Tim Shand, Promundo-US, Moderator

Tim is the Vice President of Advocacy and Partnerships at Promundo. He has over a decade of experience providing leadership on programming, research, and advocacy to advance gender equality and gender justice, particularly in the area of engaging men in sexual and reproductive health and rights. Prior to Promundo, Tim worked at Georgetown University’s Institute for Reproductive Health as the Deputy and Technical Director of a USAID-funded project focusing on social norm change to promote adolescent well-being. Tim holds a Master’s degree in Public Health from the London School of Hygiene and Tropical Medicine, and is currently completing his PhD at University College London’s Institute for Global Health.

Contact: t.shand@promundoglobal.org
Webinar Objectives

Participants have a better understanding of the Male Engagement Planning Guide

Share implementation successes and challenges in male engagement interventions at the global and country levels
Why we’re here:

- Urgent global unmet SRH needs
- Barriers of norms, attitudes, & gender inequalities
- Evidence that male engagement works
- Existing national and international commitments
- Interventions with men short-term, limited in scale and scope, and peripheral
- Need men, not in charge of women’s SRH decisions, but as full, equitable partners.
- Collective will and opportunities

Participants in the MenCare+ program, Rwanda. Photo by Seth Chase.
MISSING IN ACTION?

Only 2.1% increase in global male method prevalence since ICPD (1994-2015)

HIP Step 1 – Define the Behavioral Aim of Your Initiative

Men’s sexual and reproductive health needs **differ across life stages**

Specify **behavior outcomes**, and use **appropriate indicators** to track changes in those behaviors over time.

**Common behavioral aims include:**
- Men as contraceptive users or as partners using methods
- Men as partners engaging in FP open communication and decision-making
- Men as advocates for gender equality and FP
HIP Step 2: Assess men’s and boys’ knowledge and attitudes related to reproduction and contraception.

SRH information is typically targeted to women. Men’s comprehensive knowledge facilitates engagement as users, partners and advocates and combats barriers

1. Knowledge of puberty and reproduction across the lifecycle
2. Knowledge, attitudes and beliefs towards FP and reproduction
3. Knowledge of, preferences for, and perceptions of FP services
HIP Step 3: Assess how gender norms affect male engagement in family planning.

Impact of patriarchal gender norms on men and women

Men play important role in challenging inequitable gender norms and fostering new ones

Before responding, clarify underlying norms influencing behaviors

• Conduct a gender analysis of secondary data sources
• Collect primary data through key informant interviews and focus group discussions
HIP Step 4: Identify programming approaches that engage men and boys.

Identify whose opinions matter to men and may influence behaviors
• Religious leaders, elders, parents, positive deviants

Identify where men prefer to receive SRH information

Develop programmatic approach (next slide)
## HIPs: Service Delivery & SBCC

<table>
<thead>
<tr>
<th>HIGH IMPACT PRACTICE</th>
<th>PRACTICE CAN...</th>
<th>APPROACHES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improve knowledge and attitudes</td>
<td>Address norms</td>
</tr>
</tbody>
</table>

**Social and Behavior Change Category:** Consider integrating information sharing and discussions into traditionally male spaces such as agricultural projects or development committees.

- **Mass media:** Radio, television, billboards, newspapers
- **Community group engagement:** Facilitated dialogue and reflection with and through community groups, street theater, engagement through faith/community leaders
- **Digital health for clients:** Social media, interactive voice technology, mobile apps
- **Interpersonal communication:** Hotline, male motivators and peer educators/mentors, positive deviants

**Service Delivery Category:** Consider that men and boys often prefer accessing services through non-clinic and informal settings.

- **Mobile outreach services:** Particularly important for services, such as vasectomy, that require a high level of clinical skill.
- **Community health workers:** Male CHWs can motivate men to support family planning and build couples' communication skills.
- **Drug shops and pharmacies, Social marketing:** Pharmacies and drug shops are often a preferred source for purchasing contraceptives among men and boys.

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**IBP Initiative**
Scaling up what works in family planning/reproductive health

**HIP**
Family Planning High Impact Practices

**FP 2020**
Family Planning
Tips from implementation experiences

• **Positive** messaging that resonates in the local language and culture

• Support **individual and community reflection** on norms, expectations, and roles at different life stages

• Make FP information & services **convenient and welcoming**

• Design programs that go to **where men are**.

• Include strategies for **reaching female partners**
Evidence and Global Campaign on men, gender and SRHR

- Shift the international paradigm and support national commitments on men and SRHR
- Advocacy brief on men & SRHR (guiding principles, 10 priority areas for action and recommendations)
- Landmark report on gender, men & SRHR (for ICFP)
- Analysis of FP Costed Implementation Plans (CIPs) - how are men reflected

www.promundoglobal.org
RCT of Promundo’s Program P in Rwanda: 1,700 fathers and their partners participated in training on MNCH & caregiving:

Percentage change: ↓ IPV 42%  ↓ VAC 15%

↑ male and female ANC attendance  ↑ FP use

Available in PLOS ONE

STATE OF THE WORLD’S FATHERS

Men Care
A GLOBAL FATHERHOOD CAMPAIGN
Erin Mielke, USAID

Erin Mielke, has served as a Senior Technical Advisor for Reproductive Health in USAID’s Office of Population and Reproductive Health since 2007. She manages global fistula and family planning service delivery projects. Prior to her work at USAID, she served for over 10 years at EngenderHealth and UMATI in Tanzania.
Engaging Men and Boys in Family Planning

Erin Mielke
Reproductive Health Senior Technical Advisor
July 2, 2018
GOAL:

Men \textit{AND} Women as informed and voluntary contraceptors and FP/RH consumers
Why engage men and boys?

- Men’s knowledge and support of family planning influences their partners’ use of family planning
- Increased couple communication positively impacts on family planning use
- Attitudes and behaviors affecting health behaviors form early on

Programs involving men can enhance spousal communication and improve gender equitable attitudes.
A significant proportion of men in 28 DHS countries in sub-Saharan Africa approve of using contraception to avoid pregnancy.

Source: Kristin Bietsch, 2015.
Why engage men and boys?

- Positive impact on women’s health
- Alleviate burden for women; increase gender equity in FP
- Engage men to improve their own reproductive health
- Male contraception use is 21% of global use
- More couples want to limit
- Increase voluntary FP uptake and sustainability
Key Areas of Focus (1)

1. Set the stage for boys and young men to become future voluntary contraceptive users and supportive and responsible partners.

2. Increase men’s knowledge of and demand for voluntary contraceptive methods and family planning services.

3. Strengthen the capacity of health systems to deliver high-quality voluntary FP services to men, boys, and couples.
Key Areas of Focus (2)

4. Expand method mix and choice for men and couples (including voluntary vasectomy).

5. Strengthen attention to men and boys as FP/RH clients in national policies and guidelines, and scale up proven interventions.

6. Fill knowledge gaps about men and boys through data collection.
Como engajar hombres e rapazes no planeamento familiar: Guia de planeamento estratégico

Engaging Men and Boys in Family Planning: A Strategic Planning Guide

Paso 1: Defina o comportamento desejado

La moscadel salud sexual y reproductiva de adolescentes varía dependiendo de su contexto. Lograr cambios en su comportamiento no es una tarea sencilla, pero con estrategias adecuadas se pueden lograr resultados significativos.

Paso 2: Avalle o conhecimento e attitudes de homes e rapazes em relação ao planeamento e contracepção.

Los programas de planeación familiar normalmente buscan cambiar la comprensión y la actitud de los hombres y los adolescentes con respecto al planeamiento familiar y a las opciones de contracepción. Proporcionar información educativa y ampliar el acceso a los servicios de contracepción es fundamental para lograr estos objetivos.
Rebecka Lundgren, IRH-Georgetown University

Dr. Lundgren has over 25 years of comprehensive, hands-on experience developing and testing reproductive health and behavior change programs, with particular interest in expanding family planning choice, youth and engaging men in reproductive health. As an applied anthropologist, she has expertise applying qualitative and ethnographic methods to her work, and has developed innovative mixed method approaches to evaluate fertility awareness and gender transformation programs for very young adolescents. She received an MPH from UCLA’s School of Public Health in the Department of Population and Family Health in 1987, and her doctorate in applied anthropology from the University of Maryland.
What works to engage men as contraceptive users, partners and health advocates?

Lessons learned from two decades of engaging men in reproductive health

Rebecka Lundgren, PhD, MPH | July 2018
<table>
<thead>
<tr>
<th>Project</th>
<th>Population</th>
<th>Outcome</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWARENESS, FAM</td>
<td>Men, women, couples</td>
<td>SDM, LAM, TwoDay Method</td>
<td>Global (including US)</td>
</tr>
<tr>
<td>GREAT</td>
<td>Early/older adolescents, newly married/parenting</td>
<td>GBV, FP, gender equality</td>
<td>East Africa</td>
</tr>
<tr>
<td>Tekponon Jekuagou</td>
<td>Men, women, couples</td>
<td>FP</td>
<td>West Africa</td>
</tr>
<tr>
<td>REAL Fathers Initiative</td>
<td>Young fathers, couples</td>
<td>GBV, VAC</td>
<td>East Africa</td>
</tr>
<tr>
<td>Choices, Voices, Promises</td>
<td>10-14 year old boys and girls, parents</td>
<td>GBV, gender equality</td>
<td>Southeast Asia</td>
</tr>
<tr>
<td>Growing Up GREAT!</td>
<td>10-14 year old boys and girls, parents</td>
<td>GBV, SRH, gender equality</td>
<td>Central Africa</td>
</tr>
<tr>
<td>Transforming Masculinities</td>
<td>Newly married/parenting couples</td>
<td>FP, GBV, gender equality</td>
<td>West Africa</td>
</tr>
<tr>
<td>FACT Project</td>
<td>Adolescents, men, women, couples</td>
<td>Fertility awareness, FP</td>
<td>Nepal, East Africa</td>
</tr>
</tbody>
</table>
8 LESSONS LEARNED
Engaging Men As Users, Partners, And Advocates
1

Learn what boys and men want, need and prefer.
Design programs accordingly.
What motivates young fathers?

- Strengthened bonds with children
- Praise and respect from wife, children, elders
- Support to be successful in a difficult role
Mentoring Program

- Respected elders identified by young fathers and trained to serve as mentors
- Each mentor advised up to 4 young fathers using structured protocol
- Mentors have 6 home visits (2 couple-based) and 6 group meetings (1 couple-based)
Include men’s perspectives in materials.
Be direct
Recognize and address gender power dynamics and the consequential influence of masculinities.
“God Himself said that the man is the head of the household and that women must submit and obey their husbands.”

MALE PARTICIPANT
Couples
Faith Leaders
Congregation
Gender Champions
Gender Synchronized Activities

Provide spaces for both men and women to express themselves and lean in same sex and mixed groups.
Avoid thinking of men as static and one-dimensional.
Multiple Masculinities
FP-Enabling Masculinities
FP- Inhibiting Masculinities: Fertility?

"You know, we men do not often decide to limit our births! We men say to have children, and many!"

The ideal man is: "a dredger... he has force. ... [he] is capable of getting a woman pregnant"
Segment men & approach them appropriately.

Photo Credit: Save the Children/Dickens Ojamuge
Meet men where they are, physically and emotionally.
Work with men and through men’s networks. Make organizational adjustments as needed.
Reach men through their networks.

In Philippines and Guatemala, FP info provided through:

- Agricultural cooperatives
- Microfinance groups
- Community development committees
Incorporate FP into water & sanitation programs.

PCI El Salvador

- FP topics in water/sanitation and agricultural education
- Home visits by volunteers
- SDM, OCP and condoms offered in community with referrals for other methods
Consider men’s needs across the life course & apply a socio-ecological lens.
Growing Up GREAT!

Health System
- Health provider lessons and health center exchange visits

Community
- Community game and discussions

School
- Teacher orientation to materials and guide linking materials to national Life Skills curriculum

Family (Parents)
- Video testimonials and reflective group discussions about model behaviors

Individual (VYA)
- Group learning sessions with in-school and out-of-school VYA clubs

Puberty Workbooks

Storybooks

Activity Cards
Identify and engage men’s reference groups for sustained change.
“There is not one single person in any of my networks who can give me positive information on family planning—they are all against it.”

32 YEAR-OLD FARMER
Men & women have different reference groups.

<table>
<thead>
<tr>
<th>Person</th>
<th>Women</th>
<th></th>
<th></th>
<th>Men</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td></td>
<td>N</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Partner***</td>
<td>201</td>
<td>40.8</td>
<td></td>
<td>124</td>
<td>30.5</td>
<td></td>
</tr>
<tr>
<td>Mother/in-law**</td>
<td>154</td>
<td>31.2</td>
<td></td>
<td>98</td>
<td>24.1</td>
<td></td>
</tr>
<tr>
<td>Father/in-law***</td>
<td>71</td>
<td>14.4</td>
<td></td>
<td>84</td>
<td>20.6</td>
<td></td>
</tr>
<tr>
<td>Faith leader*</td>
<td>124</td>
<td>25.2</td>
<td></td>
<td>125</td>
<td>30.7</td>
<td></td>
</tr>
</tbody>
</table>

* Significant difference ($\chi^2$ tests) between women and men: * at p<0.10; ** at p<0.05; *** at p<0.01
Tékponon Jikuagou
Social network mapping to identify influential groups & individuals
Address men as clients, users and advocates in their own right.
“Sometimes, the husband just discovers that she is using the method. So, it is looked at as female planning, not family planning.”

28 YEAR-OLD MAN
Unmet Need Defined

A man who has at least one wife...

☑ with whom he is having sex and neither of them is using family planning (modern or traditional)

☑ who is not pregnant and he does not want to become pregnant

☑ who he perceives is at risk of pregnancy
Expand contraceptive options for men and couples.

Standard Days Method
Using a condom or abstaining during fertile days
- Following wife’s instructions
- Keeping track of fertile days
- Purchasing CycleBeads and condoms
CARE India: Male Volunteers

Male and female volunteers provided:

- Information to men’s and women’s groups
- Counseling to men, women and couples
Men as Advocates

“As a platform leader I am the light sent to enlighten the community by giving them information and advice.”

GREAT - OLDER ADOLESCENT

“I now discuss with others and I even went to neighboring village to explain the bases of these methods to them.”

TJ - MALE PARTICIPANT
Avoid pilots to nowhere: keep scalability & integration in mind.
REAL Scale-up Through Integration

- Livelihood program in Northern Uganda (YIED)
- Early education program in Karamoja, Uganda (ECCD)
Scaling Up GREAT in Northern Uganda
Scalable Interventions

**Simple**
- Simple concepts
- Easy-to-use

**Acceptable**
- Catalyze reflective dialogue
- Fun, engaging activities to ensure use
- Rooted in deep understanding of context

**Low Resource**
- Low cost materials
- Feasible to integrate into multi-sector programs
Lean Materials
Lean Strategies

- Work with **existing** platforms, groups, influencers
- **Strategic** targeting of change actors
- **Minimal orientation and coaching**
- Use media to **increase diffusion**
- Monitor community acceptability and intervention ‘stickiness’
Acceptability: Engaging activates rooted in the context
8 Key Lessons

1. Learn what boys and men want, need and prefer and design programs accordingly

2. Recognize and address gender power dynamics and the consequential influence of masculinities

3. Remember that men are not static or one-dimensional

4. Meet men where they are – emotionally and physically

5. Consider men’s needs across the life course and apply a socio-ecological lens

6. Identify and engage men’s reference groups for sustained change

7. Address men as clients and users in their own right

8. Avoid pilots to nowhere- design and implement with scalability and integration in mind
Thank You!
Albert Komba, Jhpiego Tanzania

Dr. Komba is the Chief of Party for the Jhpiego – led Sauti Project implemented in 13 regions and 44 districts in mainland Tanzania. Before assuming this position, he served as the Sauti Deputy Chief of Party for close to two years. Albert joined Jhpiego Tanzania in 2011 as an Infection Prevention Technical Advisor. Albert is a Medical Doctor and holds a Diploma in Pediatrics and Child Health (Royal College of Pediatrics and Child Health, United Kingdom), Diploma in Clinical Research (Vienna School of Clinical Research, Austria), and a Masters Degree in Public Health from the Johns Hopkins Bloomberg School of Public Health.
Engaging Men & Boys in Family Planning

Sharing Field Experience

Dr. Albert Komba
Chief of Party, Sauti Project
Tanzania
Sauti Project

**Project Timelines:** February 2015 – February 2020

**Goal:** Contribute to the improved health status for all Tanzanians through a sustained reduction in new HIV infections in support of Tanzania’s commitment to HIV prevention

**Stakeholders:**
- MOH, Regional Admin & Local Governments, Tanzania Commission for AIDS (TACAIDS)
- 18 Civil Society Organizations
To Saturate 80% of Key & Vulnerable Populations (KVPs) with a core package of combined biomedical, structural & behavioural interventions

KVPs participate in a core package of
- vulnerability-tailored
- client- and community-centered
- combination HIV prevention and FP services
- Traceable linkages to care, treatment and other referral services
Family Planning Service

Injectable (3m)  Implanon implant (3yr)  Jadelle implant (5y)  Implanon NXT (3y)

FP Counselling:
- Reproductive intention
- Pregnancy Assessment
- **Couple counselling → male partners**
- Use of FP Methods/Satisfaction
- Dual Protection
- Safe Pregnancy

Escorted Referral to Health Facility / RCHS for IUD and Permanent Methods
SAUTI PROJECT BENEFICIARIES TARGETED FOR FP SERVICES

- **Adolescent Girls & Young Women (AGYW)**
  - FP Demand Creation
  - IEC Materials
  - Condoms
  - Pills, Injectables, Implants
  - Referral for IUD & LAPM

- **Female Sex Workers (FSW)**
  - FP Demand Creation
  - IEC Materials
  - Condoms
  - Referral for LAPM

- **Other Women Living in Hotspots (OHSW)**
  - N/A

- **Sexual Partners of AGYW (PAGYW)**
  - FP Demand Creation
  - IEC Materials
  - Referral for LAPM

- **Sexual Partners of FSW (PFSW)**
  - Condoms

- **Other Men Living in Hotspots (OHSM)**
  - N/A

- **Men Who Have Sex With Men (MSM)**
  - N/A

- **Boys & Girls <15yrs (Peds)**
  - N/A
ENGAGEMENT OF MEN IN FP UNDER THE SAUTI PROJECT

MEN AS CLIENTS for FP services

MEN AS ADVOCATES OF CHANGE for FP within the family and community

MEN AS SUPPORTIVE PARTNERS of females needing FP services
Ecological Model: Sauti SBCC/Gender Interventions

Design
- Assessment of Behavior Change Determinants
  - Literature
  - Formative Assessments
  - Consulting with Beneficiaries

Implementation
- Ongoing Consultation with Beneficiaries
INDIVIDUAL LEVEL: MEN AS CLIENTS OF FP SERVICES

- Group/Individual Counseling
- IEC Materials
- Condom Demonstration Sessions
- Condom Distribution
- Referral for vasectomy
Peer-led SBCC education including FP-HTS

- Developed KVP-specific behavior change-HIV prevention curriculum
- SRH/Family planning is integrated into the curriculum
- Education is offered at safe spaces at the hotspots, where biomedical providers offer FP-HTS services to FSW, AGYW and MSM
FINDING THE MEN

- Mapping of Male Hotspots/Workplaces
Beneficiaries are mobilized by peers at the hotspots, to access the community-based combination prevention services.

- Individual peer to peer
- Social Media (WhatsApp)
- SMS (automated)
- Testimonials (FP)
FINDING THE MEN

• AGYW Male Partner Characterization

**DISTRIBUTION OF AGYW PARTNER TYPE FROM CHARACTERIZATION RESULTS (N=2,179)**

- **Drivers** 18%
- **Skilled laborers** 18%
- **Unskilled laborers** 25%
- **Businessmen** 16%
- **Religious leaders** 5%
- **Singers/entertainers** 2%
- **Others** 1%
- **Footballer** 1%
- **Older men** 3%
FAMILY/ PEER/ COMMUNITY LEVELS: MEN AS SUPPORTERS OF FP FOR FEMALE PARTNERS

- Couple Counseling's & Testing at KVP Hotspot Areas (an entry point to engaging male-partners in FP services)

- Community Activations (to increase HIV/FP service uptake)
  - Encourage equitable norms and couple communication,
  - Decrease GBV & IPV
FAMILY/ PEER/ COMMUNITY LEVELS: MEN AS ADVOCATES OF FP

- SASA! Gender Transformative Dialogues, Dramas, Comics, etc.
- Orienting and sensitizing leaders, police, media on gender norms
- IEC materials such as DREAMS Shujaa with male partners as a key secondary audience
SASA! Gender Norms Mobilization

SASA! BASELINE SURVEY RESULTS
ATTITUDES TO A GENDER NORMS RELATED QUERY

If a husband beats his wife, do you think others outside the couple should intervene? (N=976)
- 60% responded positively

Is it acceptable for a married woman to ask her husband to use a condom? (N=979)
- 35% responded positively

Do you think women are mostly to blame for bringing HIV to the household? (N=985)
- 78% responded positively

Do you think it is strange for a married man if his friends see him regularly washing dishes at...
- 49% responded positively

If a married woman has been beaten by her husband, is it okay for her to tell others? (N=988)
- 44% responded positively

Do you think that women are to blame for the violence their partners use against them?...
- 76% responded positively

Do you think that a woman should tolerate violence from her partner to keep her family...
- 48% responded positively

In your opinion, can a married woman refuse to have sex with her husband if she doesn’t feel...
- 61% responded positively

% who responded in a gender positive manner

>100,000 community members engaged in edutainment activities carried out by trained activists, champions and drama groups between Oct 2015 - Sept 2017
FAMILY PLANNING UPTAKE

Men Who Received Condoms, Aug 2015 - Sep 2017

- OHSPM: 7,174
- MSM: 2,861
- PFSW: 117,278

FP Uptake by method among WRA, Aug15-Mar18

- Pills: 30,537
- Injectable: 57,319
- Implant: 16,427
- Referral IUD/PM: 1,671
- Condom: 326,242

- Cumulatively 127,313 Men received condoms as of Sep 2017
- Large majority being PFSW

- Cumulatively provided Modern FP methods to 432,196 WRA; 46% being FSW
- 75% opted for condom, followed by injectable
Lessons Learnt

• Addressing gender norms through community champions, increases utilization to HIV prevention services by men and boys

• Offering services at the hotspots, facilitate reaching high risk men and boys who haven’t accessed yet HTS-FP services

• Reaching female KVP, provides an opportunity to reach also their male sexual partners with HIV prevention services

• Condom promotion and provision represents the entry point for peer educators to link large volume of men and boys to FP-HTS integrated services
Thanks
Engaging Men and Boys in Family Planning: A Strategic Planning Guide

Q & A

July 2, 2018
For more information, please visit:

www.fphighimpactpractices.org

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU