



Engaging men and boys as clients and partners, and enabling a gender equitable environment, to improve HIV/SRH outcomes: A systematic review of reviews

UNAIDS Global Men and HIV Technical Working Group



















SPEAKERS



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1 BACKGROUND



- ✓ Meet men's own health needs and wellbeing
- ✓ Support the health and wellbeing of their intimate partners / families
- ✓ Create enabling environments for SRHR and gender equality for all

Call for evidence synthesis from decision-makers:



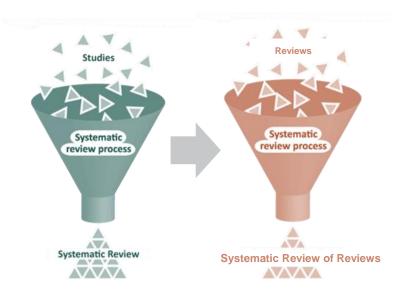
- When are men and boys willing to participate in HIV and SRHR programming?
- What are the effective strategies to engage men and boys?
- Would these strategies work in my setting?



SRHR - Sexual and reproductive health and rights

What does the evidence say about how to engage men and boys?

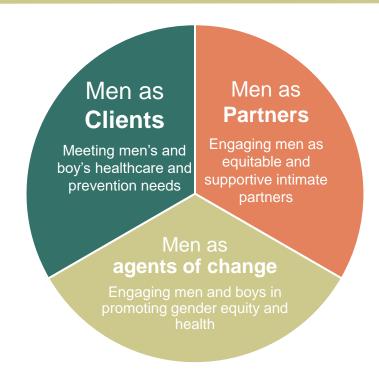
- In reality, there is a lot of evidence available to suggest a path forward
- There are thousands of relevant primary studies, and dozens of systematic reviews of these primary studies
- We synthesised the evidence via a systematic review of reviews



A systematic reviews of reviews "...provides 'user-friendly' summaries of the breadth of research relevant to a decision without decision makers needing to assimilate the results of multiple systematic reviews themselves..."

> - Cochrane Handbook for Systematic Reviews of Interventions version 6.3; updated February 2022

We used an organising framework adapted from previous work



Adapted from: Greene ME, Mehta M, Pulerwitz J, et al. Involving men in reproductive health: contributions to development. Background paper prepared for the UN Millennium Project to contribute to the report Public Choices, Private Decisions: Sexual and Reproductive Health and the Millenium Development Goals. 2006.



2 | OVERVIEW Systematic review of reviews



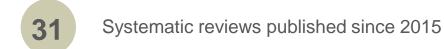


Procedures for review of reviews followed a systematic process

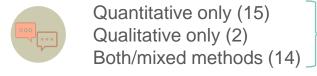


- Based on the Cochrane guidelines for Systematic reviews of reviews¹
- Criteria for inclusion:
 - Systematic
 - Published 2015 to present
 - English
 - Include at least half of the studies from low- or middle-income countries
 - Cover at least 1 of 7 SRHR components (e.g., HIV, family planning, maternal & child health, gender-based violence)
 - Include a focus on interventions that explicitly seek to engage heterosexual men and/or boys
 - Include studies with any methodology (quantitative, qualitative, both)
- Full text review and data extraction was completed by at least two study team members
- All systematic reviews were of high/moderate quality (per 11 criteria reviewed)

Final set of 31 systematic reviews cover the following:







Includes 5 meta-analyses/meta-syntheses



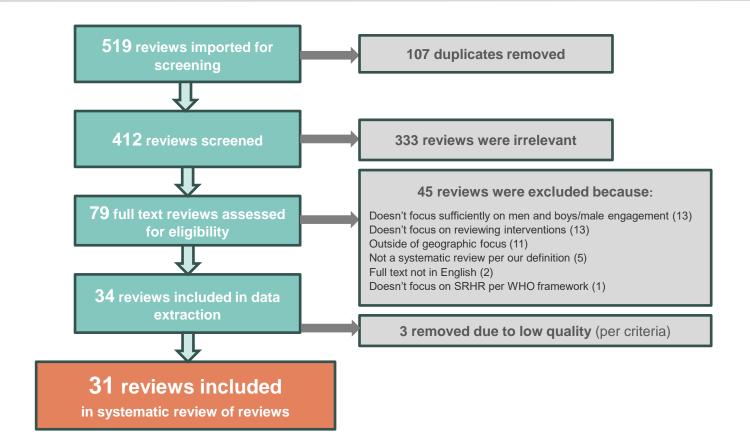
Regions across LMICs (heavy focus on Eastern and Southern Africa)



We synthesised findings under the 3 elements of the framework with men as:

- 1) Clients
- 2) Partners
- 3) Agents of change

PRISMA diagram reflecting reviews that were included and excluded





3 | ENGAGING MEN AND BOYS

AS CLIENTS







Overview – Engaging men and boys as clients







Geographic focus:

- Africa (11)
- Latin America and the Caribbean (2)
- Europe (1)

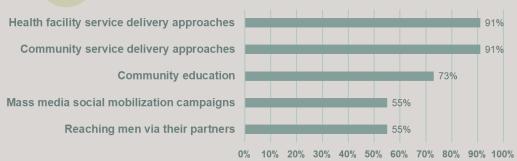


Specific topics:

- HIV testing (4)
- Voluntary Medical Male Circumcision (VMMC) (3)
- Men as family planning users (2)
- Retention in HIV care (1)
- HIV-focused sexual risk reduction for adolescent boys and young men (1)



Most common types of interventions:



■ % of reviews including the intervention approach

Summary of effective interventions



- Interventions to increase men and boys' use of HIV testing and VMMC were found effective
 - Community-based service delivery (e.g., mobile units, venue-based testing, home-based testing) and HIV selftesting were effective complements to facility-based – increase convenience and privacy
 - For VMMC, both school- and community-based programming are important; need to better tailor strategies and counseling/materials by age group
 - Providing adequate information for informed decision-making, and explicitly addressing gender norms related to men's use of SRHR services/products, were particularly important approaches
 - Multi-level, multi-component interventions consistently more effective than stand-alone (generating informed demand + improving supply + creating an enabling environment)
- Substantial room for improvement for linkage to/retention in HIV care among men with HIV
 - Psychosocial vulnerabilities, often associated with harmful masculinities (e.g., shame, loss of dignity), appeared to be key barriers to engagement in care
 - Most evidence was for group psychosocial support groups, but these were rarely tailored for men
- More work needed to engage men as family planning users (vs. partners of women as FP users)
- No reviews for men as PrEP / treatment as prevention (TasP) users: above findings can apply



4 | ENGAGING MEN AND BOYS

AS PARTNERS







Overview – Engaging men as partners







Geographic focus

- Africa (11)
- Northern America (2)
- Asia (1)
- Europe (1)
- Latin America and the Caribbean (1)
- Oceania (1)

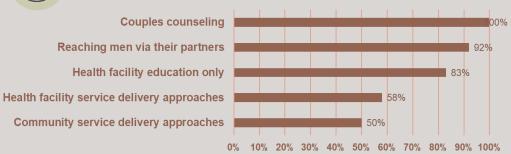


Specific topics

- PMTCT (5)
- Maternal health/MNH (2)
- Couples HIV testing (1)
- HIV risk reduction among sero-discordant couples (1)
- Reproductive health (1)



Most common types of interventions:



■ % of reviews including the intervention approach

Summary of effective interventions



- "Male involvement" is **highly beneficial** for a range of SRHR outcomes and is not detrimental for women
 - Careful intervention design remains critical, particularly re: improving maternal and newborn health (one of few domains in which women are empowered in more patriarchal societies)
- Couple's counseling is effective for preventing HIV transmission and promoting MNH and RH
 - Community health workers are comparatively more effective than other types of counsellors
 - Using well-established behavioural techniques is key (e.g., cognitive behavioural skills)
 - Couple's HIV testing is critical option, even while uptake will be lower than individual testing
- **Multi-level**, multi-component interventions consistently more effective than stand-alone (e.g., couple's counseling + welcoming health facility + community norms change)
- Only reaching men second-hand is **not effective**, e.g., via their female partners or health providers (e.g., via PMTCT invitation letters)
- **More work needed** for evaluation few programmes to engage men as partners have been evaluated via randomized controlled trials



5 | ENABLING A GENDER EQUITABLE ENVIRONMENT FOR SRHR/HIV





Overview – Enabling a gender equitable environment for SRHR/HIV







Geographic focus

- Africa (9)
- Asia (8)
- Latin America and the Caribbean (6)
- Northern America (4)
- Europe (3)
- Oceania (1)

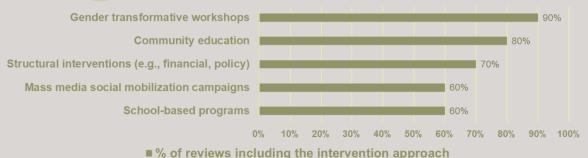


Specific topics

- Gender-based violence (GBV) / Intimate partner violence (IPV) / Violence against women and girls (VAWG) (6)
- Gender norms/relations (2)
- IPV and HIV (1)
- SRHR (1)



Most common types of interventions:



Summary of effective interventions



- Gender transformative* interventions that engage men are effective in reducing gender-based violence and improving SRH outcomes; didn't worsen outcomes
 - Use participatory methods to promote critical reflection re: gender roles
 - Most commonly focus on both IPV/GBV and sexual health/HIV
 - Stressed importance of continued tracking of any potential harms / unintended consequences
- **Learnings** about characteristics of effective interventions:
 - Sufficient duration (e.g., >3 months; >8 sessions)
 - Work with both women/ girls and men/ boys in mixed sex groups or separately (ideally both)
 - Build couple communication and conflict resolution skills
 - Reach beyond target groups to mobilise the wider community to adopt egalitarian gender norms and practices

Room for improvement

- Few interventions have gone beyond small group or community level
- Need for complementary structural change (e.g., via social protection/poverty reduction, improving the policy/legal environment to counter gender-based violence)

^{*}Critically examines gender norms and dynamics, and strengthens systems that support gender equality.

Conclusion

PARTICIPATION

When are men and boys willing to participate in HIV and SRHR programming?



Consistently, applies to:

- male clients, partners, and for enabling a gender equitable environment
- Multiple settings mutually reinforcing
- No reporting of adverse impact on outcomes (but should stay watchful)

EFFECTIVE STRATEGIES

What are the effective strategies to engage men and boys?



Lot of effectiveness evidence exists, with some gaps remaining:

- Similar effective strategies across multiple topics (e.g., HIV, GBV, SRHR)
- multi-level programming key
- Gaps include men as family planning users, PrEP, care for men with HIV

COUNTRY RELEVANCE



Would these strategies work in my setting?



Yes, likely applicable given:

- similar approaches and components across topics and regions
- most evidence coming from eastern / southern Africa
- attention to cultural specificity remains key

Systematic review of reviews - Acknowledgements:

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Thank you

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Included reviews – Men as clients

Author (year)	Title	# of primary studies	Timespan of included studies
Kaufman et al. 2016	Adolescent sexual and reproductive health services and implications for the provision of voluntary medical male circumcision: Results of a systematic literature review	79	1990 - 2014
Shattuck et al. 2016	A review of 10 years of vasectomy programming and research in low-resource settings	75	2005 - 2015
Hardee et al. 2017	Are men well served by family planning programs?	47	2010 - 2015
Ensor et al. 2019	The effectiveness of demand creation interventions for voluntary male medical circumcision for HIV prevention in sub-Saharan Africa: A mixed methods systematic review	18	Up to 2018
Hlongwa et al. 2019	Mapping evidence of intervention strategies to improving men's uptake to HIV testing services in sub-Saharan Africa: A systematic scoping review	24	1990 - 2018
Hlongwa et al. 2020	Men's perspectives on HIV self-testing in sub-Saharan Africa: A systematic review and meta-synthesis	16	2005 - 2019
Atkins et al. 2020	Service delivery interventions to increase uptake of voluntary medical male circumcision for HIV prevention: A systematic review	29	1990 - 2018
Kusemererwa et al. 2021	Strategies for retention of heterosexual men in HIV care in sub-Saharan Africa: A systematic review	14	2005 - 2020
Hamilton et al. 2021	HIV self-testing uptake and intervention strategies among men in sub-Saharan Africa: A systematic review	63	2010 - 2020
Hlongwa et al. 2022	Linkage to HIV care following HIV self-testing among men: Systematic review of quantitative and qualitative studies from six countries in sub-Saharan Africa	15	2005 - 2022
Kanyemba et al. 2023	HIV focused sexual risk reduction interventions targeting adolescent boys and young men in sub-Saharan Africa: A scoping review	29	2000 - 2020

Included reviews – Men as partners

Author (year)	Title	# of primary studies	Timespan of included studies
Ambia et al. 2016	A systematic review of interventions to improve prevention of mother-to-child HIV transmission service delivery and promote retention	34	Up to 2015
Takah et al. 2017	The impact of approaches in improving male partner involvement in the prevention of mother-to- child transmission of HIV on the uptake of maternal antiretroviral therapy among HIV-seropositive pregnant women in sub-Saharan Africa: A systematic review and meta-analysis	17	Up to 2016
Takah et al. 2018	The impact of approaches in improving male partner involvement in the prevention of mother-to-child transmission of HIV on the uptake of safe infant feeding practices by HIV positive women in sub-Saharan Africa. A systematic review and meta-analysis.	6	Up to 2018
Mashaphu et al. 2018	Psychosocial and behavioural interventions towards HIV risk reduction for serodiscordant couples in Africa: A systematic review	8	1990 - 2015
Tokhi et al. 2018	Involving men to improve maternal and newborn health: A systematic review of the effectiveness of interventions	13	2000 - 2012
Triulzi et al. 2019	The effectiveness of interventions to involve men living with HIV positive pregnant women in low-income countries: A systematic review of the literature	12	2008 - 2018
Takah et al. 2019	Male partner involvement in the utilization of hospital delivery services by pregnant women living with HIV in sub Saharan Africa: A systematic review and meta-analysis	8	2015 - 2018
Nkwonta et al. 2019	Male participation in reproductive health interventions in sub-Saharan Africa: A scoping review	18	2007 - 2018
Hailemariam et al. 2020	Uptake of couples HIV testing and counselling among heterosexual couples in Sub-Saharan Africa: A systematic review and meta-analysis	14	2000 - 2017
Forbes et al. 2021	Male partner involvement in birth preparedness, complication readiness and obstetric emergencies in Sub-Saharan Africa: A scoping review	35	2006 - 2019
Hampanda et al. 2022	A systematic review of behavioral couples-based interventions targeting prevention of mother-to-child transmission in low and middle-income countries	5	Up to 2019

Included reviews – Men as agents of change

Author (year)	Title	# of primary studies	Timespan of included studies
Bourey et al. 2015	Systematic review of structural interventions for intimate partner violence in low- and middle-income countries: Organizing evidence for prevention	16	2000 - 2015
Ellsberg et al. 2015	Prevention of violence against women and girls: What does the evidence say?	18	Up to 2015
Ruane-McAteer et al. 2020	Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: A systematic review of intervention studies	68	2007 - 2018
Levy et al. 2020	Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and wellbeing of children, adolescents, and young adults: A systematic review	61	2000 - 2018
Perez-Martinez et al. 2021	Positive masculinities and gender-based violence educational interventions among young people: A systematic review	15	2008 - 2019
DeHond et al. 2022	Prevention of perpetration of intimate partner violence by men and boys in low and middle income countries: A scoping review o primary prevention interventions	16	2001 - 2020
Sabri et al. 2022	Gender-based violence interventions in low- and middle-income countries: A systematic review of interventions at structural, community, interpersonal, individual, and multiple levels	60	2004 - 2021
Kirkwood et al. 2022	The role of mHealth interventions in changing gender relations: Systematic review of qualitative findings	14	2013 - 2020
Keith et al. 2022	A systematic review of interventions to reduce gender-based violence among women and girls in sub-Saharan Africa	53	2000 - 2021