



HC3 in Action

Engaging Men and Adolescent Boys

October 2017



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**HEALTH
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INTRODUCTION

In public health programs around the world, especially those in family planning and reproductive health, there is growing attention to the association between gender inequalities and health outcomes for women and girls.¹ However, it is clear from the evidence that gender-related factors also create significant barriers for men in accessing and practicing healthy behaviors.² As a result, programs have begun identifying men as an essential audience, for their own health and wellbeing as well as their families'. Approaches to male involvement have evolved into constructive male engagement—engaging men and boys as **clients, supportive partners** and **agents of change**.³ Approaching men in these roles moves away from ignoring them or, in some cases, framing them as perpetrators. It instead acknowledges their needs as beneficiaries as well as being part of the broader solution of addressing gender, unequal power dynamics and other barriers to better health outcomes for all. Strategic health communication can help create an enabling environment for men to access the care and services they need as well as support their partners' and families' access to and uptake of services.

This brief, part of a HC3 In Action series, describes key examples from across the Health Communication Capacity Collaborative (HC3) project that can help inform future efforts to engage men and boys in achieving and maintaining an AIDS-free generation, increasing demand for family planning, ending preventable child and maternal deaths, and realizing a malaria-free world. Evaluation results are not available for all programs, but monitoring data is provided where possible. However, it is hoped that sharing intervention details and approaches will provide useful context and insights in to how HC3 has operationalized the vision of constructive male engagement.

About HC3

HC3 is a five-year, global project funded by USAID led by the Johns Hopkins Center for Communication Programs (CCP) in collaboration with Management Sciences for Health, NetHope, Population Services International, Ogilvy PR and Internews. It is designed to strengthen developing country capacity to implement state-of-the-art SBCC programs. HC3 fosters vibrant communities of practice at the national, regional and global level that support improved evidence-based programming and continued innovation. More information is available at: <http://healthcommcapacity.org>.

About the HC3 in Action Series

The HC3 In Action series documents and synthesizes HC3's experiences and lessons learned on topics that cut across the project's diverse portfolio of activities. Each brief draws from HC3's work in 34 countries as well as initiatives, tools and resources developed at the global level.

Acronyms

BFL	Brothers for Life
HC3	Health Communication Capacity Collaborative
KP	Key Populations
mHealth	Mobile Health
MSM	Men Who Have Sex with Men
PLHIV	People Living with HIV
RMNCH	Reproductive, Maternal, Newborn and Child Health
SBCC	Social and Behavior Change Communication
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision

1 World Health Organization. (2015). Gender fact sheet no. 403. Retrieved from <http://www.who.int/mediacentre/factsheets/fs403/en/>

2 Baker, P., Dworkin, S.L., Tong, S., Banks, I., Shand, T., & Yamey, G. (2014). The men's health gap: men must be included in the global health equity agenda. Retrieved from <http://www.who.int/bulletin/volumes/92/8/13-132795/en/>

3 Population Reference Bureau. (2017). [Infographic on Male Engagement]. Male Engagement. Retrieved from http://www.prb.org/male_engagement/index.html

MEN AS CLIENTS

Gender-related factors tied to masculinity along with challenges in aligning information and services with the unique needs, interests and resource constraints experienced by men and boys often means many men and boys do not have access to or avoid seeking preventive and other services, and delay getting the care they need once conditions arise. Particularly, for segments of men and boys, such as men who have sex with men (MSM) or adolescent boys and young men, the channels used to reach these groups and the messages and activities that they receive must fit within or accommodate their specific contexts to be most effective

Filling the Gap of Programs for Men

In Swaziland, the extended *National Strategic Framework for HIV and AIDS (2014-2018)* identifies men as a priority population for prevention, testing, care and treatment programs. To address the gap in HIV health communication programming for men, HC3 developed an interactive, small-group intervention, *Swazi Men4Health*, which covers topics such as: recognizing personal risk and developing an individual risk reduction plan; understanding how gender norms and roles contribute to unequal power between men and women, including gender-based violence; increasing awareness and understanding of the gender norms that impact HIV risk, prevention, service uptake and adherence to treatment; overcoming stigma; and being an advocate for women and HIV prevention. Men are recruited through community leaders who hold great influence and interact with many men. The small-group format allows men to participate in activities, discuss and reflect on how gender and social norms and stigma influence behaviors related to uptake of key HIV prevention and care services, and how those behaviors impact their health as well as others. *Since implementation began in 2015, the intervention has reached 10,506 men ages 20 to 49.*

Reaching Men Where They Are, With What They Need

Men from rural communities in Swaziland commonly travel to urban areas in search of work. Despite this concentration of men in cities, finding men available to attend and complete the Men4Health intervention was a challenge due to the duration and number of sessions conflicting with men's work obligations. In response to this, HC3 reduced its intervention length to one session that focused on the topics of highest priority to men and framed the intervention in a more appealing way—as a



Health clinic in Swaziland. © HC3.

package for men's wellness and managing life. The abridged version still contains content on gender-based violence; however, other gender-related content was taken out. HC3 also expanded its outreach by bringing the intervention to places where men were, including workplaces, universities and cultural events, and providing on-site HIV testing and counseling. *In the first nine months (October 2016 – June 2017) of implementing the abridged version of the guide, HC3 Swaziland reached 31,340 men with small-group discussions.*

Linking Community-based Activities to Services

In 2013, HC3 began reaching groups of men in Côte d'Ivoire through Brothers for Life (BFL), modeled after the South African program by the same name, to increase HIV prevention and testing behaviors. The intervention consists of discussion group sessions that cover topics such as sexuality, multiple and concurrent partnerships, condom use, gender-based violence, couple communication and HIV testing and counseling. In 2016, HC3 expanded and adapted the BFL curriculum to address barriers to use of services along the HIV care continuum. At the end of the last session, men are encouraged to take a free HIV test offered on-site. Men who do not wish to test at that time are invited to enroll in an interactive text message program and receive messages that reinforce what was discussed during the group sessions. For men who test positive on-site or after the intervention, peer navigators counsel and encourage

them to immediately engage in care and treatment. *Since BFL began in October 2013, 41,679 men have completed the original intervention. The adapted BFL curriculum rolled out in April 2017 and has engaged 3,805 men in its first four months.*

Sensitizing Providers to Be Aware of MSM Needs

In many African countries, community-level stigma toward MSM, a group at high risk of HIV, and a lack of MSM-friendly health services and providers make finding and engaging MSM particularly challenging. In Swaziland, HC3 worked with community mobilizers and local organizations to reach MSM with services and information about HIV and sexual health. Community mobilizers identified “hotspots” where MSM gather and organized small-group information sessions and monthly adherence support groups in conjunction with the Swaziland National AIDS Program and other stakeholders. HIV testing and psychosocial counseling services were provided through a mobile clinic and referrals were made to clinics where sensitized staff provide supportive and non-judgmental services. *HC3’s activities reached a total of 5,674 men between January 2015 and March 2017. Of those men reached, 2,431 men participated in small-group discussions, and 3,243 men accessed services through the mobile clinic.* HC3 together with the Swaziland National AIDS Program sensitized health care workers through sharing data related to HIV and key populations (KP) (i.e. MSM and female sex workers) in Swaziland, KP “ambassadors” sharing their own and their peers’ experiences with the health care system and how it deters KP from accessing services, and dialogue and discussions between the health care workers and KP ambassadors to better understand their needs and constraints. *Between*

October 2014 and March 2017, 1,672 health care workers were sensitized.

Highlighting Gaps in Voluntary Medical Male Circumcision Programs for Adolescent Boys and Young Men

To gain a better understanding of whether voluntary medical male circumcision (VMMC) programs are adequately meeting the needs of adolescent boys, HC3 conducted a mixed-methods assessment exploring client-provider counseling and communication in South Africa, Tanzania and Zimbabwe. Results from the assessment found that most adolescents were satisfied with their overall VMMC experience and were likely to recommend it to their peers. However, the assessment also revealed that adolescents often do not receive the full package of information during the counseling session, particularly related to HIV prevention and care. Younger adolescents reported not receiving condoms or condom demonstrations and were primarily told to abstain from sex compared to older adolescents. These findings reinforce the need to develop communication and guidance for counseling adolescents across a range of ages and sexual experiences. Several health providers interviewed as part of the assessment echoed a need for guidelines and training on age-appropriate approaches. The study also identified the role of others—parents, teachers and community mobilizers—in supporting VMMC, highlighting the importance of reaching secondary audiences with accurate information. A journal supplement focused on this research will be published in March 2018.

In Mozambique, HC3 used multiple approaches to increase VMMC uptake among young men ages 15 to 29. HC3 found that strong follow-up and multiple contacts by a community mobilizer strongly contributed to service uptake. Community mobilizers focused on places where young adult men gather and distributed personalized invitations including the national VMMC hotline number and a personal contact number for men who had questions or preferred to register privately. HC3 also arranged transport to VMMC sites following mobilization activities and coordinated with mobile VMMC brigades to deliver services in remote areas. Additionally, HC3 widely shared satisfied client testimonials addressing barriers such as fear of pain and infertility using community radio, videos on community mobilizers’ tablets, TVs in health facilities and WhatsApp groups. *Since April 2016, HC3 has succeeded in reaching 53,845 young men ages 15 to 29 with VMMC services as well as increasing the percentage of clients in this age group from 51 percent in June 2016 to 64 percent in June 2017.*



Michael Magongo is an “Indvuna” or head of a governing body known in Swaziland known as the “Inner Council,” which means he is second-in-command to the Chief. © HC3.

PROMISING APPROACHES

For Engaging Men as Clients

- Structure activities to be compatible with men's lifestyles and take program activities directly to men
- Facilitate service uptake by offering services as part of community-based activities
- Invest in establishing and strengthening relationships with community leaders to assist with community mobilization
- Sensitize and train providers to be sensitive and competent in meeting the specific needs of certain audiences
- Use research, monitoring and evaluation to reveal communication gaps for certain audiences
- Increase encounters for follow-up and facilitating access to services

HC3 RESOURCES

- [Swazi Men4Health Discussion Guide](#)
- [Cote d'Ivoire Brothers for Life HIV Care Continuum Curriculum](#)
- [Voluntary medical male circumcision among adolescents: a missed opportunity for HIV behavioral interventions](#)



Participants in the Brothers for Life program in Adzopé, Côte d'Ivoire. © HC3.

MEN AS PARTNERS

While a man's health is important for his own wellbeing, his health can also affect the health of his sexual partners and others in the family. Gender norms that discourage communication between partners or limit one's voice in negotiating sexual relations can increase the risk of violence, unwanted pregnancies and transmitting infection between partners. Additionally, in places where gender norms dictate that men hold the decision-making power within households and women shoulder the main responsibility for caregiving, women may not have access to care for their own and their children's health.

Focusing on the Benefits for Men

In Nigeria, HC3 started implementing social mobilization activities in 2017 to engage men around childbirth spacing and encourage uptake of modern childbirth spacing methods. Community dialogue meetings, recruiting primarily men, focus on the benefits of childbirth spacing for fathers, mothers, children and the community as a whole. The facilitated meetings also give correct information around common fears and misconceptions about contraceptive methods and their side effects. Men who participate in the intervention, as well as women reached through a similar community meeting but with additional information on each method, are encouraged to discuss with their partners the benefits of childbirth spacing for their own and their family's health and wellbeing, and to go to a health provider together to determine which method best meets their desires and needs. *HC3 began community dialogue meetings in Ebonyi state in May 2017, reaching 6,557 men by the end of June. The meetings were subsequently rolled out in Sokoto and Bauchi states in July.*



Community mobilization in Mozambique. © HC3.

Engaging Men to Promote Malaria Prevention within the Home

Several studies in Mozambique and Africa indicate that gender and social norms influence the decision-making process for malaria prevention and treatment seeking among family members. Building on this knowledge base, HC3 conducted qualitative research in Mozambique to understand how men perceive their responsibility in ensuring their family's health; what influences their health-related decision-making, particularly related to malaria; and how they prioritize when to seek care. Incorporating results from this research, HC3 together with the National Malaria Control Program and malaria focal points at provincial and district levels, developed a guide for engaging men in discussion groups. The discussion topics include the impact of malaria on men's own lives and the lives of their families and community; social norms that influence the habits, attitudes and practices of men and prevent them from recognizing the disease and seeking timely health services; the importance of couple communication for shared decision-making and responsibilities for malaria prevention and treatment in the family; and the involvement of men in promoting their health and the well-being of their partners and family. *Since the discussion groups began in two provinces in February 2017, 2,927 men have completed the sessions.*

Creating Mobile-based Tools for Couples

In Nigeria, HC3 is testing the effectiveness of a mobile health (mHealth) tool called Smart Couple, which engages couples to become informed, empowered and confident in communicating with one another, making decisions together and talking with a health provider about family planning. The tool, available for roll-out or adaptation in programs worldwide, uses interactive voice response via mobile phones to deliver a drama series in which positive interactions between couples and their health providers are role modeled. The drama is followed by personal stories, sample dialogues and short quizzes to test knowledge and reinforce messages. The tool includes messages specifically for men and their role as clients, supportive partners and agents of change. *A user study conducted in Kaduna, Nigeria, with 652 men and 670 women revealed all except one of the behavioral and ideational indicators had improved significantly after using the tool.* The results also indicate that higher levels of exposure to the tool increased the likelihood of having key discussions and taking important steps toward becoming informed, supportive and equally involved in family planning.

PROMISING APPROACHES For Engaging Men as Partners

- Frame activities and behaviors in a way that appeal to men, including direct benefits to men as well as their partners
- Acknowledge men's influence in household decision-making and reposition their role in the home as a source of change
- Use mobile-based tools that provide flexibility, privacy and interaction to engage couples and improve couples' communication

HC3 RESOURCES

- [Nigeria Community Dialogue Flipchart on Childbirth Spacing/Family Planning](#)
- [Smart Couple suite of tools and adaptation guide](#)



A personalized VMMC invitation with a mobilizer's contact information. © HC3.

MEN AS AGENTS OF CHANGE

While men can benefit from receiving information and services directly, they often still face existing social and gender norms that make it challenging to practice and maintain healthier behaviors.

Addressing Stigma Head-on

In Mozambique, HC3 is aiming to reduce community-level stigma toward people living with HIV (PLHIV) by engaging men as agents of change and, in doing so, improve engagement of men in the HIV care continuum. Drawing on evidence and experience of other stigma reduction programs, HC3 modified community tools from the successful *Tchova Tchova* program to include more explicit messaging focused on stigma reduction and treatment. In early 2017, HC3 began implementing community dialogues, at the end of which the groups develop stigma reduction action plans and receive ongoing mentoring and support in their implementation. The community dialogue also includes an activity focused on men and women's vulnerabilities to HIV and leads men to consider how gender and social norms, such as men must be strong and virile and women have less say in sexual relations, contribute to risk and harmful practices. The activity also poses questions for discussion including what role men and community leaders play in changing these norms. While the majority of the community dialogue groups include men and women, there are also groups for men only to create a safe space to share and ask questions.

Supporting Religious Leaders as Agents of Change

In Nigeria, beliefs that one's religion does not support childbirth spacing or modern contraceptive methods are prevalent, particularly in the north where the population is primarily Muslim. To dispel these beliefs, HC3 held advocacy meetings with senior religious leaders and trainings at religious leader forums on maternal and child health, childbirth spacing and modern methods. Through their public pronouncements and sermons to men, religious leaders explain that childbirth spacing is supported in Islam and promote childbirth spacing as a means to prevent maternal and child deaths and improve the health and wellbeing of one's family. Men are also encouraged to talk with their partner about childbirth spacing and modern contraceptive methods to help them achieve their family goals. While this approach does not focus discussions on gender norms explicitly, it recognizes men's power in household decision-making and calls on them for improved couple communication, shared responsibility for their



VMMC event in Mozambique. © HC3.

family's health and supporting their partner's access to and uptake of a modern contraceptive method.

Making it Personal: Using Men's Real Stories

HC3 Nigeria has also produced radio spots featuring testimonials by men who were previously unaware of or against childbirth spacing, but are now satisfied clients championing the benefits. The testimonials include men's stories of their experiences with miscarriages, struggling to support their fast-growing families, and the toll back-to-back pregnancies took on their wives' health. They reflect on how things have improved since they started using a childbirth spacing method.

Alhaji Yakubu Abdullahi Marafa, co-chair of Bauchi state's Advocacy Core Group and former Grand Kadi, shared his thoughts on advocating for childbirth spacing:

"The issue of health of your family is a paramount issue. ... So it is around that point that we advocate and our people now embrace it and ensure their commitment, and in fact, are accepting it, and practicing it. We should succeed, inshallah, within the short time to come."

Similarly, in Mozambique, radio segments reinforce community-level stigma reduction activities by featuring positive testimonials by men who have overcome stigma and are successfully on treatment. In Cote d'Ivoire, testimonials of men living with HIV are shared with men who have recently tested positive so that they can hear

fellow male voices who are living with HIV and successfully navigating their treatment journey.

PROMISING APPROACHES

For Engaging Men as Agents of Change

- Engage and support religious leaders to promote and champion messages
- Use stories and testimonies by men who share similar challenges and desires as the intended audience to make it easier for men to relate and visualize change

HC3 RESOURCES

- [Mozambique Community Dialogue Manual to Reduce Stigma](#)
- [Mozambique Community Dialogue Manual on Positive Prevention](#)



*Clients giving their testimonials about VMMC in Mozambique.
© HC3.*

CONCLUSION



VMMC mobilization brigade in Mozambique. © HC3.

Engaging men as clients, partners and agents of change is essential for improving men's and their families' health and wellbeing. Whether through segmenting a male audience to deliver tailored activities; working closely with community and religious leaders to build trust, promote positive and equitable behaviors and mobilize men in communities; or using mass media to stimulate conversations, address social norms and reinforce community-based activities, **programmatic approaches within constructive male engagement are growing and strengthening.** HC3's experience in engaging men through strategic communication programs can inform the growing knowledge base around constructive male engagement and provide for guidance in developing new programs and activities.

This publication was made possible by the support of the American People through the United States Agency for International Development (USAID). The Health Communication Capacity Collaborative (HC3) – based at the Johns Hopkins Center for Communication Programs (CCP) – is supported by USAID's Office of Population and Reproductive Health, Bureau for Global Health, under Cooperative Agreement #AID-OAA-A-12-00058.

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ADDITIONAL TOOLS AND RESOURCES

Gender and Social and Behavior Change Communication Implementation Kit

This I-Kit provides a step-by-step approach to help clients understand gender concepts, theories and frameworks; assess the current level of gender integration in a project; and uncover information that can be applied to an existing SBCC strategy or marketing plan.

Addressing the Role of Gender in the Demand for RMNCH Commodities: A Programming Guide

This guide provides practical tools to help program managers determine how gender norms and roles may limit demand for reproductive, maternal, newborn and child health (RMNCH) commodities, and how to address these norms and roles to increase demand and utilization.

Guide for Promoting Sexual and Reproductive Health Products and Services for Men

This guide provides recommendations and guidance for developing strategic communication interventions and activities to increase men's demand for and utilization of sexually and reproductive health products and services.



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