Thank you for joining us. We will begin shortly.
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
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

Courtney McLarnon-Silk (she/her)
Passages Project, Institute for Reproductive Health at Georgetown University

Julie Pulerwitz (she/her)
Breakthrough RESEARCH, Population Council

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

https://www.igwg.org/resources/dos-donts-for-engaging-men-boys/
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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30–8:40 EDT</td>
<td>Welcome and Opening</td>
<td>Dominick Shattuck&lt;br&gt;Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>8:40–8:50 EDT</td>
<td>Introductory Remarks</td>
<td>Paul Bolton&lt;br&gt;USAID</td>
</tr>
<tr>
<td>8:50–9:10 EDT</td>
<td>Men’s Lifetime Experiences of Trauma in South Africa and Eswatini</td>
<td>Julie Pulerwitz and Ann Gottert&lt;br&gt;Population Council</td>
</tr>
<tr>
<td>9:30–9:50 EDT</td>
<td>Calm Line: Supporting Men’s Emotional Health and Well-Being in Colombia</td>
<td>Henry Samuel Murrain and María Fernanda Cepeda&lt;br&gt;Secretariat for Culture, Recreation, and Sports (Bogotá, Colombia)</td>
</tr>
<tr>
<td>9:50–10:20 EDT</td>
<td>Small Group Discussions Discussion Report Out</td>
<td>All participants and speakers&lt;br&gt;Myra Betron&lt;br&gt;JHPIEGO</td>
</tr>
<tr>
<td>10:20–10:30 EDT</td>
<td>Closing Remarks</td>
<td>Myra Betron&lt;br&gt;JHPIEGO</td>
</tr>
</tbody>
</table>
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
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

Effects on women:
- Mental health issues
- Reduced reproductive health
- Poor family planning
- Poor nutrition
- Lack of parenting

Effects on children:
- Low birth weight
- Poor early child development
- Increased infectious diseases
- Decreased healthcare
- Violence in adulthood (perpetrator and survivor)

MMH

Loss of function
- Violence
- Substance use
- Poverty and stress
- Lack of spousal support
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
Background

• Trauma: Emotional response to a deeply distressing/disturbing event\(^1\)
  – Acute, chronic, and/or complex (multiple events/experiences)

• Increasing global recognition of trauma pervasiveness and effects on range of negative outcomes\(^2\)–\(^4\)
  – 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

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?

Sociodemographic characteristics

Mean age was ~26 years in all 3 countries.

Most were employed (51–74%).

Most had completed secondary school in South Africa (78%) and Eswatini (62%), while ~¼ had in Malawi (27%).

<\frac{1}{5}\) in South Africa (15%) and Eswatini (14%) were married or cohabiting, while \(\frac{1}{2}\) were in Malawi (50%).

>\frac{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

- Been robbed at gunpoint or knifepoint: 39% in South Africa, 18% in Eswatini, 6% in Malawi
- Witnessed an armed attack on someone: 41% in South Africa, 34% in Eswatini, 8% in Malawi
- Been or felt close to death: 41% in South Africa, 25% in Eswatini, 11% in Malawi
- Witnessed someone being raped: 2% in South Africa, 3% in Eswatini, 4% in Malawi
Cumulative trauma exposure across childhood and adulthood

1+ traumas:
- South Africa: 87%
- Eswatini: 81%
- Malawi: 81%

2+ traumas:
- South Africa: 66%
- Eswatini: 57%
- Malawi: 51%

3+ traumas:
- South Africa: 41%
- Eswatini: 32%
- Malawi: 21%
## Prevalence of health outcomes

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

- **a** Among all data available: men who had sex in the last 12 months in Eswatini and South Africa (n=741 and n=922, respectively).
- **b** Among 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

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

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

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

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 both\(^1\)–\(^3\)
  – Community-based norm change; couples interventions
  – Psycho-social and psychiatric support

• Learnings required around:
  – Contextual specificity and refinement
  – Scale-up and sustainability/institutionalization

Additional findings/selected publications


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


Institute for Health Measurement (Eswatini research partner): Patrick Shabangu, Kelvin Sikwibele, Bhekumusa Lukhele, Feziwe Makhubu, Vimbai Tsododo, Bheki Mamba, Research assistants; Muhle Dlamini (SNAP); Mziwethu 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

The contents of this presentation are the sole responsibility of the Population Council and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.
Question & Answer
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

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

“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

“Therapy is considered to be a Western concept, but sitting together and sharing experiences, folklore and stories is part of our culture.”
–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
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/menmenmenmenthepodcast
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 polices in line with these **four principles**:
  - Data Driven
  - Narrative Transformation
  - Voluntary Change
  - Citizens as Social Change Agents
Baseline: Partner violence against women is most common type of domestic violence in Bogotá, Colombia

Who perpetrates this type of violence?

- 81.9% Domestic partner
- 48.9% Former domestic partner
- 10.1% Spouse

What are the motivations?

- 55.9% “Machismo” and intolerance
- 20.9% Jealousy and mistrust

*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
“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
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.

In 2020, we conducted two surveys to learn about attitudes, beliefs, norms, and behaviors around intimate partner violence as well as machismo and jealousy.
Social and gender norms around masculinity in Bogotá:
We asked men and women about their perceptions of what is expected of men.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Men</th>
<th>Women</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>91%</td>
<td></td>
<td>be good providers</td>
</tr>
<tr>
<td>57%</td>
<td>65%</td>
<td></td>
<td>have a very active sex life</td>
</tr>
<tr>
<td>50%</td>
<td>57%</td>
<td></td>
<td>successfully flirt with women</td>
</tr>
<tr>
<td>52%</td>
<td>52%</td>
<td></td>
<td>not let their partners cheat on them</td>
</tr>
<tr>
<td>55%</td>
<td>64%</td>
<td></td>
<td>not let others humiliate them</td>
</tr>
<tr>
<td>44%</td>
<td>36%</td>
<td></td>
<td>respond aggressively if others fight them</td>
</tr>
<tr>
<td>38%</td>
<td>42%</td>
<td></td>
<td>avoid being “effeminate”</td>
</tr>
<tr>
<td>40%</td>
<td>38%</td>
<td></td>
<td>fear nothing</td>
</tr>
<tr>
<td>40%</td>
<td>48%</td>
<td></td>
<td>avoid expressing their emotions in public</td>
</tr>
</tbody>
</table>

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”
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.”

**What is Línea Calma about?**

**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.

8 professionals
50% men
50% women
What services does Línea Calma not offer?

Línea Calma offers emotional support and psychoeducational education for men.

It *does not* offer the following services:

- Personal Emergency Response
- Suicidal Prevention and Response
- Gender-Based Violence Response and Reporting
- Mental Health Services
- Drug or Alcohol Use Support

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
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!