

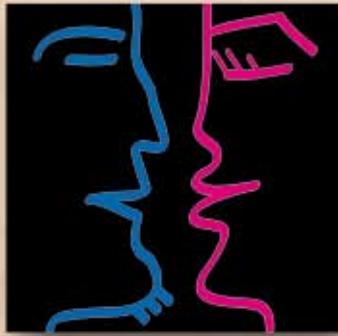
Engaging men and boys in changing gender-based inequity in health:

Evidence from programme interventions

Gary Barker, Christine Ricardo and Marcos Nascimento



World Health
Organization



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The examples provided in this publication include experiences of organizations beyond WHO. This publication does not provide official WHO or Instituto Promundo guidance nor does it endorse one approach over another. Rather, the document presents examples of innovative approaches for engaging men and boys in changing gender-based inequity in health and summarizes the evidence on the effectiveness of these approaches to date.

Executive summary

The social expectations of what men and boys should and should not do and be directly affect attitudes and behaviour related to a range of health issues. Research with men and boys has shown how inequitable gender norms influence how men interact with their partners, families and children on a wide range of issues, including preventing the transmission of HIV and sexually transmitted infections, contraceptive use, physical violence (both against women and between men), domestic chores, parenting and their health-seeking behaviour. The Expert Group Meeting on the Role of Men and Boys in Achieving Gender Equality in 2003 (convened by the United Nations Division for the Advancement of Women), the Agreed Statement of the 48th Session of the Commission on the Status of Women in 2004, the Programme of Action of the 1994 International Conference on Population and Development and the Platform for Action of the Fourth World Conference on Women in 1995 (United Nations, 1996) all affirmed the need to engage men and boys in questioning prevailing inequitable gender norms, and a growing number of programmes are doing so.

This review assessed the effectiveness of programmes seeking to engage men and boys in achieving gender equality and equity in health and was driven by the following questions.

- What is the evidence on the effectiveness of programmes engaging men and boys in sexual and reproductive health; HIV prevention, treatment, care and support; fatherhood; gender-based violence; maternal, newborn and child health; and gender socialization?
- How effective are these programmes?
- What types of programmes with men and boys show more evidence of effectiveness?

- What gender perspective should be applied to men and boys in health programmes?
- Does applying a gender perspective to work with men and boys lead to greater effectiveness in terms of health outcomes?

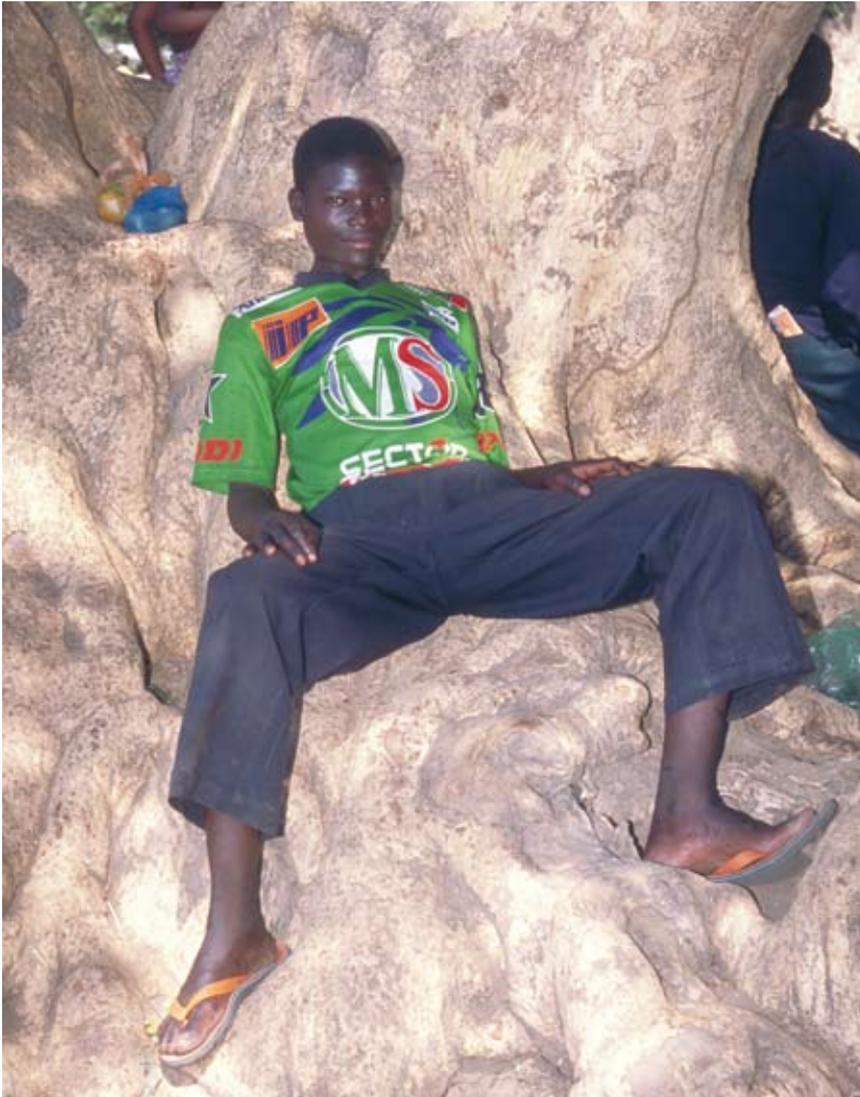
The review analysed data from 58 evaluation studies (identified via an Internet search, key informants and colleague organizations) of interventions with men and boys in:

- sexual and reproductive health, including HIV prevention, treatment, care and support;
- fatherhood, including programmes to support or encourage them to participate more actively in the care and support of their children;
- gender-based violence, including both prevention campaigns and activities that seek to prevent men's use of violence against women as well as programmes with men who have previously used physical violence against women (sometimes known as batterer intervention programmes);
- maternal, newborn and child health: programmes engaging men in reducing maternal morbidity and mortality and to improve birth outcomes and child health and well-being; and
- gender socialization: programmes that work across these four issues (or at least most of them) and critically discuss the socialization of boys and men or the social construction of gender relations.

Interventions were rated on their gender approach, using the following categories:

- **gender-neutral:** programmes that distinguish little between the needs of men and women, neither reinforcing nor questioning gender roles;

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Men and boys can and do change attitudes and behaviour related to sexual and reproductive health, maternal, newborn and child health...

- **gender-sensitive:** programmes that recognize the specific needs and realities of men based on the social construction of gender roles; or
- **gender-transformative:** approaches that seek to transform gender roles and promote more gender-equitable relationships between men and women.

Programmes were also rated on overall effectiveness, which included: evaluation design, giving more weight to quasi-experimental and randomized control trial designs; and level of impact, giving more weight to interventions that confirmed behaviour change on the part of men or boys. Combining these two criteria, programmes were rated as effective, promising or unclear.

The key findings from the review are as follows.

- **Well-designed programmes with men and boys show compelling evidence of leading**

to change in behaviour and attitudes. Men and boys can and do change attitudes and behaviour related to sexual and reproductive health, maternal, newborn and child health, their interaction with their children, their use of violence against women, questioning violence with other men and their health-seeking behaviour as a result of relatively short-term programmes. Overall, 29% of the 58 programmes were assessed as effective in leading to changes in attitudes or behaviour using the definition previously cited, 38% as promising and 33% as unclear.

- **Programmes rated as being gender-transformative had a higher rate of effectiveness.** Among the 27 programmes that were assessed as being gender-transformative, 41% were assessed as being effective versus 29% of the 58 programmes as a whole. Programmes with men and boys that include deliberate discussions of



Relatively few programmes with men and boys go beyond the pilot stage or a short-term time frame.

gender and masculinity and clear efforts to transform such gender norms seemed to be more effective than programmes that merely acknowledge or mention gender norms and roles.

- **Integrated programmes and programmes within community outreach, mobilization and mass-media campaigns show more effectiveness in producing behaviour change.** This highlights the importance of reaching beyond the individual level to the social context – including relationships, social institutions, gatekeepers, community leaders and the like.
- **There is evidence of behaviour change in all programme areas (sexual and reproductive health and HIV prevention, treatment, care and support; fatherhood; gender-based violence; maternal, newborn and child health; and gender socialization) and in all types of programme interventions (group education; service-based; community outreach, mobilization and mass-media campaigns; and integrated).**
- **Relatively few programmes with men and boys go beyond the pilot stage or a short-term time frame.** Across the 58 programmes included, few go beyond a short-term project cycle, ranging from group educational sessions with one weekly session for 16 weeks to one-year campaigns. In a few cases (about 10 of

58), these programmes represent long-term efforts to engage men and communities and form alliances to go beyond or scale up the relatively limited scope and short-term interventions.

The evidence is encouraging that men and boys can be engaged in health interventions with a gender perspective and that they change attitudes and behaviour as a result, but most of the programmes are small in scale and short in duration. This review suggests several key questions as the engaging of men and boys moves forward.

- How can programmes take a more relational perspective, integrating efforts to engage men and boys with efforts to empower women and girls? What is the evidence on the impact of such relational perspectives? In which cases is working solely with men and boys (or solely with women and girls) useful and in which cases is working with men and women together useful and effective?
- What is required for programmes to be able to scale up and sustain their efforts? What are the common factors, conditions or operating strategies of the programmes that have been able to scale up or sustain themselves? Which programmes should be scaled up?
- What kinds of structural changes and policies have led to or could lead to large-scale change in men and masculinity?

1. Introduction: men and boys in a gender perspective

Evidence is increasing that gender norms – social expectations of appropriate roles and behaviour for men (and boys) and women (and girls) – as well as the social reproduction of these norms in institutions and cultural practices are directly related to much of men’s health-related behaviour, with health implications for themselves, their partners, their families and their children (Worth, 1989; Amaro, 1995; Campbell, 1995; Cohen & Burger, 2000; Pulerwitz & Barker, in press). The social expectations of what men and boys should and should not do and be directly affect attitudes and behaviour related to HIV prevention, treatment, care and support, sexual and reproductive health, gender-based violence and men’s participation in child, newborn and maternal health.¹ In addition, gender, interacting with poverty and other factors, directly affects how health systems and services are structured and organized and how and which individuals are able to access them (Box 1).

Research with men and boys in various settings worldwide has shown how inequitable gender norms influence how men interact with their intimate partners and in many other arenas, including preventing the transmission of HIV and other sexually transmitted infections, using contraceptives, physical violence (both against women and between men), domestic chores, parenting and men’s health-seeking behaviour (Marsiglio, 1988; Kaufman, 1993;

Rivers & Aggleton, 1998; Barker, 2000; Kimmel, 2000; Barker & Ricardo, 2005). Sample survey research using standardized attitude scales has found that men and boys who adhere to more rigid views about masculinity (such as believing that men need sex more than women do, that men should dominate women and that women are “responsible” for domestic tasks) are more likely to report having used violence against a partner, to have had a sexually transmitted infection, to have been arrested and to use substances (Courtenay, 1998; Pulerwitz & Barker, in press). Similarly, a recent global systematic review of factors shaping young people’s sexual behaviour involving 268 qualitative studies published between 1990 and 2004 and covering all regions of the world (Marston & King, 2006) confirmed that gender stereotypes and differential expectations about what is appropriate sexual behaviour for boys compared with girls were key factors influencing the sexual behaviour of young people.

These and other studies suggest that both men and women are placed at risk by specific norms related to masculinity. In some settings, for example, being a man means being tough, brave, risk-taking, aggressive and not caring for one’s body. Men’s and boys’ engagement in some risk-taking behaviour, including substance use, unsafe sex and unsafe driving, may be seen as ways to affirm their manhood. Norms of men and boys as being invulnerable also

1. There are biological influences on boys’ and men’s behaviour. Some studies find that testosterone levels, for example, are associated with higher levels of aggression, although other studies find that environmental stressors (such as living in violent settings) also raise testosterone levels (Renfrew, 1997). There are also associations between sex drive, or sexual behaviour, and testosterone levels, and tremendous variation in testosterone levels (both between and within individuals). In sum, although there may be a biological propensity for some forms of aggressive behaviour and for sexual behaviour on the part of men and boys, the existing evidence suggests that social factors explain most variation in men’s violence and men’s sexual behaviour (Sampson & Laub, 1993; Archer, 1994). This review did not examine biomedical interventions that seek to change men’s behaviour.

Box 1: Working definitions of gender, masculinity and patriarchy

Gender refers to the socially constructed roles, expectations and definitions a given society considers appropriate for men and women. Sex refers to the biological and physiological characteristics that define men (and boys) and women (and girls). Male gender norms are the social expectations and roles assigned to men and boys in relation to or in contrast to women and girls. These include ideas that men should take risks, endure pain, be tough or stoic or should have multiple sexual partners to prove that they are “real men”. Masculinity refers to the multiple ways that manhood is socially defined across the historical and cultural context and to the power differences between specific versions of manhood (Connell, 1994). For example, a version of manhood associated with the dominant social class or ethnic group in a given setting may have greater power and salience, just as heterosexual masculinity often holds more power than homosexual or bisexual masculinity. Patriarchy refers to historical power imbalances and cultural practices and systems that accord men on aggregate more power in society and offer men material benefits, such as higher incomes and informal benefits, including care and domestic service from women and girls in the family (United Nations Division for the Advancement of Women, 2003).

A social constructionist perspective has guided many interventions with men and boys from a gender perspective (Connell, 1987, 1994; Kimmel, 2000). This approach suggests that masculinity and gender norms are socially constructed (rather than being biologically driven), vary across historical and local context and interact with other factors such as poverty and globalization. In a social constructionist perspective, the prevailing patterns of hegemony and patriarchy create gender norms that families, communities and social institutions reinforce and reconstruct. Individual boys and men learn and internalize norms about what it means to be men but can also react to these norms and can and do question them. Boys learn what manhood means by observing their families, where many see women and girls providing caregiving for children while men are often outside the family setting working. They observe and internalize broader social norms, including messages from television, mass media and from which toys or games are considered appropriate for boys or girls. They also learn such norms in schools and other social institutions and from their peer groups, which may encourage risk-taking behaviour, competition and violence and may ridicule boys who do not meet these social expectations. These social meanings of manhood are largely constructed in relation to prevailing social norms about what it means to be a woman or girl.

At the same time, norms about manhood are constructed against the backdrop of other power hierarchies and differences in income that give greater power to some men (such as middle class, professional men from certain ethnic groups or older men) and exclude or dominate others (such as younger boys, men from minority or disempowered ethnic groups and men with lower income). Thus, a social constructionist perspective focuses attention to the variation in men and boys – their multiple realities and individual differences – and places gender norms or social definitions of manhood within other power dimensions and social realities, including social class differences.

Several key United Nations events and documents have implicitly or explicitly supported a social constructionist perspective, including the Expert Group Meeting on the Role of Men and Boys in Achieving Gender Equality (United Nations Division on the Advancement of Women, 2003), the Plan of Action of the International Conference on Population and Development in 1994 and the Platform for Action of the Fourth World Conference on Women in 1995. Participants at these meetings affirmed the need to engage men and boys in questioning prevailing inequitable gender norms and have documented a growing number of programme efforts that are doing so.

Most of the 58 studies included in this review either explicitly or implicitly apply a social constructionist approach and many critically discuss or question traditional, inequitable attitudes about gender and masculinity in the intervention. They also generally take into account the other power dimensions and social realities facing the men and boys who participate. This does not imply that there is unanimity on the conceptual frameworks for interventions from a gender perspective with men and boys. Among researchers and programme staff, there is debate about the definitions of gender norms, gender roles, gender socialization, gender relations, social constructionist theories and masculinity. Although this publication does not ignore the existence of these debates, it focuses on whether the evaluated programmes have taken a gender perspective into account in their work with men and boys and how and whether these programmes have been able to measure changes in the attitudes and behaviour of men and boys as a result of the intervention.

influence men’s health-seeking behaviour, contributing to an unwillingness to seek help or treatment when their physical or mental health is impaired. Men in some predominantly male institutions, such as police forces, the military or prisons, also face specific risks due to institutional cultures that may encourage domination and violence. In sum, prevailing notions of manhood often increase men’s own vulnerability to injury and other health risks and create risks and vulnerability for women and girls.

Determining whether specific health-related programmes, projects or interventions (Box 2) lead to lasting and real change on the part of men, let alone in the social construction of gender, is challenging. Existing evaluation research offers uneven levels of data, varying rigour in evaluation methods, a variety of measures or indicators (attitudes, knowl-

edge, behaviour and effects on policy) and the common challenge of social desirability (distinguishing between actual behaviour and attitudes and the fact that men may tell researchers what they think they want to hear). Nevertheless, the number of health-related programmes with men and boys based on a gender perspective has been growing in the past 15 years. Most of these have been at the programme level and focused generally on several health areas, most notably sexual and reproductive health; HIV prevention, treatment, care and support; maternal, newborn and child health; fatherhood and gender-based violence. Accompanying these programmes has been an increase in evidence based on more rigorous evaluation of their effectiveness.

This review aimed to assess the effectiveness of programmes seeking to engage men and boys

Box 2. Programmes, projects or interventions: what is the difference?

Some of the efforts described here are programmes, some are projects and some are interventions. Programmes refer to long-term efforts with multiple components (including group education, staff training, educational materials and community outreach). In contrast, interventions refer to short-term (usually a few weeks and less than three months) efforts that often have just one component (such as group educational activities). In between programmes and interventions are projects, which are generally time-bound efforts to carry out a specific set of activities to achieve a specific change or impact. One of the shortcomings in engaging men and boys in gender and health – whether to empower or improve the health and well-being of women and girls or men themselves or both – is the short-term nature of the efforts as well as of the evaluation. Funders and programme planners too often have unrealistic expectations that a narrowly focused, relatively short-term effort will produce immediate and lasting change, although gender inequality and gender norms have been centuries in the making and are embedded in policy, law, social norms and the practices of institutions, such as educational and health systems. Long-term, multi-pronged efforts to reach men and boys are more likely to achieve lasting change than are short-term, univariate efforts, but many of the examples included here represent these short-term efforts. For convenience, this report primarily uses the word programmes, although some of the programmes included are short-term interventions with all their limitations. Annexes 1–5 provide more detailed descriptions of these programmes.

in achieving gender equality and equity in health. Specifically, the review responded to the following questions.

- What is the evidence on the effectiveness of programmes engaging men and boys in sexual and reproductive health; HIV prevention, treatment, care and support; fatherhood; gender-based violence; maternal, newborn and child health; and gender socialization?
- What kinds of evidence and indicators are used? Do they focus only on the self-reported behaviour and attitudes of men and boys themselves or do they also consult female partners?
- How effective are these programmes in changing behaviour, attitudes or knowledge?
- What types of programmes with men and boys show more evidence of effectiveness?
- What gender perspective should be applied to men and boys in health programmes?
- Does applying a gender perspective to work with men and boys lead to greater effectiveness in terms of health outcomes for the men involved and their partners, families and children?

Three previous literature reviews (two on sexual and reproductive health (Hawkes et al., 2000; Sternberg & Hubley, 2004) and one by WHO on interventions with men who use physical violence against women (Rothman et al., 2003)) have found a mixed but generally encouraging assessment of programmes with men. These three reviews affirmed that the evaluation data analysed showed that sexual and reproductive health programmes changed attitudes, behaviour and knowledge among men and some evidence of men's reduced use of violence against women after batterer intervention programmes on gender-based

violence. Nevertheless, all three reviews noted the relative lack of rigorous evaluation studies in many programmes working from a gender perspective with men and boys. Further, none of these reviews sought to discuss in depth what a gender perspective means in terms of engaging men and boys nor did they seek to provide an overall ranking of evaluation data, as this review has.

In this way, this report seeks to fill a gap in the collective knowledge about engaging men and boys and to build on the three decades of experience in evaluating interventions to empower women and girls from a gender perspective. The purpose of this review, in contrast to these previous three reviews, is to examine several health-related areas of programmes with men and boys that are directly related to gender inequality and health inequity between men and women. In addition, the gender perspective applied in these programmes is defined and analysed. Specifically, this review focuses on five areas of programmes with men and boys (Box 3):

- sexual and reproductive health, including HIV prevention, treatment, care and support;
- fatherhood, including programmes to support or encourage men to participate more actively in the care and support of their children;
- gender-based violence, including both prevention campaigns and activities that seek to prevent men's use of violence against women as well as programmes with men who have previously used physical violence against women (sometimes known as batterer intervention programmes);
- maternal, newborn and child health: programmes engaging men in reducing maternal morbidity and mortality and to improve birth outcomes and child health and well-being; and



- gender socialization: programmes that work across these four issues (or at least most of them) and critically discuss the socialization of boys and men or the social construction of gender relations.

Programmes in other health areas are also related to and affected by the social construction of masculinity – such as delinquency or gang prevention programmes (including prison-based programmes), substance use prevention, suicide prevention and programmes in infectious diseases and chronic diseases. Some of these programmes have also applied a gender perspective in working with or engaging men and boys in focusing on health issues that directly affect men. For example, men’s higher use of alcohol and other substances worldwide, men’s higher mortality and morbidity from road traffic crashes and men’s higher mortality rates from violence have all been linked to the social meanings of manhood, for example, that men should be brave, risk-taking, daring and not show weakness (Archer, 1994; White & Cash, 2003).

This report discusses these other health issues, which have direct implications for men’s own health

vulnerability, but they are not the focus of this review. In addition, the issue of sexual diversity and the health-related needs of men who have sex with men also deserve attention and have been the focus of programmes, mostly related to HIV prevention, treatment, care and support. Nevertheless, this review focuses on areas of health programmes in which the relations between men and women and the gender inequality between men and women are of central concern.

This review seeks to assess the extent to which such programmes move beyond simply promoting the “usual” changes in knowledge, attitudes and behaviour in specific health-related issues to programming that seeks to change or transform the social construction of masculinity: that is, whether such interventions are gender-transformative (defined in the next section). This review analysed 58 studies that provide some reasonably sound evaluation data (quantitative and/or qualitative) and some evidence of including a gender perspective in engaging men and boys in transforming gender inequality in the five health areas previously defined.

Box 3. Why these five health-related programme areas?

All areas of health programming and policy are related to gender and include men and boys either directly or indirectly. These five were chosen because they are health areas in which there is a base of programmes that have explicitly discussed gender norms as they relate to men and because they are areas in which women and men interact in the context of intimate, domestic and/or sexual relationships – and as such where issues of power and gender norms are central. Each of these five areas has its own history, programme strategies and outcome indicators. Grouping them together risks making oversimplified comparisons about kinds of programmes and outcomes. There is also considerable overlap and debate about the grouping of these areas. For example, should fatherhood and maternal, newborn and child health be one group? Should maternal, newborn and child health and sexual and reproductive health be seen as the same area? Based on the recommendation of the expert review group WHO convened as part of the development of this publication in February 2006 (including researchers and public health practitioners as well as key WHO staff), it was decided to combine sexual and reproductive health and HIV prevention, treatment, care and support, given that, in terms of HIV prevention (although not necessarily treatment, care and support), the two issues have tremendous overlap and frequently have common operating strategies.

2. Methods, scope and limitations

What does it mean to talk about health programmes with boys and men from a gender perspective? Clearly, men and boys have always been included in health policy, health promotion and health service delivery as patients, beneficiaries of information, service providers, policy-makers and the like. Even in areas of health that refer specifically to women and children, including maternal, newborn and child health services and female reproduction, men have been “present”, even if not explicitly, in policy-making, in affecting the decisions made by women and sometimes constraining their choices and movement.

The limitation, however, is that the health sector has not often viewed men as complex gendered subjects. Instead, they have sometimes been viewed only as or mainly as oppressors, self-centred, disinterested or violent – instead of understanding that patriarchy, or gender structures and social norms, are the source of inequality and oppression and influence the behaviour of individual men. Similarly, many programmes engage men as simply another beneficiary group with their own specificity without

making the transformation of gender roles an explicit part of the intervention (and sometimes without even acknowledging the complexity of gender). Indeed, thousands of evaluated health promotion and health services-based programmes have included men and boys as a target population or as beneficiaries but have not fully considered how gender norms and the social construction of gender affect the health vulnerability and related behaviour, attitudes and conditions of men and women.

Accordingly, in the review, analysis and selection of the programme evaluation reports identified, health programmes with men and boys with a gender perspective were defined as those fulfilling at least one of the following criteria:

- include in their programme description an analysis of gender norms and the social construction of gender and how these influence the behaviour of men and women;
- include as part of the programme a deliberate public debate, critical reflection or explicit discussion of gender norms, such as in group edu-

Box 4. Is there a widely accepted definition of gender-transformative programmes or approaches for engaging men?

There is no consensus on what is gender-transformative programming for engaging men. There is also some question as to whether programmes can be ranked on a continuum from gender “accommodating” or neutral at one end to transformative at the other. Such programmes may qualitatively differ in their goals and objectives rather than being an identifiable continuum. There is debate as to whether gender-transformative programmes (for men or women) are (or can only be) zero-sum or non-zero-sum: whether empowering women requires disempowering men or whether gender-transformative approaches can empower women and men (for example, empowering men to challenge gender norms by taking on caregiving roles or assuming more responsibility for their children’s health). More work needs to be done to conceptualize interventions with men and boys and to define gender-transformative approaches with them. This categorization and these definitions are proposed as a starting-point to be debated and improved upon. Seeking to change the structures and cultural practices that shape and determine gender norms and inequality requires that interventions move beyond reaching specific groups of men and boys, however important that is to changing broader social norms and structures.



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Programmes generally focus on relatively small groups of men and boys and only a few seek to change institutional cultures, broader social norms or policies and laws.

social construction of gender roles. Such programmes recognize the need to treat men and women differently based on prevailing gender norms but show little evidence of seeking to change overall gender relations in the intervention.

- Gender-transformative approaches seek to transform gender roles and promote more gender-equitable relationships between men and women. Such programmes show in their programme descriptions that they seek to critically reflect about, question or change institutional practices and broader social norms that create and reinforce gender inequality and vulnerability for men and women.²

Although some programmes are assessed as being gender-transformative, the transformation is limited (Box 4). Programmes generally focus on relatively small groups of men and boys and only a few seek to change institutional cultures, broader social norms or policies and laws. As such, most of the transformative programmes are transforming or changing the social norms of a relatively limited group of men and boys and their partners and children. True gender transformation is clearly longer term and must transcend relatively small-scale community-based or service-based activities. Further, these categories are not entirely precise and are largely based on written programme information. In some cases, this information may be out-of-date or incomplete. Other programmes working with men or boys – either with men only or with men

cational activities, mass media or policy messages or institutional practices (generally the health, education or social service systems); and

- include in their evaluation some attempt to measure changes, either qualitatively or quantitatively, in gender norms.

This definition draws in part on the following categorization (Gupta et al., 2003).

- Gender-neutral programmes distinguish little between the needs of men and women, neither reinforcing nor questioning gender roles. Such programmes may acknowledge gender, but men are mostly another target population.
- Gender-sensitive programmes recognize the specific needs and realities of men based on the

2. The fourth category Gupta et al. (2003) use is gender-empowering approaches, which does not seem appropriate to apply to interventions with boys and men. Although it may be appropriate to say that men and boys can be empowered to question inequitable gender norms or that some groups of men and boys need to be empowered, empowerment as a concept applies to groups that are on aggregate socially excluded or subordinate.



and women together – were left out of the review because the programme description was not sufficiently detailed to determine whether a gender perspective was included in engaging men and boys or the study could not be located.

This review and analysis consisted of:

- having a meeting of experts working in programme development, research or policy development related to engaging men and boys from a gender perspective;
- conducting an online literature search for relevant articles and studies using key sites identified in part by the expert group;
- contacting key organizations working nationally

or internationally, either directly with men from a gender perspective or in research related to men and gender; and

- analysing previous literature reviews on the topic of programmes with men.

The expert meeting served to frame the inquiry, narrow the range of topics, identify key sources of information and reflect on the state of the art in evaluating the effects of programmes with men and gender. The experts brought specific information from evaluation studies, suggested web sites and other information sources and provided numerous insights that are woven into this publication (the acknowledgements list their names).

Box 5. What are the limitations of this review?

- *Programmes may not be comparable, and their outcome indicators may not be comparable.*
- *The evaluation methods are often weak. Recognizing the emerging nature of the field of engaging men, the standard applied for effectiveness was lower than what is sometimes acceptable for medical or biomedical interventions.*
- *Good programme descriptions are often lacking. Sometimes the articles or reports did not describe the programme in great detail and merely reported evaluation data.*
- *Cost data are largely missing. Some programmes may be effective in changing attitudes and behaviour but at a high (and ultimately unreplicable) cost.*
- *Other key variables or differences among men are often omitted. Specific groups of men are quite different, and outcomes for one population of men may not be comparable to those in other settings. Grouping men and boys as the unit of analysis may ignore other important variables such as social class, age or ethnicity. For example, middle-class fathers who live in favourable social situations and in higher-income countries tend to be more engaged in child care and often respond positively to parenting courses. A project with such fathers is more likely to be more effective than a project that targets low-income fathers. Although the men reached in each intervention were identified, much more analysis (and more information from the programmes themselves) would be needed to adequately factor in such issues in understanding effectiveness.*
- *The review is limited to available published data. It included studies published in English, Spanish, Portuguese and French. Nevertheless, published reports tend to favour the studies that find positive results. Thus, evaluation studies or programmes that showed limited or no impact tend not to show up in the literature.*

Box 6. Ranking criteria for review programmes

Criterion 1: evaluation design

Rigorous

Quantitative data with:

- pre- and post-testing
- control group or regression (or time-series data)
- analysis of statistical significance
- adequate sample size

and/or

- systematic qualitative data with clear analytical discussion and indications of validity

Moderate

Weaker evaluation design, which may be more descriptive than analytical

Quantitative data lacking one of the elements listed above

May include unsystematic qualitative data

Limited

Limited quantitative data lacking more than one of the elements listed above

and/or

Qualitative data with description only or process evaluation data only

Ongoing

Criterion 2: level of impact

High

Self-reported behaviour change (with or without knowledge and attitude change) with some confirmation, triangulation or corroboration by multiple actors or stakeholders consulted (including community leaders, health professionals and women and partners)

Medium

Self-reported change in attitude (with or without knowledge change) among men (but no behaviour change) May include some consultation with stakeholders or multiple actors

Low

Change in knowledge only or unclear or confusing results regarding change in attitudes and behaviour

Ongoing

Overall effectiveness

• Effective

Rigorous design and high or medium impact

Moderate design and high impact



• Promising

Moderate design and medium or low impact

Rigorous design and low impact



• Unclear

Limited design regardless of impact



Online sources consulted included:

- FatherLit Database (National Center on Fathers and Families, University of Pennsylvania);
- Fatherhood Initiative (United States Department of Health and Human Services);
- Google Scholar;
- Interagency Gender Working Group (United States Agency for International Development);
- International Journal of Men's Health;
- Medline;
- The Men's Bibliography;
- POPLINE;
- SciELO;
- CSA Social Service Abstracts;
- Sociological Abstracts (formerly Sociofile);
- PsycINFO; and
- ERIC (Education Resources Information Center).

The keywords used were: gender, boys, men, programme, evaluation, violence, family planning, HIV/AIDS, fatherhood, maternal, newborn and child health, gender-based violence.

The criteria for inclusion in the review were that the programme represented an effort in one of the five areas defined previously, had some level of qualitative and/or quantitative data on impact evaluation and was published within the past 20 years. Documents include research reports in peer-reviewed journals, online programme descriptions and reports and conference or meeting presentations. Some of the interventions included applied quasi-experimental designs, multi-method evaluation studies including time-series (or follow-up data, or at least pre- and post-test data) and measuring the impact systematically. Others provided only qualitative data, including systematic and in-depth process evaluation data (Box 5). There are relevant studies that were left out because they were not easily accessible through one of the above online sources or through one of the collegial organizations contacted. As such, this review illustrates and indicates the kind of evaluation evidence and studies available on gender-based programmes with men and boys.

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In defining effectiveness, a two-part ranking criteria system was developed including: evaluation design and level of impact (Box 6). The objective of this ranking design was to combine an assessment of the rigour of the evaluation design (and thus its replicability and reliability) with the level of impact, referring to how much change was measured and what kind of change was measured. The level of change or impact focuses mostly on changes in knowledge, attitudes and behaviour, since these outcome measures were used most frequently. Indeed, a general shortcoming of programme evaluation related to men and the health areas assessed here is that impact is measured nearly exclusively by changes among individual men and not at the level of broader social change. This broader level of change could include both community-level change and seeking even broader forms of social transfor-

mation, including wide-ranging change in power relations. The ranking criteria were designed to give greater weight to change in behaviour, followed by change in attitudes and then change in knowledge. Greater weight was also given to the evaluations that sought to triangulate data: including the perspectives or reports of important others, including partners of men, their children or health service providers.

Subsequently, these two sets of criteria – evaluation design and level of impact – were combined into an overall effectiveness ranking of effective, promising or unclear. At least two members of the research team reviewed all the studies included, ranking them both on effectiveness and their gender approach. In case of any divergence over the ranking, the two researchers re-read the studies and compared their analysis to achieve consensus. Box 5 describes the limitations of this review.

3. Results

In addition to being rated in the overall effectiveness of the programmes and their gender perspective, programmes were categorized in terms of types of intervention activities.

- **Group education:** 22 (38%) of the programmes offered group educational activities exclusively. Group education means programmes that carry out discussion sessions, educational sessions or awareness-raising sessions with men and/or boys in a group setting. Some of these may represent traditional kinds of learning, with facilitators or trainers imparting information, whereas others (probably more promising) use more participatory activities, such as role-playing. Good practices in group education that emerged from this review are presented later.
- **Service-based:** 8 (14%) of the programmes were exclusively service-based: they involved health services for men or individual counselling based in health or social service settings. These activities generally take place in a health service or social service facility and may involve one-on-one counselling or imparting of information by a health or social service provider or the provision of a health service (such as a prenatal visit, a medical exam or test or provision of a condom). The next section summarizes good practices from service-based programmes.
- **Community outreach, mobilization and mass-media campaigns:** 7 (12%) of the programmes were exclusively community outreach, mobilization and mass-media campaigns using

theatre, mass or local media, sensitization of local leaders or educational and informational materials with messages related to health and gender. This relatively broad category includes public service announcements on television or radio; billboards; distribution of educational materials; local health fairs, rallies, marches and cultural events, including theatre (such as street theatre or community theatre); and training of promoters to reach other men or organize community activities.

- **Integrated:** 21 (36%) were integrated, meaning they combined at least two of these strategies.

Geographically, many of the evaluated interventions are from North America (41%), followed by more or less equal numbers from Latin America and the Caribbean, sub-Saharan Africa and Asia and the Pacific; Europe and the Middle East and North Africa are underrepresented (Table 1).³

Table 1. Geographical location of the 58 programmes by region

Region	n	%
North America	24	41
Latin America and the Caribbean	9	16
Europe	2	3
Sub-Saharan Africa	9	16
Middle East and North Africa	5	9
Asia and the Pacific	9	16
Total	58	100

3. There is considerable research on the impact of paternity leave and other gender equality policies in Europe, but programme evaluation data meeting the above-mentioned criteria were limited.

Box 7. What kinds of changes can be achieved in programmes engaging men and boys?

The following are specific changes in behaviour that have been confirmed in reasonably well-evaluated programmes with men and boys:

- decreased self-reported use of physical, sexual and psychological violence in intimate relationship (Safe Dates Program, United States; Stepping Stones, South Africa; and Soul City, South Africa);
- increased contraceptive use (Together for a Happy Family, Jordan; male motivation campaign, Zimbabwe and Guinea; and involving men in contraceptive use, Ethiopia);
- increased communication with spouse or partner about child health, contraception and reproductive decision-making (Men in Maternity, India; Together for a Happy Family, Jordan; male motivation campaign, Guinea; and Soul City, South Africa);
- more equitable treatment of children (Together for a Happy Family, Jordan);
- increased use of sexual and reproductive health services by men (integration of men’s reproductive health services in health and family welfare centres, Bangladesh);
- increased condom use (Sexto Sentido, Nicaragua; Program H, Brazil);
- decreased rates of sexually transmitted infections (Program H, Brazil); and
- increased social support of spouse (Soul City, South Africa).

Key result 1: reasonably well-designed programmes with men and boys lead to short-term change in behaviour and attitudes

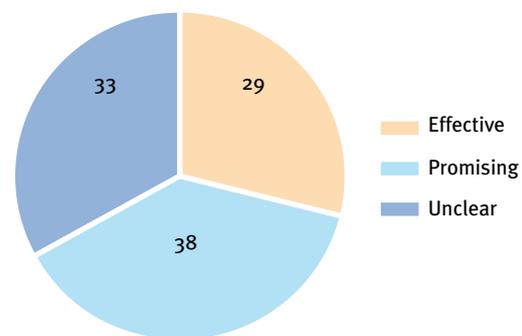
Overall, the evidence included here confirms that men and boys apparently can and do change attitudes and behaviour related to sexual and reproductive behaviour, maternal, newborn and child health, their interaction with their children, their use of violence against women, questioning violence with other men and their health-seeking behaviour as a result of relatively short-term programmes (Box 7).

The short term is emphasized because, as is the case in most of the evaluations reviewed, the results primarily focus on changes in men’s behaviour and attitudes immediately after interventions or, in a few cases, with follow-up data collection only a few months after the intervention or programme has ended. Among the studies here, for example, none

Table 2. Overall effectiveness of the 58 programmes by type of intervention

Type of intervention	n	Effective	Promising	Unclear
Group education	22	2	11	9
Service-based	8	2	4	2
Community outreach, mobilization and mass-media campaigns	7	5	2	0
Integrated (includes more than one of the above)	21	8	5	8
Total	58	17 (29%)	22 (38%)	19 (33%)

Fig. 1. Overall effectiveness of the 58 programmes (%)



is truly longitudinal: studying men’s behaviour over several years of their lives and comparing the results among men who participated in programme activities or interventions versus a control group.

Of the 58 studies included here:

- 17 (29%) were assessed as being effective in leading to change in attitudes or behaviour using the definition previously cited;
- 22 (38%) were assessed as being promising; and
- 19 (33%) were assessed as being unclear.

Table 2 shows that at least some programmes are effective in each of the four types of intervention activities. Fig. 1 illustrates the overall ratings of effectiveness of the 58 programmes.

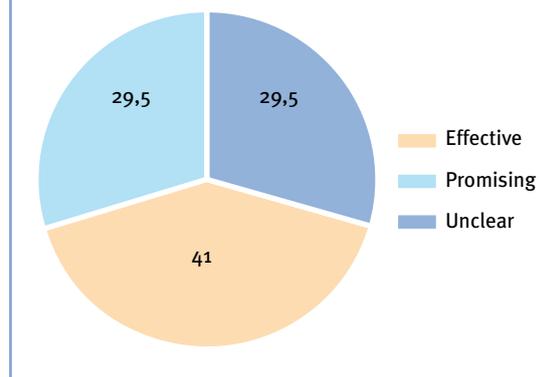
Key result 2: programmes assessed as being gender-transformative seem to show more evidence of effectiveness in achieving behaviour change among men and boys

The 58 programmes included were assessed; 6 were considered gender-neutral, 25 gender-sensitive and 27 gender-transformative.

- **Gender-neutral.** These programmes viewed men mostly as another target group and offered only minimal analysis of how men's and women's health-related needs differ in the programme context. These programmes show a minimal level of gender sensitivity in their programme descriptions, but did show some.
- **Gender-sensitive.** These programme descriptions showed evidence of discussions of men's specific needs and reality due to the prevailing social construction of masculinity but provided little evidence on how the programme sought to transform or affect these gender norms.
- **Gender-transformative.** These programme descriptions clearly discussed gender norms and the social construction of masculinity and made efforts to critically discuss, question and/or transform such norms in the programme.

In some cases, simply asking men to talk about certain issues or themes is inherently gender transformative in the sense that the current social construction of gender in some contexts does not consider that such themes as maternal, newborn and child health even concern men. As previously stated, this definition of gender-transformative programme approaches with men and boys is a proposed starting definition and should be built upon. But what it does

Fig. 2. Effectiveness of the 27 gender-transformative programmes (%)



suggest is that making gender norms and masculinity part of interventions with men and boys – that is, engaging them in deliberate critical reflection about these norms either in group sessions, individual counselling sessions or campaigns – leads to greater change in behaviour and attitudes than simply focusing on the content (HIV prevention, treatment, care and support, sexual and reproductive health, fatherhood, maternal, newborn and child health and gender-based violence).

The literature suggests that among interventions with women and girls, reflecting critically about gender norms and the social construction of gender does not inherently add value to programmes (producing better outcomes) unless also accompanied by changes in the opportunity structure or the ability of women and girls to access resources. Although programmes with men and boys to change gender norms must also work at the social level, an important key step in gender-based programming for men and boys seems to be explicitly acknowledging how prevailing gender-inequitable definitions of manhood are part of the problem.

Among the 27 programmes assessed as being gender-transformative, 41% were assessed as being effective versus 29% of the 58 programmes as a whole (Fig. 2). This finding is important, as it suggests that engaging men and boys in programmes that include deliberate discussions of gender and masculinity and clear efforts to transform such gender norms may be more effective than programmes

... critical discussions of gender norms and masculinity should be deliberately included in programmes with men and boys in sexual and reproductive health, HIV prevention, treatment, care and support, gender-based violence, men's participation in child, newborn and maternal health and as fathers.

that merely acknowledge or mention gender norms and roles. This finding lends even more evidence to the point that critical discussions of gender norms and masculinity should be deliberately included in programmes with men and boys in sexual and reproductive health, HIV prevention, treatment, care and support, gender-based violence, men's participation in child, newborn and maternal health and as fathers.

Key result 3: relatively few programmes with men and boys go beyond the pilot stage or a short-term time frame

Of the 58 programmes, few go beyond a short-term project cycle, ranging from 16 weekly group educational sessions to one-year campaigns. In a few cases (about 10 of the 58), these programmes represent long-term efforts to engage men and communities and form alliances to go beyond or scale up the relatively limited scope and short-term interventions. The evaluation reports focus little attention on sustainability, including such factors as social capital, advocacy, fundraising, the management ability of staff to maintain programme efforts, and on broader political and ideological issues such as resistance to engaging men (apart from discussions of operational issues and the challenges of engaging men). Further, few, if any, of the evaluation reports describe efforts to scale up interventions or incorporate them into public policy.

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Key result 4: integrated programmes and, specifically, programmes that combine group education with community outreach, mobilization and mass-media campaigns are more effective in changing behaviour than group education alone

Among the programmes reviewed, programmes with community outreach, mobilization and mass-media campaigns and integrated programmes (which nearly always included group education plus community outreach or services) seem to be more effective approaches to changing behaviour among

Box 8. What are the risks of engaging men and boys in interventions that have historically focused on women?

Couple-based interventions related to sexual and reproductive health and maternal, newborn and child health have shown evidence of impact in changing attitudes and behaviour. In some of the studies reviewed here and in previous reviews, women often support and give positive feedback to interventions that include their male partners or husbands. Nevertheless, including men in issues where women have limited autonomy and are subordinated by men is not a neutral decision nor is it universally positive. Two programmes included (both in sub-Saharan Africa) showed evidence of men's negative backlash or reassuming control when they were involved in reproductive health and maternal health issues. This suggests that programmes engaging men to promote gender equality should develop protective measures for women: for example, by engaging women in project design, consulting with women and including the voices of women in evaluating the process and impact.

men and boys than single-focus interventions. This highlights, but does not affirm definitively, the usefulness of reaching beyond the individual level to the social context – including relationships, social institutions, gatekeepers, community leaders and the like – in which men and boys live.

Mass-media campaigns have shown some level of effectiveness in nearly all the health areas included: sexual and reproductive health (including HIV prevention, treatment, care and support), gender-based violence, fatherhood and maternal, newborn and child health. Effective campaigns generally go beyond merely providing information to enjoining or encouraging men to talk about specific issues or act or behave in specific ways, such as talking to their sons about violence against women or being observant and seeking services in case of a high-risk pregnancy. Some effective campaigns also use messages related to gender-equitable lifestyles, in a sense promoting or reinforcing specific types of male identity. Mass-media campaigns on their own seem to produce limited behaviour change but show significant change in behavioural intentions and self-efficacy, such as self-perceived ability to talk about or act on an issue or behavioural intentions to talk to other men and boys about violence against women.

Key result 5: stand-alone group educational activities with men and boys show strong evidence of leading to changes in attitudes and some evidence of leading to change in behaviour

Group educational activities continue to be one of the most common programme approaches with men and boys, and are, by process and qualitative accounts, useful in promoting critical reflections

about how gender norms are socially constructed. The evidence included here confirms, in reasonably well-designed studies, that such activities can lead to significant changes in attitudes (some of which are correlated with key behavioural outcomes) and behavioural intentions.

The process evaluation included in the studies reviewed here finds that men typically find group work to be useful personally and relevant to their needs. Nevertheless, staff frequently report challenges with recruiting and retaining men and boys in such groups, sometimes because men are working or involved in other activities and have little time to participate in such groups and other times because they initially consider discussion groups to be a “female” style of interaction (Box 8). However, if convinced to participate, most men find group education sessions to be personally rewarding and engaging. (The next section reflects further about the process and good practices in group education.)

The category of group education is in itself broad, encompassing some programmes that use traditional styles of rote learning, whereas others are participatory, using role-playing and other similar methods. In addition, some of the group education programmes included here lasted only a few hours, whereas others included up to 16 weekly sessions.

Key result 6: there are relatively few data on the impact of public policy aiming to change the behaviour of men and boys in the efforts to achieve gender equality

Apart from historical trend data and studies on paternity leave policies in Scandinavian countries

Table 3. Overall effectiveness of the 58 programmes by theme and type of intervention**Prevention of gender-based violence**

Type of programme	n	Effective	Promising	Unclear
Group education	8	1	6	1
Services	–	–	–	–
Community outreach, mobilization and mass-media campaigns	3	2	1	–
Integrated (includes more than one of the above types)	4	1	–	3
Total	15	4	7	4

Fatherhood

Type of programme	n	Effective	Promising	Unclear
Group education	6	–	2	4
Services	1	–	–	1
Community outreach, mobilization and mass-media campaigns	–	–	–	–
Integrated (includes more than one of the above types)	9	3	2	4
Total	16	3	4	9

Maternal, newborn and child health

Type of programme	n	Effective	Promising	Unclear
Group education	1	–	–	1
Services	3	1	2	–
Community outreach, mobilization and mass-media campaigns	1	–	1	–
Integrated (includes more than one of the above types)	2	1	–	1
Total	7	2	3	2

(which show evidence of increased participation by men in child care, or at least increasing take-up of paid paternity leave), little assessment and few data are available on the impact of legal structures, laws, policies and broader public practices on the behaviour or attitudes of men and boys, particularly in low- and medium-income countries. Given the number of new laws and policies related to gender-based violence, paternity establishment, child support and gender equality broadly (such as those embodied in the South Africa's 1994 constitution), the impact of such national-level and policy-level changes on boys and men needs to be understood (Sonke Gender Justice Network, 2007). Seeking to identify ways to change gender inequality at a society-wide level requires making the impact of such policy-level changes (and other social trends, such as women's greater participation in employment outside the home) a priority for future research. Although this review does not focus on this, data from western Europe (mostly Nordic countries) where paid paternity leave has been offered for more than 10 years have confirmed that increasing numbers (and proportions) of fathers are using such leave and spending more time with their young children as a result of these policies, particularly when paternity leave is paid and when the time allotted for fathers it is not transferable to the mother (Valdimarsdóttir, 2006). Outside Nordic countries, one of the few studies showing the impact of a new law or policy on men in terms

of gender equality is Costa Rica's Responsible Paternity Law, including awareness-raising campaigns and public support for mothers to request DNA testing from men. The law led to a decline in the number of children with unrecognized paternity – from 29.3% in 1999 to 7.8% in 2003 (Hegg et al., 2005).

Key result 7: few if any programmes are applying a life-course approach and assessing the impact in these terms

As previously affirmed, most of the programmes included here focused on one age group of boys or men during a relatively short project span. One of the few exceptions may be Stepping Stones, which works with younger men and women and older men and women, and the Yaari Dosti initiative (an adaptation of the Program H materials and process in India), which is engaging younger boys (10–14 years) as well as young men (15–24 years). Nevertheless, few of the programmes seek to reach men and boys (or women and girls) at different moments of the life course or integrate their programmes among one age group with other organizations or programmes working with other age groups. Most of the programmes also involve older adolescents and adult men, generally 15 years and older. Only two programmes identified are trying to reach boys younger than 15 years. Further, as

Table 3 (suite). Overall effectiveness of the 58 programmes by theme and type of intervention

Gender socialization				
Type of programme	n	Effective	Promising	Unclear
Group education	2	1	1	–
Services	–	–	–	–
Community outreach, mobilization and mass-media campaigns	–	–	–	–
Integrated (includes more than one of the above types)	2	1	1	–
Total	4	2	2	–
Sexual and reproductive health (including HIV prevention, treatment, care and support)				
Type of programme	n	Effective	Promising	Unclear
Group education	5	–	2	3
Services	4	1	2	1
Community outreach, mobilization and mass-media campaigns	3	3	–	–
Integrated (includes more than one of the above types)	4	2	2	–
Total	16	6	6	4
Overall (all themes combined)				
Type of programme	n	Effective	Promising	Unclear
Group education	22	2	11	9
Services	8	2	4	2
Community outreach, mobilization and mass-media campaigns	7	5	2	–
Integrated (includes more than one of the above types)	21	8	5	8
Total	58	17 (29%)	22 (38%)	19 (33%)

previously mentioned, no study follows men or boys for more than two years. As such, the impact of programmes represents a limited moment in time in the ever-changing lives of men and boys.

Key result 8: some programmes in each of the five health areas show effective or promising results

Table 3 presents an analysis of effectiveness by health area and by kind of programme. This affirms that some programmes in each of the five areas show effective or promising results. The fatherhood programmes included here show fairly low rates of effective or promising results, in part because of the complexity of indicators used and possibly because of relatively small sample sizes. The indicators used in evaluating fatherhood programmes include employment rates, child development outcomes and amount of time that men spend in providing child care – all of which are complex and have many causes. This is an area of intervention with men and boys that requires both more evaluation as well as more programme development and testing, particularly in low- and middle-income countries.

In contrast to the previous WHO review of batterer intervention programmes (Rothman et al., 2003), this review mostly focused on gender-based violence prevention programmes with men and boys that show

fairly promising results in leading to changes in attitudes and behavioural intentions. Gender-based violence prevention programmes with men showed positive outcome in terms of changed attitudes towards gender-based violence; reduced self-reported rates of various forms of gender-based violence, including physical violence against female partners and sexual harassment; and increased reported intention to talk to boys about gender-based violence. However, only two studies also included triangulation with female partners, clearly a key issue in assessing the impact of efforts to prevent gender-based violence.

The previous WHO review of batterer intervention programmes (Rothman et al., 2003) affirmed, in reviewing 56 studies, that such programmes are somewhat effective in reducing the likelihood of repeat or further abuse or physical violence against women among the men who participate. The study affirmed that, in many settings, the main shortcomings or challenges of such interventions are the high drop-out rate and limited coordination or follow-up with law enforcement or legal systems that mandate men's participation in such programmes.

Whether related to gender-based violence or to the other health areas included here, none of these studies have longer-term, longitudinal data, and few have triangulation or confirmation by partners, children and others of the self-reported changes.

4. Emerging good practice in engaging men and boys

In addition to the assessment of overall evidence on effectiveness, the programme descriptions were also reviewed with the objective of identifying common good practices: practices repeatedly seen among the programme interventions assessed as being effective or promising. The following are the conclusions from this review.

Good practices: group education

The category of interventions called group education encompasses a variety of methods and approaches ranging from a single group discussion or group education session to 16 weekly sessions. The following are the emerging good practices.

How long should group education sessions last to be effective?

- Weekly group education sessions 2–2.5 hours long for 10–16 weeks show the most evidence of effectiveness (in terms of sustained attitude and change). The effective or promising group sessions ran from a single, one-hour session to 16 sessions of 2.5 hours each (40 hours). However, overall, the evidence suggests that multiple sessions are more effective, although some well-designed, one-off sessions show evidence of self-reported change in attitudes and behaviour (even in follow-up tests up to seven months after the session).
- Having time between sessions to apply the themes discussed to real-life experiences and/or to reflect or think about the content seems to be an important component in the effectiveness of group education. Based on qualitative assessment with participants, having some amount of time (a

week or a few days) between sessions seems to be an important component of transforming gender norms and of questioning attitudes and behaviour on the part of individual boys and men.

What content should be included in group educational activities with men and boys?

- Activities should critically reflect about masculinity and gender norms. This includes discussion of understanding how gender is socially constructed as opposed to being biologically determined and how this affects and structures relationships, power and inequity.
- The themes and discussions should be connected to real life: reflecting how gender norms affect the men and boys themselves and their partners and families. At least some of the sessions involve personal reflections and discussions about how these issues affect their own lives. This connection to real life was often made through participatory sessions using role-playing, guided imagery, case studies or what-if activities (examples of real-life situations with questions on “what you would do” in this situation).
- Basic knowledge about HIV prevention, treatment, care and support, sexual and reproductive health, maternal, newborn and child health, gender-based violence and other relevant issues should be included, although knowledge-only sessions showed little evidence of impact on attitudes or behaviour. The evaluation data reviewed here confirm that knowledge is important and must be included in group education sessions but is not sufficient to lead to sustained change in attitudes or behaviour.

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For some fatherhood interventions, group education included interactions with young children and learning how to change diapers or how to bathe a child.

- Effective and promising group education offers specific skills-building activities, including practising using condoms on a penis model or handling a condom. For some fatherhood interventions, group education included interactions with young children and learning how to change diapers or how to bathe a child. Other effective group education processes (particularly those related to gender-based violence) include sessions on how to express feelings without being violent or how to manage anger and resolve conflicts in the context of couple relationships.

What are the characteristics of effective group education with men and boys?

- Qualitative data from participants in effective group education confirm that facilitators are a key factor. Participants in effective group education processes affirm that good facilitators modelled gender-equitable behaviour and were able to create a welcoming, safe space where men and boys could express doubts and question deeply held views about manhood and gender without being ridiculed.
- Most effective group education sessions use specially trained facilitators, which tends to make the interventions costly. Even the group education sessions carried out in schools generally relied on outside facilitators or specially trained and selected teachers to carry out the sessions. Some effective group education involved peer promoters or individuals from the target communities, but these also involved extensive training of the facilitators – a relatively costly and time-consuming component. In sum, the experiences of the effective and promising group education ex-

amples included in this review confirm the need for facilitators who have extensive training, have reflected about their own attitudes about gender and masculinity and are confident in their ability to deal with complex issues associated with conflict, such as sexual violence, male–female relationships, sexuality, personal feelings and experiences.

- In qualitative assessment of group education sessions with men and boys, participants affirmed the importance of facilitators creating a safe space where men and boys can question inequitable ideas or notions of masculinity and not be censured or ridiculed by peers.

Group sessions as a stand-alone intervention or with other interventions?

The evidence reviewed here confirms that group sessions alone can lead to changes in self-reported attitudes and behaviour and that such change can be sustained up to one year after the intervention. Nevertheless, the evidence also suggests that group sessions combined with community campaigns, mass-media campaigns or individual counselling (or all of the above) are even more effective in leading to sustained change in attitudes and behaviour.

Good practices: community outreach, mobilization and mass-media campaigns

Programmes involving community outreach, mobilization and mass-media campaigns encompass a variety of interventions and approaches in-



Some effective campaigns have targeted specific groups of men and boys, such as married men (focusing on maternal, newborn and child health) men as fathers...

cluding: community meetings; training or sensitization sessions with traditional providers, community or religious leaders; street theatre and other cultural activities; marches, demonstrations and street and health fairs; and mass-media campaigns using radio, television, billboards or other media. The following are good practices.

- Effective and promising campaigns and community outreach reviewed overwhelmingly used positive, affirmative messages showing what men and boys could do to change, affirming that they could change and showing (whether in characters in theatre, television shows, radio dramas or print materials) men changing or acting in positive ways. Many of the effective campaigns show men as happy or couples as happy, in effect seeking to demonstrate to men and boys what they personally gain from changing their gender-related behaviour. Other effective campaigns appealed to men's sense of justice or their pre-existing desires to provide care and support for their partners and/or children.
- Nearly all the effective campaigns and community outreach reviewed here reported extensive and sometimes costly formative research to test messages, develop characters or storylines and determine the most effective and relevant media in consultation with members of the target group.
- Many of the effective campaigns and community outreach interventions identified groups of men or individual men who influence the behaviour of other men, including coaches, fathers, and religious leaders. Others actively recruited and involved men from the community settings (or men in positions of power or celebrities) who already supported gender-equitable attitudes and behaviour.
- Several, but not all, effective mass-media campaigns have involved high-cost and high-quality media content, including commercials, soap operas or television and radio dramas produced by commercial studios with professional actors and technicians. Such campaigns are generally among the most expensive but also reached the highest numbers of men and boys (and women and girls).
- Some effective campaigns have targeted specific groups of men and boys, such as married men (focusing on maternal, newborn and child health) men as fathers, or men with specific kinds of sexual practices, such as men who seek out sex workers. Other campaigns, also showing evidence of change in behaviour and attitudes, have broadly targeted men (using mass media). Both kinds of approaches show evidence of effectiveness.
- Some effective campaigns have targeted a single type of behaviour or issue, such as engaging men in cases of maternal distress or encouraging men to use condoms or to use family planning methods. At least two examples of narrowly focused campaigns – focusing on a single issue without talking about gender equality broadly – have not been effective. In such instances, both focusing on family planning alone, men showed more attention to family planning but did so in gender-inequitable ways. This suggests the need to include specific health issues within broader messages related to gender equality. Some effective campaigns have put several health issues within an overall promotion of a more gender-equitable male identity or lifestyle, using social



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marketing methods. The evidence reviewed here would suggest that both single-issue campaigns and multiple-issue, lifestyle campaigns can change attitudes and behaviour.

- Most effective campaigns last four to six months, with some lasting up to one year. The length of campaigns and community mobilization for many interventions seems to be a function of funding rather than a purposeful number of activities or duration of activities. Most community and mass-media campaigns seek opportunities to present their messages on a weekly or daily basis.
- As stated previously, combining individual-based or group-based programmes (counselling or group education) or telephone hotlines with mass media and/or community campaigns shows some of the strongest evidence for achiev-

ing lasting behaviour change. Mass-media campaigns on their own show evidence of sustained change in attitudes and behavioural intentions but show more evidence of sustained behaviour change when combined with more interpersonal activities (group education and/or individual counselling).

Good practices: service-based programmes

Service-based programmes offer health services (such as screening for sexually transmitted infections, vasectomies and HIV testing), individual and couple counselling (based in a clinic, hospital or social service centre), home visits and telephone counselling. Most of the programmes reviewed here are either related to reproductive health (providing family planning counselling, information or services) or reached fathers. There is significant literature on testing for sexually transmitted infections and voluntary counselling and testing for HIV infection, but the articles identified did not apply a gender approach as defined earlier in this report. The following are the good practices.

- Several effective and promising service-based programmes affirmed the need to train service providers (either health professionals or other social services professionals) on how to work with men and boys, recognizing that many health and social service providers have more experience working with women. Such training and sensitization showed gains in knowledge and confidence (in being able to engage men) and attitude changes among service providers (for example, seeing that men could be engaged as allies or partners rather than seeing them as antagonistic

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In various qualitative assessments, some men said that they sometimes appreciated receiving (and some demanded to receive) services from male service providers.

to the needs of their female partners). In some cases these service providers were traditional healers, who were given additional information on HIV or sexually transmitted infections.

- Several service-based programmes sought to make their physical spaces more welcoming to men, which included providing educational materials designed specifically for men, offering alternative hours (and sometimes alternative entrances, both to respect the sensitivity of women and so that men themselves would feel more comfortable) and by training “other” staff to be more welcoming to men (such as door attendants, guards, custodial staff and others who interacted with men or saw them when they came in for services). Making spaces friendlier to men was reported to be easier when top management supported the goal and worked better in smaller clinic settings than in larger public health settings.
- A handful of effective and promising programmes relied on home visits, recognizing that men might be reluctant to come for services or might not want to take the time to seek the services. Qualitative reports suggest that these were quite important among some hard-to-reach, underserved or minority groups who were suspicious of health and social services or did not have experience using them.
- Significant evidence shows that a single counselling session could lead to short-term self-reported behaviour change or to increased contraceptive use or increased support of the use of contraceptives by female partners (as reported by women themselves). Overall, the evidence suggests that a single individual or couple counselling session (whether in a clinic, hospital or service setting or in the home of the couple or individual) can lead to behaviour change. In other cases, particularly in the case of fatherhood interventions and for men, the complexity of factors associated with men’s interactions with their children (including their employment status, their relationship with the mother and their mental health status) suggests that multiple sessions are necessary. This means that such interventions are costly, generally reach only a limited number of men and are mostly offered in high- or middle-income countries with more resources in the social service and health systems.
- In some settings where telephones are reasonably available and where men may be reluctant to use some services, telephone counselling was an important element of effective and promising service-based programmes. One fairly unique programme offered a telephone hotline and counselling for men who felt they might use violence against their female partners, as a preventive way to reach men and to encourage them to participate in group or individual counselling sessions.
- In various qualitative assessments, some men said that they sometimes appreciated receiving (and some demanded to receive) services from male service providers. In other cases, programme staff concluded that the skills and personal characteristics of the service provider were more important than whether the provider was a man or a woman.

5. Conclusions and suggestions for future efforts

A review with a relatively small number of programmes with reasonably sound evaluation results – with all the limitations previously mentioned – highlights as many new questions as it provides answers. Overall, the studies reviewed here confirm that reasonably well-designed programmes and interventions with men and boys can produce short-term change in attitudes and behaviour and that the programmes that show evidence of being gender-transformative seem to show more success in changing behaviour among men and boys. In sum, the behaviour and attitudes of men and boys that have often been considered unchangeable can be changed and lead to better health outcomes for men, their partners, their families and their children.

General conclusions

Movement towards multisectoral and integrated programmes for men and boys

The programmes included here, and previous programme reviews, seem to show a convergence towards more multisectoral and integrated programmes that go beyond work with individual men and boys and beyond a single health theme. This review suggests that, in the past 10–15 years, there has been a general move from single-focus or single-issue interventions (providing vasectomy or promoting condoms, for example, based solely in a clinic setting) to programmes working at multiple levels and various themes or health areas and with a more integrated perspective. Further, the evidence reviewed suggests that integrated programmes, particularly those that combine community outreach, mobilization and mass-media campaigns with group education, are the most effective in changing behaviour.

Although many – perhaps most – of the programmes reviewed here continue to focus on mea-

suring change among individual men and boys, the programme descriptions imply that some programmes are moving towards a more full and nuanced application of a social constructionist approach. The programmes generally seem to view the behaviour and attitudes of individual men and boys as emerging from socially and historically constructed gender inequality and accordingly design programme activities to target both the individual and the broader social setting.

There is not enough evidence to definitively conclude that multi-issue programmes using a more nuanced social constructionist framework are more effective than single-issue, individual-focused interventions. Nevertheless, from a conceptual standpoint that understands gender as going beyond individuals, questioning traditional gender norms by intervening at multiple levels and at the level of cultural practices and social norms can be an effective way to promote change. The conclusion that gender-transformative programmes show more effectiveness provides additional weight for this argument. In addition, some single-focus interventions reviewed here, although not necessarily gender-transformative, have demonstrated high levels of effectiveness in leading to short-term changes on a single issue or type of behaviour. Rather than trying to determine which is more effective, affirming that both kinds of approaches have their place and utility, depending on the health-related and gender-related objective, may be more appropriate.

Scaling up, sustainability and promoting and measuring long-term change have yet to be achieved in gender-based programmes reaching men and boys

As previously mentioned, almost none of the programmes reviewed here either mentioned or sought



to measure programme longevity or the continuity of the programme beyond the period studied. Few mentioned scaling up or other organizations (government or nongovernmental) taking up the programme approach as outcome indicators. Indeed, a few interventions sought to determine whether a one-off, six-hour intervention, a single group discussion, a single home visit or a single encounter with a service provider will change behaviour. Thinking that a single encounter intervention like this could lead to lasting behaviour change, let alone transform gender structures, is probably unrealistic. Likewise, there is little discussion of programme quality and integrity: how to maintain programme coherence when models or approaches are scaled up. For example, what happens when some of the widely used curricula (Stepping Stones, Men as Partners or Program H) are used beyond their original sites? Scaling up gender-based health interventions and programmes engaging men and boys requires dealing with these questions and including them as part of programme evaluations and public reflection and debate.

The evidence reviewed here confirms that men and boys have changed behaviour and attitudes as a result of programme interventions, with positive results for men, their partners, their children and their families. Nevertheless, these programmes have been mostly short-term and in relatively limited target areas (or with low intensity in mass-media campaigns with wider catchment areas). Further, given the lack of cost data, programmers need to be cautious in attempts to scale up. Overall, the results are promising, and given the urgency of engaging men and boys, particularly in gender-based violence and HIV prevention, treatment, care and support, more needs to be invested in understanding:

- whether such programmes should be scaled up;
- under what circumstances they should be scaled up;
- in which settings or locations they should be scaled up (at the community level, via mass media, in the health or social services setting, in schools, the military, with groups of men and boys alone or in mixed-sex groups, etc.); and
- which groups of men and boys should be targeted.

Embarking on this process requires at least answering the following questions:

- Which programmes are the most effective?
- What are their critical characteristics?
- Do they work in all cultures? In which cultural settings do they work?
- How much do they cost?
- Which are the most cost-effective?
- Will they potentially undo gains in women's empowerment?

In sum, no miracle cures were found among the programmes engaging men and boys in gender equality. Instead, comprehensive, multi-theme programmes (in contrast to short-term interventions) that include specific discussions about salient, social meanings of men and masculinity seem to show the highest rates and levels of effectiveness. In returning to the question in the title: evidence indicates that efforts to engage men and boys in changing gender-based inequity in health are effective.



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Are some indicators of attitude and behavioural outcome more important than others in terms of men, boys and gender equality?

ing men and boys with messages or reflections about masculinity were not included here because they do not have evaluation data (or published evaluation data that meet the WHO-defined criteria of rigour) or because existing evaluation data were not readily available or located. These unevaluated programme experiences deserve attention in exploring ways to scale up work with men and boys to reduce gender inequality.

In terms of remaining questions, the following are some that emerge from this review:

- Are some indicators of attitude and behavioural outcome more important than others in terms of men, boys and gender equality? For example, might there be some key “gateway” behaviour or interventions that create pathways to broader gender transformation among men? Many of the studies reviewed focus on one specific outcome: couple communication, contraceptive use or contraceptive intentions. There is little discussion about whether this single behaviour, attitude or intention is connected to broader gender relations and norms. More analysis would be useful to set priorities among indicators. More longitudinal research is needed that seeks to understand and assess the impact of earlier gender-transformative practices, such as men’s involvement as fathers in early childhood. Might such behaviour create pathways among children that promote gender equality and move men into long-term patterns of greater involvement in child care and domestic life? Is there evidence that early attitudes and socialization related to gender roles shape lifelong views and behaviour, or are such attitudes and behaviour

Clearly, caution must be exercised in how much to attribute to the outcomes and indicators reported here. On the surface, increasing condom use among men and increasing men’s use of health services do not inherently reduce gender inequality – unless they also reduce the burden on women for contraceptive use or unless they represent a change in how men view and interact with women. But the qualitative assessments taken together with the indicators used suggest that some changes related to gender inequality have resulted from the programmes included here. More evidence is needed, to be sure, and such programmes have been mostly small scale and short term. Nevertheless, the evidence confirms that slow change in men’s gender-related attitudes and behaviour is not inevitable, but neither is quick, lasting change in gender norms and structures easy to achieve.

Remaining questions and proposed steps forward

Many issues have been left out and many questions remain. First, thousands of programmes reach-



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... more effort needs to be invested in measuring overall societal attitudes about gender and manhood, given that most of the interventions currently focus on measuring change among a relatively small number of individuals.

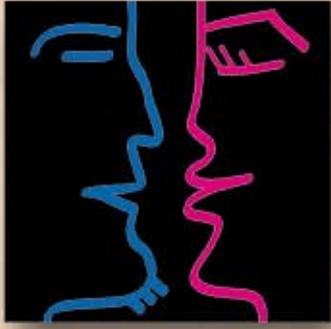
changing and situational? Further, more effort needs to be invested in measuring overall societal attitudes about gender and manhood, given that most of the interventions currently focus on measuring change among a relatively small number of individuals.

- How can programmes take a more relational perspective, integrating engaging men and boys with efforts to empower women and girls? What is the evidence on the impact of such relational perspectives? In which cases is working solely with men and boys (or solely with women and girls) useful and in which cases is working with men and women together useful and effective?
- What is required for programmes to be able to scale up and sustain their efforts? What are the

common factors, conditions or operating strategies of the programmes that have been able to scale up or sustain themselves? Which programmes should be scaled up?

- What kinds of structural changes and policies have led to or could lead to large-scale change in men and masculinity? Reviewing, for example, existing policies related to fatherhood (paternal leave, for example), family policy, sexual and reproductive health and laws related to gender-based violence to measure or assess the results of such policies could be useful.
- Similarly, what is known about naturally or spontaneously occurring change or long-term trends in men's behaviour and attitudes related to sexual and reproductive health, HIV prevention, use of gender-based violence and participation in child and maternal health and well-being? Reviewing "natural experiments" or naturally occurring differences could also be useful, such as factors that seem to explain higher rates of men's use of gender-based violence in one setting versus another as a way to understand pathways or factors that lead to change.

Given the complexity of changing social norms related to gender among men and boys and the power dimensions behind them, these policy-level and large-scale programme approaches could make the difference.



Annexes

Annex 1

Summary of studies on gender-based violence

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Psychoeducational process with help groups for men who are offenders (GAHO)</p> <p>(Help centre for women who are victims of violence – CAMM)</p> <p>Omaida & De Frías (2002)</p> <p>Bocanegra (2003)</p> <p>Panama</p>	Adult men from periurban areas	<p>Group education</p> <ul style="list-style-type: none"> • 42 men participated in 24 sessions • Over the course of four weeks • Divided into four focus groups 	<p>Gender-sensitive</p> <p>Reflections about masculinity but primary focus on violence</p>	<p>Moderate</p> <p><i>Quantitative:</i> Not reported</p> <p><i>Qualitative:</i> Interviews and focus groups Post-testing only</p> <p>Four focus groups with families of male offenders (42 people)</p> <p>10 interviews with male violent offenders</p> <p>One focus group with five facilitators</p> <p>10 interviews with key informants – including mental health workers)</p> <ul style="list-style-type: none"> • No control • Analysis: in-depth qualitative 	<p>Medium</p> <p>Attitudes:</p> <ul style="list-style-type: none"> • Men accepted that they had behaved violently in the past • Men believed that they could prevent this behaviour <p>Behaviour:</p> <ul style="list-style-type: none"> • Partners reported that men helped out more with household chores • Reduction in violent incidents reported by partners • Males reported spending more time with their children and sharing more with their partners 	Promising	<p>Linked with the CAMM men's clinic</p> <p>Two women complained about men's silence, perceiving it as a further form of violence, whereas men considered their silence as anger management</p>
<p>White Ribbon Campaign in Peru</p> <p>INPPARES (2004)</p> <p>Peru</p>	Men of all ages	<p>Integrated Services</p> <p>Sensitizing health service providers to the theme of gender-based violence</p> <p>Community outreach and mobilization</p> <p>Mass-media campaign about violence, gender and masculinity</p>	<p>Gender-transformative</p> <p>Gender reflections and efforts to establish a supportive environment to reinforce positive “masculine transformation”</p>	<p>Limited</p> <p><i>Quantitative:</i> Process only – number of talks, themes of interest, material distributed, number of signatories to campaign</p> <p><i>Qualitative:</i> Testimonies from male signatories</p> <p>n = 12 (reported)</p> <p>Time frame unclear (appears to be one year)</p> <ul style="list-style-type: none"> • No control or comparison • No formal analysis 	<p>Low</p> <p>Testimonies explaining why men signed onto the campaign manifesto</p> <p>Process indicators regarding partnerships created for the White Ribbon Campaign, quantity of material distributed and number of workshops held</p>	Unclear	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Campaign</p> <p>Violence against women: a disaster we can prevent as men</p> <p>(Violencia contra las mujeres un desastre que los hombres si podemos evitar)</p> <p>Solórzano et al. (2000)</p> <p>Nicaragua</p>	Men 20–39 years old in intimate heterosexual relationships from urban, periurban and rural areas affected by Hurricane Mitch	<p>Community outreach and mobilization</p> <ul style="list-style-type: none"> • Three-month mass-media campaigns (television network and radio), posters and stickers • Campaign message is men's ability and responsibility in helping to prevent or reduce violence against their partners • Goal is to bring forth issue of interfamilial violence and its effects on country's national identity • Target group is heterosexual men 20–39 years old in the areas affected by Hurricane Mitch and also community leaders 	<p>Gender-transformative</p> <p>Awareness about violence against women</p> <p>Perception that gender-based violence is everybody's problem</p> <p>Perception that gender-based violence can be prevented</p>	<p>Rigorous</p> <p>Included: formative, process and impact evaluation</p> <p>Quantitative:</p> <p>Quasi-experimental design</p> <p>Pre-, mid- and post-testing (at one year)</p> <p>n = 2000, men only</p> <ul style="list-style-type: none"> • Control = comparison between men exposed versus not exposed to campaign <p>n = 600 women (post-testing only)</p> <ul style="list-style-type: none"> • Analysis: statistical significance <p>Qualitative:</p> <p>Focus groups and interviews</p> <p>Pre-, mid- and post-testing (at one year)</p> <p>n = 63 men and women who had seen or heard the campaign materials</p>	<p>Medium</p> <p>Attitudes:</p> <p>15% more men exposed to the campaign believed that men can prevent gender-based violence versus men who were not exposed to the campaign</p> <p>15% more men exposed to the campaign replied that men's violence affects community development compared with the men not exposed to the campaign</p> <p>76% of women believed the campaign had generated positive changes in men's attitudes and behaviour</p>	Effective	
<p>Public service advertising campaign for domestic violence prevention</p> <p>Family Violence Prevention Fund (2004)</p> <p>United States of America</p>	Men and women 18 years and older	<p>Community outreach and mobilization</p> <ul style="list-style-type: none"> • Television, radio, print and Internet campaign rolled out in six different waves • Each wave lasted about one month 	<p>Gender-sensitive</p> <p>Personal reflections about violence against women</p> <p>Important for men to talk to boys about violence against women</p>	<p>Moderate</p> <p>Quantitative:</p> <p>National computer-assisted telephone survey; random-digit dial</p> <p>Pre- and post-testing; six survey waves, 2001–2005, 500 per wave</p> <ul style="list-style-type: none"> • No control • Analysis: statistical significance; no regression reported <p>Vacillating results – some areas did show significant change</p> <p>Qualitative:</p> <p>Not reported</p>	<p>Medium</p> <p>Attitudes:</p> <p>Men's attitudes towards the importance of men speaking to boys to prevent domestic violence remained the same (84%)</p> <p>Behaviour: Significant increase in men speaking to a boy about violence against women (from 29% to 40%)</p>	Promising	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Building a Culture of Peace</p> <p>Centro de Prevención de la Violencia (2002)</p> <p>Nicaragua</p>	Men and women in marginal areas	<p>Integrated</p> <p>Group education</p> <ul style="list-style-type: none"> Workshops conducted in 22 neighbourhoods in Managua Workshops on gender, violence, interpersonal communication and interfamilial violence 30 people attended each workshop, which lasted two to four days for seven hours per session <p>Services</p> <p>Individual counselling</p> <p>Self-help groups</p>	<p>Gender-sensitive</p> <p>Reflections about masculinity and violence</p>	<p>Limited</p> <p><i>Quantitative:</i> Not reported</p> <p><i>Qualitative:</i> Evaluation surveys and focus groups – reported in study but further details unclear</p> <p>Police data – no further details</p>	<p>Low</p> <p>Change in crime statistics, but it is not clear how they are related to intervention</p> <p>The crime rate diminished from 19.6 crimes per day to 18.4</p> <p>80 gangs were disbanded</p> <p>Safer streets, young people abandoned drug use.</p>	Unclear	
<p>Constructing masculinity without intimate partner violence</p> <p>Welsh (1997)</p> <p>Nicaragua</p>	Adult men in periurban districts in Managua	<p>Group education</p> <ul style="list-style-type: none"> Workshops were offered to 300 men over four years Workshop cycle comprised four workshops each lasting four days 	<p>Gender-transformative</p> <p>Reflections about masculinity, gender relations and violence</p>	<p>Limited</p> <p>Quantitative and qualitative: Postal survey with quantitative and qualitative elements</p> <p>Retrospective only (“subjective approximation” to overcome lack of baseline data)</p> <p>n = 112 prior workshop participants (of 250)</p> <p>n = (?) not stated: female associates</p> <ul style="list-style-type: none"> No control Analysis: no report of significance testing 	<p>Medium</p> <p>Attitudes: 47% of women reported significant positive change in men</p> <p>66% of men said that they had become less violent</p> <p>Behaviour: 56% reduction in the frequency of acts of physical violence</p> <p>36% reduction in the frequency of acts of psychological violence</p>	Unclear	Women were included in the evaluation as well

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Men Can Stop Rape Hawkins & Zakiya Consulting (2005) United States of America	Young men (average age 16 years) in low and middle-income urban areas, 83% African-American and 10% Latino	Group education <ul style="list-style-type: none"> • 42 young men at five different sites • 16 weekly sessions • Focus groups 	Gender-sensitive <p>Men's involvement in rape prevention</p> <p>Young men as allies in preventing gender-based violence and sexual violence</p>	Moderate <i>Quantitative:</i> Participant survey Pre- and post-testing n = 42 participants <ul style="list-style-type: none"> • No control • Analysis: statistical significance <i>Qualitative:</i> Focus groups <ul style="list-style-type: none"> • No control • Analysis = integration or triangulation with quantitative data 	Medium Attitudes: Men reported that they were more likely to intervene to stop gender-based violence after participating in the programme (pre = 3.00 and post = 3.20)	Promising	
Soul City Scheepers et al. (2001) Usdin et al. (2005) South Africa	Men and women 16–65 years old from metropolitan areas and rural areas	Community outreach and mobilization <ul style="list-style-type: none"> • Nationwide mass-media and advocacy campaign on domestic violence • Campaign conducted through: television series, distribution of print materials and radio series • Community events 	Gender-transformative <ul style="list-style-type: none"> • Increase public debate (societal level) • Promote interpersonal and community dialogue • Shift social norms (community level) • Shift attitudes, awareness, knowledge and practices (individual level) 	Rigorous <i>Quantitative:</i> National survey; stratified random sampling Pre- and post-testing (8–9 months = relatively short period) n = 2000 adults <ul style="list-style-type: none"> • No control • Analysis: multiple statistical analysis; regression to relate changes to differing levels of exposure <i>Qualitative:</i> Focus groups (n = 29) Interviews (n = 32) Post-testing only <ul style="list-style-type: none"> • No control • Analysis: profiling of respondents according to change or exposure; coding of themes or subthemes 	High Knowledge: Increased awareness of help-line for gender-based violence (16% with no exposure and 61% with exposure had heard about the help-line) Attitudes: Increased perception that violence between a man and a woman is not a private affair (from 37% to 59%) 11% more men in the post-test than in the pre-test said that women never deserve to be beaten Policy-level impact: contributed to passage of an act on domestic violence Possible but unclear effect on behaviour	Effective	One of the most comprehensive evaluation designs in work with men and gender-based violence Excellent example of effectively combining quantitative and qualitative research methods

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Mentors in Violence Prevention (MVP) MVP Program (2001) United States of America	Men and women Secondary school students	Group education <ul style="list-style-type: none"> School-based violence prevention programme utilizing a “bystander” approach Training for peers or mentors in 10 secondary schools 	Gender-sensitive or -transformative <ul style="list-style-type: none"> Awareness, knowledge, attitudes and self-efficacy 	Moderate Quasi-experimental control group design; MVP survey Pre- and post-testing (at four months only) n = 211 (108 boys) <ul style="list-style-type: none"> Control = convenience sampled comparison groups (not randomized) Three delayed intervention sites <ul style="list-style-type: none"> Analysis: survey validity and reliability, cross-tabulation, chi-square and descriptive analysis of gender difference Focus groups	Medium Knowledge: Knowledge and awareness about gender-based violence (what constitutes harassment, rape, etc.) was significantly higher in the test group Attitudes: Positive change in the test group’s ability to intervene to prevent gender-based violence “It may be considered a rape if a man has sex with a woman who is under the influence of alcohol or other drugs” (increased from 76% to 94% agreeing) Because of small sample size, no definitive conclusions on gender-based violence	Promising	One of the few evaluations that included women
Men with problems of control Salas Calvo (2005) Costa Rica	Men who have committed physical violence	Integrated Group education Services Counselling phone line	Gender-sensitive or -neutral Focuses mostly on men’s individual psychological needs	Limited Focus groups Facilitator reports Individual testimonials from men who participate As yet, no impact evaluation is in place	Low Qualitative self-reports from men who participate and report favourably on having the space to discuss violence and anger management	Unclear	
Safe Dates Program Foshee et al. (1998) United States of America	Male and female students from 14 public schools (grades 8 and 9)	Integrated Group education <ul style="list-style-type: none"> School activities include theatre, 10-session curriculum and a poster contest 20 workshops for community service providers Services <ul style="list-style-type: none"> Weekly support group sessions 	Gender-transformative <ul style="list-style-type: none"> Changing norms and gender stereotypes Conflict management skills 	Moderate Quantitative: Quasi-experimental control group design Pre- and post-testing (at one month only) n = 1886 (pre) and 1700 (post) 49% of men participated in the post-testing <ul style="list-style-type: none"> Control group Analysis: logistic regression Qualitative: Not reported	High Behaviour: 25% less psychological abuse perpetration 60% less perpetration of sexual violence 60% less violence perpetrated against current dating partner School activities positively affected dating violence norms, gender stereotyping and awareness of services	Effective	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Dating violence prevention program</p> <p>Avery-Leaf et al. (1996)</p> <p>United States of America</p>	Students from public high school (grades 9–12)	<p>Group education</p> <ul style="list-style-type: none"> Group sessions offered to 102 students enrolled in health classes in a large public high school Participants attended five group sessions Teachers attended day-long training to learn the techniques used in the activities 	<p>Gender-sensitive</p> <ul style="list-style-type: none"> Gender inequity Skills-based approach focusing on changing attitudes 	<p>Rigorous</p> <p><i>Quantitative:</i> Quasi-experimental control group design Pre- and post-testing n = 193; n = 102 in the intervention group and 91 in the control group; 55% of total were male</p> <ul style="list-style-type: none"> Control group Analysis: survey validity and reliability, cross-tabulation, chi-square <p><i>Qualitative:</i> Not reported</p>	<p>Low</p> <p>Attitudes: Positive attitude change on dating aggression Less justification of aggression among males and females</p>	Promising	
<p>Changing the rape-supportive attitudes of traditional and nontraditional male and female college students</p> <p>Rosenthal et al. (1995)</p> <p>United States of America</p>	Male and female college students	<p>Group education</p> <ul style="list-style-type: none"> One psychoeducational intervention one hour in length. 245 college students, of which only the experimental group received the intervention 	<p>Gender-sensitive</p> <ul style="list-style-type: none"> Rape myths and gender stereotypes 	<p>Rigorous</p> <p><i>Quantitative:</i> Quasi-experimental control group design Pre- and post-testing n = 245 (n = 122 boys) 18–22 years old</p> <ul style="list-style-type: none"> Control group Different scales Different statistical analysis <p><i>Qualitative:</i> Not reported</p>	<p>Low</p> <p>Attitudes: participants were less supportive of rape than the control group according to the Rape Myth Acceptance Scale</p>	Promising	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Rape prevention programme with racially diverse college men</p> <p>Heppner et al. (1999)</p> <p>United States of America</p>	<p>Male college students (white and African-American)</p> <p>Considered racial diversity</p>	<p>Group education</p> <ul style="list-style-type: none"> • Three 90-minute intervention sessions conducted one week apart: one group received culturally relevant intervention and the other received traditional “colour-blind” intervention • A cognitive change module, an affective change module and a behavioural change module • 25 hours of training for three facilitators 	<p>Gender-sensitive</p> <ul style="list-style-type: none"> • Rape myths • Gender stereotypes 	<p>Rigorous</p> <p><i>Quantitative:</i></p> <p>Quasi-experimental control group design</p> <p>Pre- and post-testing and follow-up (five months later)</p> <p>n = 119 (57 completed all three assessments)</p> <p>18–29 years old</p> <ul style="list-style-type: none"> • Control group: colour-blind intervention • Rape myth acceptance scale, sexual experience survey, behavioural indices of change, elaboration of likelihood model questionnaire, sexual violence subscale of Severity of Violence against Women Scale • Multivariate statistical analysis <p><i>Qualitative:</i></p> <p>Not reported</p>	<p>Low</p> <p>Attitudes:</p> <p>African-American men in the culturally relevant group reported more engagement in the intervention than those in the “colour-blind” intervention</p> <p>Decrease in attitudes supportive of rape according to the Rape Myth Acceptance Scale in both participant groups compared with control</p>	Promising	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>The Men's Program – a rape prevention programme for fraternity men</p> <p>Foubert (2000); Foubert & La Voy (2000); Foubert & Newberry (2006)</p> <p>United States of America</p>	<p>Men</p> <p>College-aged fraternity members, mostly white</p>	<p>Group education</p> <ul style="list-style-type: none"> • One-hour all-male workshop facilitated by four peer educators including the presentation of a video • Offered to college men who were members of fraternities 	<p>Gender-neutral</p>	<p>Rigorous (three studies)</p> <p>Quantitative:</p> <p>Quasi-experimental control group designs</p> <p>Pre- and post-testing</p> <p>n = 261 (one third were controls)</p> <ul style="list-style-type: none"> • Control group • Myth acceptance, likelihood to rape or commit sexual assault <p>Foubert & Newberry (2006)</p> <p>Pre- and post-testing and follow-up (seven months later)</p> <p>n = 145, 70 intervention and 75 controls, mean age 20.3 years</p> <ul style="list-style-type: none"> • Control group • Myth acceptance, likelihood to commit rape or sexual assault and experience with sexually coercive behaviour • Multivariate analysis <p>Foubert (2000)</p> <p>Qualitative:</p> <p>n = 57 (question 1) and n = 31 (question 2)</p> <p>Two open-ended questions included in follow-up at seven months for study cited above</p> <p>Multistage inductive analysis</p> <p>Foubert & La Voy (2000)</p>	<p>Medium</p> <p>Attitudes:</p> <p>Significant decline in the acceptance of rape myths and decline in the self-reported likelihood of committing rape or sexual assault</p> <p>Qualitative analysis supported quantitative findings of lasting impact (seven months post-intervention) on increased awareness and sensitization to rape</p> <p>Behaviour:</p> <p>No evidence of change in sexually coercive behaviour</p>	<p>Effective</p>	

Annex 2

Summary of studies on fatherhood

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Young Fathers Project Mordaunt (2004) England	Men 15–28 years old Five urban and rural sites Low income Different ethnic origins Estimated reach: more than 150 young men across five sites (expected was +250)	Integrated Group education <ul style="list-style-type: none"> • Five different sites working with groups that average 47 participants • Sessions done as one-on-one sessions, phone interviews and informal sessions Services <ul style="list-style-type: none"> • One-on-one and peer support for fathers • Home visits 	Gender-sensitive Mostly based on social services	Limited Process evaluation Impact evaluation Quantitative: Not reported Qualitative: Interviews Pre- and post-testing n = 26 fathers pretest n = 10 fathers post-test n = 18 programme staff Case studies on two young fathers <ul style="list-style-type: none"> • No control • Analysis method not discussed Two-year pilot project with limited time and capacity for evaluation	Medium Relationships: Participants reported positive changes in their relationships with their babies' mothers and reported becoming more involved in their babies' lives	Unclear	Interesting details of the challenges of including men in a female-oriented system More focus on process than impact Dual focus on young men and service providers Reports that work is slow and requires resources, skilled workers and supportive management
Responsible fatherhood programme Anderson et al. (2002) United States of America	Men 17–48 years old Urban Low income African-American Mostly unmarried	Integrated Group education <ul style="list-style-type: none"> • Twenty fathers participated in four focus groups over a six-month period • Focus group sessions lasted two hours each Services <ul style="list-style-type: none"> • Life skills training, job counselling 	Gender-sensitive Possibly transformative in father-child relations	Weak Quantitative: Not reported Qualitative: Focus groups (four) Cross-sectional n = 20 fathers Focus group with eight fathers commencing the programme Focus group with five fathers currently enrolled Focus group with seven "graduates" <ul style="list-style-type: none"> • Analysis method: in-depth, interpretative approach 	Medium Knowledge: <ul style="list-style-type: none"> • Increased ability to access or negotiate other services Attitudes: <ul style="list-style-type: none"> • Increased self-confidence, emotional support Relationships: <ul style="list-style-type: none"> • Improved relationships with children, mothers of children and extended family 	Unclear	Useful qualitative insights into men's motivations to participate

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Healthy Men in Healthy Families Program (men's component)</p> <p>Aronson et al. (2003)</p> <p>United States of America</p>	<p>Men 19–44 years old</p> <p>Urban</p> <p>Low income</p> <p>Mostly African-American</p>	<p>Integrated</p> <p>Group education</p> <ul style="list-style-type: none"> • Support offered through support groups, educational and employment counselling • Additionally, over an eight-month period each man participated in four individual interviews of two hours each <p>Services</p> <ul style="list-style-type: none"> • One-on-one counselling and case management • Educational job readiness 	<p>Gender-transformative</p> <p>Gender reflections and efforts to establish a supportive environment to reinforce positive “masculine transformation”</p>	<p>Ongoing</p> <p>Quantitative:</p> <p>Not reported</p> <p>Qualitative:</p> <p>In-depth life histories</p> <p>Cross-sectional</p> <p>n = 12 men</p> <ul style="list-style-type: none"> • Analysis: ecological framework 	<p>Medium</p> <p>Relationships:</p> <p>Some anecdotal improvement in interpersonal relationships</p> <p>The results focused on the challenges men face rather than the impact of the Program</p>	Unclear	<p>Useful analysis of masculinity and identity as a backdrop to the Program and of structural barriers</p> <p>Insights into the need to create an alternative community for men</p>
<p>Dads for Life</p> <p>Braver et al. (2005)</p> <p>United States of America</p>	<p>Men</p> <p>Divorced fathers not living with their children</p>	<p>Integrated</p> <p>Group education</p> <ul style="list-style-type: none"> • Eight two-hour sessions focused on parenting skills • Ten three-hour training sessions for counsellors and one weekly supervision meeting <p>Services</p> <ul style="list-style-type: none"> • One-on-one sessions 	<p>Gender-sensitive or -transformative</p> <p>(in aspects of father-child relations)</p>	<p>Rigorous</p> <p>Quantitative:</p> <p>Randomized trial</p> <p>Pretesting and three follow-ups (one year post-testing)</p> <p>n = 214 families (127 intervention and 87 control)</p> <ul style="list-style-type: none"> • Control group • Analysis method: “mixed model” statistical approach • Triangulation assessment data also collected from ex-wives and from children and children's teachers <p>One-year follow-up due</p> <p>Qualitative:</p> <p>Not reported</p>	<p>Medium</p> <p>Behaviour:</p> <p>Article reports only on impact on child behavioural adjustment</p> <p>Children in families in which the father participated in Dads for Life had significantly fewer internalizing problems as reported by mothers and fathers</p> <p>Other indicators did not show statistical significance</p> <p>Impact on other indicators to be described in another article</p>	Effective	<p>Focused on child outcomes (behavioural problems)</p> <p>One-year follow-up due to be published</p>

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Social work intervention with young fathers Mazza (2002) United States of America	Men 16–18 years old Urban Low income African- American fathers	Integrated Group education <ul style="list-style-type: none"> Over a six-month period, 660 fathers attended biweekly parenting classes Group work focused on: employment, relationships with women and children, birth control and masculinity Services <ul style="list-style-type: none"> Intervention group only (n = 30): weekly one-on-one with male social worker 	Gender- transformative Included explicit discussion of the definition of being a man – such as being strong versus being responsible and the role of the man in family planning	Moderate Quantitative: Randomized trial; short interview format Pre- and post-testing (six-month follow up) n = 60 fathers (30 intervention and 30 control) <ul style="list-style-type: none"> Control: classes only Analysis method: SPSS and chi-square test Qualitative: Not reported	High Attitudes: Only 3% of the intervention group defined being a man as being “strong or protector” versus 43% of the control group Relationships: 77% of the intervention group reported a good relationship with children versus 50% in the control group Wider context: 97% in the intervention group were employed at the end of the intervention versus 31% in the control group	Effective	Programmes that focus only on teaching parenting skills are ineffective One-to-one gender-transformative programme had far greater impact than group classes teaching parenting skills
Parent education and play group programme McBride et al. (1990) United States of America	Men 26–43 years old Urban High income and education Mixed ethnicity	Group education <ul style="list-style-type: none"> Group of 30 fathers and their pre-school-aged children participate Discussion sessions and play groups with children Ten-week program, two hours per session 	Gender-sensitive	Moderate Quantitative: Quasi-experimental; self-report and interview Pre- and post-testing n = 30 fathers (15 intervention and 15 delayed intervention) <ul style="list-style-type: none"> Control (delayed intervention group) Self-report and interview Qualitative: Not reported	Medium The programme significantly increased fathers' sense of competence as a parent and attitudes about father responsibility but did not significantly increase knowledge and interaction	Promising	Skills building only

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Fathers and sons intervention Caldwell et al. (2004) United States of America	African- American fathers and sons not living in the same household	Group education <ul style="list-style-type: none"> • Group discussion sessions with fathers and sons (8–12 years old) • 45 contact hours over two months • 32 hours in 15 intervention sessions, 13 hours on assignments • Sessions focused on: diversity, relationships and family responsibilities, values and behaviour, communication and social support 	Gender-sensitive Designed as a gender-specific intervention focused on working with young men during formative years to reduce substance abuse, violence and early sexual debut	Limited <i>Quantitative:</i> Not reported <i>Qualitative:</i> Intervention developed based on formative research and eight focus groups (n = 77) Analysis of responses from focus groups unclear	Ongoing Pre- and post-intervention interviews with comparison group to evaluate the intervention currently being conducted	Unclear	
Fathers' support services UnitingCare Burnside (2003) Australia	Disad- vantaged fathers in Western Sydney	Integrated Group education <ul style="list-style-type: none"> • Programme provided to more than 250 men per year over a three-year span in a variety of ways: information workshops, interviews with participants, interviews with spouses and partners, weekly support groups, daylong workshops and one eight-week programme Services Counselling (telephone) and support groups	Gender-sensitive	Moderate <i>Quantitative:</i> Not reported <i>Qualitative:</i> Interviews with participants and partners or wives and staff More of a descriptive study with little information on how they conducted their analysis	Low Positive changes in attitudes and relationships but no sustained change in behaviour 72–83% of the participants in the workshops reported feeling more confident	Promising	

Intervention (name, reference and location)	Target population	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Fathers at Work initiative Kodoff (2005) United States of America	Low-income, noncustodial fathers 18–30 years old	Integrated Group education <ul style="list-style-type: none"> 27 men in the Fathers at Work initiative who relied on illicit sources of income (“hustling”) participated in an in-depth interview study over nine months (as part of a larger ongoing study of the initiative) Interviews were conducted three or four times for 90 minutes Services <ul style="list-style-type: none"> Child support advocacy and planning Job training and counselling 	Gender-sensitive	Limited <i>Quantitative:</i> Not reported <i>Qualitative:</i> Interviews conducted (including extensive life history) were descriptive No clear analysis was provided as to how the men’s involvement in the initiative improved their position, as the information was all anecdotal	Medium Reported better ways of coping with problems (such as avoiding drug use)	Unclear	Workshops seemed more effective in strengthening father–child relationships that were already good rather than fixing estranged ones Suggests individual counselling could have been beneficial in those cases
Head Start Fagan & Iglesias (1999) United States of America	Urban, low-income fathers significantly involved in child care	Integrated Group education <ul style="list-style-type: none"> 96 men participated in an eight-month programme Intervention group received an adapted Head Start parent involvement programme featuring father support groups (sensitivity training) and father–child activities (volunteering in classroom and site and days dedicated to father–child activities) Control group could still volunteer in non-intervention Head Start parent involvement programme in their community Services <ul style="list-style-type: none"> Sensitivity training for staff 	Gender-sensitive or -transformative	Rigorous <i>Quantitative:</i> “Non-equivalent control group design”; telephone interviews and videotaped parent–child interaction using statistically tested evaluation tools Pre- and post-testing (at eight-month follow up) n = 96 at post-test (41 control, 55 intervention) <ul style="list-style-type: none"> Matched control group (not randomly assigned) Analysis method: multiple statistical analysis <i>Qualitative:</i> Not reported	Medium <i>Behaviour:</i> Fathers with high levels of contact with the intervention were more supportive of children’s education Fathers with high levels of contact to the intervention were more available to their children	Effective	The results were compared with the level of participation Combination of intervention and strong involvement in the intervention yield the most significant positive benefit, suggesting impact only if fathers become highly involved Fathers who were in the control group and were highly involved in Head Start performed better than the intervention group members with low levels of intervention contact

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Texas Bootstrap Project Schroeder et al. (2004) United States of America	Young, low-income, noncustodial fathers	Services <ul style="list-style-type: none"> • Parenting skills training • Job skills training 	Gender-neutral	Limited <i>Quantitative:</i> Not reported <i>Qualitative:</i> Quasi-experimental (comparison groups) n = 79 <ul style="list-style-type: none"> • Control: “nearest neighbour” • Analysis: regression No measurement of parenting behaviour or relationship – only measurement of employment and payment of child support Statistical analysis questionable	Low Behaviour: Intervention group more likely to seek workforce development training Intervention group more likely to pay child support	Unclear	
Educating parents about children’s emotions Stone et al. (1999) United States of America	Non-residential fathers	Group education <ul style="list-style-type: none"> • Mandatory psychoeducational seminar for divorcing parents in Ohio • One 2.5-hour seminar usually for 35–40 divorced parents • Programme included lectures, role-playing, videos and discussions 	Gender-neutral	Limited <i>Quantitative:</i> Not reported <i>Qualitative:</i> Post-interviews, small sample (n = 20 men) No control Open-ended questions based on “naturalistic” enquiry	Medium Attitudes: Increased sensitization of fathers to how divorce affects children Increased ability to separate issues of divorce from attitudes and behaviour towards children	Unclear	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Fit 2-B FATHERS (F2BF) Maiorano (2005) United States of America	Incarcerated fathers	Group education <ul style="list-style-type: none"> • Program with 9–17 sessions for inmates with an educational curriculum focusing on parenting and life skills • The goal is to help incarcerated men become better fathers and men • 77% of the participants attended at least 50% of the classes offered 	Gender-neutral	Limited <i>Quantitative:</i> Pre- and post-test questionnaire Of 227 participants, only 74 completed both surveys No control Analysis: Likert scale used for simple statistical analysis <i>Qualitative:</i> Not reported	Medium Attitudes: Improved attitudes about being fathers Wider context: Decreased recidivism	Unclear	
Caring Dads Scott et al. (2004) Canada	Men Urban High-risk fathers (for abuse or neglect of children)	Group education Seventeen sessions (two hours each)	Gender-sensitive or -transformative	Ongoing Pilot data on client and therapist satisfaction	Limited Participants reported being satisfied with the programme Attitudes: Reduction in risk of future abuse Relationships: Limited improvements in participants' relationships with their children	Unclear	Interesting to follow

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Father Support Program Koçak (2004) Turkey	Men 20–50 years old Urban Low income Fathers	Group education <ul style="list-style-type: none"> • 13 weekly sessions (2.5 hours each) • 15 people per group • Groups provided peer support for fathers • 33 voluntary teachers trained in leadership training model 	Gender-sensitive (focused on children's rights)	Moderate Quantitative: Random questionnaire Pre- and post-test analysis n = 1379 fathers <ul style="list-style-type: none"> • No control Qualitative: In-depth interviews Time frame unclear n = 18 fathers n = 16 mothers <ul style="list-style-type: none"> • No control • Data analysis: no clear framework stated, primarily direct quotations of speech 	Medium Attitudes: Positive changes in gender role attitudes Improvement in attitudes towards wives Relationships: Increased father-to-child communication Qualitative reports corroborated men's reported changes	Promising	Comparing of interaction between mother and child versus father and child
The nature of connections: young fathers and their children Saleh et al. (2005) United States of America	Fathers 17–25 years old	Integrated Group education <ul style="list-style-type: none"> • Weekly peer-support group meetings to discuss: <ul style="list-style-type: none"> - Parenting - Communication skills - Masculinity - Anger management - Risk reduction • 181 fathers participated Services Each participant had a case manager who would link him to community resources when necessary	Gender-sensitive or -transformative	Moderate Quantitative: Not reported Qualitative: n = 38 African-American men Mean age 21.4 years <ul style="list-style-type: none"> • Open-ended questions at baseline and follow-up 3, 6, and 12 months later • Thematic analysis 	Medium More positive attitudes and perceptions of relationships with children	Promising	

Annex 3

Summary of studies on maternal, newborn and child health

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Men in Maternity Kunene et al. (2004) South Africa	Men and women 23–28 years old Rural and urban Couples	Services <ul style="list-style-type: none"> • Clinic based • Training service providers • Couples counselling • Improving antenatal services • Leaflets were distributed to encourage men to participate in antenatal counselling 	Gender-transformative	Moderate Quantitative: Randomized cluster matched pair; structured questionnaire Pre- and post-testing (follow-up after six months) Baseline Women: n = 1081 controls, n = 995 intervention Men: n = 0 controls, n = 584 intervention Follow-up Women: n = 694 controls, n = 729 intervention Men: n = 558 controls, n = 608 intervention <ul style="list-style-type: none"> • Control: six intervention clinics and six control clinics; significant contamination of the control group – perhaps accounting for little difference in results • No baseline data for male clients in control • Analysis: Student's t-test for significance Qualitative: Focus groups with service providers (n = 18) <ul style="list-style-type: none"> • Methods unclear 	Medium Knowledge: Increasing knowledge of condom as dual protection Behaviour: Significant differences only in changing communication and partner assistance during pregnancy emergencies	Promising	Low uptake of counselling Shows structural limits of engaging men Cultural resistance to men in delivery rooms

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
SUAMI SIAGA Campaign “I’m an alert husband” Shefner-Rogers & Sood (1999) Indonesia	Men of reproductive age (15–45 years), low socioeconomic status	Community outreach and mobilization <ul style="list-style-type: none"> • Nationwide multimedia campaign targeted husbands with messages about birth preparedness • Television mini-series • Radio propaganda and radio drama • Print materials • T-shirt, hat and pin distribution 	Gender-sensitive	Moderate Quantitative: Population-based survey in three provinces; randomized Post-testing only (three-month (short) follow-up period) n = 1507 men, n = 606 women, n = 90 community leaders, n = 93 midwives <ul style="list-style-type: none"> • No control group • Analysis: logistic regression Qualitative: Not reported	Medium Knowledge: Increased the level of individual knowledge about birth preparedness Behaviour: Greater interpersonal communication (with spouse, friend or leader) changed. Took action towards being an alert husband (such as helping women with pregnancy complications or encouraging someone to participate in campaign activities), which depended on the level of interaction in the campaign	Promising	Mass-media campaign focusing on interpersonal communication
Mira Newako project Pulerwitz et al. (2002) Zimbabwe	Pregnant women and their male partners 29 years (mean age of men) Rural	Integrated Services <ul style="list-style-type: none"> • Couple-oriented counselling • Clinic education • Trained 25 nurses and 39 outreach workers Community outreach and mobilization <ul style="list-style-type: none"> • Community outreach: • Flash-card educational games • Picture cards • Role-playing • Group discussions • Couples-oriented counselling 	Gender-transformative	Moderate or limited (PowerPoint presentation did not detail methods used) Quantitative: Surveys Pre- and post-testing n = 549 women (302 intervention and 247 control), n = 426 men (262 intervention and 1664 control) <ul style="list-style-type: none"> • Control: intervention and comparison group • Analysis: statistical significance tests Qualitative: Focus groups (n = 30 groups) Individual interviews (n = 30) with women, men and antenatal care staff Training of nurses and outreach workers	Low Behaviour: Greater male involvement behaviour Attitudes: Findings about attitudes less clear (significantly more negative between baseline and follow-up) Community support for male involvement increased Clinic staff obtained positive attitudes and increased skills and confidence	Unclear	Highlighted the challenges of engaging men in a setting of political and employment instability; study needs to address the contradiction between improved behaviour and decline in attitudes

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Men in Maternity Varkey et al. (2004) India	Low- income urban couples	Services <ul style="list-style-type: none"> • Individual and group counselling • Couple counselling • Screening for sexually transmitted infections 	Gender-transformative	Rigorous <i>Quantitative:</i> Non-equivalent control group design; surveys; not randomized Pre- and post-testing (at six months postpartum) Pre n = 581 women test n = 488 husbands test n = 486 women control Post n = 327 couples test n = 302 couples control Large loss to follow-up (not due to refusal) <ul style="list-style-type: none"> • Analysis: analysis of variance, significance tests <i>Qualitative:</i> Not reported	High Knowledge: Increased knowledge about family planning among men and women Behaviour: Greater inter-spousal communication on baby's health, breastfeeding and family planning issues Women reported increased joint decision-making on issues	Effective	Some cost data (cost per participant)
Involving men in postabortion recovery Abdel-Tawab et al. (1999) Egypt	Rural Postabor- tion couples in a public hospital	Services <ul style="list-style-type: none"> • Individual counselling for husbands • Training providers 	Gender-sensitive	Rigorous <i>Quantitative:</i> Intervention and control group design; surveys and indexes for support Post-testing only (one month) n = 136 women test n = 157 women control <ul style="list-style-type: none"> • Control: interviewers blind, randomized • Analysis: internal consistency, regression <i>Qualitative:</i> Not reported	Low Improved postabortion outcomes (more rapid emotional and physical recovery) Counselling mostly associated with postabortion care and instrumental support and not with emotional support	Promising	Public hospital based Support for outcomes associated more closely with individual characteristics than with counselling

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Involving men in postpartum family planning Turan (2002) Turkey	Postpartum couples	Integrated Group education <ul style="list-style-type: none"> • Focus groups • Two intervention groups – one for mothers and one for couples • Each group attended four group educational sessions • Weekly meetings 1.5 hours each • Additional follow-up through telephone consultations Services <ul style="list-style-type: none"> • Telephone counselling 	Gender-sensitive	Rigorous Quantitative: Quasi-experimental design; randomized Post-testing only n = 333 women <ul style="list-style-type: none"> • Control design: randomized into three groups: mothers only; mothers and partners; and no intervention (regular family planning services) • Analysis: multivariate statistical significance Qualitative: Not reported	Medium Behaviour: Increased use of contraceptives Increased conversation with partners about postpartum issues High postpartum use of contraception (all contingent on male participation, and attendance was low at counselling sessions)	Effective	Relevance to sexual and reproductive health as well
Male involvement to promote safe motherhood Kamal (2002) Pakistan	Rural men	Group education <ul style="list-style-type: none"> • Seminars for 50–60 men from rural areas • Films shown to participants • Open discussions and distribution of print materials 	Gender-sensitive	Limited Qualitative only One-year project Positive feedback from four men	Ongoing	Unclear	Limited evaluation data, but interesting because it challenges gender norms in an area with rigid or traditional views about gender

Annex 4

Summary of studies on sexual and reproductive health, including HIV prevention, treatment, care and support

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Centre for Development and Population Activities New Visions programme</p> <p>Green et al. (2004)</p> <p>Egypt</p>	<p>Boys and men 12–20 years old</p> <p>Urban and rural</p> <p>Different levels of education</p>	<p>Group education</p> <ul style="list-style-type: none"> During a six-month period, participants attended 64 educational sessions 	<p>Gender-transformative</p> <p>Broad discussion of gender norms</p>	<p>Moderate</p> <p><i>Quantitative:</i></p> <p>Questionnaire</p> <p>Pre- and post-testing</p> <p>n = 1477</p> <ul style="list-style-type: none"> No control Analysis method: clustering of responses into 12 scales; statistical analysis <p><i>Qualitative:</i></p> <p>Not reported</p>	<p>Medium</p> <p>Knowledge:</p> <p>Increased Knowledge about family planning and HIV</p> <p>Attitudes:</p> <p>Positive change regarding gender roles, equity of attire, work and marriage age</p> <p>Behaviour:</p> <p>Some self-reported positive change related to anger management (not gender specific)</p>	Promising	<p>Broad, gender-transformative curriculum</p>
<p>Together for a Happy Family</p> <p>Yassa & Farah (2003)</p> <p>Jordan</p>	<p>Men and women of reproductive age</p>	<p>Integrated Group education</p> <ul style="list-style-type: none"> Forty triad teams were formed and trained local community members through a video, discussion guide and brochures on family planning Afterwards, community leaders held meetings and further disseminated information to community members <p>Community outreach and mobilization</p> <ul style="list-style-type: none"> Multimedia campaign through television and radio spots and promotion of the issue by newspapers Community mobilizing National contest run through four major national newspapers 	<p>Gender-sensitive and somewhat gender-transformative</p> <p>Elements of transformation: equal value of boys and girls</p>	<p>Moderate</p> <p><i>Quantitative:</i></p> <p>Comparison of population-based surveys</p> <p>Pre- and post-testing</p> <p>n = 969 pretest</p> <p>n = 1125 post-test</p> <ul style="list-style-type: none"> No control Analysis method: statistical analysis <p><i>Qualitative:</i></p> <p>Not reported</p>	<p>High</p> <p>Knowledge:</p> <p>Increased knowledge regarding Islamic stance on family planning</p> <p>Attitudes:</p> <p>Regarded modern family planning as effective</p> <p>Behaviour:</p> <p>Increased use of family planning method; increased discussion with partner; shared decision-making, equitable treatment of children; wives report joint decision on number of children</p>	Effective	<p>Mass media based</p> <p>Evaluation focused on family planning</p> <p>Discussion sessions mentioned as part of the campaign but not discussed in detail</p>

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Video-based motivational skills-building intervention</p> <p>Kalichman et al. (1999)</p> <p>United States of America</p>	<p>Men 18–50 years old</p> <p>Urban</p> <p>Low income</p> <p>African-American</p> <p>Tailored for het-erosexual relations</p>	<p>Group education</p> <ul style="list-style-type: none"> Intervention group: video-based workshop with motivational skills-building Comparison group: video-based HIV education with discussion and questions and answers but no motivational skill-building 	<p>Gender-sensitive</p> <p>HIV only, focus on condom use</p>	<p>Moderate</p> <p><i>Quantitative:</i></p> <p>Survey of participants</p> <p>Pre- and three post-tests (immediately after and after three and six months of follow-up)</p> <p>n = 117</p> <ul style="list-style-type: none"> Intervention (n = 60) and comparison (n = 57) groups Analysis: chi-square, analysis of variance, analysis of covariance <p><i>Qualitative:</i></p> <p>Not reported</p>	<p>Medium</p> <p>Knowledge:</p> <p>Increased knowledge about HIV and AIDS</p> <p>Attitudes:</p> <p>Increased positive attitudes towards condom use</p> <p>Behaviour:</p> <p>Planning ahead of time to have sex; discussing condom use with partner; less use of drugs and alcohol prior to sex</p>	Promising	<p>Both interventions showed similar patterns for HIV knowledge and attitudes, but the motivational skills-building workshops facilitated behaviour change, demonstrating the importance of skills-building for promoting condom use</p> <p>The differences dissipated in six months</p> <p>Intervention model designed to be easily transferred to community settings</p>
<p>Campaign to stimulate men's support for long-term contraception</p> <p>Kim & Marangwanda (1997)</p> <p>Zimbabwe</p>	<p>Men 18–54 years old</p>	<p>Community outreach and mobilization</p> <ul style="list-style-type: none"> Soccer-themed six-month three-part campaign Multimedia campaign and community events 52-episode radio drama - Radio and television spots with sports images Motivational talks for men Family planning pamphlets Print material Training of service providers on long-term contraception 	<p>Gender-sensitive</p> <p>Mostly focused on family planning</p> <p>The ultimate purpose of the campaign was to spur the adoption of largely female contraceptive methods</p>	<p>Rigorous</p> <p><i>Quantitative:</i></p> <p>Randomized household surveys</p> <p>Pre- and post-testing (10 months apart)</p> <p>n = 1019 pretest (about 50% men)</p> <p>n = 1016 post-test</p> <p>Equal numbers of men and women</p> <ul style="list-style-type: none"> No control Analysis: regression analysis to compensate for lack of controls <p>Family planning service statistics</p> <p><i>Qualitative:</i></p> <p>Interviews with family planning clients (limited)</p>	<p>High</p> <p>Knowledge:</p> <p>Correct identification of intrauterine device</p> <p>Attitude:</p> <p>Increased approval among married men of long-term methods of family planning; increased communication with partners</p> <p>Behaviour:</p> <p>Increased communication with spouse about family planning; some evidence of increase in contraceptive use, especially long-term methods (national sales figures)</p>	Effective	<p>Single-message campaign targeting men; may therefore reinforce gender stereotypes</p>

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Man2Man Sherrow (2003) United States of America	Men and boys 15–19 years old Urban Low income	Group education <ul style="list-style-type: none"> • Fifteen weekly two-hour sessions delivered to groups of 10–12 participants • Group sessions delivered by men for young men on personal development, life skills and fatherhood • Over four years, more than 500 students participated in the programme 	Gender-transformative Broad curriculum addressing gender norms	Limited <i>Quantitative:</i> Not reported <i>Qualitative:</i> Focus groups with facilitators and participants (debriefing at end of series of sessions) Process analysis Cost data	Low Knowledge: Increased knowledge regarding transmission of sexually transmitted infections Participants reported that the intervention was relevant to real life	Unclear	Male role models used Importance of small groups
Male motivation campaign Blake & Babalola (2002) Guinea	Men Urban and rural Married	Community outreach and mobilization <ul style="list-style-type: none"> • Television and radio launches and campaigns • Targeted advocacy with religious leaders • Mass media targeted at married men • Three-day conferences • Videos • Music contests • Publicity materials disseminated broadly 	Gender-sensitive Engages men in supporting family planning only	Rigorous <i>Quantitative:</i> Phase 1 Pre- and post-testing n = 98 Phase 2 • Pre- and post-testing (14 months post-testing, men and women, n = 1045) • No control • Analysis: Regression measured ideation and dose-response effect <i>Qualitative:</i> Not reported	High Knowledge: Increase knowledge regarding modern family planning methods Attitude: Increased approval of family planning; improvement in thinking about family planning Behaviour: increased communication between husbands and wives; increased use of family planning by previous nonusers; increase in contraception use at high levels of campaign exposure However, no significant increase in family planning use	Effective	Narrowly focused on family planning

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Integration of reproductive health services for men in health and family welfare centres</p> <p>Al Sabir et al. (2004)</p> <p>Bangladesh</p>	Men and service providers	<p>Integrated</p> <ul style="list-style-type: none"> • Three-part study was conducted at eight intervention health clinics and four control health clinics • Intervention lasted one year <p>Community outreach and mobilization</p> <p>Awareness promotion:</p> <ul style="list-style-type: none"> • Behaviour change communication materials • Public announcements about the availability of health services • 436 group discussions in communities served by clinics <p>Services</p> <ul style="list-style-type: none"> • Services for sexually transmitted infections and reproductive tract infections included at the clinics • Training for service providers 	Gender-sensitive	<p>Rigorous</p> <p><i>Quantitative:</i></p> <p>Quasi-experimental design</p> <p>Pre- (n = 127) and post-intervention (n = 163) surveys with service providers and field workers</p> <p>Exit interviews with 286 male and 300 female clients</p> <p>Clinic service statistics</p> <ul style="list-style-type: none"> • Control • Analysis: statistical significance <p><i>Qualitative:</i></p> <p>Pre and post focus groups with key informants from communities</p>	<p>High</p> <p>Knowledge:</p> <p>Increased technical knowledge of men's reproductive health needs among service providers</p> <p>Attitudes:</p> <p>Increase in acceptability of male clients seeking services and increase in men's health-seeking behaviour</p> <p>Behaviour:</p> <p>Increased number of male clients seeking services</p>	Effective	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Sexto Sentido (Somos Diferentes Somos Iguales)</p> <p>Solórzano et al. (2006)</p> <p>Nicaragua</p>	Young men and women	<p>Community outreach and mobilization</p> <ul style="list-style-type: none"> • Nationwide mass-media campaign (television show and radio) • Weekly telenovela (Sexto Sentido) • Community-based activities: cast visits to schools, youth training camps and information, education and communication materials • Call-in radio show based on telenovela • Newspaper outreach 	<p>Gender-transformative</p> <p>Gender reflection and promotion of gender equity</p>	<p>Effective</p> <p><i>Quantitative:</i></p> <p>Longitudinal study</p> <p>Pre-, mid- and post-intervention surveys, n = 4567 men and women 13–24 years old, of which 70% responded to the post-intervention survey</p> <p><i>Qualitative:</i></p> <p>Focus groups and interviews</p> <p>Mid-intervention results available – longitudinal analysis ongoing</p>	<p>High</p> <p>Attitudes:</p> <p>Greater support for gender-equitable attitudes</p> <p>Behaviour:</p> <p>Increased communication about HIV and sexual behaviour</p> <p>Increased condom use and first-ever HIV test</p>	Effective	
<p>Strides project</p> <p>Lloyd (2002)</p> <p>Wales</p>	Boys 13–15 years Rural Socio-economic deprivation	<p>Group education</p> <ul style="list-style-type: none"> • Group sessions • Youth clubs and community groups in villages • 2700 young people served • 400 sessions delivered • Each site received 6–12 sessions of two hours each 	<p>Gender-transformative</p> <p>Group sessions about masculinity</p>	<p>Limited</p> <p><i>Quantitative:</i></p> <p>Not reported</p> <p><i>Qualitative:</i></p> <p>Interviews (process)</p> <p>Young men and staff</p> <ul style="list-style-type: none"> • No control 	<p>Low</p> <p>Knowledge:</p> <p>Increased knowledge about the need to use condoms; types and symptoms of sexually transmitted infections</p> <p>Attitudes:</p> <p>Positive change in attitudes towards the importance of condoms</p>	Unclear	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Cultural, community and clinical approaches to preventing HIV transmission and sexually transmitted infections among men</p> <p>Verma et al. (2007)</p> <p>India</p>	<p>Men 15 years and older</p> <p>Urban</p> <p>Low income</p>	<p>Integrated Services</p> <ul style="list-style-type: none"> • Counselling and education • Provider training • Referral and linkage <p>Community outreach and mobilization</p> <ul style="list-style-type: none"> • Community activities • Infrastructure 	<p>Gender-transformative</p> <p>Clear focus on questioning social norms and multiple issues, including gender-based violence and sexual and reproductive health</p>	<p>Moderate</p> <p>Quantitative:</p> <p>Quasi-experimental randomized control; surveys and quantitative interviews</p> <p>Pre- and post-testing</p> <p>Number of participants not stated; men from community and clients at sexual health facilities</p> <ul style="list-style-type: none"> • Control community • Analysis: not stated <p>Qualitative:</p> <p>Interviews and observation of service providers</p> <p>Pre- and post-testing</p>	<p>Medium</p> <p>In process</p> <p>Knowledge:</p> <p>Increased knowledge of sexually transmitted infections among providers</p> <p>Attitudes:</p> <p>Lower hypermasculinity, improved assessment as sexual partner</p> <p>Behaviour:</p> <p>Lower self-reported spousal abuse</p> <p>Six-month data show improved attitudes and behaviour</p>	<p>Promising (in process)</p>	<p>Comprehensive and broadly focused community and service-based model</p> <p>Moderate based on current evidence (but PowerPoint presentation only)</p>
<p>Getting men involved in family planning</p> <p>NIPORT and Population Council (1998)</p> <p>Bangladesh</p>	<p>Husbands</p>	<p>Services</p> <ul style="list-style-type: none"> • Training of providers • Information, education and communication materials • Special clinic hours 	<p>Gender-sensitive</p> <p>Little discussion beyond family planning</p>	<p>Limited</p> <p>Quantitative:</p> <p>Knowledge, attitudes and practice survey</p> <p>Pre- and post-testing</p> <p>n = 76 service providers</p> <p>ü No control</p> <ul style="list-style-type: none"> • Analysis: no statistical analysis <p>Data from management information system report (population-based sample)</p> <p>Qualitative:</p> <p>Focus groups with service providers, methods unclear</p>	<p>Medium</p> <p>Knowledge:</p> <p>Increased knowledge about contraception</p> <p>Attitude:</p> <p>Increased acceptance of condom use</p> <p>Behaviour:</p> <p>Increased use of condoms, source unclear</p> <p>Increased number of vasectomies</p>	<p>Unclear</p>	<p>Health service focused</p> <p>Use of services and male family planning increased</p> <p>No evaluation at client level</p>

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
Climbing into Manhood Program Grant et al. (2004) Kenya	Adolescent boys	Group education <ul style="list-style-type: none"> • Education during circumcision seclusion period of about one week, which included: <ul style="list-style-type: none"> • Peer group discussion • Videos • Educational board games • Youth magazine • Evaluation meetings 	Gender-transformative	Limited <i>Quantitative:</i> Not reported <i>Qualitative:</i> Pilot results only; post-intervention discussion with trainers and participants (n = 24)	Medium Knowledge: Increased knowledge about HIV and transmission of sexually transmitted infections Attitudes: Improved self-efficacy to resist peer pressure	Unclear	Clear inclusion of questioning traditional gender norms within a rites of passage programme
Involving men in contraceptive use Terefe & Larson (1993) Ethiopia	Low income Urban Men	Services <ul style="list-style-type: none"> • Home visit with husband participating (compared with wife alone) • Eight female health assistants and one traditional birth attendant conducted home visits in the early evening • Themes: health, family planning and contraception 	Gender-neutral or gender-sensitive	Rigorous <i>Quantitative:</i> Randomized field trial Pre- and post-testing (at 2 and 12 months) n = 266 intervention and n = 261 control • Control: visit without husband's participation • Analysis: multiple statistical testing <i>Qualitative:</i> Not reported	High Behaviour: Couples reported higher contraceptive use The group with husband participation was less likely to default 12 months after the intervention	Effective	Frequently cited study confirming the importance of home visits and husband involvement
Male involvement in family planning decision-making Ha et al. (2005) Viet Nam	Men 19–45 years old Rural Married	Services <ul style="list-style-type: none"> • Interpersonal counselling on intrauterine devices (IUD) 	Gender-neutral	Moderate <i>Quantitative:</i> Quasi-experimental; randomized Pre- and post-testing n = 651 • Control • Analysis: chi-square, analysis of covariance, analysis of variance <i>Qualitative:</i> Not reported	Low Attitudes: More men reported supporting IUD use; significantly higher self-efficacy for IUD use	Promising	Family planning focused No discussion of gender norms

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Husband counselling on levonorgestrel implants</p> <p>Amatya et al. (1994)</p> <p>Bangladesh</p>	<p>Men and women 18–40 years old</p> <p>Wives previously pregnant</p>	<p>Services</p> <ul style="list-style-type: none"> Intervention group of women whose husbands were counselled at admission and at follow-up compared with a group of women whose husbands were not counselled 	Gender-neutral	<p>Moderate</p> <p><i>Quantitative:</i></p> <p>Non-random survey</p> <p>Pre- and post-testing</p> <p>n = 617 (408 intervention and 209 control)</p> <ul style="list-style-type: none"> Control Analysis: regression <p><i>Qualitative:</i></p> <p>Not reported</p>	<p>Medium</p> <p>Behavior:</p> <p>10% difference in discontinuation of couples' use of levonorgestrel between couples with husbands counselled and couples with husbands not counselled, uncertain</p>	Promising	Focused on a single family planning method
<p>Let's hear it for the guys: California's Male Involvement Program</p> <p>Brindis et al. (2005)</p> <p>United States of America</p>	<p>Men and boys predominantly 15–17 years old, but some younger than 14 years and some 18 years and older</p> <p>Low-income, ethnically diverse, at risk of early fatherhood</p>	<p>Integrated Group education</p> <ul style="list-style-type: none"> Training for community-based organizations and clinic grantee staff Education on preventing sexually transmitted infections Life skills and youth leadership education Youth–adult partnerships Referrals and linkage to clinical services <p>Community mobilization and outreach</p> <ul style="list-style-type: none"> Outreach to underserved groups of young men, such as migrants Mass-media campaign featuring: <ul style="list-style-type: none"> Local billboard ads Propaganda on bus benches Bulletin boards Brochures T-shirts Newspaper stories and ads Radio public service announcements 	Gender-transformative	<p>Moderate</p> <p><i>Quantitative:</i></p> <p>Survey</p> <p>Pre- and post-testing</p> <p>n = 3094 (since interventions ranged widely in length, intensity and type – not all participants were surveyed)</p> <ul style="list-style-type: none"> No control Analysis: statistical significance <p><i>Qualitative:</i></p> <p>Interviews with Program staff, including project directors and health educators</p> <p>Focus groups of about 8–10 participants at each Male Involvement Program agency</p>	<p>Medium</p> <p>Individual</p> <p>Knowledge: significant increase in awareness about the risk of pregnancy at first sex</p> <p>Attitudes: increase in positive attitudes towards shared responsibility for contraceptive use</p> <p>Behaviour: increase (nonsignificant) in use of contraceptive and condom use at last sex – among all racial and ethnic groups; African-Americans significantly improved their own or partner's use of contraceptives at last sex</p>	Promising	

Annex 5

Summary of studies on gender socialization

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Stepping Stones</p> <p>Jewkes et al. (2007)</p> <p>South Africa</p> <p>Note: This intervention was carried out in sub-Saharan Africa, Asia and Latin America. Other evaluation data demonstrate positive changes in gender attitudes and health behaviour. The study presented here, however, used the most rigorous design.</p>	<p>Young and adult men and women in single-sex and peer-based groups</p>	<p>Integrated Group education</p> <ul style="list-style-type: none"> Thirteen three-hour sessions and three peer group meetings <p>Community and society</p> <ul style="list-style-type: none"> Sensitization of traditional and local leaders 	<p>Gender-transformative</p>	<p>Rigorous</p> <p><i>Quantitative:</i></p> <p>Cluster randomized controlled trials</p> <p>Survey</p> <p>Pretesting and after one and two years</p> <p>n = 2794</p> <p>Control: traditional three-hour session on HIV and safer sex</p> <p>Analysis: statistical significance</p> <p><i>Qualitative:</i></p> <p>Individual interviews</p> <p>n = 21 (11 men and 10 men) before intervention and n = 18 after</p> <p>Four focus groups (post)</p> <p>Between one and three in-depth interviews with 21 participants (11 men and 10 women) before attending Stepping Stones; 18 individual interviews and four group discussions 5–10 months after the intervention ended</p>	<p>High</p> <p>Behaviour: at follow-up, men in Stepping Stones arm reported fewer partners and more reported correct condom use; lower proportion of men who reported severe intimate partner violence</p> <p>Biological indicators: 15% fewer women in Stepping Stones acquired HIV infection; men had 28% fewer herpes infections (neither result statistically significant)</p> <p>Qualitative findings: improvement in communication of both men and women; increased awareness of violence against women as wrong; increased acceptance of condom use</p>	<p>Effective</p>	

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Men as Partners</p> <p>South Africa Kruger (2003)</p> <p>Peacock & Levack (2004)</p> <p>Nepal EngenderHealth (2004)</p>	<p>South Africa: men 18–74 years old</p> <p>Nepal: men and women of reproduc- tive age</p>	<p>South Africa</p> <p>Integrated</p> <p>Group education</p> <ul style="list-style-type: none"> • Participants participated in workshops 4–5 days long with 20 people in each, 35 hours total • Group activities also organized men to take action in their communities and work with local mass media • One-on-one counselling also offered <p>Community and society</p> <p>Community action teams of Men as Partners volunteers: health fairs, theatre, painting on murals and condom distribution</p> <p>Nepal</p> <p>Community and society</p> <ul style="list-style-type: none"> • Training of male peer educators • Total of 194 peer educators trained in 4 village development committees (16 sessions) • Peer educators conducted community outreach • Training of health staff 	<p>Gender-transformative</p>	<p>Moderate</p> <p>South Africa</p> <p>Quantitative:</p> <p>Survey</p> <p>Pre, post 1 and post 2 (three months after workshop)</p> <p>n = 209 men (139 completed three-month follow-up)</p> <ul style="list-style-type: none"> • No control • Analysis: unclear <p>Qualitative:</p> <p>Focus groups and interviews</p> <p>Pre, post 1 and post 2 (three months after workshop)</p> <p>(There are plans for a more rigorous evaluation with support from Frontiers/Population Council)</p> <p>Nepal</p> <p>Mid-term evaluation</p> <p>Quantitative:</p> <p>Mid-term</p> <p>n = 95: in-depth client exit interviews</p> <p>n = 80: community members (40 men and 40 women)</p> <p>Service statistics (pre and mid-term)</p> <p>No control</p> <p>Analysis: no details</p> <p>Qualitative:</p> <p>Individual interviews</p> <p>n = 10 randomly selected peer educators</p> <p>n = 13: all service providers</p>	<p>Medium (ongoing in Nepal)</p> <p>South Africa</p> <p>Attitudes:</p> <p>Before the activities, 54% disagreed with the statement that men must make the decisions in a relationship; three months after, 75% disagreed</p> <p>Before the activities, 43% disagreed with the statement that when a woman says no to sex, she does not really mean it; three months after, 61% disagreed; no change in knowledge or behaviour measured</p> <p>Nepal</p> <p>Knowledge:</p> <p>Increased knowledge about reproductive health</p> <p>Behaviour:</p> <p>Men are accompanying women to antenatal care visits and providing care and support for safe family planning</p>	<p>Promising</p>	<p>Activities include sexual and reproductive health (including HIV prevention, treatment, care and support), gender-based violence and general reflections about gender norms</p> <p>There are notable efforts in South Africa to take discussion (with input from Men as Partners staff and activists) into the national policy arena and South Africa's gender machinery</p>

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Program H</p> <p>Pulerwiz et al. (2006)</p> <p>Brazil</p> <p>India</p>	<p>Brazil</p> <p>Low-income, urban-based men and boys 14–25 years old</p> <p>India</p> <p>Low-income rural and urban men 16–24 years old</p>	<p>Integrated</p> <p>Group education</p> <ul style="list-style-type: none"> • Interactive group, educational sessions, including: <ul style="list-style-type: none"> - Overview and framework of the issues - Videos - More than 70 activities • Community-wide social marketing campaigns • Six-month focus group with youth with weekly sessions including 18 exercises and some videos <p>Community and society</p> <p>Community-level mass-media campaign</p>	<p>Gender-transformative</p>	<p>Rigorous</p> <p>Brazil</p> <p>Quantitative:</p> <p>Survey</p> <p>Quasi-experimental design in three low-income communities</p> <p>n = 780</p> <p>Assessment before the intervention and 6 and 12 months after</p> <p>The delayed intervention community served as the control group</p> <ul style="list-style-type: none"> • Control: one of the communities was delayed intervention • Analysis: chi-square and t-test <p>Qualitative:</p> <p>Couple and individual interviews</p> <p>n = 18 (6 couples and 6 young men)</p> <p>India</p> <p>Quantitative:</p> <p>Pre- and post-test pilot phase (n = 107)</p> <p>Used Gender-Equitable Men Scale plus self-reported behaviour related to gender-based violence and HIV transmission</p>	<p>High</p> <p>Brazil</p> <p>Attitudes:</p> <p>At six months, significant positive changes in 10 of 17 gender attitude items (using Gender-Equitable Men Scale in one community and in 13 of 17 items in second community; no changes in control; changes maintained at one-year follow up</p> <p>Interviews with young women partners confirmed attitude change</p> <p>Behaviour:</p> <p>Self-reported symptoms of sexually transmitted infections declined from 23% to 4% in one community and from 30% to 6% in another; no statistically significant change in control group; condom use (last sex with primary partner) increased from 58% to 87% in one community (campaign plus group education); no statistically significant change in either control group or the group education only community</p> <p>India</p> <p>Attitudes:</p> <p>Positive changes in gender attitudes</p> <p>Behaviour:</p> <p>Self-reported sexual harassment of girls and women declined from 80% in the three months prior to the intervention to 43% after</p>	Effective	<p>Program H manual and campaigns address sexual and reproductive health (including HIV prevention, treatment, care and support), gender-based violence, men's violence against other men, substance use and fatherhood</p> <p>Ongoing initiatives to include questioning homophobia and testing interventions with young men alone, young women alone and both combined</p>

Intervention (name, reference and location)	Target popu- lation	Type and level of intervention	Gender perspective	Research design quality	Outcome indicators and levels • Knowledge • Behaviour • Attitudes • Relationships • Wider context	Overall effectiveness	Comments
<p>Soccer Schools: Playing for Health (WHO/PAHO)</p> <p>Segundo et al. (2006) Brazil</p> <p>Nirenberg et al. (2006) Argentina</p>	<p>Boys and men 11–17 years old in Latin America (Mexico, Brazil, Chile and Argentina)</p> <p>Evaluation data from the state of Ceará, Brazil</p> <p>Evaluation data from Argentina for boys 8–12 years old</p>	<p>Group education</p> <p>Incorporated into football training</p> <p>Brazil</p> <p>Three-day training with coaches on gender and health</p> <p>Argentina</p> <p>Total of 12 workshops and meetings with boys on gender</p>	<p>Gender- transformative</p>	<p>Moderate</p> <p>Brazil</p> <p>Pre- and post-testing</p> <p>n = 18 coaches</p> <p>n = 157 boys who participated in the programme (only 69 could be used for analysis)</p> <ul style="list-style-type: none"> • No control • Analysis: statistical significance <p>Argentina</p> <p>Pre- and post-testing</p> <p>Coaches: n = 19 pre and n = 8) post</p> <p>Boys participating in the sessions: n = 213 pre and n = 112 post</p> <ul style="list-style-type: none"> • No control • Analysis: statistical significance 	<p>Medium</p> <p>Brazil</p> <p>Attitudes:</p> <p>Positive change in 12 of 14 gender attitude questions (Gender- Equitable Men Scale), but only two were statistically significant</p> <p>Knowledge:</p> <p>Five of nine questions on HIV showed statistically significant positive changes</p> <p>Argentina</p> <p>Attitudes:</p> <p>Positive change in 11 of 16 gender attitude questions (Gender- Equitable Men Scale), but only four were statistically significant for boys 8–10 years old and only two for boys 11–12 years old</p>	<p>Promising</p>	<p>Themes in the manual for the initiative include health, relationships, social construction of manhood and HIV prevention</p> <p>One of the few structured initiatives with younger boys</p>



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The social expectations of what men and boys should and should not do and be directly affect attitudes and behaviour related to a range of health issues. Research with men and boys has shown how inequitable gender norms influence how men interact with their partners, families and children on a wide range of issues. This review assessed the effectiveness of programmes seeking to engage men and boys in achieving gender equality and equity in health. The review analysed data from 58 evaluation studies of interventions with men and boys in sexual and reproductive health, including HIV prevention, treatment, care and support; fatherhood; gender-based violence; maternal, newborn and child health; and gender socialization. Interventions were rated on their gender approach as being gender-neutral, gender-sensitive or gender-transformative.

Programmes were also rated on overall effectiveness, which included evaluation design and level of impact. Combining these two criteria, programmes were rated as effective, promising or unclear. The following are some key findings.

- Well-designed programmes with men and boys show compelling evidence of leading to change in behaviour and attitudes.
- Programmes rated as being gender-transformative had a higher rate of effectiveness. Integrated programmes and programmes within community outreach, mobilization and mass-media campaigns show more effectiveness in producing behaviour change.
- There is evidence of behaviour change in all programme areas and in all types of programme interventions (group education; service-based; community outreach, mobilization and mass-media campaigns; and integrated programmes).
- Relatively few programmes with men and boys go beyond the pilot stage or a short-term time frame.

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