



Addressing the Health Needs of Men and Boys:
An In-Progress Analysis of 14 Eastern & Southern African Countries' National Policies on Health, HIV, Sexual & Reproductive Health, & Mental Health.

Commissioned by UNAIDS & WHO, authored by Laura Pascoe, M.S, PhD and presented by Dean Peacock, Co-Director, Sonke Gender Justice. Additional slides from Gary Barker, Promundo-US.

Key Take Away Points

- Men's health requires urgent attention—for all of our sake.
- Improving men and boys health should enhance—not detract from--women's health, and health for all.
- We too often blame men for their ill-health and absolve ourselves of responsibility.
- Men's low use of health services reflects prevailing gender norms, structural drivers, poor access to health services, lack of policies and weak political will.
- A growing number of policies and programmes are improving men's health—in the few countries where they exist.
- Develop and implement policies and programmes that shift gender norms, improve access to services and address structural drivers of ill-health.
- It's time to act—for all of our sakes.

First Principles: Men and Women's Health and Gender Equality

- Improving men's health not a zero sum proposition—it should also enhance women's health
- The policies and services needed to engage men—in the workplace and in communities—will also reach women, including those not accessing reproductive services.
- When men are encouraged to recognise and address their health needs they're more likely to support women's health—and to support gender equality.
- When men are sick it's women who carry the burden of caring for them—in the home and in the public sector.
- When men suffer and die, women feel their pain and grieve their loss too.

The state of men's
health— not great!

Gender and global health: evidence, policy, and inconvenient truths



Sarah Hawkes, Kent Buse

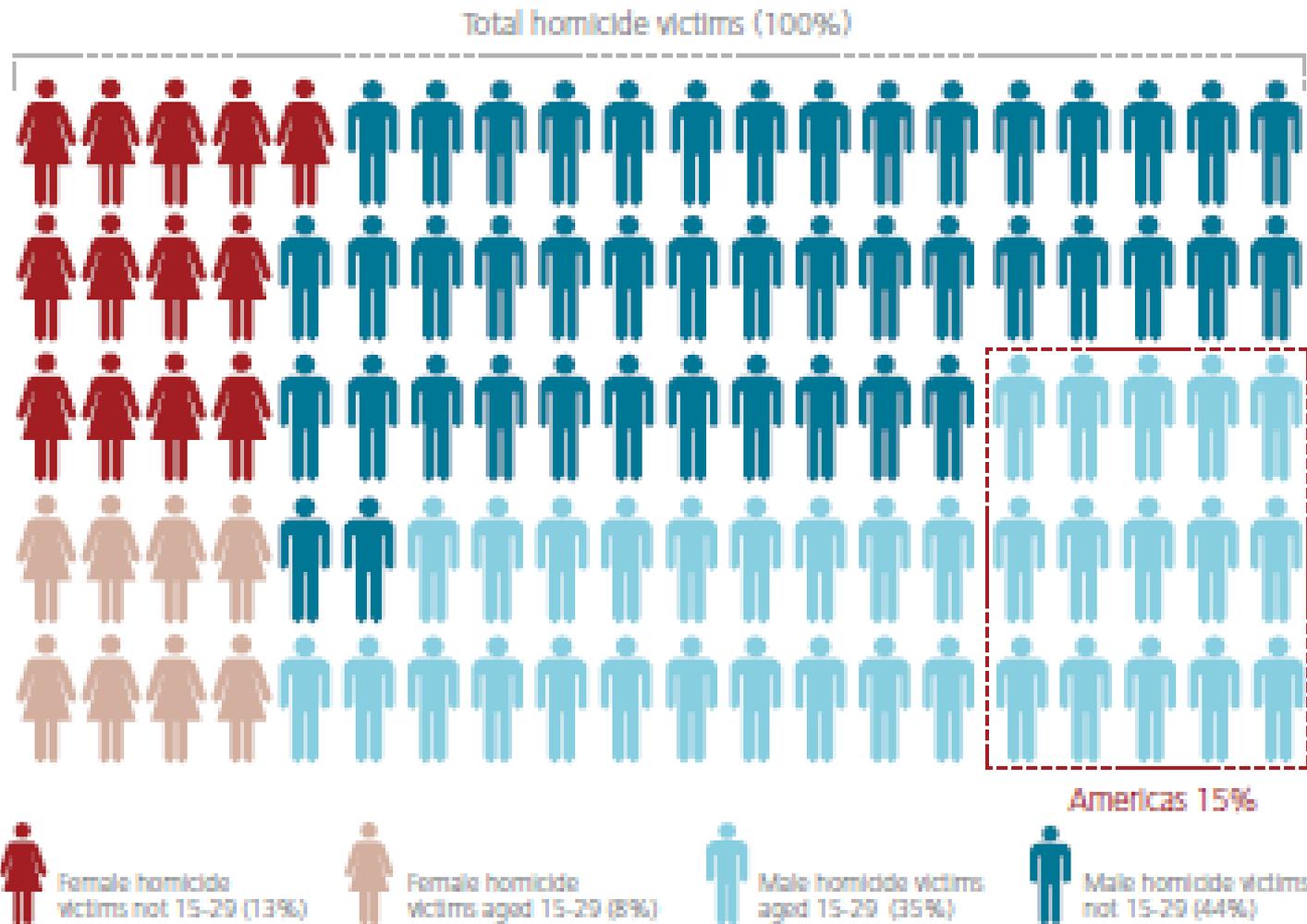
“We analysed the recent Global Burden of Disease (GBD) study from a gender perspective. Data from this study are intended to help policy makers to set priorities and allocate resources according to population health needs.

All top ten contributors to global disability-adjusted life-years (DALY) have greater burdens on men than on women.”

Lancet 2013; 381: 1783–87

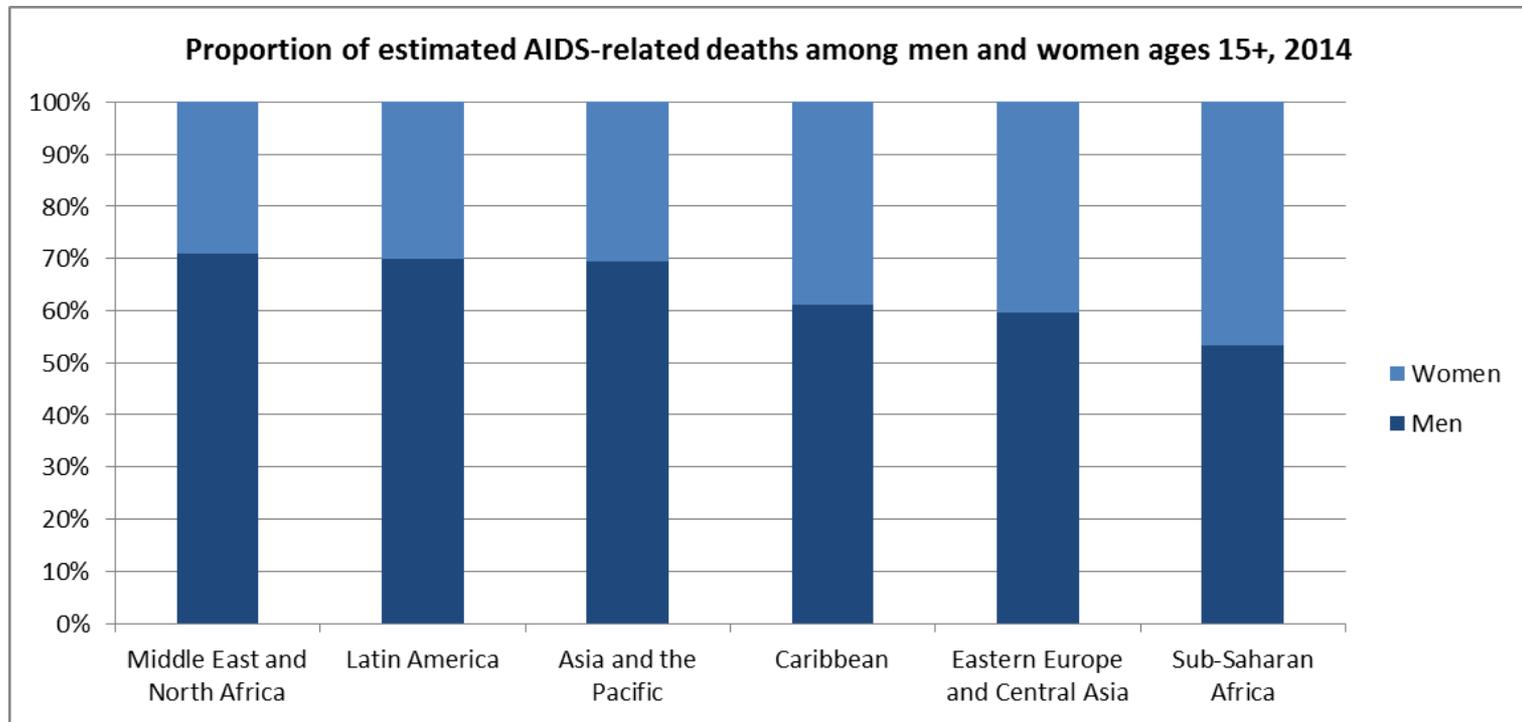
(Ischemic heart disease, lower respiratory infections, cardiovascular disease, diarrheal diseases, HIV and AIDS, low back pain, malaria, preterm birth complications, chronic obstructive pulmonary disease, road injury)

Percentage distribution of victims of homicide, by sex and selected age group (2012 or latest year)



Source: UNODC Homicide Statistics (2013).

“AIDS prevalence may have the face of a woman, but AIDS Mortality has the face of a man”. The majority of estimated AIDS-related deaths in 2014 in all regions were among men



Total deaths

11 000

39 000

230 000

8 200

61 000

660 000

Understanding
men's health—
masculinities,
access and
political will.

Men's attitudes about manhood matter for nearly every health and violence issue (IMAGES by Promundo)

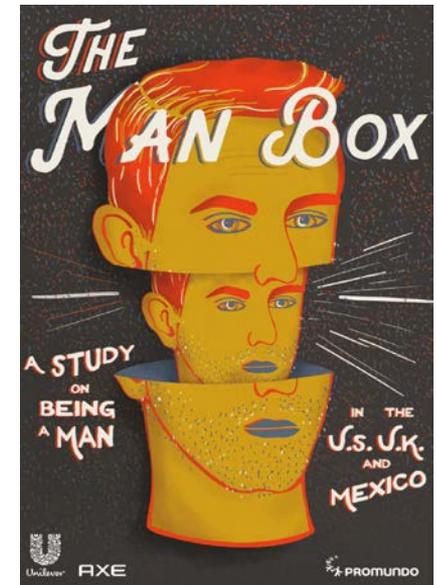
Across multiple applications of the Gender Equitable Men Scale, men's attitudes about gender related to:

- 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
- Carrying out **delinquent** acts

•Internalization of hyper-masculinist norms are strongly and consistently correlated with key risky health behaviors.

THE MAN BOX: A forthcoming study from Promundo and Axe finds that 28% of US men ages 18-30, 35% of UK men, and 16% of Mexican men report suicidal thoughts in the last two weeks. Men in the man box – referring to those who adhere to rigid norms about manhood - are dramatically more likely to report suicidal thoughts:

Country	Man Box	Reports having suicidal thoughts “some days” or more often in the last two weeks
USA	In	38%
	Out	18%
UK	In	51%
	Out	19%
Mexico	In	19%
	Out	12%



**Moving beyond masculinities and blame:
poor access to services, supply side
barriers, disregard and exploitation,
inadequate policies.**

Access to services.

“Men are just as likely as nonpregnant women to initiate voluntary counselling and testing (VCT) in some settings, and once tested positive, men initiate ART at similar rates as women. These findings suggest that institutional supply-side barriers, and not solely masculinity, contribute to men’s lower rates of testing and treatment. |

Dovel K, Yeatman S, Watkins S, Poulin M. Men’s heightened risk of AIDS-related death: the legacy of gendered HIV testing and treatment strategies. *AIDS Lond. Engl.* 2015;29(10):1123-1125.

Targeting, Disregard, Exploitation and the health of men (and their caregivers)

PROTECT YOUR HOME FROM A KILLER

A GUN IN THE HOME INCREASES THE CHANCE OF BEING KILLED BY FIREARMS 72%

A GUN IN THE HOME IS RESPONSIBLE FOR A VAST MAJORITY OF CHILDREN KILLED BY FIREARMS.

A GUN IN THE HOME IS 22 TIMES MORE LIKELY TO BE USED IN A SUICIDE, HOMICIDE OR ACCIDENT THAN TO BE USED IN SELF-DEFENSE

A GUN IN THE HOME TRIPLES THE RISK OF A HOMICIDE

A GUN IN THE HOME INCREASES THE LIKELIHOOD OF SUICIDE FIVEFOLD

AN ABUSED WOMAN IS 6 TIMES MORE LIKELY TO BE MURDERED IF THERE IS A GUN IN THE HOME

REUTERS/CHRISTOPHER W. PETERSON



CORRECTIONAL SERVICES TAKEN TO COURT

No end to Pollsmoor overcrowding

Question Myths

CORRECTIONAL Services national commissioner Zuzi Mafane has indicated that overcrowding, particularly at Pollsmoor's maximum capacity, is a major concern for the foreseeable future.

He was responding to questions following a "hearings" application to the Western Cape High Court by South African Justice that seeks to compel the Department of Correctional Services (DCS) to ease overcrowding at the 30-year-old prison.

South African Justice spokeswoman Arlene Steyn said overcrowding at Pollsmoor stood at 200 percent, which meant the prison had 4 000 detainees, when it only had the capacity for 2 000.

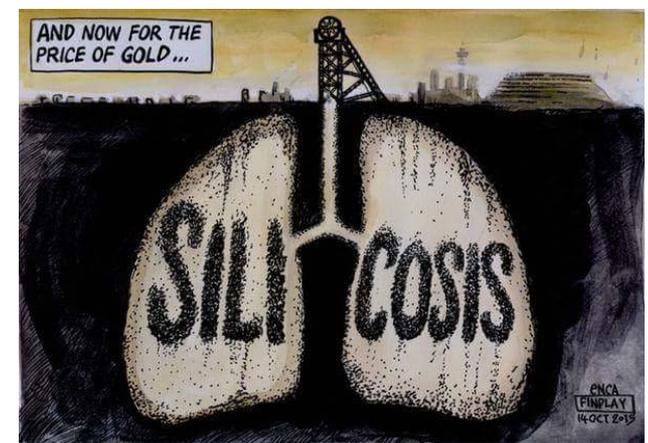
Pollsmoor received detainees in one of the worst facilities in the world already.

"We're suing for the rights of our constitutional detainees because they're persecuted because of their race," she said.

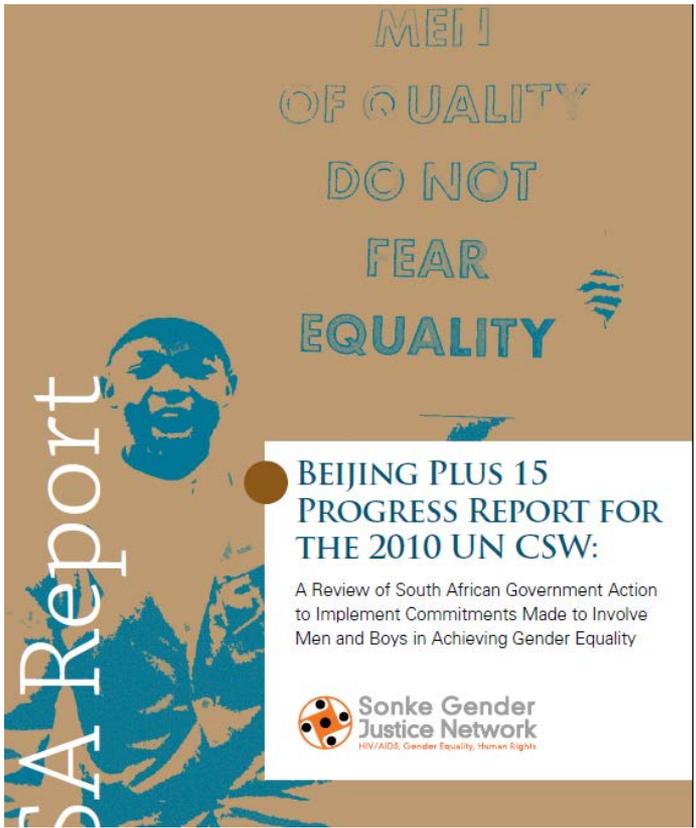
She said the public health impact of the conditions at Pollsmoor's awaiting trial services was "very bad" as inmates were often traumatised and spread diseases like HIV and TB to their communities when they were released.

Mafane insisted the awaiting trial services at Pollsmoor had been "closed up" following a 2014 national law case.

PACKED TO THE RAFTERS. More than 70 awaiting trial prisoners are packed into this cell, which is supposed to accommodate half that number. Correctional Services national commissioner Zuzi Mafane told the Western Cape High Court overcrowding at South Africa's prisons, particularly the awaiting trial sections, will continue for the foreseeable future. Picture: BRENTON LEACH



3. HIV NSP Gaps	HIV and Gender	Attempts to challenge or transform gender norms	Engaging men for prevention of GBV	Men's support of PMTCT	Male circumcision	Condoms	Men's use of VCT	Marginalized men & boys	Treatment	Home Based Care
Burundi										
Cote D'Ivoire 2006-2010	Green	Red	Red	Red	Red	Red	Red	Red	Red	Red
Ethiopia 2009 – 2010/11,	Orange	Red	Red	Red	Orange	Red	Red	Orange	Red	Red
Kenya 2009/10 – 2012/13	Green	Orange	Red	Green	Orange	Red	Red	Red	Red	Red
Mozambique										
Namibia 2011 – 2016	Orange	Orange	Red	Orange	Orange	Red	Red	Orange	Red	Red
Rwanda 2009 - 2012	Green	Orange	Red	Green	Orange	Red	Red	Orange	Red	Red
Sierra Leone										
South Africa 2007 – 2011	Green	Orange	Orange	Green	Orange	Orange	Orange	Orange	Red	Green
Tanzania 2008 – 2012	Green	Green	Red	Green	Orange	Orange	Orange	Orange	Orange	Orange
Uganda 2007/8 – 20011/12	Orange	Red	Red	Green	Orange	Red	Red	Orange	Orange	Red
Zambia 2011 – 2015	Green	Orange	Red	Green	Orange	Orange	Green	Orange	Orange	Orange
Zimbabwe 2011 - 2014	Green	Orange	Red	Green	Red	Red	Red	Orange	Red	Orange
			Key	Adequate	Room for improvement	Inadequate				



CHECKLIST: ACTION TAKEN BY GOV DEPARTMENTS AGAINST INTERNATIONAL AND NATIONAL COMMITMENTS TO INVOLVE MEN AND BOYS IN ACHIEVING GENDER EQUALITY							
	Developed policies and programmes	Implemented activities	Workplan or strategy Developed	Dedic-ated staff	Budget developed	M&E Plan to measure impact	Provide support to NGOs
Dept of Health	√	√	x	x	x	x	-
Dept of Social Development	√	1/2√	√	√	x	√	√
Dept of Education	x	√	x	x	x	√	√
Dept of Arts and Culture	x	x	x	x	x	x	x
Dept for Women, Youth, Children and Persons with Disabilities	x	x	x	x	x	x	x
Dept of Co-operative Governance and Traditional Affairs	x	√	x	x	x	x	x
Department of Justice	x	x	x	x	x	x	x
Dept of International Relations and Cooperation	x	x	x	x	x	x	x





Policy approaches to engaging men and boys

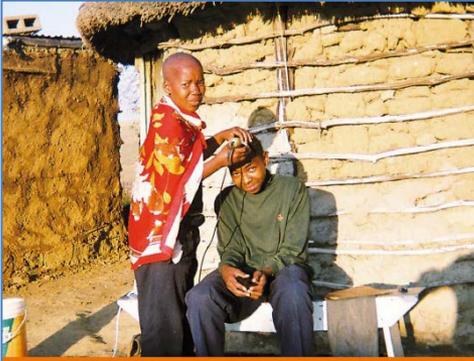
in achieving gender equality and health equity



World Health Organization

UNAIDS 2016 | MEETING REPORT

Male engagement in the HIV response —a Platform for Action

Literature Review on Men, Gender, Health and HIV and AIDS in South Africa

August 2008

Dean Peacock, Jean Redpath, Mark Weston, Kieran Evans, Andrew Daub and Alan Greig for Sonke Gender Justice Network.



what **men** have to do with it

Public Policies to Promote Gender Equality



men + gender equality POLICY PROJECT

coordinated by the International Center for Research on Women and Instituto Promundo



Men for Change, Health for All: A Policy Discussion Paper on Men, Health and Gender Equality

Prepared by Sonke Gender Justice Network, November 2008



Masculinities and public policy in South Africa: changing masculinities and working toward gender equality

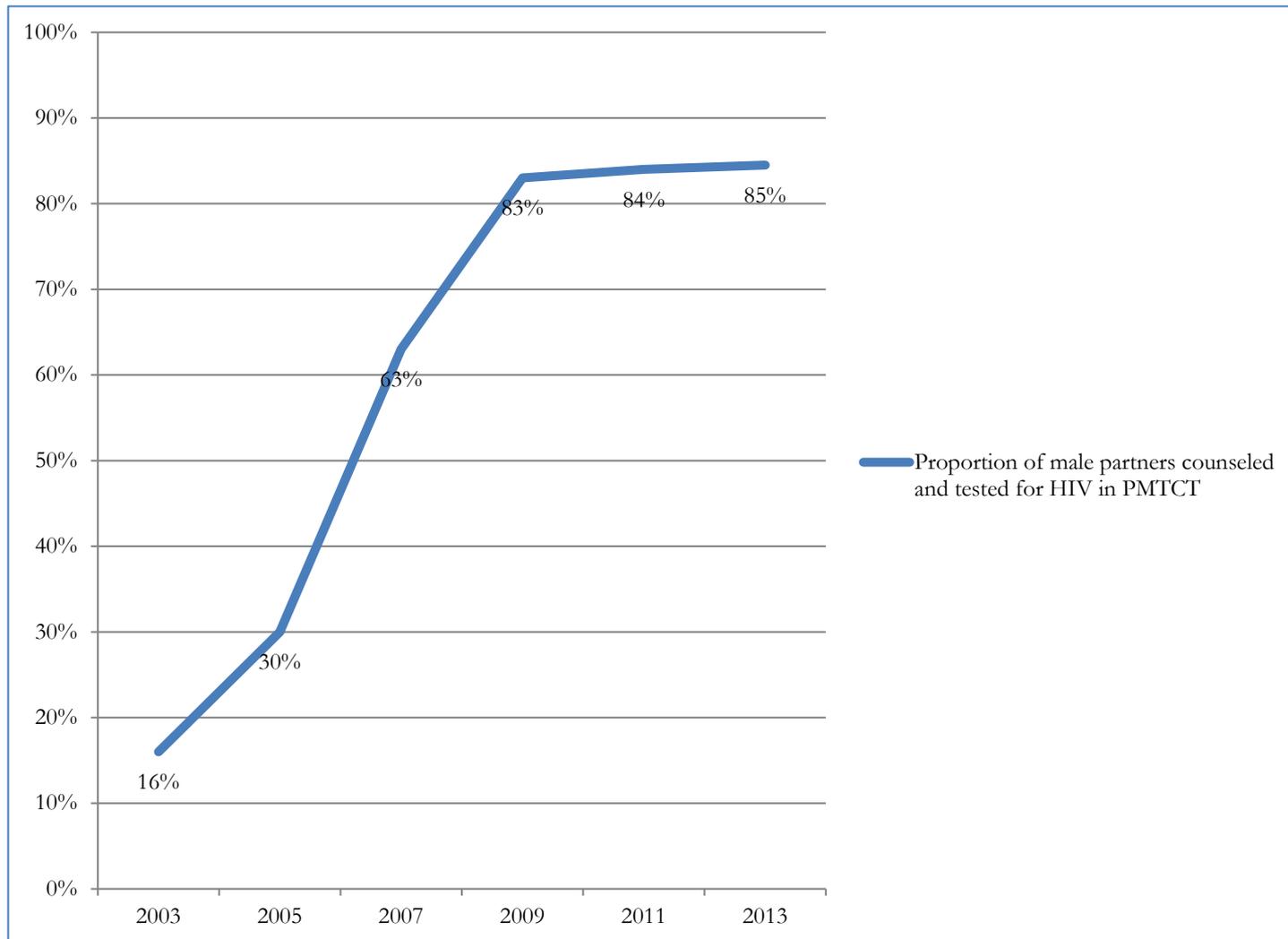
Sonke Report 08

Jean Redpath, Robert Morrell, Rachel Jewkes and Dean Peacock
A report prepared by Sonke Gender Justice Network, October 2008

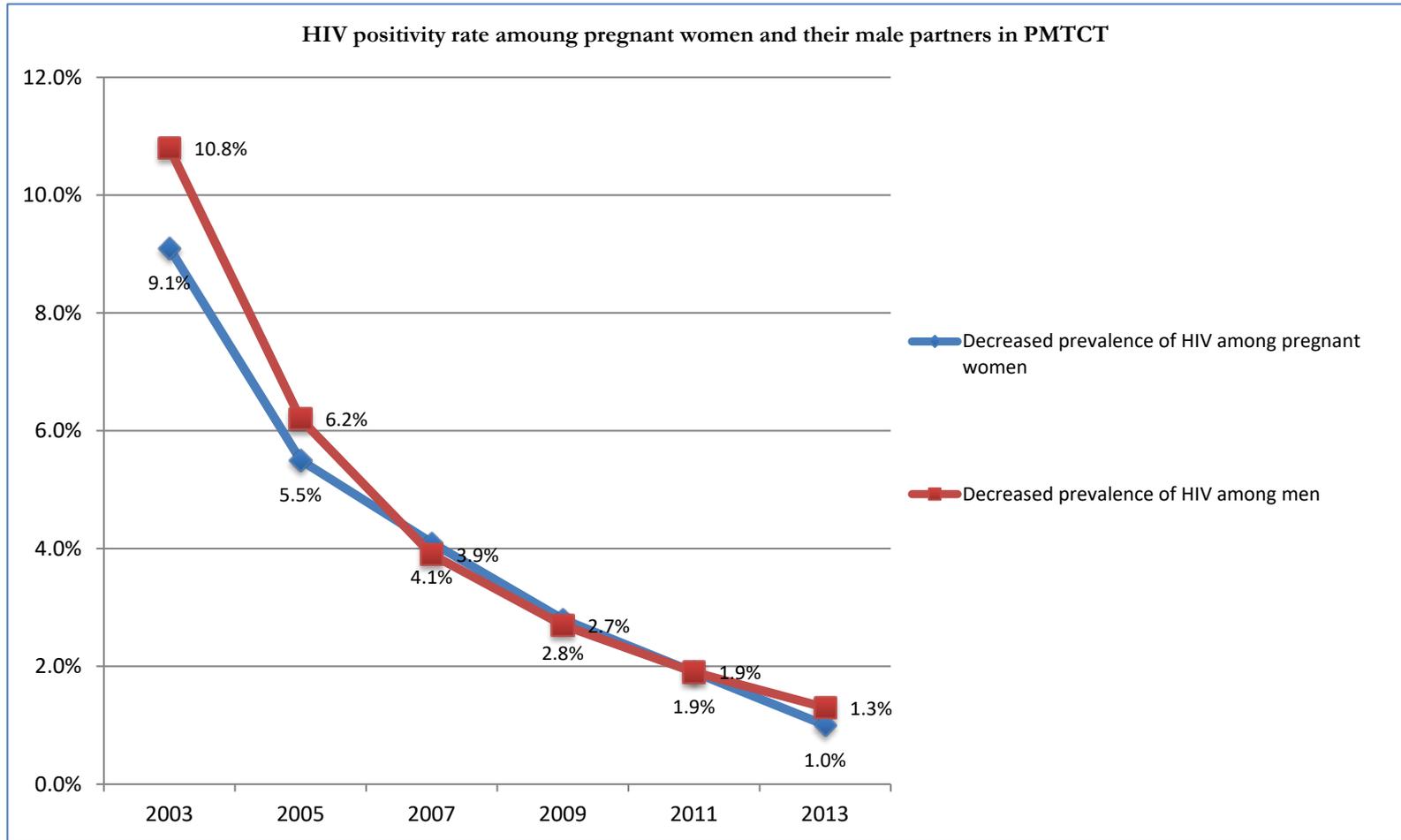


Can we change
men's health? Of
course we can!

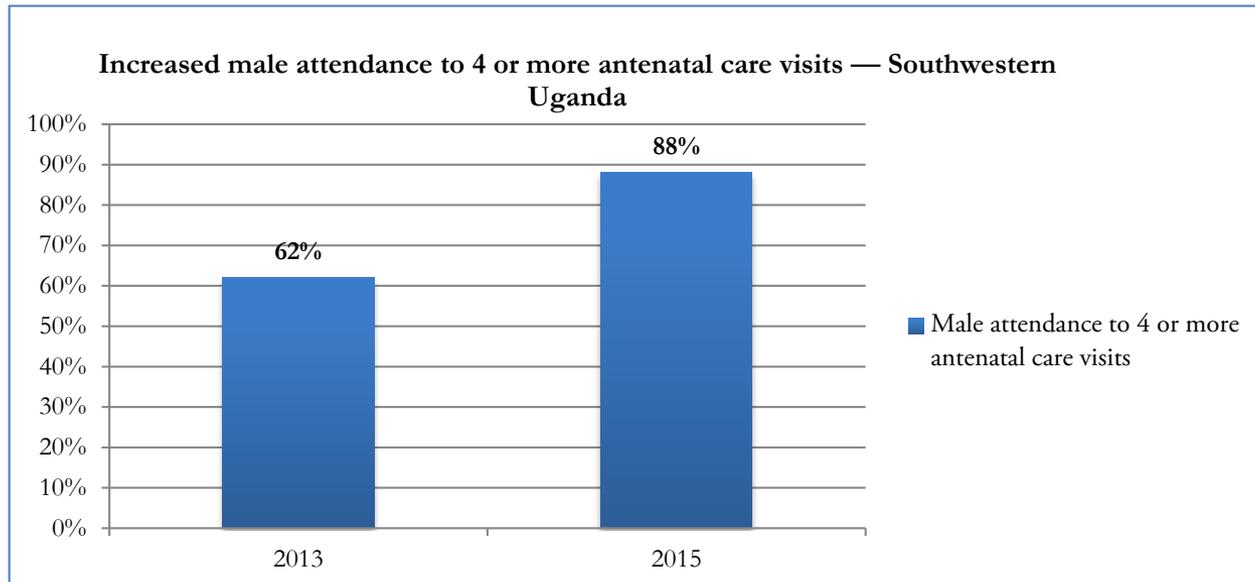
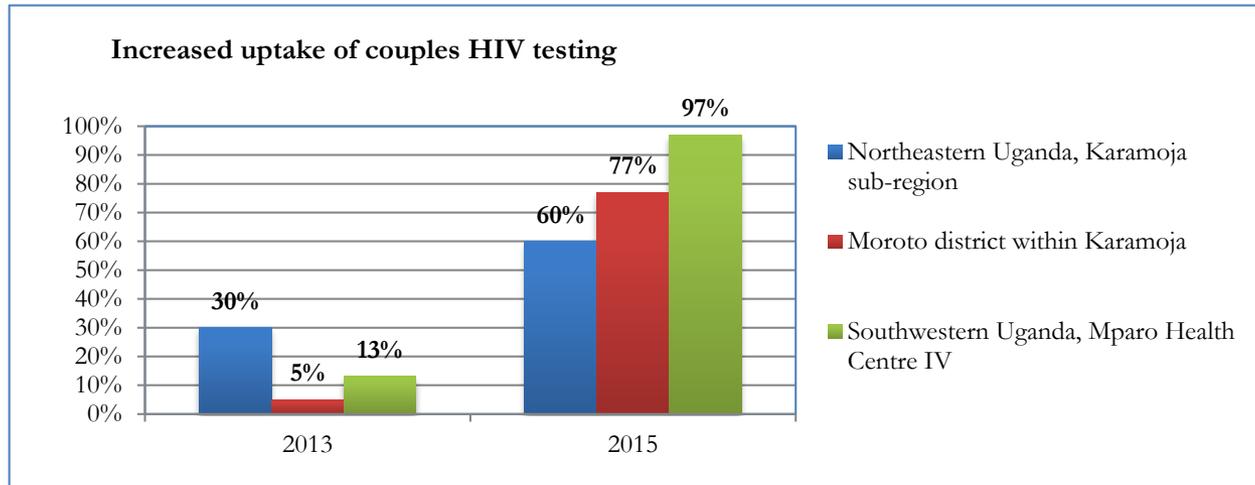
Uptake and impact of male partner HCT in PMTCT, Rwanda, 2003-2013.



Uptake and impact of male partner HCT in PMTCT, Rwanda, 2003-2013.



Uptake and impact of couples testing and ANC attendance in Uganda, 2013-2015.



Twenty Million Men
Circumcised in Africa in less
than a decade!

Objectives of this policy review

- To assess and analyse national health policies and strategies in 14 Eastern and Southern African countries for the degree to which men and boys' health is addressed;
- To provide an analysis of strengths and gaps in policies on addressing the health realities and needs of men and boys in areas of general and mental health as well as HIV and sexual and reproductive health;
- To assess which key populations are prioritised, what strategies are included to address these key populations, and the degree to which policies address the health needs of men and boys within these key populations.

Methodology

- 1. Step 1: Available national policies relating to health and gender for each country were sought out via an Internet search, and then organised into a database.**
- 2. Step 2: UNAIDS Country Officers were asked to review the list of policies** found and provide a) current status of any policies out of date b) updated versions of any policies that are available; and 3) any additional relevant policies.
- 3. Step 3: Each country's compiled national policies were then assessed according to the extent to which they:**
 - Provided a situational analysis of men's and boy's health issues and needs; Addressed the health needs of men and boys; Included as a standalone or within existing policies a strategy/policy/operational plan to implement work with men and boys; Had specific targets on health of men and boys

Limitations

- Only eleven of fourteen countries policies reviewed due to time and/or language constrains.
- Excludes laws and policies that affect men's health but are outside of health and gender sectors—e.g. laws and policies on access to firearms, alcohol, occupational health, criminal justice, prisons, sports and recreation.
- No assessment of the extent to which policies, plans or initiatives have been implemented.

Summary Findings

- No country has a specific health sector plan/strategy to implement work with men and boys outside HIV & SRH
- With very few exceptions, national health and/gender policies do not address men and boys
- There are very few specific strategies or performance indicators related to men and boys
- Some countries have strong language and targets on engaging men and boys in HIV NSPs and in SRHR plans
- No national policies specifically address men and boys' mental health.
- None include any sex-disaggregated data on mental health, although a few include sex-disaggregated data on alcohol & drug use (Uganda, Malawi).
- Some acknowledge men's greater alcohol consumption