Engaging Men and Boys in Family Planning:
A Strategic Planning Guide

This document is intended to lead program managers, planners, and decision-makers through a strategic process to identify effective investments for engaging men in efforts to improve sexual and reproductive health. In this guide, male engagement refers to the involvement of men and boys in family planning programs across life stages, including addressing gender norms and gender equality.

This guide builds on reviews of male engagement strategies for family planning[1-8] and is informed by recognized experts in the field.* Throughout the steps below, programs should address the specific contexts and diverse needs of program beneficiaries. Examples within each step illustrate how to identify relevant gaps and issues and offer programming approaches to consider. *The first priority of any family planning program when considering partner engagement is to respect the client's preference of whether to engage her partner and to do so in equitable ways that protect and encourage women's autonomy.*

Step 1: Define the behavioral aim of your initiative.

Men's sexual and reproductive health needs differ across life stages depending on whether they are adolescents, beginning to explore sexual relationships, sexually active, newly married, first-time parents, growing or spacing their families, or have completed family size. Throughout these life stages, men strive to fulfill roles and expectations while exhibiting behaviors that can facilitate or inhibit healthy sexual relationships. Program designers should specify behavior outcomes they hope to affect, and use appropriate indicators to track changes in those behaviors over time. Keep in mind that social norms around sexuality and relationship are formed in early adolescence (See the Global Early Adolescent Study). For programs that address needs of adolescent boys, the Strategic Planning Guide for Adolescents offers additional information and suggestions.

An Accredited Social Health Activist (ASHA) in India explains the various family planning methods to a couple, as the young bride shies away. © 2016 Arvind Jodha/UNFPA, Courtesy of Photoshare

Common behavioral aims of male engagement programming include increased male participation as:

- Contraceptive users (e.g., condoms and vasectomy) or as partners using methods requiring active cooperation (e.g., Standard Days Method)
- Partners engaged in open communication and decision-making about family planning and contraceptives
- Advocates for gender equality and family planning in their families and communities

Step 2: Assess men's and boys' knowledge and attitudes related to reproduction and contraception.

Family planning programs typically target information and messaging to women and girls; however, women and girls may not be the primary decision-makers about their own contraceptive use. Providing correct and comprehensive information facilitates active engagement of men as supportive partners, advocates, and users of contraception. Misinformation and negative attitudes or beliefs such as using contraception makes men less "manly" or using

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contraception causes infertility can create barriers to contraceptive access and use. These beliefs could reduce men's use of condoms or vasectomy and support for other contraceptives.

Important areas to consider for assessments of knowledge and attitudes include:

1. Knowledge of puberty and reproduction across the life cycle, for example:
    - Boys' knowledge of physical, social, and emotional changes during puberty
    - Young men's knowledge of reproduction, women's menstruation, and related issues
    - Knowledge of the fertile period

2. Knowledge, beliefs, and attitudes toward family planning and contraceptive methods, particularly as they relate to sexual functioning and gendered social roles, for example:
    - Knowledge of individual methods, how they work, and their side effects
    - Ideal family size
    - Beliefs about how contraception affects health, work, and future fertility

3. Knowledge of, preferences for, and perceptions of family planning services, for example:
    - Men's and boys' knowledge of family planning service availability
    - Men's and boys' preferred characteristics for contraceptive services, service providers, and health facilities

Step 3: Assess how gender norms affect male engagement in family planning.

Gender norms—rules or expectations that shape and regulate appropriate behavior for males and females—influence sexual and reproductive health. As adults, men often have more say than women do in family decisions, such as when to begin a family and how many children to have. This imbalance results in inequitable couple communication about fertility intentions and contraception. Gender norms that idealize sexual ignorance for girls and sexual prowess for boys exist in many countries. These norms can impede girls' access to information and services and their ability to negotiate sexual relationships.[9,10, 16]

Men play an important role in challenging inequitable gender norms and fostering positive norms, particularly among their peers and with their children.[11-13] Failure to address issues such as women's subservient social status, economic dependence on men and limited agency, household power dynamics, and harmful masculine norms are common reasons that investments in family planning service delivery fail to achieve expected results.[14,15]

Before designing a programmatic response, clarify the underlying norms that influence key behaviors:

- Are women able and allowed to articulate and act on their preferences regarding sexual relationships and contraceptive use?
- Do partners discuss fertility intentions?
- Do women believe they need permission from their sexual partners, husbands or male partners, or gatekeepers to use or pay for family planning services?
- Is it considered socially "appropriate" for men and boys to support family planning? What are the social impacts for men and boys of engaging in gender equitable behaviors?
- As a key adverse factor in sexual relationships, is intimate partner violence/spousal violence common?
- What are the expectations around shared household responsibilities and caregiving for children in communities?

To answer these questions, conduct a gender analysis of secondary data sources (e.g., Demographic and Health Surveys, peer-reviewed literature) or collect primary data through key informant interviews and focus group discussions with clients and providers. Useful tools are available through the Interagency Gender Working Group.

Step 4: Identify programming approaches that engage men and boys.

After clarifying the relevant norms, identify the people whose opinions matter to men and may influence those particular behaviors. Such individuals could include community leaders, parents/in-laws, religious leaders, health care providers, or positive deviants (i.e., those already practicing the desired behavior). Also, identify the sources and locations where men and boys prefer to receive sexual and reproductive health information and services.

The table below includes examples of high impact practices (HIPs) in social and behavior change and service delivery that can be designed to foster male engagement. Checkmarks indicate which HIPs could be tailored to meet typical male engagement objectives. Consider using a combination of practices for greater effect. Monitoring data should include measures of both gender and family planning outcomes. Disaggregate by age, sex, marital status, and other contextually relevant characteristics to ensure program objectives are met and service delivery is equitable for beneficiaries.

Table. Social and Behavior Change and Service Delivery High Impact Practices Commonly Used to Foster Male Engagement

High Impact Practice	Practice can …			Approaches
	Improve knowledge and attitudes	Address norms	Increase access to male contraception	
Social and Behavior Change Category: Consider integrating information sharing and discussions into traditionally male spaces such as agricultural projects or development committees.				
Mass media	✓	✓		Radio, television, billboards, newspapers
Community group engagement	✓	✓		Facilitated dialogue and reflection with and through community groups, street theater, engagement through faith/community leaders
Digital health for SBC	✓	?		Social media, interactive voice technology, mobile apps
Interpersonal communication: *coming Fall 2018*	✓	✓		Hotline, male motivators and peer educators/mentors, positive deviants
Service Delivery Category: Consider that men and boys often prefer accessing services through non-clinic and informal settings				
Mobile outreach services	✓		✓	Particularly important for services, such as vasectomy, that require a high level of clinical skill
Community health workers	✓	✓	✓	Male CHWs can motivate men to support family planning and build couples' communication skills
Drug shops and pharmacies, Social marketing			✓	Pharmacies and drug shops are often a preferred source for purchasing contraceptives among men and boys.

How to Do It: Tips from Implementation Experience

- Develop and test messaging specifically for men and boys that resonates in the local language and culture. Likewise, designers should seek information channels and influencers that are appropriate to reach men and boys.
- Support individual and community reflection on norms, expectations, and roles pertaining to reproductive health, family size, caregiving, and contraception at different life stages through community group engagement. As part of this effort, consider how to engage community members to support men who act in ways that support positive sexual and reproductive behaviors.
- Make family planning information and services convenient and welcoming to men and boys. Are clinic hours accessible and compatible with men's availability? Do information, education, and communication materials include men and boys? Are male partners welcome in family planning counseling and services? Are male providers available? Are other reproductive health services offered (e.g., services for HIV and other sexually transmitted infections)?
- Design programs that go to where men are such as, workplace programs; water, sanitation, and health programs that target men; co-ops; trade unions; savings and loans; and agricultural extension programs.
- Include strategies for reaching female partners when designing programs to increase male contraceptive use.

For more information on HIP briefs and on the work of the HIP partnership, please refer to the ***High Impact Practices in Family Planning*** website at www.fphighimpactpractices.org or contact the team at fphip@k4health.org.

References

A complete list of references used in the preparation of this brief can be found at:
https://www.fphighimpactpractices.org/guides/engaging-men-and-boys-in-family-planning

The HIP partnership develops briefs that synthesize the evidence and provide experiential learning on how to implement selected HIPs.

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