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



Interagency Gender Working Group Male Engagement Task Force

DO's and DON'Ts for Engaging Men and Boys in Health: A Learning and Exchange Session on How to Apply Relevant Tools and Frameworks

May 18, 2023



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Webinar Logistics

Zoom: Video and audio web conferencing platform

- Introduce yourselves with your name, organization, and country in the chat
- Please remain on mute while in the main session room
- Submit questions during the presentations in the chat
- Recording plenary

We will share the slides and recording after the webinar.

IGWG Male Engagement Task Force (METF)

The METF is an information, advocacy, and knowledge exchange network that:

- Explores how to better reach and include men and boys in health promotion
- Simultaneously taking into account issues of gender equality and addressing gender dynamics that act as barriers to health
- Focuses on several health areas: family planning and sexual and reproductive health (FP/SRH); maternal, newborn, and child health (MNCH); HIV/AIDS, and other infectious diseases (e.g., malaria, tuberculosis)
- Engages with both research and programming in order to improve outcomes across these health areas

Today's Meeting

- Showcase of best practices for male engagement, including an overview of the METF-developed *DO's and DON'Ts for Engaging Men and Boys in Promoting Health and Gender Equity*
- Interactive breakout sessions to apply the DO's and DON'Ts to case studies of health programs that have engaged men and boys—both what they did well and what could have been done differently
- Engage in information exchange and problem solving regarding their own work engaging men and boys.

Agenda and Speakers

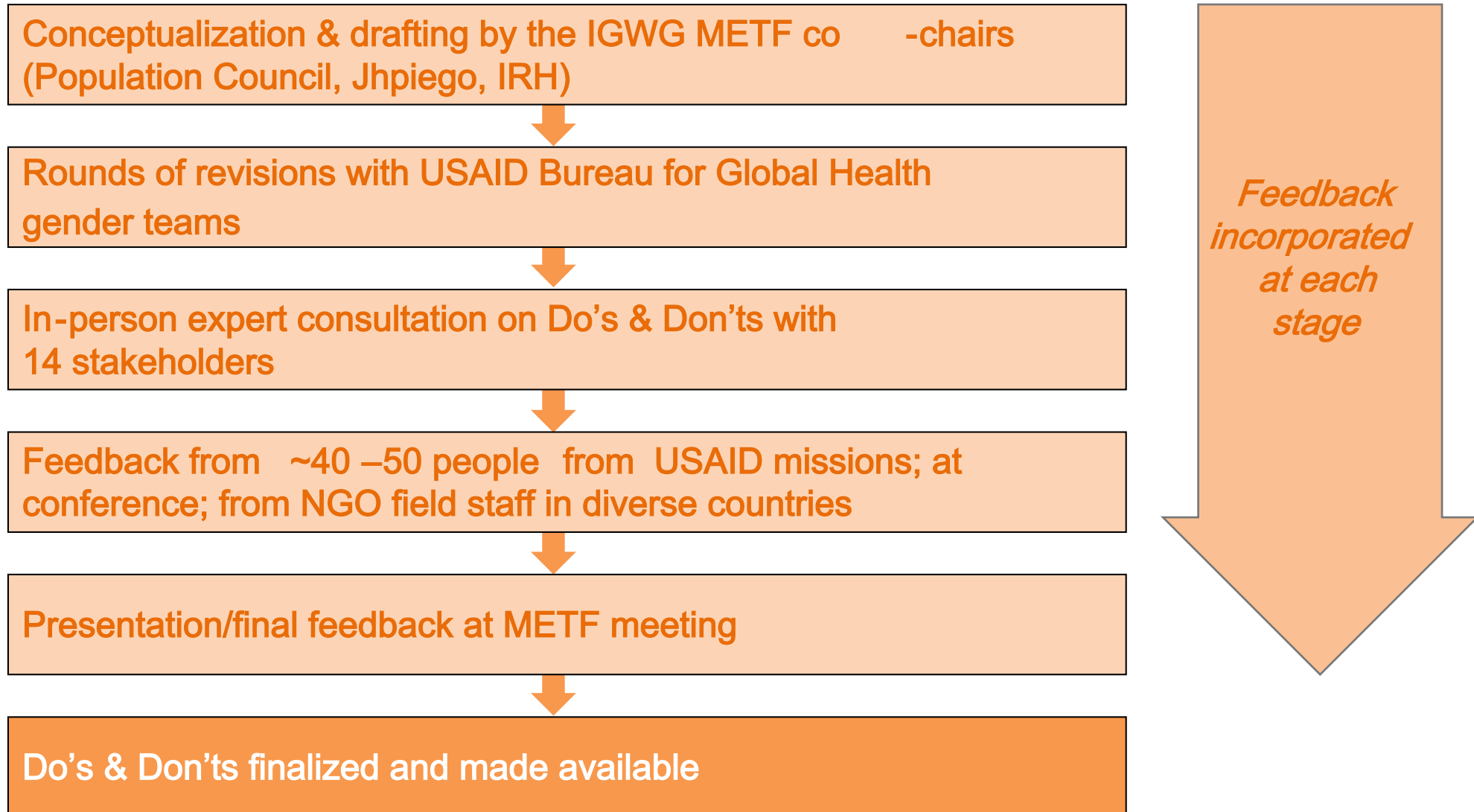
8:00–8:05 EDT	Welcome and Opening
8:05–8:12 EDT	Overview of Do's and Don'ts
8:12–8:30 EDT	Champion case study of application of Do's and Don'ts
8:30–8:35 EDT	Q&A
8:35–8:38 EDT	Overview of Breakout Groups
8:38–9:13 EDT	Breakout Group: Session 1
9:13–9:48 EDT	Breakout Group: Session 2
9:48–9:58 EDT	Plenary Discussion
9:58–10:00 EDT	Acknowledgements and Closing



DO's & DON'Ts for engaging men & boys

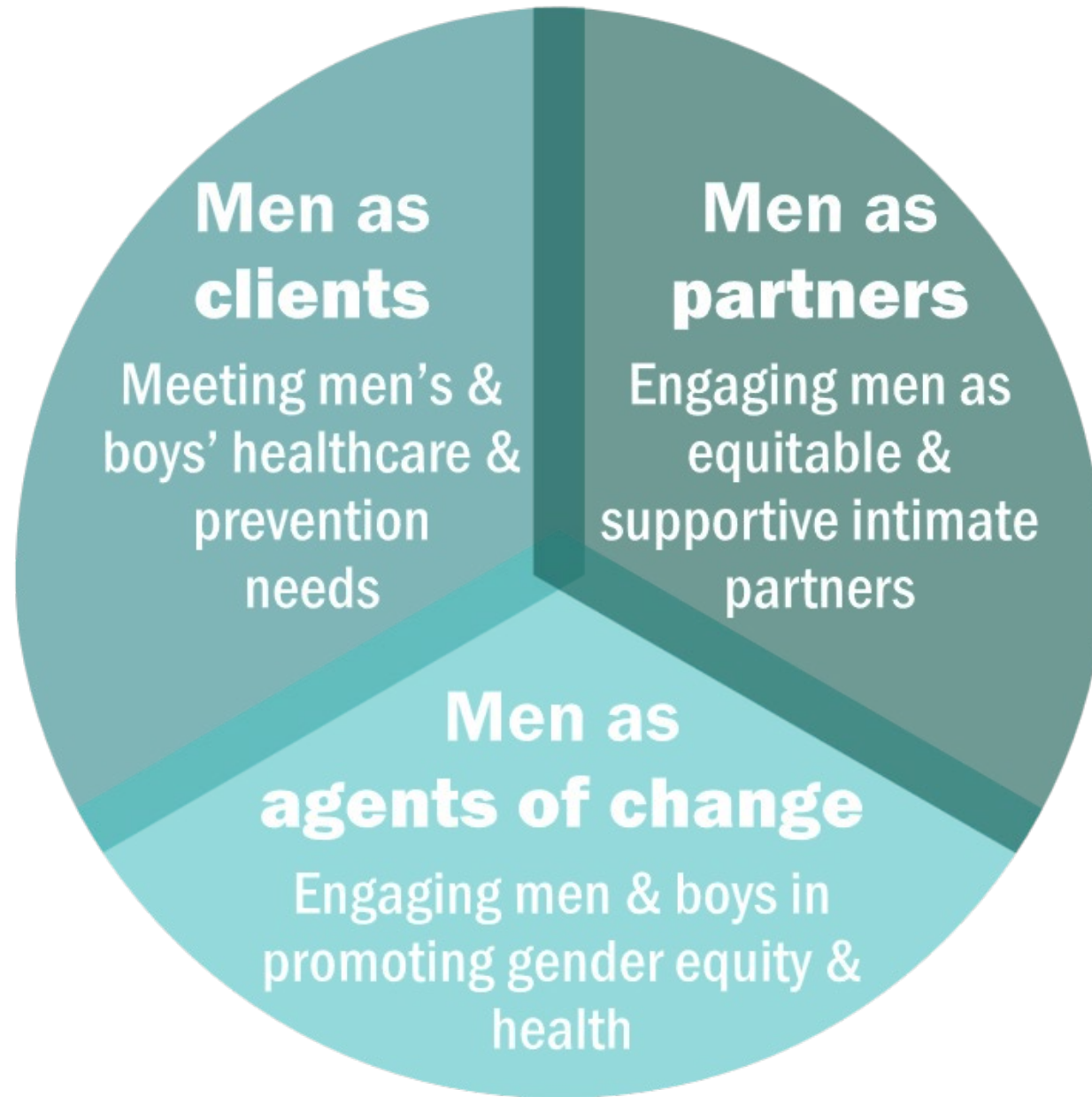


How were the Do's & Don'ts developed?



What are best practices for engaging men & boys —and practices to avoid —in health promotion and gender equity?

This 2-page resource seeks to provide practical suggestions around how to balance reaching men to address their own distinct health needs as well as facilitate gender equity within families and communities.





DO recognize and meet men's distinct needs.

- Engage men and boys in ways that acknowledge and meet their unique needs —as clients, as partners, and as agents of change.
- Don't overlook men and boys as clients, including within reproductive health programs. Men often access health services later than advised (including for HIV/STIs), which can lead to adverse outcomes and high mortality rates.
- Take into account the high rates of violence, depression, and substance abuse men experience, linked to harmful norms around masculinity. Ideally, seek to prevent these experiences, through intervention and legal/policy reform.



DON'T engage men at the expense of women.

- Ensure that male engagement efforts do not compromise women's safety and ability to make decisions and access services. Track this carefully.
- Pay particular attention to any potential increases in gender-based violence; know referral pathways to provide adequate support to survivors.
- Provide sufficient staff training —including refresher training —around how best to balance engaging men and women, and monitor programs to make sure that women aren't left out.



DO seek to transform harmful gender relations and norms.

- Recognize that some common gender norms and dynamics are harmful.
- Implement programs that explicitly seek to shift gender norms —called “gender transformative” programming —which are more effective in improving health outcomes than those that do not. Investing in transforming gender norms can also be cost-effective and improve program sustainability.
- Engage men in caregiving as a powerful entry point for transforming gender relations and norms.



DON'T discount the structural barriers men face when accessing health services.

- Ensure privacy, convenience (e.g., after -work hours), and a welcoming environment (e.g., staff prepared to receive men). Like other clients, men need options and information that meet their needs.
- Don't assume that health facilities are necessarily the best place to provide health services. Often, community -based services can best reach men.
- Advocate for policy change that breaks down structural barriers preventing men from accessing services.



DO gather evidence with men and boys (and not just women and girls).

- Speak directly to men and boys, in addition to women and girls, when designing a male engagement program/policy or evaluating its effects.
- Seek to understand the kinds of issues raised in these DO's and DON'Ts: for example, diversity and needs across the life course, structural barriers to accessing services, and the impact of transforming gender norms.
- Ensure that all research follows ethical standards, especially around sensitive subjects like relationship violence.
- Use the research tools and measures already available whenever possible.



DON'T start with the assumption
that all men are bad actors.

- It is counter-productive to hold negative assumptions about men as a group, even though men who engage in harmful behaviors like partner violence must be held accountable.
- Find and amplify the voices of men who support gender equity and those who are positively changing.
- Engage men and boys in recognizing how restrictive masculine norms negatively affect their own health and well-being, as well as that of partners, children, and families —and how moving away from these norms can benefit everyone.



DO start early in the life course.

- Start building equitable gender norms in childhood to promote healthier decision -making later in life. Messages about men's and women's expected roles and behavior are internalized starting early in life.
- Ensure boys' and young men's access to mentors who endorse equitable gender norms and model healthy behavior.
- Implement evidence -based interventions to prevent and address children's exposure to adverse experiences like violence and trauma, which are common among both boys and girls. These experiences affect men's and their partners' health outcomes later in life.



DON'T overlook the diversity of
men and boys in the population.

- Design programming and activities to reflect critical dimensions of men's diversity, such as gender identity, sexual orientation, race/ethnicity, fatherhood, class, religion/faith, and age.
- Intervene during transformative moments in the life of men and boys (e.g., puberty, school graduation, marriage, parenthood), when their needs and outlooks are changing.



DO engage men on their own
and in groups of men, as well as
together with women.

- Consider implementing male -only groups as spaces for men to consider harmful gender norms and the benefits of change, as well as to freely discuss sensitive topics, express worries, practice healthy communication, and seek advice.
- Avoid ONLY engaging men in male -only spaces, which can reinforce inequitable gender norms. Ensure opportunities for men and boys to engage in dialogue that includes women and girls.
- Seek to build skills around positive communication and shared decision -making among genders within couples and families, in all program activities.



DON'T overlook scale and sustainability for achieving impact.

- Consider how to reach entire populations or communities and how to sustain those efforts over time.
- Seek to build effective male engagement strategies into policies, institutions, and systems —for example in healthcare, education, the workplace, and government.
- Use one of the existing, evidence -based male engagement strategies and activities whenever possible.

For a copy of this document
and more resources, visit
[www.igwg.org/priority-
areas/male-engagement](http://www.igwg.org/priority-areas/male-engagement)

Now available in English, French, Spanish &
Portuguese

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Everything I Learned about Engaging Men in Reproductive Health and HIV Prevention while Working on CHAMPION

Myra Betron, Technical Director
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Project Overview

- CHAMPION :Channeling Men's Positive Involvement in the HIV Response.
- Duration: February 2008 through March 2014
- Budget: \$25.9 million from USAID/PEPFAR, includes \$2.5 million for GBV prevention work
- Goal: To promote a national dialogue about men's roles and increase gender equity, and in doing so, reduce the vulnerability of men, women, and children to HIV, GBV, and other adverse RH outcomes
- Target population:
 - *Primary*: Men age 25 or older and couples
 - *Secondary*: Women and youth



DO recognize and meet men's distinct needs.

The CHAMPION Baseline Survey

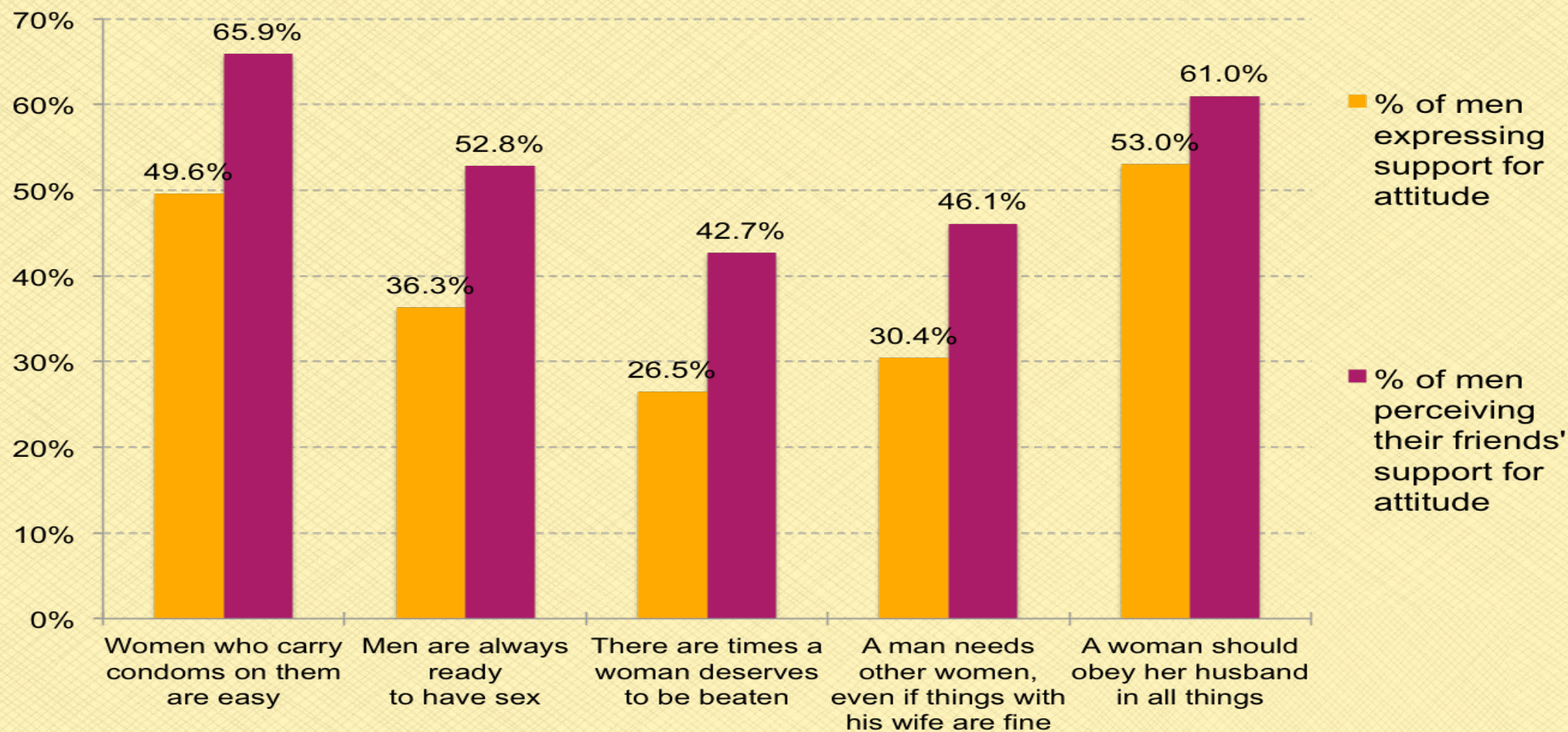
How?

- Large-scale household survey
 - 2,004 adult men, 667 women and 202 male youth
- 50 focus groups with men and women
- 41 in-depth interviews with stakeholders, including local government leaders and healthcare providers

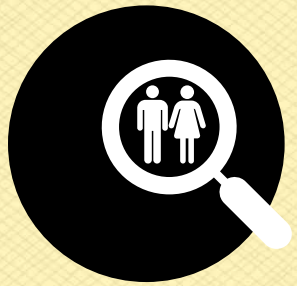
Summary of Key Findings

Findings	However...
Almost all men were aware that condoms prevent HIV	Condom use was low
Men felt comfortable and thought it was very important to go to health facilities with their partners	Few men actually attend
Health providers supported male involvement in family health	Facility environments and staff were unwelcoming
Men expressed support for gender equity in individual interviews	<ul style="list-style-type: none">• Traditional views of manhood prevailed in group settings• Men considered their friends to be much more gender-inequitable than themselves

Formative Research: Support for gender-related attitudes

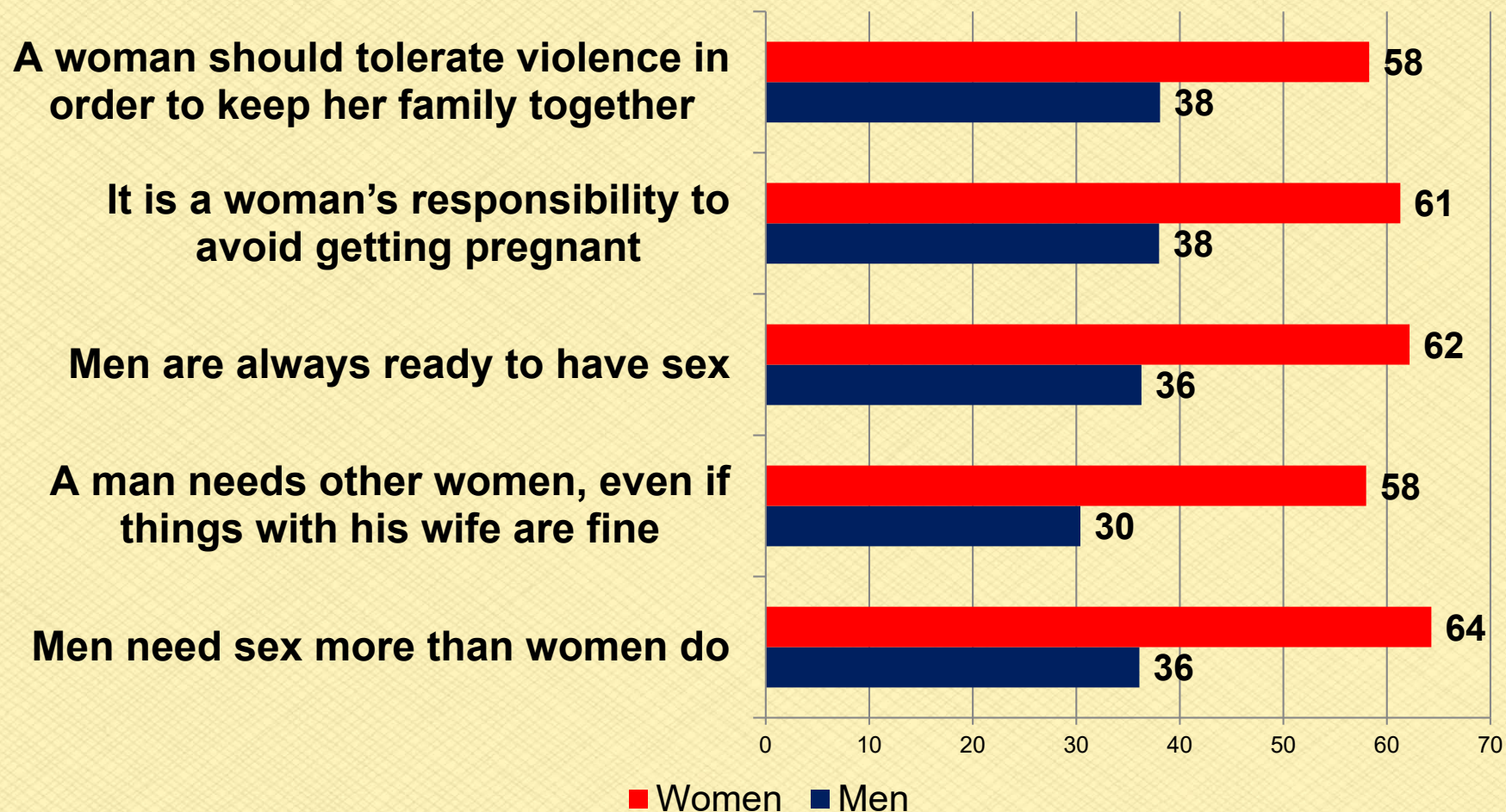


Pulerwitz, J, Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale. *Men and Masculinities*. 10: 322-338.



DO gather evidence with men and boys (and not just women and girls)

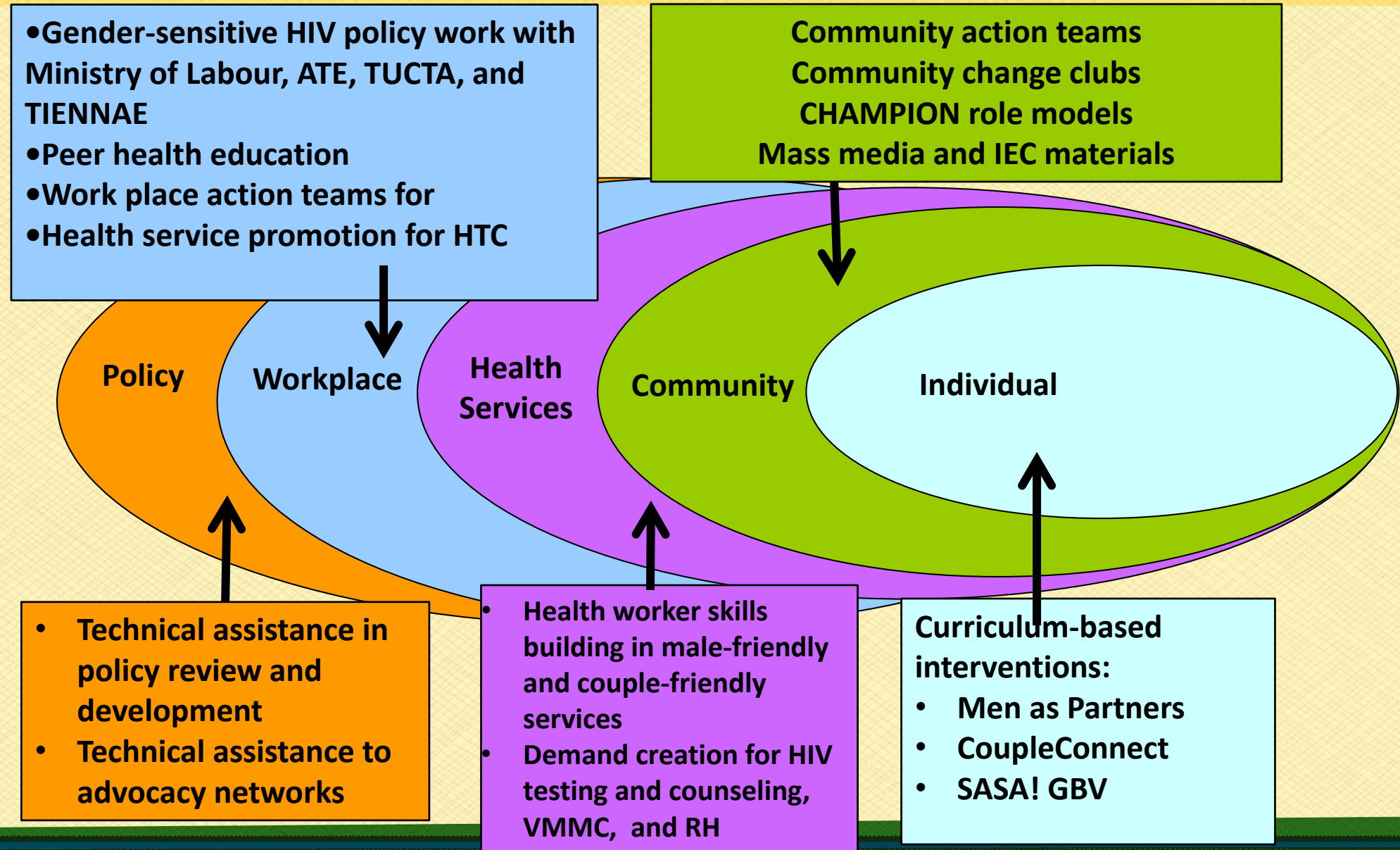
Women were less supportive of gender equity than men





DO seek to transform harmful gender relations and norms.

CHAMPION Interventions



Individual Interventions: Men as Partners

- *Men as Partners* group education:
 - Curricula-based
 - Grounded in SBCC theory (not training)
 - Groups meet over time to build rapport and foster reflection from real life
 - Trained facilitators lead the groups
- 68 male and female field facilitators trained
 - *Field facilitators also have to address their gender biases*
 - *On-going supportive supervision and learning*
- 5495 men and women in 14 key districts graduated from 10 weekly sessions



Community-Level Interventions

- Nine lead NGOs and community action teams supported in 14 key districts
- Trained 650 individuals in community engagement
- 450,000+ people reached with individual/small-group interventions:
 - Community dialogues
 - Health fairs
 - Gender fishbowls
 - Marches/rallies
 - Sports events
 - Film viewings
- “Vunja Ukimya” (“Break the Silence”) campaign

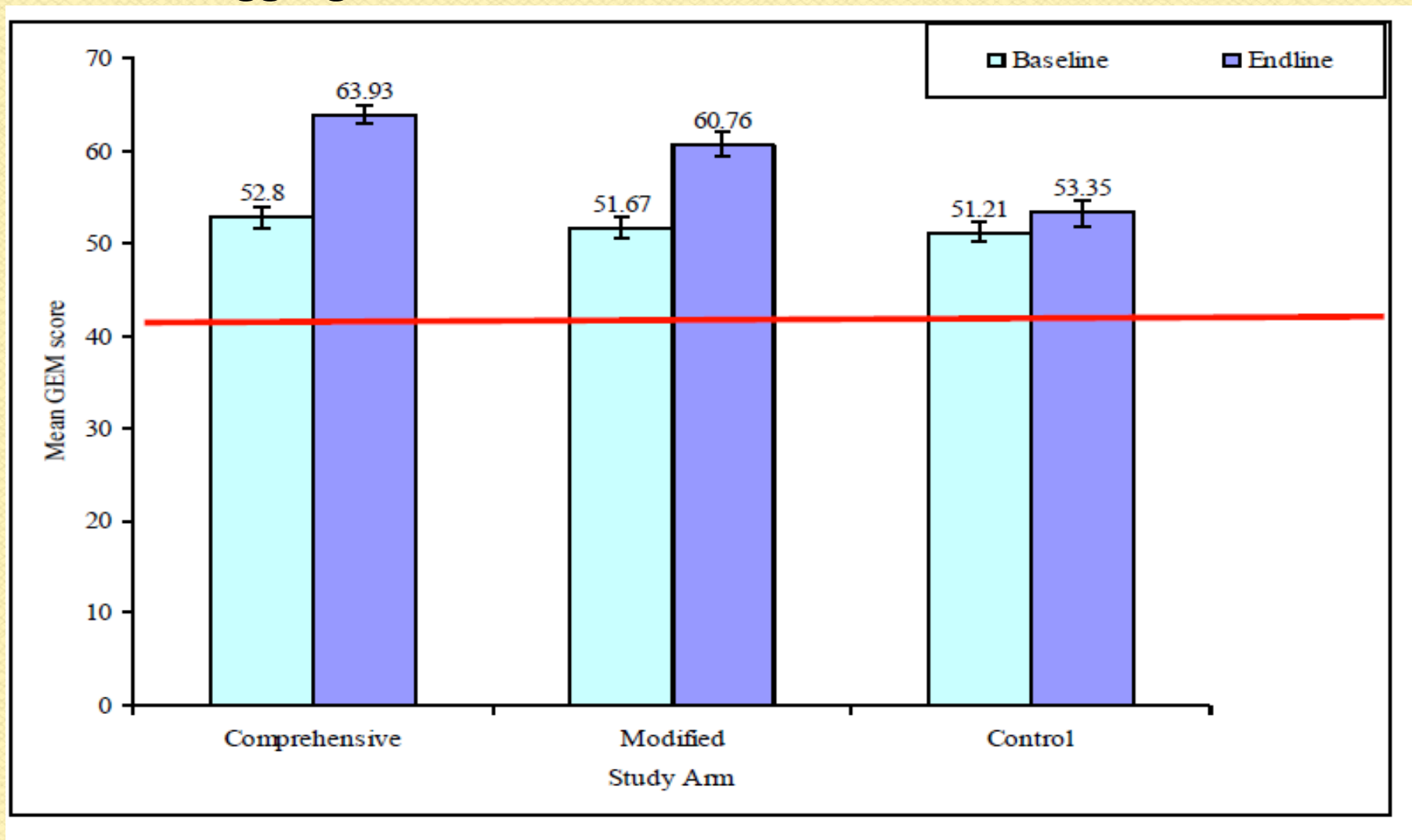


External Evaluation: Men as Partners

- Quasi-experimental design, baseline, post-intervention, endline (5 months out) with:
 - A *comprehensive intervention* arm of MAP group education workshops and community outreach activities
 - A *modified intervention* arm of MAP group education workshops only
 - A *control* arm with no intervention.
- A total of 1,620 adult men and women were recruited on equal allocation per arm; that is, 540 individuals per study arm
- Quantitative: GEM Scale, TDHS and Tanzania HIV Malaria Indicator Survey
- Qualitative: Interviews with female partners at endline

External Evaluation: Men as Partners

Aggregate GEM Scale Scores- Baseline and Endline



External Evaluation: Men as Partners

Type of violence and Study arm	Baseline	End-line	p-value
<i>Emotional Violence</i>			
Comprehensive	76% (43.4)	48% (29.8)	0.01
Modified	83% (53.5)	47% (42.0)	0.061
Control	89 % (53.3)	49% (43.0)	0.09
<i>Physical violence</i>			
Comprehensive	75% (42.9)	50% (31.1)	0.025
Modified	69 % (44.5)	43% (38.4)	0.317
Control	69% (41.3)	38% (33.3)	0.176
<i>Sexual violence</i>			
Comprehensive	51% (29.1)	33% (20.5)	0.067
Modified	50 % (32.3)	28% (25.0)	0.198
Control	44 % (26.3)	26% (22.8)	0.5



DON'T discount the structural barriers men face when accessing health services.

Formative Research: How Men Described Services

- Two-thirds of men and three-quarters of women felt that health facilities are not welcoming to men.
- *“You are embarrassed because... going to the clinic is the responsibility of a woman and not a man, so people will see you as if you have been bewitched. They laugh at you.”*
- *“Even when entering the clinic, you find no space specially designed for men. It does not say openly that this is the clinic for parents, including fathers, but mother and child or pregnant women.*
- *“Yes, a father is not seen... when you go to the clinic, you will be looked at as if you have entered a **female toilet**.”*

Illustrative Results: Health Services

- Structural changes:
 - -Sign boards welcoming men
 - -IEC materials directed toward men
 - -Condom dispensers
 - -TV screens with content directed to men
 - -Training of health providers, SOPs, to engage men
- Client satisfaction increased from 60% to 78% among men and from 65% to 83% among women.

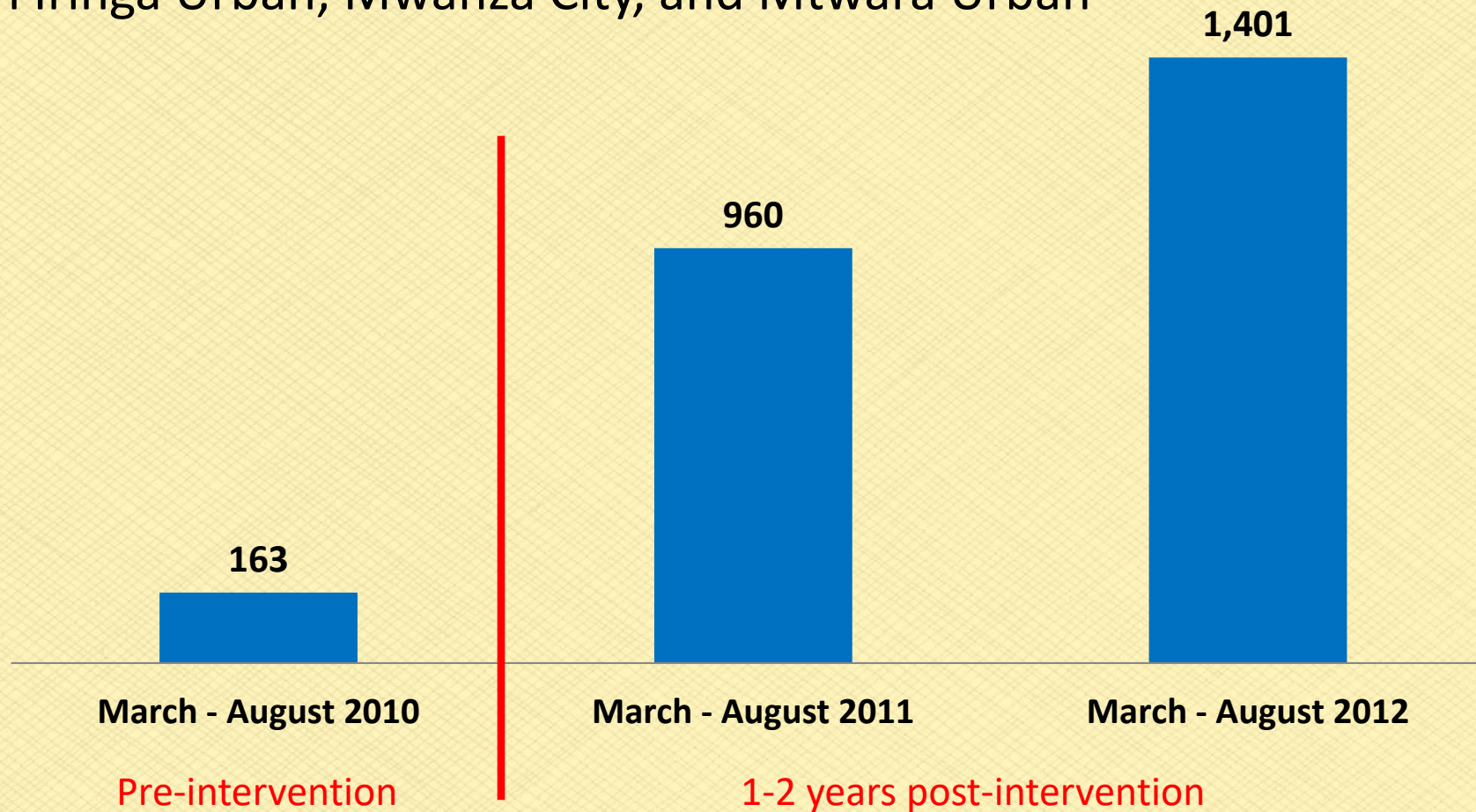




DON'T engage men at the expense of women.

Number of male partners counseled, tested, and received HIV test results during ANC visits

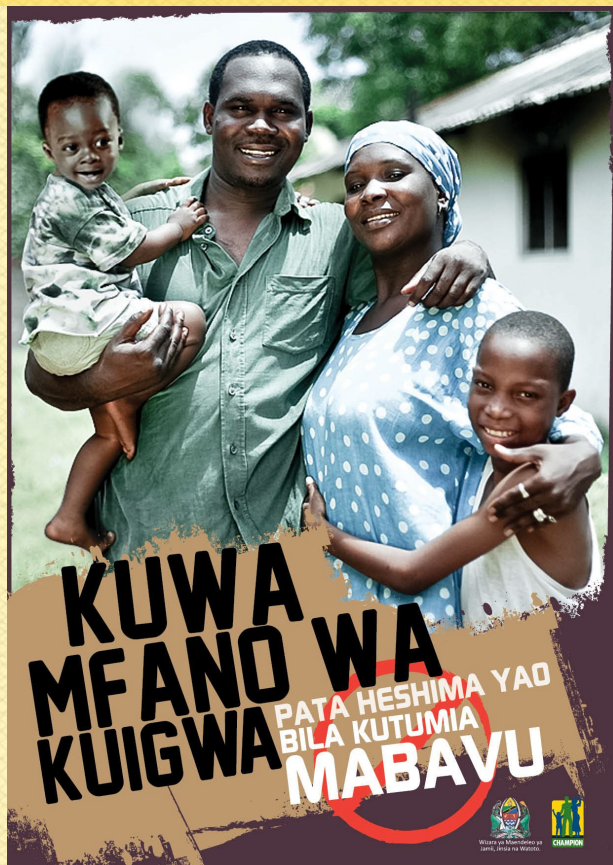
In Iringa Urban, Mwanza City, and Mtwara Urban





DON'T start with the assumption that all men are bad actors.

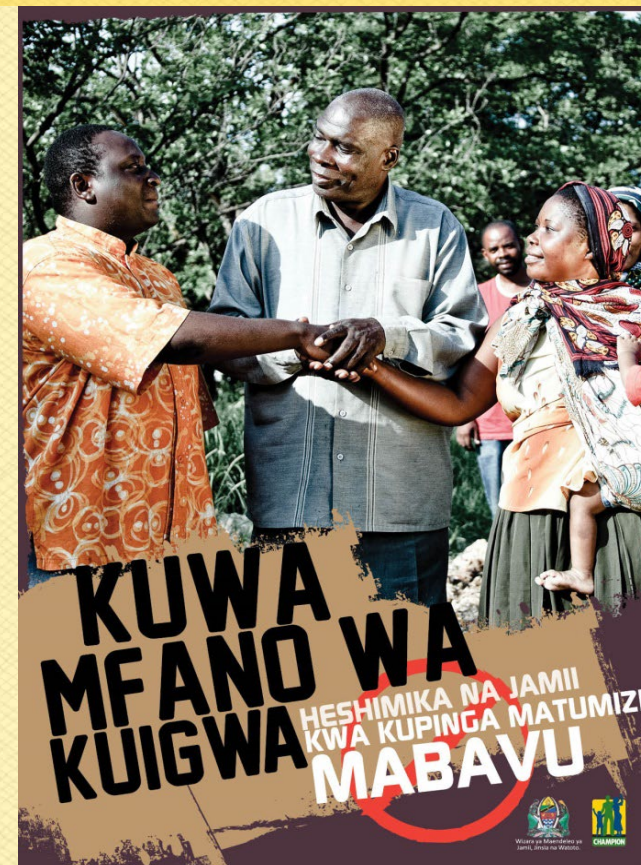
“Kuwa Mfano ya Kuigwa” (“Be a Role Model”)



Be their hero without using violence. Beating your wife is never justified.



Win her love without using violence. Forced sex, even with your partner, is violence.

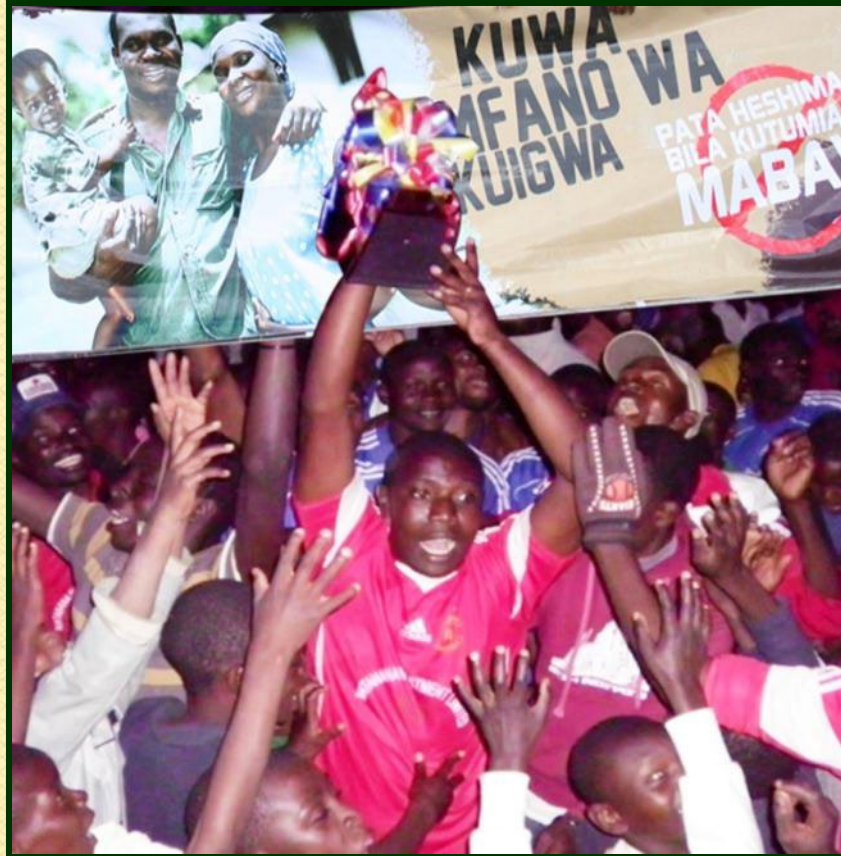


Win their respect by standing up against violence. Violence is everyone's problem.



DO start early in the life course.

Football Tournaments





DO engage men on their own and in groups of men, as well as together with women.

Individual Interventions: CoupleConnect

- Intended to synchronize gender attitudes and behavior; mutually reinforce change
- Topics: communication, managing finances, building trust, mutual support, shared goals, joint decision-making, demonstrating love and affection, achieving and maintaining SRH, and preventing and negotiating conflicts.
- 20 male and female field facilitators trained; 226 men and women (113 couples) reach in 10 key districts





DON'T overlook scale and sustainability for achieving impact.

Policy and Advocacy

- MenEngage Tanzania network focused on male involvement in HIV prevention and R services
- Review of key policies to integrate men
- Training and technical support to MCDGC, district officials in gender analysis and gender programming
- Engagement of District Councils to plan and budget for male involvement in health service activities
- Public dialogues
- Letters to the editor



Acknowledgements

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- Haji Fuko
- Countless facilitators and community action team members

Q&A on Do's and Don'ts



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Breakout Groups



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Closing Remarks



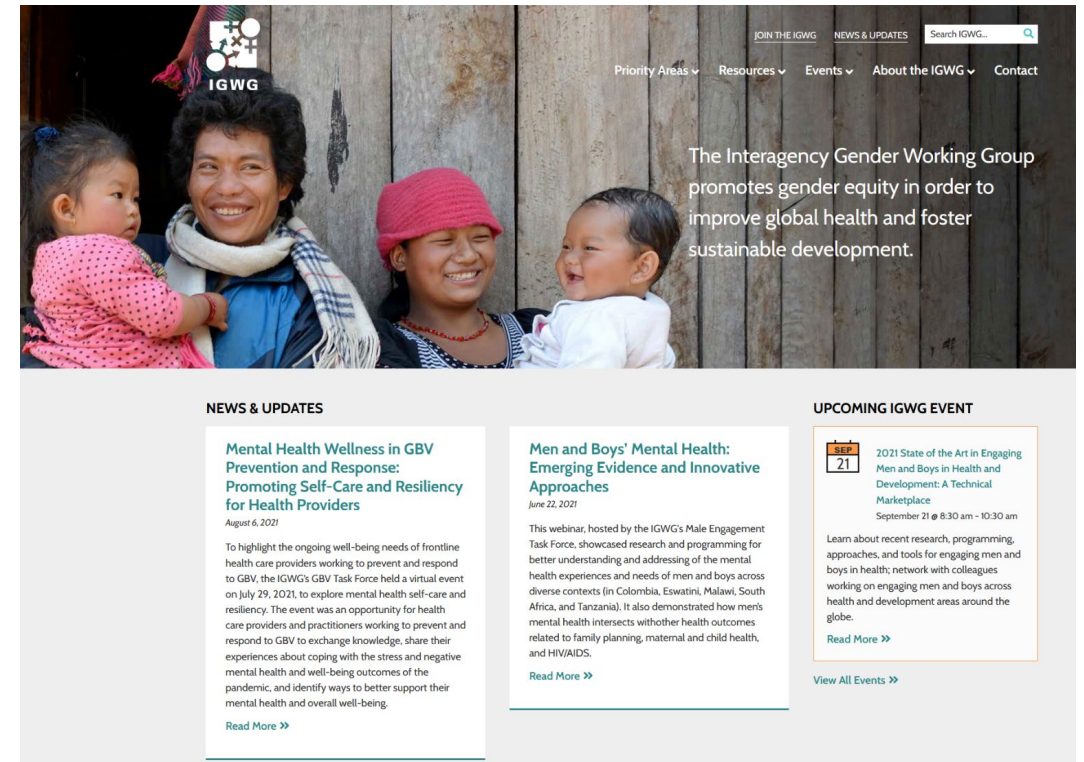
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How to Access Content

Links to the **recording** of the webinar, the **slide deck**, and an **overview of each project** will be made available on the **IGWG website** and shared with those that registered.

<https://www.igwg.org/>

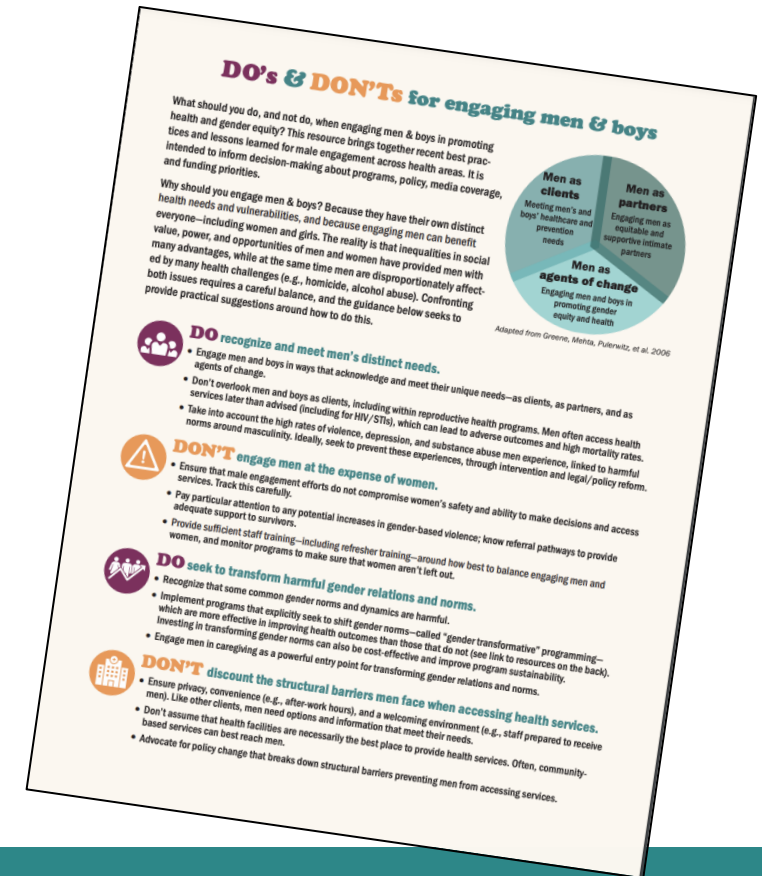


Become a Member of the METF Online Community!

Looking for **RESOURCES** on engaging men and boys in your work?

Would you like to **NETWORK** with others who are working with men and boys?

Do you have an event to **SHARE** with others related to men and boys?



JOIN US!

<https://www.igwg.org/priority-areas/male-engagement/male-engagement-task-force/>

Thank you!



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