

PRO-
GRAM H

PROGRAM H

PROGRAM H: A Review of the Evidence

Nearly Two Decades of Engaging
Young Men and Boys in Gender Equality



PROMUNDO

Acknowledgments

Firstly, we would like to acknowledge and thank the many partners, researchers, facilitators, and young men and women who have been a part of testing, implementing, and evaluating Program H over the years.

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Executive Summary

It has been nearly two decades since the 2002 launch of “Program H: Engaging Young Men in the Promotion of Health and Gender Equity,” named for the word for “man” in Portuguese (*homem*) and Spanish (*hombre*). Program H is a gender-transformative approach designed to engage young men in changing gender norms related to masculinities that perpetuate gender inequality. It recognizes that attitudes and norms about gender – ideas about what is appropriate or typical behavior for men or for women – shape and influence men’s and women’s daily lives, their roles within the home, and their romantic and sexual relationships, including their use of contraceptives, their risk of HIV and other sexually transmitted infections (STIs), and their use or experience of violence.

The Program H curriculum was first developed by Instituto Promundo (Brazil), ECOS (Brazil), Instituto Papair (Brazil), and Salud y Género (Mexico), four partners working with young men in Latin America to promote sexual and reproductive health and rights (SRHR) and to prevent violence against women and girls. It has since become one of the most globally recognized programs working with young people to address harmful gender norms, adapted in at least 36 countries and named a “best practice” by the World Bank and the World Health Organization.

Program H is composed of three interrelated parts: (1) a gender-transformative group education curriculum that includes group activities promoting attitude and behavior change among young men; (2) community campaigns, led by young people themselves, that seek to change community norms related to what it means to be men and women; and (3) a culturally relevant, validated evaluation model (the Gender Equitable Men, or GEM, Scale) that seeks to measure the degree to which young men and women change their gender attitudes as a result of the interventions. Program H group education has been complemented in some, but not all, settings by community campaigns aimed at shifting gender norms. While Program H aims to contribute to norm change, its impact is typically measured by evaluating changes in the young men’s attitudes toward gender norms, as well as changes in the behavior influenced by these norms.

This review is designed to provide those interested in implementing and evaluating Program H in other settings with an update on the evidence collected to date, as well as lessons learned and recommendations on how to strengthen future programmatic design, implementation, and evaluation efforts.

Evaluating Program H

This review brings together findings from 14 Program H impact evaluations that have been carried out in 12 countries: Bosnia and Herzegovina, Brazil, Chile, Croatia, Ethiopia, India, Kosovo, Namibia, Rwanda, Serbia, the United States, and Vietnam. It highlights findings from studies that were the most robust in terms of evaluation methodology or sample size and that included a substantial portion of the original Program H activities. The review includes three randomized controlled trials, nine quasi-experimental designs, and two pre-post evaluations (without a comparison group), with sample sizes ranging from 100 to more than 3,000. The timing of follow-up varied across sites, but most surveys occurred directly after the intervention ended, approximately three to six months after baseline. Several studies were designed to compare the impact of Program H group education versus a campaign or a combined intervention (group education plus campaign).

To be included in the review, evaluations had to include boys and young men aged 12 to 24; assess interventions that have at least half of the group education sessions adapted from Program H, delivered over a minimum of three weeks; use a pre-post, quasi-experimental, or experimental study design; have a minimum sample size of 100; use the GEM Scale to assess changes in young men's gender attitudes; and assess changes in young men's attitudes or behaviors related to intimate partner violence (IPV) or SRH.

The cultural and contextual adaptability of Program H – something that is considered one of its main strengths – is also what makes comparing the results of one Program H with another challenging. Adaptation has varied across settings in terms of focus (e.g., HIV or violence prevention), participants (from adolescents without a stable intimate partner to older married men), and duration. Thus, the outcomes of interest for the evaluations vary. However, this review attempts to summarize consistent and notable findings that have implications for future implementation and research.

Key Findings

Program H has produced positive changes in young men's gender attitudes in most, but not all, settings. Researchers found more gender-equitable attitudes among participating young men in nine of the 14 studies reviewed. Three additional evaluations reported more equitable gender attitudes among both intervention and control participants. The studies demonstrate that improvements in gender attitudes can be achieved via group education alone, as well as a combined intervention (group education plus community

campaign). For example, in India (GEMS Maharashtra), young men receiving either group education or a combined intervention were twice as likely to have positive changes in GEM Scale scores compared to control groups. Similarly, in Brazil (USAID-supported Horizons initiative), both young men who received group education and those receiving a combined intervention recorded improved gender attitudes – which were maintained after one year – while a control group did not. By contrast, in Ethiopia (USAID-supported Male Norms Initiative), improved attitudes were reported only among young men who received the combined intervention, with those men twice as likely to show increased support for gender-equitable norms compared to a control group. The fact that changes in attitudes were not seen in all studies may be due to the variability of program design among settings, contamination of control groups (in one study), other contextual factors influencing gender attitudes in a given setting and the challenges in retaining young men throughout the entire intervention cycle.

Findings on violence perpetration were mixed, but several studies found reductions in men’s perpetration of partner violence or reduced acceptance of violence against women. Not all studies measured or reported on partner violence, and evaluators defined and measured violence in different ways across settings. However, at least two studies found reductions in men’s self-reported use of violence against a partner compared to a control group. For example, in India, Yaari Dosti intervention participants were up to five times less likely to report partner violence compared to a control group. However, in some settings, both the control and intervention groups reported significant reductions in the use of violence against others, suggesting factors external to the intervention or potential spillover effects. In addition, young men in many settings were not yet partnered; hence, measuring changes in partner violence was not applicable. However, four studies found that young men had less accepting attitudes toward violence against women after participating in Program H (the Balkans, Brazil, Chile, and Rwanda). In addition, studies found that group education participants were more likely to intervene when witnessing violence (India, GEMS) or to have greater intentions to intervene (United States, Manhood 2.0).

Program H has contributed to positive changes in young men’s SRH knowledge, attitudes, and behavior in several settings. Several, but not all, Program H adaptations were designed to reduce HIV risk and improve SRH outcomes. Despite differences in key outcomes and measures, taken together, the findings suggest that Program H can successfully contribute to increased condom use (India, Brazil, and Vietnam), reduced STI symptoms (Brazil), increased HIV testing and use of SRH services (Rwanda), improved attitudes toward contraceptives (Rwanda), greater communication with partners about

HIV and contraceptives (Ethiopia and India), and improved SRH knowledge (the Balkans). For example, in India, self-reported condom use at last sex nearly doubled among young men participating in group education and more than doubled among those receiving group education and a campaign. In Vietnam, street youth reached by Program H were four times as likely to report using condoms with their primary partners in the last six months compared to those not reached.

The accumulated evidence from diverse settings finds that Program H, when implemented well and culturally adapted, can lead to self-reported changes in attitudes and behaviors related to SRH and intimate partner violence. It can also be implemented with both young men and women, service providers, and teachers, and it can be taken to scale in key settings, such as schools. While not part of the impact evaluations of Program H, and not the norm in every study included in this review, implementing partners in a few settings have sought to engage other components of the socio-ecological model: for example, pushing for progressive and inclusive policy changes and sensitizing and shifting norms within institutions such as school administrations.

More rigorous evaluations of comprehensively designed and scaled-up versions of Program H – versions that include components beyond group education – are needed. In other settings, it may be more strategic to implement Program H with groups that hold tremendous influence over social and gender norms, such as older adolescents and young men in their early 20s in a given community or male and female health promoters and professionals in the public health system. It should also be noted that the program's long-term sustainability depends on considerable buy-in from both local nongovernmental organizations and key public sector stakeholders, such as health sector and education sector policymakers, and it has also been greatly influenced by local politics. In some settings, notably the US and Brazil, conservative political leaders have actively opposed the program, as it includes frank discussions of sexuality, sexual diversity, gender equality, and a questioning of traditional ideas of masculinities.

Acronyms

GBV	Gender-based violence
GEM Scale	Gender Equitable Men Scale
ICRW	International Center for Research on Women
IDU	Injecting Drug User
MOLISA	Ministry of Labor, Invalids and Social Affairs
MNI	Male Norms Initiative
NGO	Nongovernmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
RWAMREC	Rwanda Men's Resource Centre
SRH(R)	Sexual and reproductive health (and rights)
STI	Sexually transmitted infection
TISS	Tata Institute of Social Sciences
USAID	US Agency for International Development
YMI	Young Men Initiative

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PART ONE:

OVERVIEW OF THE EVIDENCE



Introduction

As of the finalization of this report, it has been nearly decades since the launch of “Program H: Engaging Young Men in the Promotion of Health and Gender Equity” in 2002. Program H – named for the word for “man” in Portuguese (*homem*) and Spanish (*hombre*) – is a gender-transformative approach designed to engage young men in changing gender norms related to masculinities that perpetuate gender inequality. Program H engages young men in critical reflection and dialogue in order to foster changes in their individual attitudes and behavior, and it is complemented in some, but not all, settings by community campaigns aimed at shifting norms. It recognizes that attitudes and norms about gender – ideas about what is appropriate or typical behavior for men or for women – shape and influence men’s and women’s daily lives, their roles within the home, and their romantic and sexual relationships, including their use of contraceptives, their risk of HIV and other sexually transmitted infections (STIs), and their use or experience of violence.¹

The Program H curriculum was first developed by Instituto Promundo, ECOS, Instituto Papai, and Salud y Género, four partners working with young men in Latin America to promote sexual and reproductive health and rights (SRHR) and to prevent violence against women and girls.² It has since become one of the most globally recognized programs working with young people to address harmful gender norms, having been adapted in at least 36 countries worldwide. It has been adopted by governments in Brazil, Chile, and Croatia, among others, and named a “best practice” for promoting gender equality and preventing gender-based violence (GBV) by the World Bank and the World Health Organization.

In 2006, Instituto Promundo launched a companion curriculum for young women, Program M – for “woman” in Portuguese (*mulher*) and Spanish (*mujer*) – acknowledging that young women are also affected by and perpetuate harmful norms around masculinity. Its creation was also a direct response to young men’s own requests for young women to be a part of their group reflections.

1 Pulerwitz, J., & Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale. *Men and Masculinities*, 10(3), 322–338. <https://doi.org/10.1177/1097184X06298778>; Barker, G., Contreras, J. M., Heilman, B., Singh, A. K., Verma, R. K., & Nascimento, M. (2011). Evolving men: Initial results from the International Men and Gender Equality Survey (IMAGES). International Center for Research on Women & Instituto Promundo; Levto, R. G., Barker, G., Contreras-Urbina, M., Heilman, B., & Verma, R. (2014). Pathways to gender-equitable men: Findings from the International Men and Gender Equality Survey in eight countries. *Men and Masculinities*, 17(5), 467–501. <https://doi.org/10.1177/1097184X14558234>; Fleming, P. J., McCleary-Sills, J., Morton, M., Levto, R., Heilman, B., & Barker, G. (2015). Risk factors for men’s lifetime perpetration of physical violence against intimate partners: Results from the International Men and Gender Equality Survey (IMAGES) in eight countries. *PLoS One*, 10(3), e0118639. <https://doi.org/10.1371/journal.pone.0118639>

2 The Pan American Health Organization and International Planned Parenthood Federation also supported the creation of Program H.

Program M engages young women in a similar process of critical reflection about gender and power, while also empowering them to make decisions that affect their own health and well-being. Though not the focus of this particular review, many adaptations of Program H have also included components involving young women. In 2013, the original creators of Program H launched *Program HMD*, a shorter toolkit of key activities from Programs H and M selected by practitioners after ten years of adaptation and implementation.

This review brings together findings from 14 Program H impact evaluation studies – including nine quasi-experimental studies, three randomized controlled trials, and two pre-post evaluations (without a comparison group) – that have been carried out in settings ranging from the Balkans to Vietnam. It is designed to provide those interested in implementing and evaluating Program H in other settings with an update on the evidence collected to date, as well as lessons learned and recommendations on how to strengthen future programmatic design, implementation, and evaluation efforts. This review highlights findings from studies that were the most robust in terms of evaluation methodology (e.g., where possible, quasi-experimental studies or randomized controlled trials using a comparison group) or sample size and that included a significant portion of the original Program H activities.



About Program H

Program H is composed of three interrelated parts:

1. a gender-transformative group education curriculum that includes the Program H manual and an educational video (*Once Upon a Boy*) that is also used in some settings for promoting attitude and behavior change among young men;
2. community campaigns, led by young people themselves, that seek to change community norms related to what it means to be men and women; and
3. a culturally relevant, validated evaluation model (the Gender Equitable Men, or GEM, Scale) that seeks to measure the degree to which young men and women change their gender attitudes as a result of the interventions.

Of the three components, the centerpiece of Program H is the manualized curriculum of participatory group activities promoting critical reflection and discussion on gender and masculinities that are carried out in same-sex and/or mixed-sex groups. These group sessions are usually led by trained community facilitators, who serve as gender-equitable role models for young men. Activities include role-plays, brainstorming exercises, group discussions, and individual

reflections about how boys and men are socialized to be men, the “costs” of manhood, and the benefits of becoming more gender-equitable men.

Program H is framed by the concept of “gender consciousness,” which originates from the idea of critical consciousness developed by Paulo Freire. The process of “conscientization,” according to Freire, links individuals’ capacity to reflect on the world and to choose a given course of future action informed by and empowered by that critical reflection.³ This process of reflecting critically on the history of cultural conditions and class structures that support and frame experiences of gender inequality can help to promote personal growth, political awareness, and activism, which can create the conditions to change gender role prescriptions. By questioning gender stereotypes, youth who already act as “voices of resistance” on rigid gender norms⁴ become further engaged and serve as role models for other youth. Some of the first Program H activities came directly from formative research in Brazil that explored which topics, within a critical awareness of masculinities, were salient to engage young men. The first case studies, examples, and topics came out of these direct discussions.⁵

The Program H theory of change is also informed by social norms theory, which states that our behavior is influenced by misperceptions of how our peers think and act;⁶ the theory of reasoned action, which states that a person’s behavior is determined by their intention to perform the behavior and that this intention is, in turn, a function of their attitude toward the behavior and subjective norms;⁷ and the theory of gender and power, which describes the structures that characterize men’s and women’s gendered relationships.⁸ Program H posits that young men learn through questioning and critically reflecting on gender norms, power, and privilege; rehearsing equitable and nonviolent attitudes and behaviors in a comfortable space; internalizing these new gender attitudes and norms; and applying them in their own relationships and lives. Indeed, research on HIV and sexual health programs shows programs that include an examination of power dynamics and gender norms are more effective at achieving SRH outcomes.⁹ Supporting institutions and structures, such as community-based youth organizations and after-school programs, reinforces the group education process in encouraging young individuals and organizations to develop and

3 Freire, P. (1970). *Pedagogy of the oppressed*. The Continuum International Publishing Group.

4 Barker, G. (2005). *Dying to be men*. Routledge.

5 Barker, G. (2000). Gender equitable boys in a gender inequitable world: Reflections from qualitative research and programme development in Rio de Janeiro. *Sexual and Relationship Therapy*, 15(3), 263–282. <https://doi.org/10.1080/14681990050109854>

6 Perkins, H.W., & Berkowitz, A. D. (1986). Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming. *International Journal of the Addictions*, 21(9–10), 961–976. <https://doi.org/10.3109/10826088609077249>

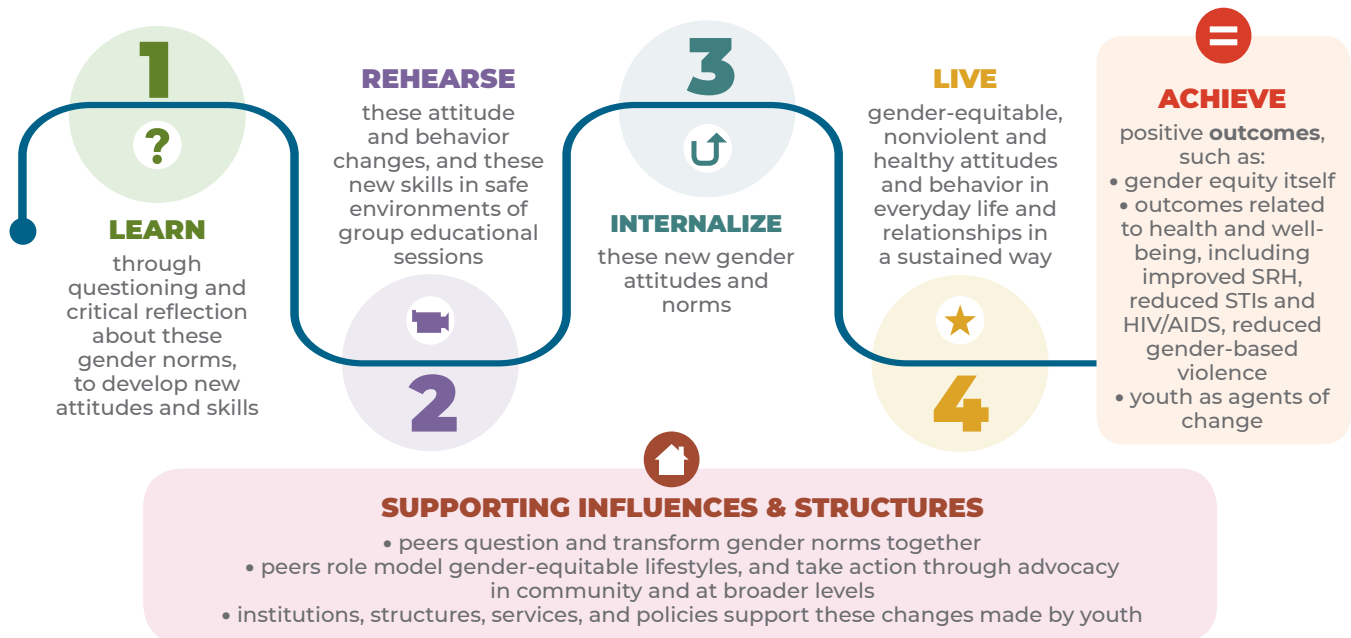
7 Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research*. Addison-Wesley.

8 Connell, R.W. (1987). *Gender and power: Society, the person and sexual politics*. Stanford University Press.

9 Haberland, N.A. (2015). The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health*, 41(1), 31–42. <https://doi.org/10.1363/4103115>

use the tools to become agents of change for gender equality.¹⁰ Though the adaptation and the implementation of Program H vary in each setting, this theory of change has influenced the ways Program H has been evaluated.

Program H Theory of Change



Program H Around the World

Perhaps one of Program H's most notable achievements is its evaluated impact, alongside the number of places where it has been adapted and how easily it has been adapted to be culturally relevant over the years. Though the focus of this paper is to take stock of and reflect on those Program H adaptations that have more robust evaluations, it is also important to note the diversity of places where Program H has been implemented. At least 36 countries – in the Global North and South – have implemented Program H within various settings, from school and vocational training classrooms to sports settings to health clinics to juvenile justice detention centers to community settings. Many of these adaptations were carried out by a range of actors – from multilateral institutions such as the United Nations to local community-based organizations and local governments. As an open-access resource, Program H is available for anyone to adapt and implement. As such, Promundo's involvement in these adaptations has also varied; in some places, Promundo has led the project, while in others, the organization has been engaged only as a technical advisor or not at all.

¹⁰ Promundo, Instituto Papai, Salud y Género, & ECOS (2013). *Program H|M|D: A toolkit for action/engaging youth to achieve gender equity*. Promundo. <https://promundoglobal.org/resources/program-hmd-a-toolkit-for-action/>

Adaptation and implementation of Program H have varied across countries in terms of focus, participants, length, and facilitators. Many adaptations were not rigorously evaluated for a number of reasons (e.g., lack of financial resources, the program being funded only to the pilot stage, or insufficient monitoring and evaluation capacity). Table 1 lists all known Program H adaptations to date.

Table 1. Known Program H adaptations by country

		Training, Partial Adaptation, or Use of Program H Activities	Government Buy-In or Large-Scale Adaptation of Program H by Nongovernmental Organizations (NGOs) or Civil Society	Impact Evaluation(s) Included in This Review	Implementation Included Young Women (Program M)
1	Afghanistan	X			
2	Bangladesh	X			
3	Belgium	X			X
4	Belize	X			
5	Bolivia	X			
6	Bosnia and Herzegovina	X	X	X	
7	Brazil	X	X	X	X
8	Burundi	X			
9	Canada	X			
10	Chile	X	X	X	X
11	Colombia	X			
12	Costa Rica	X	X		
13	Côte d'Ivoire	X			
14	Croatia	X	X	X	

15	Democratic Republic of the Congo	X			
16	Ethiopia	X		X	X
17	Germany	X			X
18	India	X	X	X	X
19	Indonesia	X			X
20	Jamaica	X			X
21	Kosovo	X	X	X	
22	Lebanon	X			
23	Mexico	X	X		X
24	Namibia	X		X	
25	Nepal	X			
26	Nicaragua	X	X		
27	Pakistan	X			
28	Panama	X			
29	Peru	X			
30	Portugal	X			X
31	Rwanda	X	X	X	X
32	Serbia	X	X	X	
33	Spain	X			X
34	Tanzania	X			X
35	United States	X	X	X	X
36	Vietnam	X	X	X	X

Program H Adaptation Spotlight: The EQUI-X Project

From 2018 to 2019, the EQUI-X partnership adapted Programs H and M to promote gender equity and prevent violence across five European Union countries (Belgium, Croatia, Germany, Portugal, and Spain) with young men and women aged 12 to 21, though most countries focused on youth aged 14 to 18. The objectives of EQUI-X were to:

- Implement new approaches to preventing GBV in the European Union by working with young men and women of different ages and socioeconomic backgrounds;
- Promote innovative strategies that empower young people by addressing the construction of gender and promoting nonviolent models of manhood; and
- Strengthen relationships between academics and civil society organizations to promote shared learning on GBV awareness and prevention

EQUI-X engaged young people in a variety of settings, including in secondary schools, juvenile detention centers, public housing, and temporary housing/shelters. Youth were both European-born as well as refugees and migrants. Teachers, social workers, and other caregivers also received training on GBV prevention to broaden the knowledge produced under EQUI-X and improve their skills. In addition, EQUI-X engaged key policymakers from government institutions, such as the ministries of education and health, as well as national commissioners for gender equality.

By the end, the project had conducted 300 workshops and directly engaged 651 young men and women. A pre-post evaluation of youth that aimed to determine how gender attitudes shifted as a result of EQUI-X showed great variation between countries and pointed to the need for more consistently implemented gender-synchronized interventions to promote gender equality in the region.

For more information, visit the [EQUI-X website](#)

3

Evaluating Program H

While Program H engages young men in reflecting on and challenging inequitable gender norms, its impact is typically measured by evaluating changes in individual young men's attitudes toward gender roles and norms, as well as changes in their behavior influenced by these norms. One of the principal tools used to measure changes in young men's gender attitudes as a result of participation in Program H is the GEM Scale, first developed by Promundo and the Horizons Program/Population Council in Brazil.¹¹

The Gender Equitable Men (GEM) Scale

The GEM Scale is intended to:

1. be multifaceted and measure multiple domains within the construct of gender norms, with a focus on support for equitable or inequitable gender norms;
2. address program goals related to sexual and intimate relationships and also SRH and STI prevention;
3. be broadly applicable yet culturally sensitive so indicators can be applied in and compared across varied settings and be sufficiently relevant to specific cultural contexts; and
4. be easily administered so that a number of actors – including the organizations implementing the interventions – can use the scale.

The original development of the GEM Scale was grounded in formative, qualitative research on gender norms with young men in Rio de Janeiro.¹² Horizons/Population Council and Promundo conducted a survey with men in both low- and middle-income neighborhoods in Rio de Janeiro, which led to a validated 24-item GEM Scale that measures attitudes toward gender norms related to SRH, sexual relations, violence, domestic work, and homophobia.¹³ Greater support for equitable norms (i.e., higher GEM Scale scores) was significantly associated with less self-reported partner violence and greater contraceptive use. Though the scale was developed for young men in low- and middle-income communities, it has been successfully adapted for different age groups (ranging from 10 to 59), for including women and girls in schools, and for middle-/high-income communities in various countries.

¹¹ Pulerwitz, J., & Barker, G. (2008).

¹² Barker, G. (2000).

¹³ Instituto Promundo & Instituto Noos. (2003). *Men, gender-based violence and sexual and reproductive health: A study with men in Rio de Janeiro, Brazil*; Pulerwitz, J., & Barker, G. (2008).

Evaluations Included in This Review

This review consists of an in-depth overview of 14 impact evaluations of Program H adaptations from 12 countries, as well as a set of key findings and recommendations for practitioners interested in adapting, implementing, and evaluating Program H in their setting. The Program H adaptations had different goals (e.g., HIV prevention, violence prevention, or improved SRH) and populations (from young unpartnered adolescents to older married men). Thus, the evaluations' outcomes of interest vary. The inclusion criteria for the 14 studies included in this review are highlighted in Table 2, and details of the evaluations are described in Table 3.¹⁴

Table 2. Criteria for studies included in the review

Population	Included boys and young men aged 12 to 24 (several studies also included younger and/or older men)
Program H or Not?	At least half of the group education sessions adapted from Program H Intervention included a series of group education activities implemented over at least three weeks
Study Design	A pre-post, quasi-experimental, or experimental study design with or without a control/comparison group Minimum sample size of 100
Outcomes	Used the GEM Scale to assess changes in young men's gender attitudes Assessed self-reported changes in young men's behaviors related to (but not limited to) the use of intimate partner violence (IPV) and SRH

The studies evaluated adaptations of Program H designed for boys, young men, and adult men of various ages, ranging from 12 to 64. Three interventions and studies also included girls and young women. The evaluations include three randomized controlled trials and nine quasi-experimental designs, as well as two pre-post studies without a comparison group. Study sample size ranged from 110 to more than 3,000 participants. Several studies were designed to compare the impacts of Program H group education versus campaigns, as well as the combined effect of these interventions.

¹⁴ This review's authors are aware of one additional quasi-experimental study in Mexico, which assessed the implementation of a Program H adaptation (2005 to 2006) with young men aged 14 to 25 in Querétaro. The project was implemented by Salud y Género, a Mexican NGO, in collaboration with the Instituto Tecnológico de Querétaro and the Universidad Autónoma de Querétaro, which supported recruitment into the study. Unfortunately, the full report describing the methods, analysis, and main findings were not able to be recovered by the original researchers at the time of writing this report.

The timing of follow-up varied across sites, but most surveys occurred directly after the intervention ended, approximately three to six months after baseline/pre-survey. However, a few studies conducted longer (one- to two-year) follow-ups.

It was not possible to compare outcome results between evaluations or countries due to the high degree of variation across settings – with regard to the intervention focus, delivery, participants, expected outcomes, study design, and analysis. However, this report attempts to summarize consistent and notable findings that have implications for future implementation and research. Some adaptations of Program H have had multiple rounds of implementation and evaluation. Where this is the case, the report consolidates findings or includes only the findings from the most recent evaluation reports that were available to the authors.

Limitations of This Review

There are several limitations to this review. The first is that most of the included studies did not randomize participants, reducing the ability to reach a conclusion on a causal association between the intervention and the expected outcomes. Second, there were inconsistencies in the description of the intervention and/or evaluation for some countries, resulting in fact-checking with the original researchers to clarify needed information about their study. For this reason, there may be recall bias or minor inaccuracies in how results are reported. Third, many of the studies included in this review collected self-reported health and behavioral data – for example, on STIs, adoption of safer sex practices, or perpetration of IPV. Only three evaluations – the Brazil Horizons, Brazil soccer intervention, and Ethiopia Male Norms Initiative studies – interviewed the female partners of young men (who were in heterosexual intimate partner relationships) participating in Program H – to report on changes in men’s behavior. Finally, the evaluations did not assess the impact of other actions to change social norms or promote policy change – such as events, dialogues, and trainings held with public health professionals, senior policymakers, teachers, and education and youth-serving professionals – that were carried out in several settings to make Program H implementation possible and potentially sustainable.

Table 3. Characteristics of intervention studies included in this review (in alphabetical order by country/region)

	Country/Region and Program Name	Study Design	Setting	Survey Participants	Components	Dose	Findings ¹⁵
1	<p><i>The Balkans</i></p> <p>Young Men Initiative (CARE International, International Center for Research on Women with technical assistance from Instituto Promundo)</p> <p>(Phase I: 2009–2010)</p>	<p>Quasi-experimental design with matching at the school level</p> <p>Collection method: Quantitative self-administered survey</p>	<p>Bosnia and Herzegovina (4 schools), Croatia (2 schools), and Serbia (3 schools)</p> <p>Matched pairs of schools chosen in all but one location (Prokuplje, Serbia)</p>	<p>2,567 young men aged 15–19 attending vocational schools</p> <p>Baseline: 2,567 Endline: 2,339</p> <p><i>Intervention</i> Pre-test: 1,326 Post-test: 1,190</p> <p><i>Control</i> Pre-test: 1,241 Post-test: 1,149</p> <p>(NOT cohort; participants at baseline and endline not necessarily the same people)</p>	<p>1. School-based group education sessions</p> <p>2. Social marketing campaigns called “Be a Man”</p>	<p>20 group education sessions over 2–3 months; occasional campaign activities</p>	<ul style="list-style-type: none"> • Within intervention schools: Exposure to campaigns much more widespread than participation in group education • Both intervention and control groups had more equitable attitudes at endline than at baseline • Endline GEM Scale scores significantly lower among the intervention group exposed to the campaign than among the intervention group not exposed • Increased self-reported condom use • Positive change in reducing peer violence in some locations, but not statistically significant for the entire sample comparing intervention and control

¹⁵ All reported changes are statistically significant at the .05 level or less unless otherwise stated.

							<ul style="list-style-type: none"> • Changes not statistically significant at all sites; some changes also observed in some control sites
2	<p><i>The Balkans</i></p> <p>Young Men Initiative (CARE International, International Center for Research on Women with technical assistance from Instituto Promundo)</p> <p>(Phase II: 2011–2012)</p>	<p>Pre-post quasi-experimental design with control group in one setting (Prishtina), with data collected before and after study with dose-response analysis</p> <p>+ 16 in-depth interviews with young men</p> <p>+ 6 focus groups with young women and program staff</p>	<p>Bosnia and Herzegovina, Croatia, Kosovo, and Serbia</p>	<p>1,248 young men aged 15–19 attending vocational schools</p> <p>Sample who completed baseline and endline surveys: <i>Sarajevo: 271</i> <i>Zagreb: 257</i> <i>Belgrade: 159</i> <i>Prishtina: Intervention: 285</i> <i>Control: 276</i></p>	<ol style="list-style-type: none"> 1. School-based group education sessions 2. Residential trainings (offsite retreats) 3. Social marketing campaign 	<p>8 group education sessions over 8 months; optional residential trainings (2–4 days)</p>	<ul style="list-style-type: none"> • Improvement in self-reported attitudes on gender roles, homosexuality, and violence against women • Improvement in <i>intentions</i> to act nonviolently; however, self-reported behaviors indicate an increase in the frequency of perpetrating physical violence • Increased basic SRH knowledge • Condom use results mixed <p><i>(No control group for above outcomes; all above findings reflect statistically significant changes between baseline and endline)</i></p>

3	<p><i>Brazil</i></p> <p>Program H under the Horizons Program</p> <p>(Instituto Promundo, Horizons/Population Council)</p> <p>(2002–2006)</p>	<p>Pre-post quasi-experimental study design with control group and 1-year follow-up</p> <p>+ 18 qualitative interviews with subsample of participants and female partners post-intervention</p>	<p>Rio de Janeiro (low-income urban setting)</p>	<p>780 young men aged 14–25</p> <p><i>Group education:</i> Pre-test: 258 Post-test 1: 230 Post-test 2: 217</p> <p><i>Group education + community campaign:</i> Pre-test: 250 Post-test 1: 212 Post-test 2: 190</p> <p><i>Control/delayed intervention:</i> Pre-test: 272 Post-test 1: 180</p>	<ol style="list-style-type: none"> 1. Community-based group education sessions 2. Community campaign (posters, postcards, community dances, radio spots) 	<p>14 2-hour group education sessions; community campaign over 6 months</p>	<ul style="list-style-type: none"> • Increased support for gender-equitable attitudes in both intervention groups • Decreased self-reported STI symptoms in combined intervention group • Increased self-reported condom use with primary partners in combined intervention group • Increased support for gender-equitable attitudes associated with reduced HIV/STI risk • No change in control group
4	<p><i>Brazil</i></p> <p>Laço Branco (Instituto Promundo)</p> <p>(2011)</p>	<p>Pre-post quasi-experimental study design with control group</p>	<p>Rio de Janeiro (low-income urban setting)</p>	<p>261 men aged 15–64</p> <p><i>Intervention</i> Pre-test: 129 Post-test: 93</p> <p><i>Control</i> Pre-test: 132 Post-test: 87</p>	<ol style="list-style-type: none"> 1. Community-based group education sessions 2. Sports tournament 	<p>15 3-hour group education sessions; 13 rounds of soccer tournament over 5 months</p>	<ul style="list-style-type: none"> • Control group had some exposure to GBV messaging via a coach in the control community, but did not have group education or sports tournament

		<p>+ Focus groups with community members (99 surveyed pre-intervention and 33 surveyed post-intervention)</p> <p>+ In-depth interviews with 8 couples and 12 soccer players post-intervention</p>			<p>3. Community campaign (newsletter, newspaper column, meetings, samba song, holiday parties)</p>		<ul style="list-style-type: none"> • Improvement in self-reported attitudes toward violence against women in intervention and control groups • Increased self-reported knowledge and discussion on gender equality and violence against women in intervention and control groups • Decreased self-reported IPV in intervention group • Increased men's participation in care work in intervention group
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5	<p><i>Chile</i></p> <p>Engaging Young Men via the Public Health System (CulturaSalud) (2010)</p>	<p>Pre-post quasi-experimental study design with control group</p> <p>+ 16 in-depth interviews and 6 group interviews with participants post-intervention</p> <p>+ 5 in-depth interviews and 5 focus groups with the trained health professionals who facilitated workshops</p>	<p>Santiago (medium-low and low-income urban settings)</p>	<p>510 young men aged 14-19</p> <p><i>Intervention</i> Pre-test: 260 Post-test: 153</p> <p><i>Control</i> Pre-test: 250 Post-test: 150</p>	<p>School-, community-, and health-based group education sessions</p>	<p>8 group education sessions (session length unknown) over 3-5 months</p>	<ul style="list-style-type: none"> • Increase in gender-equitable attitudes in intervention group • Improvements in self-reported attitudes toward violence in intervention group • Increased self-reported knowledge on violence and tools to prevent it in intervention group • Increased personal satisfaction and improved perceptions of young men among health professionals facilitating the workshops • No change in control group
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6	<p><i>Ethiopia</i></p> <p>Male Norms Initiative (Hiwot Ethiopia, EngenderHealth, PATH, Instituto Promundo) (2008)</p>	<p>Pre-post quasi-experimental study design with control group</p> <p>+ In-depth interviews with 25 participating young men and their female partners (separately) post-intervention</p>	<p>Addis Ababa (low-income urban settings)</p>	<p>729 young men aged 15–24</p> <p><i>Group education + community campaign</i> Pre-test: 244 Post-test: 235</p> <p><i>Community campaign</i> Pre-test: 287 Post-test: 251</p> <p><i>Control/delayed intervention</i> Pre-test: 198 Post-test: 159</p>	<ol style="list-style-type: none"> 1. Community-based group education sessions 2. Community campaign (music and drama performance, newsletters, community workshops, condom distribution) 	<p>8 (2–3 hour) group education sessions over 4 months; campaign activities over 6 months</p>	<ul style="list-style-type: none"> • Increased gender-equitable attitudes in combined intervention group • Increased discussion around condom use, HIV, and sex life with partner in combined intervention group • Decreased self-reported IPV in both intervention groups • No change in control group
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7	<p><i>India</i></p> <p>Yaari Dosti (CORO for Literacy, Horizons/Population Council with technical assistance from Instituto Promundo) (2007)</p>	Pre-post quasi-experimental study design	Low-income urban (Mumbai, Maharashtra) and rural (Gorakhpur, Uttar Pradesh) settings	<p>1,926 young men aged 15–29 (16–29 in urban settings; 15–24 in rural settings)¹⁶</p> <p><i>Group education (urban)</i> Pre-test: 321 Post-test: 175</p> <p><i>Group education + community campaign (urban)</i> Pre-test: 333 Post-test: 197</p> <p><i>Urban control/delayed intervention</i> Pre-test: 221 Post-test: 165</p> <p><i>Group education (rural)</i> Pre-test: 524 Post-test: 300</p> <p><i>Rural control</i> Pre-test: 516 Post-test: 301</p>	<ol style="list-style-type: none"> 1. Community-based group education sessions 2. Community campaign (posters, plays, comic books, pamphlets, clothing design) 	23 weekly 1-hour sessions over 6 months	<ul style="list-style-type: none"> • Increased support for gender-equitable attitudes in both intervention groups • Decreased self-reported IPV in both intervention groups • Increased discussion of condoms, sex, and STIs with partner in both intervention groups (in urban setting) • Increased condom use at last sex in both intervention groups • More positive attitudes toward people living with HIV in both intervention groups • No change in control group
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¹⁶ There is a discrepancy in the reporting on the number of respondents in the baseline in the urban settings (i.e., 886 baseline respondents noted, but the detailed breakdown only includes 875 respondents); the data in this table reflects the information provided in the original evaluation report.

8	<p><i>India</i></p> <p>Gender Equity Movement in Schools (GEMS) (International Center for Research on Women, CORO for Literacy, Tata Institute for Social Sciences)</p> <p>(2008–2010)</p>	<p>Pre-post quasi-experimental study design, with the first post-test after the end of first round of intervention and the second post-test after second round of intervention</p> <p>+ Unknown number of in-depth interviews with intervention participants</p>	<p>Maharashtra: Mumbai (urban setting)</p>	<p>2,896 girls (G) and boys (B) aged 12–14 attending public school</p> <p><i>Group education + school campaign</i> Pre-test: 913 (G=448; B=465) Post-test 1: 670 (G=378; B=292) Post-test 2=252 (G=151; B=101)</p> <p><i>School campaign</i> Pre-test: 887 (G=437; B=450) Post-test 1: 569 (G=298; B=271) Post-test 2: 217 (G=124; B=93)</p> <p><i>Control</i> Pre-test: 1,096 (G=579; B=517) Post-test 1: 796 (G=424; B=372) Post-test 2: 285 (G=151; B=134)</p>	<ol style="list-style-type: none"> 1. School-based group education sessions 2. School campaign (competition, debates, short plays) 	<p>Year 1: 10 (45-minute) sessions over 6 months; school campaign lasting a week</p> <p>Year 2: 15 (45-minute) sessions over 7 months; school campaign lasting a week</p>	<ul style="list-style-type: none"> • Increased support for gender-equitable attitudes among boys and girls in both intervention groups • Increased self-reported positive reactions to incidents of physical violence in the combined intervention group • Increased intention to take action against sexual harassment in both intervention groups • Increased support for higher age at marriage (21+) for girls in the combined intervention group • Mixed results in self-reported use of physical violence at school: increase in combined intervention arm at 1st follow-up, but decrease at 2nd follow-up
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9	<p><i>India</i></p> <p>Gender Equity Movement in Schools (GEMS) (International Center for Research on Women, CORO for Literacy, Tata Institute for Social Sciences)</p> <p>(2014–2016)</p>	<p>Cluster randomized controlled trial study design</p> <p>+ 60 in-depth interviews with intervention and comparison participants</p>	<p>Jharkhand: Ranchi district (urban) and Khunti district (rural)</p>	<p>3,069 boys and girls aged 12–14 attending public school (who completed all rounds of data collection)</p> <p><i>Intervention</i> Pre-test: 1,983 Post-test: 1,523</p> <p><i>Control</i> Pre-test: 2,017 Post-test: 1,546</p>	<ol style="list-style-type: none"> 1. School-based (curricular) group education sessions 2. School campaigns 3. Student government activities 4. Teacher training with NGO support 	<p>24 45-minute sessions over 2 academic years</p>	<ul style="list-style-type: none"> • Increased support for gender-equitable attitudes • Decreased acceptance of peer-based violence • Decreased acceptance of school-based corporal punishment • Increased cross-gender communication and engagement (play)
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							<ul style="list-style-type: none"> • Increased communication and improved relationships between students and teachers • Increased intentions to intervene when witnessing violence • Decreased self-reported use of violence in both control and intervention schools
10	<p><i>Namibia</i></p> <p>Male Norms Initiative (PATH, LifeLine/ ChildLine, EngenderHealth, Instituto Promundo)</p> <p>(2008–2010)</p>	<p>Quasi-experimental study design</p> <p>+ 28 in-depth qualitative interviews</p>	<p>6 prison sites in Namibia</p>	<p>310 male prison guards (no age requirement, but participants generally aged 30–45)</p> <p><i>Intervention</i> Pre-test: 197 Post-test: 86</p> <p><i>Control</i> Pre-test: 113 Post-test: 86</p>	<p>Group education sessions</p>	<p>18 2-hour sessions delivered twice a week over 9 weeks</p>	<ul style="list-style-type: none"> • No statistically significant changes in condom use, number of sexual partners, or men's use of violence against a partner • Positive changes in gender attitudes detected in both control and intervention groups

11	<p><i>Rwanda</i></p> <p>Youth4Change (Rwanda Men's Resource Centre, Promundo-US)</p> <p>(Phase 1: MenCare+, 2013–2015)</p> <p>(Phase 2: Prevention+, 2016–2020)</p>	<p>Pre-post study design</p> <p>+ 6 focus group discussions with club members</p> <p>+ 36 interviews (12 teachers and school officials; 24 students, non-club members)</p>	<p>Phase 1: Community settings in 4 districts (Karongi, Musanze, Nyaruguru, Rwamagana)</p> <p>Phase 2: 63 secondary schools and 1 higher learning institution in Karongi district</p>	<p><i>Phase 1</i></p> <p>474 young men (M) and women (W) aged 18–24</p> <p>Pre-test: 474 (M=238; W=236)</p> <p>Post-test: 442 (M=217; W=225)</p> <p><i>Phase 2</i></p> <p>296 young men (M) and women (W) aged 13–23</p> <p>Pre-test: 296 (M=145; W=151)</p> <p>Post-test: 279 (M=135; W=139; data missing for 5)</p>	<p>Phase 1: Group education sessions implemented in the community</p> <p>Phase 2:</p> <ol style="list-style-type: none"> 1. Group education sessions implemented within after-school clubs 2. School campaign 3. Teacher training with NGO support 	<p>Phase 1: 15 weekly 3-hour sessions over 3–4 months</p> <p>Phase 2: 23 weekly 1-hour sessions covering 8 themes (21 activities); occasional campaign activities</p>	<ul style="list-style-type: none"> • Increased support for gender-equitable attitudes (both phases) • Reduced acceptance of IPV (both phases) • Greater acceptance of condom use (only evaluated in Phase 1) • Increased self-reported use of SRH services (only evaluated in Phase 1) • Increased self-reported HIV testing (only evaluated in Phase 1) • Increased participation by men in care work (both phases) <p><i>(No control group; all above findings reflect statistically significant changes between baseline and endline. Phase 2 follow-up conducted prior to intervention completion.)</i></p>
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12	<p><i>United States</i></p> <p>Manhood 2.0 in Pittsburgh (University of Pittsburgh, Promundo-US) (2015–2017)</p>	<p>Cluster randomized controlled trial</p> <p>+ Unknown number of focus groups with young men</p>	<p>Pittsburgh, Pennsylvania</p>	<p>866 young men aged 13–19</p> <p><i>Intervention</i> Pre-test: 465 Post-test 1: 325 Post-test 2: 334</p> <p><i>Control:</i> Pre-test: 401 Post-test 1: 262 Post-test 2: 301</p>	<p>Community-based group education sessions</p>	<p>6 3-hour sessions over 3–6 weeks</p>	<ul style="list-style-type: none"> • Increased intention to intervene when witnessing violence • No significant increases in positive attitudes toward gender equity between intervention and control groups • No differences in positive bystander behaviors between intervention and control groups • Control group reported greater reduction than intervention group in self-reported use of violence at 9 months post-intervention
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13	<p><i>United States</i></p> <p>Manhood 2.0 Pilot Study in Washington, DC (Promundo-US, Latin American Youth Center, Child Trends) (2015–2018)</p>	<p>Individual randomized controlled trial of a pilot, with 3-month follow-up</p> <p>+ 5 focus groups with young men</p>	Washington, DC	<p>110 young men aged 15–22</p> <p><i>Intervention</i> Pre-test: 56 Post-test 1: 51 Post-test 2: 48</p> <p><i>Control</i> Pre-test: 54 Post-test 1: 47 Post-test 2: 45</p>	School- and community-based group education sessions	8 (1–2 hour) sessions over 4–8 weeks	<p>Results from intervention group after post-test 1:</p> <ul style="list-style-type: none"> • Increase in positive attitudes toward supporting a female partner to prevent pregnancy • No changes in other gender attitudes • Greater feelings of social support • Greater confidence in ability to communicate about safe sex • Decreases in negative attitudes if they got someone pregnant • No changes in control group
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14	<p><i>Vietnam</i></p> <p>Project NAM (Save the Children, General Department of Vocational Training at the Ministry of Labor, Invalids and Social Affairs, Hanoi Department of Health, Can Tho Department of Labor)</p> <p>(2007–2011)</p>	Pre-post study design	Urban and rural settings in five provinces of Vietnam	<p>1,460 young men aged 15–24 in vocational training schools and universities and street youth</p> <p><i>Vocational students</i> Pre-test: 900 Post-test: Unknown</p> <p><i>Street youth</i> Pre-test: 560 Post-test: Unknown</p>	<p>For vocational students: 26 sessions (first version), subsequently reduced to “packages” of 8, 10, and 16 sessions, over 5 months</p> <p>For street youth: 10 sessions delivered over an unknown period</p>	<ol style="list-style-type: none"> 1. School-based extracurricular group education sessions 2. Individual outreach (service referrals and condom distribution) 3. Interactive events with adult role models and community gatekeepers 4. Case management support for street youth 5. Clinic services 	<ul style="list-style-type: none"> • Increased support for gender-equitable attitudes • Increased confidence in condom negotiation • Increase in self-reported condom use • Increased perception of risk of HIV infection • Reduced sexual risk practices of HIV among most-at-risk street youth <p><i>(No control group)</i></p>
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4

Key Findings and Recommendations

This section presents general recommendations and key findings from across the 14 Program H evaluations included in this review. Detailed case studies of the Program H adaptations and their evaluations are included in Part 2 of this review.

The adaptability of Program H – considered one of its main strengths – is also what makes comparing the results of one Program H with another challenging. There is such rich variation in where the program was implemented (e.g., in schools versus communities), whom it was implemented with (e.g., boys only versus boys and girls, different age groups), the length of a single cycle of intervention (e.g., six sessions versus 24), the length of a single session (e.g., 45 minutes versus three hours), how the program was designed (e.g., group education only versus group education plus teacher training plus community campaigns), and how it was evaluated (i.e., measures and analysis vary). In addition, some programs were designed with a specific focus on preventing violence against women and girls, while others were also designed to promote SRH or reduce HIV risk, so the significant outcomes of one study may not be appropriate and/or significant for another. Thus, this section is presented with a number of caveats. Where possible, the report highlights what these caveats are while also attempting to make general statements about what the studies suggest about Program H's overall effectiveness.

Recruitment and Retention

Young men appreciate participating in Program H, but low or inconsistent attendance is a pervasive issue when working with young men. Creative recruitment and retention strategies are needed, and young men should be engaged early on to design the best ways to deliver the program, including the best times to hold the sessions. Recruitment and retention challenges – particularly when implementing in community spaces (as opposed to schools) – were highlighted by practitioners and researchers in several settings. In Ethiopia, 68 percent of participants in the Male Norms Initiative attended three or fewer group education sessions (out of eight).¹⁷ In Brazil, the Laço Branco program (which included Program H and soccer tournaments) engaged young and adult men up to age 64.¹⁸ The implementers said that older men tended to work long hours with

17 Pulerwitz, J., Hughes, L., Mehta, M., Kidanu, A., Verani, F., & Tewolde, S. (2015). Changing gender norms and reducing intimate partner violence: Results from a quasi-experimental intervention study with young men in Ethiopia. *American Journal of Public Health, 105*(1), 132–137. <https://doi.org/10.2105/AJPH.2014.302214>

18 Instituto Promundo. (2012). *Engaging men to prevent gender-based violence: A multi-country intervention and impact evaluation study*. http://www.promundo.org.br/wp-content/uploads/2012/04/UNT_Eng_10-1.pdf

limited free or leisure time, which hindered their participation. While the soccer tournament and meals were important to maintaining high interest in the program, the total number of participants remained relatively low.

Recruiting and retaining older adolescents and young men was also a challenge in the United States. The Manhood 2.0 study in Washington, DC, faced substantial challenges recruiting men aged 18 to 22 to the intervention and study due to self-reported scheduling conflicts, as the young men were often working part or full time or faced other personal challenges.¹⁹ Similarly, in Brazil, the Horizons project reported that more than half of men – usually men aged 20 to 25, at the older end of the targeted age range – participated in less than half the sessions, usually because of work.²⁰ Scheduling conflict was a common and difficult issue in places where staff delivered the intervention within a 9 a.m. to 5 p.m. weekday schedule and in places where the programs took place in community settings as opposed to in schools, where the program is often implemented during the school day or after school (but during planned extracurricular hours) or within boarding schools.

Those programs that were implemented in schools and involved stakeholders from the beginning, particularly teachers and youth workers, had the highest attendance and retention rates. Program H was implemented in schools in multiple settings (India, the Balkans, Rwanda, Vietnam) as part of the school curriculum or through structured after-school activities. Attendance rates and curriculum completion were highest in these settings and when there was significant engagement or training of administrators and teachers, such as Gender Equity Movement in Schools (GEMS) in India and Youth4Change in Rwanda. However, high attendance and retention rates were also seen in community-based implementation in Rwanda – where 95% of young men and women attended all 15 sessions.²¹ In Chile, there was a significant difference in attendance and interest between the groups implemented in schools versus in health centers (which are often seen as gendered spaces for women and girls).²² In Namibia, where the intervention was implemented with prison guards, LifeLine/ChildLine staff noted that intervention implementation would have been strengthened by securing the full support and buy-in of key stakeholders at all levels from the program’s inception.²³ They found that it was sometimes challenging to engage the prison community on the level of the individual prisons due to competing priorities related to their daily functioning.

19 Promundo-US. (2019). *Manhood 2.0: Program overview and final results*. <https://promundoglobal.org/wp-content/uploads/2019/06/PM-Manhood-2-0-Program-Overview-v1-7-E.pdf>

20 Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006). *Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy*. Population Council. <https://promundoglobal.org/wp-content/uploads/2015/01/Promoting-Equitable-Gender-Norms-and-Behaviors-English.pdf>

21 RWAMREC, Promundo. (2015). *Engaging young men and women in realizing sexual and reproductive health and rights and gender equality*.

22 Instituto Promundo. (2012).

23 Pulerwitz, J., Widyono, M., Mehta, M., Shityuwete, J., Verani, F., & Keulder, C. (2010). *Promoting gender equity for HIV and violence prevention: Results from the PEPFAR Male Norms Initiative evaluation in Namibia*. PATH, page 15. <https://www.path.org/resources/promoting-gender-equity-for-hiv-and-violence-prevention-results-from-the-pepfar-male-norms-initiative-evaluation-in-namibia/>

Most organizations said it is difficult – or not within their program scope – to recruit the hardest-to-reach young men, such as out-of-school youth, young men in situations of economic stress, and youth experiencing homelessness. In India’s Yaari Dosti program, researchers said a limitation of their study findings was that the participants self-selected into the program, meaning they were perhaps more likely to change their gendered behaviors and attitudes than those who did not join.²⁴ In Ethiopia, those who participated in the Male Norms Initiative were already involved in youth groups; therefore, the evaluators posited, they were not generally representative of the population of young people.²⁵

Project NAM in Vietnam is a notable example of a program that intentionally aimed to reach the most vulnerable. This program, while concentrated on youth in vocational schools, also aimed to work with those most at risk for HIV infection, including street youth and injecting drug users, and documented the lessons learned in detail. For example, program implementers noted that, in addition to participating in Program H, street youth needed more case-management support, mental health referral services to address trauma, and treatment for drug addiction.²⁶ Fortunately, the program had access to Save the Children-employed social workers and created low-cost drop-in centers, with some seeing as many as 100 unique clients every month. Project teams conducted community outreach events by going to the places that street youth frequented, such as train and bus stations. There were still structural challenges to working with this group, such as aggressive policing, lack of legal documentation, and stigma on the part of partner organizations unwilling to work with this group. Nevertheless, Project NAM is an example of good practice on how to reach vulnerable youth by integrating gender-transformative programming into services that directly address their needs.

24 Verma, R. K., Pulerwitz, J., Mahendra, V. S., Khandekar, S., Singh, A. K., Das, S. S., Mehra, S., Nura, A., & Barker, G. (2008). *Promoting gender equity as a strategy to reduce HIV risk and gender-based violence among young men in India*. Population Council. <https://promundoglobal.org/resources/promoting-gender-equity-as-a-strategy-to-reduce-hiv-risk-and-gender-based-violence-among-young-men-in-india-2008/>

25 Pulerwitz, J., Hughes, L., Mehta, M., Kidanu, A., Verani, F., & Tewolde, S. (2015). Changing gender norms and reducing intimate partner violence: Results from a quasi-experimental intervention study with young men in Ethiopia. *American Journal of Public Health, 105*(1), 132–137. <https://doi.org/10.2105/AJPH.2014.302214>

26 Save the Children. (Year unknown). *HIV prevention for young people in Vietnam: affecting gender norms and risk practice. Final Report*.

Implementation

It is not enough to engage young men directly affected by the intervention – such as students – without understanding and engaging the stakeholders around them who shape their gender attitudes and may perpetuate inequitable gender norms. Implementers of GEMS in Jharkhand, India, note, “Teachers need to ponder and start their own personal journeys of gender-transformation.”²⁷ To do this, the implementers conducted training workshops with teachers over two academic years, held periodic orientation meetings with school staff, and coordinated a team of GEMS facilitators to provide ongoing support to teachers within schools implementing GEMS with students. In Brazil, one of Laço Branco project’s main recommendations to strengthen the program in the future was to engage not just coaches but also the trainers and referees in the soccer league who carried out the activities.²⁸ Such efforts, they predicted, would improve the retention of men in the program. In Rwanda, the Youth4Change clubs included substantial training of school administrators and teachers (who led the clubs) to generate their buy-in and support for the clubs. In addition to helping with clubs’ recruitment and sustainability, this led to shifts in policy within some schools. In addition, students described the program as leading to greater trust and communication with their teachers.

Many Program H implementing organizations find it challenging to implement sessions over a sustained period without sufficient support from decision-makers, financial resources, and staff capacity (i.e., time and training), and they often have to make decisions to cut content in order to accommodate young people’s availability, school schedules, and other limitations. In Vietnam’s Project NAM, the demand for shorter session cycles (from the original 26) to accommodate students’ schedules led to alternative program “packages” in cycles of eight, ten, and 16 sessions.²⁹ In Manhood 2.0 in Pittsburgh, United States, there was pressure to test a realistically scalable intervention that included a version of implementation that could be conducted over a shorter duration – six sessions delivered once or multiple times per week. In Chile, implementing partners were given flexibility on the number of sessions to implement depending on the needs of their setting and of the youth with whom they worked, with a minimum of eight of 12 completed within one programming cycle considered “complete.”³⁰

27 Achyut, P., Bhatla, N., Verma, H., Uttamacharya, Singh, G., Bhattacharya, S., & Verma, R. (2016). *Towards gender equality: The GEMS journey thus far*. International Center for Research on Women, page 3. <https://www.icrw.org/wp-content/uploads/2016/12/GEMS-report-jharkhand.pdf>

28 Instituto Promundo. (2012).

29 Clarke, D. (Year unknown) *Project NAM evaluation brief: HIV Prevention among vocational students in Vietnam*.

30 Obach, A., Sadler, M., & Aguayo, F. (2011). *Involucrando hombres jóvenes en el fin de violencia de género: Intervención multipaíses con evaluación de impacto. Caso chileno [Engaging young men in ending gender violence: Multi-country intervention with impact evaluation. Chilean case]*. CulturaSalud – EME. https://www.researchgate.net/publication/282672444_Resultados_del_Proyecto_Involucrando_Hombres_Jovenes_en_el_fin_de_la_Violencia_de_Genero_Intervencion_Multipais_con_Evaluacion_de_Impacto_Caso_Chileno

At the same time, some evidence suggests that a longer intervention implemented consistently over a longer duration is necessary to see significant change in gender-related outcomes. For example, India's GEMS intervention in Maharashtra found that the increase in the proportion of students in the "high gender equity" category, meaning those who were most supportive of gender equity, was more pronounced among those who attended 16 or more sessions (from 1 percent to 17 percent) than among those who attended 11 to 15 (from 2 percent to 8 percent) and 10 or fewer (from 5 percent to 8 percent).³¹ The implementers say, "Since GEMS is an incremental intervention, where successive sessions contribute to building a comprehensive understanding on gender and violence, students who have been exposed to greater numbers of sessions show more change in their thinking toward these issues."³² The implementers of the Yaari Dosti program in India similarly say that there is a need to "regularly reinforce the messages related to alternative forms of masculinity,"³³ while in Namibia, researchers found the need for "consistent, constant follow-up and support...to build a critical mass of trained men who can take these messages back to their communities."³⁴ Studies frequently cite funding challenges and a lack of resources as major challenges to promoting sustained long-term change in young men's attitudes and behavior.

At the same time, given the high degree of variability among the Program H studies, and among gender-transformative programs more broadly, more research is needed to further understand what the ideal or minimum dose is in order to achieve impact (which may vary depending on the primary outcomes of interest).

Though not all of the evaluations assessed the impact of group education alone versus group education plus additional program components (such as campaigns), there is evidence in a few settings that the impact of group education alone may be comparable to that of a combined intervention involving youth-led campaigning. The Yaari Dosti group education arm did as well as the group education plus campaign in terms of improvements in attitudes and behaviors. However, this does not demonstrate that the social marketing campaign in Mumbai was ineffective, as the study design did not permit an evaluation of the impact of the campaign component alone.³⁵ In Rwanda, an evaluation of group education (there was no campaign or control group) found positive changes in young men's and young women's gender attitudes between baseline and endline.³⁶

31 Achyut, P., Bhatla, N., Verma, H., Uttamacharya, Singh, G., Bhattacharya, S., & Verma, R. (2016).

32 Achyut, P., Bhatla, N., Verma, H., Uttamacharya, Singh, G., Bhattacharya, S., & Verma, R. (2016), page 9.

33 Verma, R. K., Pulerwitz, J., Mahendra, V. S., Khandekar, S., Singh, A. K., Das, S. S., Mehra, S., Nura, A., & Barker, G. (2008).

34 Pulerwitz, J., Widyono, M., Mehta, M., Shityuwete, J., Verani, F., & Keulder, C. (2010).

35 Verma, R. K., Pulerwitz, J., Mahendra, V. S., Khandekar, S., Singh, A. K., Das, S. S., Mehra, S., Nura, A., & Barker, G. (2008).

36 Fischer, E., Doyle, K., & Kazimbaya, K. (2015, September). *Engaging young men and women in Rwanda in gender transformation to prevent sexual and intimate partner violence and to promote sexual and reproductive health and rights*. Poster presented at the SVRI Forum, Sexual Violence Research Initiative, Stellenbosch, South Africa.

In Washington, DC, Manhood 2.0 – which was a group education-only intervention – demonstrated positive shifts in some gender attitudes, such as young men’s positive intentions to support pregnancy prevention and greater feelings of social support.³⁷ Other studies on gender-transformative programming with adult men also show promising shifts in attitudes and practices using only group education.³⁸ At the same time, the studies from the Young Men Initiative (YMI) in the Balkans, GEMS in India, and the Horizons program in Brazil all showed significant improvements in gender attitudes and behaviors in the versions of their interventions that included group education plus additional activities that deepened reflection and promoted community engagement (such as school or community campaigns and camps) compared to the groups that included either a campaign only or no intervention.³⁹

More can be done to adapt Program H in ways that reflect and address the multiple inequalities that young people face – including those based on income, ethnicity, and sexual orientation. Program H implementers in a few settings have engaged with or been part of advocacy efforts to question structural social injustices. In focus groups with young men from the Horizons project in Brazil, there were many stories of discrimination that the young men had suffered for being Black and/or for living in a low-income favela. The young men – who were mainly Afro-Brazilian – reported hearing comments such as, “Black people don’t like to work yet they even have their own holiday,” referring to Black Consciousness Day in Brazil.⁴⁰ Many of the young men had also experienced harassment or violence from police or had experienced multiple forms of discrimination in their daily interactions with middle-class individuals. Similarly, in interviews with young Black and Latino men in Washington, DC, US, a focus group facilitator asked how many of the young men present had been stereotyped based on race, and almost all the participants raised their hands.⁴¹ In nearly every focus group, participants identified racism as the biggest issue they face as young men. Likewise, in the Balkans, young men of minority or stigmatized ethnic groups in some of the countries reported being bullied, harassed, or taunted by young men of other (often the politically dominant) ethnic group.

37 Promundo-US. (2019).

38 Doyle, K., Levitov, R. G., Barker, G., Bastian, G. G., Bingenheimer, J. B., Kazimbaya, S., Nzabonimpa, A., Pulerwitz, J., Sayinzoga, F., Sharma, V., & Shattuck, D. (2018). Gender-transformative Bandebereho couples’ intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS One*, 13(4), e0192756. <https://doi.org/10.1371/journal.pone.0192756>

39 Nam, S., Heilman, B., Stich, S., & Edmeades, J. (2014). Be a man, change the rules! Findings and lessons from seven years of CARE International Balkans’ Young Men Initiative. CARE International Balkans. https://n2r4h9b5.stackpathcdn.com/wp-content/uploads/2016/10/YMI_ExecutiveSummary_2013-WEBSITE-PREVIEW.pdf; Achyut, P., Bhatla, N., Khandekar, S., Maitra, S., & Verma, R. K. (2011). Building support for gender equality among young adolescents in school: Findings from Mumbai, India. International Center for Research on Women. <https://www.icrw.org/wp-content/uploads/2016/10/GEMS-Building-Support-for-Gender-Equality-Adolescents.pdf>; Achyut, P., Bhatla, N., Verma, H., Uttamacharya, Singh, G., Bhattacharya, S., & Verma, R. (2016); Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006).

40 Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006), page 30.

41 Parekh, J., Finocharo, J., Kim, L., & Manlove, J. (2018). *Young men’s experiences in a pregnancy prevention program for males*. Child Trends. <https://www.ChildTrends.org/publications/young-mens-experiences-in-a-pregnancy-prevention-program-for-males>

Some of these programs stepped outside of the group education sessions to engage in youth-led activism to address and challenge race-based discrimination. To promote awareness and collective activism to counter racial and ethnic discrimination in the Balkans, summer camps, youth-produced short films, and plays offered spaces for questioning ethnicity-based prejudice. In Brazil, young men and women were trained as youth promoters and worked with other youth to carry out community advocacy to protest police violence. Promundo and its partners also developed a companion material called *Afraid of What?* – a wordless cartoon video that invites viewers to reflect critically on how to eliminate homophobia and promote respect for sexual diversity; it was made available to public schools in Brazil. However, in other places (such as the United States), partner organizations shared that more could be done to address intersecting inequalities, such as racism, more intentionally alongside gender during their efforts to raise critical consciousness.

Evaluation Results

The studies included in this review demonstrate that Program H has produced positive changes in young men’s gender attitudes in most, but not all, settings. Researchers found more gender-equitable attitudes among participating young men in nine of the 14 studies reviewed: the Balkans (YMI Phase II), Brazil (Horizons), Chile, Ethiopia, India (GEMS Maharashtra; GEMS Jharkhand; and Yaari Dosti), Rwanda (no control group), and Vietnam (no control group). Three additional evaluations – the Balkans (YMI Phase I) Brazil (Laço Branco), and Namibia – reported more equitable gender attitudes among both intervention and control participants. Two evaluations, both in the United States, found no change in gender attitudes among participating men compared to the control groups. In several settings, studies evaluated the different impacts of receiving group education, a campaign, or a combined intervention (group education plus campaign) compared to control groups – with positive impacts associated with receiving group education, as well as a combined intervention.

In India (Yaari Dosti), more gender-equitable attitudes were found among young men who received group education and those who received a combined intervention (group education plus campaign).⁴² Both groups were twice as likely to have positive changes in GEM Scale scores compared to those in the comparison sites. Similar findings were reported in Brazil (Horizons), with the young men receiving group education and a combined intervention both more likely to demonstrate positive changes in gender attitudes compared to a control group. Encouragingly, the changes in both intervention groups were maintained after one year. In Ethiopia, more equitable attitudes were found among young men who received the combined intervention in the Male Norms Initiative, but not among those receiving only the campaign.⁴³ Young men who received the combined intervention were twice as likely as those in the control group to show increased support for gender-equitable norms after participating.

42 Verma, R. K., Pulerwitz, J., Mahendra, V. S., Khandekar, S., Singh, A. K., Das, S. S., Mehra, S., Nura, A., & Barker, G. (2008).

43 Pulerwitz, J., Martin, S., Mehta, M., Castillo, T., Kidanu, A., Verani, F., & Tewolde, S. (2010). *Promoting gender equity for HIV and violence prevention: Results from the Male Norms Initiative evaluation in Ethiopia*. PATH. https://path.azureedge.net/media/documents/GVR_gen_eq_eth_rpt.pdf

The fact that changes in attitudes were not seen in all studies may be due to the variability in program design across settings, contamination of control groups, and the challenges of retaining young men throughout the entire intervention cycle (in other words, achieving a sufficient program dosage). In India (GEMS Jharkhand), the proportion of boys and girls showing the most equitable attitudes was more pronounced among those who attended 16 or more sessions compared to those who attended 11 to 15 or who attended 10 or fewer.⁴⁴ However, in Brazil (Horizons) there were no significant differences in the change in attitudes between young men who attended more than 50 percent of the sessions (14 in total) and those who attended less than 50 percent of them - both groups improved a great deal.⁴⁵ Elsewhere in India (GEMS Maharashtra), boys and girls who participated in the first year of group education demonstrated improvements in gender-equitable attitudes.⁴⁶ However, no additional improvement was found after a second year of intervention - although previous findings were sustained.

Some of the studies reviewed show that change in gender attitude may only occur within certain groups. In Ethiopia, for example, men with more education were generally more likely than those with less education to improve their gender equitable attitudes over time.⁴⁷ In addition, there was pushback from some participants in terms of *what types* of gender attitudes they believed were realistic to shift. In Brazil, for example, the Horizons study pointed out that while there were improved GEM Scale scores overall (pointing to a move toward more equitable attitudes), there was no change in the belief among men and their female partners that men inherently need to have multiple, concurrent sexual partners.

The findings on intimate partner violence perpetration were mixed - but two of five studies that reported on it found reductions in men's self-reported use of violence against a partner among participants compared to a control group. In India (Yaari Dosti), urban intervention participants were five times less likely, and rural participants two times less likely, to report partner violence at endline.⁴⁸ In Ethiopia, self-reported use of partner violence reduced among young men participating in a campaign, as well as those receiving group education plus the campaign. Subsequent multivariate analyses found that only findings from the campaign arm were significant.⁴⁹ However, the researchers noted that this finding was likely influenced by the relatively small proportion of young men with primary partners and the related effects on their statistical power to detect change. Overall, it must also be noted that evaluators defined and measured violence in different ways across settings.

44 Achyut, P., Bhatla, N., Verma, H., Uttamacharya, Singh, G., Bhattacharya, S., & Verma, R. (2016).

45 Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006).

46 Achyut, P., Bhatla, N., Khandekar, S., Maitra, S., & Verma, R. K. (2011).

47 Pulerwitz, J., Martin, S., Mehta, M., Castillo, T., Kidanu, A., Verani, F., & Tewolde, S. (2010).

48 Verma, R. K., Pulerwitz, J., Mahendra, V. S., Khandekar, S., Singh, A. K., Das, S. S., Mehra, S., Nura, A., & Barker, G. (2008).

49 Pulerwitz, J., Hughes, L., Mehta, M., Kidanu, A., Verani, F., & Tewolde, S. (2015).

However, in some settings, both the control and intervention groups reported significant changes in the use of violence against others, suggesting factors external to the intervention or potential spillover effects. In Brazil (Laço Branco), researchers found reductions in violence in both the intervention and control groups but noted that contamination of the control group had occurred.⁵⁰ In other settings, control groups reported changes in the use of violence but not in gender attitudes. In two settings – Manhood 2.0 in Pittsburgh, United States, and GEMS in Jharkhand, India – the control groups reported greater decreases in the use of violence compared to the intervention groups despite no shifts in gender attitudes.⁵¹ In Jharkhand, self-reported use of violence decreased from 49 percent to 35 percent in comparison schools (with no change in gender attitudes) versus 50 percent to 44 percent in intervention schools. As noted in the GEMS Jharkhand study report, the significant change in behavior among those with no attitudinal change requires further exploration, as it does not align with findings from similar interventions.

In many settings, many of the young men participating in Program H were not yet partnered, and hence, measuring changes in partner violence was not always applicable. However, several studies measured changes in young men's acceptance of violence against women, their likelihood of intervening when witnessing violence, or their perpetration of violence against peers. Four studies – the Balkans (YMI Phase II), Brazil (Laço Branco), Chile, and Rwanda – found that young men demonstrated lower acceptance of violence against women after participating in group education.⁵² Two studies found an increased likelihood of intervening (India, GEMS Jharkhand) or intention to intervene when witnessing violence among participants (United States, Manhood 2.0 in Pittsburgh).⁵³ Several studies also explored impacts on peer violence. In Maharashtra, the GEMS program found that reported perpetration of physical violence in the prior three months increased from baseline to first follow-up among young men receiving group education plus a school campaign but decreased among those who received only the campaign.⁵⁴ However, there was a decrease in reported use of physical violence against other youth among those receiving group education between the first and second follow-up surveys. One possible explanation, as noted by the program facilitators, is that the group sessions sensitized students to behaviors they did not previously recognize as violence – increasing their awareness and reporting on physical violence perpetration

50 Instituto Promundo. (2012).

51 Miller, E., Culyba, A. J., Paglisotti, T., Massof, M., Gao, Q., Ports, K. A., Kato-Wallace, J., Pulerwitz, J., Espelage, D. L., Abebe, K. Z., & Jones, K. A. (2020). Male adolescents' gender attitudes and violence: Implications for youth violence prevention. *American Journal of Preventive Medicine*, 58(3), 396–406. <https://doi.org/10.1016/j.amepre.2019.10.009>; Achyut, P., Bhatla, N., Verma, H., Uttamacharya, Singh, G., Bhattacharya, S., & Verma, R. (2016).

52 Namy, S., Heilman, B., Stich, S., & Edmeades, J. (2014); Instituto Promundo. (2012); Obach, A., Sadler, M., & Aguayo, F. (2011); Fischer, E., Doyle, K., & Kazimbaya, K. (2015, September).

53 Achyut, P., Bhatla, N., Verma, H., Uttamacharya, Singh, G., Bhattacharya, S., & Verma, R. (2016); Miller, E., Culyba, A. J., Paglisotti, T., Massof, M., Gao, Q., Ports, K. A., Kato-Wallace, J., Pulerwitz, J., Espelage, D. L., Abebe, K. Z., & Jones, K. A. (2020).

54 Achyut, P., Bhatla, N., Khandekar, S., Maitra, S., & Verma, R. K. (2011).

against peers. In the Balkans (YMI Phase II), peer violence in the one setting with a comparison site (Prishtina) remained steady in the intervention site, while it increased significantly in the comparison site – suggesting the intervention had some impact on preventing peer violence in context where it is widespread.⁵⁵

Program H has contributed to positive changes in young men’s SRH knowledge, attitudes, and behavior in several settings. Some, but not all, Program H adaptations were designed to improve SRH outcomes, including reducing HIV and STI risks for young men and their partners. However, the measured and reported outcomes differ across settings and depend on participants’ age and whether they were sexually active. However, taken together, the findings suggest that Program H can successfully contribute to improved SRH outcomes. In India (Yaari Dosti), for example, condom use at last sex nearly doubled among young men participating in group education and more than doubled among those receiving both group education and a campaign.⁵⁶ In Brazil (Horizons), young men who received group education plus a lifestyle social marketing campaign reported increased use of condoms at last sex (from 58 percent to 79 percent) and a decrease in self-reported STI symptoms (from 23 percent to 14 percent).⁵⁷ While similar trends were found among young men who received group education only, the findings were not statistically significant. In Vietnam, young men in vocational schools reported an increase in consistent condom use after participating in Project NAM group education sessions; there was no control group.⁵⁸

In Rwanda, young men and women who participated in 15 group education sessions self-reported increases in HIV testing (from 35 percent to 45 percent) and in accessing SRH services (from 21 percent to 28 percent) after participating.⁵⁹ While very few young people reported being sexually active to be able to assess changes in condom use, young men did report greater acceptance of contraceptive use after participating. In Ethiopia, young men who received group education plus a campaign reported increased communication with their partners about HIV, condoms, or contraceptive use; findings among the group education-only arm were not significant.⁶⁰ Similar findings were reported in India (Yaari Dosti), where communication with a partner increased almost 1.5 times in the urban intervention sites receiving group education or group education plus a campaign compared to the control group.⁶¹ In the Balkans (YMI Phase II), young men participating in the program significantly increased their correct knowledge of basic SRH information in three of four evaluation sites.⁶² Young men attending

55 Namy, S., Heilman, B., Stich, S., & Edmeades, J. (2014).

56 Verma, R. K., Pulerwitz, J., Mahendra, V. S., Khandekar, S., Singh, A. K., Das, S. S., Mehra, S., Nura, A., & Barker, G. (2008).

57 Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006).

58 Save the Children. (Year unknown).

59 Promundo-US, RWAMREC. (2016). *MenCare+ outcome measurement report: Rwanda*.

60 Pulerwitz, J., Martin, S., Mehta, M., Castillo, T., Kidanu, A., Verani, F., & Tewolde, S. (2010).

61 Verma, R. K., Pulerwitz, J., Mahendra, V. S., Khandekar, S., Singh, A. K., Das, S. S., Mehra, S., Nura, A., & Barker, G. (2008).

Manhood 2.0 in Washington, DC, were more likely than the control group to have received information across multiple SRH topics.⁶³

The findings show that attitude change and behavior change are not always consistent, nor do they necessarily go hand in hand. The evaluations in several settings underscore the associations between gender-equitable attitudes and young men’s behavior – including their use of violence and their risk of HIV and STIs at baseline. Several studies also highlight that improvements in key behaviors were more likely among those who demonstrated the greatest support for gender-equitable norms. In Brazil (Horizons), changes were the most pronounced among young men in the combined intervention – with those who became more supportive of equitable norms eight times less likely to report STI symptoms over time.⁶⁴ In India (Yaari Dosti), young men with the most equitable attitudes were 1.6 to 1.9 times more likely to report using a condom at last sex than those with the least equitable attitudes.⁶⁵ In Ethiopia, high GEM Scale scores were associated with a 34 percent reduction in the odds of partner violence among all groups.⁶⁶ However, the evaluations also show that changes in attitudes are not always accompanied by changes in behavior. On the whole, the findings from the evaluations included in this review suggest that while the gender-transformative group education sessions and accompanying components are able to change gender attitudes, they may be insufficient to promote changes in some types of behaviors, particularly if not implemented consistently, at the right dose, or in full.

Program H serves as a space for belonging and emotional connectedness with others during the time the intervention is implemented and may also increase a sense of social support. Young men consistently reported appreciating being able to connect with other men to talk about their lived experiences in the group sessions. In Brazil (Laço Branco), young men said that the ability to “talk between men” was one of the most positive aspects of the groups.⁶⁷ Compared to the baseline, Manhood 2.0 participants in Washington, DC, were more likely to report post-intervention that they have someone they can go to when they feel sad, depressed, or stressed.⁶⁸ This suggests an increased sense of social support within and beyond the group sessions. In YMI in the Balkans, participants pointed to five elements of the program that were responsible for its moderate success: personal reflection, experience-based

62 Namy, S., Heilman, B., Stich, S., & Edmeades, J. (2014).

63 Promundo-US. (2019).

64 Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006).

65 Verma, R. K., Pulerwitz, J., Mahendra, V. S., Khandekar, S., Singh, A. K., Das, S. S., Mehra, S., Nura, A., & Barker, G. (2008).

66 Pulerwitz, J., Hughes, L., Mehta, M., Kidanu, A., Verani, F., & Tewolde, S. (2015).

67 Instituto Promundo. (2012).

68 Promundo-US. (2019).

69 Namy, S., Heilman, B., Stich, S., & Edmeades, J. (2014).

70 Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006); Instituto Promundo. (2012).

learning, connections with youth facilitators, new peer groups, and aspirational messaging.⁶⁹ In Brazil, the Horizons and sports-based interventions with young men reported that the groups were spaces where they could vent frustrations and talk with male peers about important issues. This was reported even by men who had no self-reported behavior change.⁷⁰

Common Study Limitations

Across Program H settings, researchers noted several common limitations. They include:

- **Low recruitment or retention:** Multiple studies faced challenges to participant recruitment and retention, with a sizeable proportion of young men not completing the intervention and/or follow-up surveys in several settings.
- **Sample size and design:** Several studies faced challenges measuring changes in specific outcomes, such as partner violence or condom use, when the sample size of young men who were partnered or sexually active was too small. As a result, statistical ability to analyze baseline and endline differences was limited, making it challenging to ascertain the intervention's impact on these outcomes.
- **Reliance on self-reporting:** A limitation for all of these studies is that the outcome measures are self-reported. The use of biological markers for STIs to assess health outcomes, as well as surveys and/or interviews with young men's partners – to assess their perception of changes in men's attitudes and behavior, such as violence perpetration or safer sex practices – would strengthen future evaluations.
- **Social desirability bias:** Given that the impact evaluation studies nearly always rely on self-reporting, it is possible that men participating in the interventions were more likely to give what they felt were the “correct” or “desirable” answers. In addition, the research staff involved in the studies always knew which young people were in the control or intervention group. While these interviewers were not involved in the intervention as facilitators, the interviewers could have been more inclined to perceive and record positive change for intervention group participants. Examples of ways to strengthen findings in future studies include using a research design with group randomization, in addition to using more objective outcome measures (as previously noted).

70 Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006); Instituto Promundo. (2012).

- **Limited length of follow-up:** One of the qualitative lessons learned from Program H implementation is that some changes related to intimate partner relationships, for example, take longer to be able to assess. Researchers heard in some focus groups and from facilitators that young men would refer to the themes in the group discussions months or even years later. With more lived experience, including relationship experience, some young men had more opportunity to act in new ways and “live” the ideas from the workshops. In Brazil, positive changes were maintained during the follow-up data collection period, six months after the intervention ended (and were not seen among the comparison group). Thus, even longer follow-up times could be strategic for future impact evaluations.

Scale-Up and Institutionalization

While not the focus of this review, the success of several of the included Program H adaptations is further supported by how they have been scaled up within existing institutions and structures, most notably schools. This has often been achieved through civil society organizations’ long-term engagement with government institutions, from the local to the national level, to gain the buy-in and support necessary to embed Program H within the education sector. For example:

- In the Balkans, YMI has been successfully scaled up in schools. The program first gained the support of government agencies responsible for promoting gender equality in the Republika Srpska and the Federation of Bosnia and Herzegovina, the two main policymaking entities in the country. Additionally, the Republika Srpska Gender Agency successfully advocated for the Ministry of Family, Youth and Sports to support the program. The combined support of these government bodies made it easier for CARE and its local partners to implement YMI in select public schools, while also promoting the sustainability of the program over time.
- In India, the International Center for Research on Women and CORO for Literacy advocated with the State of Maharashtra, the city of Mumbai, and at times, national government ministries to include the GEMS program as a standard part of school curricula. These efforts succeeded and, to date, millions of young people have been reached through the GEMS program in secondary schools.
- In Rwanda, the Rwanda Men’s Resource Centre successfully integrated Youth4Change clubs into the extracurricular program of all secondary schools (public and private) in one district. Buy-in and support for the approach’s adoption was achieved through strong relationship-building with local government, training of headmasters and education

authorities, and training and mentoring of teachers. Today, the clubs continue to operate without external support or funding.

- In Brazil, Instituto Promundo conducted advocacy with key government allies within the health, women's rights, and human rights ministries and the national youth employment program (Primeiro Emprego) to create an awareness of the importance of a masculinities-focused program such as Program H. This process contributed to Program H being taken up in the public health and public education systems – along with other new programs to promote healthy and nonviolent masculinity, even as it has faced political opposition from conservative governments at the national and local level at times.

Engaging key allies and stakeholders can also ensure that the curriculum's messages and themes are tailored to the community's needs and challenges. A mapping of successfully scaled-up programs engaging men and boys for gender equality outlined good practices and lessons learned on scale-up.⁷¹ They include: calling on governments as duty bearers to comply with human rights agreements they signed onto, including sexuality education and violence prevention, which can also provide opportunities for partnering with the government to institutionalize Program H and similar programs; highlighting how the program addresses a social need; highlighting how the program makes economic sense (cost savings); and nurturing long-term relationships with key institutional stakeholders who feel a sense of ownership over the program and see its impact.

One barrier to Program H's institutionalization or scale-up in the public health and education sectors has been conservative backlash. In Brazil, for example, Program H was at one point part of the secondary education curriculum and included an accompanying teacher training portal; those materials were available in every public school in the country, and the program was endorsed by the Ministry of Education and the Ministry of Health's national AIDS program. Conservative politicians, however, denounced such materials, saying that they were part of a broader effort to destroy "family values." In the United States, the funding for the evaluation of Manhood 2.0 was cut by President Donald Trump's administration because it went against the implementation of an abstinence-only policy. Such examples of conservative political pressure can also be found in the Balkans and Mexico.

In short, implementing evidence-based programming that challenges harmful masculinities, homophobia, and traditional views on sexuality can be highly political and requires long-lasting alliances to be built among Program H implementing partners, women's rights groups, and LGBTQIA+ groups, among others, to remain sustainable. In addition, more rigorous evaluation and documentation of the impact and benefits of Program H – for young men, women, their families, schools, and communities – could further demonstrate the program's effectiveness and help to counter backlash or resistance.

71 United Nations Population Fund, MenEngage Alliance, & Promundo-US. (2016). *Strengthening civil society organizations and government partnerships to scale up approaches: Engaging men and boys for gender equality and sexual and reproductive health and rights: A tool for action*. <https://www.unfpa.org/publications/strengthening-civil-society-organizations-and-government-partnerships-scale-approaches>

Final Reflections

When Promundo first launched Program H in 2002, there were few structured group education programs for young men that addressed harmful masculinities as their central theme. Of those that did exist, few had a strong theory of change, let alone been rigorously evaluated. Approximately 20 years later, the landscape of engaging men and boys for gender equality has grown and evolved. The field as a whole has invested more energy and resources into evaluating the effectiveness of Program H's group education sessions. What can be said with a high degree of confidence is that when implemented well, Program H achieves a positive impact on gender attitudes and some behaviors. In a few settings, where funding and institutional buy-in made it possible, implementing partners were able to engage other components of the socio-ecological model, such as pushing for progressive and inclusive policy changes, sensitizing and shifting norms within institutions such as school administrations, advocating for youth employment, and joining forces with other social movements supporting and advocating for affirmative action programs to redress historical racial inequalities. Clearly, a single program model cannot on its own redress systemic and structural change, but Program H has often been an important value-adding component to gender justice and other social justice advocacy in some countries. In other settings, it has been a time-bound, short-term intervention.

What is urgently needed is rigorous evaluation of comprehensively designed and scaled-up versions of Program H – versions that include components besides group education – youth-led advocacy, engagement of key stakeholders, changes in service provision to include young men (in the health sector, for example), and income support or job training. There are examples of what this can look like when done well from the Balkans, Brazil, India, and Vietnam, for example.

In other settings, it may be more strategic to implement Program H with groups that hold tremendous influence over social and gender norms, such as older adolescents and young men in their early 20s in a given community, coaches, and caregivers or health care professionals. Rather than scaling up Program H to reach greater numbers of young men, it may be more effective for key influencers to conduct community outreach and serve as positive role models.

These nearly 20 years of experience would suggest that gender-transformative group education does not *on its own* lead to the large-scale change needed to shift gender norms and achieve gender equality, but that well-done gender-transformative, critical consciousness-raising education is vital to create cohorts of young or adult women and men who often become voices of change in their households, schools, workplaces, and communities, particularly when such efforts partner with national and local advocacy for women's rights, antiracism, violence prevention, and broader social justice.



PART TWO:

**FINDINGS FROM KEY
EVALUATIONS**

This section presents the main findings from 14 evaluations of Program H adaptations across multiple regions, from the Balkans to Vietnam. The findings presented in the case studies in this section are all statistically significant with a p-value of 0.05 or less unless otherwise stated. The case studies are presented in alphabetical order by country/region. Where more than one adaptation has taken place within a single country, case studies are presented chronologically.



The Balkans: Young Men Initiative

The Young Men Initiative (YMI) is the collective title of a wide-ranging set of activities and campaigns conducted in multiple waves across the Western Balkans from 2006 to 2017, with many project components continuing to the present day. CARE International's Balkans office was the co-creator and consistent coordinator of the initiative across all phases of implementation with technical assistance from Instituto Promundo.⁷² With many waves of implementation and program evolution (called “phases” in the project documentation) and with many partners involved across several countries, it is impossible to summarize the initiative's evaluation results in a single story. As such, this case study focuses on the evaluation results of Phase II of YMI implementation, in which both school-based and offsite retreat activities took place in four sites: Sarajevo (Bosnia and Herzegovina), Zagreb (Croatia), Belgrade (Serbia), and Prishtina (Kosovo).

The International Center for Research on Women evaluated Phase II using a mixed methodology, with full transparency and participation by CARE and all implementing partners and schools. This case study draws heavily on a comprehensive evaluation report published in 2014. As of this report's writing, a comprehensive evaluation of Phase III has not yet been published publicly, making the 2014 evaluation the most up-to-date evaluation results available. Interested readers are encouraged to learn more about the entire history of YMI, including activities in Phase III, by perusing the rich array of resources available on [the YMI website](#).

While program activities varied across phases and sites, the two most essential components of YMI as a whole were group education workshops and social norms campaigns. The group education workshops within YMI were based on a gender-transformative curriculum adapted from Program H. The activities within the classroom sessions were designed to elicit critical reflection on the gender norms that drive violence and other unhealthy behaviors among young men in the region. According to CARE's most recent documentation, “The workshops are highly participatory and address health and relationships issues from a gender lens, including sexual and reproductive health, communication and

⁷² For more information about CARE International Balkans and the overall YMI design, please see the organizational website and in particular, a YMI summary from 2018.

negotiation, drug and alcohol use, anger management, and violence prevention.”⁷³ The social norms campaigns were designed to reinforce key messages from the curriculum, but at broader social levels: across an entire school, neighborhood, community, and even country. Most often, the campaigns used the moniker and catchphrase “Be a Man” in local vernacular and comprised a wide variety of promotional materials, social media outreach, and strategic actions and events for the school or public. The majority of these events were directly organized and carried out by student members of “Be a Man clubs,” many of which remain active. During Phase II, YMI workshop sessions, retreats, and campaigns were facilitated in each site by local implementing organizations: Centar E8 (Belgrade), Peer Educators Network (Prishtina), the Asocijacija XY (Sarajevo), and Status M (Zagreb). Promundo provided technical assistance on the adaptation of Program H and ongoing support to the implementing partners. Funding for Phase II of YMI was provided by the Norwegian Ministry of Foreign Affairs and CARE Norway (through private telethon funds).

Phase II Impact Evaluation

The evaluation results presented in this case study draw on data from the 2014 evaluation report for Phase II. Key information on the design and findings from Phase I are presented in Table 3 earlier in this report. A Phase III evaluation has also taken place, but findings were not publicly available at the time of this report’s writing. The Phase II evaluation combined quantitative surveys (administered before and after the eight-month program with all participating students), in-depth interviews and focus group discussions (with student participants, teachers, and YMI facilitators), and monitoring records. In addition, in one site (Prishtina), data were available from a comparison school that did not implement YMI activities. The survey was conducted with 1,248 young men aged 15 to 19 attending vocational schools in Sarajevo (n=271), Zagreb (n=257), Belgrade (n=159), and Prishtina (n=285 intervention; n=276 comparison). The sample size refers to young men who completed both the baseline and endline surveys. The evaluation was primarily designed to ascertain any outcomes in four thematic areas: (1) gender attitudes; (2) violence; (3) sex, health, and well-being; and (4) alcohol and drug use.

Key Findings

While results vary across sites, the program achieved many of its outcomes, including statistically significant program effects in increasing gender-equitable attitudes, nonviolent intentions, and SRH knowledge among participants. As the evaluators conclude, these quantitative findings are substantiated by interview data that provide compelling examples of how YMI participation fosters critical reflection on what it means to “be a man.”

⁷³ CARE International. (2018). *Young Men Initiative*. https://youngmeninitiative.net/wp-content/uploads/2018/09/YMI_PROGRAM-Brochure-ENG.pdf

- **Gender attitudes around women’s primary role in the family and homophobia improved significantly in all but one site.** For example, after participating, young men from three of four sites were more likely to disagree that “a woman’s most important role is to take care of her home and cook for her family” – including a change from 19 percent to 34 percent in Prishtina.



I think that in our region... there was a standard that a man brings bread and a woman doesn't... however we all asked ourselves, 'Why shouldn't a woman bring it as well?' So, there should be no difference between men and women. Only their sex is different."

–Participant, Sarajevo⁷⁴

- **In two of four Phase II sites (Prishtina and Sarajevo), students were less likely to support men’s use of violence against women who are “unfaithful” after participating in the program.** Similarly, in these two sites, the percentage of boys who disagreed with the statement “a woman should tolerate violence to keep her family together” increased significantly over the project period. In addition, in three of four Phase II sites, students who attended offsite retreats demonstrated increased intentions to remain nonviolent if their friends were involved in a fight.
- **Participants in Prishtina reported the same level of peer violence at the end of the year as in the beginning, while there was a significant increase in the comparison site over the program period.** This was the one site with a comparison group in the study; the findings are a promising sign that the program may help deter violence against peers in a context where violence is widespread (34 percent to 68 percent of participants reported perpetrating some kind of physical violence against a peer during the study period across the four sites).
- **Participating students significantly increased their correct knowledge of basic SRH information** (on six questions) after program participation in three of the four Phase II sites.



[Sexual health sessions] are good because they are useful. Because generally, at school, in life, no one talks about such things. No one takes it as an obligation to tell us about this world, to tell us about sex, to tell us about drugs."

–Participant, Zagreb⁷⁵

74 Namy, S., Heilman, B., Stich, S., & Edmeades, J. (2014).

75 Namy, S., Heilman, B., Stich, S., & Edmeades, J. (2014).

- **Evaluation results showed no improvement in rates of binge drinking by the end of the program.** In three Phase II sites (Belgrade, Sarajevo, and Zagreb), 24 percent to 38 percent of participants reported regular binge drinking at the start of the academic year. Some students felt that drinking is so widely accepted that it would be impossible for YMI (or any intervention) to change the prevalence of alcohol use.

Other Insights

In addition to the aforementioned 2014 report, the Phase II evaluation team published an analysis of student interview data focused on identifying why students felt the program was responsible for meaningful changes in their lives.⁷⁶ According to the authors, students' insights pointed to five particular elements of the program that were responsible for its moderate success: personal reflection, experience-based learning, connections with youth facilitators, new peer groups, and aspirational messaging. The students' and facilitators' voices presented in that analysis provide a useful view into how gender-transformative approaches to education work and offer insights into how best to adapt these methodologies to new sites.

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Namy, S., Heilman, B., Stich, S., & Edmeades, J. (2014). *Be a man, change the rules! Findings and lessons from seven years of CARE International Balkans' Young Men Initiative*. CARE International Balkans. https://n2r4h9b5.stackpathcdn.com/wp-content/uploads/2016/10/YMI_ExecutiveSummary_2013-WEB-PREVIEW.pdf

⁷⁶ Namy, S., Heilman, B., Stich, S., Crownover, J., Leka, B., & Edmeades, J. (2015). Changing what it means to 'become a man': Participants' reflections on a school-based programme to redefine masculinity in the Balkans. *Culture, Health & Sexuality*, 17(2), 206–222. <https://doi.org/10.1080/13691058.2015.1070434>



Brazil: Program H under the Horizons Project

From 2003 to 2005, Program H was implemented and evaluated in Brazil with young men aged 14 to 25 as part of a strategy to prevent HIV and AIDS by promoting gender-equitable norms and preventing violence. The program was implemented by Instituto Promundo as part of the Horizons Project, funded by the US Agency for International Development (USAID). It involved community-based group education with young men once a week over six months, using 18 activities from Program H (approximately 28 hours). A technical advisory group composed of community-based organizations selected the 18 activities from the original Program H curriculum that were seen as most relevant to promoting gender equity and HIV prevention. Accompanying the group education was a wordless cartoon video called *Once Upon a Boy*, which tells the story of a young man from early childhood through adolescence to early adulthood. Young men (both in and out of school) were recruited into the intervention by schools, by community-based organizations, and through a community radio station.

The second component of the intervention was a lifestyle social marketing campaign⁷⁷ to promote a more gender-equitable lifestyle and HIV, STI, and violence prevention, alongside the promotion of Hora H-brand condoms. The campaign included outreach through “peer promoters,” radio spots, billboards, posters, postcards, and dances, which incorporated gender-equitable messages from the group education component.

Impact Evaluation

Led by the Horizons Project, PATH, and the Population Council, and with Instituto Promundo, the quasi-experimental study followed three groups of young men aged 14 to 25 (n=780 at baseline) over time to compare the impact of different combinations of program activities. The sample included both in- and out-of-school youth from three different, but fairly homogenous, low-income communities (or favelas) in Rio de Janeiro:

1. **Group education only:** In Maré, participants received group education sessions led by adult male facilitators.
2. **Combined intervention:** In Bangu, a community-wide lifestyle social marketing campaign was conducted in addition to group education sessions.
3. **Comparison group:** Morro dos Macacos was exposed to no program activities during the first six months of the intervention. This group received some Program H sessions after six months to ensure they also benefited from intervention activities.

The evaluation used self-administered surveys that included the GEM Scale

⁷⁷ The Hora H (“in the heat of the moment”) campaign was developed in 2001 by Instituto Promundo, JohnSnowBrazil, and SSL International (makers of Durex condoms).

items and questions about HIV prevention, partner violence, and sexual relationships. Surveys were conducted in all three communities at the beginning of the program (baseline) and six months later, after the completion of the intervention in the treatment sites. One year after the program started, a follow-up survey was conducted in intervention sites to see whether changes were maintained six months after completing the intervention. Qualitative interviews were also conducted with a subsample of young men in ongoing primary relationships and with their female sexual partners (n=18) to explore their reactions to the program and its impact on their relationships. The evaluation was funded by the President's Emergency Plan for AIDS Relief (PEPFAR)/USAID, and it was implemented in partnership with the Horizons Program/Population Council, Instituto Promundo, and PATH.

Key Findings

- **At baseline, young men in the study reported substantial HIV/STI risk.** For example, at baseline, more than 70 percent of the young men from all three sites combined – Bangu, Maré, and Morro dos Macacos – were sexually experienced, with an average age of 13 for sexual initiation.
- **At baseline, young men reported using condoms more frequently with casual partners, but more consistently with regular partners.** Fewer than two-thirds (63 percent) of the young men reported condom use at last sex with a primary partner compared to 85 percent with a casual partner.
- **HIV risk was associated with support for inequitable gender norms.** Across all three sites, agreement with inequitable norms in the GEM Scale at baseline was significantly associated with reported STI symptoms, lack of contraceptive use ($p=.05$), and both physical and sexual violence against a current or most recent partner.
- **Young men reported greater support for gender-equitable attitudes** on a 17-item GEM Scale in both of the intervention sites (group education only and combined intervention) after six months (i.e., after intervention completion), while there was no significant change in the comparison site. The intervention sites maintained positive changes after one year. For example, after participating, fewer young men agreed with the statement “men need sex more than women do” in the group education (from 62 percent to 44 percent) and combined intervention (from 52 percent to 43 percent) sites.
- **Self-reported STI symptoms decreased** in the combined intervention site after six months. Self-reported STI symptoms over the prior three months decreased from 23 percent at baseline to 14 percent after six months. Similar results were found in the group education-only site but

were not statistically significant. Positive changes in the intervention sites were maintained and were, in fact, greater after one year. No changes were seen in the control site at six months.⁷⁸

- **Condom use at last sex with a primary partner increased** in the combined intervention site after six months, from 58 percent at baseline to 79 percent. The evaluation found similar results in the group education-only site, but these were not statistically significant. Positive changes in the intervention sites were maintained and, in fact, greater after one year. No changes were seen in the control site at six months.
- **Agreement with more equitable gender norms was found to be associated with changes in HIV/STI risk** (on at least one risk outcome). HIV/STI risk measures included number of sexual partners, condom use at last sex, STI symptoms, physical violence against a partner, and HIV testing. In both intervention sites, decreased agreement with inequitable gender norms over one year was associated with decreased reports of STI symptoms. The presence of young men in both intervention arms who became more supportive of equitable norms was significantly associated with decreased reports of STI symptoms. Young men receiving group education who became more supportive of equitable norms were four times less likely to report STI symptoms over time, while those in the combined intervention site who became more supportive of equitable norms were eight times less likely to report STI symptoms over time.
- **Group education participants and their partners reported positive changes in their attitudes and behaviors.** Young men in qualitative interviews said the group education enabled them to reflect on how gender norms impact their lives and communities and to make positive, healthy changes in their attitudes and behaviors. Their female partners reported that after the intervention, the young men talked more about contraceptives with them, went for HIV testing or other health services with them, and were attentive to their desires of when they wanted to have sexual relations.

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⁷⁸ Substantial loss to follow-up of participants in the control group at six months prevented the collection of data at one year.

BRAZIL: Laço Branco

In Brazil, the Laço Branco project (“White Ribbon” in English, building on the messages from the global White Ribbon Campaign of engaging men and boys to end violence against women and girls) used soccer tournaments as a means to promote gender-equitable attitudes and to engage men and boys in preventing GBV. Instituto Promundo implemented the project with young and adult men aged 15 to 64 in a low-income community in Rio de Janeiro in 2011. The sports-based intervention included group education and community campaigns to promote gender-equitable norms and reduce men’s use of violence. The interventions were designed around a community-wide soccer tournament to encourage higher participation and retention of men in the activities. The project was funded by the United Nations Trust Fund to End Violence Against Women, and received the Nike/Changemakers prize for the competition “Changing Lives Through Football.”

Young and adult men were recruited through the soccer tournament to participate in group education sessions, which were adapted from Program H and from the [White Ribbon Campaign](#), a global movement to end men’s violence against women. Men who wanted to participate in the soccer matches, held every Sunday, were required to participate in at least one group education session held during the preceding week. The sessions aimed to increase men’s understanding of violence and its consequences, as well as existing laws and policies, and to increase men’s capacity to denounce violence in the community. Trained facilitators recruited from the community conducted 15 weekly group education sessions, each approximately three hours long. The session themes included gender, expressing feelings, responsible alcohol consumption, homophobia, and violence. A video entitled *Não é Fácil, Não!* (*It’s Not Easy!*) was also used as a tool to promote reflection on violence against women.

The project also implemented a community campaign around the five-month soccer tournament to raise awareness on violence against women. The campaign focused on four subthemes from the group education workshops: the division of household chores and responsibilities; domestic violence; sexual harassment; and men speaking out against violence against women. After the weekly soccer matches, family and community members were invited to meals, during which the workshop themes were conveyed to the wider community. The campaign also included posters, a newspaper column, a community newsletter, and a samba song addressing GBV that was played at the soccer matches. A party was also held on Valentine’s Day to create dialogue between men and women in the community.

Impact Evaluation

A pre-post quasi-experimental design was used to evaluate the project's impact. The survey was conducted with men aged 15 to 64 (n=261 at baseline) in two communities living in and around Rio de Janeiro. The study was designed to assess the impact of the educational workshops and exposure to the community campaign on men's attitudes toward gender equality and violence against women; it used an interviewer-administered questionnaire that included the GEM Scale. A two-arm design was used, with participants – soccer players – in one intervention arm receiving group education and the campaign (intervention group) and soccer players from a similar community eight kilometers away receiving no intervention (comparison group).

A baseline survey was conducted prior to the intervention with men from the intervention group (n=129) and from the comparison group (n=132); an endline survey was conducted approximately six months later, after the intervention had ended, with the intervention group (n=93) and comparison group (n=87). Unfortunately, there was contamination of the comparison group when a soccer coach brought campaign materials and messages to soccer clubs in the comparison community, which appear to have contributed to changes in the comparison group. A small sample of community members were also interviewed in the community where the intervention was implemented (n=99 at baseline and n=33 at endline). In-depth interviews were also conducted with eight couples and 12 soccer players who participated in the intervention.

Key Findings

- **Support for gender-equitable attitudes increased among men in both groups at endline.** There was a positive shift in support for gender-equitable attitudes (based on GEM Scale scores) among men in both the intervention and comparison groups at the endline. This could be explained by contamination of the comparison group when a coach from the comparison community shared campaign messages and materials with his players. The percentage of men in the high-equity category increased from 27 percent at baseline to 50 percent at endline for men in the intervention group and from 26 percent at baseline to 39 percent at endline in the comparison group.
- **Acceptance of violence against women decreased among intervention participants at endline.** The percentage of men in the intervention group who agreed with the statement “there are times when a woman deserves to be beaten” reduced from 23 percent at baseline to 13 percent at endline. The evaluation also found a decrease among men in the comparison group, but it was not statistically

significant. There was also a decrease in the number of men in the intervention group who agreed that “violence in a relationship is the couple’s problem and should not be discussed with others,” from 62 percent at baseline to 53 percent at endline.

- **Men in both groups reported a reduced use of physical violence against a partner.** The percentage of men in the intervention group who reported using physical violence against a partner in the past six months reduced from 27 percent to 7 percent at endline. The percentage of men reporting the use of physical violence against a partner also decreased in the comparison group (from 44 percent to 16 percent), which could be explained by the contamination in that group.
- **Men sharing household responsibilities with their partner increased among the intervention group at endline,** with no change seen in the comparison group. Men who were partnered reported an increase in sharing the following household tasks: preparing food, cleaning the house, and washing the dishes.
- **Men who participated in the intervention shared what they learned with their partners and with other men.** After the intervention, 92 percent of men who participated said they spoke about the campaign themes with others. During in-depth interviews, female partners also reported the intervention created an opportunity for couples to discuss gender roles within their relationships.

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CHILE: Engaging Young Men via the Public Health System

In 2010, the Chilean NGO CulturaSalud partnered with the country's public health sector to engage young men aged 14 to 19 in preventing violence against women and girls. The project was implemented as part of a multi-country effort with support from Instituto Promundo and funding from the United Nations Trust Fund to End Violence Against Women. The curriculum, adapted from Program H and White Ribbon Campaign materials, aimed to engage young men in critical reflection on inequitable gender norms, concepts of masculinity, and alternatives to violence, while also promoting a deeper understanding of the functioning of and rationale for anti-GBV laws and policies. The curriculum addressed multiple types of violence, including IPV, violence in families, and sexual abuse.

CulturaSalud and Promundo trained 62 health professionals from the Ministry of Health's Adolescent and Youth Health Program – mainly social workers, doctors, midwives, nutritionists, and psychologists – to implement the curriculum with young men through educational workshops. In this 12-session curriculum adapted from Program H, health professionals were allowed to select which activities to implement but had to implement a minimum of eight weekly sessions to consider the intervention complete. The workshops were held with twenty groups of young men (maximum group size was 15) from nine medium-low and low-income neighborhoods in Santiago. In total, 260 young men were recruited from schools to participate in the workshops, which took place in schools, health facilities, and community centers. The sessions were implemented weekly over a period of 3 to 5 months (varying by location), with 19 groups implementing 8 sessions and one group completing all 12. CulturaSalud also created a blog and separate Facebook pages for facilitators and participants to connect during the program. Some facilitators also organized meetings and activities (e.g., football matches) outside the workshop hours. The curriculum was also later adapted for use with youth in juvenile detention at the request of the Chilean National Youth Service.

Impact Evaluation

CulturaSalud conducted a quasi-experimental impact evaluation to measure the impact of the educational workshops on young men. The study was conducted with young men aged 14 to 19 (n=510 at baseline) from medium-low and low-income urban areas in Santiago. The respondents included young men participating in the educational workshops (intervention group) and a comparison group of young men who did not participate in the intervention. The comparison group was matched to the intervention group on certain characteristics – such as communities of origin, socioeconomic group, and type of schools attended – with the exception of age. The participant age was higher

in the comparison group than in the intervention group due to the difficulty obtaining the required parental consent for young men under age 18.

The survey asked about participants' conceptualizations of gender, violence against women, masculinity, and cultural norms, and it included a 23-item version of the GEM Scale. The survey also collected participants' perceptions of the workshops themselves. The interviewer-administered survey was conducted with 260 young men from the intervention group and 250 young men in the comparison group prior to commencing the workshops. After completion of the educational workshops, the questionnaire was administered to 153 young men in the intervention group and 150 young men in the comparison group. Qualitative data were also collected from health providers facilitating the workshops (five in-depth interviews and five focus group discussions) and the young men who participated (16 in-depth interviews and six focus group discussions).

Key Findings

- **Young men reported more gender-equitable attitudes after workshop participation.** On the 23-item GEM Scale adapted to the Chilean intervention, the intervention group showed a statistically significant increase in gender-equitable attitudes (from 83.99 to 87.47, on a scale from 0 to 100 with higher scores equal to more equitable attitudes). Although a GEM Scale score increase was also observed in the control group, it was not statistically significant.
- **Workshop participants also held less supportive attitudes toward the use of violence.** There was also a decrease in the acceptability of violence in the comparison group, but it was not statistically significant. Although young men's use of violence toward a partner was collected there were issues with measurement which made the data unreliable.
- **Intervention participants felt more knowledgeable about, and equipped to avoid, using violence against others.** At endline, 93 percent of workshop participants reported they were more knowledgeable about the types of violence and 81 percent said the intervention gave them tools to solve problems without resorting to violence. In addition, 88 percent of participants said the workshops enabled them to learn to respect diversity.



I like the workshop, they always do activities that catch my attention, such as the control of anger, of violence, we realized that there were many types of violence.”

–Participant, Melipilla⁷⁹

⁷⁹ Quote taken from an internal report on the intervention's impact shared with the authors.

- **There was a positive trend toward increased condom use and communication with a partner about condom use among participants**, but the sample size of sexually active young people in the study was too small to determine statistical significance. However, 73 per cent of intervention participants reported that they knew better how to use contraceptive methods after the workshops.
- **Health professionals facilitating the workshops reported personal satisfaction** working with young men and conducting the workshops, and a motivation to continue working with young men. Some indicated that the workshops had also improved their perceptions of young men.

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ETHIOPIA: Male Norms Initiative

In Ethiopia, the Male Norms Initiative (MNI)⁸⁰ aimed to reduce HIV risk by promoting gender-equitable norms and reducing young men's use of violence against their partners. The program worked with young men aged 15 to 24 in the capital city of Addis Ababa. The project, which included group education and community campaigns, was adapted from Program H and EngenderHealth's Men As Partners program. It was implemented by the NGO Hiwot Ethiopia, with technical assistance from EngenderHealth and Promundo, from 2008 to 2010 with funding from PEPFAR/USAID.

Young men were recruited from existing health, sports, and social clubs to participate in group education sessions at community youth centers, which were conducted over four months in 2008. Two to three trained peer educators facilitated small groups of 20 young men each, with the groups meeting weekly during regular youth group hours (usually on weekends) for eight sessions (each approximately two to three hours long) covering 19 modules. The sessions engaged young men in critical reflection of gender norms that might increase the risk of violence or HIV and other STIs, including acceptance of IPV.

MNI also conducted campaign activities targeting the wider community to raise awareness on HIV and violence prevention and to promote dialogue about harmful gender norms. The campaign activities included music and drama skits, monthly community workshops, dissemination of monthly newsletters and leaflets, development and support of community action teams, and condom distribution. The campaigns were implemented over a six-month period and began with a march on Father's Day.

Impact Evaluation

A pre-post quasi-experimental design was used to measure MNI's impact, with the study conducted by PATH in collaboration with the Miz-Hasab Research Center and funding from USAID. The study was conducted with young men aged 15 to 24 from youth groups in three low-income areas of Addis Ababa. Interviewer-administered surveys were used to measure support for equitable gender norms (using a 24-item GEM Scale adapted for the Ethiopian context), as well as violence and HIV risk behaviors. The indicators on IPV were adapted from the World Health Organization multi-country study.⁸¹ In-depth interviews were also conducted separately with 25 young men who participated in the intervention, and their romantic partners, to explore the process of change and to validate men's changes through observations from their female partners.

⁸⁰ MNI was also implemented in Namibia and Tanzania, with funding from PEPFAR/USAID.

⁸¹ World Health Organization. (2002). *Multi-country study on women's health and domestic violence against women*. <https://www.who.int/reproductivehealth/publications/violence/24159358X/en/>

A three-arm design was used to assess the impact of each study arm, along with the differences in impact between the intervention arms and the comparison group. Each area or sub-city was randomly assigned to one arm of the study.⁸² Young men in one arm received group education and campaign activities (n=244, combined intervention), while young men in the second arm received only campaign activities (n=287, campaign). Young men in the third arm received a delayed intervention after the study (n=198, comparison). The three areas were comparable in terms of population size and ethnic makeup and distant enough from each other to reduce the risk of contamination among study arms. The young men in all three sites were surveyed prior to the start of the intervention (n=729, baseline) and six months later (n=645, endline), after the intervention had ended. The overall response rate was 89 percent.

Key Findings

- **Support for gender-equitable attitudes increased among combined intervention participants at endline**, controlling for baseline GEM Scale scores and demographic characteristics. Participants in the combined intervention were twice as likely as those in the comparison group to show increased support for gender-equitable norms between baseline and endline. The campaign-only group showed significant change in individual GEM scale items, but not on the full GEM scale.
- **Self-reported use of partner violence reduced among participants in the campaign and combined intervention arms at endline.** There was no change in the comparison arm. In the combined intervention arm, the percentage of young men who reported physical or sexual violence toward a primary partner in the past six months decreased from 36 percent to 16 percent; the percentage who reported any type of violence (physical, sexual, or psychological) decreased from 53 percent to 38 percent. In the campaign-only arm, the percentage who reported physical or sexual violence toward a primary partner in the past six months decreased from 36 percent to 18 percent; the percentage who reported any type of violence (physical, sexual, or psychological) decreased from 60 percent to 37 percent. Subsequent multivariate analyses of the IPV data found that only findings from the campaign arm were significant, but the authors note that these were most likely influenced by the relatively small proportion of young men with primary partners and related effects on the statistical power to detect change.
- **Support for more equitable gender attitudes was associated with reductions in partner violence.** High-equity GEM Scale scores were associated with a 34 percent reduction in the likelihood of partner

82 Although the interventions were randomly assigned according to community, the three communities in which interventions were implemented were not randomly selected because that would not have been logistically feasible. As a result, although participants had comparable sociodemographic characteristics and GEM Scale scores, rates of violence among individual participants differed somewhat at baseline.

83 Pulerwitz, J., Hughes, L., Mehta, M., Kidanu, A., Verani, F., & Tewolde, S. (2015).

violence among all groups ($p=0.08$). The evaluators noted the results show “a strong connection between positive shifts in views toward gender norms and reductions in reported violence over time.”⁸³

- **Communication with female partners about condoms, sex life, or HIV increased among intervention participants at endline.** Young men from both intervention arms were more likely to report increased communication than those from the comparison arm, although this change was only significant for participants in the combined intervention arm. Young men from the combined intervention arm were 1.9 times more likely to report increased communication than those in the comparison arm, while young men in the campaign-only arm were 1.8 times more likely than those in the comparison arm. Young men with high-equity GEM Scale scores at endline were more than twice as likely to report increased communication.
- **Young men perceived changes in their own behavior as a result of the intervention.** In the combined intervention arm, 95 percent of participants reported positive behavior changes due to their participation, and 82 percent of young men in the campaign-only arm reported positive changes as a result of their participation. The most common perceived changes in behavior were increased awareness of HIV (32 percent combined intervention arm, 22 percent campaign-only arm) and feeling less stigma toward people living with HIV (20 percent combined intervention arm, 18 percent campaign-only arm). In addition, 20 percent of young men in the combined intervention arm and 21 percent of young men in the campaign-only arm reported reduced sexual risk behavior.
- **Female partners reported positive changes in young men’s behavior** during qualitative interviews. Women observed changes that included having more open discussion about sex and HIV, talking about faithfulness, and men helping with household chores.



We are in early stage of relationship, so when women say no to having sex, most boys think we don’t love them. But now after he got the awareness, [my partner] says, ‘yes you are correct,’ and we start discussing this. So, all these are changes for me that I saw in him.”

–Young woman whose partner participated in MNI⁸⁴

84 Pulerwitz, J., Martin, S., Mehta, M., Castillo, T., Kidanu, A., Verani, F., & Tewolde, S. (2010).

- **Positive changes were seen in the combined intervention arm, despite limited or low attendance in group education sessions.** The majority of participants in the combined intervention arm missed at least one session (62 percent), and many (68 percent) attended three or fewer of the eight group education sessions. Regardless, the combined intervention had a greater impact on increasing young men’s support for gender-equitable attitudes than the campaign-only arm did.

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INDIA: Yaari Dosti

In India, the Yaari Dosti program aimed to reduce HIV risk and young men's use of violence against women through the promotion of gender-equitable attitudes and behaviors. Yaari Dosti, which means “bonding among men” in Hindi, was initiated in 2003 to work with young men aged 16 to 24 in low-income communities in Mumbai. CORO for Literacy, an Indian NGO, and the Horizons Program/Population Council implemented the program, with support from Instituto Promundo. CORO and Horizons conducted formative research with young men on gender, masculinity, and sexuality to inform the adaptation of Program H.

The evaluated curriculum included 20 group education activities, each about 45 minutes to one hour long, that were organized around four themes: gender, SRH, violence, and HIV and AIDS prevention. Accompanying the group education was a lifestyle social marketing campaign led by youth peer leaders; the campaign promoted gender-equitable attitudes and behaviors and safe sexual practices, as well as reinforced the gender equity and HIV prevention messages from the group education sessions. The campaign included street theater, posters, comics, community-based discussions, and the distribution of condoms, pamphlets, and T-shirts.

Yaari Dosti was initially piloted with 126 young men in one low-income community in Mumbai. Following positive evaluation findings from the pilot, the program expanded to three similar low-income communities. The implementation sites were large slum communities in northeastern Mumbai, each with a population of over 150,000. The program also later expanded to two communities in Gorakhpur (Uttar Pradesh) to test its efficacy and applicability in a rural setting; in Gorakhpur, MAMTA - Health Institute for Mother and Child and DAUD (two Indian NGOs) implemented the program. The program was funded by PEPFAR/USAID, the MacArthur Foundation, SSL International, and the European Union.

In both the urban and rural sites, trained peer educators led the community-based group education with groups of 30 to 35 young men each. Young men met weekly (often on weekends) for one-hour sessions over a six-month period, though the pilot was more intensive, with each session two to three hours long. Approximately seven in ten participants attended at least half of the sessions.

Impact Evaluation

A pre-post quasi-experimental design was used to evaluate Yaari Dosti's impact and to test the impact of different combinations of intervention activities. The sample included married and unmarried young men aged 16 to 29 in urban settings and young men aged 15 to 24 in rural settings. The survey assessed young men's support for inequitable gender norms using an adapted version

of the GEM Scale,⁸⁵ as well as HIV/STI risk behaviors and young men's use of partner violence. The evaluation also examined associations between the GEM Scale and behavioral indicators at baseline and endline. Qualitative research was also conducted with participants to better understand the program's impact and mechanisms of change. The study received funding and support from PEPFAR/USAID, the MacArthur Foundation, and SSL International.

In Mumbai, a three-arm design was used: one arm received group education sessions (group education only), a second arm received group education sessions and the social marketing campaign (combined intervention), and a third arm received a delayed intervention (comparison). A baseline survey (n=886) was conducted prior to the start of the interventions and an endline survey after six months of implementation (n=537). In Gorakhpur, a two-arm design was used. Young men in one community received group education (intervention), while young men in another community received an unrelated sanitation and hygiene intervention (comparison). The survey was administered to young men in both sites prior to the start of the group education (n=1,040) and six months later (n=601). An independent research agency collected the quantitative data.

Key Findings

- **The impact of group education alone was comparable to that of the combined intervention involving the lifestyle social marketing campaign.** While the Program H evaluation in Brazil demonstrated the greater impact of a combined intervention (group sessions plus social marketing program), the group sessions alone did just as well as the sessions plus lifestyle marketing in India. However, the finding does not demonstrate that the campaign in Mumbai was ineffective, as the study design did not permit an evaluation of the impact of the campaign component alone.
- **Support for inequitable gender norms was associated with HIV risk at baseline.** In the urban sites, young men reporting more support for inequitable norms (lower GEM Scale scores) were significantly less likely than men with higher GEM scale scores to use condoms and more likely to report symptoms of poor sexual health. In rural sites, there was a significant association between lower GEM Scale scores and reporting at least one symptom of poor sexual health, partner violence, and sex with more than one partner.
- **Support for gender-equitable attitudes increased among intervention participants at endline.** At baseline, the majority of young men supported inequitable gender norms, with less than 10 percent of

⁸⁵ The GEM Scale was adapted through formative research and a review of the Indian literature on women's status. New items were added to the scale, resulting in 34 items (including the original 24 GEM Scale items); the items were all tested using factor analysis and internal consistency checks, from which 15 items were selected. Like the original, the items on the Indian adaptation of the GEM Scale are related to multiple domains: reproductive health and disease prevention, sexuality, violence, and domestic life and childcare.

young men in all sites categorized as “high equity” on the GEM Scale. At endline, there was a significant positive shift of young men in both urban and rural intervention sites moving from the “low gender equity” category into the “moderate gender equity” and “high gender equity” categories. Changes in the comparison sites were not significant. Intervention participants in urban and rural settings were twice as likely to have positive changes in GEM Scale scores compared to young men in the comparison sites. A positive change in gender attitudes was correlated with exposure to the intervention.

- **Communication with partners improved among intervention participants at endline.** In the urban intervention sites, the number of young men discussing sex, condoms, HIV, and/or STIs with a partner increased almost 1.5 times, while it decreased in the comparison site. In the rural sites, the likelihood of communication on these topics more than doubled in both the intervention and comparison sites.
- **Condom use at last sex increased among intervention participants at endline.** For intervention participants in both urban and rural sites, condom use at last sex with all partners increased among men who had sex in the last three months; this figure stayed the same or decreased slightly in comparison sites. Condom use at last sex nearly doubled among young men participating in group education and more than doubled among participants receiving the combined intervention. Intervention participants were 1.9 times more likely in the urban sites and 2.8 times more likely in the rural sites to report having used a condom at last sex versus the comparison groups in each setting.
- **Condom use at last sex was associated with partner communication.** For all partner types, the likelihood of condom use at last sex in the last three months was triple in Mumbai and 4.5 times higher in Gorakhpur among the young men who reported discussing condom use, sex, STIs, or HIV with a partner compared to those who did not discuss any of these topics.
- **Condom use at last sex was associated with more gender-equitable attitudes.** Young men classified as highly equitable on the GEM Scale at follow-up were 1.6 times more likely to use condoms at last sex in Mumbai, and 1.9 times more likely in Gorakhpur, than those who were classified as the least equitable.
- **Self-reported use of partner violence reduced among intervention participants at endline.** The percentage of participants who reported using violence against a partner (sexual or nonsexual/romantic) in the last three months reduced significantly in both urban and rural intervention sites and increased significantly in the comparison sites. Reported violence declined more than twofold, to less than 20 percent, in the urban intervention sites and reduced from 50 percent to 37 percent in the rural intervention sites. Urban intervention participants were five times less likely, and rural participants two times less likely, to report partner violence at endline. Highly equitable young men (based

on GEM scale scores) in both settings were less likely to be violent with their partners than those with lower GEM scale scores.



Now we have realized and came to know the real definition of violence and understand that violence and beating is not an alternative but we should understand and respect women. We thank the peer leaders and the Yaari-Dosti program for making us aware of this violence in our lives.”

–Group education participant⁸⁶

- **Intervention participants reported more supportive attitudes toward people living with HIV at endline.**⁸⁷ Intervention participants in urban and rural sites reported more supportive attitudes toward people living with HIV, while attitudes significantly worsened among the comparison groups in both settings.
- **There was a positive trend toward improvements in GEM Scale scores being associated with decreases in HIV/STI risk behaviors.** Although correlations between positive attitudinal changes and decreased HIV/STI risk were not statistically significant, there was change in the right direction.

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⁸⁷ A series of 20 statements was used to assess attitudes toward people living with HIV. For each statement, a score of “1” was given to those who had a negative attitude toward people living with HIV, “2” for undecided, and “3” for a positive attitude toward people living with HIV. The combined score could range from 20 to 60 points. If a person scored higher at follow-up than at baseline, it was categorized as a positive change in attitudes; if a person scored lower or the same as baseline, it was considered as “no or negative change” in attitudes toward people living with HIV.

INDIA: Gender Equity Movement in Schools (GEMS) in (1) Maharashtra and (2) Jharkhand

In India, the Gender Equity Movement in Schools (GEMS) program aimed to promote gender equality and to reduce violence by developing gender-equitable norms among young adolescents via the public education system. GEMS was developed by the International Center for Research on Women, CORO for Literacy, and the Tata Institute of Social Sciences (TISS), with technical assistance from Promundo. GEMS also built upon Yaari Dosti and Sakhi Saheli, two earlier programs for young men and women aged 15 to 24 in India that were also adapted from Programs H and M, respectively. First pilot-tested between 2008 and 2012, GEMS was designed for boys and girls aged 12 to 14 in public schools in Mumbai (in the state of Maharashtra). From 2014 to 2016, GEMS was expanded, implemented, and evaluated in 80 schools in the state of Jharkhand with the Child in Need Institute and Life Education and Development Support.

In Mumbai, the GEMS curriculum included 21 group education sessions, lasting approximately 45 minutes each, to foster critical thinking and self-reflection on men's and women's roles and equal relationships between girls and boys. Facilitators from CORO and TISS conducted the sessions during regular school days over a two-year period for students in Grades VI and VII. In the first year, the sessions covered three themes: gender; knowing yourself – body and hygiene; and violence. In the second year, the sessions deepened students' understanding of gender and relationships through four additional themes: gender, relationships, emotions, and violence and conflict management. In its first year of implementation, the sessions were conducted separately for girls and boys but were later modified for mixed-group sessions based on students' requests.

In Jharkhand, the GEMS curriculum included 24 sessions, with 12 sessions in the first year and 12 in the second. The topics of the sessions were almost identical to the GEMS curriculum in Mumbai, covering three broad domains: gender, violence, and bodily changes. These sessions were 45 minutes to fit the school schedule and used fun, participatory activities, including role-play, free-listing, games, and debates. All sessions, except those on bodily changes, were conducted in mixed-group settings. In addition, three periods in year 1 and four in year 2 were allocated to discussing activities related to the GEMS Diary.

The GEMS Diary, an interactive workbook with exercises and games that acknowledge gender differences and encourage equal relationships, was designed to complement the group education sessions. School-wide campaigns were also designed to create dialogue about gender equality and violence among students. The campaigns were developed in consultation with the students and comprised a weeklong series of events with games, competitions, debates, and short plays, culminating in a GEMS day.

The GEMS program was first piloted with 8,000 boys and girls in Mumbai public schools (2008 to 2010) before being scaled up to 750 additional public schools in the city (2011 to 2014). The MacArthur Foundation and the Nike Foundation funded these first two phases of GEMS. As a result of the success of GEMS in Mumbai, the Maharashtra state government has now integrated key elements of GEMS into the school gender program for all of its nearly 25,000 public schools. The International Center for Research on Women, CORO, and TISS are supporting the state in designing the curriculum and training master trainers. In Jharkhand, GEMS was evaluated from 2014 to 2016 with over 3,000 students and is currently being implemented in two districts. In addition, since 2019, the Rajasthan government has implemented GEMS in 400 schools in two districts.

GEMS Evaluation in Maharashtra

A pre-post quasi-experimental design was used to evaluate the impact of the GEMS program during its first two years of implementation. The study assessed students' attitudes toward gender equality using an adapted 15-item GEM Scale and their use of violence through self-administered surveys. The survey was conducted with a sample of 45 schools. In-depth interviews were also conducted with a small sample of students to better understand the nature of the changes they experienced and their views about the program. Students and their parents provided consent prior to the enrollment of students in the study.

A three-arm design was used: two intervention arms and one comparison arm. In the first year (2008 to 2009):

- **Combined intervention:** Students in one intervention arm (15 schools) participated in group education and a school-based campaign.
- **Campaign-only:** Students in a second intervention arm (15 schools) were exposed only to the campaign.
- **Comparison:** Students in the third arm (15 schools) did not receive any intervention.

A survey was administered to 2,896 students (1,464 girls and 1,432 boys) in Grades VI and VII at baseline prior to the intervention; 2,035 of these students (1,100 girls and 935 boys) also completed the first follow-up survey six months later.

In the second year (2009 to 2010), Grade VI students who graduated to Grade VII continued to a second round, while students who moved on to Grade VIII did not. New students entering Grade VI also received the intervention. Students in the combined intervention arm participated in an enhanced intervention, while students in the campaign-only arm were exposed to a second round of the campaign. The students in the comparison schools received no intervention. During this phase, 754 students (426 girls and 328 boys) across the three arms completed a third survey (similar to the other two) after a seven-month intervention period (second follow-up).

Key Findings

- **Support for gender-equitable attitudes increased among intervention participants at first follow-up.** After the first round of the intervention (2008 to 2009), the proportion of boys and girls in the “high gender equity” category (based on the GEM Scale) more than doubled in both intervention arms. There was some increase in the comparison arm, but the change was less and not significant. For girls, the combined intervention was more effective than the campaign alone – 57 percent of girls in the combined intervention had high gender equality scores at first follow-up compared to 39 percent of girls in the campaign-only arm.
- **Support for gender equality was sustained among students who participated in both rounds of the intervention** (both 2008 to 2009 and 2009 to 2010), but there was no significant improvement beyond what was achieved after the first academic year.
- **Support for delayed marriage age for girls increased among intervention participants at second follow-up.** The proportion of boys and girls believing girls should be 18 or older at marriage increased over time in both the intervention and comparison groups after the first follow-up survey. However, in the combined intervention arm, support for girls to be even older at marriage – at least 21 – consistently increased among boys and girls, reaching 22 percent at second follow-up.
- **There was an increase in students reporting positive reactions to incidents of physical violence at school in the combined intervention group.** The proportion of girls and boys in the combined intervention reporting a positive reaction (e.g., trying to stop it, seeking help) to the last incident of physical violence at school increased from 48 percent at baseline to 58 percent at first follow-up, which were significant compared to changes in the comparison group. At the second follow-up, there was a further increase among combined intervention participants, but not in the other two arms.
- **The proportion of students saying they would take action in response to sexual harassment increased among intervention participants by second follow-up.** At first follow-up there were no significant positive changes in the intervention arms compared to the comparison arm. At second follow-up, significantly more students – seven in ten students – in both intervention groups said they would protest or complain if someone touched them inappropriately or exposed themselves. The increase between first and second follow-up was mostly driven by changes in girls’ reports.
- **Boys and girls reported a number of positive changes in their own behavior.** In both intervention arms, the greatest changes that boys

reported after participating (reported by more than half the boys) were doing more household chores, stopping teasing girls, and curbing the use of abusive language. For girls in both intervention arms, the greatest changes reported were using less abusive language, understanding boys better, and opposing gender discrimination.

- **Results at first follow-up were mixed on students' use of physical violence at school.** The percentage of boys who self-reported using physical violence at school in the last three months increased in the combined intervention arm (from 53 to 68 percent) but decreased in the campaign-only arm (from 53 to 51 percent) from baseline to first follow-up. The increase in the combined intervention was significant when compared to the change in the comparison group (from 62 to 69 percent). For girls in the combined intervention group, an increase in reported use of violence at school (from 34 to 47 percent) was also significant compared to the comparison group (from 29 to 28 percent). One explanation for the increase among participants is that the program sensitized them to identifying certain behaviors as violence (e.g., pushing or hitting), which they had previously considered normative.
- **Self-reported use of physical violence at school decreased among participants in the combined intervention at the second follow-up.** Boys and girls in the combined intervention who participated in both rounds of the intervention reported a four-point decrease in physical violence from the first to the second follow-up (from 56 percent to 52 percent), while there was a six-point increase in the comparison group (from 44 to 50 percent) and an eight-point increase in the campaign-only arm (from 34 to 42 percent).
- **Participants receiving the combined intervention had greater self-reported changes in behavior compared to those receiving the campaign only.** Students who participated in the combined intervention were more likely to: 1) have high gender-equity scores; 2) support a higher age at marriage for girls (21 or older); 3) support higher education for girls; and 4) oppose partner violence. After two rounds of the intervention, students in the combined intervention arm were more than four times as likely as the comparison arm to have high gender-equity scores and were three times as likely to disagree that "since girls have to get married, they should not be sent for higher education." Two rounds of the campaign also brought about significant positive changes in three of these four indicators.

GEMS Evaluation in Jharkhand

From 2014 to 2016, the International Center for Research on Women and partners Child in Need Institute and Life Education and Development Support conducted a cluster randomized controlled trial with longitudinal,

mixed-method data collection to evaluate the program's effectiveness. The International Center for Research on Women selected 80 schools to participate in the study and randomly assigned them to the intervention and comparison arms. The GEMS program was implemented over two academic years in 40 schools allocated to the intervention arm, while the comparison schools did not experience any programmatic intervention.

Three rounds of data collection were carried out with a cohort of 3,069 students (1,764 girls and 1,305 boys) selected from the 80 schools, at:

- Baseline, before starting the intervention (July to August 2014);
- Midline, after the first year of intervention (February to March 2015); and
- Endline, after completing the intervention (January 2016).

Key Findings

- **A positive and significant shift in attitudes on gender and violence occurred among students in intervention schools.** There was a significant increase in the mean attitudinal score of students – both girls and boys – from GEMS schools (40 to 46) compared to those from non-GEMS schools (40 to 42) from baseline to endline. Attitudes were still highly inequitable, but there was a significant increase in the proportion of students in the “high gender-equity” category in intervention schools over time (from 2 to 14 percent) than comparison schools (from 1 to 7 percent) and an even higher reduction in the proportion of students in the “low gender-equity” category (from 47 to 35 percent in the intervention, while 49 to 44 percent in the comparison schools). The net increase in the mean score, adjusted for background characteristics, was significant for both boys and girls. The increase in the proportion of students in the “high gender-equity” category was more pronounced among those who attended 16 or more sessions (from 1 to 17 percent) than those who attended 11 to 15 sessions (from 2 to 8 percent) and those who attended 10 or fewer (from 5 to 8 percent).
- **Both boys and girls in the GEMS schools reported intervening more when they witnessed situations of violence.** Boys from GEMS schools reported a significant increase from baseline to endline in positive actions when witnessing physical violence (tried to stop the perpetrator without using violence or reported the incident to a teacher or principal) compared to boys from non-GEMS schools. There was also a significant increase in the proportion of girls who reported taking positive action to stop emotional violence in GEMS schools compared to non-GEMS schools.
- **Interestingly, change in self-reported perpetration of violence was more pronounced in non-GEMS schools despite little or no change**

in the attitude or overall environment of schools. There was a significantly lower proportion of students from non-GEMS schools who reported perpetrating violence in school in the last three months at the endline compared to GEMS schools. The proportion of such students reporting perpetration declined from 49 percent to 35 percent in non-GEMS schools, while the change was from 50 percent to 44 percent in GEMS schools. A similar pattern was observed for experiencing violence from teachers and other students. According to the authors, “The significant change in behavior among those with no attitudinal change toward peer-based violence in comparison schools requires further exploration as it is not aligned with findings of other similar interventions; or even the GEMS evaluation in Mumbai.”⁸⁸



Boys in school sometimes play a game where they compete to run after each other and hit. Once a friend hit me very badly in that game. I asked them what is the need to hit so badly and the need to play such a game at all that involved hitting. Even if the game involves violence it can be played with compassion.”

–Boy, GEMS school, Jharkhand⁸⁹

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NAMIBIA: Male Norms Initiative

The Male Norms Initiative (MNI) was implemented in Namibia between 2008 and 2009 with funding from PEPFAR/USAID. MNI aimed to facilitate examination of gender norms and their relationship to HIV risk, as well as to encourage greater support for equitable attitudes and behaviors. The intervention included group education activities implemented with adult male personnel from the Namibian Prison Service. Implementation and research partners decided to focus on prison guards (in consultation with USAID) after considering several community-based and larger institutional organizations as options. The Namibian Prison Service was the only group large enough to ensure the sample size needed to measure impact for which permission from relevant government ministries was also secured. While there was no age restriction, the prison guards were older (generally 30 to 45) than in other Program H settings.

LifeLine/ChildLine, a Namibia-based NGO, led program implementation, with technical support from EngenderHealth. The intervention consisted of 18 two-hour sessions, with sessions held twice a week over a nine-week period. Role-plays and guided discussions were used to facilitate an examination of gender norms and their relation to HIV risk and to encourage greater support for equitable attitudes and behavior. Modules were adapted from Program H and EngenderHealth's Men As Partners program. Sessions addressed topics such as "From Violence to Respect in Intimate Relationships" and "Levels of HIV Risk." Prior to and during MNI implementation, LifeLine/ChildLine staff received capacity-strengthening technical assistance from EngenderHealth on integrating gender-related issues into their programmatic activities. The assistance also included specific support for facilitating the Men As Partners and Program H group education workshops to engage men in exploring the health and other impacts of harmful gender norms and to promote more equitable norms in relationships.

Impact Evaluation

PATH led the evaluation of MNI in Namibia. Set in six prison sites, a quasi-experimental study focused on evaluating activities for guards and other staff employed by the Namibian Prison Service. It evaluated the impact of gender-focused group education activities on attitudes and behavior related to gender, violence, and HIV and AIDS. Guards from three prisons in an intervention arm received the interactive group education activities. Guards from three prisons in a comparison arm received no intervention activities.

A total of 310 baseline pre-test surveys (197 at intervention sites and 113 at control sites) were conducted in the second half of 2008. After substantial efforts to track study participants, 172 endline surveys (86 at intervention sites and 86 at control sites) were conducted between May and September 2009, after completion of activities. To maximize comparability, analyses were performed for the group that completed both baseline and endline surveys. In-

depth qualitative interviews with a randomly selected subsample of 28 intervention participants were also conducted. The interviews were intended to explore in greater detail attitudes and behaviors related to gender norms and the effect of the intervention activities.

There were challenges with retention in the intervention. Many guards and staff expressed substantial interest in the program and participated consistently, but others did not. Based on attendance records, a total of 114 guards participated in the intervention, meaning they attended at least one session. Of those, 86 responded to both the baseline and the endline surveys. Of the 86 respondents from the intervention sites who participated in both the baseline and the endline surveys, all attended at least one of the 18 group education sessions. Fifty-nine participants from the intervention sites (69 percent) attended eight or more of the 18 sessions.

Key Findings

- **Both arms experienced significant positive change in support for equitable gender norms**, as measured by the GEM Scale. However, this positive change was detected in both the intervention and control groups, limiting the ability to conclude that positive change was due to the intervention.
- **Almost all intervention participants (90 percent) perceived changes due to the group education activities.** Almost all survey respondents agreed with the statement that the intervention had led to change in their lives and behaviors. Based on the responses from an additional open-ended survey question requesting detail about what had changed, the most frequently reported changes were minimizing HIV risk (cited by 32 percent), being a better partner and father (26 percent), and minimizing alcohol consumption (16 percent).



It taught me to raise a man and woman to an equal level when it comes to sex or anything else. You must not see a woman as being under you, and you as the man are the boss. When it comes to decision-making, you must consider the next person's issues as well."

–Participant⁹⁰

- **Survey results regarding behavioral change were mixed: the evaluation did not detect significant positive change in responses to direct questions on partner violence, condom use, number of partners, and partner communication.** This may be due to the reduced sample size, which limited the ability to detect significant change, but may also suggest a disparity between perception of change and actual change.

90 Pulerwitz, J., Widyono, M., Mehta, M., Shityuwete, J., Verani, F., & Keulder, C. (2010).

Other Insights

The evaluation report authors note that it is difficult to determine the program's overall impact on the prison staff due to the reduced sample size at endline and the related mixed findings from the endline survey. Significant loss to follow-up between the baseline and endline meant that analyses were conducted on a limited sample size, resulting in insufficient “power” to analyze certain variables.

Qualitative follow-up interviews with one-third of intervention participants (n=28 of 86) elucidated details on the intervention's impact and reinforced indications of positive change. Among this subsample, positive change was reported in awareness of gender dynamics, support for equitable norms, and related change in HIV risk and other behaviors. These behaviors ranged from increased risk-reduction communication with partners to a reduced number of sexual partners to increased assistance with household chores.

According to the evaluation report authors, a critical lesson emerging from the MNI experience in Namibia is the need to engage stakeholders more fully, including decision-makers from the intervention sites (there, managers from the prison sites). Recommendations include building in more time for working with key stakeholders and decision-makers in the planning stage, including the process for selecting an appropriate site and time frame for the intervention. Securing buy-in and support is essential for ensuring smooth implementation and logistical planning.

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RWANDA: Youth4Change

The Rwanda Men's Resource Centre (RWAMREC) and Promundo-US first adapted Program H in Rwanda as part of the MenCare+ project between 2013 and 2015, and later expanded the approach under the name Youth4Change. MenCare+ was a four-country initiative to engage men and boys in SRHR coordinated by Rutgers and Promundo-US, with funding from the Netherlands Ministry of Foreign Affairs. In Rwanda, MenCare+ included the adaptation of both Programs H and M, alongside group education with couples and training of health care providers. Separate young men's and women's groups, adapted from Programs H and M, were implemented with young people aged 18 to 24 in community settings in four districts: Karongi, Musanze, Nyaruguru, and Rwamagana. Following the success of the MenCare+ project, the work with young men and women expanded under the Prevention+ project (2016 to 2020), with a focus on scaling up by integrating Programs H and M throughout schools in Karongi. Prevention+: Men and Women Ending Gender-Based Violence was a five-country initiative coordinated by Rutgers, Promundo, and Sonke Gender Justice, with funding from the Netherlands Ministry of Foreign Affairs.

Programs H and M were adapted to the Rwandan context using formative research with young men and women, participatory testing and adaptation of the curricula with RWAMREC staff, and the piloting of draft curricula with young people in four districts over six months. The resulting young men's and young women's curricula received approval from Rwanda Ministry of Health. RWAMREC trained 64 peer educators, most of whom participated in the initial pilot testing of the adapted curriculum, to lead the small group sessions in their communities; each group had 15 participants. From 2013 to 2015, more than 3,000 young men and women participated in separate same-sex groups under MenCare+, with 95 percent attending all 15 weekly sessions. Two sessions, on preventing STIs and HIV and on contraceptives, were co-facilitated by health providers from local health facilities; RWAMREC trained these providers on gender-responsive and youth-friendly services.

Under Prevention+, the curricula were consolidated into a single Youth4Change curriculum for young men and women aged 13 to 23 in secondary schools. The curriculum is used within Youth4Change clubs established in 63 secondary schools and one higher learning institution in Karongi district. The Youth4Change curriculum has been integrated into the extracurricular program of all secondary schools in the district. Extracurricular clubs form an important part of students' school life and education in these schools, which include both day and boarding schools. Schools establish targets, set aside time within the school day, and require all students to participate in at least one club. The updated curriculum includes eight themes with 21 activities, implemented through weekly one-hour club meetings.

To ensure adequate buy-in and support from the school authorities, RWAMREC first conducted a gender-transformative training with the local education authorities and headmasters of each school. Teachers were then trained to create and facilitate the clubs, which each comprised 30 young men and 30 young women. Between 2016 and 2020, 3,840 club members received the full curriculum. Club members were encouraged to reach out to their peers through in-school outreach activities (such as regularly planned club days and competitions), as well as exchanges with other schools – and have reached more than 35,000 students since the clubs’ start. The Youth4Change clubs continue to function within all of the secondary schools in the district, despite the project’s end.

Impact Evaluation

Under the MenCare+ program (Phase 1, 2013 to 2015), a self-administered pre-post survey was conducted with young people aged 18 to 24 in 2014. A pre-test was administered prior to the intervention (n=474), and a post-test (n=442) was conducted 3.5 months later, after the intervention had ended. The survey was implemented with young people in four districts (Karongi, Musanze, Nyaruguru, and Rwamagana) participating in the second cycle of group implementation. The pre-post surveys were collected by the trained group facilitators, in collaboration with RWAMREC.

During the Prevention+ phase (Phase 2, 2016 to 2020), a pre-post survey was conducted with young men and women aged 13 to 23 participating in the Youth4Change clubs in secondary schools in Karongi district. The pre-test was conducted prior to implementation (n=296). The post-test (n=279) was planned for after the students had completed the full Youth4Change curriculum but was mistakenly conducted much earlier and, therefore, is likely not reflective of the impact of participating in the full curriculum. There was also variability in the response rates between questions. Six focus group discussions were conducted separately with male and female club members, and interviews were conducted with 12 teachers (including those facilitating the clubs) and school administrators, as well as 24 students who were not club members.

Key Findings

- **Young men and women reported more equitable gender attitudes after participating**, in both phases of implementation. In Phase 1, the gender attitudes on an 11-item GEM Scale improved significantly between baseline and endline for both young men and young women. In Phase 2, the average GEM Scale score (based on a 12-item scale, with scores ranging from 0 to 3, with higher scores indicating more equitable attitudes) increased from 1.29 to 1.98 among young men and from 1.28 to 1.91 among young women – despite the post-test being conducted prior to the completion of the curriculum. One club member described

the club's mission as helping “students to understand that they are equal in terms of capacity and that no one is superior to another in terms of capacity and rights.”⁹¹

- **Young men and women who participated in Youth4Change clubs reported lower acceptance of IPV after participating.** The percentage of Phase 2 participants who agreed with at least one of six justifications for IPV reduced from 71 percent at pre-test to 50 percent at post-test. The greatest shift happened with regard to IPV being justified in cases of suspected infidelity (from 50 percent to 28 percent). This indicator was not measured in Phase 1, but after participating, both young men and young women were less likely to agree that it is okay for a man to hit his wife if she refuses to have sex with him.
- **Young men and women reported greater use of SRH services and HIV testing after participating in Phase 1 group education.** Use of SRH services in the past four months increased from 21 percent to 28 percent among young men and from 12 percent to 20 percent among young women. Self-reported HIV testing in the past four months increased from 35 percent to 45 percent among young men and from 30 percent to 40 percent among young women. These indicators were not measured for Phase 2 participants.
- **Young men and women reported more accepting attitudes toward contraceptive use after participating in Phase 1 groups.** While very few participating youth reported being sexually active (to be able to assess improved condom use), attitudes toward contraceptive use improved. For example, fewer young men (from 31 percent to 22 percent) and young women (from 42 percent to 24 percent) agreed that it is wrong to use contraceptives.



Before starting young men's group education, I had bad sexual behaviors. I often made sexual intercourse without protection. I used to make sexual violence. But since then, I recognized that what I was doing is not good because it is a health risk for me and others.”

–23-year-old young men's group participant (under MenCare+, Phase 1)⁹²

- **Young men reported greater involvement in household tasks and caring for others** in both implementation phases. Qualitative interviews with young men in both phases found positive shifts in young men's attitudes, as well as in their involvement in care work activities – within the home and at school. Young men in both phases reported greater sharing of household

91 Promundo-US, RWAMREC. (2020). *Prevention+ end-term review and outcome report: Rwanda.*

92 RWAMREC, Promundo. (2015).

responsibilities with their sisters. Phase 2 club members and teachers described how the clubs contributed to changes in young men's attitudes toward domestic tasks, as well as changes in school policy – with boys now cleaning classrooms and washing dishes alongside their female classmates.



Formerly, I did not understand how I, a young man, could wash dishes, girls being present. I thought that everybody would laugh at me. Now, I do it without any problem.”

–Male Youth4Change club member

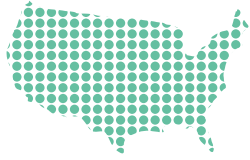
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UNITED STATES: Manhood 2.0 in Pittsburgh

In the United States, Promundo-US partnered with the University of Pittsburgh to implement and evaluate Manhood 2.0, the United States adaptation of Program H. The project was implemented between July 2015 and August 2017 with young men aged 13 to 19. The evaluation was the first cluster randomized study in the United States to test the effectiveness of a community-based program for adolescent men using a gender-transformative approach to prevent sexual violence and promote positive bystander behavior. The study was funded by the US Centers for Disease Control and Prevention.

Manhood 2.0 was first adapted from Program H for use in an urban setting in Pittsburgh, Pennsylvania. Community partners from several youth-serving agencies, victim service advocates, and researchers reviewed the Program H curriculum and made several recommendations for the adaptation. The adaptations made included:

1. Integrating discussions around social media use given the ubiquity of smartphones, text messaging, and social networking sites;
2. Including a critical analysis of Internet pornography in media literacy discussions;
3. Exploring intersectionality more deeply to examine the unique experiences of racism and marginalization experienced by young African American men in the United States;
4. Updating sexual health content to include more information about female-controlled contraception (including long-acting reversible contraception); and
5. Adding multiple age-appropriate scenarios to practice bystander intervention skills and discussions about safe ways to intervene.

The Manhood 2.0 facilitators were trusted community leaders from the neighborhoods where implementation took place, and they were trained to lead small groups of young men through the 18-hour curriculum. A total of six three-hour sessions were delivered once or twice a week. Participants were recruited through youth-serving organizations and community-based alternatives to residential placement for juvenile-justice-involved youth.

Impact Evaluation

The primary objective of the cluster randomized controlled trial was to test the effectiveness of Manhood 2.0 compared to a job skills development curriculum in terms of: (1) reductions in self-reported perpetration of sexual violence and adolescent relationship abuse against young women; and (2) increased positive bystander intervention behaviors. Intermediate outcomes included increases in condom self-efficacy, contraceptive use attitudes, recognition of abusive behaviors, gender-equitable attitudes, and intentions to intervene with peers.

The study included 866 young men aged 13 to 19 living in lower-resource neighborhoods in Pittsburgh with high levels of poverty and community violence. The study included 20 neighborhoods, plus an additional centrally located site, which were defined as clusters, which were randomly allocated (1:1 ratio) to the intervention or control by the study statistician. The intervention arm received Manhood 2.0, and the control arm participated in a job skills training program. Participants were recruited into the study following randomization, meaning participants and research staff were aware of a site's allocation (Manhood 2.0 or job readiness) prior to enrolling. Three- and nine-month follow-ups were conducted.

Key Findings

- **Manhood 2.0 resulted in young men reporting greater intentions to intervene** (and greater recognition of abusive behavior in intervention intensity-adjusted analyses) compared to the control group.
- **There were no significant increases in positive bystander behaviors** in the Manhood 2.0 groups compared to control at nine months post-intervention.
- **There were no significant increases in positive attitudes toward gender equity** in the Manhood 2.0 groups.
- **Contrary to expectations, job readiness training participants had greater reductions in reported incidents of sexual violence/ adolescent relationship abuse perpetration** at nine months post-intervention, especially cyber sexual abuse.
- **Job readiness training participants also appeared to have more equitable gender attitudes** at nine months post-intervention, but this difference was not statistically significant between arms.

Other Insights

The evaluators posited why the program did not have an effect on the expected outcomes of interest, as it did in other global settings: First, six sessions (compared to programs ranging from 14 to 26 sessions) may not have been adequate to meaningfully challenge rigid norms around masculinity. Second, the follow-up interval may have been too short; the changes in intentions to intervene are promising, and literature suggests that improvement in bystander attitudes may translate to less violence perpetration at the individual level over time. Third, a number of the studies in global settings also include a community mobilization component, which was not integrated into this study due to evaluation challenges and funding limitations.

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UNITED STATES: Manhood 2.0 Pilot Study in Washington, DC

In Washington, DC, Promundo-US, the Latin American Youth Center, and Child Trends led an effort to address the gap in evidence-based adolescent pregnancy prevention programming for young men in the United States by rigorously evaluating Manhood 2.0, the US adaptation of Program H. This effort was funded by the US Centers for Disease Control and Prevention and the Office of Adolescent Health.

Manhood 2.0 was implemented and evaluated in Washington, DC, from October 2015 to September 2018, after an extensive adaptation process that included input from local partners and a formative needs assessment. This resulted in eight sessions implemented over four to seven weeks; the one- or two-hour sessions centered on critical dialogue and reflection, as well as open communication as a means of change. The sessions explored themes that included gender and identity, power and relationships, emotions, SRH, relationships and violence, committing to healthy lives, and building a healthy future. Sessions were implemented by trained facilitators, who typically led a group of six to 12 young men per cohort. The team recruited young men aged 15 to 22, with a focus on African American and Latino youth.

Impact Evaluation

The research design was an individual randomized controlled trial that used a randomized block design. Participants were recruited from the youth center's existing participants, local high schools, and the broader Washington, DC, metropolitan community. The youth center posted flyers, advertised at community outreach events, and targeted youth who received services at their center. As they enrolled, the study sample was stratified into two age groups: young men aged 15 to 18 and young men aged 19 to 22. Randomization occurred after baseline data collection at the welcome session. Those randomized to the control group received a post-high school readiness program. There were 110 enrolled participants (56 intervention, 54 control) across six completed cohorts.

Participants in both the intervention and comparison groups received a baseline assessment, an immediate post-intervention assessment, and a three-month post-intervention assessment. Baseline assessments took place in person (either online or a paper survey) at the welcome session. The immediate post-intervention assessments took place in the last hour of the last session of the intervention for Manhood 2.0 participants and control group participants receiving the post-high school readiness program. All participants had an option to complete the survey remotely online if they missed the last session and returning to the center was not feasible, in which case a link to the survey was emailed and texted to them. The three-month post-intervention assessment took place remotely online.

More papers are forthcoming based on follow-up qualitative interviews with young men who participated in Manhood 2.0, as well as their female partners and family members.

Key Findings

- **Manhood 2.0 participants were significantly more likely to report receiving information across all SRH topics than the control group:** relationships, dating, or marriage (80 percent versus 52 percent); abstinence from sex (68 percent versus 40 percent); condoms (82 percent versus 58 percent); other methods of birth control, such as pills, the shot, the patch, implants, or intrauterine devices (76 percent versus 38 percent); and STIs (77 percent versus 42 percent).
- **Manhood 2.0 participants were more positive about supporting their partner in pregnancy prevention efforts** and felt more confident about their ability to communicate about safe sex with a partner. There were no other significant changes in gender attitudes.
- **Manhood 2.0 participants reported significantly higher rates of talking with friends and/or family about gender norms and SRH topics in the past year.**
- **Manhood 2.0 participants were more likely to report at post-intervention that they have someone they can go to when they feel sad, depressed, or stressed,** an increase of approximately 17 percentage points, from 67 percent at baseline to 84 percent at post-intervention).
- **Surprisingly, Manhood 2.0 participants were less likely to feel sad or upset if they were to get someone pregnant after having completed the program,** decreasing from 65 percent pre-intervention to 48 percent post-intervention.
- **For the first time, many young men had a space to think about gender norms and stereotypes, and they shifted some of their views on gender,** as described by participants during qualitative interviews. They also reported that the sessions increased their knowledge on sexual consent.
- **Young men indicated the need for shared, safe spaces to talk about their feelings and the topics covered in the program.** Nonjudgmental facilitators with the same background and life experiences as the young men were instrumental in creating a sense of brotherhood and openness among the young men.
- **Programs for young men of color addressing racism in young men's lives may influence how programs are received and work.**

Other Insights

The program's original sample size was approximately 650 young men over 2.5 years. However, early program termination due to cuts in federal teen pregnancy prevention funding meant the implementation partners were only able to recruit 110 young men into the program. Recruitment in general was challenging. At first, street recruitment using flyers and approaching youth "cold" in different parts of the city were used to recruit participants. Then, the evaluation team sent text messages to those who signed up to remind them to participate in the session. However, this created confusion, as it was the Latin American Youth Center team that did the recruitment, but it was the evaluation team that sent the reminders. The team then decided to carry out school-to-school recruitment, in which recruiters held auditorium-style "information sessions" at local high schools. These sessions gave youth a chance to get to know the Latin American Youth Center facilitators, ask questions about the program, and receive encouragement from school staff to attend. School administrative staff were also helpful in making sure that enrolled youth went directly to the program after school; they also supported follow-up when there were absentees. This process of building buy-in and establishing trust with community partners before the program started resulted in much higher enrollment.

While the team was able to address challenges with youth enrolled in schools, the study team faced substantial unresolved challenges with recruiting and retaining older young men (aged 18 to 22). During implementation, attendance remained low due to scheduling conflicts, lack of interest, and personal issues. Furthermore, unlike high school settings, there was less school support to remind youth about Manhood 2.0. Because of the consistently low attendance rate with older youth, the partners opted to discontinue implementation with this age group. Coupled with challenges in data collection scheduling because of the funding cuts, this led to a lower-than-expected number of men enrolled.

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VIETNAM: Project NAM

In Vietnam, Project NAM⁹³ (“man” in Vietnamese) aimed to prevent HIV by promoting gender-equitable attitudes and behaviors among young men and women aged 15 to 24. The goal was to promote healthy decision-making skills and practices to support young men and women in adopting risk-reducing and HIV-preventive practices. The program was implemented with young men and women in 21 vocational training schools in five provinces, as well as with street youth (young people working on the street without family connection), from 2007 to 2011.⁹⁴ Project NAM was implemented by the General Department of Vocational Training (GDVT) of the Ministry of Labor, Invalids and Social Affairs (MOLISA); the Hanoi Department of Health; the Can Tho Department of Labor; and six civil society organizations,⁹⁵ with technical assistance from Save the Children. The four-year project was funded by PEPFAR/USAID via PACT Vietnam.

Young men and their teachers adapted Program H to the Vietnamese context with technical assistance from Promundo, and it was the first adaptation of Program H for a school setting in Asia. Trained peer educators facilitated the weekly sessions (which took place after regular school hours) with clubs of 25 to 40 students, with support and supervision from trained teachers. The first version of the curriculum included seven modules and 26 weekly sessions on topics related to HIV prevention, but this was later modified to include packages of eight, ten, and 16 sessions to meet students’ requests for fewer sessions. The version of the curriculum for street youth included 10 sessions; the content was similar to that in vocational schools, but with additional sessions on fatherhood, friendship, and social support. For the adaptation with street youth, the educators were paraprofessionals from the social work field and were often former street youth themselves. A separate, complementary curriculum was also developed for injecting drug users (IDU), including IDU street youth, that incorporated support groups. A package of programming for young women was later adapted from Program M at young people’s request.

Peer educators and group education participants also conducted individual outreach (interpersonal communication) with young men in their schools and nearby workplaces, which focused on HIV prevention topics like sexual decision-making, condom use, and alcohol and drug use. Young men also provided referrals to health services and distributed condoms to their peers.

93 Project NAM is the short name for Preventing HIV among Young Men in Vietnam: Affecting Gender Norms and Risk Practice. In addition to meaning “man” in Vietnamese, NAM stands for “*Nang dong (dynamic), Antuong/Am hieu (Impressive/knowledgeable), Manhkhoe (healthy).*”

94 The project was implemented in vocation schools in Ha Noi, Hai Phong, Quang Ninh, Ho Chi Minh City (HCMC) and Nghe An, and in HCMC, Hai Phong, Ha Noi, An Giang and Can Tho for street youth component.

95 The civil society organizations were: An Giang University Student Affairs Department; Center for Social Development (CSOD); Community-based Care and Support Center for Health and HIV/AIDS (HHCSO); Ho Chi Minh City Open University Center for Applied Social Work; Light for Life; and Center for Supporting Community Development Initiatives (SCDI).

Periodic interactive events were also held in the schools to reinforce the themes of the group education, which involved community gatekeepers and adult male role models. For street youth, events were held in places such as parks, bus and train stations, and construction sites. Booths offered youth HIV prevention information and counseling and referrals for HIV testing and job training. Case management support was also included as part of the project to provide more intensive support to street youth and to maintain HIV prevention practices. By 2010, more than 1,200 young men participated in the group education sessions in 21 schools and more than 100,000 young men were reached through other channels.

Impact Evaluation

A pre-post survey was used to evaluate Project NAM's impact during the first year of implementation in vocational schools. The survey assessed young men's attitudes about gender equality (using a 15-item GEM Scale adapted for an urban Vietnamese context)⁹⁶ and HIV prevention knowledge and practices. The survey was developed by Save the Children and the General Department of Vocational Training at the Ministry of Labor, Invalids and Social Affairs, and it was self-administered by participants. Project NAM was a multi-component program, and the evaluation was designed to measure impact of the full program, with some information to enable understanding of differences within project participants. The baseline survey was conducted at the start of the year (fall 2007) as part of a larger survey with a random sample of 1,621 young men aged 15 to 24 in eight vocational schools and universities. The sample included 900 male students aged 17 to 24 from five vocational schools where Project NAM was implemented. The endline survey was conducted with a random sample of male students in the same schools at the end of the year (summer 2008); the exact number of respondents is not reported. Due to the multi-component nature of the project, it is not easy to parse the impact of the Program H group education from the other components. However, in a few instances, the evaluators refer to statistically significant differences between the group education participants and the larger school population. Evaluation surveys were also conducted with street youth who had been exposed to the project: 560 individuals (both young men and young women) were surveyed in 14 districts in two cities.

Key Findings

- **Support for more equitable gender attitudes was associated with better knowledge of HIV and less risk-taking at baseline.** Young men who had more gender-equitable attitudes (based on GEM Scale scores) tended to have better knowledge of HIV, higher awareness of the risk of certain behaviors, and less risk-taking behavior.

⁹⁶ The GEM Scale was adapted for use in Vietnam through a review of literature in Vietnam and a rapid survey with young men in Hanoi and Ho Chi Minh City prior to the baseline. The 15 statements are directly or indirectly related to HIV risk practices in Vietnam. Attitudes toward gender roles related to childcare and reproductive health were distinctly different in Vietnam and removed from the GEM Scale.

- **Support for gender-equitable attitudes increased among intervention participants in vocational schools.** Post-intervention, significant improvements in gender attitudes were observed in young men in the total school population, but increases were greater among young men who participated in the group education extracurricular sessions.
- **Intervention participants reported greater confidence in negotiating condom use at endline.** After the intervention, the percentage of young men who reported being confident in negotiating condom use increased from 55 percent at baseline to 70 percent at endline. An increase in confidence to avoid visiting sex workers was also reported (from 76 percent to 81 percent).
- **Perception of HIV risk increased among intervention participants at endline.** More students perceived themselves to be at risk of HIV infection (from 30 percent at baseline to 41 percent at endline). There was also an increase in risk perception concerning transmission of HIV to their partners if they visited sex workers (from 70 percent to 78 percent).
- **Condom use increased among intervention participants.** The percentage of young men who reported using a condom every time they had sex in the last three months increased from 56 percent at baseline to 80 percent at endline; consistent condom use was even higher among students who talked to peer educators or participated in the group education extra-curricular sessions. There was also an increase in condom use among young men who reported having had sex with a sex worker in the last three months, from 53 percent to 67 percent.
- **Street youth reported reduced sexual behaviors putting them at risk of HIV.** Street youth who were reached by peer educators or participated in group education sessions were four times more likely than those not reached to have used condoms with their primary partners in the past six months.

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