

Incorporating Male Gender Norms into Family Planning and Reproductive Health Programs

INTRODUCTION

This Program Guidance Brief draws on information gathered at the USAID-funded C-Change Expert's Meeting (March 2009), "Male Involvement and Male Gender Norms: Moving the Family Planning and Reproductive Health Agenda Forward," and builds on the recommendations of the 2007 WHO report¹ on evaluated health interventions that engage men and boys.

It provides family planning and reproductive health (FP/RH) program planners and implementers with suggestions for how to incorporate activities that address male gender norms into their portfolios. This approach moves beyond a male involvement approach, which seeks to engage men in FP/RH programming, but does not necessarily take steps to address harmful male gender norms. This brief is designed to help FP/RH program planners and implementers in ministries of health, governmental agencies, non-governmental organizations, and community-based groups in developing countries to develop and implement more effective FP/RH programs.

Significant progress has been made in the field of FP/RH health in recent decades. The proportion of married women in developing countries using contraception rose from 10% in 1970 to 60% in 2000. However, fertility and population growth remain high in many of the poorest countries of the world. For example, according to the Population Reference Bureau, more than three-fourths of married women in sub-Saharan Africa do not use contraception. Additionally, nearly 201 million women in the developing world have an unmet need for contraception.⁴ Indeed, the field would benefit from innovative strategies to support and encourage FP in low prevalence countries.

Male gender norms—defined as socially constructed expectations about how men and boys should behave—are widely accepted as factors influencing a range of

FP/RH behaviors. These include informed use of FP methods, condom use for disease prevention, and actions to prevent violence against women.⁵⁻⁷ Therefore, one approach to improving FP/RH outcomes that deserves consideration is to incorporate activities that address male gender norms into FP/RH programs.

STRATEGIES TO ADDRESS MALE GENDER NORMS

- Encouraging equitable communication, joint decision-making and shared responsibility for FP through couple counseling.
- Encouraging men to critically reflect on gender norms and their impact on FP behaviors and outcomes through participatory group education or other participatory community activities.
- Addressing notions of gender in FP through community channels of communication such as participatory theater or community dialogue.
- Portraying gender-equitable role models through mass media.
- Promoting the norm that 'real men' are no longer obstacles to FP through role models, such as model couples.
- Engaging men's involvement in the health and well-being of the family through fatherhood programs.

Table 1

BACKGROUND

Over the past 15-20 years, progress has been made in developing programs which involve strategies (Table 1) that seek to involve men and boys in health.¹⁻⁹ In 2007, WHO sponsored a review of a wide range of health programs that engage men and boys in reducing gender-based inequality in order to identify features of effective interventions.

According to this review of 58 evaluation studies, reasonably well-designed programs that integrate gender can lead to changes in behaviors and attitudes, although it is not clear whether these changes are maintained. Furthermore, the evidence suggests that gender-transformative interventions—those that deliberately try to examine, question, and change rigid male gender norms—are more effective in improving outcomes than those that merely acknowledge or mention gender roles.⁵⁻⁷

Specifically in the family planning/reproductive health arena there have been a number of interventions that have begun to consider male gender norms in their design and implementation. These interventions often use strategies that accommodate male gender norms, such as approaching men as gatekeepers and encouraging them to endorse contraceptive use among their wives. Many of these types of interventions have seen improved FP outcomes.¹⁰ Nonetheless, such gender accommodating approaches have not challenged the inequitable power dynamic between couples that often favor men and can limit women's decision-making abilities. Although accommodative strategies may sometimes be a useful starting point, FP/RH programs could exert a

greater and more sustainable impact by adopting approaches that explicitly attempt to transform male gender norms.^{1,10}

Many of the successful gender-transformative interventions that programmers can draw upon have been developed in HIV and AIDS prevention to engage and target young men. The strategies used in HIV interventions may need to be adjusted to engage and target a FP/RH audience. Couples for example, may be the target population instead of young men, and couple counseling utilizing critical reflection may be more appropriate than group education (for an example of a family planning program targeting couples, see the Men in Maternity Program¹¹).

Participants of the March 2009 Expert's Meeting discussed how development programs might best apply these findings. The goal was to identify recommendations and strategies for incorporating male gender norms activities into health programs with particular attention to improving FP/RH outcomes. What follows are evidence-based recommendations to guide FP/RH programmers as they seek to design, implement, and evaluate FP/RH programs with a male gender norms component.

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Recommendations for Incorporating Male Gender Norms Activities in Family Planning and Reproductive Health Programs

1 COMPLETE A DETAILED GENDER ANALYSIS.

Completing a detailed gender analysis before initiating any intervention is critical to effectively address the needs of both men and women in a given setting. A gender analysis tool^{12,13} is used to identify differences between women's and men's lives, including gender roles, access to resources, and structural factors, and subsequently, to apply this understanding to program development. Developing a deeper understanding of gender-based differences among women and men related to FP/RH behaviors will aid program planners in developing more effective gender-integrated interventions and anticipate direct and indirect impacts of the interventions on beneficiaries.

Critical reflection has been shown to be an effective way to engage men about the detrimental cost of harmful gender norms and the benefits of gender-equitable behavior.

2 ENSURE SPACE AND TIME FOR CRITICAL REFLECTION FOR BOYS/MEN AT SCALE.

Many programs that have been successful in encouraging men and boys to develop more gender-equitable attitudes and behaviors have used a small group format

to give men a safe space to critically reflect on prevalent male gender norms, the effect these norms have on behavior, and the impact of these behaviors on their health and the health of their partners and children.

The successful "Program H Initiative", an HIV prevention program in Brazil, uses group education activities with young men during weekly two-hour sessions over a period of six months to encourage reflection on what it means to be a man.¹⁴ "Stepping Stones," a widely used HIV prevention

program, uses participatory learning approaches in single-sex peer groups to reflect on a variety of topics related to sexuality, relationships, and gender.¹⁵

Though effective, these interventions are often criticized for not being feasible to implement on a large scale because of their time-intensive approaches and the associated costs. In designing FP/RH programs that address gender norms, strategies to encourage the internal process of critical reflection that do not require such time-intensive efforts, such as group education, should

be developed and tested in order to identify intervention components that have the potential to be scaled up, as well as to determine what components can potentially be dropped. One cost-effective approach to consider is the use of mass media to stimulate dialogue and reflection on male gender norms by, for example, promoting positive images of masculinity through radio talk shows or serial dramas.

3 PROMOTE DIALOGUE AMONG SEXUAL PARTNERS.

A number of successful programs have created opportunities for sexual partners to communicate about their FP and sexual and RH choices through counseling, group sessions, and other activities. The “Together for a Happy Family” Project in Jordan (see *Table 2*) ran a two-year national level, multi-media behavior change communication campaign to promote couple communication and joint decision-making.¹⁶

4 PROMOTE DIALOGUE WITHIN COMMUNITIES.

In addition to couple communication, promoting dialogue among communities through group education workshops, community theater or mass media can reduce stigma, facilitate learning, create a more supportive environment for positive health-seeking behavior,

and serve as a catalyst for collective action. The “Be a Man” campaign in Uganda, for example, ran television spots promoting a gender-equitable man as trendy and hip in order to reduce risky sexual behavior. The American Refugee Committee’s project “Through our Eyes” in Liberia used video and participatory playback sessions to raise discussions on topics of intimate partner violence, sexual violence, and health issues. In Nicaragua, the Puntos de Encuentro Project *Somos Diferentes Somos Iguales* used mass media to address the norm of machismo, which it viewed as a risk factor for contracting HIV.¹⁹

5 DESIGN MULTI-COMPONENT INTERVENTIONS.

Evidence suggests that interventions designed to include multiple components (e.g., group education workshops combined with mass media campaigns) are more effective in improving outcomes than single component interventions.⁷ *Table 3* shows four examples of multi-component interventions. Additional successful program examples include “Stepping Stones” and “Men as Partners” in South Africa, and “Program H” in Brazil and India, all of which used gender-transformative integrated approaches, combining group education workshops with community outreach and mobilization.^{14,15,20} “Stepping Stones” integrated 13 three-hour sessions and three peer

EXAMPLE OF PROMOTING PARTNER DIALOGUE	
INTERVENTION:	Together for a Happy Family
COUNTRY:	Jordan
TARGET POPULATION:	Men
INTERVENTION DESCRIPTION:	<ul style="list-style-type: none"> National multi-media campaign to encourage couple communication and dialogue around FP
OUTCOMES:	<ul style="list-style-type: none"> Greater use of a family planning method by men Greater contraceptive knowledge Increase spousal communication about FP

Table 2 | Source: JHU/CCP 2003

group meetings with the sensitization of traditional and local leaders. Evaluation results showed significant improvements in health behaviors, such as men reporting fewer sexual partners and correct condom use, reduced incidence of severe partner violence, and fewer women acquiring HIV infection. “Program H” integrated interactive educational group sessions with a community-level mass media campaign. Research results showed significant positive changes on the Gender-Equitable Men Scale (GEM Scale).

As FP/RH interventions are often service-based, many opportunities exist to integrate FP/RH services with other program components. The effectiveness of a service-based intervention could be increased greatly by the support of a radio campaign modeling gender-equitable behavior, group education workshops where men critically reflect on male norms and behaviors, or promotion of gender-equitable behaviors through community events such as theater, sporting events, or community dialogue sessions.

6 ENGAGE MEN IN FAMILY PLANNING AND REPRODUCTIVE HEALTH THROUGH OTHER SECTORS.

Incorporating male gender norms interventions into programs in other sectors (such as health, education, or agriculture) provides a broad framework within which to engage men and facilitate social change. Multi-sectoral approaches (e.g., integrating life skills training with FP) provide opportunities to engage men’s participation in FP and have been shown to change men’s perceptions of FP.^{21,22} One intervention, “Cultivating Men’s Interest in FP”, integrated FP with a water and sanitation program (see *Table 4*). The project integrated FP topics into ongoing educational sessions related to the building of water systems and latrines. Evaluation results showed that 92% of men and women thought integration of FP into the water and sanitation program was beneficial and necessary. The evaluation also showed an increase in contraceptive knowledge, gender-equitable FP attitudes, and partner communication about FP.

MULTI-COMPONENT INTERVENTION EXAMPLES

INTERVENTION	INTEGRATION STRATEGY
White Ribbon Campaign (Peru)	<ul style="list-style-type: none"> ▪ Sensitization of health providers to GBV
Involving men in postpartum FP (Turkey)	<ul style="list-style-type: none"> ▪ Mass media campaign about violence and gender
Together for a Happy Family (Jordan)	<ul style="list-style-type: none"> ▪ Weekly group education sessions with postpartum couples and women
Integration of RH services for men in Health and family welfare centers (Bangladesh)	<ul style="list-style-type: none"> ▪ Telephone counseling ▪ Group education sessions on FP ▪ Multimedia campaign promoting FP ▪ Behavior change communication, public service announcements, and group discussions ▪ Training of services providers ▪ Services for STIs and RTIs at clinics

Table 3 | Source: WHO 2007

7 RESEARCH THE EFFECT OF PROGRAMS ON ATTITUDES, BELIEFS, AND BEHAVIORS IN THE LONG-TERM AS WELL AS THE SHORT-TERM.

While there is considerable evidence to support the potential effectiveness of incorporating male gender norms activities into FP/RH programs, the field needs solid evaluations. To the extent possible, the evaluations should examine the impact on a range of FP/RH, gender and health behavior outcomes. For example, a number of interventions have used the GEM scale as a measure of shifts in gender norms.²³ In addition, to the extent possible, research should examine the impact on both men and women and should move beyond short-term impacts to long-term impacts.

8 BUILD ORGANIZATIONAL CAPACITY IN IMPLEMENTING MALE GENDER NORMS PROGRAMMING IN FAMILY PLANNING AND REPRODUCTIVE HEALTH.

Many of the key barriers to designing and implementing gender-transformative interventions in FP/RH are institutional, relating to the capacity of organizations to design, carry out, and evaluate activities that address gender norms. Family planning and reproductive health staff does not need to start from ground zero, but can apply lessons learned about integrating male gender norms activities into programs from other fields. Implementers can take advantage of established partnerships, structures, and systems to train staff and adapt existing male gender strategies to FP/RH programs.

INTEGRATED FAMILY PLANNING PROGRAM EXAMPLE	
INTERVENTION:	Cultivating Men’s Interest in FP in Rural El Salvador
COUNTRY:	El Salvador
TARGET POPULATION:	Couples of reproductive age
INTERVENTION DESCRIPTION:	<ul style="list-style-type: none"> • Educational activities • Home visits and counseling • Group discussions
OUTCOMES:	<ul style="list-style-type: none"> • Increased contraceptive knowledge • Increased gender-equitable FP attitudes • Increased partner communication about FP

Table 4 | Source: Solorzano et al. 2008



CONCLUSION

This brief provides an introduction and guide for FP/RH programmers on how to incorporate male gender norms activities into their programs. Many of the examples provided in this brief come from HIV and AIDS interventions, as those programs have made the greatest contribution in addressing male gender norms thus far. The gender strategies and approaches used in the HIV and AIDS programs can be adapted to FP/RH programs in order to exert a greater and more sustainable impact.

ADDITIONAL RESOURCES

Resources are available for reference and technical assistance. For example the 2007 WHO report *Engaging Men and Boys in Changing Gender-based Inequity in Health*¹ provides detailed descriptions of a number of programs that address male gender norms in health programs. The upcoming report *Gender Perspectives Improve Reproductive Health Outcomes: New Evidence*¹⁰ summarizes a number of gender-transformative health programs and provides detailed case studies of those programs that use

innovative approaches or are particularly successful in improving RH outcomes. The publication *A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action (2nd edition)* serves as a resource for organizations on how to integrate a gender-equity approach into RH programs.²⁴ The USAID publication *Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions*²⁵ is a detailed and descriptive compendium of programs in Africa that have incorporated gender strategies.

NOTES

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This publication was produced by the C-Change project under the terms of Agreement No. GPO-A-00-07-00004-00. The contents are the responsibility of the C-Change project, managed by AED, and do not necessarily reflect the views of USAID or the United States Government.

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