It Takes Two to Tango:
Men, Couples, HIV and RMNCH

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1. Understand why engaging men and boys in RMNCH and HIV programming is a priority for global health

2. Identify approaches to engaging men and boys in RMNCH and HIV prevention and treatment

3. Explore lessons learned from programs that engage men and boys
Why address gender in HIV and RMNCH?

1. Values, beliefs and attitudes contribute to gender and social norms
   - “Sex is more important to men than to women”

2. Gender norms and inequalities can influence health behavior
   - can be barriers to use of and access to RMNCH and HIV services

3. Integrating gender into RMNCH and HIV efforts can help programs:
   - meet women’s and men’s needs; achieve positive health outcomes
1. Increase men’s **use of services** to improve health

2. Increase men’s **support as partners**

3. Involve these **men as agents of change** to actively challenge inequalities
Why Engage Men as Supportive Partners?

Gender Related Barriers

**FP**

- Norms many men hold that link contraceptive use with promiscuity (>50% of men in 19-country study)
- <50% talked to their partners regarding contraception (12 countries)

**MNCH**

- Women cite uncooperative partners as a barrier to ANC (Nigeria)

**HIV**

- Men register at HIV care and treatment clinics only after they become very ill
- Men fear disclosing HIV status because it may compromise their leadership role in the family
FP
• Many men approve of FP
• Communication associated with increased contraceptive use

MNCH
• Men provide money for transport or take care of children so women can go to the clinic (South Africa)
• Men are a major factor in decisions to immunize children (Uganda)

HIV
• 87-90% of men say that “men do not lose out when women’s rights are promoted” (IMAGES study)
Why Engage Men as Users?

FP

- Married men are more likely to report use of pills & injectables than unmarried men
- More women have tubal ligations than men have vasectomies (223 million vs. 28 million worldwide)

HIV

- Men are less likely to know their HIV status than women
- Gender sensitive and transformative programs effective in improving violence and STI/HIV outcomes

HIV & MCH

- Having an involved male partner led to better PMTCT outcomes (Malawi)
Key Principles for Engaging Men

1. Know your population
2. Understand barriers and facilitators
3. Consider women’s perspective
4. Seek to challenge and transform inequitable norms
5. Foster a supportive environment
How do we engage men as supportive partners and users?

1. Increase knowledge about FP, HIV, MNCH (i.e. contraceptive options, pregnancy risks, HCT, VMMC, PMTCT, nutritional/health needs of mothers, newborns, and children)

2. Demonstrate men’s role in RMNCH

3. Promote shared responsibility for reproduction & care giving

4. Encourage communication and joint decision making

5. Engage men in gender-transformative interventions (i.e. community mobilization, campaigns)
How do we modify services to engage men more fully as users?

1. Train and sensitize providers to deliver RNCH services to men/fathers

2. Increase male friendly FP, HIV and MNCH services (e.g., policy changes to allow men to participate, hours of operation)

3. Ensure availability of commodities for men
Illustrative Approaches for Engaging Men

- Individual and group based SBCC interventions using media or IPC strategies
- Male role models & champions
- Service provider education
- Male friendly services
- Couples counseling services
- Workplace outreach/services
- Equitable policies & regulations

TV spot
https://www.youtube.com/watch?v=DQawwrf26L4
How do you integrate gender?

GENDER EQUALITY CONTINUUM TOOL

- **Exploitative**
  - Reinforces or takes advantage of gender inequalities and stereotypes

- **Accommodating**
  - Works around existing gender differences and inequalities

- **Transformative**
  - Fosters critical examination of gender norms* and dynamics
  - Strengthens or creates systems* that support gender equality
  - Strengthens or creates equitable gender norms and dynamics
  - Changes inequitable gender norms and dynamics

**GOAL**
- Gender Equality and better development outcomes

* Norms encompass attitudes and practices
* A system consists of a set of interacting structures, practices, and relations

- Acknowledge but work around gender norms and dynamics - *gender accommodating*
- Seek to change gender norms and dynamics - *gender transformative*
- Work with men AND women - *gender synchronized*
1. What approaches did this program use to engage men?
2. Was the intervention gender accommodating or gender transformative? Why?

Group 1 - FP/RH  
Group 2 – PMTCT
Lessons Learned:
What We *Should* Do

1) Work with men and women (together or separate)
2) Promote couple communication, joint decision making & shared responsibility
3) Challenge inequitable gender norms among men & women
4) Utilize positive male role models
5) Address health provider bias regarding men
6) Monitor & evaluate gender *and* health outcomes
Lessons Learned: What We *Shouldn’t* Do

- *Don’t* work with men without considering women’s perspective
- *Don’t* reinforce existing harmful gender norms
- *Don’t* assume men’s involvement will automatically lead to improved outcomes
- *Don’t* assume that providing programming or services for women is the same as addressing gender


Jacobstein, Roy. The kindest cut: global need to increase vasectomy availability. The Lancet Global Health, Volume 3, Issue 12, e733 - e734

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Malawi Male Motivators activity, FHI360, Save the Children, 2009
Thank you!

Additional questions? Please contact:

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