



GT4AFRICA

Gender Transformation for Africa: A Sexual, Reproductive and Maternal Health Research Collaborative

Transformation du genre pour l'Afrique: Une recherche concertée sur la santé sexuelle, reproductive et maternelle

Summary

9th November, Thursday

Male engagement / Masculinity and SRMH

Objectives:

- To introduce, unpack and deepen our conversation on male engagement and SRMH
- To share the learnings from the different projects on cross-cutting themes on male engagement and SRMH
- To assess whether we are on the right track, and inform our practice on male engagement moving forward

Welcome and informal conversation until everyone joins

Prof Olagoke Akintola, SOPH-UWC, and welcome participants.

He highlighted that male engagement was one of the themes identified by the cohort for collective engagement in the need assessment conducted early last year. That the webinar has been a collective effort with the Steering Committee and panelists representing the different projects, working together with the SOPH team. He reminded participants that the webinar is an interactive one, and everyone's active participation is essential.

Olagoke quickly went over the agenda.

Time minutes	Webinar sections	Lead facilitator/ Type of session
0-5	Welcome Ice breaker	Olagoke Wolde
6-20	Participant introductions (in groups of 3)	All breakout rooms
21-40	Conversation starter: Presentation on male engagement	Wolde and Paapa
41-70	Panel discussion	Moderator: Sundari Panellists Aloysius, HPRG Anthony, APHRC Mohammed, GradeAfrica Ndumiso, NACOSA Paapa, GHS
71-115	Facilitated Q&A with panel discussants	Tanya
116-120	Music/stretch/comfort break	
121-145	Group discussion	With Kefi bilingual With Nkoli & Suleiman English
146-150	Closing comments	Asha

Oalgoke then introduced an ice-breaker activity, requesting participants to describe what 'Male engagement' means to them in 2 or 3 key words. Participants captured their responses on mentimeter, and the meanings they attributed to notion of male engagement were overwhelmingly positive, only a few minority words expressing concern.

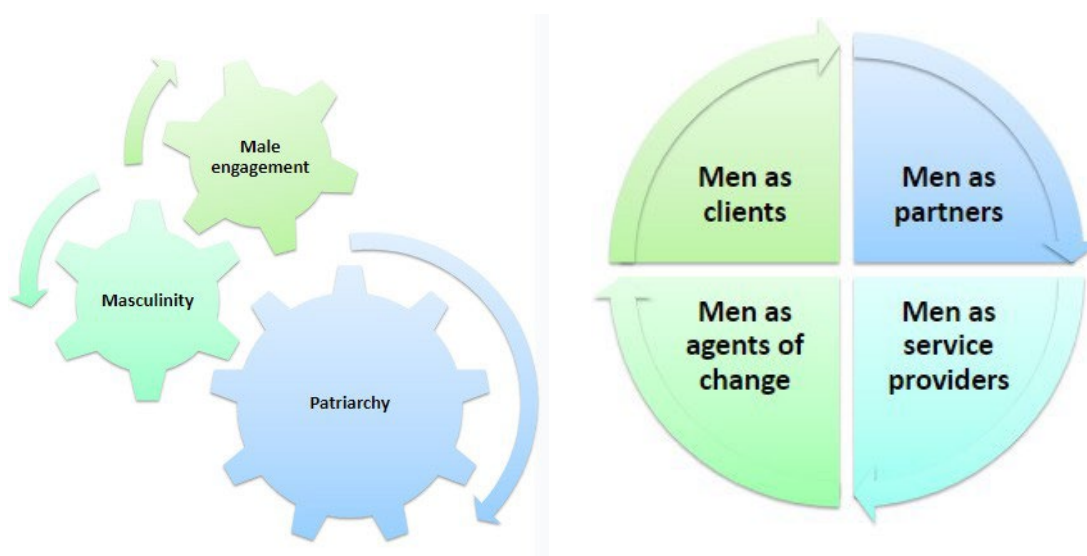


Participant introductions

Participants then in small randomly allocated groups of 3 reflected on the responses to the ice breaker question, and discuss the underlying meaning, understanding of the key words.

Conversation starter: Presentation on male engagement

Wolde and Paapa shared key concepts, evidence on gender-transformative programming with men and boys to improve SRHR; limitation, criticisms, and lessons; resource list that focus on the evolution and challenges of male engagement in SRHR, GBV, parenting and care.



Panel discussion

Sundari moderated a panel discussion with

1. Aloysius, HPRG
2. Anthony, APHRC
3. Mohammed, GradeAfrica
4. Ndumiso, NACOSA

The panel touched sought to address in their reflective contribution the following questions:

1. Why engagement of men and boys?
2. What do you do about male engagement (i.e. strategies or mechanisms used to engage boys and men)?
3. How does it alter gender power relations?
4. How do you measure the changes?
5. What are the challenges?

The following are highlights of their contributions:

Aloysius Odii, HPRG

- GTA for youth friendly reproductive services in Nigeria, training of health care providers, and action learning process
- Engaging men and boys is an important tool, module 1 and 3, lots of activities to train health providers to recognize the importance of boys and men as service users, but also partners, so role plays, and then community members in action learning phase
- Aiming to change men's behavior in terms of their health but also health of others

Anthony Ajayi, APHRC

- East African Community SRH Bill why did previous bills fail to pass Parliament, only focuses on women, but men are members of parliament
- Began to identify the SRH needs of men for the bill, men are not just allies, but also as key populations needing services
- Facilitating linkages between men engage and AU mechanism at regional level, south to south learning
- How do Africans define positive masculinity; they are finding traditional masculinity but other forms of masculinity also emerging

Mohamed Sallah, GRADE Africa

- Community mobilization including religious leaders, to question the social norms
- 3 levels to measure change: individual, relational, community/social level
- At individual level focus on women's autonomy and reproductive health,
- At relational level men should accept women's rights to say/ to be respected, increased knowledge of reproductive health

Ndumiso, NACOSA

- Men are not hard to reach, they are hardly reached
- Adolescent men remain at high risk for HIV, less likely to know their HIV status than girls
- Condom use may be high initially, but does not stay or remain consistent, sexual debut at 12 years old
- Problematic assumptions, men being perceived as being stubborn, we wear a mask of indifference, but are actually scared, they are complex human beings with psycho-social needs, treatment maybe associated with loss vs gain
- Not all men are the same, South Africa, poverty, trauma, loss, grief, loss of hope, spaces to discuss their vulnerability
- Men seen as a secondary audience
- Messaging on HIV focusses on survival vs thrival
- Men expected to be strong, but they are not always the case, carrying pills seen as feminine I don't have a purse to hold the pills, clinics are female dominated
- PSI project

Paapa, Ghana

- Adolescent boys, participant observations in junior and senior high schools, what were the treatment seeking pathways in the school clinics:

Facilitated Q&A with panel discussants

Tanya led the cohort for Q&A with panel discussants, and here are a few highlights.

Ndumiso,

- online forms for male engagements
- men only seek care when sick which is a problem for masculinity, so where do we reach them, in the spaces were they can navigate: transport hubs, other meeting spaces

Anthony Ajayi

- Very conservative social media posts are catching on and influencing young boys, we don't see a lot of work challenging that

Aloysius

- A lot of health care providers are women
- Health seeker can be employed/ unemployed, livings with parents or not, but this influences their trajectory, educated, not-educated, disability, how did health providers respond
- Traditional leaders are very powerful people and they are key in engaging on gender equality

Music break

[Thandiswa Mazwai - Zabalaza](#)



Group discussion

In two language groups (English, French), participants discussed what they consider to be key takeaway messages.

French group

Group Discussion Notes

Bi-lingual group 1: Kefi

3 messages clé

- Engagement des hommes est une approche programmatique qui est aussi une approche GTA et qui est utile à la transformation des normes du genre. Impliquer les hommes dans la prise de décision tout au long du parcours de soins est important pour l'accès au soins : L'expérience du projet de Maza Danga a montrer que les femmes n'ont pas la possibilité de décider d'elles-mêmes
- Agir au niveau de la conception des projets et programmes et mieux prendre en compte la dimension « homme » pour que les hommes aussi se sentent concernés
- Dialogue communautaire est clé : Maza Danga : les hommes qui ont été engagés avec l'approche ASA (analyse sociale et action) a amené les hommes à prendre plus d'action de soutiens envers la sante des femmes et a amené les leaders communautaires à se mobiliser et soutenir l'initiative. ASA se base sur des groupes de discussion hommes + femmes et les normes sociales sont discutées. Ce qui amené à comprendre les effets néfastes de ces normes et eux-mêmes conduisent le changement. Autoréflexion et auto-analyse avec les membres de la communauté : les membres du projet ne sont que des facilitateurs, ce sont les participants qui réfléchissent ensemble aux problèmes et solutions autour de la promotion du genre et la promotion de la santé.

Aspects à mieux explorer

- Explorer plus la question de l'implication des hommes au niveau des adolescents car les dynamiques

Men and boys should be involved in health services as this is good for men and good for society.

Involving men does not mean that an intervention is gender transformative. We should ensure that when engaging men that we also address societal power imbalances. Sometimes engaging men could be enforcing patriarchy

Is male engagement about catering to the SRHR needs of men or is male engagement an effort to shift towards gender transformation. Are these oppositional or can they co-exist

We should address men early when they are still malleable. Timing is important when engaging men. Masculinities are shaped during the formative years

The presentation by Wolde was very interesting. Community mobilisation was a key to this. I would like to know more about this. What is the most effective ways to engage men

One of the key take aways is around how young men are engaged. They are mostly indirect targets or in relation to another demographic. The consequences are ill.

How feminist movements perceive efforts to engage men and how these perceptions can be a barrier.

Women do not live in isolation so it is important to engage men to ensure gender equality. Engaging men is also perceived by some as pandering men and thus becoming a mens rights movement. For better health outcomes men must be engaged but if we frame conversations with men as constant perpetrators then men will not attend these interventions. Some of these nuances require more conversation and research to navigate a best approach to engaging men

There must be positive ways that bring men to these conversations and perhaps the health sector is not the most effective due to how the health sector is perceived by men.

English group

- Men?
- Male engagement doesn't always mean it is gender transformative, involving men can also perpetuate gender inequality, or backlash, we need to center power relations in the endeavor
- Is male engagement about catering better for men's SRH needs, or is it about transforming structural gender norms, can they co-exist?
- Multiple levels and strategies: Addressing boys early is critical vs when they are older/ Addressing power means also engaging traditional and religious leaders who are older
- What are the nuances in community mobilization for engaging men?
- Empowering women without engaging men around them is a problem, women do not live in silos, so how do we reach the men without pandering to their power, how do we address discrimination?
- Wolde's presentation highlighted key terminologies, but framed in the negative, when they feel attacked they will not come
- Men were always engaged with someone else's health
- Men usually targeted as secondary to the main targets/ cannot be only around illness need to reach out to men around wellness in non sickness spaces
- Perceptions from women's rights groups concerned about male engagement, given this history

Closing comments

Asha provided a concluding summary and closing reflections.

We've had some great presentations. I think wonderful inputs from colleagues, from each of the projects, an insight into the range of collaborative initiatives from across the different implementation research projects that are engaging men and young boys but also leaders in communities working with health providers.

It's wonderful to see so many different projects engage with this, but quite a lot of complexity, which is not a surprise, because ultimately we're dealing with power relations, and that is never a one-way street. There's always negotiation and pushback that all also happens.

I just want to thank everyone. It's been really wonderful to see all the participation from all the projects in shaping the presentation in shaping the webinar. We had lots of time to discuss and get to know each other a little bit better and let me pause there and see.

Kéfilath then made the final closing

She thanked participants for their active participation in the group discussions and throughout the webinar. Despite the richness of the engagement, this is just a conversation starter, and urged participants to continue the conversation.