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

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# Session Objectives

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



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# 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



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# Goals for Engaging Men in HIV & RMNCH

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





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# 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



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# Why Engage Men as Supportive Partners? **Opportunities**

## **FP**

- Many men approve of FP
- Communication associated w/ *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)



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# 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)



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# 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





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# 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)





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# 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





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# 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



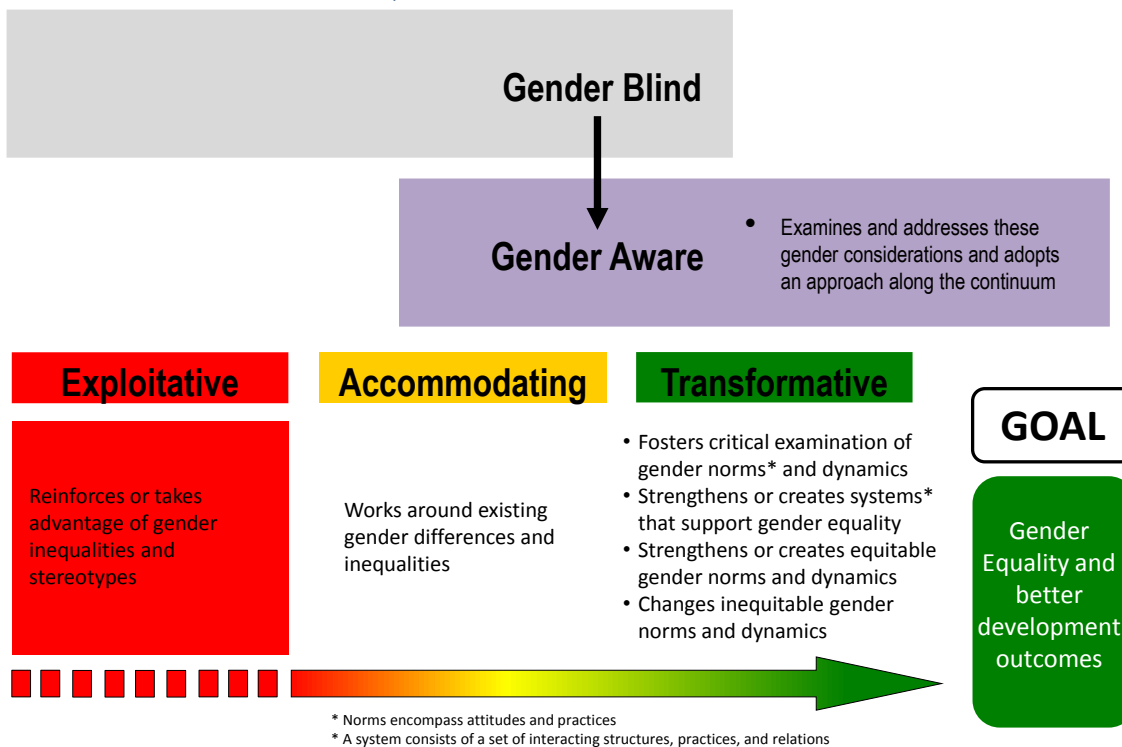
TV spot

<https://www.youtube.com/watch?v=DQawwrf26L4>



# How do you integrate gender?

## GENDER EQUALITY CONTINUUM TOOL



- 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\***



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# Group Activity - Case Studies

- 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**



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# 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



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# 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



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[http://www.genderjustice.org.za/wp-content/uploads/2012/04/SNK\\_Fatherhood.jpg](http://www.genderjustice.org.za/wp-content/uploads/2012/04/SNK_Fatherhood.jpg)

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# Thank you!

**Additional questions? Please contact:**

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