

— FORUM —

20 July 2019, Mexico City, Mexico



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# CHANGING MEN, OR CHANGING SERVICES AROUND MEN? TRANSLATING RESEARCH ON MASCULINE NORMS INTO HEALTH POLICY



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### MANHOOD IN QUESTION, AND WHAT TO DO





- How masculine norms affect health outcomes
- Lessons from gender transformative interventions
- Taking lessons into the health sector

### MEN'S ATTITUDES ABOUT MANHOOD MATTER FOR NEARLY EVERY HEALTH AND VIOLENCE ISSUE



- •Across multiple applications of the Gender Equitable Men Scale, men's attitudes about gender related to:
  - -Use of physical and sexual *violence* against female partners
  - -Their participation in care work and MCH
  - -Couple communication about RH
  - -Having sought HIV testing
  - -Number of **sexual partners**
  - –Having paid for sex
  - –Rates of self-reported STI symptoms
  - -Condom use
  - -Substance/alcohol use
  - -Carrying out *delinquent* acts
- •Internalization of hyper-masculinist norms are strongly and consistently correlated with key risky health behaviors including those related to sexual behavior and help seeking.

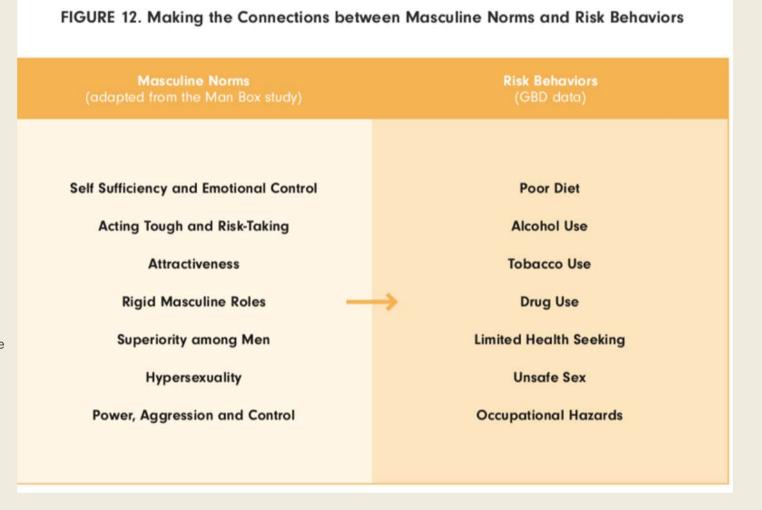
### THESE 7 RISKS DIRECTLY RELATED TO MASCULINE

## NORMS (600+ REFERENCES IN GLOBAL PUBLIC HEALTH LITERATURE AFFIRMING THESE CONNECTIONS)





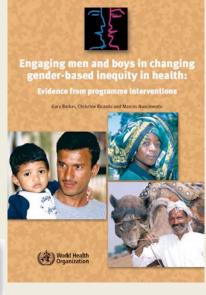
Ragonese, C., Shand, T., & Barker, G. (2019). Masculine Norms and Men's Health: Making the Connections. Washington, DC: Promundo-US.

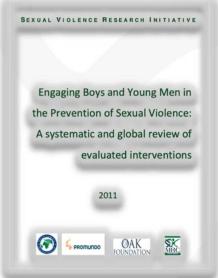


# EXTENSIVE EVIDENCE THAT ENGAGING MEN FROM A GENDER TRANSFORMATIONAL PERSPECTIVE SHOWS IMPACT



- ✓ Those that make questioning what it means to be men or gender norms central to their intervention
- ✓ Those that have a longer duration
- ✓ Those that have multiple components i.e. group education+
- ✓ Equal evidence that *mixed and single-sex groups* (including couples groups) work
- ✓ Single most consistent intervention showing change: *Group education with linkage to service provision, bystander intervention*

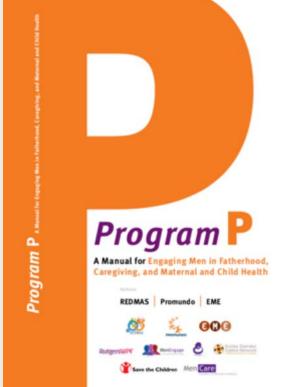




## PROGRAM P: FATHER TRAINING FOR SEXUAL AND REPRODUCTIVE HEALTH & HIVE COUPLE NEGOTIATION, GENDER-BASED VIOLENCE PREVENTION — FORUM— 20 July 2019, Mexico City, Me

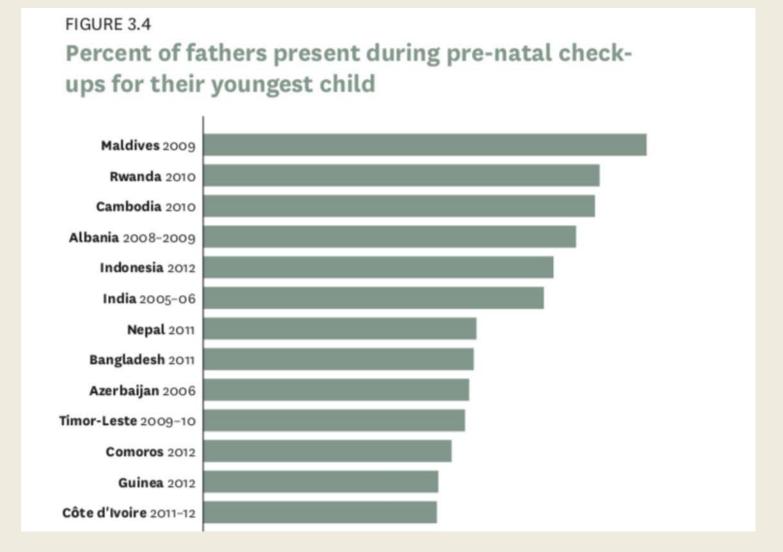
RCT of Program P with 1,700 fathers and their partners in Rwanda-led to nearly 50% reduction in GBV, increased male support for SRHR, increased prenatal visits – *changes sustained* > 1 year later





## WHERE ARE MEN IN THE HEALTH SYSTEM? (FOLLOW THE WOMEN...)





## EXAMPLE: MEN'S HEALTH PROGRAM, BRAZILIAN MINISTRY OF HEALTH



- 2009 Brazilian MoH created Men's Health Program
- Fewer than 1/100 men visit PHC every year in Brazil
- Specific prevention activities for men who have sex with men, young men, indigenous men
- Hardest to reach population: heterosexual adult men
- Promundo and Papai worked with program to create a Men's Prenatal Health Protocol



#### MEN'S PRENATAL HEALTH PROTOCOL



PHC point of contact

Woman shows up for health care visit Confirming pregnancy; offer HIV/STI test

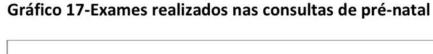
POSITIVE
PREGNANCY
RESULT Screen for
GBV

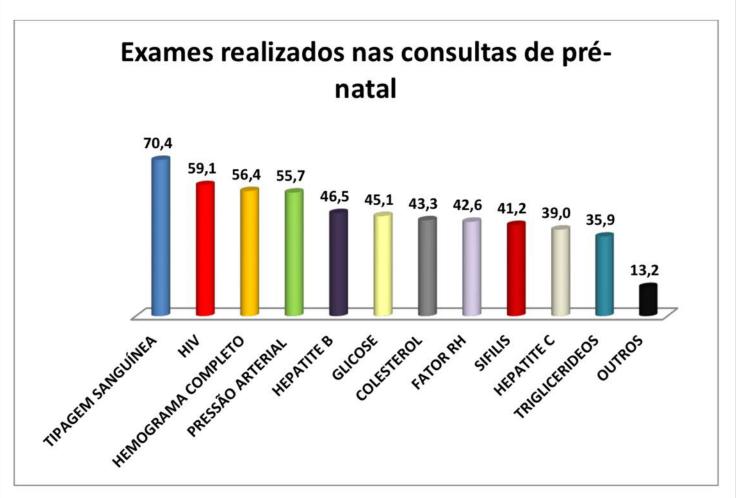
Invite male partner to prenatal visit Invite male partner for health check-up w STI/HIV testing Invite to educational activities, offer condoms and FP.



#### INITIAL RESULTS: PROGRAM IMPLEMENTED IN ABOUT 20% OF MUNICIPALITIES; 41% OF MEN REACHED IN PRE-NATAL VISIT ARE GOING FOR FOLLOW-UP CHECK UP







### MOVING NORM CHANGE TO THE CLINIC







## THANK YOU



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