



# MODULE 8

## Engaging Men and Boys

## Preamble

HIV programming for young women and girls is most effective when programmes are synchronized across genders. Men and boys — whether as fathers, partners, sons or community leaders — play significant roles in the health of young women and girls in the community. However, men often perceive the health sector as a feminized space and can be resistant to seeking or promoting services in these contexts.

The well-being of men and boys is intrinsic to the overall well-being of their communities, and vice versa. It has been demonstrated that tried and true basic prevention tools such as condoms and voluntary medical male circumcision (VMMC) can effectively reduce HIV transmission to young women and girls, and that expanded HIV testing and treatment for men and boys also provides a protective measure for young women and girls. However, it is clear that addressing men and boys solely as 'vectors' of HIV transmission is insufficient for HIV prevention or to meet the full health needs and rights of young women and girls.

Expanding HIV prevention and treatment services to men does reduce the rate of transmission. But to magnify the effect of such programmes, they must also confront the effects of entrenched social norms, limiting gender beliefs, and the negative masculinities that encourage risk-taking, care avoidance and inequitable gender attitudes among men. This should start with the gender socialization process for boys in high-burden locations.

This module presents evidence-based programming for men and boys that can be used to leverage HIV prevention programming for young women and girls.

## Key Takeaways

- It is crucial to reach older men with key interventions to stop the cycle of infection. Intergenerational sexual relationships are one of the driving forces behind the HIV epidemic among young women and adolescent girls in eastern and southern Africa.
- In the most highly affected communities, men should be targeted with a comprehensive biomedical prevention package of VMMC, HIV testing services, treatment as prevention, condom distribution and education, counselling and interpersonal communication.
- Behavioural science tools can successfully address negative masculinities, stigma and fear among men in order to promote positive care-seeking and nurturing attitudes among men. Interventions should address men's roles as partners, as fathers and as potential champions and advocates in their communities.
- Age groups requiring a saturation approach for VMMC services should ideally be identified based on an analysis of the likely ages of male partners of women and girls experiencing peak or accelerating HIV incidence. Progressively younger men and boys may then be prioritized.
- Men aged 20–24 years should be engaged in interventions that address the syndemics of HIV, violence, substance abuse and mental health, which collectively might lead to increased risk-taking.
- There is a special window of opportunity to influence boys aged 10–14 years as they are socialized towards adulthood, and as their gender identities and views are formed.

## Programming Considerations

### 8.1 Build an Effective Gender-synchronized Programme

To address sexual and reproductive health (SRH) and improve the health of all people, programmes must tackle inequitable beliefs and power disparities. Women-empowerment programmes and male-engagement programmes have limited effectiveness on their own. More transformative programming is needed that promotes mutual understanding and aims for equalizing power dynamics (see 'Module 6'). In such programmes, it is necessary to engage men and boys as stakeholders in their own well-being, as well as in that of the young women and adolescent girls with whom they are in relationship. Gender-synchronized programming addresses how entrenched gender norms may be harmful to all members of society.

The following principles have proven essential in building a gender-synchronized programme:

- **Employ robust behavioural science and user analysis.** Key investments in user research and analysis are indispensable to build cognitive empathy and insights on the issues suppressing male engagement and care-seeking. Under the DREAMS initiative, **male partner characterization studies** have documented the characteristics of the male sexual partners of young women and adolescent girls aged 15–24 years vulnerable to HIV acquisition. Rigorous documentation of the profiles of **men with poor health-seeking behaviours** and of the **barriers and motivators to health service utilization** among men and boys can then support the identification of specific entry points and channels to reach unserved men.<sup>1</sup> Effective behavioural approaches uncover and address the **gender scripts** that influence the behaviours, beliefs and attitudes of boys and men.
- **Deploy a mix of outreach and engagement strategies that work for men.** Effectively reaching men, especially those who are underserved and hardest to reach, requires an optimal mix of strategies, including effective interpersonal, place-based, group-based and mass media tactics. Younger men may respond particularly well to **creative and novel marketing** (such as edutainment and the use of digital influencers) to counter negative perceptions of services, and **financial and non-financial incentives** (such as vouchers, mobile data, fast-track services and public recognition). Men consistently report that convenience and privacy are key concerns, and barriers to, engaging in care. As such, a variety of modalities should be explored to maximize choice, including after-hours and weekend clinics, fast-track models, rewards programmes and mobile units.

- **Address the association between risk-taking men’s psychosocial well-being and prevention.** A mounting body of evidence suggests an association between men’s psychosocial well-being, risk-taking, care-seeking and self-care. This includes connections between early childhood adversity and violence, trauma, anger, substance use (alcohol and other drugs), mental health, helplessness/despondency, violence and sexual risk-taking. Trauma-informed programming approaches demonstrate promise for a specific subset of high-risk men and should be considered a promising tool in the prevention toolbox.
- **Deploy male champions and advocates.** Men may respond well to influential, accessible people such as community agents, male mobilizers and male clinicians, and also to (at an aspirational level) to digital influencers. These people are more likely to appeal if they approach health and wellness in the context of male preoccupations, and may be less likely to be viewed as judgemental, creating an opening to introduce new concepts in a neutral way. Nevertheless, the roles of mother figures, wives and partners in a boy’s or man’s life remains under-explored by programmes.
- **Instil positive social and gender norms through effective parenting strategies.** Understanding cultural expectations and gender norms begins at birth (see ‘Module 6’). In parenting skills training, parents can be taught strategies for raising their children that result in positive gender norms. Boys can be taught non-violent negotiation skills and empathy skills in relationships with girls and women. Role-modelling is an especially powerful tool that parents have at their disposal. If boys see their fathers and grandfathers as non-violent and compassionate yet powerful figures in the home, and mothers and grandmothers as empowered and with agency, gender transformation is possible.
- **Deploy ethical and culturally sensitive approaches.** Interventions should be developed with attention to the cultural context and linguistic variations, sensitivities and preferences of local audiences, and with attention to the rhythms of life in target communities.

## 8.2 Engage Men and Boys in the Prevention Response

Sometimes, implementers struggle to identify which interventions are most impactful in reaching men and boys and in creating lasting behaviour change. The following evidence-based approaches have successfully engaging men and boys:

- **A comprehensive and layered curriculum.** These curricula have proven to be much more effective than siloed interventions. A layered approach would include

combinations of biomedical, socio-behavioural and structural interventions that are age-appropriate and aimed at addressing the individual risks and resources of the person.

- **Facilitators who have been rigorously selected and trained.** Equipping group facilitators with effective counselling skills, such as values-based motivational interviewing, are important for effective interaction with men and boys. Repeated training of trainers or refresher training sessions are recommended to keep facilitators up to date with the latest techniques available in the field.
- **Facilitated dialogues among boys and men of similar ages/circumstances.** Many variants exist among boys aged 10–19 years and men older than 19 years, with a need to segment the different age groups. Very young adolescents (ages 10–14 years) pose the biggest challenge. Differences exist even within that cohort: between 10- to 12-year-olds and 13- to 14-year-olds, and messages need to be adapted accordingly.
- **Sustained workshops targeting men and boys (8–12 sessions).** Group dialogue workshops can effectively target men and boys with counselling and training by community moderators to address gender equity issues and participants' use of SRH products and services. The key messages are best delivered using several channels and in a repeated manner across a series of sessions. The contents of these interventions are varied, from exploring manliness issues to identifying limitations to men's self-expression and to men becoming gender-equitable within society. Addressing issues in the context of relationships with young women and girls — of sexuality, family planning, violence against women, masculinity and how to reduce the spread and impact of HIV and AIDS — are also crucial issues that require repeated messaging and discussion.
- **Identification of obstacles to healthy behaviour.** For behaviour-change programmes to be successful, implementers first need to understand and engage obstacles such as male peer pressure, lack of adequate health education and awareness, notions of manliness and lack of engagement with health services. Service providers and counsellors need to understand risk from a masculine perspective. Mental health and substance abuse issues also need to be considered as possible contributors to unhealthy behaviours.
- **Male-friendly services.** Such services influence norms on preventive health and promote health care-seeking among men: mobile services, workplace programming, men's clinics and male community health workers. These services typically address substance use prevention, health and sexual education, HIV testing and counselling, and referrals to treatment or prevention services (*See Module 8.4, 'Establish Male-friendly Services'*).
- **Community partnership and engagement to promote protective behaviours.** This is showcased in successful community-based initiatives such as the Médecins sans Frontières project in Eshowe, South Africa, which surpassed the United Nations

Programme on HIV/AIDS (UNAIDS) 90-90-90 targets before 2020, especially among its youth population. One of the key achievements of this initiative is that it gained the commitment and involvement of the traditional leadership, local civil society and patient groups, health staff and traditional health practitioners and the community as a whole, and worked in close collaboration with the departments of health and education at each stage. HIV-related taboos were surmounted, and informed school-based discussions were held between young men and women on the importance of using HIV prevention methods that work, such as pre-exposure prophylaxis (PrEP). Door-to-door HIV testing and extensive condom distribution and counselling targeting men was carried out by male community health workers.

### 8.3 Expand Platforms and Services for Men and Boys

Difficulties remain in reaching men and boys, who overall achieve poorer treatment outcomes across the cascade of diagnosis and treatment. The unique platforms and services that cater to male health and wellbeing must be mapped, understood and co-opted to offer responsive entry points for counselling and information dissemination. Below are key platforms and services where men and boys can be best reached with crucial services:

- **Clinic- and outreach-based VMMC.** The traditional package includes wound care, HIV testing, condom distribution, risk-reduction counselling, interventions to address negative masculinities and the norms around violence against women and girls, and interpersonal relationship skills. In most countries, clients' entire VMMC engagement will comprise at least one pre-service encounter, the surgical appointment and two post-operative visits. The nature of the VMMC service and frequency of visits required allow boys and men to become engaged, build trust with service providers and — if the experience is perceived as a positive one — could motivate them to return to address additional needs. Even though the majority of demand in most settings is among younger men and boys, targeting older men with VMMC would yield protective benefits for younger women in light of existing evidence demonstrating pervasive intergenerational sexual relationships between older men and adolescent girls. Programmes need to synchronize their demand creation and targeting with the known profiles of men who are likely sexual partners of at-risk women, through rigorous population segmentation (see 'Module 2'). VMMC also represents a platform to train counsellors and other service providers on service quality and in providing services that appeal to men and boys.
- **HIV service sites (testing, counselling, treatment).** These facilities provide psychological counselling, which can benefit men and their sexual partners,



especially in terms of addressing intimate partner violence and the dangers of unprotected sex with multiple partners. Depending on the context, these services can also provide sexually transmitted infection (STI) treatment and other related health services needed by consulting men and boys.

- **Mental health and substance abuse services.** A platform that coordinates physical and mental health could yield benefits for men and boys and their female partners. There is a bidirectional relationship between mental health and HIV prevention. People with mental health or substance abuse problems are more likely to engage in risky behaviours that lead to HIV, while similarly, people living with the stress of HIV are more likely to experience mental health problems like depression, anxiety or substance dependence.
- **Mobile, communal outreach and home-based services.** These provide an ideal opportunity to reach men and boys in the heart of their communities, even in the most remote and underserved areas, in the privacy of their homes and communities, and at times that are convenient for their schedules.
- **Workplace-based health and wellness services.** These can provide an effective means to reach men in their places of work, where they spend most of their days, with useful HIV-related prevention information and commodities. Confidentiality and male-friendly professional services are key in ensuring that workplace-based services retain men and their trust.
- **Couples-based/new parent services.** Men and boys can be targeted by family planning or sexual health service providers when their wives, girlfriends or partners present for family planning, antenatal care, postnatal care or immunization. In numerous settings, couples-based or new parent family planning clinics have successfully been integrated into these platforms. These platforms also provide the opportunity to improve men's understanding of child development and their parenting skills.
- **Digital interface.** The pervasiveness of mobile and digital platforms in resource-poor settings and the decentralization of communication technologies have expanded the opportunities to address sensitive SRH issues for young people. Programmes such as Young Africa Live provide a mobile forum for young people through gender-specific blogs, where portal visitors can comment and have their voices heard, on topics such as HIV/AIDS, health, relationships, sex, sexuality, love and gender issues. Young Africa Live has more than 1.8 million users across South Africa and is expanding to Tanzania<sup>2</sup> and Kenya.<sup>3</sup>
- **Informed peer-to-peer communication.** This also represents an impactful way for young men to exchange information about SRH issues and challenges, including

positive prevention messages. Social approaches are creative interventions for young people to exchange knowledge with their peers related to SRH, in safe and supportive spaces, using skills-based exercises or specific content. Youth groups and social clubs can also be very useful means for young men and women to communicate and exchange knowledge and challenge stereotyped attitudes.

## 8.4 Establish Male-friendly Services

In many communities, entrenched negative attitudes exist among men and boys towards attending routine outpatient clinics. Men rely heavily on informal private sector providers for commodities, and on their families, peers and communities for health-related advice. These factors need to be acknowledged and addressed in order to engage men fully in the HIV prevention response. Beyond attitudes, it is also important to identify some of the bottlenecks that deter men and boys from attending routine clinic services, as well as to make recommendations to make these services more male- and youth-friendly overall to ensure increased uptake.

It is fundamental that health-service providers do not present negative biases and taboos about men. Entrenched values among health-service providers can present barriers to effective treatment and counselling. Such entrenched attitudes may include those of service providers about male virility and the extent to which men should engagement with the health system. Other negative and potentially harmful behaviours displayed by service providers towards young men and boys, such as showing lack of respect, being judgemental, and carrying out interventions without informed consent, can also deter male service uptake. The following evidence-based techniques have proven effective in addressing biases among health-service providers:

- **Value and ethical bracketing.** Service providers put their values on hold and ‘bracket’ them to ensure that patients are properly counselled. This approach can be a useful tool for addressing values - based conflicts that arise between personal and professional values.<sup>4,5</sup>
- **Strength-based approach.** Rather than leading with confrontation, blame-assignment or with the assumption that the client is ill-equipped to make an independent decision, service providers can be trained to focus on their ultimate goals in interacting with clients, and on the strengths, capabilities, assets and agency each client brings.
- **Appreciative inquiry.** This technique focuses on past achievements rather than problems. The aim is to build self-esteem among health-service providers, and to

equip them to build rapport with their clients, as a means to change attitudes and enhance trust.

Male-friendly health services require adequate infrastructure and specific logistical arrangements. Male-friendly services should be provided by trained male clinicians and counsellors in settings with infrastructure that can ensure privacy and confidentiality. Services provided during specific times of day or evening, or even at premises separate from women's services, can greatly encourage male attendance. Men's clinics that encourage positive male role models, such as men as fathers and as responsible sexual partners, can also play a subliminal role in raising awareness and changing attitudes among men.



## Promising Directions

**MenStar Coalition.** A group of global partners joined together as the MenStar Coalition<sup>6</sup> with the aim of expanding the diagnosis and treatment of HIV infections in men through innovative approaches to deliver appropriate and effective HIV/AIDS services for men, increasing the rapid uptake of HIV testing, linkage to HIV treatment, and achievement of viral suppression. MenStar approaches are informed by qualitative and quantitative research<sup>7</sup> and include: data analytics and human-centred design to better adapt services to men; nuanced demand creation; targeted marketing; innovations, such as HIV self-testing; and supply-side solutions.

**Periods of change.** Psychological change theory aims to explain factors that make people willing to think or behave differently. Some factors that attract people to make change are: low complexity in explaining the change; allowing people to try and test the change; opportunities to observe the success of the change for others; compatibility with current culture and values; and relative advantage of the change over the status quo.<sup>8</sup> There also appear particular milestones in a person's life during which they're primed for making significant changes. For example, men will comment that their lives changed when they got married, their first child was born/conceived, or they started their first job. These milestones in a person's life are prime junctures for presenting options for change. There is a need to examine male thoughts, emotions and behaviour through qualitative research, to clarify what drives men to change or not change.

**Treatment as prevention.** Individuals living with HIV who consistently take their antiretroviral medications as directed by a health-care professional can effectively lower their viral load to an undetectable level in the blood stream, eliminating the risk of HIV transmission onwards. Therefore, there is an urgent need to increase HIV testing among men, and to ensure that those with a positive test promptly initiate and adhere to lifelong antiretroviral therapy (ART), to protect young women and girls against HIV — even those with a seropositive sexual partner.



**Trauma-informed programming.** Boys who experience multiple adverse childhood experiences or traumatic events in childhood including neglect, physical abuse, emotional abuse and other forms of domestic violence are more likely to cope by using substances, taking sexual risks and/or being perpetrators of violence. Prevention programmes that address the syndemics of violence, substance abuse, poor mental health (including depression, anxiety, anger/rage and aggression) and HIV among men and boys are emerging as a promising direction in integrated programming.

MODULE



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## Promising and Effective Programme Models

### Ethiopia

#### Addis Birhan ('New Light')

Male mentors facilitated group life skills sessions in community spaces for husbands (aged 10–85 years) of girls and young women enrolled in parallel groups.

<https://www.popcouncil.org/research/addis-birhan>

#### Male Norms Initiative

This initiative delivered two sessions per week for 9 weeks to boys and young men aged 15–24 years, including role-plays and guided discussions around gender norms and their relation to HIV risk and violence.

[https://path.azureedge.net/media/documents/GVR\\_gen\\_eq\\_eth\\_rpt.pdf](https://path.azureedge.net/media/documents/GVR_gen_eq_eth_rpt.pdf)

### Kenya

#### Kenya Scouts Association Gender Equity Badge Project

Older scouts (14–18 years, male and female) and leaders were trained to facilitate activities that provided scouts with opportunities to discuss gender equality, including through a camping trip and gender-equity badges.

[https://path.azureedge.net/media/documents/HIV\\_kenya\\_scouts\\_bgb\\_pack\\_1.pdf](https://path.azureedge.net/media/documents/HIV_kenya_scouts_bgb_pack_1.pdf)

[https://path.azureedge.net/media/documents/HIV\\_gender\\_norms\\_kenya\\_sum.pdf](https://path.azureedge.net/media/documents/HIV_gender_norms_kenya_sum.pdf)

#### Mathare Youth Sports Association

A football club and community organization, initially only for boys aged 9–18 years but subsequently opened to girls. As well as playing sports, members participated in clean-up campaigns or volunteered on community projects.

<http://mysakenya.org>

#### Your Moment of Truth

An educational curriculum delivered to adolescent boys and young men (aged 15–22 years) from five slums through six 2-hour sessions in high schools. It aimed to raise boys' awareness of discriminatory gender norms and GBV.

<https://www.ncbi.nlm.nih.gov/pubmed/26063788>

### Nigeria

#### Conscientizing Male Adolescents

Regular discussion groups held over 1 year to engage adolescent boys (aged 14–20 years) and

increase their awareness of gender inequality.

p. 26: <https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/HIV%20AIDS%2080e.pdf>

<https://xyonline.net/sites/xyonline.net/files/Popul%20Council%2C%20My%20father%20didn%27t.pdf>

## Rwanda

### Indashyikirwa Project

A set of interactive training and take-home exercises to help foster a process of change and reduce gender-based violence (GBV) among couples in Rwandan communities.

<http://www.care.org.rw/our-work/programs/vulnerable-women/vw-projects/item/232-indashyikirwa-project>

## South Africa

### Khanyisa

Workshops provided over 12 months in rural settings and during a camping trip that used the traditional concept of ubuntu ('humanity towards others') to engage male Zulu youth aged 15–25 years to explore masculinity, inequality, gender, violence and HIV.

[http://www.mandalatrust.org/wp-content/uploads/2017/12/Khanyisa\\_Transforming-Masculinities-E-Book.pdf](http://www.mandalatrust.org/wp-content/uploads/2017/12/Khanyisa_Transforming-Masculinities-E-Book.pdf)

<https://www.mandalatrust.org/our-projects/projects-the-khanyisa-programme>

[https://path.azureedge.net/media/documents/HIV\\_kenya\\_sage\\_disc\\_guide.pdf](https://path.azureedge.net/media/documents/HIV_kenya_sage_disc_guide.pdf)

[https://path.azureedge.net/media/documents/HIV\\_kenya\\_scouts\\_bgb\\_pack\\_2.pdf](https://path.azureedge.net/media/documents/HIV_kenya_scouts_bgb_pack_2.pdf)

### MenCare+

Promotes men's involvement as equitable, healthy, non-violent fathers and partners. It includes group education sessions with youth (13–34 years old), couples and parents on SRH, maternal health and gender equality.

<https://men-care.org/2016/07/27/mencare-south-africa-works-address-absent-fatherhood>

### Stepping Stones

A 50-hour programme over 6–8 weeks. It used critical reflection and other participatory learning techniques to improve sexual health practices and enable male and female participants aged 15–26 years to build safe, gender-equitable relationships.

<https://steppingstonesfeedback.org/resources/new-manual-adolescents-adults>

## Tanzania

### Young Men as Equal Partners

Aimed to improve SRH by increasing the adoption of safer sexual practices and utilization of services among adolescents and young men (10–24 years old). The project included participatory sessions with young people, and community activities.

[https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie\\_young\\_men\\_rfsu.pdf](https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_young_men_rfsu.pdf)

## Uganda

### Kids League

Provided 6–7 weeks of football and netball programmes for boys and girls aged 8–15 years, run by trained community volunteers in northern Uganda.

<https://thekidsleague.wordpress.com>

### SASA!

A community mobilization programme designed for individuals and communities to start working towards achieving a balance of power between women and men.

<http://raisingvoices.org/sasa>

## Multiple Focus Countries

### Aflateen+

A programme that focuses on gender equality and economic prosperity for girls and women, addressing issues faced by girls and women, particularly those aged between 15 and 18 years, in developing countries.

<https://www.aflatoun.org/curricula/aflateen-2>

### Coaching Boys Into Men — United States and adapted for multiple countries

The only evidence-based prevention programme that trains and motivates high school coaches to teach their young male athletes healthy relationship skills and that violence never equals strength.

<http://www.coachescorner.org/tools>

### Innovation through Sport: Promoting Leaders, Empowering Youth — Bangladesh, Egypt, Kenya, Tanzania

A project that employed sports as a vehicle for leadership development and girls' empowerment. While it primarily focused on girls' empowerment, it also included boys (9–19 years old).

[https://www.care.org/sites/default/files/documents/YE-2011-BGD\\_ITSPLEY\\_Report.pdf](https://www.care.org/sites/default/files/documents/YE-2011-BGD_ITSPLEY_Report.pdf)

### Manhood 2.0 — Brazil, Indonesia, Rwanda, South Africa

A gender-transformative curriculum to engage young men aged 15–24 years in reflecting on the impacts of harmful gender norms, specifically those surrounding issues such as teenage pregnancy; dating violence and sexual assault; and the bullying of lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals.

<https://promundoglobal.org/resources/manhood-2-0-curriculum>

**Power to Lead Alliance — Honduras, Yemen, India, Malawi, Tanzania, Egypt**

Promotes girl leaders in vulnerable communities through sports and life skills sessions. Also worked with boys (10–14 years old) to encourage supportive environments for girls' empowerment.

<https://www.care.org/sites/default/files/documents/PTLA-Brief-with-USAID-Logo.pdf>

**Prevention+ — Indonesia, Pakistan, Rwanda and Uganda, as well as in parts of the Middle East and North Africa region**

Addresses the root causes of GBV by taking a multi-level approach, intervening at four levels: individual, community, institutional and government.

<https://promundoglobal.org/programs/prevention-plus>

**Other Countries****Young Men's Initiative — Bosnia and Herzegovina, Croatia, Kosovo, Serbia**

Promoted non-violence, good health and gender equality through educational workshops and community campaigns among boys and young men aged 14–19 years.

<https://www.icrw.org/research-programs/young-men-initiative-in-the-balkans>

**Escola de Futebol (Soccer School) — Brazil**

Nine sessions that football coaches delivered to boys (aged 11–17 years) in two parts: a life skills class on gender equality, positive masculinity, SRH and GBV; and a football game.

[URL placeholder]

**Program H — Brazil**

A programme that included interactive group education sessions for young men, led by adult male facilitators. Also, a community-wide lifestyle social marketing campaign aimed at promoting condom use.

<https://promundoglobal.org/resources/program-h-working-with-young-men>

**Engaging Men to Prevent Gender-based Violence — Chile**

A series of workshops with 260 young men (aged 15–19 years) on gender equality, GBV and alternative masculinity.

p. 33: <http://menengage.org/wp-content/uploads/2014/01/Engaging-men-in-GBV-multicountry-impact-study-Promundo-.pdf>



### Changing Gender Norms — China

An HIV and violence prevention programme for male vocational students and factory workers (aged 15–24 years), consisting of eight participatory educational sessions.

[https://path.azureedge.net/media/documents/HIV\\_gender\\_norms\\_china\\_sum.pdf](https://path.azureedge.net/media/documents/HIV_gender_norms_china_sum.pdf)

### CHOICES — Egypt

A curriculum that aims to change the gender-related attitudes and behaviours of boys (aged 10–14 years), in particular the brothers and neighbours of girls in a related programme, to create a supportive environment for girls' empowerment.

[https://toolkits.knowledgesuccess.org/sites/default/files/boys\\_norms\\_-\\_2012\\_-\\_empowering\\_boys\\_and\\_girls\\_to\\_transform\\_gender\\_norms\\_0.pdf](https://toolkits.knowledgesuccess.org/sites/default/files/boys_norms_-_2012_-_empowering_boys_and_girls_to_transform_gender_norms_0.pdf)

### New Visions — Egypt

A life skills curriculum introduced for boys (aged 12–20 years) to encourage them to support gender equality, while building their communication skills and creative thinking. It targeted the brothers of participants in a programme for out-of-school girls.

<http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Beirut/pdf/New%20horizons%20and%20New%20Visions%20programs%20-%20Egypt%20Non-formal%20education%20-%202008.pdf>

### Do Kadam Barabari Ki Ore (Two Steps Towards Equality) — India

Gender-transformative life skills education combined with cricket-coaching and delivered over 18 months to adolescent boys and young men aged 13–21 years.

[https://prevention-collaborative.org/wp-content/uploads/2019/08/Programme-Summary\\_The-Do-Kadam-Barabari-Ki-Ore\\_India-12.pdf](https://prevention-collaborative.org/wp-content/uploads/2019/08/Programme-Summary_The-Do-Kadam-Barabari-Ki-Ore_India-12.pdf)

### Gender Equity Movement in Schools (GEMS) — India

A life skills school-based programme that promoted gender equality by encouraging participating students (both male and female, aged 12–14 years) to examine the social norms that define men's and women's roles, and to question the use of violence. The programme was part of the school curriculum and delivered by trained teachers.

<https://www.icrw.org/research-programs/gender-equity-movement-in-schools-gems>

### Magic Bus — India

Sessions implemented in slums that aim to improve gender equality, empower boys and girls (aged 14–16 years) with positive experiences through sport, and develop children's social skills.

<https://www.magicbus.org>

**Meri Life Meri Choice Project — India**

A 6-month programme to reduce the vulnerability to HIV of lower caste rural adolescents aged 15–24 years. Activities included establishing gender resource centres, holding family events and creating partnerships with local health facilities.

<http://mamta-himc.org/pdf/MLMC-Journey-2016.pdf> or [https://www.popcouncil.org/uploads/pdfs/2016PGY\\_MLMC-report.pdf](https://www.popcouncil.org/uploads/pdfs/2016PGY_MLMC-report.pdf)

**Parivartan (Coaching Boys to Men) — India**

A 24-month programme with sports coaches and adolescent boys (aged 10–16 years). Trained coaches and community mentors ran sessions on gender equality and violence.

<http://strive.lshtm.ac.uk/system/files/attachments/Parivartan-Coaches-Manual-Handbook-FINAL.pdf>

<http://strive.lshtm.ac.uk/system/files/attachments/Parivartan-Training-Cards.pdf>

**PRACHAR — India**

Three-day non-residential training programme that targeted rural adolescents aged 15–19 years to raise awareness of SRH, delay childbearing and increase the spacing of pregnancies, and provide youth-friendly health services.

<https://www.pathfinder.org/projects/prachar>

**Yaari Dosti ('bonding between men') — India**

Programme that promoted gender equity among young men (aged 15–28 years) from low-income communities as a strategy to reduce HIV risks and GBV. It involved educational activities in community-based settings over 6 months.

<https://promundoglobal.org/resources/challenging-and-changing-gender-attitudes-among-young-men-in-mumbai-india/#>

**Program Ra — Lebanon**

Program Ra was adapted for the Lebanese context with ABAAD–Resource Center for Gender Equality in order to promote discussion about gender with young men living in Lebanon — including host and refugee communities.

<https://promundoglobal.org/wp-content/uploads/2016/11/ProgrammeRa.pdf>

**Gente Joven — Mexico**

A peer-led sex education programme consisting of seven 2-hour sessions on topics relating to sexuality and communication for young people, male and female, aged 16–22 years. Youth health promoters were recruited and given extra training; their work was reinforced by sessions with participants' parents.

<https://pdfs.semanticscholar.org/3b85/f28a028e97e4de3a9291e5a4f55ace14b3ba.pdf>

**True Love (Amor ... pero del Bueno) — Mexico**

Piloted over 16 weeks in two urban, low-income high schools in Mexico City to prevent dating violence among boys and girls aged 15–18 years.

<https://psycnet.apa.org/record/2017-41891-002>

**Choices — Nepal**

Encourages discussion between girls and boys (aged 10–14 years) and reflection on gender inequality and power, through eight 2-hour sessions delivered by trained child-club graduates.

[https://toolkits.knowledgesuccess.org/sites/default/files/cvp\\_brief\\_2015\\_00000002\\_0.pdf](https://toolkits.knowledgesuccess.org/sites/default/files/cvp_brief_2015_00000002_0.pdf)

**Humqadam — Pakistan**

Created spaces for men and boys (aged 16–30 years) to engage on gender issues, through interactive theatres, a ‘stop rape’ campaign, cross-gender discussion forums, self-growth sessions with women, and orientation sessions with professionals.

<https://www.humqadam.pk>

## HIGHLIGHTED IMPLEMENTER RESOURCES

### 8.1 Build an Effective Gender-synchronized Programme

#### Prevention+

Rutgers, Sonke Gender Justice, Promundo; 2016–2020; English  
<https://promundoglobal.org/programs/prevention-plus>

This programme addresses the root causes of GBV by intervening at four levels: individual, community, institutional and government. Men and women are actively engaged in comprehensive GBV prevention programmes, in which they discuss how to think and talk about gender equality, sexuality and non-violent relationships. Trusted community- and faith-based leaders support the programme as role models, thereby influencing gender-equitable norms and values in the community. Prevention+ trains the staff of government ministries, government representatives, service providers and civil society to integrate gender-transformative approaches in their day-to-day work. Training includes equipping staff with the tools and know-how to interact with young and adult men, women and couples in a manner free from discrimination and bias. Prevention+ is active in Indonesia, Pakistan, Rwanda and Uganda, as well as in parts of the Middle East and North Africa region. Advocacy efforts focus on encouraging (inter)national governments to introduce and enact new legislation aimed at preventing and eliminating GBV, and to strengthen enforcement of existing policies and legislation. The aim of Prevention+ is to contribute to the adoption and implementation of national-level policies and systems of evidence-based programming for violence prevention.

#### Indashyikirwa Project

CARE Rwanda, the Rwanda Women's Network, and Rwanda Men's Resource Centre; 2015; English  
<http://www.care.org.rw/our-work/programs/vulnerable-women/vw-projects/item/232-indashyikirwa-project>

This set of interactive training and take-home exercises is designed to help foster a process of change to reduce GBV among couples in selected communities in Rwanda. The structure and content are built upon the latest learning about effective GBV prevention, including: addressing a power imbalance as a root cause of GBV; recognizing change as a process; understanding triggers of GBV; and building skills to manage triggers and create a healthy, non-violent relationship. The curriculum evolves, within an intensive programme of regular training over a set period, to create a systematic process for behaviour change. In total, there are 22 sessions, each one a maximum of 3 hours.

#### SASA! Activist Kit: Preventing violence against women

Raising Voices; 2008; English  
<http://raisingvoices.org/sasa>

SASA! is a community mobilization programme developed by Raising Voices in Kampala, Uganda. The Activist Kit is a comprehensive toolkit based on extensive field testing. It is designed for individuals and communities to start working towards a balance of power between women and men. Each one of the four sections of the Activist Kit represents a key phase of community mobilization. The start phase focuses on power within, helping advocates to identify the connections between violence against women and HIV. The awareness phase comprises tools to engage the community and increase awareness of men's power over women. The support phase guides communities to offer support to one another, joining their power with that of others to confront the dual pandemics of violence against women and HIV/AIDS. The action phase offers tools for communities to use their power to take action, with the aim of normalizing shared power and non-violence.

### 8.2 Engage Men and Boys in the Prevention Response

#### Once Upon a Boy

Promundo; 2015; (silent video)  
<https://promundoglobal.org/resources/once-upon-a-boy>

This silent cartoon video tells the story of a boy and his experiences growing up, including of peer pressure, his first sexual relationship, his first job, and becoming a father. The video is designed to engage young men, educators and health professionals in critical reflections about rigid models of masculinities and how they influence young men's attitudes and behaviours.

## MenEngage Africa (MEA)

MenEngage Alliance; 2019; English

[menengage.org/regions/africa](http://menengage.org/regions/africa)

MEA is part of the global MenEngage Alliance, and is made up of 22 country networks spread across East, South, West and Central Africa, with over 300 non-governmental organizations at grass-roots, national and regional levels. MEA members work collectively to advance gender justice, human rights and social justice in key thematic areas, including SRH and rights, GBV and HIV prevention, child rights and positive parenting, and in promoting peace on the continent of Africa. MEA members implement joint advocacy programmes at national level with their governments, at regional level with regional economic communities, and at international level, on various platforms, on the MEA thematic areas. Through the MEA Africa website, MEA contacts can share, contribute to and collaborate on localized effective engagement strategies.

## Advancing Male Engagement in Family Planning + Reproductive Health:

### An advocacy tool

Breakthrough ACTION/Johns Hopkins Centre for Communication Program;

2019; English, French

<https://drive.google.com/open?id=0BwZ26vQdX0Vwcmd0LVpGM2JubzB0U2FiZ1ZaZGNIQzITdEdF>

This tool offers guidance on how to advocate with various audiences to bring about further investment in, commitment to, and implementation of male engagement to improve family planning and reproductive health (FP/RH) outcomes. This provides a strategic planning guide for individuals or organizations working in FP/RH who want to advance male engagement among donors (e.g. private foundations and multilateral and bilateral agencies), local governments, and project implementers (e.g. international and local non-governmental organizations). Part 1 of the document describes current challenges that prevent ideal male engagement in FP/RH programmes, outlines an overarching vision of how these problems can be addressed through targeted advocacy, and provides indicators for measuring progress. Part 2 proposes an advocacy implementation plan to structure the advocacy approach, set advocacy goals, and select priority advocacy audiences. Part 3 comprises appendices, including a list of the male engagement and advocacy resources referenced in the tool.

## MenCare+

Promundo, Rutgers WP; 2017–2020; English, Spanish, Portuguese

<https://men-care.org/what-we-do/programming/mencareplus>

The MenCare+ programme is a 3-year (2017–2020), four-country collaboration (Brazil, Indonesia, Rwanda and South Africa), created to engage men aged 15–35 years as partners in maternal and child health and in SRH and rights. The 'plus' in MenCare+ represents the targeted effort to bring men into the health-care system as active and positive participants in their own health, as well as in the health of their partners and children. Working within public health systems, MenCare+ country partners conduct group education sessions with youth, couples and fathers on SRH and rights, maternal and child health, gender equality and caregiving. To ensure the sustainability of MenCare+, partners actively target public health systems to incorporate the initiative and its tenets and programming into services.

## Coaching Boys into Men (CBIM)

CBIM; 2017–2019; English, Spanish, French

<http://www.coachescorner.org/tools>

CBIM is the only evidence-based prevention programme that trains and motivates high school coaches to teach young male athletes healthy relationship skills and that violence never equals strength. The guiding principles are the power of sports, coaches as leaders, and building leadership while transforming norms. This website offers tools for coaches to successfully deliver the CBIM curriculum, advocacy tools to work with a coach or programme to organize and implement the programme, promotion tools, clinic tools to train coaches, and evaluation tools to launch a programme evaluation. The curriculum consists of 15-minute sessions once a week over 12 weeks. There are also webinars about Athletes as Leaders — a CBIM complementary programme for girls in high school athletic teams, which aims to empower girls to take an active role in promoting healthy relationships and ending sexual violence.

## Manhood 2.0: A curriculum promoting a gender-equitable future of manhood

Promundo; 2018; English

<https://promundoglobal.org/resources/manhood-2-0-curriculum>

Manhood 2.0 is a gender-transformative curriculum to engage young men aged 15–24 years in reflecting on gender equity, violence prevention, and creating healthier and more equitable relationships. The initiative is an adaptation of Program H, an evidence-based programme launched by Promundo and partners in 2002 and since adapted in more than 35 countries around the world. Underpinning this approach is the knowledge that the ways in which boys and young men are socialized hold profound implications for the health, well-being and security of all people. Hence Manhood 2.0 encourages young men to reflect critically on their identities within the particular contexts in which they are formed. The manual was created for facilitators. The curriculum includes sessions to enable young men to reflect on and build collective support for making positive, healthy changes in their lives.



## Program H: Working with young men

Promundo; 2002; English

<https://promundoglobal.org/resources/program-h-working-with-young-men>

This document is a comprehensive manual for facilitators at community level. The manual includes approximately 70 group-work activities to carry out with young men (aged 15–24 years) on gender, sexuality, reproductive health, fatherhood and caregiving, violence prevention, emotional health, drug use, and preventing and living with HIV and AIDS. This manual provides tips for facilitators and step-by-step guides explaining how to implement activities. There is also background information to explain the objectives.

## Programme Ra

ABAAD, Promundo; 2016; English

<https://promundoglobal.org/wp-content/uploads/2016/11/ProgrammeRa.pdf>

Programme Ra — named after *rajol*, the word for ‘man’ in Arabic — is the first adaptation of Promundo’s Program H in the Middle East. Programme Ra was adapted for the Lebanese context with ABAAD–Resource Center for Gender Equality in order to promote discussion about gender with young men in Lebanon — including in host and refugee communities. Developed by Promundo and partners in Brazil over a decade ago, Program H has been widely used around the world in programming to end violence against women and girls. Programme Ra — implemented in more than 22 countries and subject to nine impact evaluations — has proved highly successful in raising awareness about and transforming gender stereotypes. The programme aims to create sustainable behavioural change among boys and men in order to promote gender equality more broadly.

## 8.3 Expand Platforms and Services for Men and Boys

### Expanding Global Access to Information and Resources on Male Circumcision for HIV Prevention

Clearinghouse on Male Circumcision for HIV Prevention; 2019 ; English

<https://www.malecircumcision.org>

This website is intended to expand global access to information and resources on male circumcision for HIV prevention. It offers current evidence-based guidance, information and resources to support the delivery of VMMC services in countries that choose to scale up male circumcision as one component of comprehensive HIV-prevention services. The aim is to provide: updates on countries’ progress in scaling up VMMC programmes; news about VMMC for HIV prevention; tools and guidelines for programme planning, implementation and evaluation; summaries of research on male circumcision; materials for communicating and advocating with policymakers, clients and potential clients; and case studies and lessons learned from programme experience. Resources are provided detailing best practices in Ethiopia, Kenya, Uganda, Rwanda, Tanzania, Zambia, Malawi, Mozambique, Zimbabwe, Botswana, Eswatini/Swaziland, South Africa and Namibia.

## 8.4 Establish Male-friendly Services

### Guide for Promoting Sexual and Reproductive Health Products and Services for Men

USAID and Health Communication Capacity Collaborative; 2017; English

<https://healthcommcapacity.org/wp-content/uploads/2017/06/Mens-SRH-Guide-final.pdf>

Programmes traditionally excluded men from fully participating in their SRH care. This guide describes programmes that have successfully addressed harmful social and gender norms, addressed beliefs and misinformation, and built social support for men’s use of SRH products and services using a variety of social and behaviour change (SBC) approaches. The guide highlights key considerations for developing SBC strategies and activities for increasing men’s SRH, including: developing an SBC strategy; developing a deeper understanding of audiences; segmenting audiences for better messaging; tailoring messages to the life stages of men; engaging women as partners and mothers; promoting couples communication; using gender transformative programming; utilizing peer educators and mentors; engaging community and religious leaders; using technology: mobile health, hotlines and social media; providing high-quality comprehensive counselling; branding SRH products and services for men; using client testimonials and engage male champions; and considering the timings and design of communication campaigns. It also compiles lessons learned. This guide is an essential resource for anyone working to achieve universal access to SRH products and services and improve health outcomes for men.

