Constructive male engagement is a recommended and commonly used strategy for community-based family planning programs. While documentation of best practices in this area remains limited, there are many examples of strategies, promising practices, resources, and tools for increasing male involvement that are available. This update will provide information on the following:

1. Resources and tools for male involvement
2. Examples of strategies to constructively engage men in reproductive health
3. Promising practices for male involvement

I. RESOURCES AND TOOLS FOR MALE INVOLVEMENT

The Interagency Gender Working Group (IGWG) has developed an electronic brochure, SysteMALEtizing (July 2006), which includes resources for engaging men in sexual and reproductive health. This online brochure categorizes male involvement resources under the categories of: 1) men as clients; 2) men as partners; and 3) men as agents of social change. Following these three categories, the document lists resources to address the following areas: family planning/contraception; maternal and neonatal health and fatherhood; male identities and roles; STIs and HIV/AIDS prevention, diagnosis and treatment; gender-based violence; and policy.

Another resource from the Interagency Gender Working Group is the orientation guide, Involving Men in Sexual and Reproductive Health (May 2002) which has two overarching goals: promoting gender equity for its own sake, and using gender equitable approaches to improve sexual and reproductive health outcomes. Intended as a tool for program designers and planners, program managers and policymakers, as well as NGOs and community groups, the guide can facilitate sharing information, aiding program design and planning, and advocating for improved sexual and reproductive health programs and services.

EngenderHealth established its Men As Partners® (MAP) program in 1996. Through its groundbreaking work, this program works with men to play constructive roles in promoting gender equity and health in their families and communities. This site includes links to tools, project descriptions, and other resources related to the MAP program and engaging men in sexual and reproductive health more broadly. One particularly useful resource available on the MAP website is the Men's Reproductive Health Curriculum (2003) which is designed to provide a broad range of health care workers with the skills and sensitivity needed to work with male clients and provide men's reproductive health services.

Stepping Stones (December 1999) is a training package which incorporates male involvement into the topics of gender, HIV, communication, and relationship skills. This package is designed to create behavior change through the exploration of why we behave in the ways we do and how gender, age and other issues influence behavior.

The Johns Hopkins School of Public Health: Reaching Men Worldwide: Lessons Learned from Family Planning and Communication Programs, 1986-1996 (January 1997) is a publication that reviews the projects and key lessons learned by JHUCCP from over a decade of experience in communicating with men about reproductive health. The lessons apply to designing and implementing programs, advocating and winning support for programs, and evaluating program results. This experience can be useful to other program planners who seek to communicate with men.
Technical Update No. 1: Male Involvement

Three Case Studies: Involving Men to Address Gender Inequities (July 2003) profiles three innovative programs, including the previously mentioned “Stepping Stones” approach, that have involved men and youth in efforts to improve reproductive health outcomes for both men and women.

II. EXAMPLES OF STRATEGIES TO CONSTRUCTIVELY ENGAGE MEN IN REPRODUCTIVE HEALTH

Examples of different strategies including lessons learned may be accessed at the following website, http://www.rho.org/html/menrh_proexamples.htm.

III. PROMISING PRACTICES FOR MALE INVOLVEMENT

Promising Intervention: Targeting and Involving Men in Prenatal and Postpartum Care

The Population Council and USAID have documented a promising practice for male involvement based on operations research carried out in India, Zimbabwe, and South Africa. The interventions increased men’s involvement in their partner’s maternal care and family planning leading to increased couple’s discussion and use of contraception and improved knowledge about pregnancy and family planning. Couples attending prenatal and postpartum counseling sessions received information on pregnancy care, family planning, postpartum infant care, breastfeeding and lactational amenorrhea method, identifying the symptoms of and prevention of STIs, and correct condom use. They also received antenatal testing and if necessary, treatment for syphilis.

What is the Practice?

Increasing men’s involvement in their partners maternal care improved couple’s discussion and use of contraception and improved knowledge about pregnancy and family planning. Couples attending prenatal and postpartum counseling sessions received information on pregnancy care, family planning, postpartum infant care, breastfeeding and lactational amenorrhea method, identifying the symptoms of and prevention of STIs, and correct condom use. They also received antenatal testing and if necessary, treatment for syphilis.

Why is it needed?

In most settings, men are influential in the health care and reproductive health decisions of the family, as well as controllers of health expenditures. They are also partners in contraception. Despite these influences, a vast majority of reproductive health programs primarily target women for Pre-and Post natal care, leaving men on the periphery of receiving information or services.

What is the evidence behind the effectiveness of Constructive Male Engagement approaches?

- Men are interested in participating in the process

Couples who underwent the joint counseling reported more communication on family planning than those that did not (84% vs. 64%) and more joint decision making on the issue (91% vs. 71%)i

- Contraceptive use was 14% higher at sites where joint counseling was conducted than in clinics not participating in couple counseling

- More men and women knew that condoms provide dual protection from STIs and Pregnancy (89% for counseled couples vs. 48% for non-counseled)

- Providers were satisfied with the approach and expressed interest in its continuation

- In an unrelated, yet similar male involvement program in Zimbabwe, involving men in family planning counseling increased use of FP among couples by 31%i

Where has this been done?

- The two examples provided took place in India & South Africa but other successful approaches have taken place in other countries as well such as Bolivia and Egypt.

- Evidence from similar interventions (Zimbabwe – ZNFPC) have shown similar success with male-involvement programs

What would be achieved if successful implementation takes place?

- Improved maternal and child health outcomes
- Improved couple communication about use of contraception

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What inputs are required?

- Training of providers is needed to improve their comfort level with men and couples’, and to improve their counseling skills
- Reorganization of services may be required to allow for space and time for counseling
- Counseling materials
- No new staff were added for these interventions
- Marginal expenditure per year per clinic was less than $1,000 (supplies and materials)

What Have Been the Constraints?

- Accessing men is a critical issue which must be addressed; in the South Africa and India cases, men were accustomed to accompanying their wives to the clinic for care, but did not participate before this experiment
- Danger that joint counseling might over-focus on male partners and disempower women from participating in decision-making.

Who has led the research/Implementation of the practice?

The example provided was an intervention by The Population Council with Ministries of Health and Government of India Employee State Insurance Corporation, the Reproductive Health Research Unit of Witwaterstrand University, the KwaZulu Natal Province Department of Health, and the Zimbabwe National Family Planning Council with JHUCCP. Similar interventions have been carried out in other countries by other organizations as well.

The following links provide more information regarding each of the programs mentioned above:

1) **Involving Men in Family Planning: The Zimbabwe Male Motivation and Family Planning Method Expansion Project** (1996)

The Zimbabwe National Family Planning Council (ZNFPC), a pioneer in communication projects promoting male involvement in family planning, successfully implemented a male motivation campaign in 1988-1989. In September 1993, ZNFPC launched a second male motivation campaign with technical assistance from the Johns Hopkins Population Communication Services (JHU/PCS).

Using a mix of radio and television programming, print materials, and community events, the campaign sought to encourage couples to use long-term and permanent contraceptive methods, and promoted male participation in family planning decision-making. This paper describes ZNFPC’s campaign strategies, materials, and activities.

2) **Involving Men in Maternity Care in India** (2004)

An intervention during prenatal consultations to increase men’s involvement in their partners’ maternal care increased couples’ discussion and use of contraception and improved knowledge about pregnancy and family planning. The intervention is being expanded within the context of India’s insurance scheme for industrial workers’ families to hospitals and additional health centers.

3) **Involving Men in Maternity Care in South African** (2004)

Couples’ counseling for antenatal care in South Africa was feasible but challenging. Given marital and work patterns of women and partners, counseling generated few significant changes in reproductive health risk behavior. Increasing men’s involvement in reproductive health will likely require a broad effort to increase knowledge of sexually transmitted infections, including HIV/AIDS, and sexual risk behaviors.

All resources printed on this document may be found on the Community-Based Family Planning website ([www.communitybasedfp.org](http://www.communitybasedfp.org)) in the category community programs under the subcategory male involvement.

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