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Involving men

Population Council

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NEWS FROM THE POPULATION COUNCIL

Momentum

NOVEMBER 2011



INVOLVING MEN

Participants in a Bangladeshi program to strengthen sexual health services for men.

IN THIS ISSUE:

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WORKING TO BAN FEMALE GENITAL MUTILATION/CUTTING

PROFILES: SAM KALIBALA, KENYA COUNTRY DIRECTOR, AND
JEFFREY PASSEL, FORMER COUNCIL FELLOW

CONSIDER THESE NUMBERS:

MORE THAN 2/3

OF MEN AGED 15–19 SURVEYED IN BENIN, ETHIOPIA, GABON, MALAWI, UGANDA, AND ZIMBABWE WHO HAVE NEVER BEEN TESTED FOR HIV SAY THEY WOULD LIKE TO BE.

LESS THAN 50% OF SEXUALLY ACTIVE MEN AGED 15–24 SURVEYED IN BENIN, MALI, NIGER, AND UGANDA WHO HAD A SEXUALLY TRANSMITTED INFECTION IN THE PAST 12 MONTHS INFORMED THEIR PARTNERS.

LESS THAN 50% OF SEXUALLY ACTIVE MEN AGED 15–24 IN MOST SUB-SAHARAN AFRICAN COUNTRIES USE A CONTRACEPTIVE METHOD OR RELY ON THEIR PARTNER'S METHOD.

AVERAGE NUMBER OF CHILDREN DESIRED BY MEN IN:

DEVELOPED COUNTRIES **1–2**

LATIN AMERICA **2–3**

SUB-SAHARAN AFRICA **5–8**

LESS THAN 50%

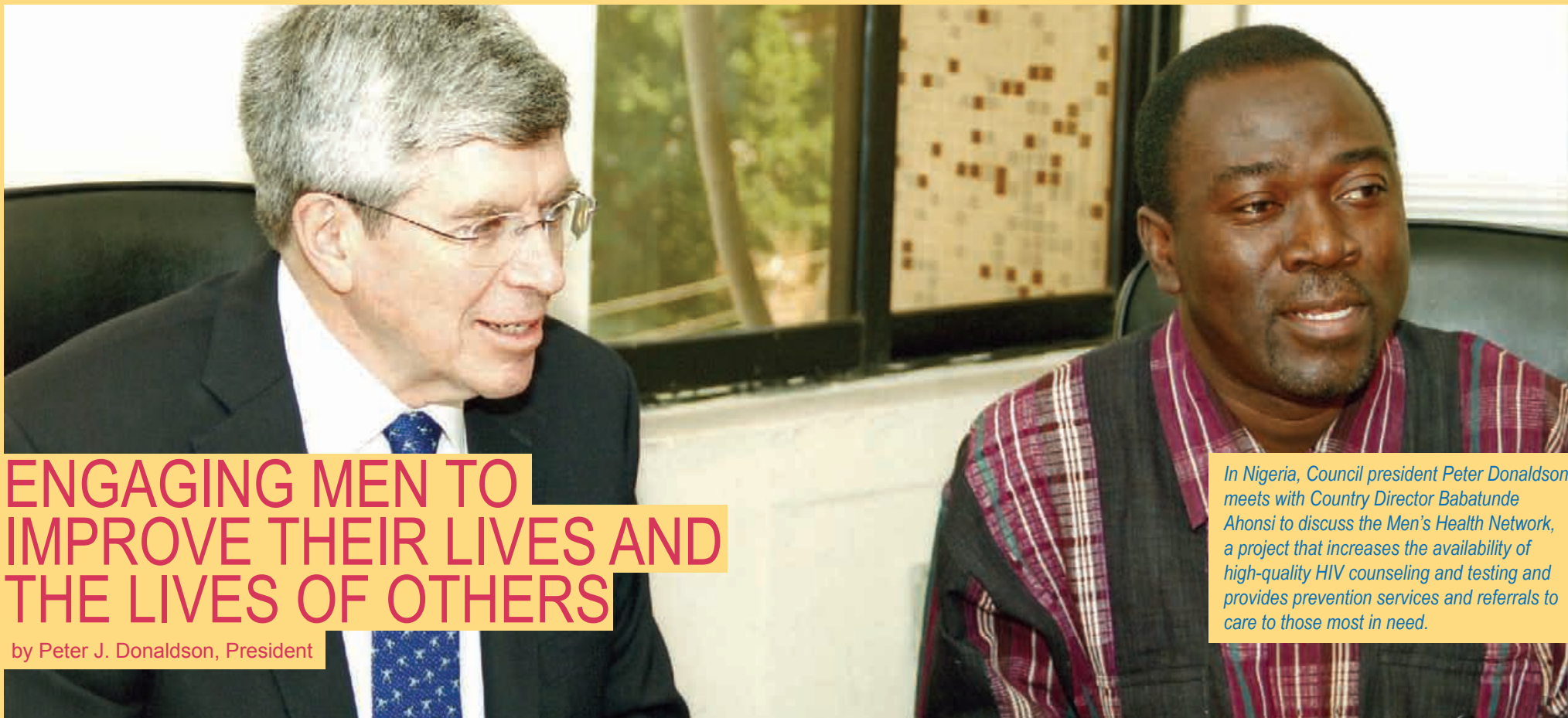
OF MEN SURVEYED IN RURAL AREAS OF CHAD, GUINEA, MALI, MOZAMBIQUE, AND NIGER KNEW OF A SOURCE FOR OBTAINING CONDOMS.

9% OF MEN AGED 15–54 IN BANGLADESH KNOW THAT CONDOM USE CAN PREVENT HIV/AIDS.

82% OF MEN AGED 15–54 IN BRAZIL KNOW THAT CONDOM USE CAN PREVENT HIV/AIDS.

MORE THAN 60% OF MEN SURVEYED IN BRAZIL, GERMANY, MEXICO, AND SPAIN EXPRESSED WILLINGNESS TO USE A NEW MALE CONTRACEPTIVE.





ENGAGING MEN TO IMPROVE THEIR LIVES AND THE LIVES OF OTHERS

by Peter J. Donaldson, President

In Nigeria, Council president Peter Donaldson meets with Country Director Babatunde Ahonsi to discuss the Men's Health Network, a project that increases the availability of high-quality HIV counseling and testing and provides prevention services and referrals to care to those most in need.

The Population Council's innovative work with men is aimed at improving their lives and the lives of others. One example is our work with African men who have sex with men. In 2000, few organizations devoted resources to developing services to address the needs of such men. Many African leaders, in fact, denied that they existed. "The [Population Council's] Horizons Program was the first international NGO to recognize that the HIV-related vulnerabilities of men who have sex with men in Africa deserved serious attention," notes Cary Alan Johnson, senior specialist for Africa at the International Gay and Lesbian Human Rights Commission.

Our studies showed that African men who have sex with men face four times greater risk of HIV infection than the general population, as well as violence, stigma, and discrimination; and that they lack key services. Our research results motivated previously hesitant public health agencies in Kenya, Senegal, and other countries to develop policies and programs to meet the needs of this vulnerable population.

But men who have sex with men are not the only men who benefit from our research and policy change. This issue of *Momentum* describes some of our other pioneering work involving men. The Council is among

the very few organizations devoting significant resources to developing new contraceptives for men (page 8). We are collaborating to improve the efficiency, effectiveness, and quality of male circumcision services, which are being expanded to reduce HIV transmission in Zambia (page 10). We recently published a ground-breaking curriculum that focuses on the role of gender and rights in sexual health and HIV (page 6). In Ethiopia, we are working with husbands to change rigid gender roles that endanger sexual and reproductive health and well-being (page 4). And in Kenya and Senegal, we are finding the best ways to engage fathers and religious

scholars to ban female genital mutilation/cutting (page 12).

Also in this issue, a former Council Fellow, Jeffrey Passel, describes why the Council's work motivates him to continue to support us. You will also meet Sam Kalibala, Kenya country director, who describes the importance of the Council's research in the fight to halt the spread of HIV in Africa.

Your contribution allows us to develop appropriate and achievable solutions to challenges that would otherwise remain neglected. Thank you for your support.

HELPING HUSBANDS SAFEGUARD HEALTH IN ETHIOPIA

“ Before, I used to spend a lot of time drinking alcohol, but now I decided to limit the amount I drink... I used to visit sex workers before. Now I do not do that. This education has helped me. ”

—Married farmer, age 27, 1 child



Of the participants involved in the program, nearly 64 percent had never been to school and about one quarter have only one to four years of education.

THE PROBLEM In Ethiopia and elsewhere, men are frequently excluded from reproductive health, family planning, and sexuality programs sponsored by governmental and nongovernmental organizations. Surveys among men in Ethiopia suggest that they have low levels of knowledge about reproductive health and that a large number condone violence against women. Recognizing the importance of including men in discussions about family health issues and responding to the stated needs of village men, the Population Council and local partners developed a program for married men in the Amhara region, where HIV prevalence is particularly high.

THE PROGRESS The *Addis Birhan* (New Light) program promotes HIV prevention by changing men's attitudes through educating husbands about reproductive health, family planning, gender violence, alcohol and drug abuse, and domestic responsibilities. The program began in the Amhara and Tigray regions of Ethiopia, where the vast majority of marriages are arranged and girls are frequently married during childhood. Trained male mentors organize weekly meetings with groups of married men for a period of three to four months. The sessions are held in community settings

and promote dialogue, self-exploration, and expression of one's opinions in a nonjudgmental environment. Because the program targets men with very low levels of education, the curriculum includes pictures as teaching aids.

THE IMPACT A midterm evaluation compared men who had participated in the program with those who had not. Husbands participating in the program were less likely to condone domestic violence. Participants were more likely to have assisted with domestic work (78 percent of participants; 59 percent of nonparticipants) and to have fetched

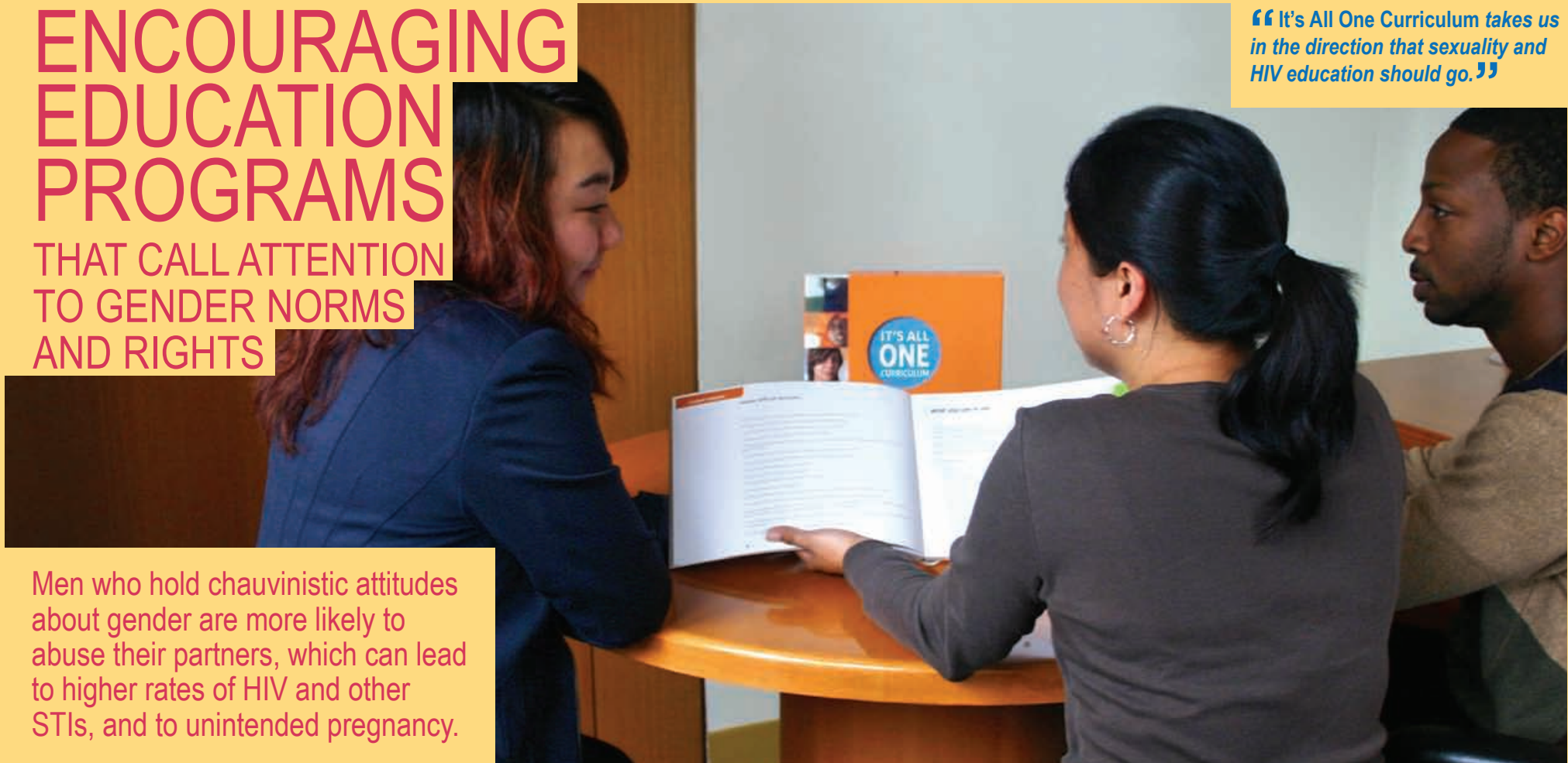
water in the past three months (75 percent vs. 48 percent). A higher percentage of participants had discussed topics or engaged in joint decisionmaking with their spouses. As a result of the Council's collaboration with the Ministry of Women, Children and Youth, *Addis Birhan* has reached 90,000 men within two years. The program is currently being adapted for unmarried boys.

DONORS AND PARTNERS Amhara and Tigray Regional Bureaus of Women, Children and Youth Affairs; US Agency for International Development; US President's Emergency Plan for AIDS Relief

ENCOURAGING EDUCATION PROGRAMS

THAT CALL ATTENTION TO GENDER NORMS AND RIGHTS

“It’s All One Curriculum takes us in the direction that sexuality and HIV education should go.”



Men who hold chauvinistic attitudes about gender are more likely to abuse their partners, which can lead to higher rates of HIV and other STIs, and to unintended pregnancy.

THE PROBLEM Numerous studies have found that young adults who believe that men should be “tough” and should hold more power than women are less likely to use condoms and more likely to have multiple sex partners. Gender inequality and norms profoundly affect the nature and safety of young people’s intimate relationships and health. Despite increasing recognition of such findings, many sex and HIV education programs have been slow to update their curricula.

THE PROGRESS In response, the Population Council convened an

international working group to develop a user-friendly curriculum-development package based on lessons from successful rights-based, gender-focused programs. The result is *It’s All One Curriculum*, a two-book set available online or in print. *It’s All One* enables curriculum developers, teachers, and community educators to develop locally appropriate sex and HIV education programs that pay special attention to gender and rights, and that foster young people’s critical thinking and advocacy skills. It includes eight content units, over 20 fact sheets, and 54 sample activities

that use participatory, learner-centered methods.

THE IMPACT Educators worldwide are using *It’s All One* to strengthen curricula. Requests for printed copies have come from 150 countries and from across the US. Laudatory reviews arrive steadily from program managers and researchers. One scholarly review praises its aim to “create a generation of thoughtful, empathetic people who respect their own and others’ rights and will be informed and motivated to campaign for change and to take on the challenges presented

by the global HIV pandemic.” A revised edition of *It’s All One* is available in English, French, and Spanish; adaptations are also underway in Bangladesh, China, and Egypt. For more information or to download/request copies, visit www.itsallone.org.

DONORS AND PARTNERS The Ford Foundation, The William and Flora Hewlett Foundation, The John D. and Catherine T. MacArthur Foundation, UK Department for International Development, The Libra Foundation, United Nations Population Fund, CREA (India), Girls Power Initiative (Nigeria), International Planned Parenthood Federation, International Planned Parenthood Federation (Western Hemisphere), International Women’s Health Coalition, Fundación Mexicana para la Planeación Familiar

IDENTIFYING NEW MALE CONTRACEPTIVES

More than half the men consulted in a large-scale study in the US, Europe, Latin America, and Asia reported they would be willing to use a new male method, if available.

THE PROBLEM Contraceptives available to men are limited to condoms, withdrawal, abstinence, and vasectomy. Several studies show that both men and women are interested in more contraceptive choices for men, better engaging men to improve reproductive health.

THE PROGRESS To develop male contraceptives, researchers at the Population Council's Center for Biomedical Research identify new drugs and delivery devices, collect feasibility and safety data, analyze findings, and submit results to the FDA for approval to conduct safety and efficacy trials in humans. One contraceptive method under development

for men is MENT[®], a synthetic steroid that resembles testosterone. A MENT implant and transdermal gel and patch formulations are being developed. These products will deliver MENT to suppress sperm cell development without impairing sexual drive, while avoiding side effects.

Other Council studies aim to block sperm production within the testis. Researchers are working to identify the switch that activates sperm so that it can be turned off when contraception is desired or turned on in some cases of male infertility. The Council is also developing a novel approach to male contraception that uses a molecule to

prevent maturation of the sperm, making it unable to fertilize an egg.

THE IMPACT Studies using MENT have shown positive results. A study in men showed that four MENT implants led to significantly reduced sperm count: eight of eleven men had zero sperm count, which lasted for several months until the implants were removed. Early studies indicated that MENT gel suppressed steroid sex hormones over a seven-day treatment period, and that the effect was reversible when treatment ended. While MENT is just one possible contraceptive for men, the basic, preclinical, and clinical research and development process has been a critical step in understanding

“It’s appalling that besides condoms men only have a surgical nonreversible method,” says Régine Sitruk-Ware, a reproductive endocrinologist at the Population Council in New York City.

—Scientific American, June 2011



POPULATION COUNCIL

different options for men. More options will give women and men more contraceptive choices, so they can share the responsibility for planning pregnancies and family size.

DONORS The CONRAD Program, The George J. Hecht Fund, The Lita Annenberg Hazen Foundation, The William and Flora Hewlett Foundation, The F.M. Kirby Foundation, Eunice Kennedy Shriver National Institute of Child Health and Human Development, US National Institutes of Health

PARTNERS John Amory (University of Washington, Seattle), Eberhard Nieschlag (University of Munster, Germany), Peter N. Schlegel and Marc Goldstein (Urology, Weill Medical School, Cornell University) Christina Wang (University of California, Los Angeles)

ACHIEVING SCALE FOR HIGH-QUALITY MALE CIRCUMCISION SERVICES IN ZAMBIA

“Male circumcision is one of the most effective methods for significantly reducing HIV.”

—Paul Hewett, Population Council researcher



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THE PROBLEM In Zambia, 14 percent of adults aged 15–49 live with HIV. Although awareness of HIV and AIDS is nearly universal in the country, use of condoms and other prevention methods remains low. Clinical trials in three sub-Saharan African countries have shown that male circumcision (MC) reduces the risk of female-to-male HIV infection by roughly 60 percent. In urban Zambia, the number of men who do not want to be circumcised is falling slightly; however, in rural areas, aversion to the procedure remains high. Also, even as demand for MC increases, the necessary infrastructure to provide wide-scale and quality services is not in place.

THE PROGRESS A 2006 study led by the World Health Organization suggested that if MC programs were rolled out across sub-Saharan Africa, MC would have the potential to prevent close to 6 million new HIV infections in the next 20 years. The Population Council is collaborating with three international organizations as part of the “Male Circumcision Partnership” and the Zambian Ministry of Health. The goal of the Partnership is to significantly increase MC prevalence in Zambia, where only 13 percent of the male population is circumcised. The Council is leading the operations research and evaluation for the Partnership to ensure that services are efficient, effective, and of high quality. The

Council is also conducting a study of post-circumcision behavior to assess whether the benefits of MC are offset by increases in risky behaviors. Based on our research, the Council offered recommendations to the Partnership and the Zambian Ministry of Health about expanding outreach messages, enhancing the counseling process, and giving clients the necessary information to make an informed decision about the procedure. These recommendations have been incorporated into a nationwide outreach program.

THE IMPACT Together with the Zambian Ministry of Health, the MC Partnership hopes to reach approximately 50 percent of the adult male population by

2020. The impact of the Zambian program will not remain within its borders. Through the activities and lessons learned of the MC Partnership, other countries scaling MC services can take this program’s best practices and implement them as part of their own service models. The scaling up of MC as an HIV prevention strategy in high-prevalence countries will result in an even greater global impact, with the potential for preventing millions of new HIV infections.

DONORS AND PARTNERS The U.S. President’s Emergency Plan for AIDS Relief, Sub grant from Population Services International funded by the Bill & Melinda Gates Foundation, Marie Stopes International, Jhpiego, and the Zambian Ministry of Health

WORKING WITH FATHERS AND RELIGIOUS SCHOLARS TO BAN FGM/C

“ We all agreed to abandon this custom, which has nothing to do with Islam. ”

—Village chief in Senegal



Female genital mutilation/cutting can cause physical and psychological trauma and life-threatening difficulties during childbirth.

THE PROBLEM Female genital mutilation/cutting (FGM/C) includes cutting, removing, and sometimes sewing up external female genitalia. The World Health Organization (WHO) estimates that between 100 million and 140 million girls and women worldwide have undergone FGM/C and that 3 million girls in Africa are at risk each year. According to WHO, FGM/C violates the rights of children; a person's right to health, security, and physical integrity; and the right to be free from torture and cruel treatment.

THE PROGRESS Many people believe that their religion encourages FGM/C. Religious scholars, usually influential men, can be instrumental in clarifying these beliefs. These leaders and

other decisionmakers, including fathers, benefit from participating in community discussions to help end FGM/C. In Kenya, where FGM/C prevalence is 97.5% among the Somali population living in the country, the Population Council and its partners brought together religious scholars to debate the correct position of this practice within Islam and to include this information in their religious teachings. In Senegal, the Council collaborated with Tostan, a nongovernmental organization, to evaluate the impact of an education program that works closely with male religious leaders. In both programs, working with religious scholars can be a crucial step in leading a community education program to abandon FGM/C. The Council's research in both countries led to a

new focus on the religious argument for FGM/C and to interventions to delink Islam from FGM/C.

THE IMPACT Kenyan scholars and imams found no religious justifications for FGM/C and suggested a gradual process to stop the practice. The Council's technical assistance to the Kenya Council of Imams & Ulamaa (KCIU) to delink Islam and FGM/C enabled KCIU to monitor and evaluate its prevention activities. KCIU became part of two prominent organizations: the National Coordinating Agency for Abandonment in Kenya, the national leader on FGM/C; and UNICEF/UNFPA Joint Program, the two UN agencies addressing this issue. Council research

and evaluations of prevention programs are informing a national plan of action in Kenya and helped to pass two laws in Kenya's Parliament making it illegal to practice FGM/C.

In Senegal, the percentage of men in the Tostan project with understanding of the dangers of FGM/C increased from 41% to 92%. The proportion of girls younger than 10 who had *not* been cut increased from 46% to 60% among families participating in the study. Such community-based models are being replicated in several other countries and have been recommended as a best practice by UN organizations.

DONORS US Agency for International Development, Wallace Global Fund

A CONVERSATION WITH

SAM KALIBALA

COUNTRY DIRECTOR, KENYA



Why did you decide to become a physician?

My father was in the health field and wanted me to be a doctor. My mother wanted to be a nurse, but was never able to complete her education. From a young age, my family started calling me “doctor.” I liked it and decided to become a surgeon. I received a scholarship to attend Makerere University in Kampala and moved there from my distant rural village. When I learned about the surprisingly high numbers of people with AIDS in Uganda, I felt I had to get involved with AIDS prevention.

Tell us about your role in founding one of the most important HIV prevention organizations in Uganda.

At that time if you had AIDS you were associated with being promiscuous and careless. Most doctors treated AIDS by giving patients curt instructions and pills. My method was different; I counseled people and gave them options. I educated people about the virus and how to live with AIDS. I worked with four other health workers, including one who had AIDS, at a hospital near Kampala. Soon we linked with another group in Kampala, and they helped us to form a branch of TASO: The AIDS Support Organization, the first civil society HIV prevention and care organization in Uganda and Africa.

What has been your most rewarding experience since working at the Population Council?

I am glad to have been part of the Population Council team that introduced projects for preventing the transmission of

AIDS from mothers to children (PMTCT) in Africa. The first projects in Kenya and Zambia proved successful. After that, UNICEF asked us to review progress on their existing PMTCT program in 11 countries so that they could scale-up.

What are some other highlights of your work at the Population Council?

I led the USAID-funded Horizons program in East Africa. Horizons was a ten-year operations research program (1998 to 2007) that focused on refining and testing interventions to improve HIV services in Africa and other parts of the developing world. I contributed to the first background publication that highlighted the operations research priorities related to male circumcision. I led a team that examined antiretroviral (ARV) adherence in the Coast General Hospital in Mombasa, Kenya, which resulted in the publication of an ARV adherence counseling manual that has since been used by many programs.

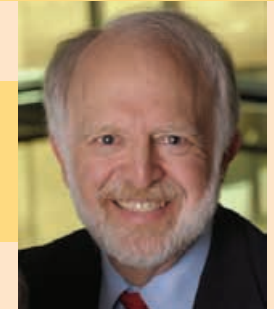
What do you consider your greatest challenges in the work ahead?

Most of the funding the Population Council receives is for a specific purpose that the donor designates. In fact, we have many other needs. We need more support from individuals that is flexible. Most of our grants are for two years, so we can only respond to specific short-term projects. Given the difficulty and challenges of studying HIV prevention and then implementing recommendations, more time is needed to address the complex issues surrounding it.

PROFILE

JEFFREY PASSEL

SENIOR DEMOGRAPHER AT THE PEW HISPANIC CENTER



Jeff Passel is a nationally renowned expert on immigration patterns in the United States, particularly of the Latino community, and has written extensively on immigration's effect on the country's economy and demography.

After graduating college, I volunteered in Montana with VISTA, a community action agency that provided services to low-income populations. In the late 1960s, population trends were just becoming a part of people's conversations. I began to appreciate the importance of voluntary family planning and its impact on maternal health and social and economic development in the US and worldwide. This piqued my interest in demography, and after getting my master's in sociology, I applied to become a Population Council fellow. The generosity of the Council's fellowship allowed me to focus on my studies in demography and statistics for my Ph.D. While in my doctoral program, I met John Bongaarts, currently Vice President and Distinguished Scholar at the Council, whose work in demography was and continues to be inspiring. Thanks to the Council's focus on furthering scholarly work in demography, I was able to complete my studies and build relationships in the field.

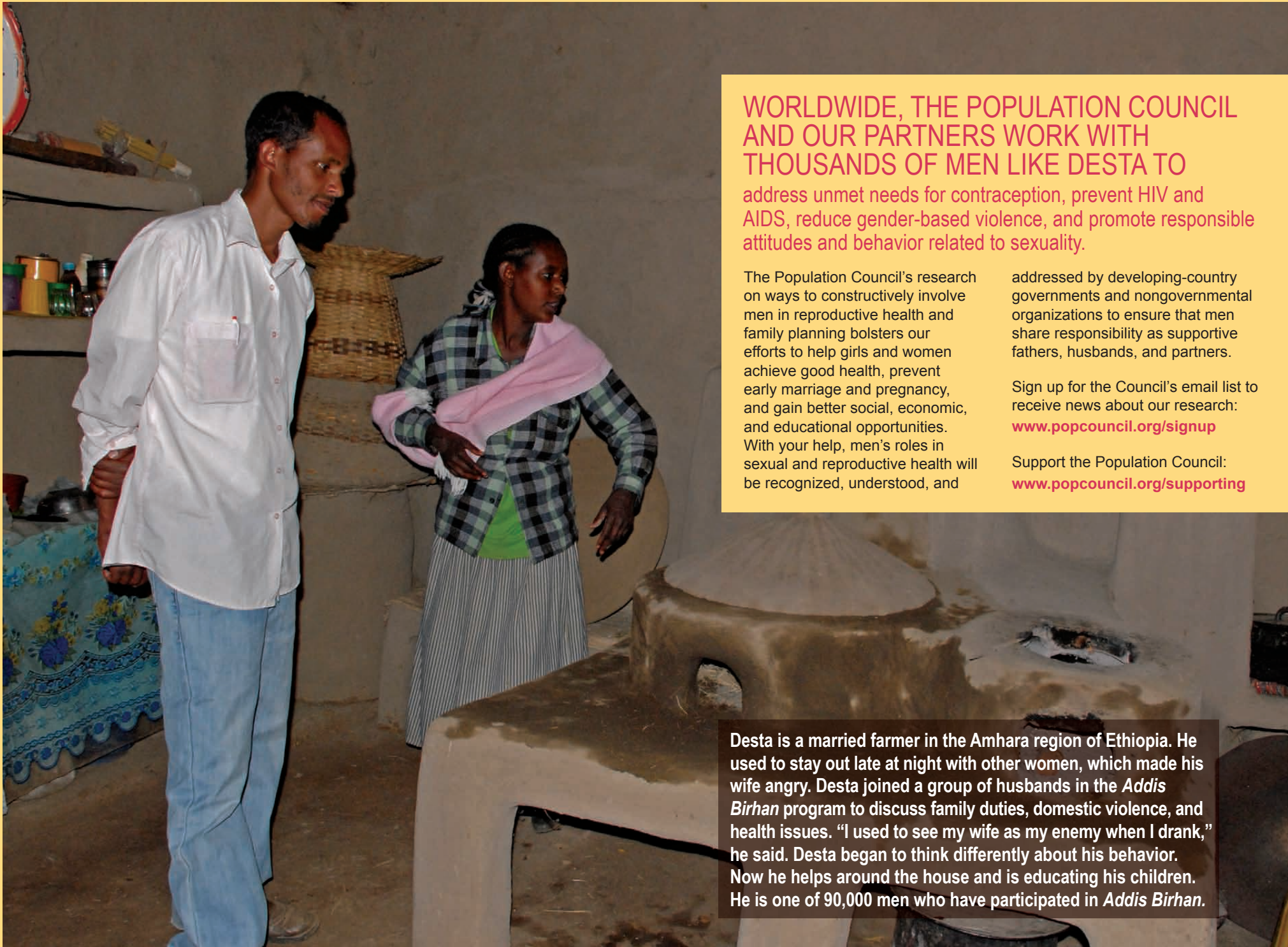
I have closely followed the Council's work, and I appreciate the importance, breadth, and magnitude of its research to empower women and families to control their fertility. It is vital that the Council continue to develop expertise around the world among both scholars and lay people.

WHY I GIVE TO THE POPULATION COUNCIL

In my work as a demographer, I have collaborated with counterparts in Mexico, a country that has benefited greatly from the work of organizations like the Population Council. The change in Mexican society has been incredibly dramatic. Back when I started this work in 1970, the average woman was having seven children; by 2000, it was down to roughly 2.2 to 2.4. We have seen these huge decreases in fertility across all educational and socioeconomic levels.

Allowing couples to decide when to have children is very important. We can point to cases like Mexico where it has made a major difference in improving health and reducing inequality and poverty. Yet there is still tremendous work to be done. The Council's research in educating people and training health workers and scholars is important for many countries and the well-being of the world as a whole.

In many ways I am a beneficiary of the Population Council. It is a pleasure to be a donor and even marginally give back for all that the Council has done, not only for me, but for the many people all over the world who have benefited from their research.



WORLDWIDE, THE POPULATION COUNCIL AND OUR PARTNERS WORK WITH THOUSANDS OF MEN LIKE DESTA TO

address unmet needs for contraception, prevent HIV and AIDS, reduce gender-based violence, and promote responsible attitudes and behavior related to sexuality.

The Population Council's research on ways to constructively involve men in reproductive health and family planning bolsters our efforts to help girls and women achieve good health, prevent early marriage and pregnancy, and gain better social, economic, and educational opportunities. With your help, men's roles in sexual and reproductive health will be recognized, understood, and

addressed by developing-country governments and nongovernmental organizations to ensure that men share responsibility as supportive fathers, husbands, and partners.

Sign up for the Council's email list to receive news about our research:

www.popcouncil.org/signup

Support the Population Council:

www.popcouncil.org/supporting

Desta is a married farmer in the Amhara region of Ethiopia. He used to stay out late at night with other women, which made his wife angry. Desta joined a group of husbands in the *Addis Birhan* program to discuss family duties, domestic violence, and health issues. "I used to see my wife as my enemy when I drank," he said. Desta began to think differently about his behavior. Now he helps around the house and is educating his children. He is one of 90,000 men who have participated in *Addis Birhan*.



Population Council

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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.

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