Addressing the Health Needs of Men and Boys:

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!
“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)

Total homicide victims (100%)

- Female homicide victims not 15-29 (13%)
- Female homicide victims aged 15-29 (8%)
- Male homicide victims aged 15-29 (35%)
- Male homicide victims not 15-29 (44%)

“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.

<table>
<thead>
<tr>
<th>Region</th>
<th>Total deaths</th>
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<tbody>
<tr>
<td>Middle East and North Africa</td>
<td>11 000</td>
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<td>Latin America</td>
<td>39 000</td>
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<td>Asia and the Pacific</td>
<td>230 000</td>
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<td>Caribbean</td>
<td>8 200</td>
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<td>Eastern Europe and Central Asia</td>
<td>61 000</td>
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<td>Sub-Saharan Africa</td>
<td>660 000</td>
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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:

<table>
<thead>
<tr>
<th>Country</th>
<th>Man Box</th>
<th>Reports having suicidal thoughts “some days” or more often in the last two weeks</th>
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<tbody>
<tr>
<td>USA</td>
<td>In</td>
<td>38%</td>
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<td>Out</td>
<td>18%</td>
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<td>UK</td>
<td>In</td>
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<td>Out</td>
<td>19%</td>
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<td>Mexico</td>
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Moving beyond masculinities and blame: poor access to services, supply side barriers, disregard and exploitation, inadequate policies.
“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.”

Targeting, Disregard, Exploitation and the health of men (and their caregivers)
<table>
<thead>
<tr>
<th>Country</th>
<th>HIV and Gender</th>
<th>Attempts to challenge or transform gender norms</th>
<th>Engaging men for prevention of GBV</th>
<th>Men's support of PMTCT</th>
<th>Male circumcision</th>
<th>Condoms</th>
<th>Men’s use of VCT</th>
<th>Marginalized men &amp; boys</th>
<th>Treatment</th>
<th>Home Based Care</th>
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Key:
- **Adequate**
- **Room for improvement**
- **Inadequate**
## BEIJING PLUS 15 PROGRESS REPORT FOR THE 2010 UN CSW:

A Review of South African Government Action to Implement Commitments Made to Involve Men and Boys in Achieving Gender Equality

### Checklist: Action Taken by Govt Departments Against International and National Commitments to Involve Men and Boys in Achieving Gender Equality

<table>
<thead>
<tr>
<th>Dept of Health</th>
<th>Developed policies and programmes</th>
<th>Implemented activities</th>
<th>Workplan or strategy Developed</th>
<th>Dedic-ated staff</th>
<th>Budget developed</th>
<th>M&amp;E Plan to measure impact</th>
<th>Provide support to NGOs</th>
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<td>Department of Justice</td>
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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.

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

Masculinities and public policy in South Africa: changing masculinities and working toward gender equality
Jean Hopwood, Robert Mmorel, Naomi Jenkins and Dean Peacock
A report prepared by Sonke Gender Justice Network
October 2008
Can we change men’s health? Of course we can!

HIV positivity rate among pregnant women and their male partners in PMTCT

- Decreased prevalence of HIV among pregnant women
- Decreased prevalence of HIV among men

Graph showing trends from 2003 to 2013.

Increased uptake of couples HIV testing

- Northeastern Uganda, Karamoja sub-region
- Moroto district within Karamoja
- Southwestern Uganda, Mparo Health Centre IV

Increased male attendance to 4 or more antenatal care visits — Southwestern Uganda

- Male attendance to 4 or more antenatal care visits
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