Thank you for joining us. We will begin shortly.
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
IGWG
Male Engagement Task Force (METF) Team

Myra Betron  
(she/her)  
USAID MOMENTUM Country and Global Leadership, Jhpiego

Kendra Davis  
(she/her)  
Breakthrough ACTION, Johns Hopkins Center for Communication Programs

Ann Gottert  
(she/her)  
Population Council

Courtney McLarnon-Silk  
(she/her)  
Agency for All, The Center on Gender Equity and Health at the University of California San Diego

Julie Pulerwitz  
(she/her)  
Population Council

Dominick Shattuck  
(he/him)  
Breakthrough ACTION, Johns Hopkins Center for Communication Programs

Danette Wilkins  
(she/her & they/them)  
Breakthrough ACTION, Johns Hopkins Center for Communication Programs

Peter Waiswa  
(he/him)  
Agency for All, The Center on Gender Equity and Health at the University of California San Diego
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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00–8:05 EDT</td>
<td>Welcome and Opening</td>
</tr>
<tr>
<td>8:05–8:12 EDT</td>
<td>Overview of Do’s and Don’ts</td>
</tr>
<tr>
<td>8:12–8:30 EDT</td>
<td>Champion case study of application of Do’s and Don’ts</td>
</tr>
<tr>
<td>8:30–8:35 EDT</td>
<td>Q&amp;A</td>
</tr>
<tr>
<td>8:35–8:38 EDT</td>
<td>Overview of Breakout Groups</td>
</tr>
<tr>
<td>8:38–9:13 EDT</td>
<td>Breakout Group: Session 1</td>
</tr>
<tr>
<td>9:13–9:48 EDT</td>
<td>Breakout Group: Session 2</td>
</tr>
<tr>
<td>9:48–9:58 EDT</td>
<td>Plenary Discussion</td>
</tr>
<tr>
<td>9:58–10:00 EDT</td>
<td>Acknowledgements and Closing</td>
</tr>
</tbody>
</table>
DO's & DON'Ts for engaging men & boys

DO recognize and respect men's diverse needs.
- Single men and families are key to improving health and health systems, and should be actively involved in decision-making and policy.
- Identify and address the needs of the most vulnerable populations, including those with special needs or limited resources.
- Work to improve the health of individuals and communities by promoting healthy behaviors and reducing risks.

DON'T neglect men.
- Men are central to the health and well-being of families and communities.
- Gender norms and stereotypes can limit men's participation in health care and decision-making.
- Men's health needs can be complex and require sensitivity and understanding.

DO seek to transform the role of men.
- Men can be a powerful force for change in their communities.
- Engage men as partners in health and development programs.
- Men can be key to improving health outcomes for women and children.

DON'T avoid the structural barriers that limit men's access to services.
- Structural barriers such as transportation, cultural practices, and discrimination can limit men's access to health services.
- Men's health needs are often neglected by health care providers.
- Engage men in their communities to address these barriers and improve access to services.

USAID
FROM THE AMERICAN PEOPLE

IGWG
How were the Do’s & Don’ts developed?

Conceptualization & drafting by the IGWG METF co-chairs (Population Council, Jhpiego, IRH)

Rounds of revisions with USAID Bureau for Global Health gender teams

In-person expert consultation on Do’s & Don’ts with 14 stakeholders

Feedback from ~40 –50 people from USAID missions; at conference; from NGO field staff in diverse countries

Presentation/final feedback at METF meeting

Do’s & Don’ts finalized and made available
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.
Adapted from Greene, Mehta, Pulerwitz, et al. 2006

Men as clients
Meeting men’s & boys’ healthcare & prevention needs

Men as partners
Engaging men as equitable & supportive intimate partners

Men as agents of change
Engaging men & boys in promoting gender equity & health
**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.
• 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.
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.

This document is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this document are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.
Everything I Learned about Engaging Men in Reproductive Health and HIV Prevention while Working on CHAMPION

Myra Betron, Technical Director
@Jhpiego
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

<table>
<thead>
<tr>
<th>Findings</th>
<th>However...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost all men were aware that condoms prevent HIV</td>
<td>Condom use was low</td>
</tr>
<tr>
<td>Men felt comfortable and thought it was very important to go to health facilities with their partners</td>
<td>Few men actually attend</td>
</tr>
<tr>
<td>Health providers supported male involvement in family health</td>
<td>Facility environments and staff were unwelcoming</td>
</tr>
</tbody>
</table>
| Men expressed support for gender equity in individual interviews | • 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

DO gather evidence with men and boys (and not just women and girls)
Women were less supportive of gender equity than men

- A woman should tolerate violence in order to keep her family together: 38% of women vs. 36% of men
- It is a woman’s responsibility to avoid getting pregnant: 38% of women vs. 38% of men
- Men are always ready to have sex: 36% of women vs. 62% of men
- A man needs other women, even if things with his wife are fine: 30% of women vs. 58% of men
- Men need sex more than women do: 36% of women vs. 64% of men
DO seek to transform harmful gender relations and norms.
CHAMPION Interventions

- Gender-sensitive HIV policy work with Ministry of Labour, ATE, TUCTA, and TIENNAE
- Peer health education
- Workplace action teams for
- Health service promotion for HTC

Community action teams
Community change clubs
CHAMPION role models
Mass media and IEC materials

Policy
- Technical assistance in policy review and development
- Technical assistance to advocacy networks

Workplace
- Health worker skills building in male-friendly and couple-friendly services
- Demand creation for HIV testing and counseling, VMMC, and RH

Community
- Curriculum-based interventions:
  - Men as Partners
  - CoupleConnect
  - SASA! GBV

Individual
**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

- Comprehensive: Baseline 52.8, Endline 63.93
- Modified Study Arm: Baseline 51.67, Endline 60.76
- Control: Baseline 51.21, Endline 53.35
## External Evaluation: Men as Partners

<table>
<thead>
<tr>
<th>Type of violence and Study arm</th>
<th>Baseline</th>
<th>End-line</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td>76% (43.4)</td>
<td>48% (29.8)</td>
<td>0.01</td>
</tr>
<tr>
<td>Modified</td>
<td>83% (53.5)</td>
<td>47% (42.0)</td>
<td>0.061</td>
</tr>
<tr>
<td>Control</td>
<td>89% (53.3)</td>
<td>49% (43.0)</td>
<td>0.09</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td>75% (42.9)</td>
<td>50% (31.1)</td>
<td>0.025</td>
</tr>
<tr>
<td>Modified</td>
<td>69% (44.5)</td>
<td>43% (38.4)</td>
<td>0.317</td>
</tr>
<tr>
<td>Control</td>
<td>69% (41.3)</td>
<td>38% (33.3)</td>
<td>0.176</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td>51% (29.1)</td>
<td>33% (20.5)</td>
<td>0.067</td>
</tr>
<tr>
<td>Modified</td>
<td>50% (32.3)</td>
<td>28% (25.0)</td>
<td>0.198</td>
</tr>
<tr>
<td>Control</td>
<td>44% (26.3)</td>
<td>26% (22.8)</td>
<td>0.5</td>
</tr>
</tbody>
</table>
DON’T discount the structural barriers men face when accessing health 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

Pre-intervention: March - August 2010
- 163

1-2 years post-intervention: March - August 2011
- 960

- March - August 2012
- 1,401
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 RH 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

- Jane Schueller
- Eric Ramirez-Ferrero
- Dunstan Bishanga
- Monica Mhoja
- Katanta Simwanza
- Yeronimo Mlawa
- John George
- Mary Kavalo
- Rose Mtui
- Sara Teri Ezra
- Esther Majani
- Jaughna Neilsen-Bobbit

- Sima Bateyunga
- Adam Kaombwe
- Aisha Omar
- Hectory Chibele
- Clement Matwanga
- Jacqueline Kadama
- Alex Meena
- Rashi Msami
- Haji Fuko
- Countless facilitators and community action team members
Q&A on Do’s and Don’ts
Breakout Groups
Closing Remarks
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!

Thank you!