MALE ENGAGEMENT IN FAMILY PLANNING:

Reducing Unmet Need for Family Planning by Addressing Gender Norms

ABOUT THIS BRIEF

In 2013, with funding from the U.S. Agency for International Development, the Institute for Reproductive Health (IRH) at Georgetown University conducted an initial review of recent literature and programs on male engagement in sexual and reproductive health. The review showed that the practice of engaging men in sexual and reproductive health programs is not yet clearly defined, and evidence of its effectiveness is still accumulating. Later that year IRH convened researchers and practitioners working on programs that engage men in sexual and reproductive health to share their experiences and reflect on transformative male engagement programming. A retrospective case study was conducted of programs using gender-transformative approaches to engage men in family planning, a sub-set of the programs initially reviewed. Data were collected to assess the effectiveness of these programs and to identify essential intervention elements to include in a definition of an emerging best practice for engaging men in family planning.

This brief is based on: a) the preliminary review of recent initiatives to engage men in sexual and reproductive health programs; b) the subsequent technical consultation to define male engagement practices, discuss evaluation of male engagement programs, and consider feasibility of scaling-up successful approaches; and, c) the case study of four interventions which used gender-transformative approaches to engage men in family planning programs. This paper identifies critical elements of involving men in family planning, with considerations for adaptability and sustainability, and lays the groundwork for engaging men through gender-transformative programming.

Q: Using gender-transformative approaches to engage men in family planning programs: **What is the emerging practice for creating an enabling family planning environment?**

Family planning programs are often directed toward women with little attention to the way that traditional gender norms – the societal and cultural expectations of what it means to be a man or a woman – impact modern contraceptive use. Gender norms shape fertility desires and affect couples' ability to discuss and make informed decisions about contraception; gender norms also can influence access to information and services. Gender-related power dynamics which position men at the head of the household with decision-making power often mean that men have greater say in whether and when sex occurs and if contraception is used.

Conventional gender norms encourage risk-taking among men (e.g. men should be strong, aggressive, and have multiple sexual partners and many children) and discourage healthy behaviors that might be seen as 'weak,' such as seeking health services or having free and equal discussions with their partners about sex and family planning (Kirby and Lepore, 2007).

Men can and should be engaged in family planning both as clients and as women's partners. Engaging men in family planning programming is critical not only to create educated consumers but also because men's understanding of family planning can affect women's use of contraception both directly and indirectly. Both men and women should be targeted for family planning outreach because, in most cases, interventions that involve both partners are more effective than those aimed at women only in terms of

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contraceptive use and continuation, pregnancy or abortion (Becker, 1996; Kraft et al., 2007; Lundgren, 2012; Terefe et al., 1993; Shattuck et al., 2011).

Evidence has also shown that in the absence of direct discussion, women often assume, sometimes incorrectly, that their partner is opposed to family planning (Hartmann et al., 2012). Programs involving men can enhance spousal communication, improve gender equitable attitudes and increase family planning use (Lundgren et al, 2012). Research suggests that more egalitarian attitudes among men and women can affect a range of positive health-related outcomes such as "improved communication, shared decision-making, condom use, contraceptive use, access to health services and non-violence" (Greene and Barker, 2010).

Family planning programming that falls toward the transformative end of the gender equality continuum seeks to increase family planning use by addressing gender norms and equality among women and men. Both women and men have gendered expectations of appropriate roles and behavior for men and women; thus, addressing gender-related vulnerabilities for men as well as women is increasingly recognized as an imperative in sexual and reproductive health programming. Viewing men as gendered individuals, rather than oppressors or obstacles to women's health, can create a more lasting impact on family planning and sexual and reproductive health. However, programs that appeal to men for their involvement in family planning because of their role as decision-makers may reinforce harmful norms. It is crucial to engage men in family planning through transformative approaches that can eventually lead to better communication among couples, joint decision-making and increased family planning use.

GENDER
EQUALITY
CONTINUUM

The Interagency Gender Working Group (IGWG) has identified a continuum of how gender is approached in projects: on one end it is harmful and promotes gender inequality, gradually moving towards actively trying to influence equality between genders.

Exploitative: Projects that exploit gender inequalities and stereotypes in pursuit of health and demographic outcomes.

Accommodating: Projects that accommodate gender differences in pursuit of health and demographic outcomes.

Transformative: Projects that seek to transform gender relations to promote equity as a means to reach health outcomes.

(IGWG, 2013)

Why Is Engaging Men In Family Planning Important?

Engaging men can directly address their concerns about contraception that hinder their own use and that of their partner. A systematic review of studies on men's beliefs and attitudes toward contraception identified the main reasons men did not want to use contraception. These reasons included concerns from *men as partners*, "fear of losing authority within the family context; fear of presumed collateral effects of contraceptive use [e.g., infidelity]; association between withdrawal and the reduction in spontaneous sexual intercourse", as well as concerns from *men as family planning clients*, "an association between vasectomy and castration; a mistrust of the effectiveness of condoms; and a perceived decline in virility and sexual pleasure after vasectomy" (Hoga et al., 2013, p. 10). An additional important finding was that men felt that health care services were not sensitive to their needs in terms of time available for services or sufficient depth of information (Hoga et al., 2013).

Engaging men can create more gender equitable attitudes that support family planning use. Inequitable gender norms hinder family planning. Women are often not valued as equal partners in a relationship, yet contraceptive use is seen as a woman's responsibility. Meanwhile, men are not usually targeted for family planning services and information, yet they are often the decision-makers. Programs that provide men and women the opportunity to engage in family planning discussions—together or separately—can directly address these inequitable norms and create space for joint decision-making for effective use of family planning. There is abundant evidence that partner communication and support is associated with effective contraceptive use (Harvey et al., 2006; Sable et al., 2006). As Hartmann et al. (2012) notes, "Research has repeatedly shown that men are interested and will positively contribute to family planning discussions when provided the opportunity, and that spousal communication can increase contraceptive uptake and continuation" (Hartmann et al., 2012, p. 817).

How Did Programs Engage Men In Family Planning And What Were The Results?

Although the 1994 International Conference on Population and Development (Cairo) called for greater emphasis on men's shared responsibility and active involvement in issues of sexual and reproductive health, including family planning (UNFPA, 1995), there remain few evaluated interventions that promote male engagement in family planning (Hartmann et al., 2012) and fewer still that promote approaches that address gender norms.

This brief includes four in-depth case studies of interventions using gender-transformative approaches to engage men in family planning programs. The brief was informed by a review of recent initiatives to engage men in

sexual and reproductive health programs and a technical consultation aimed at defining and discussing male engagement practices, the evaluation of male engagement programs, and the feasibility of scaling-up successful approaches. Only a small number of those programs focused on family planning, though not all set out to be gender transformative. What follows here are short descriptions of those illustrative programs that highlight successful elements in engaging men in family planning efforts. These are a sampling of programs drawn from the larger review that have well-documented evaluations related to family planning outcomes and also had program managers available to provide additional information. Some of these programs did not significantly impact family planning use, but remain valuable examples because they were successful short-term interventions that addressed issues related to family planning uptake such as couple communication and joint decision-making.

One aim of this brief is to more clearly define gender-transformative family planning initiatives and highlight the need for rigorous research to provide evidence on the cost, scalability and value of such approaches. While several of these studies used a randomized control design, others had weaker designs, and few were specifically designed to provide information on the effectiveness of gender-transformative family planning initiatives. It is worthwhile noting that despite these limitations the overall results show promising efforts to increase family planning knowledge and use by engaging men in ways that address underlying gender norms.

CASE STUDY 1

Promoting Gender Equity and Family Planning through Interactive Workshops

FHI360, APROFAM, APAES (Guatemala), Marie Stopes/Tanzania, PEMconsult East Africa, Ltd (Tanzania)

Carried out in Guatemala and Tanzania, this intervention set out to test the hypothesis that the promotion of gender equity in the context of reproductive health will contribute to gender-equitable attitudes and strengthen the practice of family planning. In Guatemala, similar to Tanzania and many other countries, gender inequality contributes to high fertility rates, short spacing between births and non-use of contraception (Schuler and Ramírez, 2012). This short-duration intervention used interactive workshops to promote gender equality and family planning. Thirty communities in Guatemala (267 men, 336 women) and 36 in Tanzania (377 men, 502 women) were randomly assigned to intervention and control groups. Interventions in control groups were delayed so they could serve as control sites.

The intervention consisted of a series of six interactive workshops for couples – two for men only, two for women only, and two that both sexes attended together. The curriculum consisted of games, discussions and role-plays to raise awareness about gender inequality and norms that function as barriers to family planning and to encourage gender equitable attitudes and openness to family planning. Local facilitators received training on general family planning knowledge and gender norms, and instruction on facilitation of the interactive workshop sessions. Facilitators were linked with mobile clinics for condoms, oral contraceptives and referrals (Schuler et al., 2012). Male facilitators led workshops for men, female facilitators led workshops for women, and couple workshops were jointly facilitated. Each individual participated in four workshops, held one week apart, on the following topics: 1) Setting the Stage and Exploring the Concept of Gender; 2) Strengthening Demand for Family Planning and Encouraging Responsible Parenthood; 3) Sexuality and Communication about Sex and Family Planning; and 4) Communication between Men and Women on Sex and Contraception. Each country's intervention and control groups had baseline and follow-up surveys.

The results showed more positive gender attitudes, particularly among men, as measured by the Gender and Family Planning Equity (GAFPE) Scale developed by FHI360[1]. The programming also resulted in greater knowledge about modern contraception, especially among men. Knowledge about modern contraception increased from 34% to 72% among men in Guatemala, stating they knew at least five modern methods. Some increase in use of modern contraceptive methods was seen in Guatemala (though not statistically significant), and Tanzania found no evidence of increased contraceptive use.[2] However, the approach demonstrates that it is possible to impact gender inequitable attitudes in a very short period of time.

CASE STUDY 2

Using Male Motivators to Increase Family Planning Use

Save the Children (Malawi and Mozambique), FHI360 (India), and JHPIEGO (Nigeria)

Building on research that shows that men tend to get reproductive health information from their peers, this program utilized male peer educators, referred to as male motivators, to increase family planning use among couples in a rural Malawi province. The program particularly targeted the older husbands of young married women less than 24 years old. In all, 400 men from 257 villages in the Mangochi district participated in the program. The intervention was tested using a randomized design to determine its effectiveness for increasing family planning uptake among participants. Participants were randomized into an intervention group or a control group. Baseline and post-intervention surveys were administered to both groups. Data were measured using scales constructed to assess knowledge and attitudes related to family planning,

[1] The GAFPE Scale was developed for this study and contains 20 items, three of which are drawn from the Gender Equitable Men (GEM) Scale (Pulerwitz and Barker 2008), and the rest were designed to reflect gender norms that influence family planning in the two countries. Only a few items were too country-specific to be used in both settings.

[2] In Tanzania, the mean level of bilateral tubal ligation was lower post-intervention than pre-intervention in the intervention group, but not in the control group. For IUCD and implant use, none of the post-intervention and control comparisons were statistically significant, suggesting that the intervention was not broadly associated with increased service utilization among the sites in which it was implemented (Schuler et al., 2012).

gender norms, family planning self-efficacy and communication about family planning. In-depth interviews were also held with 14 male participants from the intervention group (Shattuck et al., 2011).

In intervention sites, volunteer male motivators – men chosen for their use of and enthusiasm for modern contraception – sought to positively influence participants' attitudes toward family planning by sharing their own experiences, engaging participants in discussions about gender norms in one-on-one sessions that met five times over a six-month period (Shattuck et al., 2011). Each male motivator visit consisted of a topic focused on one of three areas: information (about family planning, availability of contraceptives and services, benefits of birth spacing, socioeconomic factors associated with large families); motivation (gender norms and community perceptions about men who use family planning) and skills (role-play and communication skills development).

Prior to the intervention, none of the men reported using contraception. After the intervention, statistically significant increases were seen in family planning use: 78% of those who met with the male motivators and 59% of those in the control group reported using family planning methods with their wives (primarily condoms, injectables and birth control pills).[3] Qualitative data found that men reported better overall communication with their wives or girlfriends. As one participant noted: "*Before the educator came to shed more light on this issue, I was doing what I could, based on guesswork without even discussing with my wife. After the educator came I was able to discuss and communicate with my wife very well*" (Shattuck et al., 2011, p. 1093). Women agreed: *"We never discussed matters, but since his participation in the study we talk about sex, family planning, and how to enjoy marriage."* (Hartman et al., 2012, p. 811). Results were positive and showed significant increases in family planning use, including improved contraceptive use and ease of and frequency of communication with partners (Kerner, 2013).

The program was later adapted by Save the Children in Mozambique, FHI360 in India and JHPIEGO in Nigeria, with largely positive results. These implementation experiences used a slightly modified adaptation of the program, for example using existing peer educators as motivators or using group rather than one-on-one sessions.

CASE STUDY 3

Promoting Male-Centered Methods through Health Services, Media & Community Outreach

HealthBridge Foundation of Canada, HealthBridge Vietnam Office, and Evangelical Social Action Forum (India)

This multi-pronged program focused on promoting access to and greater use of male-centered methods – specifically condoms and vasectomy – because they require active male involvement, thus promoting shared responsibility (MacDonald et al., 2013). The programs (carried out in Bhuj, in the state of Gujarat in India and in 17 communes/wards in three districts of Bac Ninh province and 12 wards in Hanoi, Vietnam) consisted of several distinct yet complementary components: research, media engagement, government engagement, capacity building, and networking. Based on the results of qualitative and quantitative surveys about men's roles and responsibilities in family life, including contraception, mass media materials were developed to promote positive male responsibility for family planning. These findings were also fed back to participants and helped build key messages for additional outreach. The programs worked with government-provided health services to focus on raising awareness and capacity building for greater male involvement in family planning and to lobby for additional recruitment of male health workers. Training programs on gender, sex, social inequality and couple communication were designed and implemented for multiple stakeholders, including government groups, media, NGOs, farmers unions, and health providers. Additionally, in order to foster community engagement, community information sessions for men and women were carried out with a particular focus on men's group counseling and discussions.

> *…the perception of other people in my community improved, which helps me to* ***change my behavior.***"
>
> *-Male focus group participant, Vietnam*

In Vietnam, communication materials focused on challenging gender stereotypes that impact negatively on women's reproductive health and encouraged men to use male-focused contraceptive methods and to engage in partner-based decision making about sexual and reproductive health. Radio broadcasts also promoted couple communication about reproductive health and encouraged men to actively share in family planning and to use condoms. The program was the first time gender equality programming with a focus on engaging men had been carried out at a local level. The project contributed to significant changes to improve women's sexual and reproductive health in participating communities. The abortion rate declined, condom use increased by almost 50%, young women attended more gynecological appointments than they had previously attended, and domestic violence declined.

In India, links were forged with journalists and media outlets who were eager for materials on gender awareness. Messages about male responsibility for family planning were also broadcast on a local television channel. Additionally, a community based condom bank was established whereby a female health worker supplied condoms to a local man who functioned as a local distributor so men would be less

[3] The authors note that it's possible that participants' significant others were already using contraception without informing their partners and this intervention provided some women with the opportunity to discuss pre-existing contraceptive use.

embarrassed about acquiring condoms. Finally, the programs established linkages between communities and governments to assist with other, related goals such as, assisting parents with birth certificates for their children to enroll in government schools, thus responding to community needs and building trust and support. The India program made notable achievements related to gender equality and male engagement in sexual and reproductive health. As a result of the program's work with local officials, local governments developed plans to hire more male community health workers in reproductive and child health programs, increased promotion of non-surgical vasectomy, and took the initiative to ban sex-selective abortions. As a result of media activities and public inquiries, media coverage of gender issues increased. Focus groups with participating communities revealed attitudinal and behavior changes. Participants acknowledged the unfairness of gender bias in child-rearing, and some people pledged to make changes. Men discussed how they had started to help with household chores; some began to consider vasectomies and condoms as family planning options, while others became involved in reproductive discussions with their wives.

Evaluation results suggest that this project contributed to increases in men's reported use of contraception and more positive attitudes towards men's sense of shared responsibility for family planning. Qualitative results showed that participants involved in the programs came away with a better understanding of gender inequity and changed their behavior as a result. As noted by one male participant: "*After participating in gender equality training, I personally changed remarkably. I found that it is necessary and I have helped my wife with everything, including family planning. Especially, the perception of other people in my community improved, which helps me to change my behaviour. Before, I was ashamed if my friends knew that I helped my wife . . . However, it is opposite nowadays: I would get people's criticism if I showed gender inequality" (MacDonald et al., 2013, p. 40-41).*

CASE STUDY 4

Integrating the Standard Days Method® (SDM) into Family Planning Programs as an Approach to Involve Men in Family Planning

Institute for Reproductive Health, Georgetown University and B'elejeb B'atz (Guatemala), Project Concern (El Salvador), Kaanib Foundation (Philippines), CARE (India) and Ministries of Health and other local partners (Guatemala, Rwanda, DRC, India and Mali)

Use of the Standard Days Method® (SDM) requires that women keep track of their menstrual cycle and use a barrier method or avoid sex during fertile days. Because it requires active participation of both partners, it can be considered a "couple" method and offers programs an additional option for men beyond condoms and vasectomy. Formative research and pilot studies were conducted to determine gender-related obstacles to SDM uptake and found that barriers included male opposition to family planning use; gender norms prohibiting partners from discussing family planning; the inability of women to negotiate timing of sexual intercourse due to lack of power in the relationship; alcohol use or violence; and provider bias about men's willingness to participate in family planning use. Facilitating factors included men's interest in participating in family planning and desire for a method that involves both partners and has no side effects. Operations research in seven countries tested strategies to build on these facilitating factors to engage men positively in family planning. This was followed by a prospective case study of scale up of SDM integration into family planning programs in five countries.

Program approaches sought to increase male engagement in family planning use by raising men's awareness of family planning, including SDM, and promoting couple communication. Media materials included images of couples, rather than women alone. Radio programs that specifically targeted men in India, Guatemala and Rwanda focused on male characters discussing the advantages of communicating with spouses, the disadvantages of having too many children or closely spaced pregnancies, and the impact that family planning use can have on women's health and the family budget. Facilitated discussions were also held among men in men's groups, as well as street theater and dramas at motor-taxi hubs – areas with greater concentrations of men. Family planning information and SDM counseling were also integrated into ongoing initiatives which reach men such as NGOs working with subsistence farmers and agrarian reform beneficiaries (Philippines), water and sanitation committees (El Salvador) or microfinance programs (Guatemala). These efforts, especially those working with male volunteers, resonated with men. A new SDM user in Guatemala remarked, "*If a man counsels me on family planning, he is practicing what he preaches, and he wants me to understand that it's not just the woman who should deal with this problem*" (Suchi, 2006, p. 49). Another commented, "*He explained clearly to us that a man can help his wife with family planning, that he should not be ashamed for this. It's a natural thing*" (Suchi, 2006, p. 53). Building the capacity of providers to engage men and couples was also a critical program component. Providers were trained to engage men in family planning education and counseling and to take care to address couples issues in counseling, even when only the woman is present. Before providers were trained to offer SDM, many had never given much thought to involving men in family planning; others thought it was a fruitless or impossible task. Results of SDM introduction studies suggested that offering SDM gave providers the opportunity to reconsider the paradigm that family planning services are for women only, and helped them reflect on the influence of social and cultural norms and power dynamics on fertility and family planning use.

The results of SDM introduction studies consistently suggest that engaging men in family planning education and counseling results in improved family planning attitudes among men, increased recognition of their supportive role, enhanced couple communication, and improved SDM use

(Lundgren, 2012). For example, operations research on SDM introduction in India and El Salvador showed that correct use and continuation rates were higher, and pregnancy rates lower, in villages which directly involved men (Lundgren, 2012). Similar results were found in the Philippines, where positive changes in male attitudes and husband-wife communication were observed in the intervention area which included male counselors (Rottach et al., 2009). Qualitative results from India, El Salvador and Guatemala suggest that male providers helped to reduce male opposition to family planning and engage men as supportive partners (Lundgren, 2012).

Results of a five country case study of SDM scale-up revealed that men can use family planning correctly and report high satisfaction, when programs reach out to them. Moreover, many couples see benefits to their relationship when using a family planning method that engages men. According to endline survey results, male users had adequate information to use SDM correctly, and their level of knowledge was comparable to that of women. Overall, 88% of women and 75% of men currently using SDM reported male participation in method use (IRH, 2013). In India, 90% of women using SDM reported increased affection, understanding and ability to discuss sex with partners, In Guatemala, women reported significant increases in ability to care for their own health, refuse sex and to communicate with partner. Across countries, most women reported husband participation in SDM use, and participants in nearly all countries saw more partner involvement in family planning, better couple communication, and greater intimacy (IRH, 2013).

10 WAYS TO ENGAGE MEN IN FAMILY PLANNING PROGRAMS

1. Provide a 'comfort zone' for discussion.
2. Foster a sense of shared responsibility.
3. Promote couple communication.
4. Create opportunities to redefine inequitable gender norms.
5. Provide models of positive male behavior and positive consequences of engagement.
6. Create male-targeted, positive messaging.
7. Focus on both men and women.
8. Integrate into other programming.
9. Be flexible and adaptable.
10. Use long-term, coordinated efforts.

Learning from the Implementation Experience: Ways to Engage Men in Family Planning Programs

Programs reviewed shared some common elements for ways to engage men in family planning, most of which encourage use of gender-transformative approaches (See Essential Elements for Success column under Table 1).

1. **Provide a 'comfort zone' for men to discuss family planning and sexual and reproductive health.** Each of the featured programs provides a forum for men to learn about family planning. For many men, it may be the first time they've had the opportunity to directly learn about and discuss questions related to sexual and reproductive health. As MacDonald et al. (2013) notes: "Despite cultural norms about men's sexual behaviour, many men are in fact willing and able to participate more fully in women's sexual and reproductive health if given a 'comfort zone' and opportunity to do so. That is, the main issue preventing men from assuming more responsibility for their and their partner's sexual and reproductive health may not be mainly cultural or personal, but rather the lack of an encouraging and enabling environment" (p. 41).

2. **Foster a sense of shared responsibility for family planning.** The programs reviewed here promote shared responsibility, open partner dialogue and joint decision-making about family planning through increased couple communication. Programs that engage men in sharing responsibility for family planning value men's roles and, through greater awareness and increased communication, help men value women, thus contributing to a sense of shared responsibility.

3. **Promote couple communication.** These programs highlight the importance of couple communication. Family planning discussions enable couples to discuss their expectations for the future and can lead to greater awareness of gender roles, norms and expectations that either help or hinder the achievement of their fertility goals.

4. **Create opportunities to redefine inequitable gender norms related to family planning**. Each of these programs included activities to increase awareness of rigid and harmful gender norms and catalyze reflection on the costs of adhering to these norms. "It is becoming increasingly evident that health interventions that fail to address underlying gender inequities are less effective than those that do" (MacDonald et al., 2013, p. 34; WHO, 2007).

5. **Provide models of positive male behavior and positive consequences of engagement.** Nearly all of the above programs and many others acknowledge the importance of positive male leadership as facilitators, peer educators, community health workers or service

providers. Training and ongoing support for these leadership positions is essential. For example, the male motivators in Malawi were interested in supporting family planning, but benefited from training and support in leading discussions about gender and power dynamics. Media and other campaigns can be powerful tools to create positive male role models. A billboard in Vietnam sought to address this as part of the male engagement campaign: "He is very manly, he always cares for his family" (MacDonald et al., 2013, p. 39). A promising approach used in some of these programs above contrasted perceived norms with actual norms. This social norms approach demonstrates to men that actual norms among their peers are more in sync with their personal beliefs than the norms they believe to be real. Men will be more likely to behave in ways they believe are right for them (e.g. share decision-making power with their wives) if they believe they are common among their peers (Rolleri, 2014).

6. **Create male-targeted, positive messaging.** Messaging should be well targeted to the desired audience. Evidence has shown that messages that resonate more with men tend to focus on the economic and health benefits of limiting births, though that does not imply that men do not care about the welfare of their families (Shattuck et al., 2011). It is critical that messages do not exploit harmful gender norms that reinforce male control, but rather model positive consequences of male engagement.

7. **Focus on both men and women.** Successful efforts to engage men in family planning incorporate strategies for both men and women. Single sex interventions that reach only men or only women miss the opportunity to raise awareness of how gender norms and stereotypes are embedded in the larger community and society. For example, women and girls often have their own gendered expectations for male behavior and programs must address those as well. Gender-synchronized approaches are the "intentional intersection of gender transformative efforts that reach both men and boys and women and girls…. These approaches seek to equalize the balance of power in order to ensure gender equality and transform social norms that lead to gender-related vulnerabilities" (Greene and Levack, 2010, p. 12). Several of the programs reviewed alternated between having male facilitators for men/female facilitators for women and having combined learning groups with male and female facilitators.

8. **Integrate into other programming.** Integrating gender programming into sexual and reproductive health initiatives as well as other programming can broaden reach to include men. In the programs discussed in this brief, integrating a component addressing gender-related barriers into SDM information and services fostered greater male engagement in family planning. Likewise, in Vietnam, integrating gender awareness training in government and NGO services, as well as among farmer's and women's unions brought about increased couple communication. A project in El Salvador sought to cultivate men's interest in family planning by incorporating family planning discussions into a water and sanitation program. The project used networks men were already involved with and incorporated gender equity strategies about joint decision-making in environmental planning with gender equity strategies about family planning (Lundgren et al., 2005).

9. **Be flexible and adaptable.** Program approaches that work for women will not necessarily work for men and will vary depending upon country and cultural contexts. For example, evidence has shown that men often find that the times family planning services are offered conflict with their work schedules (Hoga et al., 2013) and therefore altering scheduling or integrating

FACTORS CONTRIBUTING TO FAILURE

Exploiting rigid gender norms and power imbalances to achieve program goals
Programs that exploit gender inequalities and stereotypes to achieve program goals can harm women, in particular, and entrench existing inequalities.

Not providing ongoing support or follow up for program participants
Successful programs that come to an end without providing for follow up run the risk of losing any gains made in increasing family planning or improving gender equity.

Focusing solely on men or solely on women
Programs that do not take into consideration the power dynamics within a couple for example, or target men without also addressing women's expectations for men (and vice versa) will be unsuccessful.

Ignoring provider biases about men
Providers may have certain expectations and biases about men and their role in family planning and these must be addressed if they are to successfully engage men in family planning services.

Poor messaging
Messages for men must target men's interests without exploiting stereotypes that might further reinforce inequality.

programming into non-health services could enable more men to participate. In India, program planners found that switching from a focus on advocacy to one that focused on creating demand for services was more effective for engaging men since the concept of gender and male engagement was new to participating communities (MacDonald et al., 2013). In several programs offering SDM, community volunteers have found that a combination of strategies was needed to reach men depending on their availability, including educational talks in community association meetings, visits to their homes or worksites and individual, separate sessions with both members of the couple or joint sessions (Lundgren, 2012).

10. **Use long-term, coordinated efforts.** Changing gender-based norms and behavior is a long-term process, not a one-off activity, and requires reinforcement and support at various levels. Integration of gendered approaches to engage men in family planning is most effective using a strategic approach which seizes opportunities at all levels (individual, family, community, service delivery) and builds on them over time.

An approach that is gender transformative is essential to long-term success. Programs must address the underlying gender norms, assumptions and power dynamics that play out in relationships between men and women. Gender accommodating approaches are a good and important first step, but gender transformative approaches encourage critical awareness among men and women of gender roles and norms. Such programming promotes more gender equitable relationships between men and women and seeks 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" (WHO, 2006, p. 4). Each of the featured programs provides a forum for men to learn about family planning. For many men, it may be the first time they've had the opportunity to directly learn about and discuss questions related to sexual and reproductive health. "The main issue preventing men from assuming more responsibility for their and their partner's sexual and reproductive health may not be mainly cultural or personal, but rather the lack of an encouraging and enabling environment" (MacDonald et al., 2013, p. 41).

TOOLS & RESOURCES

Training curricula/toolkits

Male Motivator Training Curriculum: Using Male Motivators to Increase Family Planning Use Among Young Married Couples
https://www.k4health.org/sites/default/files/FinalMaleMotivatorTrainingCurriculum.pdf

Facilitator's Manual for Discussions on Gender, Sexuality, and Family Planning in Rural Tanzania
https://www.c-changeprogram.org/sites/default/files/Tanzania-Facilitator-Discussion-Guide.pdf

Inner Spaces Outer Faces Initiative (ISOFI) Toolkit: Tools for Learning and Action on Gender and Sexuality
http://www.icrw.org/files/publications/ISOFI-Toolkit-Tools-for-learning-and-action-on-gender-and-sexuality.pdf

Yaari Dosti: Young Men Refining Masculinity Training Manual
http://www.popcouncil.org/pdfs/horizons/yaaridostieng.pdf

Men as Partners: A Program for Supplementing the Training of Life Skills Educators
http://www.engenderhealth.org/files/pubs/gender/ppasamanual.pdf

Sonke Gender Justice One Man Can Toolkit
http://www.genderjustice.org.za/resources/cat_view/218-tools/223-omc-toolkit.html

Gender scales

Compendium of Gender Scales https://www.c-changeprogram.org/content/gender-scales-compendium/pdfs/4.%20GEM%20Scale,%20Gender%20Scales%20Compendium.pdf

Advocacy documents

What Men Have to Do With It: Public Policies to Promote Gender Equality
http://www.icrw.org/publications/what-men-have-do-it

Standard Days Method®: Building Gender Equity & Engaging Men in Family Planning
http://irh.org/wp-content/uploads/2013/04/FAM_Project_Brief_Gender_Equity_8_5x11_0.pdf

Reference documents

Interagency Gender Working Group (IGWG) Gender Terms and Definitions http://www.igwg.org/igwg_media/integrgendrRH-HIV/gendertermsdefinitions.pdf

IGWG Gender Equality Continuum Tool
http://www.prb.org/images/IGWG/Gender-Integration-Continuum.png

From Family Planning to Fatherhood: Analysis of Recent Male Involvement Initiatives and Scale-Up Potential (Briefing Paper)
http://irh.org/resource-library/from-family-planning-to-fatherhood-analysis-of-recent-male-involvement-initiatives-and-scale-up-potential/

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Table 1. Emerging Practices in Engaging Men in Family Planning				
Intervention	**Description**	**Outcome(s)**	**Essential Elements for Success**	**Considerations for Scale Up**
Interactive Workshops (Guatemala and Tanzania)	Interactive workshops promoting gender equity and FP	Increased use of modern contraception among women Increased knowledge of modern contraception, especially among men More positive gender attitudes, especially among men	Curriculum that included concepts of gender, responsible parenthood, and communication between men and women about sex and FP 10-day training of local facilitators by expert trainer Sex-segregated workshops (2 women's workshops, with female facilitator; 2 men's workshops with male facilitator and 2 couple workshops with joint facilitators) FP methods and SRH services available by referral to mobile clinics	Demonstrated success with only four workshops per individual over the period of a month Somewhat labor-intensive in terms of facilitation, although the intervention is simple and time-limited Additional monitoring, supervision; upgrading of skills would be necessary
Male Motivator (Malawi, with adaptations in Mozambique, India, and Nigeria)	Use of male peer education to increase FP uptake through increased and improved spousal communication	Increased contraceptive use Increased knowledge of contraceptive methods Increased knowledge of the health benefits of FP and economic benefits of smaller families Increased male acceptance of FP Increased frequency of discussion of FP due to increased respect for women Improved couple communication More egalitarian discussions and decision-making among couples Improved marital harmony due to improved couple communication skills	Curriculum that focused on FP practices and local resources; attitudes about FP norms; FP skills and interpersonal communication; messages that focused on the financial benefits of FP Motivators were married and old enough (30 years or older) to have social credibility; trained to provide information, not pressure contraceptive use Trained motivators who were linked to community-based contraceptive distributors Consistent visits, either one-on-one or as a couple	Somewhat labor and cost-intensive as a stand-alone program, but could be incorporated into other programming, and is of short duration Training tools and protocols are simple enough for spontaneous uptake in other countries, as they were in India and Nigeria without the technical assistance of Save the Children

Promoting Male-Centered Methods (Vietnam and India)	Multi-pronged effort to promote shared responsibility for FP by raising awareness, supporting government programs and fostering direct community discussion about the role of men in FP	Increased number of men reporting contraceptive use More positive attitudes towards men's responsibility in FP and reproductive health Increased media coverage of gender inequality and men's role in FP and reproductive health Increased capacity of government and NGO staff on gender awareness and the importance of male engagement in FP Increased community engagement More enabling environment for men to access condoms More positive understanding of the meaning and benefits of gender equality by both men and women Gender integrated into training and communication activities of government and civil society groups	Effective training and message development skills Promoted positive images of male engagement Networking, sharing and exchanging information about approaching gender issues from a male perspective with NGOs Fostering links, training, capacity building with journalists and media outlets	Requires a coordinated effort among government and NGOs over an extended period; funding for training, coordination, media materials
SDM Integration (Mali, India, El Salvador, Philippines, Guatemala, Rwanda, and DRC)	Integrating a gendered approach to improve couple communication about FP and engage men in FP use (specifically SDM)	Increased contraceptive use Increased awareness of contraception Improved couple communication Greater male engagement in FP Greater sensitization of providers to gender-related obstacles in contraceptive uptake, e.g., couple communication, male engagement, screening for gender-based violence, alcohol use, HIV risk	Training to build provider capacity to view FP through a gender lens and to engage men and couples in greater communication Focus explicitly on equity, gender, and rights throughout implementation Use of mass media to reach men by highlighting men in FP – messaging that included importance of couple communication, disadvantages of too many children or children too closely spaced and impact of FP on family budget Enhance access to FP through community-based providers, purposeful efforts to engage men through male/couple community volunteers or by working through groups with male participation	SDM training can be integrated into ongoing Contraceptive Technology Updates and other capacity building efforts. Does not require highly trained trainers or special resources – distance training is possible Training curricula and job aides are available for different contexts and in different languages. Counseling protocols exist MOH or other local systems would have to allocate funds for purchase of SDM's commodity New systems may need to be created to accommodate men, but does not necessarily require additional resources. Most feasible in systems which have community-level activities Requires coordination between service delivery organizations, media outreach and community mobilization over an extended period of time to fully integrate SDM into systems

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