colombia	Henry Samuel Murrain and María Fernanda Cepeda Secretariat for Culture, Recreation, and Sports (Bogotá, Colombia)
9:50–10:20 EDT	Small Group Discussions Discussion Report Out	All participants and speakers Myra Betron JHPIEGO
10:20–10:30 EDT	Closing Remarks	Myra Betron JHPIEGO

Depression and Anxiety

Depression Reported by Men and Women in the US between January - March, 2021



Anxiety Reported among Men and Women in the US between January - March, 2021



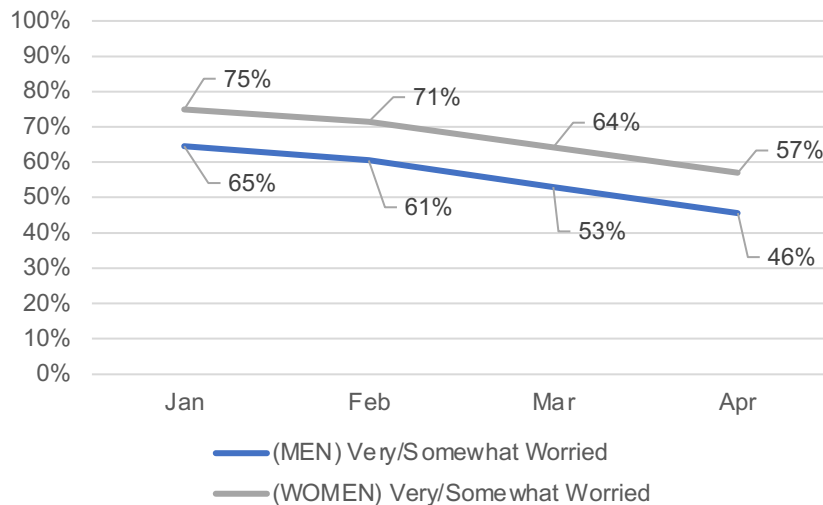
Data come from the Facebook Symptoms Survey:

<https://delphi.cmu.edu/covidcast/survey-results/?date=20210201>

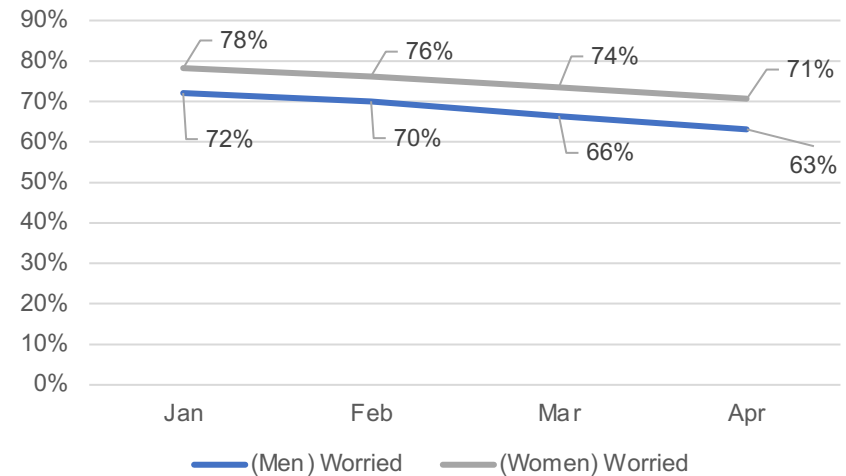


Worries: COVID-19 Illness and Financial Challenges

Worries about Self or Families Getting Ill among Women and Men in the US from January - April, 2021



Financial Worries among Men and Women in the US from January - April, 2021



Data come from the Facebook Symptoms Survey:
<https://delphi.cmu.edu/covidcast/survey-results/?date=20210201>



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Men & Boys' Mental Health: Emerging Evidence and Innovative Approaches

Introductory Remarks

Paul Bolton
MHPSS Coordinator
USAID

June 2, 2021



Photo credit: Morgana Wingard / Retrieved from USAID Flickr

What is Mental Health?

“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”

- World Health Organization (WHO)

“To help others you must first help yourself.”

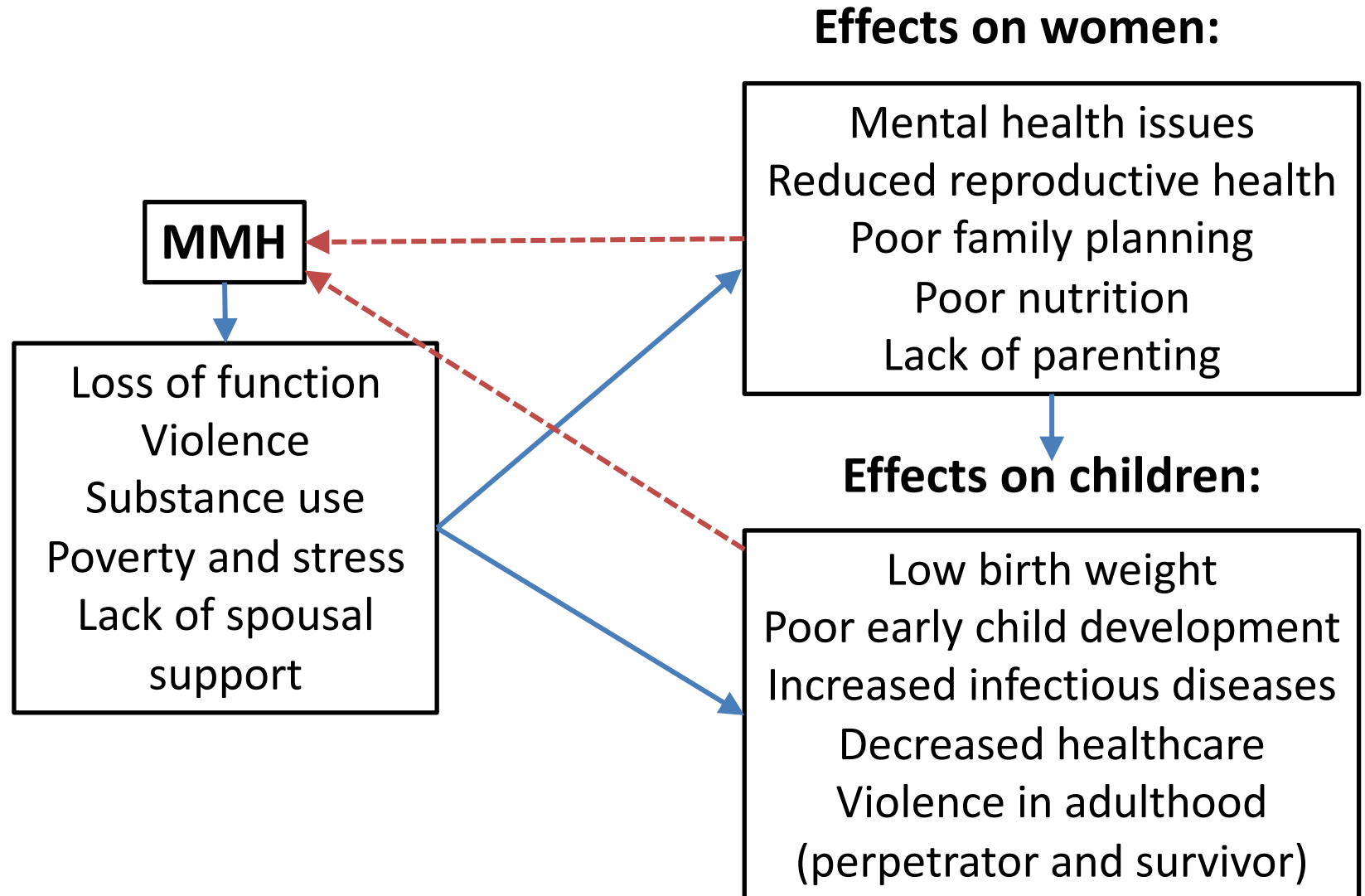
What are the mental health issues affecting men?

- Depression (4.5%)
- Anxiety Conditions (3.6%)
- Posttraumatic Stress Disorder / Trauma (1-6%)
- Substance Abuse (0-16%)
- Bipolar Disorder (<1%)
- Psychoses (<1%)
- Suicide

What is particular about men and boys' mental health?

- Can be more difficult to detect
- Can be more difficult to treat
- More likely to respond with violence
- More likely to respond with substance use

Widespread Impacts of Male Mental Health (MMH) Issues



An Approach to Mental Health and Psychosocial Support (MHPSS) for Men and Boys

Typical Stresses on Men and Boys

- Societal expectations of a dominant but rigid male role
- Greater violence
- Symptoms of mental conditions can be more aggressive
- Limited coping mechanisms

MHPSS can help:

- Understand their mental processes
- Manage emotions
- Identify harmful coping mechanisms and generate more productive ones

Thank you



Men's experiences of childhood/ lifetime trauma and their effects in three countries

Julie Pulerwitz, ScD & Ann Gottert, PhD

Men and Boys' Mental Health: Emerging Evidence and
Innovative Approaches
June 2, 2021

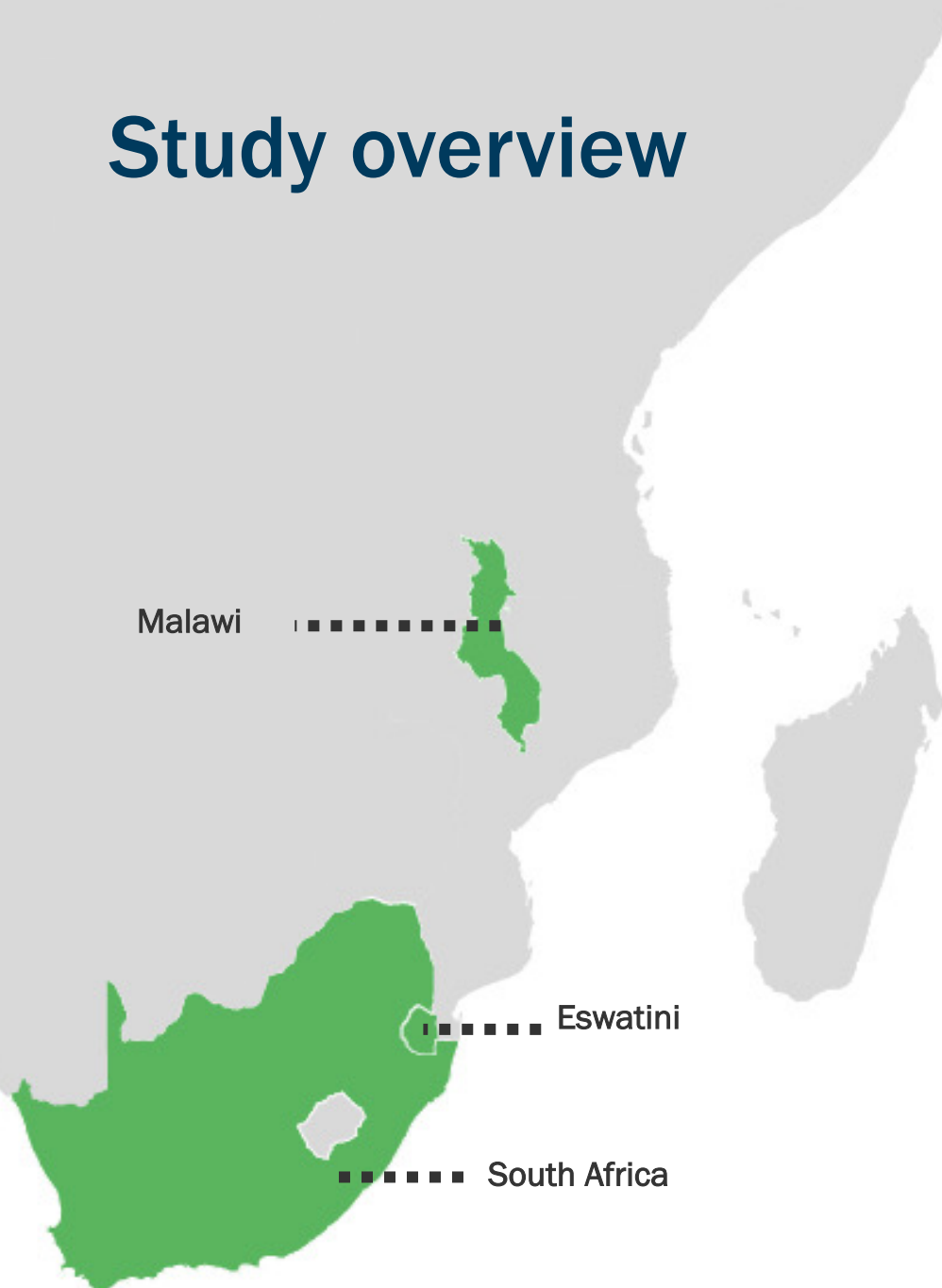


Background

- Trauma: Emotional response to a deeply distressing/disturbing event¹
 - Acute, chronic, and/or complex (multiple events/experiences)
- Increasing global recognition of trauma pervasiveness and effects on range of negative outcomes²⁻⁴
 - For men, effects on both their own health/well-being and their partners/families
 - Relationships between trauma/violence, and gender, especially restrictive masculinities
- Gaps in evidence, especially among men:
 - Effects of traumas experienced in both childhood and adulthood
 - Cumulative effects of traumas, including on different outcomes
 - Documenting traumas across multiple contexts, particularly lower resource settings

¹American Psychological Association. *Trauma*. Available at: <https://www.apa.org/topics/trauma>; ²UNICEF. Hidden in plain sight: A statistical analysis of violence against children. 2014; ³Jewkes RK, et al. Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. *Child Abuse & Neglect*. 2010; 34(11):833–41; ⁴Gibbs A, et al. Associations between lifetime traumatic experiences and HIV-risk behaviors among young men living in informal settlements in South Africa: a cross-sectional analysis and structural equation model. *JAIDS*. 2019; 81(2):193-201

Study overview



- Three-country implementation science study with male partners of adolescent girls and young women (AGYW) in the context of HIV prevention program
- Multi-sectoral DREAMS program to reach AGYW directly, support risk reduction among partners, and influence community and structural context that lead to HIV vulnerabilities

Methods

- Cross-sectional surveys with men, 2017–2018
 - Eswatini (n=1,091): ages 20–34, 19 districts across country
 - South Africa (n=932): ages 20–40, 2 informal settlements in Durban
 - Malawi (n=611): ages 18+, 2 rural areas
- Systematic random sampling at venues where men socialize and meet new partners, and at HIV service sites
- Data analysis
 - Prevalence of childhood and adult traumas
 - Multivariate logistic regression to assess associations between types and cumulative effects of men's traumas on adverse outcomes

Measures of trauma used

Childhood (never/sometimes/often/very often)¹

“Before I reached 18...”

- I saw or heard my mother being beaten by her husband or boyfriend
- I was beaten at home with a belt, stick, whip, or something else which was hard
- I had sex with someone because I was threatened or frightened or forced
- One or both of my biological parents passed away [orphanhood—yes/no]

Adulthood/lifetime (yes/no responses)²

- Have you ever witnessed an armed attack on someone?
- Have you ever been robbed at gunpoint or knifepoint?
- Have you ever been or felt that you were close to death?
- Have you ever witnessed someone being raped?

¹Gibbs A et al. Childhood traumas as a risk factor for HIV-risk behaviours amongst young women and men living in urban informal settlements in South Africa: A cross-sectional study. *PLoS ONE* 2018; 13(4):e0195369; ²Gibbs A et al. Associations between lifetime traumatic experiences and HIV-risk behaviors among young men living in informal settlements in South Africa: a cross-sectional analysis and structural equation model. *JAIDS* 2019; 81(2):193-201

Sociodemographic characteristics



Mean age was ~26 years in all 3 countries



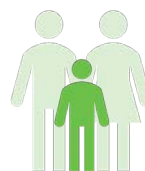
<1/5 in South Africa (15%) and Eswatini (14%) were married or cohabiting, while 1/2 were in Malawi (50%)



Most were employed (51–74%)

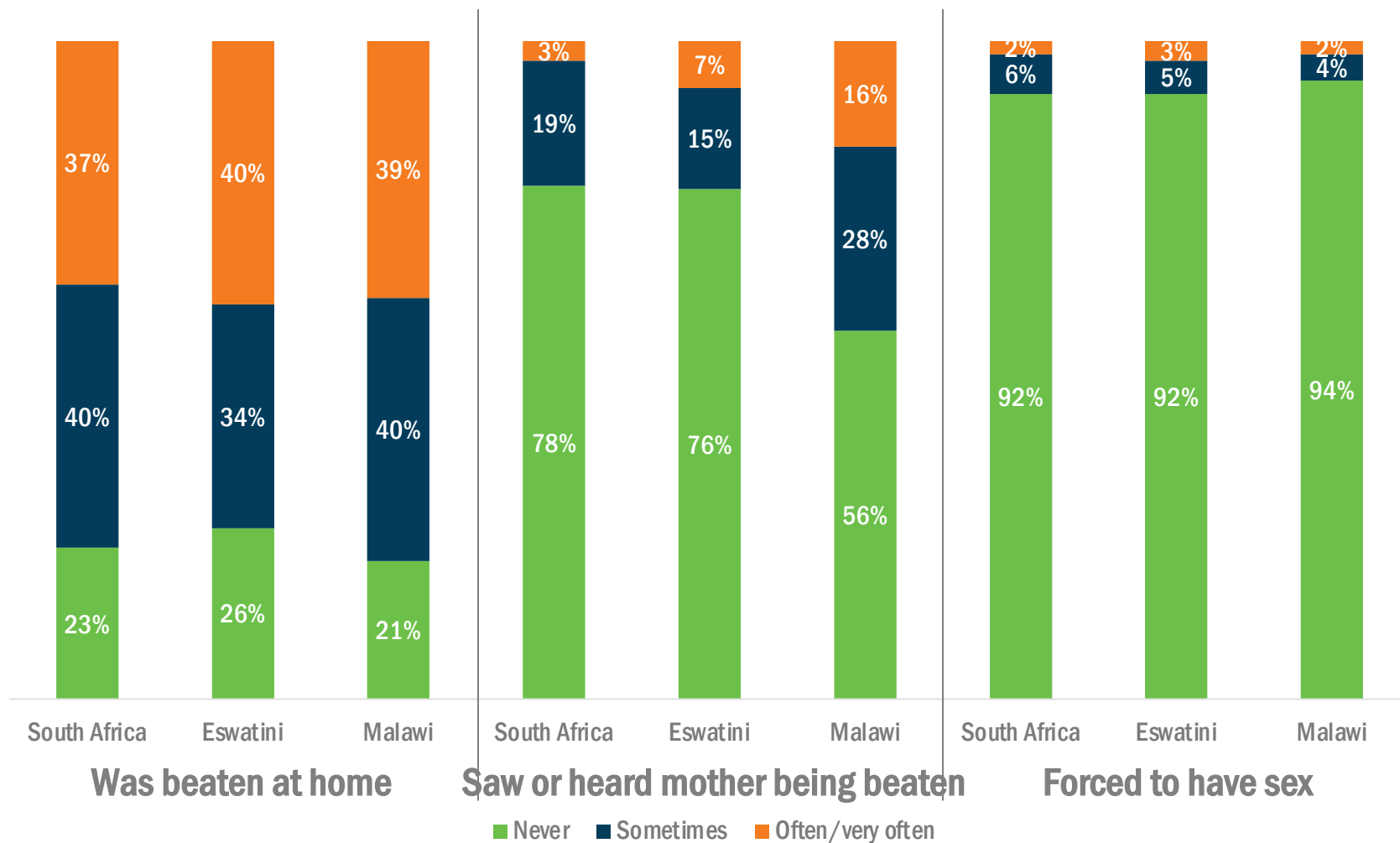


Most had completed secondary school in South Africa (78%) and Eswatini (62%), while ~1/4 had in Malawi (27%)



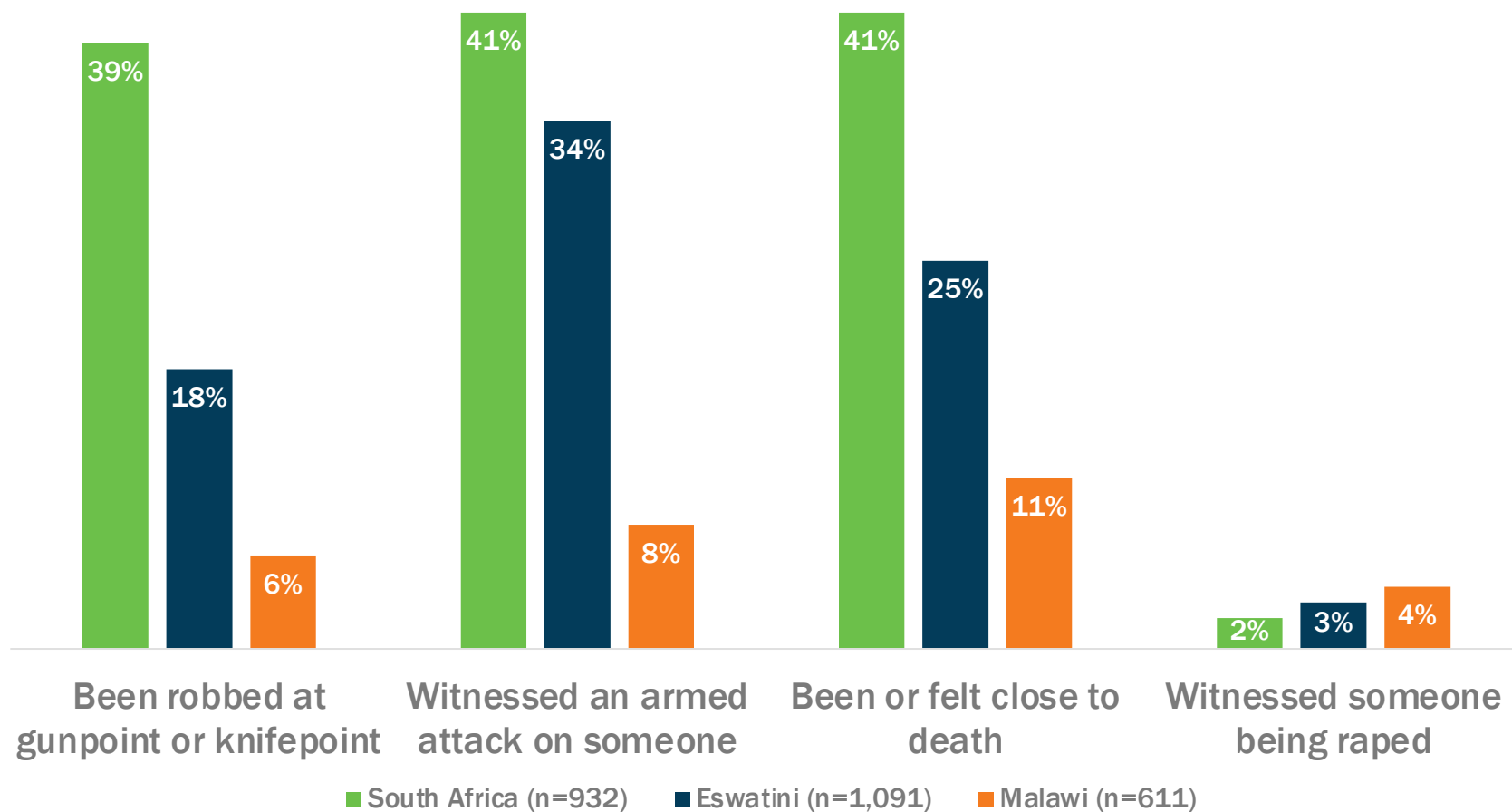
>1/3 experienced orphanhood:
37% South Africa
45% Eswatini
41% Malawi

Childhood trauma

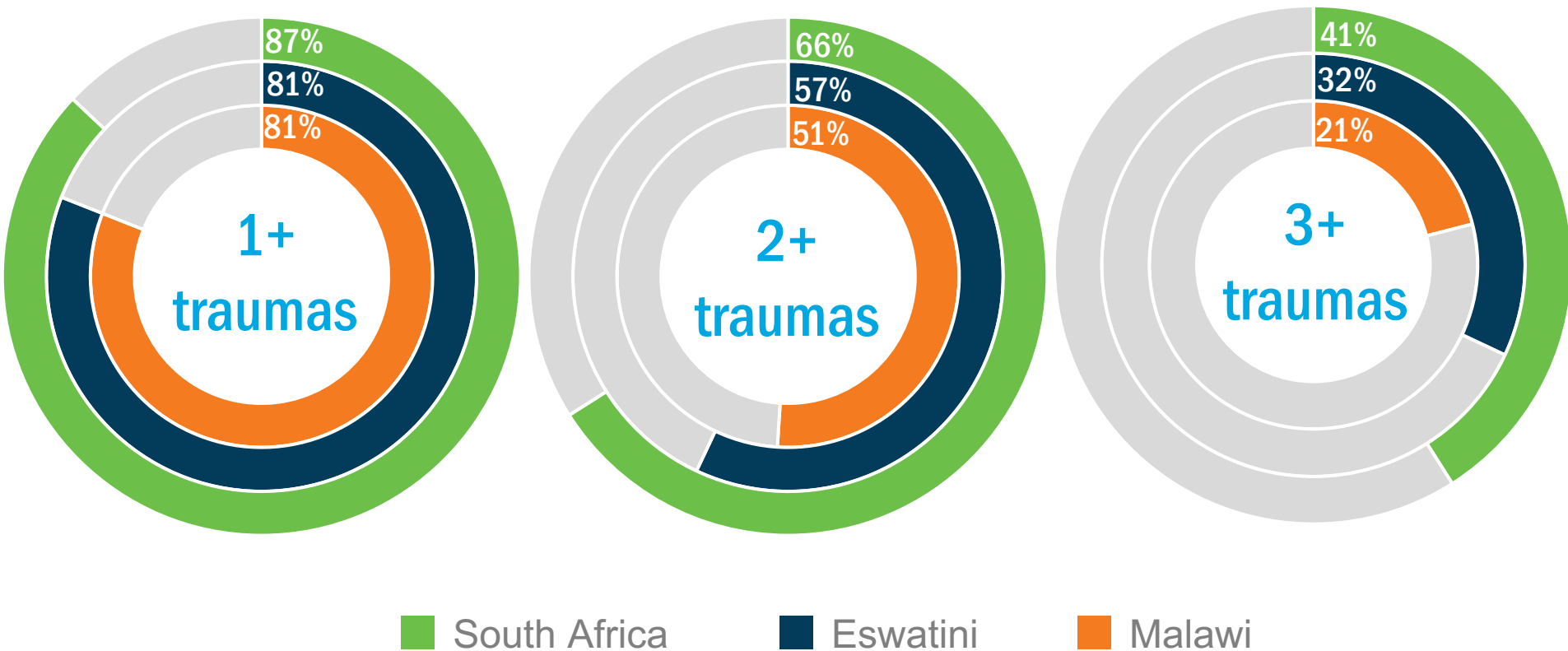


South Africa (n=932), Eswatini (n=1,091), Malawi (n=611)

Adult/lifetime trauma



Cumulative trauma exposure across childhood and adulthood



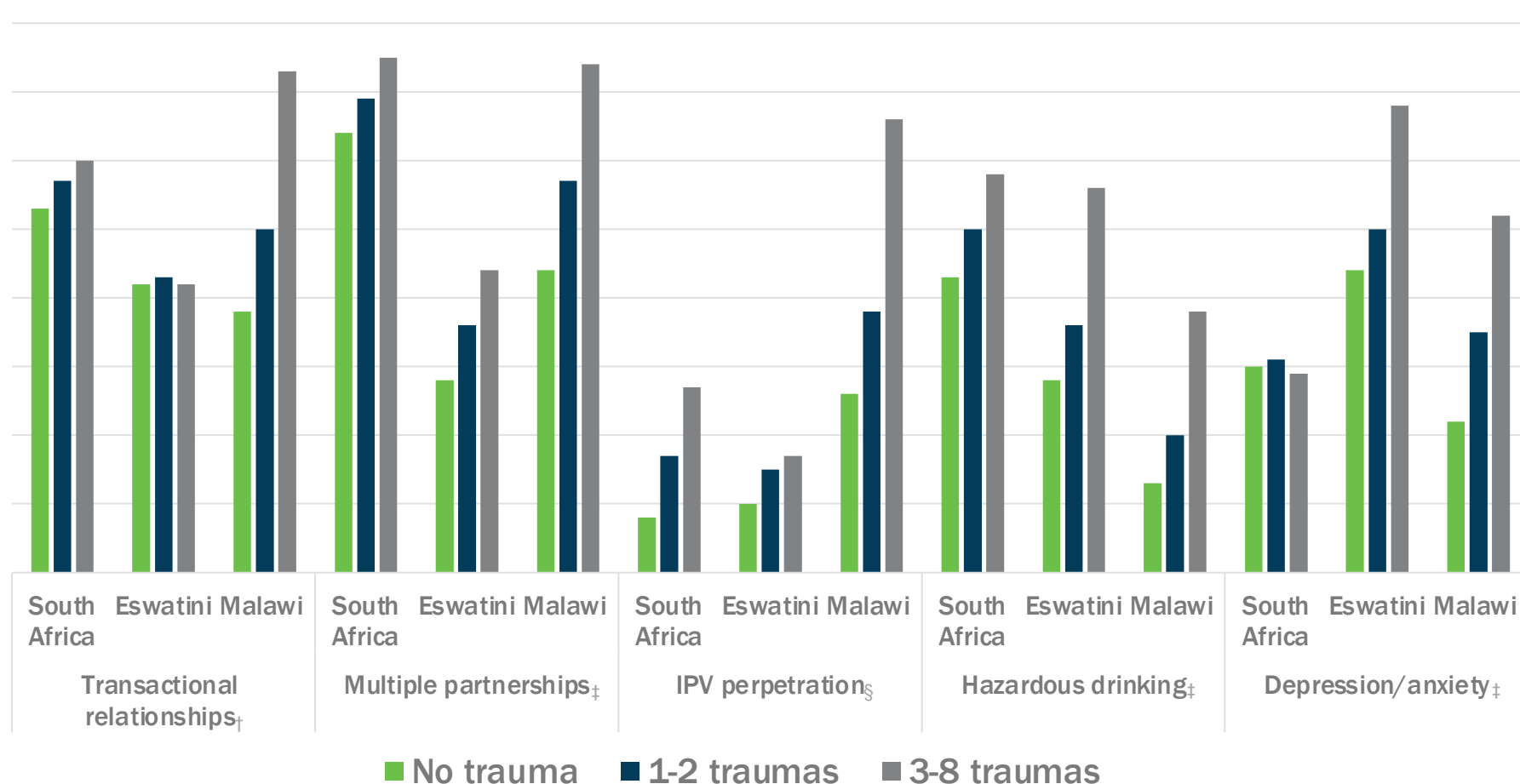
Prevalence of health outcomes

	SOUTH AFRICA (n=932)	ESWATINI (n=1,091)	MALAWI (n=611)
Depression/anxiety (PHQ-4)	30%	19%	36%
Hazardous drinking (AUDIT-C)	52%	38%	22%
IPV perpetration^a (WHO)	20%	15%	41%
Multiple sexual partners	71%	36%	58%
Transactional sexual relationships^b (<i>giving</i> money/gifts; adapted from STRIVE)	58%	42%	52%

^aAmong all data available: men who had sex in the last 12 months in Eswatini and South Africa (n=741 and n=922, respectively).

^bAmong all data available: men who had sex in the last 12 months (n=741, n=922, and n=603 in Eswatini, South Africa, and Malawi, respectively).

Strong dose-response relationship



[†]Eswatini (n=741), South Africa (n=922), Malawi (n=603)

[‡]Eswatini (n=1,091), South Africa (n=932), Malawi (n=611)

[§]Eswatini (n=741), South Africa (n=922), Malawi (n=611)

Both childhood and adult trauma have health effects

	South Africa	Eswatini	Malawi
Childhood trauma			
Transactional sexual relationships [†]	1.95***	1.13	2.04***
Multiple sexual relationships [‡]	1.30	1.41*	2.15***
IPV perpetration [§]	2.03***	1.79*	1.95**
Hazardous drinking [‡]	1.08	1.16	2.18**
Depression/anxiety [‡]	2.39***	1.30	1.88**
Adult trauma			
Transactional sexual relationships [†]	1.14	0.96	1.34
Multiple sexual relationships [‡]	1.21	1.66***	1.13
IPV perpetration [§]	2.37***	1.40	1.78**
Hazardous drinking [‡]	1.50**	2.35***	1.01
Depression/anxiety [‡]	0.56***	1.81***	1.31

Multivariate analyses adjusted for age, education, marital status, and site

[†]Eswatini (n=741), South Africa (n=922), Malawi (n=603); [‡]Eswatini (n=1,091), South Africa (n=932), Malawi (n=611); [§]Eswatini (n=741), South Africa (n=922), Malawi (n=611)

*p<0.05; **p<0.01; ***p<0.001

Cumulative relationship between lifetime trauma and health outcomes

Lifetime [#]	South Africa		Eswatini		Malawi	
	1-2	3+	1-2	3+	1-2	3+
Transactional sexual relationships [†]	1.16	1.31	1.04	1.01	1.68*	5.01***
Multiple sexual relationships [‡]	1.30	1.76*	1.43*	1.80**	1.55	3.56***
IPV perpetration [§]	2.36*	4.54***	1.44	1.57	1.68*	5.00***
Hazardous drinking [‡]	1.25	1.72*	1.33	2.67***	1.35	3.39**
Depression/anxiety [‡]	0.99	0.92	1.26	2.61***	1.88*	3.59***

Multivariate analyses adjusted for age, education, marital status, and site

[#]Ref is none; maximum is 8

[†]Eswatini (n=741), South Africa (n=922), Malawi (n=603)

[‡]Eswatini (n=1,091), South Africa (n=932), Malawi (n=611)

[§]Eswatini (n=741), South Africa (n=922), Malawi (n=611)

*p<0.05; **p<0.01; ***p<0.001

Summary of findings

- Men's experiences of violence and traumas are very common in each country
 - Half reported 2 or more traumas; up to one-third 3 or more
 - Childhood traumas more consistent than adulthood traumas
- Trauma associated with range of adverse outcomes
 - True whether the traumas took place in childhood or adulthood
 - For all eight traumas measured, including mental health
 - Strong dose-response relationship
- Affects both men and their partners/families

Implications

- Clear need for programming and policy to:
 - Prevent interpersonal violence within families and violence within communities
 - Support adaptive coping with past traumas
- Options exist to do both¹⁻³
 - Community-based norm change; couples interventions
 - Psycho-social and psychiatric support
- Learnings required around:
 - Contextual specificity and refinement
 - Scale-up and sustainability/institutionalization

¹American Psychological Association. Clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults. Washington, DC; 2017; ²Knerr W, Gardner F, Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low-and middle-income countries: A systematic review. *Prev Sci* 2013; 14(4):352–63; ³Doyle K et al. Gender transformative Bandedereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS ONE* 2018; 13(4):e0192756

Additional findings/selected publications

Pulerwitz, J., Gottert, A., Siu, G., Shabangu, P., Mathur, S. “A man without money getting a sexual partner? It doesn’t exist in our community”: Male partners’ perspectives on transactional sexual relationships in Uganda and Eswatini. *Culture, Health and Sexuality* 2021. Apr 6:1-16. doi: 10.1080/13691058.2021.1904521.

Project SOAR. “Characteristics and relationship dynamics of male partners of adolescent girls and young women in Malawi,” Project SOAR Results Brief. Washington, DC: Population Council 2021.

Gottert A, Pulerwitz J, Heck CJ, Cawood C, Mathur S. Creating HIV risk profiles for men in South Africa: a latent class approach using cross-sectional survey data. *Journal of the International AIDS Society* 2020; 23(Sup 2): e25518. doi: 10.1002/jia2.25518

Reynolds Z, Gottert A, Luben E, Mamba B, Shabangu P, Dlamini N et al. Who are the male partners of adolescent girls and young women in Swaziland? Analysis of survey data from community venues across 19 DREAMS districts. *PLoS ONE* 2018; 13(9): e0203208.

Gottert A, Pulerwitz J, Siu G, Katahoire A, Okal J, Ayebare F et al. Male partners of young women in Uganda: Understanding their relationships and use of HIV testing. *PLoS ONE* 2018; 13(8): e0200920. doi: 10.1371/journal.pone.0200920

Mathur S, Okal J, Musheke M, Pilgrim N, Patel SK, Bhattacharya R et al. High rates of sexual violence by both intimate and non-intimate partners experienced by adolescent girls and young women in Kenya and Zambia. *PLoS ONE* 2018; 13(9): e0203929. 10.1371/journal.pone.0203929

Pulerwitz, J, Mathur S, Woznica D. How empowered are girls/young women in their sexual relationships? Relationship power, HIV risk, and partner violence in Kenya. *PLoS ONE* 2018; 13(7): e0199733. doi: 10.1371/journal.pone.0199733

Acknowledgements

Population Council: Ann Gottert, Julie Pulerwitz, Sanyukta Mathur, Nanlesta Pilgrim, Louis Apicella, Jerry Okal, Lyson Tenthani, Craig Heck, Nrupa Jani, Tracy McClair, Kasoda Kondwani, John Mark Wiginton, Cristian Valenzuela, Pamela Keilig, Ellen Weiss, Sherry Hutchinson

Epicentre (South Africa research partner): Cherie Cawood, Elsa Marshall, David Khanyile, Dominique O'Donnell, Research assistants. *In collaboration with:* South African DOH, SANAC, eThekweni Municipality, PEPFAR-South Africa, DREAMS implementing partners

Institute for Health Measurement (Eswatini research partner): Patrick Shabangu, Kelvin Sikwibele, Bhekumusa Lukhele, Feziwe Makhubu, Vimbai Tsododo, Bheki Mamba, Research assistants; Muhle Dlamini (SNAP); Muziwethu Nkhambule (NERCHA). *In collaboration with:* Ministry of Health, NERCHA, SNAP, PEPFAR-Eswatini, DREAMS implementing partners

University of Malawi, College of Medicine (Malawi research partner): Effie Chipeta, Wanangwa Chimwaza, Vincent Samuel, Victor Mwapasa

Study participants

With funding support from the **Bill & Melinda Gates Foundation**

PEPFAR and USAID through
Project SOAR (Cooperative Agreement AID-OAA-A-14-00060)



Title slide photo credit: Suzanne Strong

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The following full source citation must be included:**

Julie Pulerwitz, Tracy McClair, Ann Gottert, Patrick Shabangu, Cherie Cawood, Effie Chipeta, Sanyukta Mathur. 2021. "Traumas experienced by men in childhood and adulthood: Prevalence and effects on health and HIV risk in three countries." Presented to Male Engagement Task Force, Washington, DC, 2 June.

A paper related to this presentation is currently under review at *AIDS*.

Population Council DREAMS IS resources available at:

https://knowledgecommons.popcouncil.org/series_dreams_is/

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Question & Answer



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Men.Men.Men The Podcast

*Unlocking & Unpacking
Mental Health for Men
in Tanzania*

IGWG METF Event
June 2, 2021

Michael Baruti

Before the Podcast



- Emerged from personal experience with mental health challenges between 2016-2018
- Began therapy sessions in 2018 and found them helpful
- Discussed mental health challenges and therapy with male friends
 - Men normalize/glorify their mental health struggles
 - Speaking about mental health challenges is considered taboo
 - Left unaddressed, mental health struggles impact men's health and risk-taking (harmful) behaviors
- So... I decided to tweet about it!

It started with a Tweet!

Posted November 11, 2018



Michael Baruti
@michaelbaruti



Been meaning to do a podcast on Depression and mental health for men.... To discuss about the struggles we go through, expectations, fatherhood, fears and what we think success is.... It has to happen in 2019

08:08 · 11/12/2018 · [TweetDeck](#)

 View Tweet activity

130 Retweets **19** Quote Tweets **506** Likes

Podcast Stats and Facts



Podcast Reach

5,000 plays per month

Twitter

2,361 followers

Instagram

856 followers

- First episode was released in November 2019
- Episodes are released every two weeks
- Total of 33 episodes released through mid May 2021
- Topics to date have included:
 - Ep 23. Male infertility
 - Ep 27. Manhood and masculinity vs gender-based violence
 - Ep 29. Why men cheat
 - Ep 33. Blended family, fatherhood, and therapy

The Team

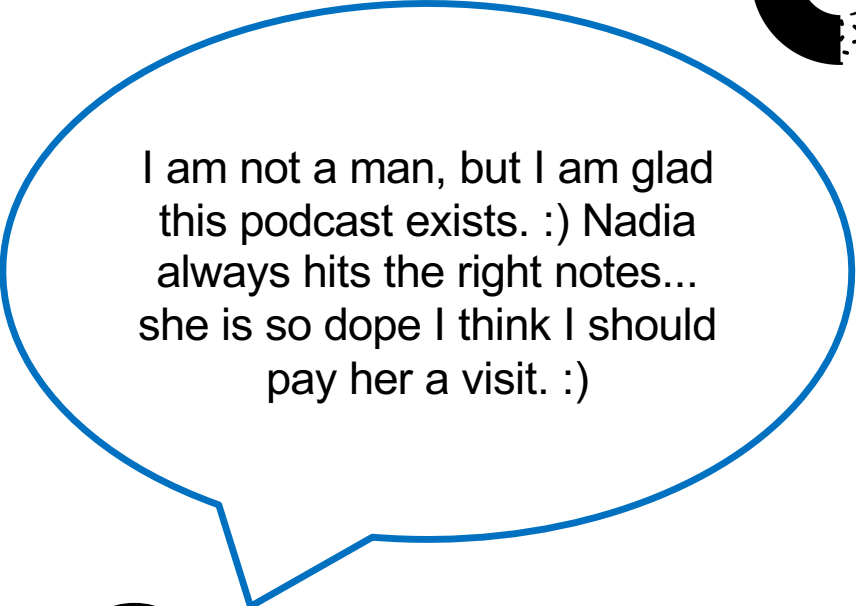
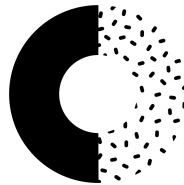
Michael Baruti
Host & Journalist




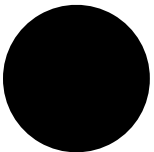
Nadia Ahmed
Co-Host & Psychologist




Audience Response



I am not a man, but I am glad this podcast exists. :) Nadia always hits the right notes... she is so dope I think I should pay her a visit. :)

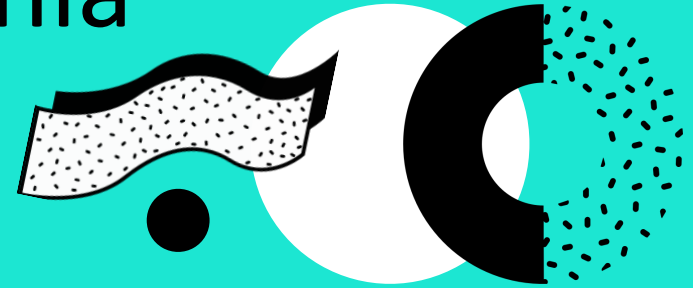


Hey, another amazing listen from you! I love how your podcasts are so relatable...most of us think what we go through can't be explained or expressed...but for me it's nice to listen to someone express themselves about something I totally get!



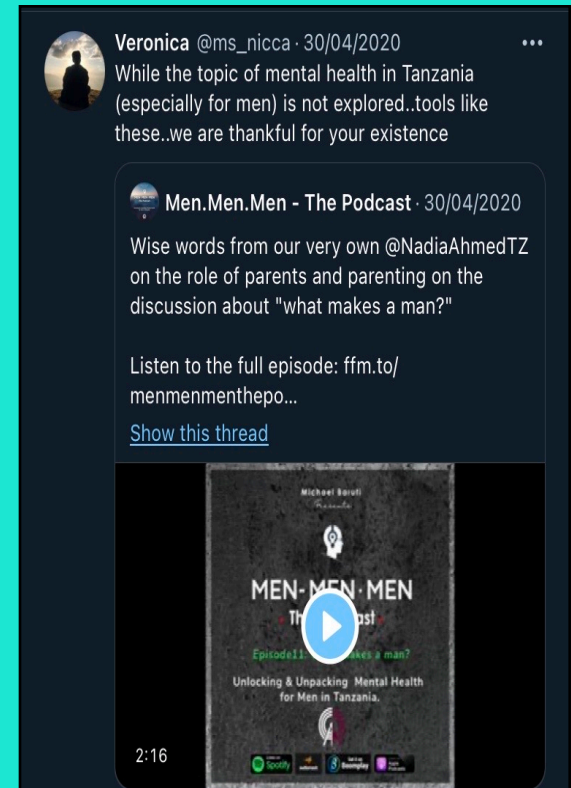
Let me start by saying THANK YOU. @MenThePodcast has made a lot of change up to now in my life. I have finished episode 7 and I came to realize a lot from it.

Top Podcast in Tanzania



Very Popular Episodes

- Ep 11. What makes a man
- Ep 24. Becoming your own man
- Ep 28. Fatherhood and parenting



In the Press



VICE World News

Podcasters Are Reclaiming Storytelling in Africa

The creators of a new batch of African podcasts are becoming celebrities—and they're not interested in the Western gaze.

By [Samira Samdani](#)

Illustrated By [River Cousin](#)

“Therapy is considered to be a Western concept, but sitting together and sharing experiences, folklore and stories is part of our culture.”

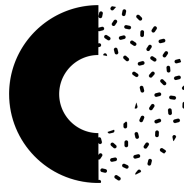
—*The Citizen*

“The real magic of this podcast, however, stems from the creators’ cognizance of the need to incorporate aspects of Tanzanian culture in order to make it locally accessible.”

—*The Citizen*



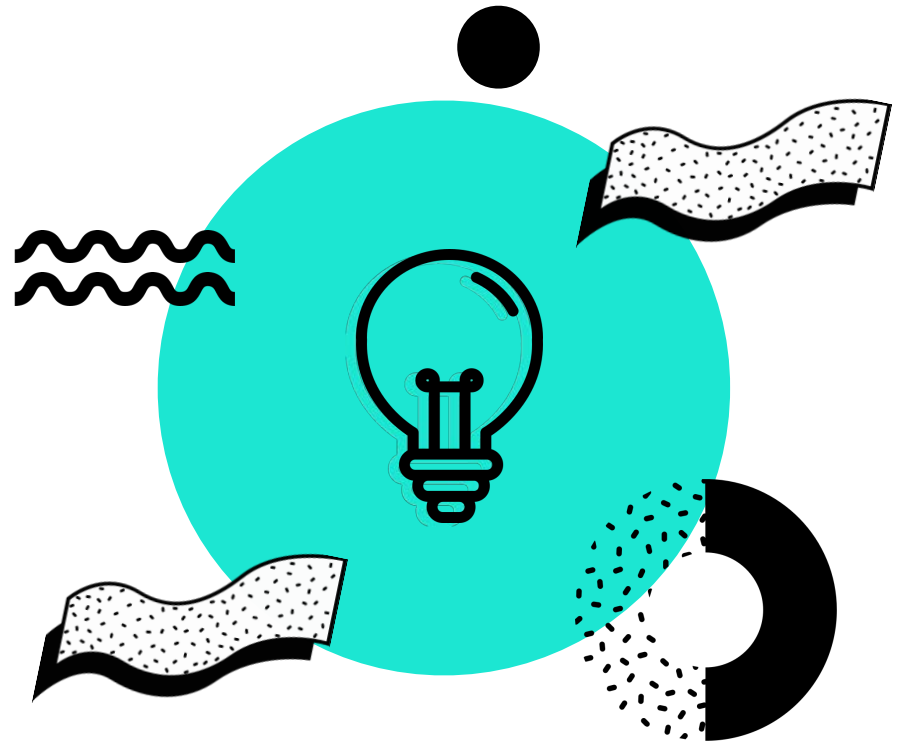
Amplifying the Conversation



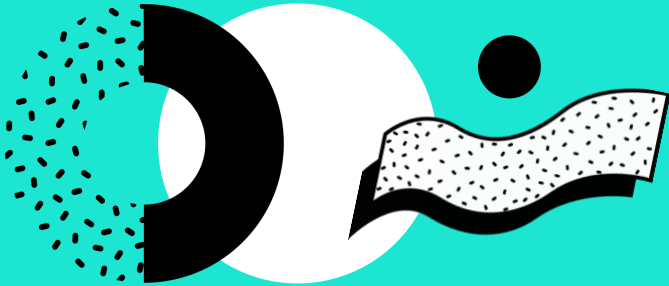
- Launched in-person event called #MenLetsTalk
- Hosted two events to date each with over 150 men in attendance
- Event Themes
 - Event #1: Men, Relationships, and Finances
 - Event #2: Toxic Masculinity and Gender-Based Violence

What's Next for *Men.Men.Men*

- Increase podcast reach through media campaigns
- Continue to expand the dialogue around men's mental health across Tanzania
- Establish "Brother Circles" where men support fellow men
- Explore the use of community-based fora for localized engagement
- Leverage main podcast to provide guidance and support



Creating More Impact



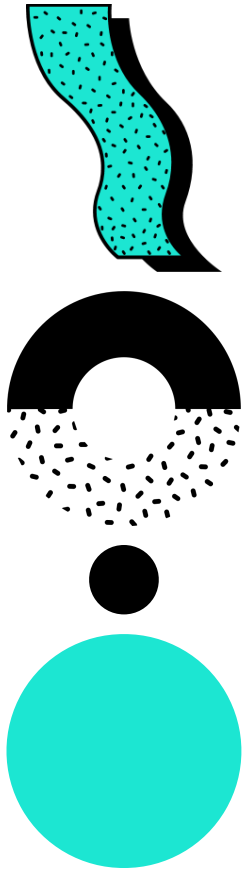
Healthy Minds Foundation

Founded in 2021 as a registered NGO

Aims:

- Promote community mental health and resilience
- Improve access to mental health information, services, and resources

Addresses diverse areas, including men and mental health

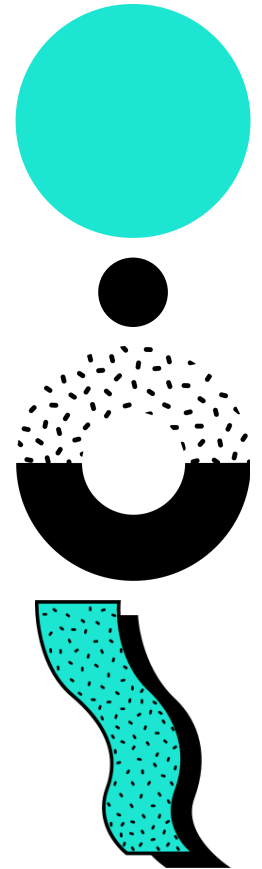


Thank you!

 @menthepodcast

 @MenThePodcast

<https://ffm.to/menmenmenthepodcast>



Question & Answer



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Línea Calma: Supporting Men's Emotional Health and Well-Being in Colombia

IGWG METF Event
June 2, 2021

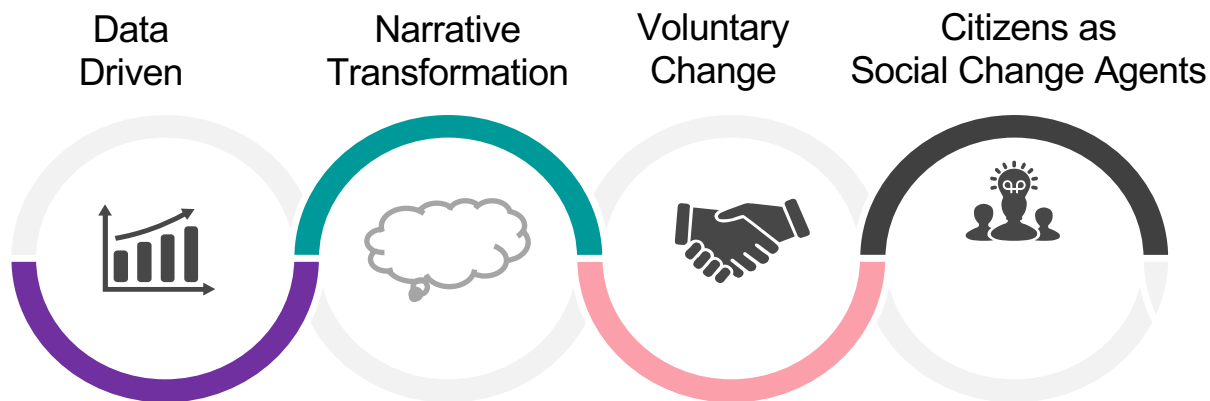
Henry Samuel Murrain
María Fernanda Cepeda



The Secretariat for Culture, Recreation, and Sports is pleased to present “Línea Calma” (Calm Hotline), a cultural and behavioral transformation strategy to promote alternative masculinities, eliminate “machismo,” and prevent domestic and partner violence in Bogotá.

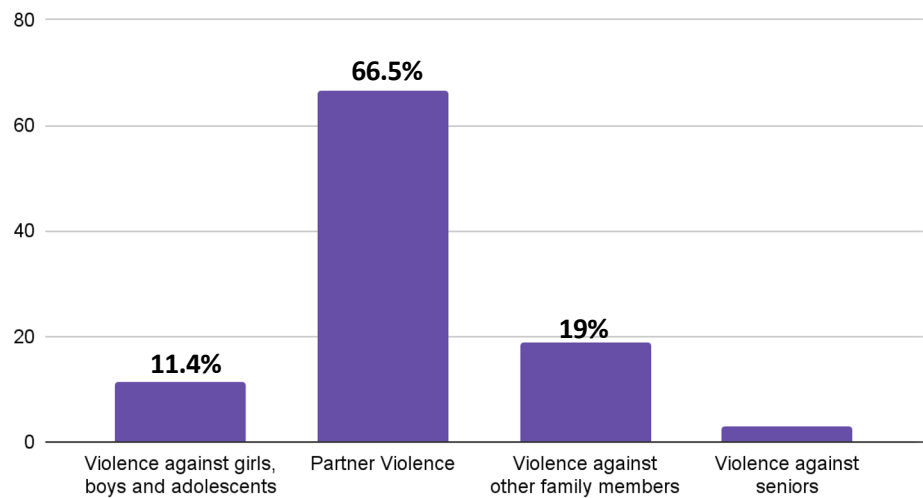
Context

- **2019:** Claudia López is elected first woman to serve as Bogotá's mayor
- Administration goals: (1) eliminate gender-based violence (GBV) against women and (2) foster cultural transformation around machismo
- Secretary of Culture adopts a **citizenship culture approach** to reduce GBV
- Created by former Bogotá mayor Antanas Mockus, this approach calls on public institutions to give more attention to **social and gender norms** and develop public policies in line with these **four principles**:



Baseline: Partner violence against women is most common type of domestic violence in Bogotá, Colombia

Domestic Violence in Bogotá



Source: National Institute of Legal Medicine and Forensic Sciences (Colombia) – 2018, 2019

(6) Instituto Nacional de Medicina Legal y Ciencias forenses (2018). Revista Forensis datos para la vida, Bogotá, Colombia

Who perpetrates this type of violence?



81.9% 19.1%

- 48.9% Domestic partner
- 30.5% Former domestic partner
- 10.1% Spouse

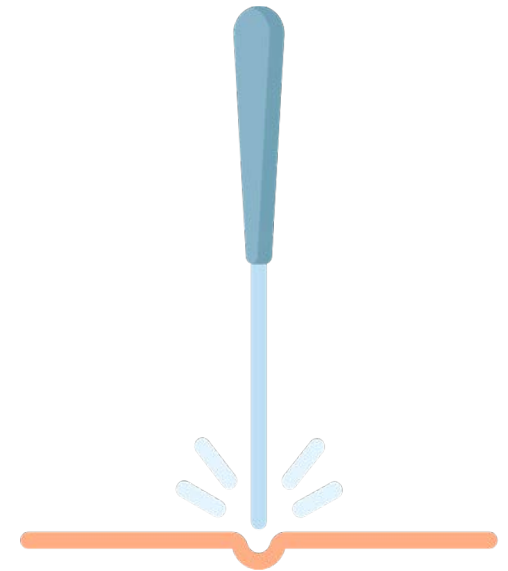
What are the motivations?



“Cultural Acupuncture”: Using data to directly address social issues and develop impactful policies

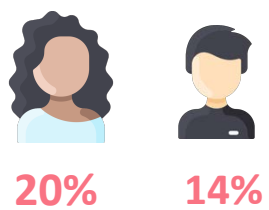
- Intimate partner violence is the most common type of domestic violence in Bogotá
- Men commit 8 of every 10 acts of intimate partner violence
- Main perpetrators include domestic partners, former domestic partners, and spouses
- Jealousy, control, and “machismo” are the primary motivations behind intimate partner violence

(6) Instituto Nacional de Medicina Legal y Ciencias forenses (2018). Revista Forensis datos para la vida, Bogotá, Colombia



In 2020, we conducted two surveys to learn about attitudes, beliefs, norms, and behaviors around intimate partner violence as well as machismo and jealousy.

Have you ever been assaulted by your partner?

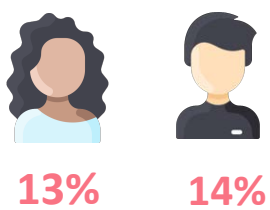


58% women and 55% men say jealousy and infidelity motivated the assault



13% men and 15% women say disagreements and differences of opinion motivated the assault

Have you ever reacted violently towards your partner?



49% women and 39% men say jealousy and infidelity motivated their reaction



18% men and 15% women say disagreements and differences of opinion motivated their reaction

What happened?

- Men report more psychological violence, such as yelling, insults, checking their cell phone, and disrespecting their opinion. 73% of men report pushing and/or beating.
- Women report psychological violence AND physical violence, such as threats, pushing, beating, assault with an object, sexual violence, and attempted murder.

- Men and women equally report psychological violence, such as yelling, insults, checking their cell phone, and disrespecting their opinion.
- Also, 27% of men and 36% of women report pushing and/or beating.

Social and gender norms around masculinity in Bogotá:

We asked men and women about their perceptions of what is expected of men.



“In Bogotá, people expect men to...”



85%

91%

be good providers



57%

65%

have a very active sex life

50%

57%

successfully flirt with women

52%

52%

not let their partners cheat on them



55%

64%

not let others humiliate them

44%

36%

respond aggressively if others fight them



38%

42%

avoid being “effeminate”

40%

38%

fear nothing

40%

48%

avoid expressing their emotions in public

76% men and 84% women agree that “men would like to manage their emotions better but don’t know how to”

60% men agree that “men struggle to recognize when they need help”

56% agree that “men are better at minding their own business / solving problems themselves”

What is *Línea Calma* about?



Línea Calma (Calm Hotline) is a telephone-based service for men 18 years and older in Bogotá in need of a space to identify, express, and manage their emotions while being heard and unlearning “machismo.”

Service 1



Telephone service for sharing everyday concerns and life experiences and receiving guidance on how to handle them. Examples include worrying, loneliness, family problems, relationship issues, among others.

Service 2



Psychoeducational support via one-on-one sessions where strategies and tools for cultural and behavioral change are shared with men to unlearn “machismo” and learn healthy, non-violent communication, emotional self-regulation, and conflict resolution, among others.

How does *Línea Calma* work?



Línea Calma was launched as a pilot project in December 2020, and it has been operating with the **018000-423614** telephone number.



The telephone line is serviced by psychologists and operates Monday–Friday from 8am to 8pm and Saturdays from 8am to 12pm.



The psychoeducational service is run by psychologists via video calls and is scheduled once a week according to client needs.

What services does *Línea Calma* not offer?

Línea Calma offers emotional support and psychoeducational education for men.

It ***does not*** offer the following services:



If **Línea Calma** receives calls regarding any of the above, the team uses its referral system to link clients to specialized services as needed.

What is our communications strategy?



- Making the hotline available to all men seeking emotional support, **not only men who perpetrate violence**
- Reflecting the physical **diversity of men** in visuals
- Using messaging with simple, empathic language that is grounded in Colombian dialects
- Crafting message that invite rather than accuse to reduce defensive response to the campaign
- Initial targets: Social media and press coverage
- Next steps: Edutainment

Preliminary Results

Did men call?



1,800 men have called
1,065 hotline support calls provided



131 men have participated in psychoeducational services
654 virtual sessions held

Why did they call?

54% men were dealing with emotional crisis



Heartbreak



Family conflict/fatherhood

42% men reported domestic violence, including intimate partner violence



Jealousy and infidelity



Caregiving

4% men were navigating situations related to gendered violence in the public space (e.g., sexual harassment, road rage, street fights)

What was their feedback?



81% felt better after receiving hotline support



88% felt the hotline helped them better manage their emotions



92% reported that no violent situations happened again after receiving hotline support and psychoeducational services



94% would recommend the hotline to other men

Lessons Learned

- Men need and want support around experiencing negative emotions and managing their reactions and relationships
- Men will take the initiative when services are made accessible to them
- Important to revisit communications strategy to engage broader diversity of men outside of the primary audience to date (i.e., *cisgender, heterosexual men between 30-50 years belonging to low- and middle-income groups*)
- Coordination with other services is necessary to ensure men receive the support they want and need (e.g., service referral system)
- Health is interconnected as evidenced by service referrals and links to public policy

Testimonials

"I realize that everything is like a circle, people tell us we should behave this way...abrupt, rude, and aggressive; if not, one is not man enough. That's what I learned. My grandfather was the man of the house...and I wanted to follow in his footsteps...to be a man who makes himself known.

– Anonymous, 36 years old

"This contradicts the fundamentals of my behavior and what I have been taught... especially in terms of facing my fears. If you notice that you fear something, you need to face it. That's contradictory because while putting on armor may make us feel strong...laying down our armor makes us feel more secure, at peace, and capable of establishing emotional and social bonds.

– Anonymous, 39 years old



Thank you!

Question & Answer



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Zoom Breakout Rooms

- You will receive a message on your screen, “*The host is inviting you to join Breakout Rooms: Breakout Room X.*” **Click “Join.”**
- Once in the breakout room, if you need help, please direct any questions to your assigned facilitator.
- The session moderator may broadcast messages to your group.
- Once the breakout rooms are finished, you will get a message on your screen that the breakout room will close in 60 seconds. You will automatically be transferred back to the main room.

Small Group Discussion

What do you see as the biggest priority to advance the field of men and boys' mental health, particularly in ways that can support positive global health outcomes (such as those related to family planning, maternal and child health, and/or HIV)?

Discussion Report Out

- What were key takeaways from your small group discussions?
- Focus: priorities for future research and programming on men and boys' mental health and ways it can support positive global health outcomes (e.g., family planning, maternal and child health, HIV)

Closing Remarks

- Mental health issues often go undetected in men, as they often manifest in anger and violence
- Men's mental health issues contribute to a range of gender and other health issues, including:
 - Maternal and child health and development outcomes
 - HIV risk behavior: substance use, multiple sexual partners, intimate partner violence, transactional sex
 - Perpetration of violence
 - Decreased health-seeking overall
 - Relationship quality and communication
- Societal scripts and expectations around masculinity often prevent men from talking about their experiences of depression and trauma
- Significant unmet need for men to talk about their challenges, get help to manage emotions, and build social bonds

Joining the METF Online Community

Does anyone have any resources to share on addressing the mental health needs of young boys?

I'm writing to share an upcoming event about engaging men in HIV screening.

I wonder who else is working on couple communication in family planning.

Thank you!



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