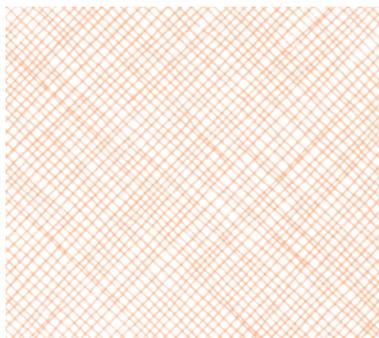




**USAID**  
FROM THE AMERICAN PEOPLE

# Increasing Male Engagement in HIV Prevention in Côte d'Ivoire



## BACKGROUND

Harmful gender norms and inequalities continue to fuel the HIV epidemic in Côte d'Ivoire, which faces one of the worst epidemics in West Africa, with an estimated HIV prevalence in 2005 of 4.7% among adults ages 15–49 (INS, MLS, & ORC Macro, 2006). Ivoirian women ages 15–49 report a lifetime average of fewer than three sexual partners, while men report an average of more than 10 sexual partners (MLS et al., 2012). In 2005, HIV prevalence among adult women in Côte d'Ivoire was 6.4%, compared with a prevalence of 2.9% among adult men (INS, MLS, & ORC Macro, 2006).

An increasing body of evidence suggests that socially constructed expectations about men's and women's responsibilities, roles, and attitudes are a root cause of men's and women's differential risk of infection. Harmful norms about masculinity (e.g., men's dominance over women, multiple sexual partners) and about femininity (e.g., women's submissiveness, their "innocence" about sexuality) are associated with high-risk sexual behavior. Women's heightened vulnerability to HIV is also linked to men's use of gender-based violence (GBV) (Dunkle et al., 2004). Research in 2005 found that about 12% of women in Côte d'Ivoire had experienced some form of GBV and that about one in three knew a man who had perpetrated such violence (INS, MLS, & ORC Macro, 2006).

An effective response to the HIV epidemic in Côte d'Ivoire requires concerted efforts to challenge these gender inequalities and transform harmful norms of masculinity. EngenderHealth's RESPOND Project, with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has been working since 2008 to strengthen the capacity of government and civil society to design and deliver HIV services and education that both take account of gender differences (and thus are "gender aware") and, where possible, seek to redress gender inequalities (and thus are "gender transformative") (Dunkle & Jewkes, 2007). To do so, RESPOND's technical assistance has focused on training PEPFAR partners, health care providers, and community members with EngenderHealth's Men As Partners® (MAP®) curricula. The MAP® approach, applied in more than 15 countries worldwide, stimulates dialogue and action on gender norms and

inequalities, encouraging men and women to reject harmful norms and to promote those practices that protect the health of women, men, and children.

## UNDERSTANDING THE PROBLEM

In 2011, RESPOND conducted formative research to better understand the challenges of and opportunities for engaging men in HIV prevention, care, and support, and in particular to investigate how social factors and gender norms influence men's health-seeking behavior. The findings made clear the extent of the challenges. Six focus group discussions, four with men and two with women, emphasized the patriarchal nature of cultural norms, which insist on women's subordination to men's authority as the head of the household (RESPOND Côte d'Ivoire, 2011).

Both male and female participants were also clear that cultural and religious taboos make it very difficult for women and men to talk openly together about sex or contraception, let alone the risks of sexually transmitted infections or the possibility of seeking an HIV test. These risks are very real, given that men's having sex outside of their marriage was described as a "fact of life" in all of the focus groups. In the eyes of many participants (female and male), men were "naturally" promiscuous and unable to be faithful to one partner. Women's infidelity was also noted, but participants were clear that while men's infidelity was accepted, women's having sex outside of their marriage carried a severe social stigma. As the participants acknowledged, these facts and fears about infidelity usually make it very hard for couples to talk about condoms, because this is interpreted as an accusation or confession of unfaithfulness.

**"There really has been a large increase in male patients—at the beginning, it was rare to see men here. Our strategy was to reach out to them at their workplaces. We identified places where there would be a lot of men, like a mechanic's garage, and we went there to sensitize them, to invite them to come to the clinic. We talked to them about the advantages of getting tested. Lots of them started to come to get tested—I think it tripled."**

*—Health service provider*

The focus group participants also highlighted the role that cultural norms of masculinity play in deterring men from using health services. The health clinic was seen as a place for women, not for "real men." Other barriers to men's access to and uptake of HIV services were identified as being linked to the pressures of work and clinic opening times.

RESPOND's assessment of the "male-friendliness" of 19 health facilities supported by its partners confirmed these focus group findings (Castle et al., 2013). On the basis of a 14-point checklist, the facility audits noted a lack of specific educational materials targeted at men and the absence of specific training for staff in working with men or couples or specific male-friendly spaces or services within the clinic setting. These clinic assessments, and the findings from the focus group discussions, emphasized both the need for and the opportunity to implement EngenderHealth's MAP® approach.

## STRENGTHENING THE HIV RESPONSE

### The MAP® Approach in Action

The MAP® approach has been at the heart of RESPOND's work on HIV and AIDS in Côte d'Ivoire. Developed by EngenderHealth, MAP® uses group education and community sensitization strategies to engage men in working with women to change harmful norms and practices of masculinity that fuel HIV risk behaviors and inhibit men from using HIV services. In Côte d'Ivoire, RESPOND focused its MAP® programming on building the capacity of targeted health care facilities, and the communities they serve, to engage male partners in HIV services, including HIV testing and prevention of mother-to-child transmission of HIV (PMTCT). It also sought to strengthen national capacity to implement and sustain gender-transformative HIV programs through MAP® training for PEPFAR partners.

In implementing the MAP® approach, RESPOND worked closely with several government ministries and departments, as well as with international and national civil society organizations. RESPOND focused its MAP® work at seven pilot sites in and around Abidjan: six public-sector health facilities and one faith-based facility. At each facility, a staff

member designated as the MAP® focal point coordinated MAP® activities, liaised with RESPOND about the approach, and collated monthly service statistics. One PEPFAR partner provided technical support to each of these sites. Across the seven sites, and supported by work at the national level, RESPOND undertook a number of MAP® activities, including:

- Collaborating with Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU•CCP) to develop information, education, and communication (IEC) messages and materials that challenge harmful gender norms and encourage men to participate in HIV and PMTCT services
- Training health care staff at the seven pilot facilities to provide male-friendly HIV services and to respond to GBV survivors with sensitivity
- Supporting the development and implementation of action plans to make health facilities more friendly to male clients and to encourage men to participate in HIV testing and PMTCT services
- Training and supporting community educators to promote men’s uptake of HIV services, challenge harmful norms and practices of masculinity, and improve community and public health system responses to GBV survivors
- Running training of trainers workshops for PEPFAR partner organizations, to strengthen and sustain their implementation of MAP® programming within their HIV prevention work

Taken together, this combination of activities constitutes the MAP® approach, which RESPOND has used to develop “gender-aware” and “gender-transformative” responses to the harmful gender norms and inequalities that continue to drive the HIV epidemic in Côte d’Ivoire. After the current Country Operational Plan finishes in 2014, RESPOND will leave the MAP® approach as a sustainable legacy in the country’s public health services and in the government ministries and civil society organizations that support them.



### Supporting Clinics to Be More Male-Friendly

Based on the findings of the formative research, RESPOND staff collaborated with JHU•CCP to develop a communication strategy focused on specific behavior change messages for men. These included encouraging men to: reduce their number of sexual partners and limit their alcohol intake; use condoms; discuss sexual satisfaction and HIV testing with their wives; seek testing for HIV; and accompany wives and partners for reproductive health services. Messages were tailored to several key target audiences, including men and their wives or sexual partners, mothers, health care workers, and employers or supervisors. In particular, messages highlighted the beneficial ideals and values of “African” culture and utilized well-respected cultural and religious leaders to promote these health-related norms for men in their roles as husbands, boyfriends, fathers, and sons. A range of IEC materials on these themes were produced and made available at targeted health facilities and in their surrounding communities.

The core strategy to improve gender awareness at health care facilities and make such facilities more male-friendly was group education with clinic staff using EngenderHealth’s MAP® curriculum, tailored to the providers’ specific learning needs. RESPOND separately trained staff from PEPFAR partner organizations and health facilities in the MAP® approach. Four-day trainings for all staff of supported facilities were conducted between September and November 2011. These sessions focused on:

- Exploration of gender norms related to HIV prevention and health care-seeking
- The rationale for engaging men in HIV testing and PMTCT services
- Skills building and action planning to make facilities more male-friendly

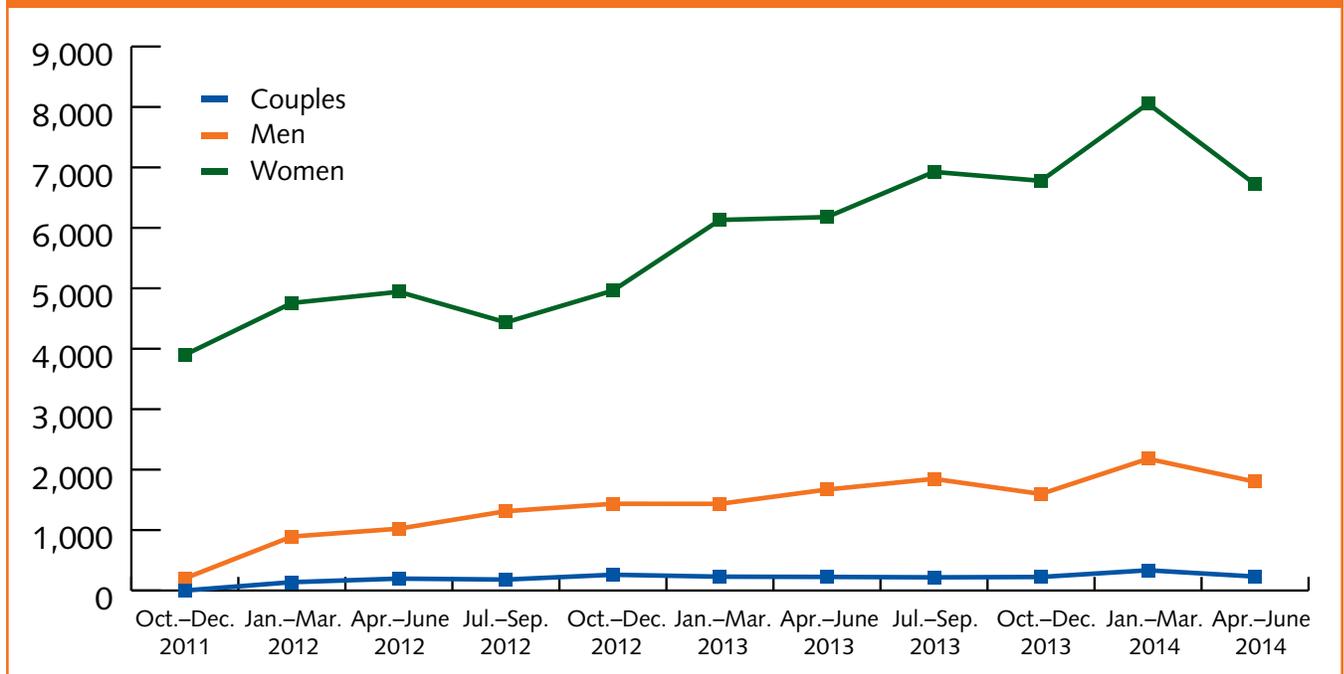
In July 2012, RESPOND trained staff of PEPFAR partners working with targeted health facilities, as well as the Ministry of Health, to build their capacity to support clinics in addressing gender norms and engaging men in HIV prevention activities. A key component of the MAP® training for health service providers was the development and imple-

mentation of action plans to make facilities friendlier to male clients and to encourage men to participate in HIV testing. Much of RESPOND’s work over the last two years has been devoted to on-site technical support visits, supplemented by short refresher trainings, to support and strengthen the implementation of these action plans.

The success of this implementation is evident in the increased number of men coming for HIV testing. Male testing at the seven pilot facilities has increased dramatically since RESPOND began to support this community outreach. Men represented 21% of all individuals tested for HIV at supported facilities in April–June 2014, compared with just 5% at the start of the project (Figure 1).

But health care facility action plans have faced a number of challenges, many of them linked to the external environment rather than the attitudes and skills of providers. For example, the government’s introduction of free health care for women and children in January 2012 had the unintended consequence of reducing the cost recovery that clinics had used to help resource their services, thus further inhibiting their ability to implement male engagement action plans.

**FIGURE 1. NUMBER OF MEN, WOMEN, OR COUPLES TESTED FOR HIV, SEVEN PILOT FACILITIES, COTE D’IVOIRE, OCT. 2011–JUNE 2014**



Increasing men's involvement in PMTCT services was identified as a focus for many of the clinics' action plans. At the outset of the project, it was expected that much of the increase in men's uptake of HIV testing would be through PMTCT work with couples. The progress made in defeminizing HIV services and conducting outreach to men did significantly increase the numbers of men coming for voluntary counseling and testing (VCT), but it was found that most men received testing through VCT services linked to family planning rather than through couples' PMTCT, even though several IEC materials specifically focused on men's involvement in PMTCT. Although six of seven pilot facilities increased the numbers of couples tested, these numbers remained relatively low.

To encourage disclosure and couple communication about HIV, and to increase men's uptake of HIV testing through PMTCT services, RESPOND revised its training modules on couples counseling for health care providers, placing more emphasis on the links between gender norms, sexual behaviors, and relationship issues, as well as devoting more time to building health care providers' skills in talking through "difficult" issues with couples. This training on couples counseling was rolled out to target health care facilities at the beginning of 2014 and was well-received by staff.

### Using Community Educators to Promote Men's HIV Testing

Community sensitization campaigns using community educators have also been a key strategy used by RESPOND to engage more men in HIV services and to seek to transform harmful norms

**"In the MAP® workshop, we talked about things like 'do men really need more sex than women or do women need more sex than men?'—things that really made you think. It also pushed me to see things from another perspective and especially to do my job without judging people. The training helped people see the importance of not imposing their opinions, but to listen to each other."**

*—Health service provider*

**"The hospital is a small structure, and the maternity ward is the part that makes up the biggest part, and men really didn't come. So, since the MAP® training, we are always looking for ways to sensitize those who come in with their wives, and to adapt each service to them. We try to put something on TV or a CD or something to give them information. We are trying to get a TV in each waiting room so we can put on materials that will sensitize them."**

**"Men come more to the health center than they did before, especially to the maternity center to accompany their wives. There has been a real change in mentality. And we see this in the activities with the religious community, as they have more information now. I think the sensitization really had an effect, as men make more of an effort, they come more often with their wives and their children... "We have done a lot of couples testing, which I think is because of the sensitization. Plus there are the community workers who work with religious groups, and they sensitize their congregations and then they come too. EngenderHealth's support has allowed us to boost our activities and open up the doors to more people."**

*—Health service provider*

of masculinity. In collaboration with REPMASCI, a local nongovernmental organization, RESPOND developed a national radio-based awareness-raising campaign in numerous languages, using high-profile male champions from the worlds of sports and entertainment to promote men's uptake of HIV testing. The core message of these ads appealed to men's responsibility for the health and well-being of their families as well as themselves.

In the communities surrounding the targeted facilities, teams of community educators drawn from local schools, religious groups, and community associations were recruited and trained to promote men's uptake of HIV services and more positive norms of masculinity. The MAP® training with community educators covered many of the same issues addressed in the health care provider training, but also included skills-building sessions for community educators on how to do gender and HIV pre-



An Imam who went through a MAP® training and championed HIV testing among his congregants

vention outreach education with men in their communities. Since the start of the community educator training in 2012, 163 RESPOND-trained community educators, religious leaders, and social workers have sensitized 34,908 men and 34,636 women about the importance of male engagement in HIV prevention and testing, including PMTCT.

Much of the success of this community outreach initiative is because community educators have been able to take their messages about masculinity, HIV risk, and HIV testing to where men are. Community locations where men congregate, such as small businesses, sports venues, and bars, have been targeted effectively for this outreach. Community educators have reported that messages about the financial benefits of testing and of knowing one's HIV status have resonated well.

An essential component of a successful outreach initiative has also been the strength of the links be-

tween community educators and health care staff at the local clinic. Six of the seven pilot facilities now have outreach systems in place to encourage men and boys in the community to use health care services, while no facilities had reported such systems at baseline.

The 2013 assessment of RESPOND's work found that, compared with other sites, facilities that tested more men had better referral systems and more communication between community educators and health service providers. Key to this communication is a referral mechanism for community educators to refer men to the clinic for HIV testing: Educators supported by RESPOND provided a card to men and couples reached in the community and asked them to bring the card when they arrived at the health facility. Husbands of women attending PMTCT are invited to come and be tested.

This system has not been without its challenges. When men do present at the clinic, they often forget to bring their referral cards. In addition, providers too rarely offer feedback to community educators once a client has presented at the health center; at many facilities, there has been an identified need to strengthen communication between the health facility MAP® focal points and the team of community educators serving the facility.

### **Sustaining the MAP® Approach**

From the beginning, and in recognition of the fact that the program would always be time-limited, RESPOND sought to institutionalize the MAP® approach by working at the national level to strengthen the capacity of key PEPFAR partners to integrate male engagement strategies into their HIV programming. This has included training and coaching support to training staff within the Ministry of Health, international nongovernmental organizations, and local organizations.

In its 2013 operational year, RESPOND trained 18 staff of PEPFAR partner organizations, including Ministry of Health partners, as MAP® trainers, to ensure institutionalization and sustainability of MAP® efforts after the end of the project. More recently, RESPOND trained 40 regional HIV trainers

on revised MAP® modules (including GBV-focused activities and couple counseling), to support implementing partners in training health care providers and community health workers in male engagement, HIV prevention and testing, and GBV sensitivity.

To aid longer term sustainability, all of RESPOND's trainings have been coordinated by the Programme National de la Prise en Charge des Personnes Vivant avec le VIH (PNPEC), which will continue to fulfill this function after the end of the project. PEPFAR is working with its local partners to integrate MAP® training into their current and forthcoming budgets and workplans. During this last year of the project, RESPOND staff have held coordination meetings every three months for all partners that are available, once again with the support of PNPEC. The final step in transferring MAP® to partners will be an end-of-project meeting in Abidjan, where RESPOND will disseminate results and discuss next steps with PEPFAR partners, to enable them to continue with MAP® activities.

## PROGRESS MADE—AND CHALLENGES REMAINING

Measured in terms of numbers, the RESPOND program has worked well. After receiving training in male-friendly services, staff at health care facilities dramatically increased the total number of men tested, from 201 in the first quarter of the program to 2,225 during the most recent quarter. In terms of the percentage of clients tested who were male, all facilities have showed upward trends.

But many issues remain to be more fully addressed. Making health facilities more truly male-friendly will require continued investment and training.

**“The work environment in PMTCT has changed completely because we didn't have brochures or posters presenting men that accompanied their wives to the hospital. We've revolutionized the environment. We trained our first-contact staff and also our second-contact staff to be more welcoming toward men and toward couples testing. In PMTCT, we systematically invite the partners of women that come to get tested.”**

*—Health service provider*

Both health care providers and community educators agree that there is a continuing need to demedicalize HIV testing and counseling by addressing issues of social stigma and couple communication more fully. Other strategies for increasing male engagement, such as by integrating HIV testing within other types of health care provision for men (e.g., malaria diagnosis and treatment, or accident and injury) and by doing more outreach to men at the workplace, need to be considered.

More fundamentally, all of the stakeholders involved in RESPOND know that transforming harmful norms of masculinity that fuel HIV risk and GBV and that inhibit men from accessing HIV testing and treatment is a long-term process of social change. The community sensitization activities of RESPOND made an important contribution, but much remains to be done.

Just how much is evident from recent research, commissioned by RESPOND and undertaken by its civil society partner ANADER, in four rural communities. The research used the same focus group discussion guides as the formative research conducted by EngenderHealth at the inception of the RESPOND Project, and its findings for the rural communities were similar to those of the initial urban research. With the majority of the population of Côte d'Ivoire still living in rural areas, working in such areas will be the next challenge for male engagement strategies in HIV programming. As the focus groups run by ANADER make clear, patriarchal attitudes toward women's social and sexual subordination to men remain very much the norm. Signs of change were evident, though. In each male focus group, at least one man disagreed with the link between masculinity and infidelity, stating that a “real man” was faithful to his wife. While the majority believed that the man is and should be the decision maker and the leader in a couple, several women and men disagreed, insisting that once married, men and women should work together to make decisions. The signs of change are there. The challenge that RESPOND set itself to meet remains, but its strategic combination of male engagement group education and community sensitization is showing the way forward.

## REFERENCES

Castle, S., Tano-Kamelan, Y. Yahner, M. N'Djore, M.A., Agbre-Yacé, M. L., and Harper, P.B. 2013. Encouraging men's participation in HIV and AIDS prevention and HIV testing services: Evaluation of the Men As Partners® (MAP®) approach in Côte d'Ivoire. *The RESPOND Project Study Series: Contributions to Global Knowledge – Report No. 10*. New York: EngenderHealth (The RESPOND Project).

Dunkle, K. L., Jewkes, R. K., Brown, H. C., et al. 2004. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet* 363(9419):1415–1421.

Dunkle, K. L., and Jewkes, R. 2007. Effective HIV prevention requires gender-transformative work with men. *Sexually Transmitted Infections* 83(3):173–174.

Institut National de la Statistique (INS), Ministère de la Lutte Contre le Sida (MLS), and ORC Macro. 2006. *Enquête sur les indicateurs du Sida, Côte d'Ivoire 2005*. Calverton, MD: INS and ORC Macro.

Ministère de la Lutte Contre le Sida (MLS), Institut National de la Statistique (INS), MEASURE DHS, and ICF International. 2012. *Enquête Démographique et de Santé et a Indicateurs Multiples, Côte d'Ivoire 2011–2012: Rapport Préliminaire*. Abidjan, Côte d'Ivoire : INS.

RESPOND Côte d'Ivoire. 2011. *Masculinité et normes de genre : Rapport de discussions de groupes sur les attitudes et les comportements des hommes et des femmes en rapport avec l'utilisation des offres de services de PTME/VIH à Abidjan Côte d'Ivoire*. Abidjan : EngenderHealth (The RESPOND Project).

### Suggested citation:

The RESPOND Project. 2014. Increasing male engagement in HIV prevention in Côte d'Ivoire. *RESPOND Project Brief No. 25*. August. New York: EngenderHealth (The RESPOND Project).



Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



This publication was made possible by the generous support of the American People through the U.S. Agency for International Development (USAID), under the terms of the cooperative agreement GPO-A-000-08-00007-00. The contents are the responsibility of the RESPOND Project/EngenderHealth and do not necessarily reflect the views of USAID or the United States Government.

© 2014 EngenderHealth (RESPOND Project). This work is licensed under the Creative Commons Attribution-Noncommercial-Share Alike 3.0 Unported License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/>.

Writer: Alan Greig

Contributing reviewers: Yvonne Kamelan, Leah Jarvis, Laura Nurse

Editor: Michael Klitsch

Design/Layout: Elkin Konuk

Photo credits: Page 1 (top to bottom), Bethany Arnold, courtesy of Photoshare; Center for Communication Programs, courtesy of Photoshare; Aimee Centivany, courtesy of Photoshare. Page 6, Clement Kouame