Men, Masculinities and Health
Emerging Research and Program Experiences from the Global South

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Overview

- Why engage men in SRH, MCH, HIV and other health issues?
- What the International Men and Gender Equality Survey (IMAGES) tells us about men, health and gender equality
- How findings are being used to develop interventions
PART 1: WHY ENGAGE MEN IN MCH, SRH, HIV?
When we engage men in MH...

Women exhibit more **positive** breastfeeding practices (Premberg, Hellstrom and Berg, 2008)

Women **experience less pain in labor and delivery** (Plantin, 2007)

Women **attend more prenatal and postpartum visits** & more likely to have a **skilled attendant** (Mullany, Becker and Hindin, 2006)
Invisibility of men in the current MCH, HIV and SRHR agendas
Gender and global health: evidence, policy, and inconvenient truths

Sarah Hawkes, Kent Buse

- Men are over-represented in the 10 leading causes of death and chronic health problems worldwide.
- For 1970-2010, women had longer life expectancy than men.

“The tendency to underplay or misunderstand the role of gender, or to equate the gender dimensions of health solely with the specific health needs of women, has led to a failure to address the evidence of gendered determinants that affect and drive ill health for both men and women.” (Hawkes, Buse, Lancet, 2013, 381:1783-87)
Other “Conflict” Settings: The case of Brazil’s Missing Men (IBGE, 2011): Effects of persistent, high rates of homicide and traffic accidents (in millions)
Men and HIV testing and treatment:

“Efforts to understand men’s health-seeking behaviour are poorly understood in the AIDS epidemic, and encouraging men to get tested and into treatment is a major challenge, but one that is poorly recognised. Addressing these issues effectively means moving beyond laying blame, and starting to develop interventions to encourage uptake of prevention, testing, and treatment for men—for everyone’s sake.” Expanding HIV care in Africa: making men matter. The Lancet Vol 374 July 25, 2009, Mills, Ford, Mugyenyi
Growing evidence that engaging men and boys in health interventions shows impact

- Those that make **questioning what it means to be men or gender norms** central to their intervention
- Those that have a **longer duration**
- Those that have **multiple components** i.e. group education+
- Equal evidence that **mixed and single-sex groups** (including couples groups) work
- Single most consistent intervention showing change: **Group education with linkage to service provision**
PART 2: WHAT’S UP WITH MEN: RESULTS FROM IMAGES
The International Men and Gender Equality Survey (IMAGES)

Coordinated by Promundo and ICRW

- Multi-country study on men, gender equality, health and GBV, asking men and women about practices and attitudes
- To date, >20,000 interviews in 9 countries completed
- One of the most complete surveys of its kind that includes men’s and women’s assessments and includes a range of gender issues
- Brazil, India, Croatia, Chile, Mexico, Rwanda, Bosnia, DRC, Mali
- In process: Malawi, Mozambique, Nigeria
- “Sister” studies with Partners for Prevention: China, Bangladesh, Indonesia, Cambodia, PNG, Sri Lanka

Funded by SIDA, NORAD, UNFPA, World Bank, UNDP, UN Women, Ford Foundation, MacArthur Foundation
Across the IMAGES sites, men’s attitudes about what it means to be men found to be correlated with:

- Use of physical and sexual violence against female partners
- Their participation in care work and MCH
- Couple communication about RH
- Having sought HIV testing
- Number of sexual partners
- Having paid for sex
- Rates of self-reported STI symptoms
- Condom use
- Substance/alcohol use

In sum, how and to what extent boys and men internalize prevailing inequitable social definitions of manhood and gender-related norms affects their health and that of their partners with direct linkages to GBV and many other key issues.
Gender norms related to HIV testing: Results from the International Men and Gender Equality Survey (IMAGES): Promundo and ICRW, 2011

<table>
<thead>
<tr>
<th>Country</th>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>Brazil</td>
<td>35</td>
<td>65</td>
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<tr>
<td>Chile</td>
<td>29</td>
<td>49</td>
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<tr>
<td>Croatia</td>
<td>11</td>
<td>9</td>
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<tr>
<td>India</td>
<td>13</td>
<td>37</td>
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<tr>
<td>Mexico</td>
<td>27</td>
<td>30</td>
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<tr>
<td>Rwanda</td>
<td>87</td>
<td>89</td>
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</tbody>
</table>

% who report ever having been tested for HIV

Figure 20: Men’s and Women’s Reports of Having Ever Sought an HIV Test
Alcohol Abuse Common among Men: Related to age, gender attitudes, education, work stress

Figure 18: Men’s Reports of Regular Abuse of Alcohol Compared to Women’s Reports of (Their Own) Regular Abuse of Alcohol (five or more drinks on one occasion once monthly or more)
A Missed Health Sector Opportunity: Engaging Men in MCH via Prenatal Visits

Figure 12: Men’s and Women’s Reports of Men’s Accompaniment During Prenatal Visits During Most Recent Pregnancy
Which Men Support Gender Equality?

- Men with more stable sense of income
- Men in middle income countries and middle income households
- Men with some secondary education
- Across most countries, more support for gender equality at the “abstract,” more resistance when it comes to quotas for women
- Significant resistance to GBV laws across the countries surveyed
Men’s reports of use of IPV and women’s reports of victimization: *Men will tell us about their use of violence*
WHICH MEN ARE MORE LIKELY TO USE VIOLENCE AGAINST WOMEN (IPV)?
(IMAGES multivariate analysis)

**MEN:**
- With less equitable attitudes
- Who are economically stressed
- Who have been displaced (by conflict)
- *Who witnessed violence by a man against their mother*
- Who show higher rates of alcohol use
# IMAGES global results – Factors Associated with Men’s Use of IPV

<table>
<thead>
<tr>
<th>Demographic and Predictor Variables</th>
<th>Adjusted OR&lt;sup&gt;a&lt;/sup&gt; (n=7810)</th>
<th>95% Confidence Intervals</th>
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<td>Age 18-28 (REF)</td>
<td>1.00</td>
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<td>Age 29-39</td>
<td>1.56***</td>
<td>1.35 - 1.80</td>
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<td>Age 40-59</td>
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<td>Secondary school</td>
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<td>0.75 - 1.21</td>
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<td>Post-secondary school</td>
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<td>0.55 – 1.04</td>
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<td>Low income (REF)</td>
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<td>Mid-low income</td>
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<td>0.93 - 1.33</td>
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<td>Mid-high income</td>
<td>1.17**</td>
<td>1.04 - 1.31</td>
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<td>Highest income</td>
<td>0.96</td>
<td>0.75 - 1.22</td>
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<td>Employed</td>
<td>1.08</td>
<td>0.94 - 1.23</td>
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<tr>
<td>Witness of intra-parental violence</td>
<td>2.53***</td>
<td>2.08 - 3.07</td>
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<td>Permissive attitudes towards VAW</td>
<td>1.70***</td>
<td>1.34 – 2.16</td>
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<tr>
<td>GEM Score (standardized)</td>
<td>0.89*</td>
<td>0.80 - 0.97</td>
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<tr>
<td>Has been involved in fights</td>
<td>2.38***</td>
<td>1.91 – 2.97</td>
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<sup>a</sup>Adjusted for all other variables presented in table

+ p<0.10, * p<0.05, ** p<0.01, *** p<0.001

(Bolded means significant P<.05)
### Visual representation of significant correlates of violence perpetration by country

<table>
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<th></th>
<th>Bosnia</th>
<th>Brazil</th>
<th>Chile</th>
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<td>Depressed</td>
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<td>Involved in Fights</td>
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- **Non-significant (p>.10)**
- **Almost significant (0.05<p<.05)**
- **Moderately Significant (0.01<p<0.05)**
- **Very significant (p<.01)**

Men reporting they would prevent violence against women.

We also examined the ways in which men are willing to participate in the prevention of violence against women in their community.
WHICH MEN DO MORE CAREGIVING?  
(IMAGES global multivariate analysis)

MEN:
- With more equitable attitudes
- Who were taught to care for younger siblings
- Men whose fathers did care work
- With secondary education
- Who were **not** exposed to violence as children
- Who work fewer hours
- Who are younger
- Who took paternity leave (usually just a few days)
- Whose partner (the child’s mother) also works
The Big Headlines from IMAGES

- **Violence creates violence** – most traumatic form is witnessing violence against mothers
- **Caregiving creates caregiving**: men who see their fathers caring twice as likely to do so
- **Men’s educational attainment matters for almost every key gender outcome**
- **Younger generation** taking up gender equality faster
- **Men who buy into gender equality are happier and healthier** - and their female partners are happier and healthier
Finally, the study also found that men who witnessed or were directly affected by the genocide had higher rates of reported use of violence against their female partners, as did men who reported witnessing violence by their fathers against their mothers in their household of origin. Taken together, these findings highlight the importance of understanding the roots of men’s attitudes and practices, and in particular the disempowerment felt by some men, particularly low income men, in Rwanda.

The findings affirm the need to understand men’s perspectives on these issues while at the same time working to expand and improve our efforts to empower women.

The data also affirm the large gap between Rwandan policies on gender equality – which are very progressive – and the lived daily realities of women and men, as well as their attitudes toward these policies.
PART 3: USING RESULTS TO DRIVE INTERVENTIONS
4 Emerging Areas of Large-Scale Interventions Coming from IMAGES

- **MenCare**: Promoting care work and men’s Involvement in MCH via public health sector
- Engaging men via *women’s economic empowerment and conditional cash transfers*
- Using the *education sector* to reach boys and girls to change gender norms
- Working with the *peace and security sector* to build lasting, gender-equitable peace
MenCare+
ENHANCING MEN IN A 4-COUNTRY INITIATIVE

- **3-year collaboration** between RutgersWPF, Promundo-US, Sonke and partners
- Engaging men, ages 15-35, as caregiving partners in maternal and child health (**MCH**) and sexual and reproductive health and rights (**SRHR**)
- Implementing in **Brazil, Indonesia, Rwanda and South Africa**
- **Objective is to scale up a combined MCH, SRH, GBV prevention approach with the health sector**
CENTRAL COMPONENT: ENGAGING HEALTH SECTOR WORKERS TO ENGAGE MEN AND COUPLES

- Implemented in Nicaragua and Sri Lanka
- Pre-tested in 4 countries
- Full launch in October 2013 with IADB
- Impact Evaluation (RCT) in South Africa
- Great interest from Save the Children to develop subsequent versions for parents with older children
- Being adapted in India, Guatemala, Senegal, Honduras and Ecuador
CAMPANIA DE PATERNIDAD
Comparte las tareas de cuidado diario de tu hijo/a

CAMPANIA DE PATERNIDAD
Cuida la salud de tu hija/a y acompañale a sus controles de salud
Interventions on Men and WEE

*Journeys of Transformation*: Pilot project in Rwanda to engage husbands of participants in savings associations.

Evaluation found increase in:

1. men’s support for women’s income generation activities,
2. couple communication,
3. income,
4. men’s care work

- Starting RCT in Burundi
- *Study in Brazil to promote men’s involvement in families via Bolsa Familia*

Support: NORAD, CARE, UN Women, World Bank
Education Sector: Program H in schools

- Structured *consciousness raising*” about masculinity using a Paulo Freire approach
- Activism and community campaigns led by youth “resistors”
- Training of teachers via online training portal reaching 2000 teachers in 3 states in Brazil
Results of Program H: 22 countries

9 quasi-experimental evaluation studies found:

- Reduction in violence-supportive attitudes;
- Decrease in bullying behavior (Bosnia), sexual harassment (India), and physical violence against female partners (Brazil);
- Increased condom use (Brazil, Chile, India);
- Reduced disruptive classroom behavior (Brazil, Balkans);
- All compared to no change or negative change in control groups
Living Peace: Trauma support, identity creation for men in partnership with women

Simon, South Sudan
I AM LIVING PEACE
Growing up, conflict was all I knew. I could not stand the violence and hoped that one day I could live in a free and peaceful South Sudan. So, I joined the liberation struggle and became a child soldier. I spent five years in Ethiopia at the Sudan People's Liberation Army's base. After the fall of President of Ethiopia in 1991, I was taken back to South Sudan. When the liberation movement split and turned on each other, I realized fighting would not help my country. I left to seek an education.

Along with other former child soldiers, we made the long journey to a refugee camp in Kenya. We became known as "the lost boys." It was tough turning my life around. Since finishing my education, I have spent nine years working at Peace Building NGOs. I want to help build my nation. I want peace to finally come to South Sudan.

Five decades of war and conflict had deep impacts on South Sudan. People are traumatized, scared, and angry. When people only know conflict, it is difficult for them to transfer to a peaceful society. It takes time to heal the scars. We have a lot of work ahead of us to build a peaceful and stable South Sudan.

Read Marcio’s full story and get involved:
www.menbeyondwar.org

Marcio, Brazil
I AM LIVING PEACE
I grew up in the middle of a war, the middle of violence. In addition to the physical war — the stray bullets, not being able to get home or climb the hill because of the war between drug factions — I also had a war inside. It was just as strong a force.

My father used to beat my mother. One time when he was drunk, he punched her and she stayed at home for a week with her eye swollen shut. But this is what the community expected. I saw this all around me. He needed to show them that he could be a man.

Some men see power as having nice clothes, women and guns, all things that drew attention. But it is momentary power. I did the opposite. You have the strength to say no, to not beat your wife, to not hurt or humiliate anyone. You have to want to be different. So I swam against the tide — and it was worth it. Today I walk with my head held high. I have my family, my son — who I love most in the world — my wife, my house, my profession. I always wanted a family that was proud of me. There’s no better reward than that.

Read Marcio’s full story and get involved:
www.menbeyondwar.org

PROMUNDO
Getting it into the public sector: Brazil’s Ministry of Health
Benefits of combined GBV prevention + health promotion + men’s caregiving + promoting alternative identities

- **Women’s lives get better** – health, well-being, income, reduced violence
- **Children’s lives get better** – health, reduced violence, better developmental and education outcomes, girls empowered, boys more gender-equitable
- **Men’s lives get better** – longer, healthier lives; more fulfilling relationships

Challenge is for health, education, poverty alleviation and peace and security sectors to take men’s involvement seriously