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Evidence

Men as Contraceptive Users:

Programs, Outcomes and Recommendations

WORKING PAPER

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List of Acronyms

ANC	Antenatal care
ASF	L'Association de Sante Familiale
BCC	Behavior change communication
BCS+	Balanced Counseling Strategy Plus
CBD	Community-based distribution
CBVs	Community-based volunteers
CDFU	Communication for Development Foundation Uganda
CH	Cycletel Humsafer
CAC	Community Action Cycle
CIPs	Costed Implementation Plans
CSE	Comprehensive sexuality education
CTA	CycleTel Family Advice
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
E2A	Evidence to Action Project
ECINFO	Emergency Contraception Information
FALAH	Family Advancement for Life and Health Project
FP	Family planning
FP2020	Family Planning 2020
FGD	Focus group discussion
GDP	Gross Domestic Product
GREAT	Gender Roles, Equality, and Transformation
HHCC	Household to Hospital Continuum of Care
HIP	High Impact Practice for Family Planning
HIM	Health Images of Manhood HIM
HIV/AIDS	Human immunodeficiency virus/Acquired Immunodeficiency Syndrome
HKN	HealthKeepers Network's
HRP	WHO Special Programme of Research, Development and Training in Human Reproduction
ICPD	International Conference on Population and Development
IDI	In-depth interview
IEC	Information, Education and Communication
IGWG	Interagency Gender Working Group
IPPF	International Planned Parenthood Federation
IRH	Institute for Reproductive Health
IUD	Intrauterine Device
JKUAT	Jomo Kenyatta University of Agriculture and Technology
LGA	Local Government Area

LHWs	Lady Health Workers
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
mHealth	Mobile health
MLE	Monitoring, Learning and Evaluation
MSH	Management Sciences for Health
MSI	Marie Stopes International
MkV	MEMA kwa Vijana
NGO	Non-governmental organization
PEPFAR	Presidents Initiative for AIDS Relief
PSI	Population Services International
RISUG	Reversible Inhibition of Sperm Under Guidance
SBCC	Social and behavioral change communication
SDM	Standard Days Method
SMS	Short message service
SRH	Sexual and Reproductive Health
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VSLAs	Village Saving Loaning Associations
VYA	Very young adolescents
WHO	World Health Organization
WINGS	Women's International Network for Guatemalan

Executive Summary

BACKGROUND

Organized family planning efforts focus primarily on women, with less attention to men. Efforts to expand the vision for constructive male engagement are evolving from encouraging men to be supportive partners of women's reproductive health to also focus on meeting men's own reproductive health needs and engaging men as contraceptive users and agents of change in families and communities. Knowledge about reaching men as clients of family planning services in today's programming environment is still limited.

This paper reviews 47 current activities, programs and evidence that affect men's use of contraceptive methods. The review includes three methods that men use directly, namely condoms, vasectomy and withdrawal, and one that requires their direct cooperation, namely the Standard Days Method. A companion review by Perry et al., 2016, includes a more detailed review of vasectomy programming. Evidence comes from: a review of published and grey literature documentation of interventions focused on men as users of contraception in low- and middle-income countries; and interviews with organizations and institutions that are conducting programming and research in the area of men as users of contraceptive methods.

PROGRAMMING FOR MEN AS CONTRACEPTIVE USERS

The range of 47 interventions identified in this review found that programming for men generally fell under the following five broad strategies: Communications Strategies; Outreach with Male Motivators and Peer Educators/Mentors; Community Engagement; Comprehensive Sexuality Education; and Clinic Provision of Information and Services for Men. The interventions were spread across 27 countries spanning Africa, Asia, Latin America and the Caribbean, and Europe.

STRATEGIES TO ADDRESS MEN AS CONTRACEPTIVE USERS BY NUMBER OF INTERVENTIONS AND DESIGNATION AS PROVEN, PROMISING OR EMERGING

STRATEGY	NUMBER OF INTERVENTIONS INCLUDED IN THE REVIEW	STRENGTH OF EVIDENCE ON OUTCOMES
Clinic Provision of Information and Services	4	Promising
Outreach with:		
Male Motivators	10	Proven
Peer Educators/Mentors		Emerging
Communications Programming		
Social Marketing	3	Proven, FP HIP
Mass Media and Social Media	7	Promising
mHealth	4	New Technology Enhancement, FP HIP
Hotlines	3	Emerging
Community Engagement		
Community Dialogue	10	Strongly promising
Engaging Religious Leaders	2	Emerging
Comprehensive Sexuality Education	4	Promising

Clinic Provision of Information and Services to Men

Providing clinical family planning services to men, most notably vasectomy, is a promising intervention. The review includes four interventions that include training providers in both provision of vasectomy and in counseling, including addressing barriers specific to vasectomy, such as myths about loss of virility. The evidence supporting these interventions generally comes from service statistics. Client-provider communication was assessed in one intervention through use of mystery clients. Where vasectomy services were provided, use generally went up. While the numbers of vasectomy users remains small, the trends are in the right direction and show promise of expanding provision of clinical family planning services for men.

Outreach Programs Through Male Motivators and Peer Educators/Mentors

Providing outreach programs through male motivators is a proven intervention and use of peer educators/mentors is an emerging intervention. The review includes 10 interventions that had male motivators/educators provide information to other men, build condom use and communication skills and, in some cases, provide contraceptives directly or refer participants to nearby services. In a number of interventions, male motivators were part of complementary programming of female motivators for women. While not all male peer programs are designed to promote increased contraceptive uptake specifically by men (e.g., they include male methods in discussion of a broader range of methods), many do have a positive impact on gender equality and more gender-equitable approaches to contraceptive decision-making.

The evidence supporting these proven interventions ranges from quasi-experimental intervention/control studies, to pre-post intervention studies, qualitative interviews and/or focus group discussions, and service statistics. Overall male motivators/peer educators appear to be able to increase contraceptive use among men, including condom use and participation in SDM, in addition to promoting men's support for their partners' use of family planning. Additionally, many programs had a positive impact on gender equality and more gender-equitable approaches to contraceptive decision-making. Ensuring that these programs include a focus on promoting male contraceptive use would strengthen this approach to reaching men.

Communications Programming

Social Marketing. Social marketing of contraceptives is considered a proven high impact practice for family planning. The review includes three interventions with measured outcomes related to men's use of condoms, with evidence from pre-post intervention surveys and a post-intervention survey. These social marketing programs were successful in reaching men of various ages and in increasing condom use.

Mass Media and Social Media. Mass media, a promising intervention for reaching men as family planning users, has long been an approach to promote family planning. Use of social media, which is more recent, is an emerging intervention. The review included seven interventions that included media and advertising campaigns carried out via radio, television, newspapers, billboards, brochures, and use of the social media site Facebook to promote family planning. Most reached men to increase men's support for their partners' contraceptive use, while some addressed men's use of contraception as well. The evidence supporting these promising (mass media) and emerging (social media) interventions include: pre-post intervention surveys and service statistics. In addition, two interventions included focus group discussions and one included interviews with men that augmented service statistics. There were a range of outcomes associated with these interventions, from increased use of condoms and vasectomy to shifting the perception that family planning is a women's affair and addressing gender norms and equality in family planning and contraceptive use.

mHealth. Mobile health (mHealth) text messaging programs, considered a new technology by the FP HIP Initiative and a means of enhancing programming, are gaining traction in family planning programming. The review includes four interventions, with evidence from pre-post intervention studies and service statistics.

Experience with mHealth programming suggests that men, particularly young men, are drawn to them as a means of getting information about family planning and that women often rely on their partners to use SMS systems. Yet, little is known about the extent to which men's knowledge about, access to or use of services increases as a result of these programs due to a lack of evaluation and/or sex-disaggregated data.

Hotlines. The review includes three interventions that included hotlines, an emerging intervention, supported by evidence from call statistics and a survey of hotline users. Similar to SMS services, men use hotlines for information about family planning. Statistics suggest that where hotlines are available, men tend to more heavily use hotlines than women. Men call both for themselves and for their partners. Yet, little is known about the extent to which men's knowledge or access to services increased as a result of these programs due to a lack of evaluation and/or sex-disaggregated data.

Community Engagement

Promoting Community Dialogue. Engaging the larger community is a strongly promising intervention to foster a sense of legitimacy and normalcy for men's participation in conversations about and use of contraception. Community engagement approaches bring men and women together, sometimes with community and religious leaders, to create a unified understanding of family planning, including norms, values, roles in family planning and availability of and access to services. The review includes 10 interventions that primarily consisted of social and behavioral change communication (SBCC) strategies intended to promote equitable gender norms and attitudes. None of the programs focused solely on male use of contraception, although increasing acceptability of family planning generally could have positive effects on couple communication and use of contraception, including by men.

The evidence to support this intervention for reaching men as family planning users ranges from randomized control trials, quasi-experimental studies with intervention and control groups; baseline/endline surveys, and post-intervention qualitative evaluation. Overall findings from these programs found reductions in myths around family planning, improved communication with partners about family planning and increased use among men (although not all programs indicated if the increased use was of male methods).

Engaging Religious Leaders. Engaging religious leaders, an emerging intervention, to support family planning has been a key part of programming for many years, although few interventions have focused specifically on men's use of family planning. The review includes two evaluated interventions that engaged religious leaders, with evidence from a longitudinal survey with baseline and endline measurements and a baseline/endline survey with qualitative interviews. These interventions provided orientation and updated information on family planning to religious leaders and in turn, the religious leaders reached out to their communities with the information and their support for family planning. Religious outreach was linked with availability of services. The interventions increased men's support for family planning and increased male use of contraception.

Comprehensive Sexuality Education

Sex education programming, a promising intervention, offers an opportunity to address the sexual and reproductive health needs of boys as well as provide information about family planning and fatherhood. However, relatively few sex education curricula specify anything related to the unique sexual and reproductive health needs of men and boys. The evidence for this promising practice ranges from pre-post intervention surveys with intervention and control groups, to in-depth interviews long-term post intervention, qualitative in-depth interviews and focus group discussions, a pre-post intervention quantitative survey and qualitative interviews. The Comprehensive Sexuality Education (CSE) programs in this review increased boys' awareness of sex and pregnancy prevention and increased gender-equitable attitudes. The retrospective study of a CSE program in Tanzania suggests that while boys may not fully comprehend the messages they are receiving at the time, they

internalize them later as they become sexually active. While there are a number of ongoing CSE programs, evaluations of the impact of comprehensive sexuality education on boys' use of contraception, particularly beyond condoms, were not found.

EVIDENCE GAPS IN PROGRAMMING FOR MEN AS CONTRACEPTIVE USERS

This review has found few robust evaluations of programs to engage men, let alone programs directed at men as users. Not all programs report findings disaggregated by sex, and by contraceptive method, making it difficult to determine the effect of programming on male use of methods. More systematic data collection on men's fertility and relationships could greatly enhance information and service provision for men. Critical research is missing on what are effective programs to increase responsibility by adolescent boys, prior to sexual activity, to prevent unintended pregnancy through male or female contraceptive use, as well as to ensure dialogue on pregnancy prevention, and that the sexual act is consensual. Programming to promote existing male methods could benefit from further evaluation. Funding for evaluation and implementation science of existing interventions remains an ongoing challenge.

The lack of a short- or long-term reversible method for men that falls between condoms and vasectomy is abundantly clear. Work to develop additional male methods of contraception has been going on for decades. Creation of novel hormonal methods for men has stalled, although a number of prospective methods for men are in development, including non-hormonal methods. Funding is a challenge for male contraceptive development. Pharmaceutical companies are not currently investing in new contraceptive development, leaving smaller efforts by non-profit organizations and foundations to fill the gaps. With adequate funding, there could be a new male contraceptive on the market within a decade.

In addition to the programming reviewed above, filling in the gaps in implementation science research and evaluation can begin to change the direction of family planning programming toward more inclusive approaches for men as family planning users.

CONCLUSION

While there remains a scarcity of direct programming addressing men's contraceptive use, there is sufficient evidence demonstrating men's desire for information and services, as well as men's positive response to existing programming to warrant further programming for men and boys in family planning and contraceptive services. Scaling up successful programming identified in this review will increase men's knowledge and use of family planning services, reduce barriers, increase gender equality and improve the health and well being of men and women, boys and girls worldwide.

Introduction

While reproduction involves both women and men and some contraceptive methods require the active participation of men, organized family planning efforts in the developing world since the 1960s and global initiatives including FP2020 focus primarily on women, with less attention to men. Yet, it is increasingly clear that family planning cannot be successful without engaging men and that "unless men are actively engaged in supporting better health and well-being for family and the empowerment of women, progress will remain slow…" (IGWG, 2009). Attention to gender at the 1994 International Conference on Population and Development (ICPD) resulted in a call to involve men more actively in reproductive health (Drennan, 1998; Ringheim, 1999; Boender et al. 2004), although some questioned whether attention to men would take away from meeting women's reproductive health needs (Berer, 1996). Since the ICPD, this expanded perspective on family planning programs has led to a range of strategies to involve men in family planning and reproductive health. Yet, the framing of ICPD emphasized men as partners to support the autonomous decisions of women regarding reproductive health, with less regard for men's reproductive health and rights (Wentzell and Inhorn, 2014).

Evidence suggests that engaging men as supportive partners in reproductive health does lead to improved health outcomes (Boender et al., 2004; IGWG, 2006; Rottach et al., 2009; Green et al., 2011; IRH, 2013a; Kraft et al., 2014). More recently, efforts to expand the vision for constructive male engagement are evolving from encouraging men to be supportive partners of women's reproductive health to also focus on meeting men's own reproductive health needs and engaging men as contraceptive users and agents of change in families and communities (IGWG, 2009). Less is known about reaching men as clients of family planning services in today's programming environment.

This paper reviews current activities, programs and evidence, including those that address the gender norms that affect men's use of contraceptive methods. The findings, augmented with evidence from earlier programming, where relevant, are intended to inform needed programming and implementation research as well as identify gaps in the evidence base of contraceptive programming for men.

METHODOLOGY

Evidence for this paper comes from three sources:

1. A review of published documentation of interventions focused on men as users of contraception in low- and middle-income countries;
2. A review of the grey literature; and
3. Interviews with organizations and institutions that are conducting programming and research in the area of men as users of contraceptive methods.

The primary focus of the literature search was on interventions for men as users of contraception (specifically the four methods: condoms, withdrawal, vasectomy and the Standard Days Method [SDM]). Interventions focusing on male involvement in family planning were considered if a male contraceptive method was included. Of the more than 500 articles, reports and abstracts from the International Conference on Family Planning in January 2016 reviewed, the majority focused on men as supporters of women's contraceptive use; we selected 47 that addressed men as users of contraception for inclusion in this review. The information in the interviews was used to ensure that all essential programming was covered, including ongoing programming that may not yet be evaluated as well as used to get expert opinions on the state of programming for men as contraceptive users.

This review was coordinated with FHI360 to reduce overlap with their concurrent review on vasectomy programming, also conducted under the Evidence Project (see Perry et al., 2016).

Appendix 1 includes more detail about the search strategy and a list of organizations, the individuals interviewed and the guiding questions can be found in Appendix 2. Limitations are included in Appendix 3.

The Four Methods

While ideally men discuss and decide on contraceptive use with their partners, four contraceptive methods are either male-controlled (i.e., male condom, vasectomy, withdrawal) or require men's active participation in use as a cooperative method (i.e., SDM). Use of these methods[1] has remained steady over the past few decades at around one-quarter of contraceptive users worldwide (Gallen et al., 1986; Hardee-Cleaveland, 1992; Ross and Hardee, 2016). The methods range in effectiveness in both perfect and typical use, but do offer alternatives to female-controlled methods (e.g., vasectomy as an alternative to tubal ligation, condom as an alternative to diaphragm).

CONDOMS

Condoms, when used consistently and correctly, result in low rates of unintended pregnancy (2 out of 100 women in the first year of use), are highly effective at preventing sexual transmission of HIV and reduce the risk of other sexually transmitted infections (STIs). Because condoms protect against HIV and other STIs, condom promotion and use of condoms have risen substantially since HIV was first identified in the 1980s. Family planning clients are told that the condom is the only form of contraception that protects against HIV/STIs, and encouraged to use condoms for "dual protection" (against disease and pregnancy) or as part of "dual method" use (condoms plus a hormonal method, IUD or a permanent method) (Cates and Steiner, 2002; Lopez, 2013). Much of the recent research on condoms has focused on HIV-related outcomes, rather than pregnancy prevention.

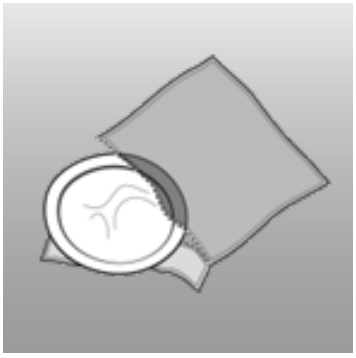

Image source: CDC

Men identify advantages and disadvantages to condoms. The chief advantage is that condoms can be obtained or purchased without interactions with any health service and with relative privacy (Kamran et al., 2015; Sonfield, 2015). However, disadvantages may outweigh the condom's advantages. "The condom's reputation as a coitus-dependent method that interferes with sexual functioning or enjoyment is difficult to overcome" (Ringheim, 1999: 87). More specifically, men may dislike condoms because of the reduced sensitivity, along with a loss of both pleasure and the possibility of conception. Some men, especially younger men, find obtaining condoms embarrassing (Kamran et al., 2015).

Because of their association with HIV, condoms are often seen by men as only being used for extra-marital sex, or for use with sex workers, and therefore not for use within committed relationships (Ntata et al., 2013). Finally, although the global stock of condoms has risen, men in some studies reported challenges accessing condoms, as well as stock outs (Kamran et al., 2015).

VASECTOMY

Vasectomy, a permanent method of contraception for men, is highly effective. Only 1.5 out of every 1,000 couples will experience an unplanned pregnancy in their first year using vasectomy (Trussell, 2011). Vasectomies are less invasive and carry fewer risks than female sterilization (Sonfield, 2015), yet vasectomy is not a popular method in most countries. Positive views expressed about vasectomy include the efficacy of the method and the idea that men would not have children out of wedlock, a relief expressed by some men and women (Pomales, 2013).

[1] This analysis includes the Rhythm Method rather than SDM, which is a recently developed contraceptive method and is only measured in a few countries, with prevalence between 0.1 percent and 0.6 percent.

Many studies, however, have shown that men and women hold negative perceptions about vasectomy, likely "tied to inaccurate knowledge and fueled by erroneous assumptions about how vasectomy impacts men" (Perry et al., 2016: 9). For example, research in Kenya showed that men incorrectly considered vasectomy to be the same as castration (MSI, 2015) and data from several countries (Uganda, Malawi, India, Bangladesh, Nepal and Pakistan) found that vasectomy was equated with a loss of masculinity (Kabagenyi et al., 2014; John et al., 2015; IPPF, 2013). A qualitative study of vasectomy in Ghana found that men feared the reaction of their spouses, as the title of their paper suggests…"If you …do…vasectomy and come back here weak, I will divorce you" (Adongo et al., 2014). Such fears may stem from women's fear (i.e., in India) that vasectomy would lead to a lack of interest in sex (Singh et al., 2014).

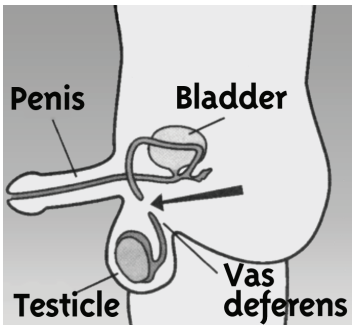

Image source: Balanced Counseling Strategy Plus

Provider attitudes toward vasectomy can also influence uptake. Providers are often poorly trained on how to discuss these concerns with both male clients and their female partners (Singh et al., 2014; Johnson, 2014). Providers in some countries subscribe to the same myths and fears as do clients and thus discourage vasectomy (Ebeigbe et al., 2011). Vasectomy services are not widely available. In Pakistan, there is "highly limited availability" of vasectomy (Kamran et al., 2015: 13). Cost can also be an issue. In South Africa the cost of vasectomy is a factor leading to low uptake of vasectomy services (Johnson, 2014). Higher costs may be due to the use of hospital stays instead of the safer no scalpel vasectomy (Singh et al., 2014).

STANDARD DAYS METHOD

The Standard Days Method (SDM), although technically not a "male method," requires active participation of men and continuation has been associated with higher levels of male involvement (Dosajh et al., 2006; Johri et al., 2005). SDM is a fertility awareness-based method that uses CycleBeads® as an aid to help couples identify and track fertile periods, and calls for abstinence or use of barrier methods during fertile periods (Dosajh et al., 2006). When used correctly, the failure rate is only 5 per 100 woman years (Arevalo et al., 2002). Positive attributes of SDM, according to women, are that it does not have health risks or side effects, it is effective, simple to use, affordable, does not involve medication, and involves partners in family planning (Bekele and Fantahun 2012; IRH 2013b; Kursun et al., 2014, Blair et al. 2007, Capo-Chichi and Anastasi 2005, Johri et al.; Wright et al., 2015).


Image source: Balanced Counseling Strategy Plus

Although SDM has been established as a modern method (Malarcher et al., 2016; IRH 2012), it suffers from lack of respect among family planning programmers and providers who think of it as a traditional method that is not effective, and who malign it as a "religious" method. Data from pilot sites in Benin, Ecuador, El Salvador, Honduras, India, and the Philippines indicate that providers have initial biases against fertility awareness methods, but their attitudes toward SDM improved following training and several months of service delivery (Gribble et al. 2008). SDM also helps couples better understand the reproductive cycle and could be useful as a back up method.

WITHDRAWAL

Withdrawal is the world's oldest method of contraception (Santow, 1993; Bullough, 2001). With perfect use, during the first year of use, 4 percent of women will experience an unintended pregnancy, and with typical use, that rises to 22 percent. WHO (2015) notes that the benefits of withdrawal, if used correctly, are that there are no health risks, it does not affect breastfeeding, and it has no economic cost. It can be used as a primary or as a back up method.

Withdrawal, labeled a traditional method, is widely disparaged as ineffective and hardly discussed in family planning programming (Santow, 1993; Piet-Pelon, 1999). It is not counted towards contraceptive use in statistics measuring achievement of the FP2020 global goal, which only counts modern contraceptive use (mCPR). Yet, WHO (2015: 231) notes that the method may be appropriate for couples "who are highly motivated and able to use this method effectively; with religious or philosophical reasons for not using other methods of contraception; who need contraception immediately and have entered into a sexual act without alternative methods available; who need a temporary method while awaiting the start of another method; or who have intercourse infrequently." Withdrawal can also be used as a back up method (Higgins et al., 2014).

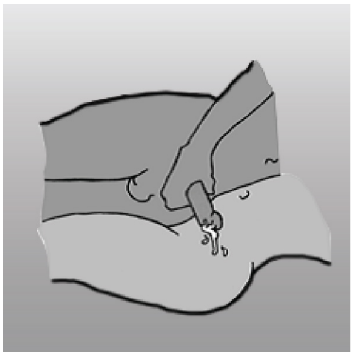

Image source: Balanced Counseling Strategy Plus

Programming for Men as Contraceptive Users

This review identifies and summarizes the evidence for interventions that engaged men in family planning and encouraged their use of male methods of contraception. Interventions were included if men were the target population (either themselves or with women) and the intervention addressed male-controlled or cooperative contraceptive methods (i.e., condoms, vasectomy, withdrawal, and SDM); some interventions addressed broader reproductive health issues (e.g., HIV, STI) and some specifically addressed gender issues (e.g., joint decision-making).

The range of interventions identified in this review found programming for men generally fell under five broad strategies that are designed to increase demand for and improve the supply of contraceptive information and services. The strategies include: 1) Clinic Provision of Information and Services for Men; 2) Outreach with Male Motivators and Peer Educators/Mentors; 3) Community Engagement; 4) Communications Programs; and 5) Comprehensive Sexuality Education. Two of the strategies, namely communication programs and community engagement, include sub-strategies. Table 1 lists the 47 identified interventions under the five strategies. Map 1 shows the 27 countries, spanning Africa, Asia, Latin America and the Caribbean, and Europe, in which the 47 interventions were implemented.

MAP 1 | COUNTRIES WITH INTERVENTIONS RELATED TO USE OF MALE METHODS OF CONTRACEPTION

TABLE 1 | PROGRAM INTERVENTIONS ON MEN AND FAMILY PLANNING USERS AND DESIGNATION OF THE INTERVENTIONS AS PROVEN, PROMISING OR EMERGING BASED ON THE STRENGTH OF EVIDENCE ON OUTCOMES

Clinic Provision of Information and Services (Promising)	
Provision of Vasectomy – Marie Stopes International, various countries	Provision of Vasectomy, Ghana
Provision of Vasectomy, Uttar Pradesh, India	Provision of Vasectomy, Rwanda
Outreach with Male Motivators (Proven) and Peer Educators/Mentors (Emerging)	
Male Motivators Project in Malawi	The HIM Approach in Madagascar
Male Community-based Volunteers in Pakistan	Clinic Café Timor in Timor Leste
Male Change Agents in India	Male StationGuards in Ghana
Male Outreach Worker Provision of SDM in El Salvador, Guatemala, India and the Philippines	Peer Providers for Young Men in El Salvador and Nicaragua
Male Outreach Workers in Nigeria	Life-Planning Mentors for University Students in Kenya
Communications Programming	
Social Marketing (Proven, FP HIP)	
Condom Social Marketing in Pakistan	Social Marketing in Senegal
Condom Social Marketing in Cameroon	
Mass Media (Promising) and Social Media (Emerging)	
Get a Permanent Smile: Vasectomy Programming in Bangladesh, Ghana and Honduras	Green Star Media Campaign and m4RH in Tanzania
Mass Media to Reach Men in Pakistan	Reaching Youth Through Communications for Social Change in Nicaragua
Promoting Male-centered Methods through the Media in India and Vietnam	Social Media and Vasectomy in Guatemala
Using Radio Serial Drama to Promote Family Planning in Burkina Faso	
mHealth (New Technology Enhancement)	
Text message/SMS for College Students in Nigeria	SMS for Fertility Awareness and Use of SDM in India
Text message/SMS Intervention in Mozambique	Role Model Stories as Part of m4RH in Ghana, Tanzania and Rwanda
Hotlines (Emerging)	
Mass Media Campaign and Hotline for Prevention of Teen Pregnancy: Uganda	Ligne Verte Hotline in DRC
Hotlines/EVouchers in Uganda	
Community Engagement	
Promoting Community Dialogue (Strongly Promising)	
Family Planning Results Initiative, Care Kenya	Group Meetings for Men in Pakistan
Transforming Gender Roles in Uganda	Participatory Group Learning for Young Men in Brazil
Community Mobilization(SASA!) in Uganda	Participatory Group Learning for Young Men in India
Participatory Engagement with Young People (Stepping Stones) in South Africa	Participatory Learning Groups for Men in India
Group Education with Men in Nigeria	Village Savings and Loan Associations for Men in Uganda
Engaging Religious Leaders (Emerging)	
Engaging Religious Leaders in Kenya	Engaging Religious Leaders in Pakistan
Comprehensive Sexuality Education (CSE) (Promising)	
CSE in Primary Schools: Tanzania	CSE in Vocational High Schools: Balkans
CSE in Secondary Schools: Uganda	Program to Reduce Risky Sex Among Adolescent Boys: Thailand

The interventions under the five strategies are summarized below. The table in Appendix 4 contains more detail about each of the 47 interventions and the outcomes associated with each intervention.

The strategies are characterized as proven, promising or emerging, drawing from the criteria used by the Family Planning High Impact Practices (FP HIP) Initiative. The definitions are as follows:

Proven: Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality and cost, and implementation research to help understand how to improve implementation.

Promising: Good evidence exists that these interventions can lead to impact; more information is needed to fully document implementation experience and impact. These interventions should be promoted widely, provided that they are implemented within the context of research and are being carefully evaluated both in terms of impact and process.

Emerging: Although emerging practices have a strong theoretical basis, they have limited evidence to assess impact. Therefore, emerging practices should be implemented within the context of research or an impact evaluation.

This review describes the range of evidence supporting the interventions comprising each strategy and also shows the countries in which the interventions under the strategy have been implemented. This gives a sense of the geographic spread of experience implementing the strategies.

CLINIC PROVISION OF INFORMATION AND SERVICES TO MEN

Providing clinical services to men is a promising intervention. The review found few instances of clinical provision of contraceptive services for men that were evaluated. Various USAID-funded projects (e.g. the ACQUIRE and RESPOND projects through EngenderHealth and the CAPACITY Plus and PROGRESS Projects through IntraHealth and FHI 360) have promoted vasectomy use, and while organizations like Marie Stopes International provide vasectomy services at local clinics, clinic provision of information and contraceptive services for men is largely lacking in most regions.

Interventions and Countries: The review includes four interventions on clinic provision of information and vasectomy services that included some evaluation. These programs were in Bangladesh, Tanzania, Papua New Guinea, India, Ghana, and Rwanda.

Description of the Interventions: The interventions included training providers in both provision of the method and in counseling. In these programs, addressing barriers specific to vasectomy is important (e.g., myths about loss of virility, lack of provider knowledge of vasectomy, and the perception that demand for male sterilization is low and that female sterilization is preferable) (Perry et al., 2016).

Supporting Evidence: The evidence supporting these promising interventions generally comes from service statistics. Client-provider communication was assessed in the intervention in Ghana through use of mystery clients.

Outcomes: Among MSI clinics with available statistics on vasectomy, Bangladesh and Papua New Guinea showed positive trends in use, while outreach in Tanzania yielded negligible use (MSI, 2010; Fandim, 2016; MSI, ND; and Ntinginya et al., 2016). In India, non-scalpel vasectomy programming under the USAID-RESPOND program increased three-fold, from 1,646 in 2010 to 5,009 in 2012 (Singh et al., 2014). In Rwanda, between 2010 and 2012, 2,523 vasectomies were performed under a program supported by the CAPACITY

Plus and PROGRESS Projects. At each program site, more clients were available than could be accommodated (Perry et al., 2016). While the numbers of vasectomy users remains small, the trends are in the right direction and show promise for expanding provision of clinical family planning services for men.

While not an intervention included in this review, World Vasectomy Day, a global effort to shift views on vasectomy, including increasing men's comfort level with the procedure, was started in 2012 (www.worldvasectomyday.org). It is an annual educational event to increase awareness of, conversations about and demand for vasectomy, and thus support men's use of contraception and support for women, who are often responsible for family planning. World Vasectomy Day 2014 was widely publicized and events were streamed to more than 10,000 followers. Five hundred doctors in 32 countries performed an estimated 3,000 vasectomies. World Vasectomy Day 2015 was also celebrated around the world, with special events in Indonesia linked to the International Conference on Family Planning.

OUTREACH PROGRAMS THROUGH MALE MOTIVATORS AND PEER EDUCATORS/MENTORS

Providing outreach programs through male motivators is a proven intervention and use of peer educators/mentors is emerging. Although most family planning outreach workers are women, some programs have used male outreach workers to engage men. Operations research in a number of countries, including Peru in the late 1980s, showed that male outreach workers could successfully reach men, that community-based distribution (CBD) programs that include male workers can influence both client- and method-mix, and that male CBD workers do not require special training or client materials (Foreit et al., 1992). A review of more recent programming has found a resurgence in the targeted use of trained male peers to encourage frank discussions about male contraceptive use, family planning and gender norms.

Number of Interventions and Countries: The review includes 10 interventions that included Male Motivators and Peer Educators/Mentors. These programs were in Malawi, Pakistan, India, El Salvador, Guatemala, India, the Philippines, Nigeria, Madagascar, Timor Leste, Ghana, Ecuador, Nicaragua, and Kenya.

Description of the Intervention: Male motivator or peer educator interventions had male motivators/educators provide information to other men, build condom use and communication skills and, in some cases, provide contraceptives directly or refer participants to nearby services. Some interventions also covered alcohol, smoking, violence, maternal/child health, and sexually transmitted infections. In a number of interventions, male motivators were part of complementary programming of female motivators for women. While not all male peer programs are designed to promote increased contraceptive uptake specifically by men (e.g., they include male methods in discussion of a broader range of methods), many do have a positive impact on gender equality and more gender-equitable approaches to contraceptive decision-making (Adizue et al., 2016; Mugore et al., 2016).

Supporting Evidence: The evidence supporting these proven interventions ranges from randomized intervention/control studies (3), to pre-post intervention studies using non-randomized intervention and control designs (3), a post-intervention survey (1), qualitative interviews and/or focus group discussions (3), service statistics (4), and one intervention as yet to be evaluated.

Outcomes: Male peer programming found in this review often directly encouraged male contraceptive use. In India and the Philippines, among other countries, male outreach workers successfully facilitated the use of SDM among community members (Johri et al., 2005; León et al. 2014; Lundgren et al., 2012). Most other interventions, however, focused on condom use - in many cases for both family planning and disease protection. The StationGuards in Ghana (commercial lorry drivers and their assistants) talked to their peers about the benefits of family planning and sold condoms and oral contraceptive pills. One driver said his peers

initially teased him, but those men ultimately became clients and purchased condoms themselves (Owusu et al., 2016). The Clinic Café in Timor Leste also promoted use of condoms among male peers, but found little contraceptive uptake, likely attributable to a lack of condom availability – an important provision of any programming designed to create demand (Tekponon Kikuagou Project, 2013).

Many of the male motivator interventions were particularly focused on addressing gender norms and reducing barriers to service as key issues in supporting male contraceptive use. For example, male motivators in the Malawi Male Motivators project disclosed their own experience in family planning and fostered frank discussions with men about their experiences, in addition to reinforcing the importance of spousal communication in family planning. Although men remained the decision-makers within the household, the experience facilitated greater discussion among couples. Women reported they felt more respected by their partners, representing a positive shift toward more equitable decision-making (Shattuck et al., 2011). The HIM (Health Images of Manhood) Approach in Madagascar helped young men (ages 15-24) explore the effects of gender norms on both their own health and that of their partners in addition to promoting men's use of health services (Lalaharimanitra et al., 2016).

In addition to the HIM Approach, interventions in Kenya and Latin America used peer providers and mentors to reach young men with contraceptive information and services. The Peer Provider project in Ecuador and Nicaragua found at endline that 47% and 35% (respectively) of the youth surveyed used condoms. In both countries, more than 60% of respondents were male (Tebbets and Redwine, 2013). Life Planning mentors in Kenya partnered with university students to discuss basic facts on contraception and the role of contraception in achieving life goals. As a result, twenty-five percent of students started using a contraceptive method; 12% said they intended to start using a method and 63% initiated a discussion about contraceptive with their partner (Nijiri et al., 2016). This data was not disaggregated by sex or method use, however, so it difficult to know the true impact on men in the study.

Some interventions educated men about birth spacing and reproductive and maternal health in order to help men understand the importance of family planning not only to encourage men to seek services themselves, but also as a way to lower the barriers to women's access to services. The Access/MCHIP project in Nigeria noted in their final report that trained male birth spacing motivators counseled and referred 11, 371 men, of whom, 28.3% accepted a family planning method for themselves or their spouses. Data was not provided, however, on male or female use of contraception (MCHIP, 2015). In the FALAH project in Pakistan, male community-based volunteers provided information about contraceptive methods, allaying any misconceptions and encouraging men and women to access family planning. About half of the female respondents reported that their husbands participated in intervention activities conducted by male outreach workers. Men were not included in the evaluation, however (Ashfaq and Sadiq, 2015).

Overall, male motivators/peers appear to be able to increase contraceptive use among men, including condoms and participation in SDM, in addition to promoting men's support for their partners' use of family planning. A qualitative evaluation of a male engagement project in India found that participatory learning sessions led to increased partner communication and more than 300 men who opted for male sterilization (Liem and Choudhury, 2016). The Malawi Male Motivators project saw increased contraceptive use in the intervention group (78%) versus the control group (59%), with men's discussion with their wives a significant factor in their uptake; fifty-six percent of the men reporting family planning uptake used condoms (Hartmann et al., 2012).

To improve male motivator/peer educator programs, it would be useful to have a clear idea about how these programs reach men directly as users, and also how they reach men to support their partners' family planning use. Male motivators programs should have strong monitoring and evaluation, while peer educators/mentors programming needs more robust research as they are being developed and implemented.

COMMUNICATIONS PROGRAMMING

Social Marketing

Social marketing of contraceptives, considered a high impact practice for family planning (HIP, 2013c) is a proven practice. Social Marketing has had positive effects on knowledge of and access to contraceptive methods, including condom use (Piet-Pelon et al., 1999; Harvey, 2008; Chapman, 2003; Madhavan, 2010; Sweat et al. 2012). Social marketing is intended to fill the gap between public sector and commercial sector programming. It aims to increase access to contraceptive products in private sector outlets (e.g. pharmacies and shops) through the use of commercial marketing techniques for a public health end.

Number of Interventions and Countries: The review includes three social marketing interventions with measured outcomes related to men's use of family planning. These interventions were in Pakistan, Cameroon and Senegal and primarily focused on condoms for men.

Description of the Interventions: Social marketing interventions have used television and radio advertising campaigns focusing on condoms - to increase awareness of the effectiveness of condoms, reduce embarrassment when purchasing or negotiating condom use, and increase use of condoms. Social marketing can challenge social norms and help overcome barriers to acceptability of contraceptive use. The three social marketing programs included in this review generally aimed to increase awareness of contraceptive methods overall and addressed method-specific challenges, information and service provision and gender norms and equality.

Supporting Evidence: The evidence to support this proven practice comes from pre-post intervention surveys (2) and a post-intervention survey (1).

Outcomes: The social marketing interventions in Pakistan and Cameroon, used television and radio advertising campaigns focusing on condoms in particular - to increase awareness of the effectiveness of condoms, reduce embarrassment when purchasing or negotiating condom use, and to increase use of condoms generally. In Pakistan, consistent condom use with wives increased and in Cameroon, among youth condom use increased from 58.7% to 70.2% after the intervention. It is worth noting that neither withdrawal nor SDM were the primary subject of any of the social marketing campaigns in this review.

Social marketing program have been successful in reaching men of all ages, particularly to promote condom use. Ensuring that messages promote men's potential for using family planning in addition to supporting their partners' use would further strengthen social marketing programming.

Mass Media and Social Media

Mass media has long been used to promote family planning and is considered a promising intervention, while use of social media is more recent and is considered emerging.

Number of Interventions and Countries: The review included seven interventions that used mass media and social media to reach men. These programs were in Bangladesh, Ghana, Honduras, Guatemala, Pakistan, India, Vietnam, Burkina Faso, Tanzania, and Nicaragua.

Description of the Interventions: This type of programming, including media and advertising campaigns carried out via radio, television, newspapers, billboards, brochures, and social media sites, such as Facebook, can address men's use of contraception as well as to increase men's support for their partners' contraceptive use. They can shift the perception that family planning is a women's affair. They can also address gender norms and equality in family planning and contraceptive use. For example, the Get a Permanent Smile campaign in Bangladesh, Ghana and Honduras directly targeted myths and misperceptions about vasectomy

through radio, television, billboard and other campaigns to increase men's uptake of the procedure (Perry et al., 2016; Rajani, 2005; Subramanian et al., 2010).

Supporting Evidence: The evidence supporting these promising (mass media) and emerging (social media) interventions include: pre-post intervention surveys (4), and service statistics (3). In addition, two interventions included focus group discussions and one included interviews with men that augmented service statistics.

Outcomes: A radio serial drama in Burkina Faso sought to shift the perception that family planning is a woman's affair. Results showed that listeners were 1.5 times more likely to discuss family planning with their spouse/partner, 3.5 times more likely to approve of family planning and 2.6 times more likely to know sources of family planning information (Jah et al., 2016). In Vietnam, an information, education and communications (IEC) program promoted male responsibility in family planning with messages such as "he is very manly, he always cares for his family." In addition to the IEC materials, radio broadcasts promoted couple communication about reproductive health and encouraged men to use condoms. By the end of the project, condom use increased by 50% (MacDonald et al., 2013).

Use of social media is in its inception phase so accompanying such programming with robust research will be beneficial. With its scale of implementation, mass media programming has the potential to promote normative change around gender norms and male engagement in family planning, including contraceptive use. For example, in Pakistan, 50 million people were exposed to FALAH Project messages, at least half of whom were men. Ensuring that messages are gender transformative and that they promote men as users in addition to supportive partners remains crucial. Including strong monitoring and evaluation as part of mass media programming will be important to measure their impact on men's use of family planning.

mHealth

Mobile health (mHealth) text messaging programs, considered a new technology by the FP HIP Initiative and a means of enhancing programming (HIP, 2013b) are gaining traction in family planning programming.

Number of Interventions and Countries: The review includes four interventions that used mHealth to reach men. These programs were in Nigeria, Mozambique, India, Ghana, Tanzania and Rwanda.

Description of the Interventions: These interventions build on evidence that providing family planning information through phones, particularly knowledge-based fertility awareness methods, offers an acceptable and effective means of increasing knowledge.

Supporting Evidence: The evidence for this FP HIP new technology enhancement comes from a pre-post intervention study (1) and service statistics (3).

Outcomes: Experience with mHealth programming suggests that men, particularly young men, are drawn to them as a means of getting information about family planning and that women often rely on their partners to use SMS systems. An SMS program in India to provide information about fertility awareness and Standard Days Method found that users were on average age 33, married and 72% male (Ettinger et al., 2016). mHealth text messaging programs in Nigeria and Mozambique attracted substantial numbers of men – particularly younger men – as well (Ajidagba et al., 2016; Feyisetan et al., 2016).

While this type of programming to reach men is growing, little is known about the extent to which men's knowledge about, access to or use of services increases as a result of these programs due to a lack of evaluation and/or sex-disaggregated data. Further mHealth programming should be accompanied by robust evaluation of what men do with the information they receive from mHealth platforms and if their use of contraception and/or support for their partners' use of family planning increases.

Hotlines

Hotlines have long been part of family planning programming, although their use for reaching men has not been fully explored, so they are still an emerging intervention.

Description of the Intervention: Similar to SMS services, hotlines provide information to men and women on sexual and reproductive health, including family planning.

Number of Interventions and Countries: The review includes three interventions that included hotlines. These programs were in Uganda and the Democratic Republic of Congo.

Supporting Evidence: Evidence to support this emerging practice including user call statistics (2) and a survey of users of a hotline (1).

Outcomes: Information and service needs were the subject of a campaign in Uganda. Statistics from the National Toll Free Hotline for information, counselling and referral in Uganda found that from October 2014-February 2015, the Hotline received a total of 877 calls mostly from youth ages 15-19 years, with 559 male callers and 318 female callers. Some of the males indicated that they called on behalf of their girlfriends.

Men are attracted to hotlines for information about family planning. Statistics suggest that where hotlines are available, men tend to be more heavy users of them than women. Men call both for themselves and for their partners. While use statistics show that men can be heavier users of hotlines than women, little is known about the extent to which men's knowledge or access to services increased as a result of these programs due to a lack of evaluation and/or sex-disaggregated data.

Given that men find hotlines an acceptable means of accessing information about family planning and reproductive health, these programs should ensure that they are tailoring messages for men as family planning users. Programing through hotlines should Similar to mHealth, further programming that includes hotlines should include evaluation of what men do with the information they receive from mHealth platforms and if their use of contraception and/or support for their partners' use of family planning increases.

COMMUNITY ENGAGEMENT

Promoting Community Dialogue

Engaging the larger community is a strongly promising intervention to foster a sense of legitimacy and normalcy for men's participation in conversations about and use of contraception. Community engagement approaches bring young people, men and women together, sometimes with community and religious leaders, to create a unified understanding of family planning, including such things as norms, values, roles in family planning and availability of and access to services.

Number of Interventions and Counties: The review includes 10 interventions that included Promoting Community Dialogue. These programs were in Kenya, Uganda, South Africa, Nigeria, Pakistan, Brazil, and India.

Description of the Interventions: Content for these programs primarily consisted of social and behavioral change communication (SBCC) strategies intended to promote equitable gender norms and attitudes. Some of the interventions were tailored to changing gender norms and risking sexual behavior among young men, while others focused on adult men, including in group meetings. Most programs also included women as part of community dialogues. Somos Differentes, Somos Iguales (We're Different, We're Equal) in Nicaragua focused on empowerment through communication for social change (Solarzano et al., 2008). In CARE's Family Planning Results Initiative, Chiefs' community dialogues involved men in conversations about family planning

(CARE, 2013). The participation of prominent male leaders helped legitimize men's participation in family planning. A different approach to promoting community dialogue involved the Village Saving Loaning Associations in Uganda, a microfinance program focused on men and included in family planning activities such as dialogues, board games, and SMS messages for discussion by men (Nakasagga and Nalule, 2016).

None of the programs included in this strategy have focused solely on male use of contraception, although increasing acceptability of family planning generally could have positive effects on couple communication, and use of contraception, including by men.

Supporting Evidence: The evidence to support this strongly promising intervention for reaching men as family planning users ranges from randomized control trials (2); quasi-experimental, with intervention and control groups (4); baseline/endline surveys (3) and post-intervention qualitative evaluation (1). Promoting community dialogue is strongly promising for men as family planning users because it has mostly been used to address HIV and gender norms.

Outcomes: While not explicitly directed at men as contraceptive users, many of these programs resulted in increased condom use. Overall findings from these programs found reductions in myths around family planning, improved communication with partners about family planning and increased use among men (although not all programs indicated if the increased use was of male methods). CARE's Family Planning Results Initiative in Kenya found an increase in current use of modern contraceptives (male condoms and sterilization) among men (24.7% to 51.1% over the course of the three-year project) as well as a statistically significant increase in knowledge of female condoms and withdrawal (Care, 2013). None of the men began the program with Village Saving Loaning Associations in Uganda using family planning though 38% of spouses reportedly used contraception. After 12 months, 15% of men were using family planning (with use by partners even higher) (Nakasagga and Nalule, 2016). Men in intervention communities of the SASA! program to reduce gender based violence in Uganda were significantly more likely than men in the control communities to be using condoms (Abramksy et al., 2014; Kyegombe et al., 2014). Similar findings resulted from implementation of Stepping Stones among young men in South Africa (Jewkes et al., 2007: Jewkes et al., 2008).

Among a follow up of 217 boys in Brazil, Program H led to a significant increase in condom use among young men from 58% at baseline to 87% at endline, as well as a significant change in attitudes to be more gender equitable (Ricardo et al., 2010). Men in the Yaari Dosti intervention sites in Mumbai were 1.9 times more likely and in rural Uttar Pradesh 2.8 times more likely to have used condoms with all types of partners than were young men in the comparison sites in each place (Verma et al., 2008).

Community dialogue has been successful in promoting more equitable gender norms and reducing risky sex. These programs have promoted condom use among men. This approach has been used to promote family planning, including men's support for their partners. Including attention to men as family planning users would strengthen these programs.

Engaging Religious Leaders

Religious leaders can have a large influence on men's and women's attitudes towards family planning. Ensuring that religious leaders are educated about family planning and their faith tradition can in turn help ensure that the messages they share with their communities are evidence-informed and supportive. Engaging religious leaders to support family planning has been a key part of programming for many years, although few interventions have focused specifically on men's use of family planning. This strategy is considered an emerging intervention.

Number of Interventions and Countries: The review includes two evaluated interventions that engaged religious leaders. These programs were in Kenya and Pakistan.

Description of the Interventions: These interventions included providing orientation and updated information on family planning to religious leaders. In turn the religious leaders reached out to their communities with the information and their support for family planning. Religious outreach was linked with availability of services. The Tupange Project in Kenya employed strategies to work with religious leaders (Christian and Muslim) to advocate and provide correct and accurate information on family planning in the community (Sirera et al., 2016). In Pakistan, 1,500 religious scholars and leaders were trained under the FALAH Project to enable them to advocate for birth spacing (Asfaq and Saddiq, 2015).

Supporting Evidence: The evidence to support this emerging practice include: longitudinal survey with baseline and endline (1) and baseline/endline surveys with qualitative interviews (1).

Outcomes: In Kenya, the Tupange project found a 25% decline in myths and misconceptions about family planning over the course of the project where religious leaders were linked with community health focal persons and religious leaders referred 22 men from two areas for vasectomy (Sirera et al., 2016). In Pakistan, many religious leaders agreed with the consideration of family planning as birth spacing and could correct the perception that religion is opposed to family planning. Men who attended talks by sensitized religious leaders had a 23 percentage point higher predicted probability of responding positively to their wives about family planning (Ashfaq and Sadiq, 2015).

Religious leaders have been successful in promoting support for family planning and dispelling myths about religious opposition to it. Given the respect for religious leaders within communities, adding their voices to supporting men's use of contraception would strengthen this programming.

COMPREHENSIVE SEXUALITY EDUCATION

School-based comprehensive sexuality education, a promising intervention, can reach large numbers of young people when their ideas of appropriate behavior and roles of men and women are forming (Haberland, 2015). Sex education programming offers an opportunity to address the sexual and reproductive health needs of boys as well as provide information about family planning and fatherhood. However, relatively few sex education curricula specify anything related to unique sexual and reproductive health needs of men/boys due to entrenched gender norms (Stern, 2015). Furthermore, few comprehensive sexually education programs disaggregate outcomes by sex, so it is difficult to identify the effects of these programs on boys.

Number of interventions and countries: The review includes four interventions that included comprehensive sexuality education. These programs were in Tanzania, Uganda, the Balkans and Thailand.

Description of the Interventions: Three of the four interventions included school-based CSE curricula that promoted gender-equitable attitudes on sex, health and well-being, and the fourth, an out-of-school program, included five one-hour interactive group sessions that included discussion of contraceptive methods.

Supporting Evidence: The evidence for this promising practice ranges from pre-post intervention surveys with intervention and control groups (1); in-depth interviews long-term post intervention (1); qualitative in-depth interviews and focus group discussions (1); and pre-post intervention quantitative survey and qualitative interviews (1).

Outcomes: The CSE programs in this review increased boys awareness of sex and pregnancy prevention and increased gender-equitable attitudes. The retrospective study of a CSE program in Tanzania suggests that while boys may not fully comprehend the messages they are receiving at the time, they internalize it later as they become sexually active (Wayomi et al., 2012). In that study, nine years after the intervention, all the young men interviewed said they had used condoms. The men reported that they only saw the benefits of the

pregnancy prevention information after they finished school and were married. Three of the four programs were conducted in school with secondary or vocational students. Participants were predominantly boys, with the exception of Uganda where boys made up 44.8% of participants (Rijsdik et al., 2011). The Thailand program was carried out among adolescent boys in a non-school-based setting. The programs were generally a series of 5-10 hour-long sessions providing information and discussion about sexual and reproductive health, pregnancy, communication and condom use skills. The Balkans program also focused specifically on gender attitudes and sexual behavior.

While there are a number of ongoing CSE programs, evaluations of the impact of comprehensive sexuality education on boys' use of contraception, particularly beyond condoms, are elusive. Further evaluation that includes long-term follow up would be useful to guide CSE. Furthermore, such programs should incorporate the sexual reproductive health needs of boys and their role in preventing unintended pregnancy.

SUMMARY OF KEY OUTCOMES FROM PROGRAMMING TO PROMOTE MEN'S USE OF FAMILY PLANNING

While some of the interventions included in this review did not specifically measure use of male methods, nor did they all disaggregate data by sex, it is nevertheless possible to draw some conclusions about the effect of programming on male use of contraception. In short, interventions reviewed sought to improve men's attitudes towards family planning, their knowledge of specific methods of contraception, and their use of family planning generally or male methods specifically. Furthermore, most of the interventions sought to address gender norms around family planning use - mostly to promote male support for their partner's use, but also some to promote male use of methods. The interventions found, as other cross sectional studies show, that men want information on family planning and the notion that family planning is women's business only is antiquated (MacQuarrie et al., 2015). When male methods, notably condoms, vasectomy and SDM, were made available through interventions, uptake generally increased.

Much of the condom programming has focused on HIV, with some attention to dual protection for pregnancy prevention as well. Condom use increased through communications programming, outreach, and community engagement in Pakistan, Cameroon, Senegal, Nicaragua; Uganda, Malawi, India, Nigeria, Madagascar; Ghana; El Salvador; Kenya; South Africa; Brazil, and India. The evaluations of three of the four CSE did not measure condom use. The fourth, which was a retrospective evaluation of a CSE program nine years after it was implemented, found that all men interviewed had used condoms since the CSE.

Fewer interventions included vasectomy; yet where vasectomy programming exists, use generally goes up. Evaluations of the Permanent Smile campaign in Ghana, Bangladesh and Honduras also found that use decreased after the end of the project. The RESPOND Project in India showed that with training and improved quality of services, that uptake of no scalpel vasectomy rose. Marie Stopes International is finding increased interest in vasectomy in some countries, such as the highlands in Papua New Guinea and Madagascar. MSI is increasing the scope of its vasectomy programming. Innovative social media programming shows promise, as demonstrated by the WINGS program's use of Facebook to promote vasectomy services in Guatemala. Under the Tupange project in Kenya, religious leaders referred men for vasectomy. While small, these efforts, combined with initiatives such as World Vasectomy Day, show promise for vasectomy.

Reviews of programming on SDM in a range of countries show that where the programming exists, use goes up and it improves couple communication about family planning. None of the interventions reviewed included promotion of withdrawal; however programming for men in Pakistan did increase use of that method in addition to increases in use of female methods.

Other outcomes of the interventions reviewed include more favorable attitudes towards family planning among men. Furthermore, the interventions resulted in better knowledge about family planning and specif-

ic contraceptive methods. Findings from the range of interventions reinforced that men want information about family planning for themselves and their partners. Men want information and seek it from hotlines and SMS and listen to it from a range of media and outreach workers/peer mentors. Stories about male engagement and men as family planning users resonate with both men and women.

Finally, a number of the interventions had positive outcomes related to promoting more equitable gender norms related to family planning and increasing couple communication on fertility and contraceptive use.

EVIDENCE GAPS IN PROGRAMMING FOR MEN AS CONTRACEPTION USERS

This review has found few robust evaluations of programs to engage men, let alone programs directed at men as users. Many of the male-focused programs have positioned men as partners and supporters of women's contraceptive use and thus it is difficult to separate those interventions from those aimed at increasing male contraceptive use and engaging men in their own sexual and reproductive health. Furthermore, not all programs report findings disaggregated by sex, and by contraceptive method, making it difficult to determine the effect of programming on male use of methods. Few studies ask men directly about their experiences with contraception, but instead are most likely to ask female partners what changes have occurred in male partners' attitudes and practices based on interventions with women (Hosseini et al., 2010; Yadav et al., 2010; Kamran et al., 2015; PMNCH, 2013).

More systematic data collection on men's fertility and relationships could greatly enhance information and service provision for men. There is little literature on factors to increase uptake or barriers that prevent men from using contraception from the viewpoint of men themselves (Kabagenyi et al., 2014), including documenting and measuring how household decisions and contraceptive decisions are made (Firestone, 2015). Regional and country contexts are important in developing this research.

Critical research is missing on what are effective programs to increase responsibility by adolescent boys, prior to sexual activity, to prevent unintended pregnancy through male or female contraceptive use, as well as to ensure dialogue on pregnancy prevention, and that the sexual act is consensual.

Programming to promote existing male methods could benefit from further evaluation. For example, though it does not have recurrent costs, SDM requires counseling and provider training. Further evaluation of SDM programming could lead to a greater understanding of how to better position the method for increased use. Condom programming would benefit from additional research on how to sustain condom use after marriage, especially as a dual strategy. Vasectomy programming may benefit from further evaluation of successful interventions that have dispelled myths and fears of loss of potency for men and that have changed community norms around the acceptability of men being sterilized. While programs do not promote withdrawal, research could help position it at least as a method couples could use if needed in the absence of another method.

In reviewing evidence on programming for men as family planning users, the lack of a short or long-term reversible method for men that falls between condoms and vasectomy is abundantly clear. There is sizable demand for a novel male contraceptive option, particularly for reversible contraception (Glasier, 2010; Kabagenyi et al., 2014). In a survey of more than 9,000 men ages 18-59 across nine countries, 28.5-71.4% of men of various nationalities expressed a willingness to use a hormonal male contraceptive (Heinemann et al., 2005). Work to develop additional male methods of contraception has been going on for decades with a focus on hormonal and non-hormonal approaches. Creation of novel hormonal methods for men has stalled, however. Development of hormonal methods for men has proved complicated in that there is no natural non-fertile state in men to mimic. Many of the attempted hormonal formulations created for men have had a number of intolerable side effects (Dorman and Bishai, 2012). Still, a number of prospective methods for men are in

development, including non-hormonal methods (http://www.malecontraceptive.org/prospective/). Funding is a challenge for male contraceptive development. Pharmaceutical companies are not currently investing in new contraceptive development, leaving smaller efforts by non-profit organizations and foundations to fill the gaps. With adequate funding, there could be a new male contraceptive on the market within a decade. Without adequate funding, efforts may take 20 or more years to bear fruit.

Finally, funding for evaluation and implementation science remains an ongoing challenge. Some efforts would benefit from rigorous evaluation but do not have funds to carry out endline surveys or evaluate that data. For example, there is a current effort to increase contraceptive use among both boys and girls in Togo using the "It's All One" curriculum, but evaluation of gender-related and contraceptive uptake outcomes is needed (Toliver, 2015). CARE may have plans to adapt the United States curriculum "Gender Matters", which promotes gender equality and discusses boys and contraception, for West Africa, but has no funding or plans for evaluation. (De Atley, 2015).

In addition to the programming reviewed above, filling in the gaps in implementation science research and evaluation can begin to change the direction of family planning programming toward more inclusive approaches for men as family planning users.

CONCLUSION

There remains a scarcity of direct programming addressing men's contraceptive use and gaps remain in programming interventions that will both increase and meet demand. However, there is more than enough evidence demonstrating men's desire for information and services, as well as men's positive response to existing programming to warrant further programming for men and boys in family planning and contraceptive services. Such programming should be accompanied by strong monitoring and evaluation and rigorous implementation science. This review and synthesis of current work, along with recommendations for further implementation science research, highlights the need to engage men as family planning users in addition to efforts to address gender-based norms and behavior that hinder family planning use.

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Appendix 1 | Search Strategy

The literature review included a search strategy for articles and reports from 2010-2015, and included selected programming from years prior to 2010. To identify current programming that has not made its way into the published literature, abstracts related to men as contraceptive users from the January 2016 International Conference on Family Planning are also included. The search strategy is available on request.

For literature from 2010- September 2015, a search of bibliographic databases (PubMed and POPLINE), websites and hand-search of key journal tables of contents (e.g., Culture, Health & Sexuality, Sexual Health, and Studies in Family Planning; full list in detailed search strategy), was undertaken to retrieve peer reviewed and grey literature. The search aimed to identify recent and current activities, programs and evidence on the role of men as users of family planning, including those that address gender norms affecting men's use of male-controlled family planning methods. The search was limited to the years 2010-2015 and countries of low- or middle-income levels. Four methods, vasectomy, condoms for dual protection, SDM (Standard Days Methods) and withdrawal, were individually searched to find information related to knowledge, access and use of the methods, including gender-related power dynamics. The PubMed searches utilized Medical Subject Headings (MeSH) (e.g., family planning services, contraception, male, men, vasectomy, condoms, natural family planning, and coitus interruptus). Various combinations of MeSH, as well as words or phrases (in titles or abstracts) were employed. Keywords searched in POPLINE included: male role, family planning, family planning programs, contraception, contraceptive methods, contraceptive usage, men, men's involvement, condom use, vasectomy, withdrawal, calendar method, fertility awareness. Phrases for Standard Days Method were specifically searched.

The initial review of results compared the references from each database and removed duplicates iteratively. References were collected in an EndNote Library. The full ENL contains 2254 references (over 1700 were eliminated after initial review). There were 447 references submitted for further screening. The supplementary searches for conference abstracts, current journal contents, and websites discovered an additional 99 references.

Appendix 2 | Individuals Contacted for the Organizational Review

The organizations included in this review were identified in collaboration with USAID, using a snowball technique. The list of organizations covered and individuals interviewed in shown in Table 2.1 Interviews were conducted between October 2015 and January 2016 and were conducted by Melanie Croce-Galis and Jill Gay by telephone or Skype or in some cases, the respondents replied via email. The following questions guided the conversations.

- What is the work you are currently doing or have done recently on men, gender equity and contraceptive use?
- Where is this work being conducted?
- We are looking for successful interventions with evaluated outcomes related to contraceptive use. Do you know of any such interventions related to men as users of contraception/family planning that would recommend we review? (separate from addressing men as supporters of female FP use)
- Particular areas of interest are: condoms for dual protection; vasectomy; withdrawal, and the Standard Days Method (SDM).
- Among those, which would you say are gender transformative? Gender harmful? Are you aware any data disaggregation by age or other characteristics (e.g. adolescents, married, etc.?) in the evaluated interventions you are recommending?
- What would you define as success in increased contraceptive use among boys and men? What are the potential barriers?
- What about the trade off between promoting men's use of SRH services compared to promoting women's autonomy in contraceptive use?
- What do you see as key research, programming and/or implementation gaps related to uptake by men of condoms for pregnancy prevention; vasectomy; SDM; and/or withdrawal?
- Do you have any other comments on the topic of programming or research for men as users of family planning?

NAME	TITLE
Babcheck, Amy	Senior Manager, Nike Foundation, Portland, Oregon, USA.
Biddlecom, Ann	Chief, Fertility and Family Planning Section, Population Division, UN, New York, New York, USA.
Billings, Deborah	Director of Choose Well Initiative, New Morning Foundation, Columbia, South Carolina, USA.
Blanc, Ann	Vice President and Director, Poverty, Gender, and Youth Program, Population Council, New York, New York, USA.
Bun Bida, Mohammed	Executive Director, Muslim Family Planning Counselling Services, Accra, Ghana.
Choi, Helena	Program Officer, Global Development and Population Program, Hewlett Foundation, Menlo Park, California, USA.
Cogan, Matthew	Technical Specialist for HIV/AIDS Branch, Technical Division, UNFPA, New York, New York, USA.
Das, Madhumita	Senior Technical Specialist on Men and Masculinities, Asia Regional Office, ICRW, Delhi, India.

NAME	TITLE
DeAtley, Jenifer.	Director of US Programs & AYSRH Program Advisor, EngenderHealth, Austin, Texas, USA.
Firestone, Rebecca	Senior Technical Advisor, Population Services International, Washington, DC, USA.
Hainsworth, Gwyn	Senior Advisor, Adolescent Sexual and Reproductive Health, Pathfinder, Boston, Massachusetts, USA.
Hamlin, Aaron	Executive Director, Male Contraceptive Initiative, USA.
Hasen, Nina	Director, HIV and TB Programs, Population Services International, Washington, DC, USA.
Jackson, Ashley	Technical Advisor for Reproductive Health, PSI, Washington, DC, USA.
Kerner, Brad	Adolescent Sexual and Reproductive Health Advisor, Department of Global Health, Save the Children USA, Westport, Connecticut, USA.
Kothari, Shilpa	Program Director, WING/ ALAS, Antigua, Guatemala.
Kreinin, Tamar	Director of Population and Reproductive Health, Packard Foundation, Los Altos, California, USA.
Levtov, Ruti	Program Officer, Co-Coordinator of the MenCare Campaign, Promundo-US, Washington, DC, USA.
Lissner, Elaine	Executive Director, Parsemus Foundation, San Francisco, California, USA.
Lundgren, Rebecka	Director of Research, Department of Obstetrics and Gynecology, IRH, Washington, DC, USA.
Moore, Ann	Senior Research Associate, Guttmacher Institute, New York, New York, USA.
Munive, Alexander	Development and Gender Specialist, Global Girls Innovation Program, Plan International, Helsinki, Finland.
Rodriguez, Mariela	Senior Program Officer, Knowledge Management and Global Coordination, Sexual, Reproductive and Maternal Health, CARE, Atlanta, Georgia, USA.
Santillan, Diana	Senior Sexual and Reproductive Health Specialist, ICRW, Washington, DC, USA.
Sarpal, Nisha	Technical Advisor for AYSRH, Pathfinder, Boston, Massachusetts, USA.
Schuler, Sidney	Senior Advisor for Research and Gender, FHI360, Washington, DC, USA.
Shand, Tim	Sonke Gender Justice, South Africa (joining IRH in February 2016).
Sharafi, Leyla	Technical Specialist, Gender and Youth, Gender, Human Rights and Culture Branch, UNFPA, New York, New York, USA.
Shattuck, Dominick	Senior Research Officer, Department of Obstetrics and Gynecology, IRH, Washington, DC, USA.
Stern, Erin	Gender and Health Consultant, Honorary Research Associate at School of Public Health, University of Cape Town, Cape Town, South Africa.
Taft, Julia	Technical Advisor, SIFPO, Marie Stopes International, London, UK.
Thompson, Kirsten	Project Director, Bixby Center for Global Reproductive Health, University of California, San Francisco, San Francisco, California, USA.
Toliver, Maimouna	Senior Program Associate, Gender/Men As Partners, EngenderHealth, Abijan, Cote d'Ivoire.
Verani, Fabio	Technical Advisor, EngenderHealth, New York, New York, USA.
Warner, Ann	Formerly Senior Gender and Youth Specialist, ICRW, Washington, DC, USA. Currently South Carolina Coalition for Healthy Families, Columbia, South Carolina, USA.
Zamir, Jameel	Acting Director of Programmes, South Asia Region, New Delhi, India.

Appendix 3 | Limitations

Identifying new programs proved somewhat difficult since men, quite frankly, are not widely considered in reproductive health programming (Bongaarts et al, 2012). For example, a review of 50 years of family planning programming in Latin America and the Caribbean made scant reference to men (Bertrand et al., 2015). This review therefore faced certain limitations.

One limitation was the years of the literature search. The literature search covered the years 2010-2015, under the assumption that previous literature reviews, most notably IRH, 2013a, covered the earlier programming and evidence. This assumption turned out not to be completely valid, and additional hand searches were conducted by the authors to review earlier relevant programming, including programming from the 1980s and 1990s before funding for family planning programming lost ground to the rising HIV/AIDS pandemic. In only including literature from 2010 to 2015, much of the early programming on men and family planning, including programming that preceded the 1994 ICPD, was lost. To understand current programming on men and family planning, understanding the context of earlier programming, both positive and negative, is important.

A second limitation is that programming for men as contraception users tends to be part of larger multidimensional programming, including to promote men's support for their partners' contraceptive use. Thus it is difficult to separate programming specifically on men as contraceptive users. Reports of men's use of contraception in the programs sometimes come from men, but more often from women, which may distort the contributions of men. Furthermore, if the outcome of an intervention with men is that contraceptive use by interested couples increases, but through use of a female-controlled method, does that mean the intervention has "failed" because the man did not take up contraceptive use? We think not, but if programming is trying to have men participate in contraceptive use and take the burden for use off of their partners, identifying a "successful" outcome of an intervention to promote men as contraceptive users becomes complicated.

A third limitation is that one of the primary methods of contraception used by men, namely condoms, is heavily linked with disease prevention, therefore unpacking the use of condoms for contraception versus use for disease prevention is difficult. Furthermore, most of the programming for condom use over the past 20 years has focused on disease prevention and has been funded through PEPFAR and other organizations and agencies focused on HIV. Outcomes of evaluations of these programs and other studies on condom use did not tend to include any questions on use of condoms for contraception. Thus it is impossible to know if the same programming to promote condom use for disease prevention will also work for family planning. Nonetheless, some programs to promote condom use for HIV prevention, particularly as they address gender norms, are included in this review.

Appendix 4 | Table of Interventions and Outcomes on Male Use of Family Planning

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Clinic Provision of Information and Services to Men (Promising)			
Vasectomy - see Perry et al., 2016 for a more complete review of vasectomy programming.			
MSI Provision of Vasectomy - various countries *MSI offers vasectomy services as part of their clinical services*	Vasectomy	***See county outcomes below***	
MSI Bangladesh offers vasectomy services	Vasectomy	**Evaluation: Service statistics** *In 2013, 89,668 clients chose vasectomy with Bangladesh accounting for 90% of services.*	MSI. 2010.
MSI Papua New Guinea offers vasectomy services	Vasectomy	**Evaluation: Service statistics** *Papua New Guinea has seen a recent increase in vasectomy acceptance, particularly in the Highlands Region.*	Fandim, F. 2016.
MSI Tanzania included vasectomy in its range of services offered through mobile outreach in hard to reach, rural and uder-served areas	Vasectomy	**Evaluation: Service statistics** *A total of 595,947 clients were served during the outreach program in 130 districts in 6 regions, although statistics show that vasectomy use was negligible.*	Marie Stopes International (MSI). N.D. Ntinginya, et al., 2016.
No Scalpel Vasectomy Services – India (Uttar Pradesh) *Under the USAID supported RESPOND, an intervention in nine districts included training 600 outreach workers and 54 NSV surgeons to provide accurate information on vasectomy and to ensure that men and their spouses understood that erection, ejaculation and sexual pleasure did not change as a result of vasectomy and that everything will be the same for a man following the vasectomy.*	Vasectomy	**Evaluation: Service statistics** *NSV acceptance increased three fold over a period of 2 years, from 1,646 to 5,009 in 2012. During this period the proportion of NSV to total sterilizations in the nine interventions districts increased form 2.4% to 9.1%, obtained from annual service statistics.*	Singh et al., 2014.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
No Scalpel Vasectomy Services - Ghana *Under the USAID supported ACQUIRE Project, at eight facilities, physicians were trained in NSV and staff received training in the provision of ''male-friendly'' services. Health promotion activities provided NSV information to prospective clients*	Vasectomy	**Evaluation: Client–provider communication was assessed via a mystery client study (n = 6). Knowledge and acceptance of NSV among potential clients were assessed with baseline and follow-up surveys (each n = 200) in 2003–2004 and three follow-up panel surveys in 2008 (each n = 240).** ▪ *Trained health staff exhibited improved attitudes and knowledge regarding NSV.* ▪ *Mystery clients reported receiving accurate, nonjudgmental NSV counseling.* ▪ *Awareness of NSV among panel respondents doubled from 31% to 59% in 2003–2004 and was 44% in 2008.* ▪ *The proportion of men who would consider NSV increased from 10% to 19% in 2007–2008.* ▪ *NSV procedures increased three-fold from 2003 (n = 26) to 2004 (n = 83) and 2007 (n = 18) to 2008 (n = 53).*	Subramanian et al., 2010.
Vasectomy Services - Rwanda *Through the CAPACITY Plus Project and PROGRESS, vasectomy services were scaled up in Rwanda. The interventions include demand generation, training of providers, first in NSV and then in delivering NSV with thermal cautery and FL, and expansion of services*	Vasectomy	**Evaluation: Service statistics** *Between 2010 and 2012, 2,523 vasectomies were performed by trained doctors. At each site, more clients were available than could be accommodated.*	FHI 360 and Rwanda Ministry of Health, 2011.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Outreach through Male Motivators (Proven) and Peer Educators/Mentors (Emerging)			
Male Motivators Project - Malawi *The Malawi Male Motivators Project, implemented in 2008, targeted men through a male peer outreach worker, referred to as a male motivator. Male motivators were trained to: focus on husbands and to 1) provide information on modern family planning practices and locally available resources; 2) motivate men and their partners to use family planning; and 3) increase skills to use condoms and to communicate about family planning with their spouses. The intervention also addressed gender norms by having male motivators disclose their own experiences of using family planning. Male motivators encouraged discussions between spouses and others on family planning. Those who wanted condoms or pills were provided with these the following day at their home. For other methods, referrals were given to the hospital and the male motivator facilitated the appointment, with information about where to go.*	Not specified	**Evaluation: Conducted in 2008, using a randomized design, with 400 men divided between the intervention and control groups. One year after the intervention, 30 female partners were also interviewed.** ▪ *Contraceptive use increased significantly in the intervention group (78%) compared to the control group (59%), with men's discussions with their wives as a significant factor in FP uptake.* ▪ *Of the men who reported FP uptake, 56% reported using condoms.* ▪ *As a result of the male motivator program, all men noted the importance of increased information and knowledge in contributing to spousal communication and family planning use, with the majority of men and women reporting more frequent and easier communication between spouses, particularly in relationship to FP.* ▪ *The women also appreciated the male motivator program for reaching their husbands and addressing their opposition to FP, making it easier for them to discuss FP as couples.*	Shattuck, et al., 2011.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Male Community-Based Volunteers - Pakistan *Through the FALAH Project in Pakistan, a community-based approach was adopted in four of the project's six districts to provide birth-spacing services to men and women in remote communities not served by Lady Health Workers (LHWs) or any other public health providers. Community-based volunteers (CBVs), known as falahi workers and recruited from communities, engaged husbands and wives in under-served and marginalized communities about their birth spacing needs, addressed social barriers that restrict use of FP, and attempted to remove constraints in access to contraceptive services.* *The falahi workers, who received a nominal honorarium, were expected to reach a catchment area of about 1,000 people. They were trained by the project and given specially developed IEC materials. Mobilization activities included gender-specific individual and group sensitization, education, and counseling sessions that addressed: 1) Informing and educating married men and women on the advantages of healthy timing and spacing of pregnancy and contraceptive choices available; 2) Reducing fears about the side effects of contraceptives; 3) Encouraging spousal communication about birth spacing; 4) Allaying misconceptions about different methods; and 5) Facilitating men and women in accessing FP services. Women and men who expressed interest in services were linked to an LHW or referred to the nearest service site.*	Not specified	**Evaluation: Survey of around 2,000 randomly selected married women of reproductive age as well as interviews with 270 CBVs and 50 health-care providers.** ▪ *CPR of 50% among women in project districts was much higher than the national estimate of 29% at the time.* ▪ *While men were not included in the evaluation, 71% of current users said that the male falahi workers were instrumental in motivating them to practice FP.* ▪ *About half of the women reported that their husbands participated in intervention activities conducted by male falahi workers.* ▪ *The district health managers and care providers interviewed specifically emphasized "greater involvement of male CBVs" among measures to improve the impact of FP interventions.* ▪ *Under the project, from baseline to endline, among the male methods, condom use increased from 6.2% to 6.4% while withdrawal use increased from 6.1% to 8.6%. Use of male sterilization rose slightly from 0.1% to 0.2%.*	Ashfaq and Sadiq, 2015. Contech International, 2011.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Male Motivators - India *PRACHAR, implemented from 2001 to 2012 in India, promoted male involvement in FP, including promoting condom use for men and discouraging son preference. PRACHAR worked with communities to shift norms and behaviors around early marriage and childbearing. One objective was to delay marriage for boys until age 21. Discussions with youth were based on an SRH and gender curricula that included the benefits of delaying childbearing and marriage. Male change agents encouraged male involvement and couples joint decision-making while female change agents visited young married women. Male change agents reached men with one child via group meetings. Parents and mothers-in-law were reached through community meetings and the community at large received materials and were reached through wall paintings, puppet shows and street theater. Community leaders were trained, as were rural health services providers and unmarried adolescents, both male and female, and young married women and men were counseled separately.*	Not specified	**Evaluation: Cluster sampling used to interview 1,995 women at baseline and 2,080 at endline in 2005. Data from men were collected but not analyzed.** ▪ *By 2005, the PRACHAR Project had reached 650,000 people, including approximately 100,000 unmarried adolescents, newlyweds, young married women under age 25 and their husbands.* ▪ *No disaggregation of use by method.* ▪ *Current use of contraception among young married couples increased from 4% at baseline to 21% at endline, whereas in the comparison area, contraceptive use only increased from 3% to 5%.* ▪ *Results showed that couples in which both the respondent and their partner were exposed to PRACHAR had the highest odds of contraceptive use.*	Daniel et al., 2008. Daniel et al., 2013.
Male Outreach Worker Provision of SDM - various countries *Between 2001 and 2006, four studies tested male engagement strategies for SDM introduction.*		See country-specific outcomes below	Lundgren et al., 2012.
El Salvador *FP was included in a water and sanitation program through staff and male volunteers trained in 13 rural villages with existing water and sanitation projects to provide counseling and education to groups and in home visits, linked with service provision.*	FP generally and SDM	**Evaluation: Baseline (n=341) and Endline (n=364) household surveys in the study area.** ▪ *At endline, 29% of respondents said they had received a household visit from a provider; of those 25% were just with men, 33% just with women and 40% with the couple together.* ▪ *Men who participated in the intervention had significantly higher levels of knowledge about FP and male fertility.* ▪ *The intervention also improved couple communication on FP.*	Lundgren et al., 2012.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Guatemala *SDM was introduced in behavior change communication (BCC) activities designed with male input, to encourage men to support birth spacing, FP use, and participate in SDM with condom use or abstinence. Counselors organized male-only educational talks, and female health providers sometimes brought male family members to their health visits.*	FP generally and SDM	**Evaluation: User statistics; FGD and IDI with male and female users, project staff and volunteers.** ▪ *51% of SDM clients had received counselling as a couple.* ▪ *FGD and IDI suggested that the intervention successfully engaged men in FP, including positively affecting men's views on their role in FP.*	Lundgren, et al., 2012.
India (Uttar Pradesh) *In the intervention area, male and female volunteers both provided counseling and led monthly educational meetings. In the control area, female volunteers provided FP information. Both groups received counseling to women, men, and couples, and conducted home visits.*	FP, including SDM	**Evaluation: Operations research study with intervention and control sites.** ▪ *In the intervention area where male volunteers were active, 40% of men received counseling on SDM from a female volunteer and 40% from a male volunteer - compared to 88% in the control area who reported receiving SDM information from their wives. In FGD in the intervention are, men said they understood SDM better since it was explained by male volunteers.* ▪ *In the intervention block compared to the control block, incorrect SDM use was lower (.3% versus 2.6%) as were pregnancy rates (11.9% versus 18.8%).* ▪ *Male volunteers were instrumental in improving men's attitudes towards FP and in promoting couple communication.*	Lundgren et al., 2012a. León et al. 2014.
Philippines *As part of the ongoing RH activities of the Kaanib Foundation, an NGO that works with subsistence families and agrarian reform beneficiaries, this intervention assessed the feasibility of teaching the group's male members how to use SDM and an OR study of using male counselors compared to couples counselors.*	FP, including SDM	**Evaluation: Feasibility study and Operations Research study.** ▪ *Using men as SDM counselors was as effective as using couples for counseling.* ▪ *90% of SDM users able to explain correctly how to use the method.* ▪ *The intervention improved men's attitudes towards FP.* ▪ *The intervention increased couple communication.*	Lundgren et al., 2012.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Male Outreach Workers - Nigeria (selected LGAs in Zamfora, Kano and Katsina states) *As part of a Household to Hospital Continuum of Care (HHCC), approach implemented between 2006 and 2012 by the ACCESS/Maternal and Child Health Integrated Program (MCHIP) Project, male Birth Spacing Motivators, along with female household counselors, reached men with birth spacing messages and sensitized them to the need for maternity care for their partners. The male motivators reached men in groups or alone, both encouraging them to seek services and also lowering the barriers to care for their partners.*	Not specified	**Evaluation: Service statistics** ▪ *449 trained male birth spacing motivators counseled and referred 11,371 men, of whom 28.3% accepted a family planning (FP) method for themselves or their spouses [no data provided on male or female use of contraception].* ▪ *Additionally, LGA officials from Katsina credited the male motivators for improving men's understanding "of the importance of birth spacing and ANC visits with skilled providers."*	Maternal and Child Health Integrated Program (MCHIP). 2015. Spade and Randawa, 2012: 20.
The HIM Approach - Madagascar *To address findings from a 2012 survey that found that among young women ages 15-24, the most significant factor associated with FP use was social support from friends or male partners, and that men reported feeling left out of FP programming, PSI's Integrated Social Marketing Project in Madagascar adapted the Health Images of Manhood (HIM) approach ((Lalaharimanitra et al., 2016). This approach is intended to promote social and behavioral change and constructive male engagement. The HIM approach, which was developed by the Extending Service Delivery Project and used in Kenya, Tanzania and Burundi, helps men explore the effects of gender norms on both their own health and that of their partners (Freij et al. 2011). It promotes both men's use of health services and men's support for their partner's use of reproductive health care. In 2014, peer educators conducted 358 sessions in schools and neighborhoods with groups of young men and women in 10 urban areas across the country. The peer educators linked with services at Top Réseau clinics.*	Not specified	**Evaluation: An evaluation was underway as of January 2016.** ▪ *Service delivery data from before and after the intervention show that in 2013, 767 young men ages 15-24 sought FP services in Top Réseau clinics.* ▪ *In 2014, since the intervention, 2,453 young men attended Top Réseau clinics for FP services, an increase of 320%.*	Lalaharimanitra et al., 2016. Freij et al., 2011. ESD, 2010.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Clinic Café Timor - Timor Leste *In 2012, Clinic Café Timor, a rural health service in Timor Leste with the aim of improving men's reproductive health access, launched an intervention of community peer education through men's health groups, along with clinic-based health education and promotion activities. Young men were selected and trained to lead the men's health groups and covered topics such as alcohol, smoking, domestic violence, family planning and decision-making, maternal/child health and sexually transmitted infections. Nurses were also trained in engaging men in these areas.*	Condoms	**Evaluation: Service statistics.** *There was little to no evidence of increased condom use, likely due to lack of availability of condoms.*	Tekponon Kikuagou Project. 2013.
Male StationGuards - Ghana *To augment its community-based distribution program that used female distributors, the HealthKeepers Network's (HKN) in Ghana, with funding through USAID, is targeting male commercial lorry drivers and their assistants, referred to as StationGuards, to reach their peers with information on HIV and family planning in addition to selling health products, including condoms and oral contraceptives. By March 2015, 92 StationGuards from four districts had been trained and provided with condoms and other products to sell, including oral pills. While the intervention has not been evaluated, initial feedback through interviews and sales have been positive.*	Condoms	**Evaluation: None undertaken as of January 2016.** ▪ *By March 2015, 92 StationGuards from four districts had been trained and provided with condoms and other products to sell, including oral pills. While the intervention has not been evaluated, initial feedback through interviews and sales have been positive.* ▪ *On talking to his peers, one driver said: "At first they used to talk about football, politics, etc. during their free time…but now during their free time, we discuss about other things, a little of family planning benefits crops in." Another said that he faced teasing at the beginning but those men had become clients and purchase condoms secretly. Some drivers said they had had the opportunity to clarify some misconceptions people had about the oral contraceptive pill.*	Owusu, et al., 2016.
Peer Providers for Young Men - various countries *An IPPF program in Latin America trained peer providers to provide contraceptive methods and information to their peers under age 20. Health centers staff conducted training and stocked supplies.*		**See country-specific outcomes below.**	Tebbets and Redwine, 2013.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Ecuador *The youth peer providers were from CEMOPLAF (Family Planning and Health Care Centers).*	Condoms	**Evaluation: Service Statistics and a 2004 Survey** ▪ *The youth peer providers from CEMOPLAF provided 27,418 young people with contraceptive services from 2007 to 2011* ▪ *Of the contraceptive users. 64% were male* ▪ *Of 297 youth surveyed in 2004, (65% male) 47% used condoms*	Tebbets and Redwine, 2013.
Nicaragua *The youth peer providers were from the Luisa Amanda Espinoza Association of Nicaraguan Women (AMNLAE)'s network of community centers offering social support to women.*	Condoms	**Evaluation: Service Statistics and a 2004 Survey** ▪ *Of 299 surveyed, 62% were male, and 35% used condoms* ▪ *54% of the contraceptive users were male.*	Tebbets and Redwine, 2013.
Life-Planning Mentors for University Students - Kenya *To address the needs of sexually activity university students in Kenya, Jhpiego's Brighter Future project partnered with the public Jomo Kenyatta University of Agriculture and Technology (JKUAT) in Nairobi, Kenya to design and test a new approach to using peers to increase demand for contraception (Njiri et al. 2016). The intervention supported male and female life-planning mentors to engage students to design a life plan and to consider the role of contraception in helping to achieve it. The mentors were positioned as peers with their own life plans. The program also included referral to campus clinic providers. A WhatsApp group linked the mentors, students and clinic staff. The 50 peer mentors, trained in a workshop on basic facts about contraception, organized events, including through a club they registered on campus. The mentors received no incentives.*	Not specified	**Evaluation: 2015 Survey** ▪ *The program reached around 4,500 students, an estimated one-third of the university's student body.* ▪ *Among the 90 male and female students, 25% started using a contraceptive method, 12% said they intend to start using a contraceptive method, and 63% initiated a discussion about contraception with their partner. (Data not sex disaggregated)*	Njiri et al., 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Communications Programming			
Social Marketing (Proven, FP HIP)			
Condom Social Marketing - Pakistan *A campaign using private television and radio targeting young middle or upper middle class couples promoting condom use for men to protect the health of his wife and the well-being of his family.*	Condoms	**Evaluation: Nationally representative survey of 800 men ages 15-49 men in urban areas in 2008.** ▪ *Consistent condom use with wives baseline: 12.5 at baseline to 15.9 (likert scale 0-25) (p<.05)* ▪ *Awareness of condom ads = 2.26 odds of condom use (p<.001)* ▪ *Among those aware of the ad campaigns, 20% reported that they started using a condom for the first time.* ▪ *No change in condom procurement from baseline to follow up.*	Agha and Meekers, 2010. Agha and Beaudoin, 2012.
Condom Social Marketing - Cameroon *The social marketing campaign 100% Jeune used mass media campaigns and interpersonal communication methods, along with peer education sessions and radio call in shows, a monthly magazine, and a serial radio drama integrated into a pre-existing national contraceptive social marketing program.*	Condoms	**Evaluation: Surveys of unmarried youth 15-24, 1,956 in 2000, 3,237 in 2002 and 3,370 in 2003.** *Between 2002 and 2003 among males:* ▪ *% reporting knowledge of condom source within 10 minute walk increased from 80% to 90%.* ▪ *% reporting condoms effective for FP increased from 82.9% to 87.5% (p<.01).* ▪ *Condom use increased 58.7% to 70.2 % (p<.01).* ▪ *High exposure to 100% Jeune program was associated with ever use of condoms (p<.01).*	Plautz and Meekers, 2007.
Social Marketing of FP - Senegal *A communications campaign to increase knowledge of contraceptive methods and contraceptive use by both men and women. Different communications methods were used, including radio, TV, and internet, among others. The intervention Included over 30,000 media spots.*	Condoms and vasectomy	**Evaluation: Survey in 2014, N not given. Percentages were compared with 2013 DHS.** ▪ *75% of men knew about male condoms.* ▪ *11% of men knew about withdrawal.* ▪ *38% of men aged 35-55 affirmed they used a contraceptive method, compared to national average of 18% (method not specified).* ▪ *86% of men recognized the FP messages delivered in the last 2 years* ▪ *Men stated the advantages of FP (in qualitative interviews).* ▪ *Couples reported increased discussion of FP.*	Cabinet Sen Ingénierie Consult. 2014.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Get a Permanent Smile: Vasectomy Programming - Various *The ACQUIRE Project, funded by USAID and implemented by EngenderHeatlh, led a campaign to address myths and rumors about vasectomy and promote increased use of the method.*	Vasectomy	**In the three countries, vasectomy uptake increased as a result of the campaigns, but generally declined once the promotional campaigns ended.**	Perry, et al., 2016
Ghana *The campaign included television and radio advertisements, a hotline and community outreach.*	Vasectomy	**Evaluation: service statistics and panel of 200 men.** ▪ *During the project year, vasectomy increased by 350% over the previous year.* ▪ *At baseline, 31% were aware of vasectomy, compared to 59% after the media campaign.* ▪ *Among those aware of vasectomy, the number who said they would consider it doubled from 1 in 10 to 1 in 5.*	Rajani, 2005. Subramanian et al., 2010.
Bangladesh The campaign was implemented through television and posters	Vasectomy	No country-specific results available.	Perry et al., 2016
Honduras The campaign included commercials on radio, posters, brochures and billboards.	Vasectomy	No country-specific results available.	Perry et al., 2016

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Mass Media to Reach Men - Pakistan *The USAID-funded Family Advancement for Life and Health (FALAH) Project in Pakistan, implemented by the Population Council and partners between 2008 and 2012, included mass media as one of five interventions to reach men. Radio spots, television commercials and a 15-minute documentary on national and regional television channels included messages on the benefits of birth spacing and emphasized men's responsibility. The documentary included prominent religious scholars' endorsement of birth spacing as a practice compatible with Islamic teachings as well as the views of well-known health-care providers. This endorsement by the highest authorities on religious matters in the country addressed the suspicions and stigma conventionally associated with family planning. The ads also included endorsements from prominent medical professionals. The campaign reached both couples of reproductive age and community influencers, policymakers, and religious leaders.*	Condoms and vasectomy	**Evaluation: Baseline and endline surveys in 2008–09 and 2011–12.** ▪ *In all, fifty million people were exposed to FALAH messages, at least half of whom were men.* ▪ *In project districts, 30.7% of men reported having watched the messages on television and 7.5% hear them on the radio.* ▪ *Exposure to mass media messages led to an increase in the predicted probability of men communicating with their wives about FP particularly if they viewed the TV messages.* ▪ *Exposure to the TV campaign also increased the predicted probability of men and their wives using contraceptives, compared with those who heard messages through the radio campaign.* ▪ *Under the project, from baseline to endline, among the male methods, condom use increased from 6.2% to 6.4% while withdrawal use increased from 6.1% to 8.6%. Use of male sterilization rose slightly from 0.1% to 0.2%.*	Ashfaq and Sadiq, 2015. Mahmood, 2012.
Promoting Male-Centered Methods Through the Media - various *Healthbridge, an NGO in Canada, promoted male involvement in reproductive health with a strong focus on gender equity through use of male-centered contraception, specifically condoms and vasectomy.*		See countries below	MacDonald, et al., 2013.
India *Mass media to promote male responsibility for family planning on a local TV channel to nearly 35,000 houses.*	Condoms	**Evaluation: Service statistics** ▪ *At the end of four years, more men asked for condoms (numbers were not reported).*	MacDonald, et al., 2013.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Vietnam *Project implemented in 29 wards: IEC materials to promote positive male responsibility in FP; community information sessions focused on men's group counseling; radio broadcasts promoting couple communication and encouraging men to use condoms; training the farmer's union to promote male involvement in FP.*	Condoms	**Evaluation: Service statistics** ▪ *Condom use increased by 50% (numbers not given)*	MacDonald, et al., 2013.
Using Radio Serial Drama to Promote Family Planning - Burkina Faso *Two 156 episode radio serial dramas, "Hèrè S'ra" and "Yam Yankré," which aired in 2012 to 2014 throughout Burkina Faso, attracted more male than female listeners and resulted in a shift in the pre-intervention perception that family planning is a women's affair. The radio dramas, developed by Population Media Center with support from UNFPA, targeted women and men of reproductive age, with the theory that radio is a highly effective means of reaching large audiences and that the radio drama series format fosters behavior change as listeners bond with the characters and adopt the behavior the characters are modeling.*	Not specified	**Evaluation: Two rounds of nationally representative exit interviews with a cross-section of 1,440 new clients (women aged 15-49; men aged 15-59) at 180 health clinics in 20 provinces within 11 administrative regions, conducted during broadcasts; post-broadcast qualitative participatory evaluation using FGDs and drawings; nationally representative quantitative cross-sectional survey with 5,152 women and men aged 15-49, conducted post-broadcast.** ▪ *The radio serial dramas attracted more male than female listeners (numbers not specified)* ▪ *Shift in the pre-intervention perception that FP is a women's affair.* ▪ *Compared to non-listeners, listeners were:* – *1.5 times more likely to discuss FP with spouse/partner* – *3.5 times more likely to approve of FP* – *2.6 times more likely to know sources of FP information (data not sex disaggregated)* ▪ *Clinic statistics suggested an increase in new contraceptive users (data on sex not disaggregated)*	Jah et al., 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Green Star Media Campaign and m4RH - Tanzania *The Ministry of Health, in collaboration with the Johns Hopkins Center for Communication Programs, revitalized the Green Star Family Planning Campaign to promote family planning as a strategy for health and development. The campaign, which combined radio and television spots, family planning method brochures and other promotional materials and referrals to the Mobile for Reproductive Health (m4RH) text messaging platform. The campaign targeted women of reproductive age and their partners/ spouses with messages on healthy timing and spacing of pregnancy, male involvement, couple communication, benefits of family planning, and alleviating contraception-related health concerns.*	Not specified	**Evaluation: A nationally representative mid-line survey of 2,060 males and 1,940 females, conducted in 2014** ▪ *57.2% of the men and 50.3% of the women said they were exposed to the campaign.* ▪ *The most frequent source of information was radio for both men and women, followed by TV for men and health facilities for women, suggesting that men and women are reached in different ways.* ▪ *The campaign increased knowledge of FP among those exposed compared to those not exposed, in addition to increasing couple communication and contraceptive use (specific method use not reported).*	Orkis et al. 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Reaching Youth Through Communications for Social Change - Nicaragua *While not explicitly directed at men as contraceptive users, the Somos Differentes, Somos Iguales (We're Different, We're Equal) project (2002-2005) used a communication for social change strategy aiming to promote the empowerment of young men and women. The project focused on machismo (dominant masculinity). Somos Differentes, Somos Iguales used the weekly drama TV series Sexto Sentido (Sixth Sense), and the call in radio program Sexto Sentido Radio to promote the gender transformative messages and worked with more than 80 local service providers and 200 collaborating organizations to increase access to SRH services for young women and men. Interventions included a weekly national educational program (telenovela); a daily call-in radio show; community-based activities; visits by the case to schools; youth training camps and informational materials.*	Condoms	**Evaluation: Cohort of 4,800 young women and men randomly selected in 3 cities and interviewed 3 times; FGD with 200 young women and men; and IDI.** ▪ *Low rates of condom use at baseline for young women and men.* ▪ *The final survey found participants with greater exposure to the intervention had a 44% greater probability of having used a condom during last sex with a casual partner and men with greater exposure had a 56% greater probability of condom use with casual partners during the past six months.*	Solarzano, et al., 2008.
Social Media (Facebook) and Vasectomy - Guatemala *The Women's International Network for Guatemalan Solutions (WINGS) used social media to add to the low-income, rural and indigenous reach of its community-based promoters of voluntary tubal ligations and vasectomies. WINGS used organizational and individual Facebook pages to generate new "friends" and promote information on vasectomy. WINGS asks all family planning users age 20 and older to provide a minimal donation for services (approximately $6.50 for vasectomy) but provides free services if a user cannot afford the minimal donation in order to remove economic barriers to family planning.*	Vasectomy	**Evaluation: Service statistics** ▪ *1st month of campaign (September 2015): 10 of the 18 men arriving for vasectomies had learned about the services from Facebook.* ▪ *2nd campaign push: 46 of the 47 men who underwent vasectomies found the service from the Facebook campaign.* ▪ *Many of the men commented that they had been interested in undergoing vasectomy for some time but were unable to find affordable services nearby. While the Ministry of Health provides free contraceptive services, the consistent stock outs and administrative barriers lead individuals to find alternative sources*	Kothari, 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
mHealth (New Technology Enhancement, FP HIP)			
Text Messaging Intervention for College Students - Nigeria *To build on the popularity of mobile phones in Africa, Campus Health Rights Initiative, funded through the C-Exchange of Women Deliver, developed a One-to-many SMS to promote sexual and reproductive health information and services through 30 scheduled SMS text messaging over a period of six months to Obafemi Awolowo University in Nigeria. Questions asked via SMS were answered. Throughout the project, a total number of thirty (30) messages (a message per week) were sent to registered clients. A total number of approximately 19,341 text messages were sent to all clients.*	Not specified	**Evaluation: Use statistics at 6 months** ▪ *The project database had 1,006 users: 602 females and 404 males.* ▪ *FGD found positive feedback from the users, although the findings were not disaggregated by sex.*	Ajidagba et al., 2016.
Text Message Intervention of the mCenas! Project - Mozambique *An interactive mHealth text message intervention for youth on their knowledge, attitudes, and self-efficacy related to contraception that was part of the mCenas! Project, found that knowledge of contraceptives increased. The Evidence to Action Project (E2A) and Pathfinder International Mozambique, with assistance from Dimagi, Inc., implemented the text message intervention in Matola district and Inhambane City for 10 months in 2013 and 2014.*	Not specified	**Evaluation: Pretest-posttest design to assess the effects of using SMS messages to deliver role-model stories, provide information, and address barriers to access and use for youth. Convenience sample of male and female youth ages 18-24 years enrolled during two events for youth.** ▪ *% of youth having medium-high knowledge of three or more contraceptive methods increased from 34% to 53% among males with children and 31% to 58% among males without children.* ▪ *No data on use of male methods reported.*	Feyisetan, et al., 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
SMS for Fertility Awareness and SDM (CycleTel Family Advice) - India *The Institute for Reproductive Health (IRH) has developed a two part SMS service in India to offer couples a way to both learn about fertility, as well as use the Standard Days Method® [SDM]) (Ettinger et al., 2016). Launched in early 2015 and covering 18 months, CycleTel Family Advice (CFA) is provided to 350,000 users for free in 12 languages. Cycletel Humsafer (CH) is a paid downloadable SMS service available to over 12 million users to download to use for SDM.*	SDM	**Evaluation: User statistics** ▪ *Preliminary findings of the service suggest that CFA users are on average age 33, all are married and 72% are male.*	Ettinger, et al., 2016
Role Model Stories as part of m4RH - Ghana, Tanzania and Rwanda *Use of a story highlighting male involvement in FP through the point of view of a man asked to use family planning by his girlfriend as part the m4RH text messaging (SMS) information service.*	Not specified	**Evaluation: User statistics** ▪ *In Tanzania in 2014, 29,047 people accessed the male involvement story.*	Plourde, et al., 2016.
Hotlines (Emerging)			
Mass Media Campaign for Prevention of Teen Pregnancy and National Hotline - Uganda *National Toll Free Hotline for information, counselling and referral as part of a teen pregnancy prevention media campaign through radio, TV and print targeting community leaders, parents, teenage boys and girls. The media campaign was implemented by Communication for Development Foundation Uganda (CDFU) with support from UNFPA and ran on 22 radio stations, two national television stations and in two local newspapers.*	Not specified	**Evaluation: Hotline calls tracked between October 2014-February 2015** ▪ *The Hotline received a total of 877 calls mostly from youth ages 15-19 years, with 559 male callers and 318 female callers.*	Joanita, et al., 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Hotline and E Voucher - Uganda *A Reproductive Health Hotline operated by Marie Stopes Uganda for provision of information, counseling and referral for FP, in addition to an E Voucher program to promote use of services.*	Not specified	**Evaluation: Hotline and E Voucher statistics for November 2014** ▪ *Of the 4,998 calls during a one month period, 46% were calls from youth below age 24.* ▪ *Among the youth who called, 47% were young men and 53% were young women.* ▪ *2/3 of the youth (data were not sex-disaggregated) were calling for information on FP methods, side effects and where to access contraception.* ▪ *Data on use of the E Voucher were not disaggregated by age or sex, although follow up with users of E Vouchers reinforced the utility of the Hotline for providing information on contraception to youth.*	Nassozi and Mugoya, 2016.
Ligne Verte Hotline - DRC *Ligne Verte was established as an FP hotline by L'Association de Sante Familiale, a PSI affiliate in 2005.*	Not specified	**Evaluation: Surveys of those who accessed the hotline** ▪ *The call center receives an average of 20,000 phone calls per year with requests on family planning and where to access services. Of those who call, 80% are men.*	Kasongo and Makuta, 2016

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Community Engagement			
Promoting Community Dialogue (Strongly Promising)			
Family Planning Results Initiative - Kenya *CARE's Family Planning Results Initiative, originally funded by USAID and with the Reproductive Health Trust Fund, was implemented from 2009 to 2012 in western Kenya to increase the acceptability and demand for family planning among men and women, while addressing gender roles and inequitable power relations. The intervention was based on CARE's Social Analysis and Action approach, with ongoing dialogue on social and gender norms in community meetings, with community groups, with women's groups and with village savings and loan groups. The intervention also included community drama programs on gender, sexuality and family planning and increased the availability of contraceptives at the community level. The project supported religious leaders to provide clear messages normalizing family planning. The participation of prominent male leaders helped legitimize men's participation in family planning. CARE identified several role model couples who openly shared their family planning stories in community dialogues. Women reported that the Chief's community dialogues involved men in conversations around FP.*	Condom and vasectomy	**Evaluation: County-representative, cross-sectional household surveys at baseline in 2009 (n=650 women; 305 men) and 2012 endline (n= 617 women; 317 men). In-depth interviews with 10 couples.** ▪ *FP use increased significantly among both men and women (p<05) between 2009 to 2012.* ▪ *Among men, 18.5% and 27.2% reported use of condoms at baseline and endline, respectively.* ▪ *Among men, use of FP was positively associated with direct exposure to the intervention, although not statistically significant.* ▪ *Among men, current use of modern contraception was significantly associated with increased inter-spousal communication and women's equitable participation in household decision-making (as measured by quantitative gender scales using CARE-WE-MEASR, CARE, 2013b).* ▪ *Intra-spousal communication was significantly associated with exposure to the intervention.*	CARE, 2013a. Wegs et al. 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Transforming Gender Roles - Uganda *The Gender Roles, Equality, and Transformation (GREAT) project implemented in Uganda includes a series of community-based social and behavior change communication interventions aimed at creating an enabling environment for reproductive and sexual health and FP use and to bring about behavior change among various cohorts within the target populations. The GREAT intervention consists of 1) 50-episode serial radio drama to promote dialogue; 2) Scalable toolkit (with puberty flipbooks for VYA boys and girls, and a life-size Board Game, Radio discussion guide and Activity Cards); 3) Community Action Cycle (CAC) by community leaders to promote and sustain change; and 4) Engaging Village Health Teams to improve access to and quality of youth-friendly SRH services.*	Condoms	**Evaluation: Baseline in 2012 and Endline in 2014 in intervention and control areas. Respondents were: 1) Very young adolescent boys and girls ages 10-14 attending school; 2) Older adolescents boys and girls ages 15-19) unmarried, without children; 3) Newly married/parenting boys and girls ages 15-19 married/cohabitating with or without children; and 4) Adult men and women over age 19.** ▪ *Overall, respondents who participated in the intervention expressed improved SRH attitudes and behaviors.* ▪ *Significant ($p<0.05$) improvements observed among newly married and parenting adolescents included: increased communication with partner about FP use; increased FP seeking behavior; increased FP use; and increased intention to use FP in the future.* ▪ *Among older adolescents, there was a significant ($p<0.05$) decrease in taking offense at wife requesting condom use and perception that childbearing is a sign of real womanhood and an increase in intention to use FP in the future.* ▪ *Among older cohorts, other than current FP use among newly married or parenting females, males often expressed more improvement than their female counterparts, with the exception of FP use among newly married or parenting females.* ▪ *Very young adolescent boys and girls had limited detailed knowledge of the menstrual cycle and associated risk of pregnancy, but they mostly viewed the physical and social changes associated with puberty positively*	IRH. 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Community Mobilization - Uganda *Developed to reduce gender-based violence, SASA! is a community mobilization intervention started in Uganda provided through trained community activists that promotes a critical analysis and discussion of power inequality and skills for how people can use their power positively to effect change in their communities. SASA! is based on the presumption that all community members may have felt disempowered at some point in their lives, leading to reflections of their power and how it was used in their daily interactions. An analysis of who holds power and how it may be misused ultimately led to discussions of gender inequality as well as discussions of aspirational messages about relationships beyond communicating knowledge about condom use. Supported by SASA! staff, community activists led community conversations and meetings, and door-to-door discussions. SASA! promotes public dialogues on power and the acceptability of expanded gender roles. Communities are supported to increase partner communication. Currently, SASA! is being replicated in 15 countries.*	Condoms	**Evaluation: Pair-matched cluster RCT, 2007-2012, 4 intervention and 4 control communities in Kampala. Baseline of 374 women and 419 men in intervention and 343 and 447 men in control communities. Follow up of 600 women and 768 men in intervention and 530 women and 634 men in control communities.** ▪ *Men in intervention communities were significantly more likely than controls to report higher levels of condom use (aRR 2.03, 95% CI 1.22–3.39), HIV testing (aRR 1.50, 95% CI 1.13–2.00) and fewer concurrent partners (aRR 0.60, 95% CI 0.37–0.97).* ▪ *They were also more likely to report increased joint decision-making (aRR 1.92, 95% CI 1.27–2.91), greater male participation in household tasks (aRR 1.48, 95% CI 1.09–2.01), more open communication and greater appreciation of their partner's work inside (aRR 1.31, 95% CI 1.04–1.66) and outside (aRR 1.49, 95% CI 1.08–2.06) the home.*	http://raisingvoices.org/sasa Abramsky et al., 2014. Kyegombe et al., 2014.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Participatory Engagement with Young People -South Africa (Western Cape) *An intervention with young people used the Stepping Stones program, a gender transformative approach designed to improve sexual health through building stronger and more gender-equitable relationships among partners, including better communication. Stepping Stones uses participatory learning approaches to increase knowledge of sexual health, and build awareness of risks and the consequences of risk taking. The intervention included a 50-hour program, with a comparison group receiving a 3-hour intervention on HIV and safer sex.* *Stepping Stones, originally designed for use in Uganda in the mid-1990s, is among the most widely used prevention interventions around the world, having been used in over 100 countries.*	Condoms	**Evaluation: Cluster Randomized Trial with 70 study clusters of 64 villages and six townships, with about 20 men and 20 women in each cluster. Baseline survey and blood samples, and follow up after about one and two years. The baseline interviews and intervention were staggered over a 12 month period between March 2003 and March 2004, as were the rounds of follow-up.** ▪ *Men in Stepping Stones arm reported fewer partners since the last interview at both 12 months and 24 months of follow up (p=0.027 and 0.043). They were more likely to report correct condom use at last sex at 12 months (p=0.044).*	Jewkes et al, 2007. Jewkes et al., 2008. http://www.stepping-stonesfeedback.org/
Group Education with Men - Nigeria *An intervention with men that held group workshops to decrease risk for HIV/STI unintended pregnancy, covering the topics of pregnancy prevention options, risk reduction strategies such as abstinence and condom use, sexual negotiation, gender-based violence and setting personal risk reduction goals to reduce unintended pregnancies.*	Not specified	**Evaluation: Quasi-experimental, proof-of-concept study evaluated the effects of an intervention designed to help Nigerian men decrease risk for HIV/ sexually transmitted infections and unintended pregnancy. 149 men were assigned to the intervention and 132 to the comparison.** ▪ *The intervention resulted in:* – *Men who were almost four times as likely to report condom use at last intercourse at follow up (p<0.001).* – *Greater efficacy for negotiation (p<0.05).* – *A more egalitarian power dynamic in their primary relationship (p<0.05).* – *Greater intention to use condoms consistently in the future than those in the non-intervention group at the three-month follow up (p<0.05).* – *Men who had more than twice the odds of intending to use condoms in the coming six months (p<0.05).*	Exner et al., 2009.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Group Meetings for Men - Pakistan (20 districts across 4 provinces) *The FALAH Project (2008-2012) included group meetings for men in rural areas. Male community mobilization officers, social mobilizers of the provincial population welfare departments and village health committee members organized men's group meetings every three months for around 20–25 local male participants, who were mostly the husbands of women who had already attended similar women's group meetings organized by the project. FP methods, including myths and misconceptions, were discussed. Men who were ready to adopt FP after the meetings were referred for services.*	Not specified	**Evaluation: Baseline and endline surveys in 2008–09 and 2011–12.** ▪ *Men who participated in the meetings were more likely to be cooperative and sympathetic if their wives brought up the subject of FP.* ▪ *These outcomes, which were statistically significant, cut across age and across the poorest and richest households.* ▪ *The predicted probability of using family planning was much higher among couples in which the man attended a group meeting at 59 percent, compared to men who did not participate (42%).* ▪ *Under the project, from baseline to endline, among the male methods, condom use increased from 6.2% to 6.4% while withdrawal use increased from 6.1% to 8.6%. Use of male sterilization rose slightly from 0.1% to 0.2%. Qualitative findings indicated that the men and their partners appreciated men being included in FP information sharing.*	Ashfaq and Sadiq, 2015.
Participatory Learning for Young Men - Brazil *The Program H ("Homens/hombres" or men in Portuguese and Spanish) curriculum, developed by an alliance of NGOs based in Latin America, challenges entrenched norms of machismo and related sexual and reproductive health attitudes and behavior. Program H has included a range of interventions, including interactive education for young men led by adult male facilitators and a community-wide social marketing campaign to promote condom use as a lifestyle choice using gender-equitable messages that reinforced the ideas promoted in the education sessions.*	Condoms	**Evaluation: Pre- and post-intervention surveys in intervention and control areas.** ▪ *A significantly smaller proportion of respondents supported inequitable gender norms over time ($p < .05$), while a similar change was not found at the control site.* ▪ *These positive changes were maintained at the one-year follow-up in both intervention sites.* ▪ *Improvements in gender norm scale scores were associated with a statistically significant improvement of condom use at last sex with a primary partner at six months.* ▪ *In addition, those who participated in Program H in one location were 2.4 times more likely to start using a condom with a primary partner at last sex, although there was no significant increase in condom use with casual partners.* ▪ *Among a baseline of 258 boys and follow up of 217 boys, there was a significant increase in condom use among young men from 58% at baseline to 87% at endline, as well as a significant change in attitudes to be more gender equitable.*	Pulerwitz et al., 2006. Ricardo et al., 2010.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Participatory Learning for Young Men - India *Yaari Dosti replicated aspects of Program H with nearly 1,150 young men in Mumbai and rural Uttar Pradesh exposed to either peer- led group education activities alone, or combined with a community-based behavior change communication or a delayed intervention which promoted gender equity.*	Condoms	**Evaluation: Pre- and post-intervention surveys in intervention and control areas The sample of around 1,150 young men included married and unmarried young men ages 16-29 in the urban areas and ages 15-24 in the rural settings.** ▪ *Men in the intervention sites in Mumbai were 1.9 times more likely and in rural Uttar Pradesh 2.8 times more likely to have used condoms with all types of partners than were young men in the comparison sites in each place*	Verma et al., 2008.
Participatory Learning Groups for Men - India (Jharkhand) *A male engagement project in Jharkhand State, India implemented since 2014 by the local NGO NEEDS, with support from Simavi in the Netherlands, trained male facilitators to provide participatory learning sessions to village-based groups of 16 married men and unmarried boys of 15-35 years. Topics included gender and gender differences; couple communication; anatomy and reproductive health, HIV/AIDS, sexuality and sexual pleasure.*	Vasectomy	**Evaluation: Qualitative evaluation after 1 year** ▪ *Increased support from men for their partners and couple communication leading to increased joint decision making* ▪ *More than 300 men in the intervention area opted for male sterilization.*	Loan-Liem and Choudhury, 2016.
Village Savings and Loan Associations (VSLAs) for Men - Uganda *Child Health in Uganda piloted the Village Saving Loaning Associations (VSLAs), a self-managed microfinance program, with a focus on men and inclusion of family planning. VSLAs are operated in cycles of 9 to 12 months and are composed of 25 to 30 members. Undertaken in 2014, five male VSLAs were formed enrolling 150 married men ages 18 to 49 years. Health Child incorporated 30 minutes of male engagement in family planning activities, including dialogues, board games, and SMS messages for discussion by men, into the activities of the five VSLAs.*	Not specified	**Evaluation: Pre- and post-intervention surveys.** ▪ *On entry into the VSLA, no man was using FP and 38% of their spouses were using contraception. By the end of the VSLA cycle (12 months), 15% of men were using FP (with use by their partners even higher) and 88% of the men said they participated in decisionmaking with their partners during the program.*	Nakasagga and Nalule, 2016.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Engaging Religious Leaders (Emerging)			
Engaging with Religious Leaders - Kenya *In Kenya, the five-year Tupange Project, funded by the Bill and Melinda Gates Foundation starting in 2011, has included working with religious leaders to advocate and provide correct and accurate information on FP within the community among other strategies (Sirera et al., 2016). As part of that strategy, Tupange identified two groups of 60 religious leaders (50 Christian and 10 Muslim) from the Makadara and Embakasi areas in Nairobi. Tupange organized orientation sessions for the religious leaders and provided them with updated information and material on family planning. The religious leaders reached out to the community and were linked to the community health focal persons in their geographic areas. Twenty-two outreach events were held at various churches with the pastors announcing the provision of outreach services during their Sunday services. Imams announced outreach events to be held in nearby areas during the Friday prayers.*	Not specified	**Evaluation conducted through the Tupange/ MLE longitudinal survey that included 2,676 women interviewed at baseline and endline (2011 and 2016).** ▪ *There was a 25% decline in myths and misconceptions about FP over the course of the Tupange Project and religious leaders contributed to this change.* ▪ *Religious leaders were able to refer 22 men from the Embakasi and Makadara areas for vasectomy.*	Sirera, et al., 2016.
Engaging Religious Leaders - Pakistan (20 districts across 4 provinces) *The FALAH Project (2008-2012), included a component on engaging religious scholars (ulema) and other religious leaders to correct the perception that religion is opposed to FP. 1,500 religious scholars and leaders from different sects identified by District Population Welfare Officers were trained to enable the scholars to become birth-spacing advocates.*	Not specified	**Evaluation: Baseline and endline surveys in 2008–09 and 2011–12 and qualitative research in four districts of Punjab on the effects of the intervention with religious leaders.** ▪ *Participation of religious leaders through Friday Sermons produced positive results among men.* ▪ *There was a strong improvement in the proportion of men saying they would be willing to cooperate if their wives broached the topic of FP. The predicted probability of a positive response was 23 percentage points higher among men who attended talks by sensitized religious leaders.*	Ashfaq and Sadiq, 2015.

PROGRAM & COUNTRY	MALE FP METHOD	EVALUATION & OUTCOMES	REFERENCE
Comprehensive Sexuality Education (CSE) (Emerging)			
CSE in Primary Schools - Tanzania (rural Mwanza) *Implemented as one of four components in the MEMA kwa Vijana (MkV) cluster randomized control trial, this component comprised a teacher-led, peer-assisted primary school curriculum that ranged over 3 years and included approximately 12 forty-minute sessions per school year. Recall of the intervention was assessed seven to nine years following the intervention.*	Condoms	**Evaluation: In depth interviews 7-9 years after the intervention was implemented (1999-2002)** ▪ *All men interviewed had used condoms.* ▪ *Some men reported that they only saw the relevance of what they learned as adolescents concerning pregnancy prevention after they completed school and married.* ▪ *When asked that they learned from the reproductive health intervention, one man responded: "…. We used to be taught about practicing safe sex, using protector [condoms]]…when we were young…you see…it is now helpful"*	Wamoyi et al., 2012. Obasi et al., 2006.
CSE in Secondary Schools - Uganda *Called The World Starts with Me," topics included issues such as "Pregnancy: for girls and for boys.*	Not specified	**Evaluation: A pre-post test with 853 students in the intervention and 1,011 students in the comparison group. Of the students, 55.2% were girls and 44.8% were boys.** ▪ *The program resulted in statistically significant understanding of what causes pregnancy and intention to use a condom.* ▪ *Significant positive effects were for those schools that implemented at least 7 out of 14 lessons.* *Data were not sex disaggregated*	Rijsdik et al., 2011.
CSE in Vocational High School - Bosnia, Herzegovina and Croatia *Young Men's Initiative (YMI), implemented among boys ages 14 to 18 in vocational high schools in the Balkans (Bosnia and Herzegovina, Croatia and Serbia), which had eight to 10 hour long sessions with a focus on gender attitudes and sex, health and wellbeing*	Not specified	**Evaluation: 37 IDIs and 11 FGDs with male YMI students ages 14 to 16), youth facilitators and teachers from four YMI schools in Belgrade (Serbia), Prishtina (Kosovo), Sarajevo (Bosnia and Herzegovina) and Zagreb (Croatia).** ▪ *Increasing gender-equitable attitudes and SRH knowledge.* ▪ *A poster for YMI included the point "use a condom without shame", although data on contraceptive use were not collected.*	Namy et al., 2014.
Program to Reduce Risky Sex Among Adolescent Boys - Thailand *A non-school-based program carried out among 74 adolescent boys ages 10 to 13 years and their parents. Five one-hour interactive group sessions were carried out weekly, with up to 20 boys in each group. Discussions included birth control methods and practicing role-playing. Parents participated in two 3-hour interactive group sessions to practice communication with sons about sex.*	Not specified	**Evaluation: Quantitative and qualitative study of 112 boys and 10 parents.** ▪ *Following the program, mean scores for talking about sex, self-efficacy and skills in condom use increased significantly ($p<0.05$).* ▪ *Boys participating in the program improved their condom use skills and comfort talking about sex at 2 months follow up ($t=3.28$, $p<0.001$; $t=3.`0$, $p=0.003$, respectively).*	Tipwareerom et al., 2011.

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