October 2014

EVIDENCE-BASED STRATEGIES TO ENGAGE MEN AND BOYS IN GENDER-INTEGRATED HEALTH INTERVENTIONS

Evidence-based Strategies to Transform Gender Norms, Roles, and Power Dynamics for Better Health

Photo by Arundati Muralidharan

Over the past decade, health programs have increasingly engaged men and boys in order to achieve gender equality and improve health outcomes. Gender inequality is a pervasive structural issue that negatively affects women, girls, men, and boys. Narratives of masculinity that justify men's capacity for violence, control over women, and dominance in the economic and political spheres is influential in many local contexts around the world. Global health literature documents the impact of such social narratives, which act as structural drivers to increase the risk for negative health and social outcomes.

Recognizing the impact of gender on health outcomes, international organizations have advocated integrating a gender perspective into health programs.[1] To recommend evidence-based strategies to accomplish this, the Gender, Policy and Measurement (GPM) program—funded by the Asia bureau of USAID—conducted a systematic review of published and unpublished literature documenting gender-aware programs. GPM wished to identify strategies that health programs had used either to accommodate (that is, work around) or transform areas of gender inequality, and whose influence on key health outcomes had been measured. This review yielded 146 gender-integrated interventions conducted in low- and middle-income countries (LMICs) worldwide—34 of them in India—that had been evaluated for their impact on health outcomes.

This brief analyzes the evaluation findings of 61 interventions that focused on engaging men and boys in initiatives to improve health and gender outcomes and offers recommendations for increasing the effectiveness of gender-integrated programs to improve health outcomes for males, females, and communities.

To read the full report—*Transforming Gender Norms, Roles, and Power Dynamics for Better Health: Findings from a Systematic Review of Gender-integrated Health Programs in Low- and Middle-Income Countries*—please visit www.healthpolicyproject.com?zp381.

USAID FROM THE AMERICAN PEOPLE
PUBLIC HEALTH FOUNDATION OF INDIA
MEASURE Evaluation
ICRW International Center for Research on Women
HEALTH POLICY PROJECT

Men's Involvement versus Engagement

A program that intends to **involve** rather than engage men expects men to "do" certain things to achieve the outcomes. Those action points are well-defined. In contrast, a program that intends to **engage** with men will try to understand men's knowledge, opinions, attitudes, fears, aspirations, and where they come from to develop a partnership. "Involving men" can help create wider consensus and support on issues, while "engaging men" encourages the development of effective partnerships between men and women.

Men's Role in Health

Social expectations of what it means to be a man often dictate how men and boys behave. Expectations directly affect attitudes, perceptions, and behaviors related to sexual and reproductive health (SRH), maternal and newborn health, HIV, gender-based violence (GBV), and other health areas. Research shows that inequitable norms, which often create rigid masculinity norms, can influence a man's relationship with his intimate partner and influence both his and his partner's health (Pulerwitz and Barker, 2008; Marston and King, 2006).

Studies show a direct relationship between men's equitable attitudes and health outcomes

A study on masculinity, son preference, and intimate partner violence (IPV) in India showed that two out of every five men were rigidly masculine (defined as having inequitable gender attitudes and high levels of controlling behavior) and that these men were three times more likely to perpetrate acts of physical violence against their partners. The data also showed that 72 percent of men who reported having rigid masculinity attitudes had higher son preference compared to men with more gender-equitable attitudes (Nanda et al., 2013).

Research in Uttar Pradesh, India, found a significant and positive association with current contraceptive use among men who approached decision making with high or moderate levels of gender sensitivity and equitable attitudes toward women (Mishra et al., 2014). Such evidence underscores the deep impact of social narratives that perpetuate gender inequality and the associated increased risks of negative health and social outcomes.

Interventions that engage men and boys in India were mostly aimed at safe motherhood and healthy timing and spacing of pregnancy (HTSP), compared to HIV and sexually transmitted infection (STI) interventions in LMICs

The systematic review found that HIV and STI interventions were the most successful at engaging men and boys in LMICs, followed by initiatives that promoted HTSP and prevention of GBV. In India, interventions that engaged men in safe motherhood and HTSP were more common than interventions that addressed HIV. GBV interventions in India most often engaged adolescent boys and young men in seeking to transform unequal social dynamics that perpetuate violence.

In India, men are engaged solely as husbands and/or intimate partners, while interventions in other LMICs clearly distinguish between husbands and/or intimate partners and sexual partners

In LMICs, most of the interventions engaged husbands or partners to address STIs and HIV and, where relevant, clearly defined men as sexual partners rather than spouses, based on their involvement with household chores and decision making. In India, however, interventions primarily engaged men as husbands and did not recognize their role as sexual partners. This was reflected in the health areas addressed: seven out of 18 interventions in India focused on HTSP and safe motherhood and five focused on STIs and HIV.

Only four interventions in LMICs engaged men in their capacity as fathers, focusing on topics such as neonatal and child health, HTSP, and HIV care and prevention. These interventions addressed young or new parents, or husbands of pregnant women. In India, none of the interventions engaged men as fathers—this includes engaging men as fathers to intervene against child marriage. One study from India highlighted parental engagement as one of the most frequently used and effective strategies to create an enabling environment where decisions to marry girls early are decreased (Malhotra et al., 2008). Two interventions in India that emphasized maternal and child health engaged men as the husbands of pregnant women or as new fathers.

Adolescent boys (ages 10–17) and young men (ages 18–24) are central to most gender-aware interventions that seek to transform existing gender norms and dynamics

Most of the interventions in LMICs that engaged young men addressed GBV, HIV, and STIs, or reproductive health. Fewer programs addressed other health issues, such as safe motherhood. In India, young men and boys were often engaged in interventions that focused on GBV (4) and SRH (3). Only one program (Yaari Dosti) out of 18 worked with youth to prevent other STIs (Khandekar et al., 2008; Verma et al., 2008). Two programs in India, GEMS and Parivartan, emphasized the importance of working with adolescent boys and young men to counter the inequitable gender norms that fuel GBV from a young age (Achyut et al., 2009, 2011; Das et al., 2012). All three programs demonstrated improvements in GBV-related outcomes and in improving gender equitable attitudes. The evidence from these studies demonstrates that working with young men can significantly contribute to more equitable gender norms and dynamics.

Engaging male religious or community leaders can help eradicate harmful traditional practices and strengthen or create equitable gender norms and dynamics

Interventions that engaged different types of community gatekeepers, such as religious or community leaders, were able to strengthen and/or create equitable gender norms and dynamics and advocate for delaying the age of marriage in countries such as India, Egypt, and Ethiopia. For example, considering the importance of community gatekeepers in India and their strong influence on communities to determine social norms, health practices, and health-seeking behaviors, it is important to increase the number of health interventions that engage these individuals. The Research and Intervention in Sexual Health: Translation from Theory to Action (RISHTA) project worked with religious leaders in Mumbai slums to prevent the spread of HIV and STIs by mitigating men's high-risk sexual behavior (Schensul et al., 2010).

Promoting Positive Engagement of Men and Boys: Accommodating Versus Transformative Approaches

Most interventions shift gender-equitable attitudes of men and boys using either accommodating or transformative strategies. In India, 11 of the 18 programs (61%) reviewed used transformative approaches and the remaining 7 used accommodating approaches.

In India and other LMICs, most accommodating programs worked with husbands to address inequalities in access to health information and to build and reinforce linkages between the community and local health services, which can facilitate positive shifts in attitudes and bring about healthy behaviors across a range of health areas. Although six programs in LMICs engaged communities in promoting and supporting behavior change, this strategy was not used by programs in India.

Types of Strategies for Change

Accommodating programs	Transformative programs
Work around the existing gender differences and inequalities and use the following strategies: ▪ Building and reinforcing links between the community and local health services ▪ Addressing inequalities in access to health information ▪ Engaging and involving communities in promotion of and support for behavior change	Foster critical examination of gender norms and dynamics to strengthen or create systems that support gender equality and use the following strategies: ▪ Critical reflection ▪ Increasing spousal support for healthy sexual and reproductive health behaviors ▪ Social and behavioral change communication (SBCC) ▪ Promoting equitable relationships and decision making ▪ Empowering disadvantaged groups through economic opportunities, education, and collective action

Programs that used **accommodating strategies** typically engaged men in their roles as husbands, sexual partners, and community members.

Transformative programs in LMICs and India mainly used social and behavioral change communication strategies to target husbands and young men, encouraging them to question traditional gender norms, roles, and relationships that may have adverse effects. Tranformative programs also engaged men and boys in critical reflection, which challenges inequitable social norms. These activities were often directed at community stakeholders who currently influence women's health or will do so in the future, such as young men and boys who will eventually become husbands.

In India, interventions that promoted equitable decision making were commonly applied in programs that addressed HTSP and adolescent health. These programs aimed to strengthen communication, negotiation, and decision-making skills to increase contraceptive use and safer sex practices, delay age at marriage, and reduce GBV.

Transformative interventions that engaged men and boys in LMICs also increased spousal support for healthy sexual and reproductive health behaviors, but only one program in India employed this strategy.

In India and other LMICs gender-aware health programs that achieved changes in gender-equitable attitudes and beliefs and enhanced women's self-confidence, self-efficacy, and self-determination most commonly did so through transformative, rather than accommodating, strategies.

Case Studies of Successful Transformative Interventions in India

Programs that successfully employed transformative strategies in India in three different health domains are cited below.

Strategy	Men's Capacity	Outcome
RISHTA (Kostick et al., 2011)		
SBCC increasing spousal support for healthy sexual and reproductive health behaviors	Husbands and religious leaders	▪ Alcohol use among men ages 30 and older was significantly reduced compared to younger men ▪ Men who discontinued alcohol use were less likely to engage in high-risk behavior in the company of their friends, perpetrate violence against their spouses, and engage in extramarital sex
Parivartan (Das et al., 2012)		
Critical reflection empowering disadvantaged groups	Community and young men	▪ Coaches and mentors reported decreased aggression and GBV at home ▪ Athletes/adolescent boys showed positive shifts in gender attitudes and reduced tolerance of physical and sexual abuse of girls ▪ Athletes reported increased intention to intervene to stop abuse against girls ▪ Community athletes were significantly less supportive of physical abuse of girls (no corresponding findings among school athletes) ▪ Community athletes reported significantly less physical, emotional, or verbal abuse perpetration against peers (no corresponding findings among school athletes)
Empowering communities to make pregnancy safer in rural Andhra Pradesh (Sinha, 2008)		
SBCC	Husbands	▪ Improvement in knowledge, attitudes, and practices related to pregnancy ▪ Increased support of women during pregnancy by husbands and other family members ▪ Increased accompaniment to antenatal care visits ▪ Increased awareness of health as a priority, which also led to the creation of committees to collect funds for responding to community health emergencies ▪ Improved communication between communities and healthcare providers and increased responsiveness of health services

Improvements in Health and Gender Equality

In India and other LMICs, the majority of interventions that engaged men and boys achieved several positive health and gender outcomes. These included reports of reduced perpetration of violence by young men, increased action against early marriage by religious leaders, increased gender-equitable attitudes and beliefs, increased partner communication, greater numbers of men reporting that they believe that women are justified in refusing sex, men contributing more to household chores, and improved emotional and sexual intimacy.

Recommendations

Engaging men and boys in health interventions can lead to significant improvements in women's health. The following recommendations can help shape gender-equitable health programs in India:

- **Integrate male engagement components into existing national programs.** Male engagement should be integrated into ongoing national programs, rather than initiated as stand-alone efforts.
- **Focus programs on young men, before gender norms are set.** Reaching out to young men is a productive investment. Young people need safe spaces where they can access reliable health information. Boys should be encouraged to question gender roles and the privileges associated with masculinity, and must learn to respect women and girls. Programs must address the early initiation of sexual activity among adolescent boys and the resulting unhealthy perceptions of sex, including seeing women as sexual objects, viewing sex as performance-oriented, and using pressure or force to obtain sex because these views and perceptions may persist into adulthood.
- **Redress the damaging effects of gender inequality and stereotypical gender roles and norms on the health and well-being of women and men.** Many of the traditional notions of masculinity, such as being "tough," "powerful," or "a risk taker," can put men's health at risk. Promoting and nurturing alternative models of masculinity through SBCC and critical reflection can reduce the negative impact of men's actions on themselves and others.

Photo by Simone D. McCourtie, World Bank

- **Design health programs to reach boys through their hobbies**, such as music, art, and sports. Engaging boys in activities they appreciate and enjoy can be a precursor to effectively engaging men in the promotion of gender equality
- **Present boys with positive role models.** Health programs that offer role models to adolescent boys are proven to be effective in promoting paradigm shifts.
- **Engage men in their roles throughout the life cycle.** Men assume different roles throughout their lives, and the fathers of adolescent girls and young women can be integral in improving their daughters' health, especially delaying age at marriage. Educating fathers about the health implications of early marriage will improve the likelihood that they will delay their daughters' marriage.
- **Design policies and programs that use evidence-based strategies and available data.** Applying data and program evidence to frame national policies and programs is optimal because it supports a realistic assessment of the challenges and harmful norms that must be addressed.

Note

1. World Health Organization. 2014. "Why Gender and Health?" Retrieved September 19, 2014 from http://www.who.int/gender/genderandhealth/en/.

References

Achyut, P., N. Bhatla, and R.K. Verma. 2009. "Gender Equitable Teachers Support Family Planning: Findings from a School Based Intervention in India." Presented at International Conference on Family Planning–Research & Best Practices.

Achyut, P., N. Bhatla, S. Khandekar, S. Maitra, and R.K. Verma. 2011. *Building Support for Gender Equality among Young Adolescents in School: Findings from Mumbai, India*. New Delhi: International Center for Research on Women (ICRW).

Das, M., S. Ghosh, E. Miller, B. O'Conner, and R. Verma. 2012. *Engaging Coaches and Athletes in Fostering Gender Equity: Findings from the Parivartan Program in Mumbai, India*. Summary Report. New Delhi: International Center for Research on Women (ICRW).

Khandekar, S., M. Rokade, V. Sarmalkar, R.K. Verma, V. Mahendra, et al. 2008. "Engaging the Community to Promote Gender Equity among Young Men: Experiences from 'Yari Dosti' in Mumbai." Pp. 184–201 in *Gender Equality, HIV, and AIDS. A Challenge for the Education Sector*, edited by S. Aikman, E. Unterhalter, and T. Boler. Oxford, United Kingdom: Oxfam GB.

Kostick, K., S. Schensul, R. Singh, P. Pelto, N. Saggurti. 2011. "A Methodology for Building Culture and Gender Norms into Intervention: An Example from Mumbai." *Social Science & Medicine* 72(10): 1630–1638.

Malhotra, A., A. Warner, A. McGonagle, and S. Lee-Rife. 2011. *Solution to End Child Marriage: What the Evidence Shows*. Washington, DC: ICRW.

Marston, C., and E. King. 2006. "Factors that Shape Young People's Sexual Behaviour: A Systematic Review." *Lancet* 368(9547): 1581–1586.

Mishra, A., P. Nanda, I.S. Speizer, L.M. Calhoun, A. Zimmerman, et al. 2014. "Men's Attitudes on Gender Equality and Their Contraceptive Use in Uttar Pradesh India." *Reproductive Health* 11(41).

Nanda P., A. Gautam, R. Verma, S. Kumar, and D. Brahme. 2013. *Masculinity, Son Preference and Intimate Partner Violence (Provisional Report)*. New Delhi: ICRW and UNFPA.

Pulerwitz, J., and G. Barker. 2008. "Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale." *Men and Masculinities* 10(3): 322–338.

Partners for Prevention. 2013. *The UN Multi-Country Study on Men and Violence in Asia and the Pacific*. Bangkok: Partners for Prevention.

Sinha, D. 2008. *Empowering Communities to Make Pregnancy Safer: An Intervention in Rural Andhra Pradesh* (Health and Population Innovation Fellowship Programme Working Paper, No. 5). New Delhi: Population Council.

Suggested Citation

Public Health Foundation of India, Health Policy Project, MEASURE Evaluation, and International Center for Research on Women. 2014. *Evidence-based Strategies to Engage Men and Boys in Gender-integrated Health Interventions*. Washington, DC: Futures Group, Health Policy Project.

Contact

Public Health Foundation of India (PHFI)
M&E Unit IIPH Delhi
Plot #47, Sector 44, Gurgoon- 122002
Haryana, India
Email: metraining@phfi.org
Website: www.phfi.org

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. HPP is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.