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Bridging the Gap

Policy Analysis Report

An assessment of health policies and strategies with a focus on men and boys' sexual and reproductive health in selected East and Southern African countries

UNAIDS

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unicef for every child

World Health Organization

HEARD

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

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Acknowledgements

This assessment of the extent to which health policies and strategies incorporate the sexual and reproductive health and rights (SRHR) needs of men and boys forms part of a larger formative assessment of the structural, social and behavioural drivers that facilitate or impede the uptake of SRHR services, and the impact of COVID-19 on adolescent boys and young men aged 18-34 years, carried out in Lesotho, Malawi, Uganda, Zambia and Zimbabwe in 2022 and 2023. The assessment is intended to inform the development of regional and country action plans to strengthen SRHR policy and programming for men and boys in East and Southern Africa.

Under the leadership of UNFPA East and Southern Africa Regional Director, Lydia Zigomo, and Deputy Regional Director, Chinwe Ogbonna, this assessment was conceived by UNAIDS, UNFPA, UNICEF and WHO under the banner of the 2gether 4 SRHR Programme, the Joint UN Regional Programme that aims to improve the SRHR of all people in the region. The assessment of country policies and strategies was conducted by Dr. Carolien Aantjes, Senior Research fellow, in collaboration with Professor Kaymarlin Govender, Research Director at HEARD, the University of KwaZulu-Natal, and Principal Investigator of the formative assessment.

Richard Delate, Programme Manager for the 2gether 4 SRHR Programme, provided technical guidance and input into the design and review of each component of the assessment. Additional technical support was provided by the Regional SRHR Technical Advisory Group comprising Cynthia Lungu, Senior Gender Adviser, UNAIDS Regional Support Team for East and Southern Africa; Marietta Wildt, Regional Gender Officer; Julie Diallo, Gender Adviser, UNFPA East and Southern Africa Regional Office (ESARO); Isabelle Jost, Programme Analyst: Youth, UNFPA ESARO; Ayisha Jessa, HIV/ AIDS Specialist, UNICEF ESARO; Laurie Gulaid, HIV/AIDS Adviser, UNICEF ESARO; Duduzile Simelane, Director: Social and Human Development, SADC Secretariat; Dr. Eric Nzeyimana, Principal Health Officer, EAC Secretariat; Jude Thaddeus Njikem, Regional Sexual and Reproductive Health and Rights Coordinator, Men Engage; Onesmus Mlewa Kalama, Technical Support Centre Programme Manager, EANNASO; Rouzeh Eghtessadi, Executive Director, SAfAIDS; Chrispin Chomba, Head of Country Programmes, Strategic Evidence and Country Business (HoCPS), SAfAIDS; Blandinah Motaung, SRHR Coordinator, UNFPA Lesotho; Matseliso Khesa, GBV Programme Officer, UNFPA Lesotho; Almas Araru, GBV and PSEA Analyst, UNFPA Malawi; Thandiwe Mijoya, National Programme Officer: SRHR Linkages, UNFPA Malawi; Juliana Lunguzi, SRHR Coordinator, UNFPA Malawi; Rosemary Kindyomunda, SRHR Coordinator, UNFPA Uganda; Dagmar Hanisch, UNFPA Zimbabwe; Joy Masheke, ASRH and Youth, UNFPA Zambia.

Additional comments were provided by Sarah Reis, Gender Specialist, UNFPA ESARO; Womba Mayondi, Gender Adviser, UNFPA ESARO; Ha Thi Quynh Anh, Gender Specialist, UNFPA ESARO; Angela Baschieri, Population Dynamics Policy Adviser and Climate Change Focal Point; Jyoti Tewari, Health Systems Strengthening Policy Adviser and Head of the Integrated Sexual and Reproductive Health Unit at UNFPA ESARO. Daisy Leoncio, Communications Adviser; Lindsay Barnes, Media Specialist; and Sara Chitambo contributed to UNFPA publication compliance; while Pumla Golimpi and Miriam Mphuthi provided administrative support. The document was edited and proofread by Tamara Sutila.

The policy and strategy documents included in this assessment were sourced by Dr. Charles Banda (Zambia), Dr. Edward Buzigi (Uganda), Murphy Kajumi (Malawi), Amelia Mashea (Lesotho) and Dr. Nelson Mupamaroto (Zimbabwe), with support from UNFPA country offices.

This publication was made possible with the generous financial support of SIDA, through the Regional SRHR Team of Sweden and the Swiss Development Cooperation.

C.J. Aantjes and K. Govender. Bridging the Gap: An assessment of health policies and strategies with a focus on men and boys' sexual and reproductive health in selected East and Southern African countries. (Durban, South Africa, HEARD & UNFPA ESARO, 2022).

Design and layout: Green Communication Design inc.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
HEARD	Health Economics and AIDS Research Division
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IGWG	Interagency Gender Working Group
IPPF	International Planned Parenthood Federation
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
RMNCAH	Reproductive Maternal, Newborn, Child and Adolescent Health
SADC	Southern African Development Community
SDG	Sustainable Development Goal
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNFPA-ESARO	United Nations Population Fund East and Southern Africa Regional Office
WHO	World Health Organization

Executive summary

Sexual and reproductive health is an essential component of the universal right to the highest attainable standard of physical and mental health and must be met for all people.

Photo: © UNFPA/2gether 4 SRHR

Global, continental and regional commitments, such as the Programme of Action of the International Conference on Population and Development (ICPD), the Maputo Plan of Action, and the Southern African Development Community (SADC) Regional Strategy on Sexual Reproductive Health and Rights, all emphasize the importance of engaging men and boys to achieve gender equality and foster women empowerment, including addressing the specific health and social development needs of men and boys themselves.

Despite these commitments, the current body of work from the East and Southern Africa region indicates that initiatives to engage men and boys as clients, supportive partners and advocates in sexual and reproductive health remain small in scale. National policies and strategies pay insufficient attention to male engagement on sexual and reproductive health and rights, the delivery of sexual and reproductive health and rights services to meet the needs of men and boys, and the promotion of gender-equitable attitudes and behaviours.

It is an incontestable fact that men and boys have substantial sexual and reproductive health and rights needs that include, but are not limited to, information and services regarding:

- contraception
- HIV and other sexually transmitted infections
- sexual dysfunction
- infertility
- male reproductive health cancers
- their role in pregnancy and child-related care

Addressing the sexual and reproductive health needs of men and boys also leads to improved (sexual and reproductive) health outcomes for women and children.

While it is acknowledged that the sexual and reproductive health needs of men and boys are often unfulfilled due to individual and social impediments, national policies and strategies can also act as barriers when seeking out such services because they may not specifically cater for this group.

This policy analysis report provides an assessment of the inclusion of men's health needs in the health policies and strategies of five selected countries in East and Southern Africa.

The report was commissioned by the United Nations Population Fund (UNFPA) East and Southern Africa Regional Office (ESARO) and led by the Health Economics and HIV and AIDS Research Division (HEARD) of the University of KwaZulu-Natal, South Africa.

Photo: © UNFPA/2gether 4 SRHR/Eswatini

Using a sexual and reproductive health and rights lens, it reviews and discusses the findings from an analysis of national laws, (sexual and reproductive) health policies, strategies and guidelines from Uganda, Lesotho, Malawi, Zambia and Zimbabwe, and the extent to which attention is paid to the sexual and reproductive health needs, rights and roles of men and boys in all their diversity, and the alignment of national plans to high-level commitments toward strengthening male involvement and advancing sexual and reproductive health and rights for all. The policy analysis was carried out in the first half of 2022, using a content-driven and discursive thematic analytical approach. Its main findings are summarized below.

Key findings

- Only one of the five countries in the review has a stand-alone policy document on male involvement in sexual and reproductive health service delivery (Uganda). None of the countries have a separate men's health policy document. Men's sexual and reproductive health needs are opportunely subsumed under broader health and sexual and reproductive health policies.
- National health and sexual and reproductive health policies mainly adopt a gender-binary and heteronormative frame, with a conception of men (and women) within a familial perspective and a tendency to exclude men in all their diversity.
- Gender differentials in sexual and reproductive health and gender power imbalances are stated and problematized within the policy narrative. However, while some proposed strategies can be termed 'gender sensitive', there is little acknowledgement of the need for 'gender-transformative' interventions that address harmful social norms and reshape gender relations. This manifests, among others, through the very limited reference to men in their role as change agents within policy documents.

- The scope and application of national health and sexual and reproductive health policies are severely hampered by the tensions that arise from restrictive laws (for example, criminalization of homosexuality, abortion and HIV transmission), resulting in a silence on the specific needs of men who have sex with men, transgender people and the role of men in comprehensive abortion care.
- In the absence of disaggregated data on the burden of disease and health service utilization, policy documents (except for HIV and AIDS) do not further unpack the specific determinants, needs and gaps in the sexual and reproductive health and rights of men and boys. Consequently, interventions for men and boys tend to neglect segments of the evidence base on male sexual and reproductive health and rights or are missed altogether.
- Gender-neutral formulations within adolescent sexual and reproductive health policies and strategies further contribute to the problem of overlooking the specific risks and vulnerabilities of adolescent boys and young men. Particular blind spots that emerged from the analysis were violence against boys and support for boys as expectant young fathers in school health policy.
- From the Global Package of Sexual and Reproductive Health and Rights for Men and Adolescent Boys, HIV features most prominently as a clinical service in country policies and strategies, particularly in relation to medical male circumcision. The least prominent was male sexual dysfunction, followed by (in) fertility and male reproductive cancers.

Photo: © UNICEF/Schermbrucker

- Messaging on sexuality and male sexual behaviour gravitates to negative connotations of risk and aspects of toxic masculinity. Within comprehensive sexuality education country curricula, sexual desire, eroticism, and diverse sexual expressions are positioned (implicitly or explicitly) as deviant sexual behaviours which adolescents and young people need to constrain, silence or repress.
- While sexual and gender-based violence is a distinct problem in the region, only few policy documents contain programmatic interventions or strategies which emphasize a key role for men and boys in eliminating sexual and gender-based violence.
- There is little alignment and integration between national health and sexual and reproductive health policies and operational guidelines which define the primary health package of services, and men's health issues are not (or barely) reflected within the budgets and indicators of these policies.

- Country policies reflect regional commitments to sexual and reproductive health and rights where it concerns investment in youth-friendly services; legislative action to prevent child marriage; provision of comprehensive sexuality education to adolescent and young people; HIV prevention; gender-based violence; and male involvement in maternal and child health and the prevention of mother-to-child transmission of HIV. The commitments made towards equitable access to health care for key population groups are mostly contained within HIV and AIDS strategic plans and guidelines, with a clear neglect on actioning the review of discriminatory country laws that impede access to sexual and reproductive health services.

In conclusion, the findings of the policy analysis indicate that some progress has been made on commitments to the sexual and reproductive health and rights needs of men and adolescent boys in the region. In comparison to a previous UNFPA-commissioned review in 2017, we note that more countries have taken deliberate steps to articulate a policy approach to reach men as clients and involve them as partners in sexual and reproductive health services.

Nonetheless, important gaps remain. These include the lack of sexual and reproductive health-related disaggregated data to better inform policy and programming, no clear budgeting allocations for sexual and reproductive health services, particularly male-oriented sexual and reproductive health services, and poor monitoring and accountability in budget spend on sexual and reproductive health services across the five selected countries. The analysis also points to a lack of political commitment to promote gender-transformative interventions and a protracted silence on positive sexuality, that is, where there is a respect and acceptance of one's sexuality or expression of gender and the sexuality or gender expression of others without judgement, shame, violence or discrimination. Based on the analysis, we propose the following recommendations:

The analysis also points to a **lack of political commitment** to promote gender-transformative interventions and a protracted silence on **POSITIVE SEXUALITY.**

1. Country laws, policies and comprehensive sexuality education curricula should pay more attention to the diversity of expressions of gender and sexuality beyond the binary framework and address all sexual and reproductive health needs in an equitable, non-discriminatory manner.
2. Countries need to incorporate an analysis of risks, vulnerabilities and needs of men and boys when developing policies and strategies.
3. Countries need to strengthen health management information systems to better disaggregate data by age, gender and locality, and incorporate specific indicators to monitor uptake and service delivery for men and boys.

4. The adoption of gender-neutral policies impedes clarity on the health and social issues facing men and boys. Where possible, broader health and sexual and reproductive health policies should more explicitly state their package of interventions targeting men and boys.

5. Policies and strategies need to both define and operationalize key concepts such as male involvement and gender transformation to provide more guidance to service providers and other actors involved in the implementation of sexual and reproductive health and rights country commitments.

6. Policies and strategies on male involvement need to consider the roles of different sectors and more clearly outline the key competencies that are required per sector.

7. Several promising practices exist in the region that countries can leverage off in terms of the description and approaches to male involvement in sexual and reproductive health.

8. Education ministries should make more elaborate the role of boys in the prevention of teenage pregnancy and as expectant fathers, as well as put a stronger emphasis on the development of skills within comprehensive sexuality education curricula with a view to helping boys become change agents in their community.

9. Policies and strategies need to incorporate a broader, integrated approach to voluntary male medical circumcision to derive maximum benefit of men and boys' entry into sexual and reproductive health services.

10. Policies and strategies need to pay more attention to addressing male reproductive cancers and infertility and offer information and screening services.

11. Greater attention should be provided to male sexual disorders that can be debilitating and indicative of other health issues.

12. Countries should develop communication materials that encourage and positively frame men and boys' contribution to improved maternal, newborn and child health and to families that are free of violence.

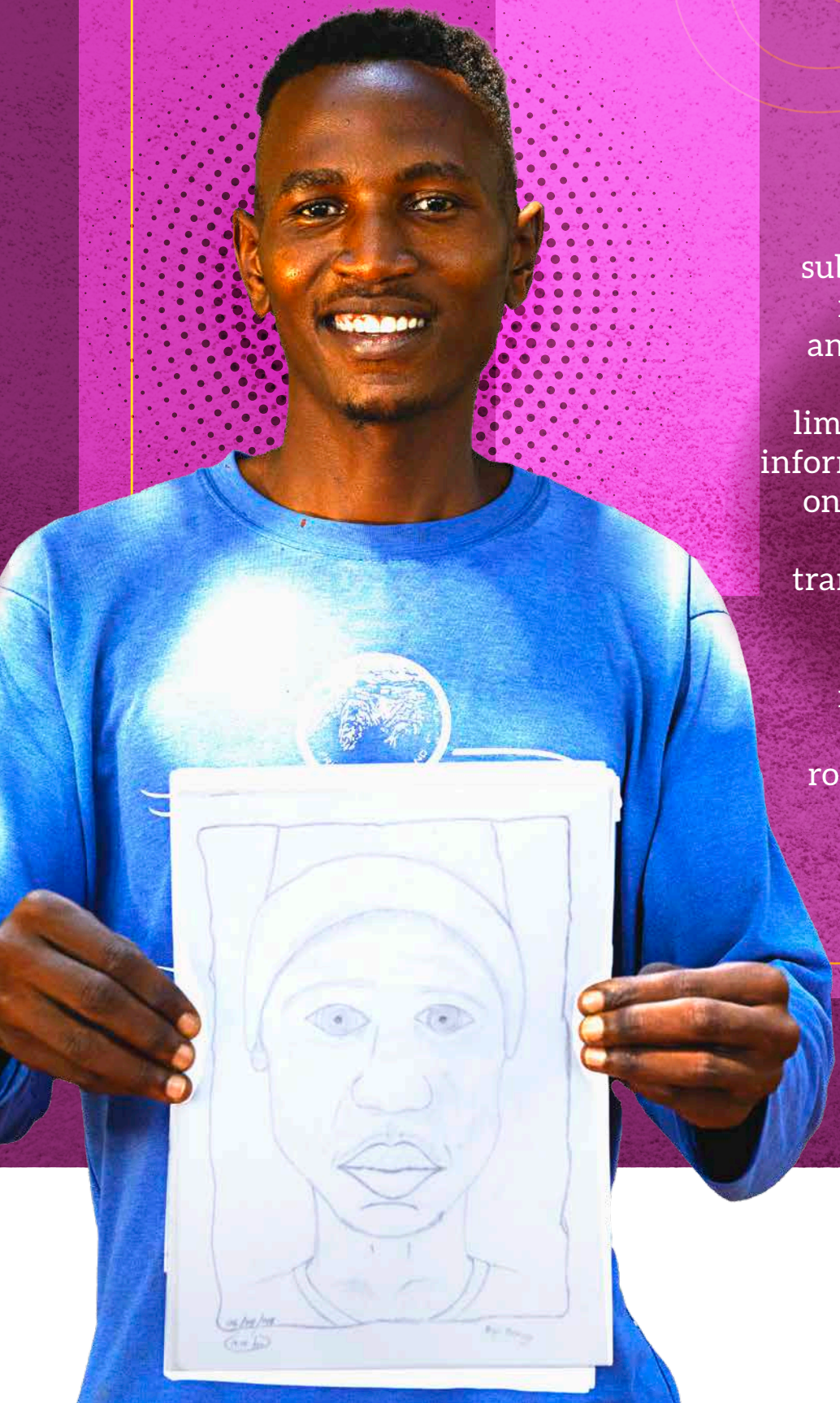
13. Countries should evaluate community-based health interventions targeting men and boys, such as male support groups or programmes working through male champions/influencers, to inform future directions and investments in gender-transformative programming in the health and educational sectors.

14. Countries should consider which elements of male sexual and reproductive health and rights should be incorporated in the essential health package and as part of the minimum benefit packages for universal health coverage.

15. Countries need to ensure that all components of health and sexual and reproductive health strategies are budgeted and costed for, including attention to critical human resource skills and competency areas.

16. Continental and regional commitments need to be more explicit in their goal setting towards meeting the sexual and reproductive health and rights needs of men and boys in all their diversity, and in strengthening the male support and change agent role.

Introduction



Men and boys have substantial sexual and reproductive health and rights needs. This includes, but is not limited to, the need for information and services on contraception, HIV and other sexually transmitted infections, sexual dysfunction, infertility, male reproductive health cancers, and their role in pregnancy and child-related care.

Photo: © 2gether 4 SRHR/Eswatini

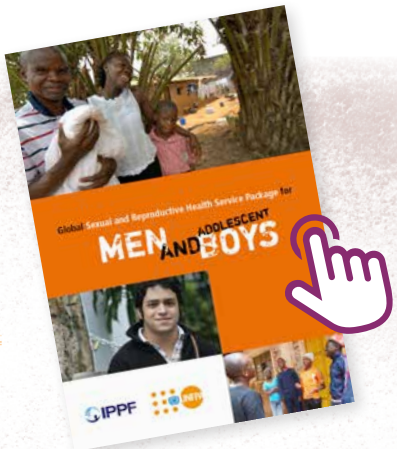
Yet these needs are often unfulfilled due to a combination of factors, including perceived demand for services, poor access to health facilities and services that do not cater for the needs of men and boys, and a lack of agreed upon standards for delivering male-friendly clinical and preventative services.

Further, prevailing masculine social and cultural norms that promote sexual risk-taking behaviours and also inhibit sexual and reproductive health-seeking behaviours lead to poor sexual and reproductive health and rights outcomes among men and adolescent boys (Heise et al, 2019; Kågesten et al, 2016; Ragonese et al, 2019). These outcomes are also negatively affected by a heteronormative bias in policy and programming in the region, with less sensitivity to the diversity of sexual orientation and expressions of gender identity (Lynch & Reygan, 2021; Müller, 2016). Engaging men in sexual and reproductive health is not only beneficial for men themselves, it is also central to achieving gender equality and improving the health outcomes of women and children through their role as supportive partners and fathers (Shand & Marcell, 2021).

The ICPD Programme of Action, the Sustainable Development Goals (SDGs) and the Lancet Guttmacher Commission on Sexual and Reproductive Health and Rights jointly emphasize the importance of engaging men and boys to achieve gender equality and foster women empowerment, including addressing the specific health and social development needs of men and boys themselves.

UNFPA and IPPF, in 2017, issued the Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys with a view to increasing the range and quality of services to meet the specific and diverse needs of men and adolescent boys following a gender-transformative approach. Gender-transformative approaches seek to reshape gender relations to be more gender equitable, largely through approaches that free both women and men from the impact of destructive gender and sexual norms (Gupta et al, 2019).

Continental and regional commitments and frameworks also recognize the needs and role of men and boys in the area of sexual and reproductive health and rights, albeit in different ways. For example, the Maputo Plan of Action (2016–2030) underscores the importance of community participation in reproductive, maternal, newborn, child and adolescent health (RMNCAH), with a special focus on the involvement of men. It is also noteworthy to mention that the African Health Strategy (2016–2030) and the Abuja Declaration on AIDS, Malaria and TB (2013) do not separate out or focus on particular men's sexual and reproductive health issues.



UNFPA and **IPPF**, in 2017, issued the Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys.

Photo: © 2gether 4 SRHR/Eswatini

Meanwhile, the East Africa Ministerial Commitment for the ICPD +25 expresses concern about the lack of involvement of men and boys in accessing and taking up sexual and reproductive health and rights, HIV and gender-based violence services, and calls for children, women and men to have access to these services and reduce gender-based violence and harmful practices.

More recently, as per the East African Community minimum package for RMNCAH and HIV, HIV diagnostic and initiation to care service points are expected to conduct advocacy campaigns on male involvement, while voluntary male medical circumcision is seen to be part of an integrated package of sexual and reproductive health services to men and boys, covering information and screening for sexually transmitted infections, HIV, male reproductive health cancers, and counselling on contraceptive services and harmful gender norms relating to sexual and gender-based violence.

The SADC Regional Strategy for Sexual and Reproductive Health and Rights (2019–2030) calls for Member States to engage men and boys as partners, and as persons with their own sexual and reproductive health and rights needs. It also urges Member States to ensure that services meet the specific sexual and reproductive health and rights needs of men and boys.

Within the East and Southern Africa region, various initiatives and programmatic interventions have been or are being undertaken to address the sexual and reproductive health and rights needs of men and boys. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has undertaken a gender analysis of the HIV epidemic and reviewed existing efforts with a focus on men and boys (UNAIDS, 2017). UNFPA supports comprehensive sexuality education and community-based responses to address gender norms and values and promote the uptake of sexual and reproductive health services and the use of condoms.

Photo: © UNICEF/Julio Dengucho

The United Nations Children's Fund (UNICEF) promotes male engagement in prevention of mother-to-child HIV transmission. The World Health Organization (WHO) has developed a framework for voluntary medical male circumcision to support effective HIV prevention and improve adolescent boys' and men's health in East and Southern Africa (WHO, 2016). Of equal importance, several civil society organizations are also working with men and boys in sexual and reproductive health and rights, such as the Men Engage Network, Sonke Gender Justice, Promundo, IPPF and others (Men Engage Alliance, 2017).

Studies from the region indicate that more must be done to meet the sexual and reproductive health rights and needs of men and boys (Beia et al, 2021; Hook et al, 2021; Shand, 2021). Moreover, a review of the inclusion of men's health in national policies in 2017 revealed that no country in the East and Southern Africa region had an explicit policy, strategy or operational plan on the involvement of men and boys, although the needs of men and boys seemed to be partially integrated into national health policies and programmes (Pascoe & Peacock, 2017).

Despite the presence of strategic commitments, frameworks, and initiatives and an increasing body of evidence on the sexual and reproductive health and rights needs of men and boys in East and Southern Africa, there is a need for a greater understanding of how these efforts effectively translate into (national) policy and programme interventions while simultaneously enabling men and boys, in all their diversity, to meet their sexual and reproductive health rights and needs.

The present report forms part of a regional study on the sexual and reproductive health and rights needs of adolescent boys and young men in five countries in East and Southern Africa, commissioned by UNFPA ESARO and led by HEARD at the University of KwaZulu-Natal, South Africa. It presents the findings from an analysis of national health policies and strategies from Uganda, Lesotho, Malawi, Zambia and Zimbabwe, with a focus on sexual and reproductive health and rights. The five countries are focus countries in 2gether 4 SRHR, which is a joint programme by UNAIDS, UNFPA, UNICEF and WHO in the region.

The analysis sought to assess the extent to which these policies and strategies paid attention to the sexual and reproductive health rights, needs, and roles of men and boys in all their diversity, and the alignment of these plans to high-level commitments toward strengthening male involvement and advancing sexual and reproductive health and rights for all. More specifically, the purpose of the analysis was two-fold. First, to map out male sexual and reproductive health attention within country policies and strategies in comparison to the global service package for men and regional commitments to sexual and reproductive health and rights, and identify trends and gaps herein. Second, to inform further refinement of the data collection tools for the regional study and use the findings as a point of departure for assessing local applications and understandings of policy directives.

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Conceptualizing men's health

In conceptualizing men's health, health was understood as the outcome of a complex interplay of social, economic and political mechanisms, as well as more proximate and personal determinants, which influence how individuals experience differences in exposure and vulnerability to health-compromising conditions.

(Solar & Irwin, 2010).

Photo: © UNFPA/Luis Tato

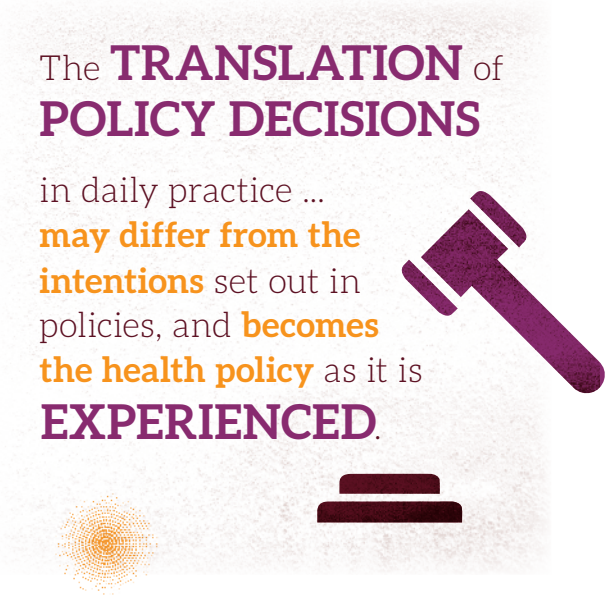
The Social Determinants of Health support a broader framing of the biological and social differences between men's and women's health in which class, race/ethnicity and other modes of social stratification also play a role in the health-seeking behaviour, health status and longevity of the individual.

In adopting an intersectional lens, the reference to men in men's health thus embodies the diverse nature of men's lives, experiences and dispositions towards health, which holds implications for health policy and practice (Crawshaw & Smith, 2009).

Health policy is conceptualized as *"the courses of action (and inaction) that affects the set of institutions, organizations, services and funding arrangement in a health system"* (Buse, Mays & Walt, 2005:6). Health policy does not only concern (the delivery of) health services but includes the actions or intended actions by public, private and voluntary organizations that have an impact on health.

Health policies are commonly understood as the formal written documents, rules and guidelines that outline or give expression to the decisions of policymakers about what actions are deemed legitimate and necessary to strengthen the health system and improve population health.

The translation of policy decisions in daily practice (for example, by health workers or patients) may differ from the intentions set out in policies, and becomes the health policy as it is experienced. As such, health policy should not only be viewed as the formal statements of intent but also the informal, unwritten practices (Buse, Mays & Walt, 2005), both of which, to a certain extent, may constrain men's opportunities and choices in health.



In looking at public policies, this analysis pertains to the intentions of formal government institutions who provide the structure in which public policy processes take place. The focus of the analysis is on the contents of these policies and does not include an enquiry into the policymaking process itself, its actors or the context in which influence was exercised to get men's (sexual and reproductive) health and rights issues on to the policy agenda. It is duly acknowledged that the content of a policy cannot easily be detached from the 'politics of policymaking', and that there is a complex web of inter-relationships – from the global to the local level – which determines how sexual and reproductive health and rights are governed.

The Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys served as an important structuring unit for the analysis of policy intentions, while taking overall guidance from the integrated definition of sexual and reproductive health as a *"state of emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence*

of disease, dysfunction or infirmity," and an understanding that *"all individuals have a right to make decisions governing their bodies and to access services that support that right"* (Starrs et al, 2018).

This conception firmly locates men and adolescent boys as individuals who have needs of their own and as rights holders in sexual and reproductive health policies and services. What remains implicit here, and is of critical importance when looking at sexual and reproductive health and rights, is the influential role men and adolescent boys play in decision-making processes on sexuality and reproduction, and the broader societal expectations around the male gender role that may underpin those decisions. Acknowledgement of the power asymmetry between men and women and the substantive evidence-base (Robinson et al, 2017; Heymann et al, 2019) on how it affects health outcomes for women and children requires a further reflection on what this implies for policy and programming, including how the term *'male involvement'* in sexual and reproductive health has evolved since its launch almost three decades ago in the 1994 ICPD Programme of Action.

The Interagency Gender Working Group (IGWG) developed a framework to classify the level of attention paid to gender within programmes, which could also be applied as a lens to review policies and strategies (IGWG, 2017). This continuum moves from no consideration of gender-related outcomes of factors in programmes or policies, also termed gender-blind, toward a deliberate examination and addressing of gender-related issues (gender-aware), and, at the other end of the continuum, to the accommodation of gender-related issues and challenging and reflecting on unequal power relationships and harmful gender norms – also coined gender-transformative.

In line with this thinking, scholars have suggested a further sharpening of the definition of male engagement in sexual and reproductive health or in aspects of sexual and reproductive health, of which one example follows below:

> "The intentional inclusion and participation of men and boys in family planning programmes as supportive partners, contraceptive-users and agents of change, with an emphasis on addressing gender norms and power differentials throughout the life cycle."
>
> (Hook et al, 2021)

The significance of these global developments lies in the emphasis placed on men as change agents, which takes the earlier conceptualization of male engagement in sexual and reproductive health as "*a shared responsibility in maternal and child health care*" to another level and denotes new conditions for the policy architecture. A gender-transformative approach, according to WHO, seeks to:

> "...challenge gender inequality by transforming harmful gender norms, roles and relations through programmatic inclusion of strategies to foster progressive changes in power relationships between women and men as a means to achieve health for all."
>
> (WHO, 2011)

While gaining traction in the health and development field, the conceptualization, design and evaluation of gender-transformative interventions for men and boys remain rather loose, and require further strengthening (Ruane-McAteer et al, 2020; Kågesten & Chandra-Mouli, 2020).

Lastly, the policy analysis included attention to the life-course approach to health and sexual and reproductive health and rights, in recognition of the differential needs and behaviours across age groups and stages of a male's life. The term is becoming increasingly common in the region's health policy discourse as a derivative of the thinking around the SDGs, and in particular, the attainment of universal health coverage (Kuruvilla et al, 2018). The life-course approach is understood to be a longitudinal, rather than a cross-sectional 'snapshot' approach to health and disease, based on the evidence that certain critical periods in life influence the development of health-compromising conditions later in life (WHO, 2015). It places an emphasis on the prevention and provision of responsive health services across an individual's life span to offset or reduce risk and vulnerability to health-compromising conditions (Gluckman et al, 2008; Halfon & Hochstein, 2002).

Photo: © UNFPA/2gther 4 SRHR

Methodological approach to the policy analysis

The policy analysis was carried out between February and May 2022, using a content analysis and discursive thematic analytical approach.

Photo: Rod Waddington/Flickr

Content analysis is concerned with the analysis of textual material, using a set of procedures to make valid inferences from this text (Weber, 1990), while discursive analysis concerns the exploration of variability within the discourse, and explanation of trends or themes, as well as inconsistencies, or unexpected findings within this material (Yardley, 1997). In combining the two approaches, the analysis moved beyond an inventory of the presence of male sexual and reproductive health needs/roles, and patterns in the use and translation of related concepts within current policies and strategies (content review), to include a reflective and critical appraisal of the gaps and opportunities within the current policy architecture (discursive review). Reviewed sources of documentation included legislative pieces, policies and strategies, guidelines and school curricula covering aspects of sexual and reproductive health in part or in full. For example, this included sections within criminal law referring to sexual behaviour or national health and development policies outlining direction or prioritization of programmatic focuses on sexual and reproductive health as well as a full appraisal of national sexual and reproductive health policies and strategy documents on adolescent sexual and reproductive health. The review covered eight regional commitment documents and 73 country policy documents (Uganda: 21, Lesotho: 11, Malawi: 12, Zambia: 17, Zimbabwe: 12 – a complete overview of the reviewed documents can be found in Annex 2).

The review was guided by a template composed of different criteria for assessment (see Box 1). Template development was informed by key pieces of literature and guidance in the field of men's health, and covered each of the clinical and non-clinical elements from the Global Package of Sexual and Reproductive Health and Rights for Men and Adolescent Boys (IPPF & UNFPA, 2017); the typology of male roles in reproductive health as put forward by Greene et al[1] (2006); key regional commitments; and a life-course approach to health and sexual and reproductive health and rights (Starrs et al, 2018).

The review covered **EIGHT regional commitment documents** and **73 country policy documents.**

1 Men and adolescent boys as clients, partners, and change agents.

Box 1. Assessment criteria

1. Inclusion of men and boys by principle

2. Reference to the Global Package on Sexual and Reproductive Health and Rights for Men and Adolescent Boys:

- Contraception
- Sexually transmitted infections
- HIV and AIDS
- Reproductive disorders and dysfunction
- Male cancers
- Fertility and infertility
- Support for pre- and postnatal care, safe motherhood
- Support for safe abortion care
- Sexual and gender-based violence
- Information and counselling (including sexual health and comprehensive sexuality education)
- IEC materials for men and boys
- Skills-building and group support for men and boys
- Advocacy inclusive of men and boys

3. Men's roles:

- Clients
- Partners
- Change agents

4. Alignment to regional commitments:

- SADC Regional Strategy on Sexual and Reproductive Health and Rights 2019-2030
- East African Community Minimum Package for RMNCAH and HIV 2020
- HIV Declaration 2016 and 2025 targets
- Maputo Plan of Action 2016–2030
- Africa Health Strategy 2016–2030
- African Union Policy on Sexual and Reproductive Health and Rights 2006
- Abuja Declaration 2013 on AIDS, Malaria and TB
- Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in East and Southern Africa 2013

5. Attention to a life-course approach

Observational notes with reference to each of these criteria were entered compactly within an Excel format, and more expansive narratives were compiled in a separate Word document. Relevant policy documents were identified through electronic and manual searches, in collaboration with the research teams and UNFPA offices in each country. Resources were obtained online from websites hosted by national Ministries of Health, Education or Youth and civil society organizations, as well as via direct contact with ministry employees. Most documents could quite easily be retrieved, with the exception of country in-school guidance for comprehensive sexuality education to primary and secondary learners. The team was able to obtain these curricula in only three of the five countries.

Limitations

The analysis consisted of a rapid appraisal of documents over a short period of time, and with a focus on national-level policies and strategies. One limitation of such approach is that the analysis covers only a cross-section of documents that the researcher is able to access within this timeframe. Another limitation is that it leaves out the policies and programming strategies that may have been developed and used at a sub-country level, and which possibly contain more detail.

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Findings

This chapter is divided in five sections. The first section refers to the inclusion of men and boys as a principle in policy and strategy documents, after which the analysis continues with the ways in which roles and service packages for men and boys have been articulated in policy documents, strategies and guidelines, and are integrated within a broader health service and in line with regional commitments to sexual and reproductive health and rights.

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Inclusion of men and boys by principle

Bias in conceptual approach: Gender, sex and sexuality

In the preambles of most country policies and strategies, the equity principle was promulgated as a key guiding principle for policy implementation from an understanding that all citizens, regardless of age, sex, race or socio-economic background, were entitled to the benefits as laid out in these policies and strategies. This is in line with the aspiration of universal health coverage, which emphasizes the right to health for all and includes universal access to sexual and reproductive health services and reproductive rights, as stated in the SDGs (UNFPA, 2019).

As a starting point, gender differences and social and environmental factors in determinants and consequences of (sexual and reproductive) health and illness receive emphasis in both health and education policies, as the following articulations from across the five countries show:

> Sexual rights include the right of all persons, free of coercion, discrimination and violence related to being male or female."[..] "Facilities are expected to implement gender-sensitive and rights-based sexual and reproductive health services.

Uganda Sexual and Reproductive Health Policy (2006), p.12 & 14.

> To develop an effective health system, the determinants of health, that is the social, economic, environmental and cultural factors which influence health, will be taken into account. People's age, sex, and hereditary characteristics inherited from parents are the basic determinants of health status. These are factors over which individuals have no control. Social and community networks, including families and households, have a considerable role to play in the health of individuals.

Lesotho National Health Strategic Plan (2017–2022), p.7.

> Sexual and reproductive health and rights needs increase during youth but for women they particularly increase during the reproductive years. In old age, the general health of men and women reflect the earlier reproductive life events. Although individual sexual and reproductive health and rights needs differ at different stages of life, events at each phase have important implications for future wellbeing.

Malawi National Sexual and Reproductive Health Policy (2017–2022), p.10.

> HIV and AIDS affect women and men differently. Application of all aspects of this policy shall be sensitive and responsive to the different needs of men and women, boys and girls, and interventions shall recognize the special vulnerabilities of the girl child.

Zambia Education Sector HIV Policy (2004), p.9.

[guiding principle of the programme:]

> Promoting and educating learners and staff on gender-related practices that affect young boys and girls. The strategy will ensure that the needs and concerns of boys and girls are an integral part of the strategy implementation, monitoring and evaluation.

Zimbabwe school-based life skills empowerment and support programme (2018–2022), p.V.

A reading of introductory sections reveals a dominant approach to theorizing gender, sex and sexuality within health statements. Even though there is an acknowledgement of social and environmental and life-course approaches impacting sexual and reproductive health and rights, gender binarism is inherent across policy and strategy documents in the five countries (men/boys/women/girls as fixed categories derived on the basis of biological sex classification) with little attention to the social and contextual influences that are likely to produce diverse expressions of gender and/or sexual orientation. The conceptualization of 'doing gender' or being 'gender-sensitive' is broadly articulated along the lines of *"special consideration to women due to their culturally constructed lower status in the society and their special role in reproduction"* (Lesotho, National Health Strategic Plan 2017–2022) and *"increased participation of men and boys in gender sensitive [HIV] programmes and services"* (Zimbabwe, National AIDS Strategic Plan 2015–2020).

To reiterate, the application of a gender/sex binary construct within policy documents denotes a heteronormative framing of the male/female subject. This resulted in a tendency to place men in a fixed category, of being a woman's sexual partner, a father or a son. Within this familial context, there was no apparent recognition of men (and women for that matter) in all their diversity. Such assignment of gender and sex roles was also reflected in the comprehensive sexuality education curricula for in-school youth. Differences were noted in the way these curricula approached the topic of gender, with some countries placing emphasis on traditional roles and rites for men and boys (Uganda, Zambia) while others adopt a broader lens on gender as a social construct (Lesotho).

Photo: © UNFPA/Lesotho

For example, Grade 8 learners in Lesotho participate in group sessions and interactive games around the role of socialization in creating gender roles, and maintaining gender boundaries, and receive homework to inquire after traditional gender roles from community elders or from their parents/guardians. Learners are expected by the end of this grade to explain how gender inequality is driven by culture and society, without attention to gender diversity. In Uganda, sexual orientation and gender identity does not occur as a topic for discussion in the curriculum and in Zambia, it is broached only in relation to the punitive legal environment for lesbian, gay, bisexual, transgender and intersex (LGBTI) people in the country. In Lesotho, there seemed to be less tension around this topic. The country's syllabus for Grade 11 covers gender identity and sexual orientation from an appreciative perspective, whereby learners are encouraged to respect these differences and are tasked with awareness-creating activities (for example, the development of a poster) on the topic, while violence inflicted on transgender individuals is already discussed in Grade 8. Within country HIV and AIDS-related policies and strategies, 'diversity' was articulated in terms of heightened vulnerabilities and risks for particular groups of men, vis à vis a criminalized status of homosexuality in all five countries. Often, these were the only documents which spoke of men who had sex with men or transgender people in more detail (or at all). Specific sections on gender within these documents, however, overlook these men and default to a binary conception of gender/sex in proposing strategies for gender-sensitive HIV and AIDS programming.

Absence of disaggregated data

Having noted the conceptual bias in the framing of gender and the emphasis on the differences between men and women, content analysis revealed that few policy and strategy documents had further unpacked the specific drivers of risk, vulnerabilities and (sexual and reproductive) health needs of men and boys. In countries with overarching sexual and reproductive health and rights policies (Uganda and Malawi), the analyses on men's sexual and reproductive health needs were limited in the absence of disaggregated data[2] for particular health conditions, such as prostate cancer.

This gap was noted in the preamble of the policy from Malawi, which states that: "*For some thematic areas such as reproductive cancers (especially prostate and breast cancers), infertility, obstetric fistula, domestic violence/harmful practices and male involvement in maternal health of their spouses, there*

2 Disaggregation of data refers to the breakdown of gathered information into smaller units or variables to clarify underlying trends and patterns by different dimensions, such as age, sex, gender, sexuality, geographic area, education, ethnicity, disability, social status or other socioeconomic variables.

is scant data for the baseline and targets for the key indicators. For effective monitoring of the policy, there is a need to collect data that will be used to update these statistics during the implementation of this policy" (page 11). In Uganda's male involvement policy guidelines (unique in its kind across the five countries), no evidence-base on male-related sexual and reproductive health problems was provided to underpin the proposed strategies of this document. The document also did not contain further references to, for example, programme evaluation data as a means to inform male involvement strategies. The lack of disaggregated sexual and reproductive health data across the region has also been noted in the literature (Doyle et al, 2012; Hook et al, 2021).

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In terms of HIV and AIDS-related strategies and guidelines, situational analyses stood out in their attention to gender by tabulating and/or describing gender differentials in the burden of disease and service utilization. For some countries, this attention leaned toward specific groups of men, such as men who have sex with men (Zimbabwe) and herd boys[3] (Lesotho). Background sections to national health policies and strategic plans were found to pay strikingly little attention to priority areas in men's health.

In some of the plans (for example, in Lesotho), male prevalence and incidence data were presented for certain health conditions (for example, a top 10 of male mortality in which HIV and AIDS, TB, pneumonia rank the highest), but only in Zimbabwe's Health Strategy (2016–2020), the epidemiological data was accompanied by a summary statement on the most salient health concerns for men in the country. For Zimbabwe, these included cancer and nutritional status (both men and women are targeted by the country's priority disease control programmes, such as HIV and non-communicable diseases).

In the other four countries, men's health primarily features through their support role in maternal and child health care and/or men are mentioned as a separate target audience for health promotion without elaborating the evidence-base to help inform messaging and materials directed towards men and boys.

3 Lesotho is a mountainous country with high levels of stock ownership. Boys as young as five years old become shepherds and spend months, sometimes years, away from their families, tending cattle and sheep in rugged terrain. Their isolation, poor economic situation, and lack of schooling, among others, render them vulnerable to engagement in unprotected same-sex sexual activity.

In national gender policies, it was observed that particular challenges or problems faced by men and boys (for example, expectations around masculinity) were presented in the context of pervasive and highly inequitable country contexts for women and girls.

Use of gender-neutral language

In addition to the limited availability of disaggregated data within policy documents, the adoption of gender-neutral policy language was also observed to impede clarity on particular men's health issues in each country. Across all five countries, adolescent health policies and strategies were found to promote age-appropriate and comprehensive sexual and reproductive health services in gender-neutral terms, coining this as a 'blanket approach' and, as a result, strategies and guidance tailored for adolescent boys and young men in response to differential sexual and reproductive health needs are not coming to the fore. As indicated earlier, while policy documents acknowledge there are differential needs within the population, subsequent actions tend to lack this level of specificity and take a generalized stance on (sexual and reproductive) health.

...while **policy documents acknowledge** there are **DIFFERENTIAL NEEDS within the population**, subsequent actions... take a generalized stance on (sexual and reproductive) health.

For example, the Uganda Adolescent Health Policy (2012) acknowledges that adolescents are a heterogenous group with different needs for health information, education and services but does not further provide for diversified strategies or guidance on this aspect. This implies that the actual assessment and responsiveness to adolescent health needs across gender, age and other determinants, exclusively relies on the quality of client-provider interaction. This stance has not altered in the latest version of the country's Adolescent Health Policy (2021), which currently awaits formal approval.

Another example is the Lesotho School Health and Nutrition Policy (undated) which states that "*the application of all aspects of this policy will be sensitive and responsive to the different needs of men and women, boys and girls, and interventions will recognize the special social and physiological needs of vulnerable groups based on gender*" and further refrains from indicating where possible emphases would lie for male and female learners in the implementation of this policy.

Articulation of men and boys' roles

The analysis of roles was guided by Greene's conceptualization of men as clients of sexual and reproductive health services, as partners/fathers in supporting the sexual and reproductive health of their partners or children, and as change agents in sexual and reproductive health and rights advocacy and challenging of gender inequalities and harmful norms. The role of client or service user is presented separately in the next section of this report, with detail to each component of the sexual and reproductive health service package.

Men as partners and fathers

The role of men as partners and (expectant) fathers was noted across countries, but the degree of policy attention varied considerably between countries. In the majority of countries, the operationalization of the term 'male involvement' was missing, either in making explicit the approach or strategies to secure male involvement or in listing related activities within the appending workplan. Some key documents, such as the (draft) National Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2021–2025) of Lesotho,[4] make minimal note of the role of men.

Positive outliers were found in specific documents originating from Malawi, Zimbabwe and Uganda. The National Sexual and Reproductive Health and Rights Policy of Malawi (2017–2022) not only dedicates a section to male involvement across reproductive health services on page 31 to 32, it also elaborates roles for different ministries in involving men in sexual and reproductive health and rights. The previous version of the country's policy (2009) already contained a dedicated section on male involvement, which expanded from one to four strategies in the current version.[5]

Zimbabwe's National HIV Communication Strategy (2019–2025) elaborates male roles, along the line of Greene's proposition, and refers to men as recipients of care, supporters in antenatal care and prevention of mother-to-child transmission, and as mobilizers of other men for HIV preventive messages.

The most elaborate example is found in Uganda, which released a special addendum to its national policy guidelines and service standards for sexual and reproductive health and rights on male involvement in sexual and reproductive health service delivery, as well as a strategy document for male involvement in 2019. The strategy document is the only document within this policy analysis which conceptualizes the term of male involvement, indicating this to mean:

> "In this document, male involvement refers to the fulfilment of roles and responsibilities of men and boys in sexual and reproductive health and rights including HIV/TB prevention, care and support. Boys and men will take responsible decisions to realize their full potential in their sexual and reproductive health and rights. It will also mean that men and women's full enjoyment of their sexuality and realization of their reproductive health goals and rights in a responsible manner. It will further mean that males participate effectively in the health and well-being as well as respecting rights of their partners and children."
>
> Uganda National Strategy for Male Involvement/Participation (2019), p.9.

4 As one of six priority actions under strategic objective 5, the plan seeks to: "*Strengthen individual, family and community capacity to take necessary reproductive, maternal, newborn, child and adolescent health and nutrition actions at home and to seek health care appropriately including male involvement*", p.38.

5 Strategies include 3.9.3.1 Empower men to promote and patronize sexual and reproductive health and rights services. 3.9.3.2 Encourage couple initiatives (women to personally invite their husbands to patronize sexual and reproductive health and rights services). 3.9.3.3 Create conducive environment in health facilities to promote male involvement in S sexual and reproductive health and rights services. 3.9.3.4 Mobilize communities and create awareness on the importance of male involvement through information, education and communication.

Photo: © Brian Wolfe

The strategy contains a division of roles for state and non-state actors and elaborate workplan, and there is mention of establishing a technical working group on male involvement under the maternal and child health technical working group at the Ministry of Health. There is, however, no reference to the resource envelope for this plan and it remains unclear from the document whether a budget for implementation has been secured.

Further observations on male involvement in aspects of sexual and reproductive health care will follow under the section on the Global Package. Across the five countries, the role of boys in the prevention of teenage pregnancy and as expectant fathers tended to be missed in school health and learner policies. This did not apply to the revised guidelines for prevention and management of pregnancy in school settings in Uganda (2020), which dedicates a section on the expectant father, whereby the boy is expected to take part in childcare after his child is born. Furthermore, the policy seeks to deter other boys from becoming expectant fathers by suspending all those who find themselves in this situation, together with their pregnant partner, three months into the pregnancy and allowing them to re-enter school only after the delivery. Both the boy and girl are offered psychosocial support during this period.

Men as change agents

The role of change agent in sexual and reproductive health and rights had not been articulated by the vast majority of policies and strategies, which is consistent with the lack of gender-transformative interventions in the region as evidenced in the literature (Ruane-McAteer et al, 2019; Beia et al, 2021).

The Uganda country analysis produced the only exception with regard to this role, consisting of the National Strategy for Male Involvement/Participation (2019), which speaks of action groups for men, and the HIV Prevention Road Map (2018), which speaks of engaging men as agents of positive change. More specifically,

male action groups are expected to be established in each community (with a target of 90 per cent by 2023) and to spearhead the development of a local workplan for engaging men in sexual and reproductive health and rights.[6] The manner in which the change agent role via the male action groups is actioned seemed to bear a closer resemblance to (creating) gender awareness than to the advancement of gender transformation, as articulated by IGWG (2017). To illustrate, the strategy suggests "*to stimulate the necessary critical consciousness on men and boys' involvement/participation in sexual and reproductive health and rights*" (p.17) and "*to discuss the roles and responsibilities of men in child health, sexual and reproductive health and rights, including HIV/TB in a culturally, politically and religious sensitive manner, however, without compromising the rights of women and children*" (p.19). Some of the issues raised within the situational analysis of the document (the need to engage boys to transform and nurture positive masculinities, and the commonality of violence against women which arises from male sexual and physical domination over women in Uganda) were touched upon by suggesting a peer model intervention to counsel/warn other men and boys against risky behaviours like gender-based violence /violence against children, alcohol, drug and substance abuse (p.18). However, the gravity of issues would seem to warrant more progressive action along the gender continuum. Uganda's HIV Prevention Road Map is more articulate on the need for transformation in social norms and behaviour, by stating the following:

> "Engaging community, cultural, religious and political leaders will build community resilience to infection and challenge stereotypes, norms, values and practices that fuel stigma. If behaviour patterns are to be changed in a lasting way, traditional culture institutions are indispensable: catalysing meaningful and longer-term shifts in social norms and behaviour requires working with traditional cultural leaders to implement culturally grounded interventions that are family-centred and that engage men as agents of positive change."
>
> HIV Prevention Road Map (2018), p.34.

Within comprehensive sexuality education country curricula, Lesotho stood out in terms of utilizing the school environment to introduce boys and girls to what they term 'gender-transformative' work, by engaging them in role-play scenarios that challenge gender stereotypes and by encouraging learners to make positive changes in their communities. It is indicated that the syllabuses for in-school comprehensive sexuality education apply a skills-oriented and reflective approach towards discussing sexuality matters with learners that move well beyond the provision of information and placement of sexuality in a value and/or risk frame (as was observed in the curricula of Zambia

6 Sexual and reproductive health and rights represent an abridged version of what it encapsulates in the strategy. Male participation is encouraged in reproductive, maternal, neonatal, child and adolescent health and nutrition, gender-based violence and violence against children, and sexual and reproductive health and rights, including HIV/TB issues.

and Uganda) and has the potential of equipping boys with the skills, attitudes and knowledge to become a change agent. It needs to be noted that this approach is not carried through in other policies and strategies from Lesotho, which may affect the intended outcomes of the comprehensive sexuality education programme, alongside other barriers in the implementation of the curriculum that requires well-trained and dedicated teachers, and supportive parents and school boards.

Reflection on the Global Package of Sexual and Reproductive Health and Rights for Men and Adolescent Boys

Clinical components

In view of the observation that national HIV and AIDS strategic plans were more attentive to gender-related risk and vulnerabilities, it is perhaps not surprising that out of the 10 clinical components of the sexual and reproductive health and rights package, **HIV services** were the most frequently mentioned for men and boys. In this, a large emphasis was noted on bringing them into voluntary male medical circumcision programmes, and to a lesser extent on the provision of pre-exposure prophylaxis and post-exposure prophylaxis to specific groups of men, and the role of male partners in mother-to-child transmission interventions. In three countries (Uganda, Lesotho and Zimbabwe), both HIV-specific and overall health strategic plans included strategies to address the problem of a lower uptake and retention of men in HIV care, for example, by engaging traditional and religious leaders in the promotion of health-seeking behaviour among men in their communities. In Zambia, we observed a different emphasis in terms of addressing the gaps for men in HIV care – while policy implementation periods overlapped – with the low uptake of treatment by HIV-positive men in the HIV/AIDS Strategic Plan (2015–2020) on the one hand, and low male involvement in prevention of mother-to-child transmission in the National Health Strategic Plan (2016–2020) on the other hand. One policy document further specified the age groups in which the treatment gap in men was of particular concern (Uganda HIV Prevention Road Map, 2018: men aged 20 to 24 and 35 to 49 years). HIV clinical guidelines were formulated in gender-neutral terms.

Particular safety concerns relating to men's health were observed within the voluntary medical male circumcision policies and guidelines, whereby the necessity of offering a procedure to men that would be safe and minimize the risk of complications

was underscored. Consistent with previous literature, voluntary medical male circumcision was promoted as an entry-point to a broader package of sexual and reproductive health services (Govender et al, 2018), however, our analysis found that the policies and strategies that would need to underpin and operationalize these broader packages were not well articulated for male clients, as we will discuss below. In looking at policy alignment, it was observed that for countries such as Zambia, Uganda and Malawi, where voluntary medical male circumcision policy documents were conceived a decade or more ago, current national health strategic plans did not encapsulate voluntary medical male circumcision (Uganda, Malawi) or only partially (via one work-plan indicator in Zambia), leaving the impression that the voluntary medical male circumcision programme may not be as well connected to other sexual and reproductive health services as intended.

Photo: © UNFPA/Luis Tato

Reference to the provision of services for the **prevention, screening and treatment of sexually transmitted infections** in policy documents mostly occurred in gender-neutral terms. An exception was observed for men belonging to key populations within HIV-related policies and standards, and in the case of Zambia, also within the Health Strategic Plan (2017–2022).

In most of the analysed documents, **contraceptive services** for men and boys were confined to the provision of male condoms. Policies that adopted a broad, inclusive stance on family planning service provision [for example, the Lesotho National Health Strategic Plan (2017–2022), which aims to "*ensure access to safe, effective, affordable and acceptable reproductive health services, including family planning services to youth, women and men"*, p.40; the Ugandan Sexual and Reproductive Health and Rights Policy (2022),[7] which commits to "*provide all sexually active individuals access to quality family planning information and services whenever they need them*", p.11; or the Malawian Sexual and Reproductive Health and Rights Policy (2017–2022), which seeks to "*broaden the range of family planning methods offered at both health facility and community levels*", (p.25) were not seen to further expand on contraceptive options for men, additional to condoms, such as vasectomy or male involvement in the contraceptive choice of a female partner. Discrepancies between noting contraception as a sexual and reproductive health need on the one hand, and actioning it for men and boys on the other hand, were found in several policy documents, such as in

7 It is expected that the policy on sexual and reproductive health and rights will be integrated into one national health sector policy in due course.

Malawi's National Youth-Friendly Health Services Strategy (2015–2020), which directs its attention to female contraceptive services, despite problematizing the low contraception uptake among boys in its introduction. This oversight may be a direct consequence of the limited resources for health in the region, whereby female contraceptive needs are viewed as a more pressing priority, and a larger problem worldwide to produce safe, reversible, and reliable contraception for men (Chao & Page, 2016).

The components on **reproductive disorders and dysfunction, infertility, and male cancers** as a sexual and reproductive health service for men and boys were largely absent from country policy documents. Exceptions were noted in the Ugandan male involvement policy guidelines (2019) and National Strategy for Male Involvement/Participation (2019), which promote screening for prostate cancer, infertility, sexual dysfunction, and benign prostatic hypertrophy in older men. Uganda's Sexual and Reproductive Health and Rights Policy (2022) integrates infertility and sexual dysfunction services within existing sexual and reproductive health services and at various levels of health care, as well as underlines the need to "*counter prevalent myths and misconceptions about causes and treatments of infertility and sexual dysfunction*" (p.11). Malawi's Sexual and Reproductive Health and Rights Policy (2017–2022) covers screening for infertility for individuals and couples and referral to appropriate care, but does not cover the management of male sexual dysfunction. Health strategies address both female and male reproductive tract cancers by offering diagnostic screening for cervical, breast and prostate cancer at the primary health-care level and appropriate referral for cancer patients.

Photo: © UNFPA/Luis Tato

From the documentation,[8] we could discern that only two countries currently offer diagnostic services for reproductive-related male cancers. At all health care levels in Malawi, all men of 40 years of age or older should routinely be offered prostate cancer screening services, and in district hospitals in Lesotho, a physical examination and prostate-specific antigen tests are reportedly provided to men.

As discussed earlier, **male involvement in prenatal and postnatal care and safe motherhood** was encouraged through policy (though in minimal terms in some of the countries), but the role of men in abortion care was not well articulated in any of the five countries. Only a previous version of Uganda's National Sexual and Reproductive Health and Rights Policy (2006) contained a statement along this line ("*this is health care provided to a woman or a couple seeking advice and services either for terminating a pregnancy or managing complications arising from an abortion*", p.45), while in the new country policy, there was no mention of the male partner in the provision of comprehensive post-abortion care. In the safe motherhood section, childbirth, post-abortion care, and obstetric fistula care did not include an action to involve the partner as it was articulated for antenatal and postnatal care in the same section of this new policy. Policy language on male involvement in pre- and postnatal care and safe motherhood generally did not stretch beyond instructing that this involvement should commence early in antenatal care visits and that men 'should take their responsibility'. More guidance to this effect came from several Ugandan policy documents, notably the male involvement policy guidelines and related strategy document, the National Health Sector Development Plan (2015–2020), the national standards for improving maternal and child health quality (2018), and its sexual and reproductive health and rights policy (2022), which promoted interventions such as the empowerment of male partners with knowledge about reproductive, maternal and newborn care services; resource planning to support pregnancy and childcare in couple counselling; the promotion of effective communication between the woman, her family and the health worker; the option for every woman to experience labour and childbirth with a companion of her choice; and the promotion of responsible fatherhood during postnatal care.

Sexual and gender-based violence as a distinct problem in the region (Harrison et al, 2015) was accorded prominence in the country policy documents. There was a clear recognition that sexual and gender-based violence occurred among

8 Please note that the information provided in country policy documents may not necessarily be complete or up to date.

both women and men, which in some instances was supported by quantitative data on sexual/emotional abuse among boys, such as in Zimbabwe's Adolescent Health Strategic Plan (2016–2020), the National Plan of Action on Sexual and Gender-Based Violence and Violence against Children (2019–2030) from Uganda, and Malawi's National Youth-Friendly Health Services Strategy (2015–2020). The provision of support services or one-stop centres for victims/survivors of sexual and gender-based violence tended to be formulated in gender-neutral terms (for example, the Lesotho National Health Strategic Plan (2017–2022) aims to "*provide comprehensive services for victims/survivors of abuse/violence and promote reduction of all forms of gender-based violence*"), while a key role was assigned to men in the elimination of sexual and gender-based violence. Nonetheless, only a few documents contained programmatic interventions or strategies in relation to this role. This included male forums for gender-based violence discussions and integration of gender-based violence issues in the educational curriculum (Zimbabwe), anger management as part of male-oriented package of sexual and reproductive health services (Uganda), and the involvement of male prisoners in sexual and gender-based violence reduction strategies (Lesotho). Strategies seeking to address discrimination and sexual and gender-based violence against (male) key populations,[9] as rights violations occurring within a punitive legal environment for these groups, were proposed by one policy document only (the National AIDS Strategic Plan of Zimbabwe (2015–2020). Specific attention to violence perpetrated against boys and young men in juvenile detention centres/prisons in the introduction of the National Plan of Action on Sexual and Gender-Based Violence and Violence against Children (2019–2030) from Uganda was not further reflected in any other action plans, nor did they include the names of relevant ministries to address this problem in collaboration with the Ministry of Health as the custodian of the action plan. Specific interventions or psychosocial support for perpetrators of violence were not part of any country document.

Photo: © IPPF

9 The strategic plan mentions gay men and other men who have sex with men, sex workers and their clients, and transgender people as the main key population groups in the country context. (p.39, footnote 12).

The component information on **sexual health and the provision of comprehensive sexuality education** consisted of a range of activities, covering facility-, community- and school-based strategies.[10] Not surprisingly, the main focus was on adolescents' and young people's sexual health. Within this, the attention to adolescent boys and young men was pronounced via specific and intersectoral strategies, intended to bring adolescent boys and young men into sexual and reproductive health care and reduce risk behaviours and harmful attitudes and practices with regard to the transmission of HIV and sexually transmitted infections, alcohol and drug use, and gender-based violence. Uganda's National Strategy for Male Involvement/Participation (2019) took this one step further with the suggestion to "*integrate boys' and men's interests in the health service delivery that will foster physical, emotional and social development of boys and men as a way of adopting health-promoting behaviour.*" The bulk of strategies under this component were located outside the health facility, and will be discussed in the next section on non-clinical components. The strategies which promoted facility-based health education and counselling services were not observed to single out the male client but, as a general requirement, strongly emphasized youth-friendliness and privacy within these services. Zambia's Road Map for Maternal, Newborn and Child Health (2013–2016) suggested the promotion of parental support for adolescents to access information and health services as a complementary strategy.

Non-clinical components

The importance of developing **tailor-made messages for men and boys** resonated through country policy documents. A number of countries had developed a communication strategy to further guide this process for particular sexual and reproductive health issues (Zimbabwe: HIV, Lesotho: sexual and reproductive health and HIV, and Malawi: voluntary medical male circumcision). In Zimbabwe, adolescent boys and young men are among 11 defined priority groups within the National HIV Communications Strategy (2019–2025). The strategy is structured along barriers and desired behaviours for each priority group, underpinned by each group's respective sexual and reproductive health problems. For adolescent boys and young men these include: low risk perception, experimental sexual behaviour, lack of comprehensive sexual and reproductive health, and low adherence to anti-retroviral treatment. What remains unclear from the document is which sexual and reproductive health needs among adolescent boys and young men have been identified and could potentially serve as cue(s) to action.

The importance of **developing TAILOR-MADE MESSAGES** for men and boys resonated through **country policy documents.**

10 Strategies included comprehensive sexuality education for in- and out-of-school youth.

Furthermore, the locus of behavioural change messaging for adolescent boys and young men is placed on risk reduction (for example, condomize) and the reduction of stigma (accepting one's HIV status), without giving attention to positive aspects of sexuality and masculinity. This negative framing of 'male sexual behaviour' was observed across the majority of country documents. In particular, educational messages for Zambian and Ugandan learners consists of multiple warnings against sexual stimulation (for example, watching porn, being in the same room as the opposite sex) and deviant sexual behaviour, which would "*lead to harm and their self-destruction.*"[11]

The formation of **male support groups**, as proposed in the Global Package, was not applied as a consistent strategy across country policy documents, except for men and boys living with HIV. The emphasis lay more on reaching men and boys than on building a (supportive) community. Outreach strategies included, for example, differentiated HIV testing approaches (Uganda), peer educators who visited male places of leisure (Zimbabwe), mobilization of appropriate community structures to promote male health-seeking behaviour (Malawi), and development of communication messages to promote condom use among men (Lesotho). As indicated before, the National Strategy for Male Involvement/ Participation (2019) goes much further and speaks of male action groups and a psychosocial peer support model with a view to equip men to serve as change agents in their family and community. This level of engagement by men and boys was not reflected by any other policy document either within and outside of Uganda.

Most documents, however, remained silent on the role of **male advocacy** in attracting more men to sexual and reproductive health services and, importantly, on their agency in shifting social norms. Youth participation as a principle in programme decision-making around sexual and reproductive health was promulgated by different countries (for example, Uganda, Malawi, Zambia). However, it must be noted that inclusivity sometimes stood at odds with the way country policies and comprehensive sexuality education curricula framed or referred to the (sexual) behaviour of young people. The quote below serves to illustrate this point:
"The pinnacle of this policy is empowerment of the youth of Malawi. It therefore follows that youth cannot expect government to diligently undertake programmes to empower them when they are busy doing the opposite – abusing themselves through alcohol and drug abuse."
Malawi National Youth Policy 2013, p.V.

Health system integration and programme implementation

To assess the extent to which the sexual and reproductive health package for men and boys, or components thereof, were part and parcel of health system operations, we also reviewed community health strategies and road maps to universal health coverage, where these were available. None of these documents discussed men's health, and in the case of Malawi, only contraception (male condoms) and HIV were reflected in the Essential Health Package, leaving a significant part of the sexual and reproductive health service provision outside the package.

11 As stated in the Uganda comprehensive sexuality education curriculum for 13- to 16-year-old learners.

Photo: © UNFPA/Luis Tato

Another notable gap in fully incorporating the male sexual and reproductive health service package was found while reviewing the appendices of all policy documents. While the policy discourse may have included attention to male sexual and reproductive health issues, these were no longer or only marginally represented in the budget lines and service/programme indicators that followed. One country example includes the Lesotho National Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2021–2025) which signals an increasing trend in HIV prevalence among men, but the proposed set of indicators to monitor HIV services cover female clients only, and Lesotho's National Health Strategic Plan (2017–2022), which highlights a need for male involvement but does not operationalize this in the appending workplan. Another example is Malawi's Gender Policy (2015), which seeks to mainstream gender issues in HIV and AIDS programmes but the indicators to track mainstreaming apply to female programme clients, and the National HIV/AIDS Strategic Plan (2020–2025) which budgets for activities for adolescent girls and young women but not for adolescent boys and young men. It thus remains unclear to what extent male service needs, and their participation in sexual and reproductive health activities is budgeted for and whether outputs and outcomes are being tracked. This is not to say that the inclusion of male-specific service and programme indicators within policies and strategies are effective on their own. Uganda's National Strategy for Male Involvement/Participation (2019) serves to illustrate a larger problem in the region, where evidence of quality implementation and consistency in financing and monitoring of public policy lag behind. The named strategy contains numerous indicators and targets, but without appropriate resources (financial and human) it seems unlikely that the Ugandan Ministry of Health will be in a position to monitor progress at such an intense level.

Country health and sexual and reproductive health policies guiding service provision for all age groups, paid attention to health provider competence on sexual and reproductive health in broad terms, such as technical competence of the sexual and reproductive health service package, adherence to guidelines and protocols, and to patient rights. Strategies consisted of pre-service and in-service training, supervision and mentorship for service providers.

Men's sexual and reproductive health issues or male involvement in reproductive health featured in none of these documents as a separate item for health provider training and mentorship. Also, a dedicated section on capacity building within Uganda's National Strategy for Male Involvement/Participation (2019) was observed to provide limited depth on the issue of health provider competency, stating that: "*service providers should be equipped with hands-on performance skills", with skills further described to mean, "practical ways of promoting male involvement/ participation and handling male clients*" (p.5). Similarly, the proposed strategies to strengthen health provider competencies in adolescent sexual and reproductive health focused on the adolescent group as a whole, and, while training in 'youth-friendliness' was frequently mentioned within adolescent sexual and reproductive health policy documents, little detail was given on providers' competencies required to provide youth-friendly services, except for the adolescent sexual and reproductive health strategy of Zimbabwe (2016–2020). This strategy distinguished the need for training and mentorship in interpersonal communication skills with a view to generating demand for these services and engaging more effectively with adolescents and young people at service points.

Alignment to broader sexual and reproductive health and rights commitments and a life-course approach

Alignment between the priorities or focuses of national policies and the commitments made to sexual and reproductive health and rights at a global, continental and regional level was most noticeable in the following (thematic) areas:

- **investments** in youth-friendly services and standards
- **legislative action** to **prevent** child marriage
- the provision of **comprehensive sexuality education** to adolescents and young people
- the **elimination** of gender-based violence and HIV prevention
- the **role of men** as partners in **maternal and child health/prevention** of mother-to-child transmission programmes.

Photo: © UNICEF/Julio Dengucho

With reference to the last item, at least three out of five countries need to further explicate the role of men and boys as partners, and as persons with their own sexual and reproductive health and rights needs in policies and strategies, in line with the SADC Regional Strategy on Sexual and Reproductive Health and Rights (2019–2030), the African Union Policy on Sexual and Reproductive Health and Rights (2006) and the Maputo Plan of Action (2016–2030). Interestingly, Uganda's new Sexual and Reproductive Health and Rights Policy (2022) seems to be taking a more active stance with regard to being responsive to the needs and rights of the individual and states the following: *"This policy moves away from a 'target driven' approach to the provision of sexual and reproductive health and rights to a 'rights- and needs-based' approach as recommended by the ICPD Plan of Action. Meeting the sexual and reproductive health and rights targets will contribute positively to the achievement of not only health but also other goals and targets related to poverty, education and gender equality of the 2030 Agenda, and National Vision 2040. This policy widens the focus of sexual and reproductive health beyond reproductive years to larger issues of sexuality, gender equality, and gender power relations along the life cycle. It refocuses sexual and reproductive health and rights from intervention perspectives of present coverage targets towards addressing the individual's needs and rights. The underused opportunities such as self-care and sexual and reproductive health literacy are promoted within the context of human rights and gender equality."* Uganda Sexual and Reproductive Health and Rights Policy (2022), p.5–6.

The African Charter of Human and People's Rights codifies the right of the individual to the best attainable standard of physical and mental health, which includes action by the State to protect the health of people and to ensure provision of medical attention when they are sick (ACHPR, 1981: art 16). As discussed earlier, the focus on the needs and rights of men and boys featured predominantly through the principle of equitable health care in policy preambles, but became less evident within policy objectives and strategic guidance. The lack of specification seemed a persistent problem. Even in Uganda's new Sexual and Reproductive Health and Rights Policy, which commits in principle to a 'rights and needs-based approach', we observed this gap. To illustrate, in the gender-based violence section it acknowledges that *"there are health concerns in sexual and reproductive health which relate uniquely to men and are currently poorly met by sexual and reproductive health services"* (p.13) but neither these concerns nor the limitations within the health service are further elaborated upon in the document. The policy discourse on rights and the obligation of the State towards men's health tends to be obscured by overarching principles of equity and quality health care, and country commitments to universal health coverage, the Maputo Plan of Action and the

African Charter of Human and People's Rights, and omits the salient detail in order to guide implementation (for example, while Lesotho's National Health Strategic Plan envisions that *"Both providers and consumers of health services shall be oriented to human rights-based approach in health"*, p.38, it is not clear how this translates into practice for men and boys).

The analysis also pointed to tensions between male sexual and reproductive health needs along different stages of life and certain provisions in national criminal law,[12] age of consent[13] and religious-normative influence on sexuality education and sexual and reproductive health and rights service provision, which in turn place restrictions on the ability of health workers and teachers to comprehensively respond to these needs. From the analysis, we could discern that attention to the sexual and reproductive health needs of men and boys belonging to sexual minority groups is primarily carried by the 'HIV community'. In some countries, only national HIV and AIDS strategic plans spoke to the health and well-being of men with a non-conforming sexual orientation or gender identity. Apart from the punitive legal environment, it is possible that the age band plays a role in the observed silence on sexual minorities within policy documents. For example, in Malawi's HIV and AIDS Strategic Plan (2020–2025) men, youth and key populations (men who have sex with men, transgender people and sex workers) are jointly mentioned as target groups for the expansion of access to HIV services, while the National Youth-Friendly Health Services Strategy (2015–2020) only refers to sex workers as a key population.

A life-course approach recognizes that people have different and changing sexual and reproductive health needs throughout their lives, from birth to adolescence and through different stages of the reproductive age to old age. The importance of adopting a client-centred, life-course approach to improve (sexual and reproductive) health was underscored by the preambles of national strategic plans on health, sexual and reproductive health, HIV or maternal health in four out of five countries.

> "People's lifestyles, and the conditions in which they live and work, influence their health and how long they live. The individual's ability to pursue good health is influenced by his or her skills, information and economic means."
>
> Lesotho Health Strategic Plan (2017–2022)

> "The health of the newborn is largely dependent on the mother's health status and on her previous access to health care. Sexual and reproductive health and rights needs increase during youth but for women they particularly increase during the reproductive years. In old age, the general health of men and women reflect the earlier reproductive life events."
>
> Malawi National Sexual and Reproductive Health and Rights Policy (2017–2022)

12 This includes the criminalization of HIV transmission in Uganda, and Zimbabwe.

13 In Uganda, for example, the revised guidelines for pregnancy in school settings (2020) define age of consent as follows: the stage in years at which a teenage citizen may make personal choices as stipulated in the law (18 years of age).

> Adopt a life-cycle approach as a lens to analyse and address structural dynamics of HIV and the response for each stage of the human life cycle in order to empower individuals to make and act on healthy choices.
>
> Uganda National HIV/AIDS Strategic Plan (2020–2025)

> The government recognizes as critical the life-cycle phases of pregnancy, birth, postnatal, newborn and childhood.
>
> Zambia Maternal and Child Health Road Map (2013–2016)

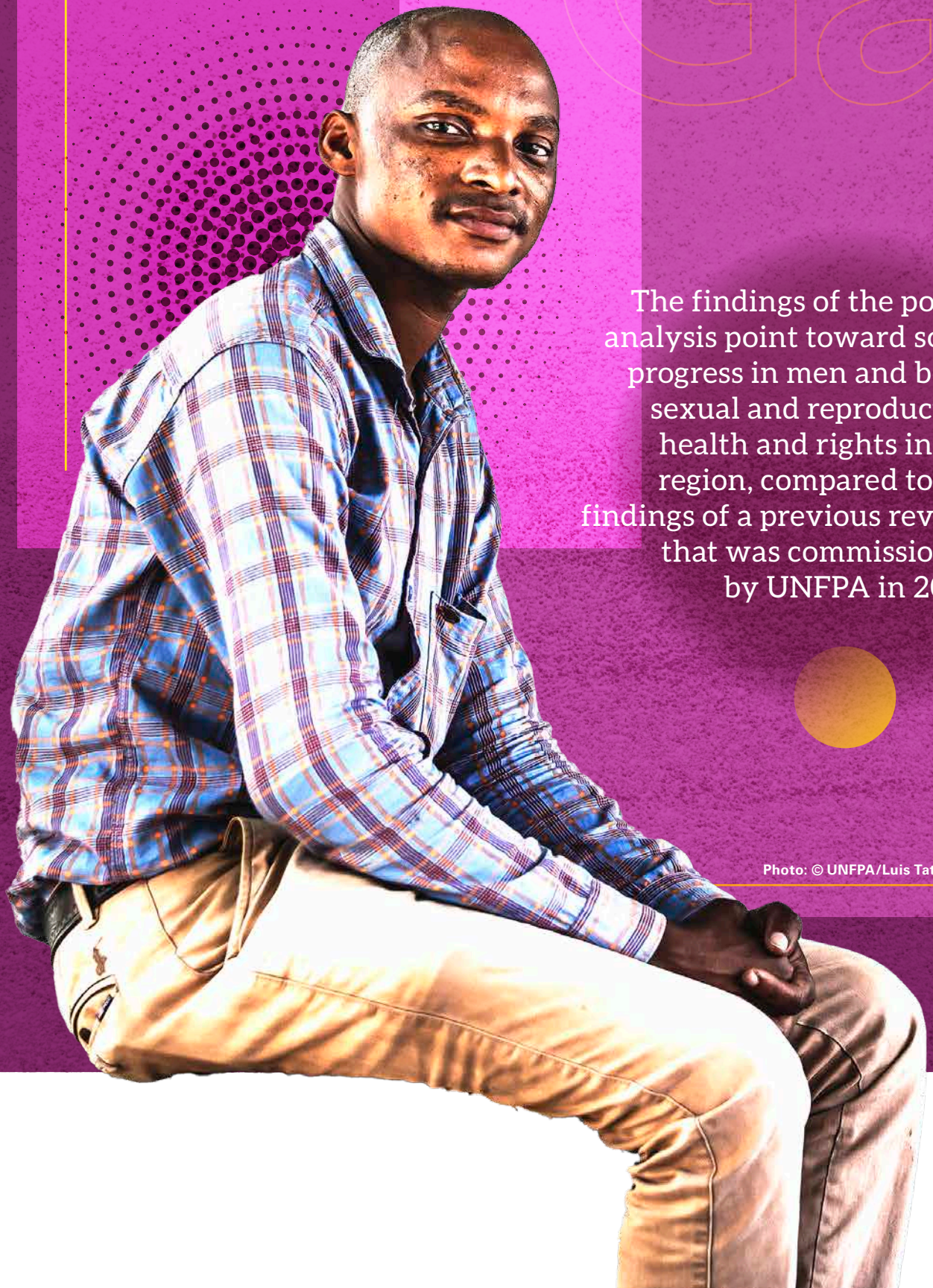
In Zimbabwe, only the National HIV Communications Strategy (2019–2025) makes reference to the life-course approach, by speaking of the need to accompany the individual from one programme to the next depending on where they are in their health journey. The National Health Strategy of Zimbabwe (2016–2020) adopts the *asset approach* to attain the (highest possible standard of) health for its people, by linking a healthy population to economic growth.

As a last point, the policy analysis observed a gap in the alignment between the delivery of quality, life skills-based comprehensive sexuality education services as promulgated in the SADC regional strategy on sexual and reproductive health and rights, and the contents of the in-school comprehensive sexuality education curricula that were accessible for this review (Malawi and Zimbabwe were not part of the analysis). There is need to strengthen the transformative aspect of sexuality education for adolescent boys and young men in Uganda and Zambia, where the approach seemed to hinge mostly on information dissemination. Lessons could be learned from the Lesotho curriculum and the UNFPA out-of-school curriculum (which is reportedly used in all countries, with the exception of Uganda), where the latter adopts a range of participatory methodologies to actively engage and build the skills-set of learners in issues of sexuality and gender, social norms, and respect for bodily integrity and autonomy.

Photo: © UNFPA/2gether 4 SRHR

Bridging the Gap

Conclusions



The findings of the policy analysis point toward some progress in men and boys' sexual and reproductive health and rights in the region, compared to the findings of a previous review that was commissioned by UNFPA in 2017.

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There seems to be increased gender sensitivity within country policies and strategies, including deliberate steps by some countries in articulating a policy approach to reach men as clients and involve them as partners in sexual and reproductive health services, which constitutes an important resource for countries that are in the process of developing more comprehensive health and sexual and reproductive health policies and strategies.

However, important gaps remain in the lack of policy guidance and 'push' towards gender-transformative interventions and in the protracted silence on positive sexuality, namely, respect and acceptance of one's sexuality or expression of gender and the sexuality or gender expression of others without judgement, shame, violence or discrimination.

More generally, policies and strategies lacked an explicit application of key concepts, such as male involvement and gender transformation, and division of roles and responsibilities among the different sectors involved in country commitments to the implementation of sexual and reproductive health and rights. Further, there was lack of attention to emphasizing men in all their diversity in policy discourses in Uganda, Lesotho, Malawi, Zambia and Zimbabwe. The analysis clearly pointed to the need for more disaggregated data on burden of disease among boys and men at different stages of life, and demand for and utilization of health services (except for HIV and AIDS) to better inform sexual and reproductive health programming. In addition, the analysis also revealed significant problems with the accountability of policy propositions concerning men's health, vis à vis the absence of designated budgets and scant mechanisms to track performance, as well as lack of clear processes to facilitate a regular update of the existing evidence-base on health service utilization and main health concerns among men and boys.

Photo: Bill Webener/Unsplash

Recommendations

Broader health and sexual and reproductive health policies should more explicitly state their package of interventions targeting men and boys.

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Based on the findings, we propose the following recommendations:

1. Country laws, policies and comprehensive sexuality education curricula should pay more attention to the diversity of expressions of gender and sexuality beyond the binary framework and address all sexual and reproductive health and rights needs in an equitable, non-discriminatory manner.
2. Countries need to incorporate an analysis of risk, vulnerabilities and needs of men and boys when developing policies and strategies.
3. Countries need to strengthen health management information systems to better disaggregate data by age, gender, and locality, and incorporate specific indicators to monitor uptake and service delivery for men and boys.
4. The adoption of gender-neutral policies impedes clarity on the health and social issues facing men and boys. Where possible, broader health and sexual and reproductive health policies should more explicitly state their package of interventions targeting men and boys.
5. Policies and strategies need to both define and operationalize key concepts such as male involvement and gender transformation to provide more guidance to service providers and other actors involved in the implementation of sexual and reproductive health and rights country commitments.
6. Policies and strategies on male involvement need to consider the roles of different sectors and more clearly outline the key competencies that are required per sector.
7. Several promising practices exist in the region that countries can leverage off in terms of the description and approaches to male involvement in sexual and reproductive health.
8. Education ministries should highlight the role of boys in the prevention of teenage pregnancy and as expectant fathers, as well as put a stronger emphasis on the development of skills within comprehensive sexuality education curricula with a view to supporting boys to become a change agent in their community.
9. Policies and strategies need to incorporate a broader, integrated approach to voluntary medical male circumcision to derive maximum benefit of men and boys' entry into sexual and reproductive health services.
10. Policies and strategies need to pay more attention to addressing male reproductive cancers and infertility and offer information and screening services.
11. Greater attention should be provided to male sexual disorders that can be debilitating and indicative of other health issues.

12. Countries should develop communication materials that encourage and positively frame men and boys' contribution to improved maternal, newborn and child health and to families that are free of violence.

13. Countries should evaluate community-based health and social interventions targeting men and boys, such as male support groups or programmes working through male champions/influencers, to inform future directions and investments in gender-transformative programming.

14. Countries should consider which elements of male sexual and reproductive health and rights should be incorporated in the essential health package and as part of the minimum benefit packages for universal health coverage.

15. Countries need to ensure that all components of health and sexual and reproductive health strategies are budgeted and costed for, including attention to critical human resource skills and competency areas.

16. Continental and regional commitments need to be more explicit in their goal setting towards meeting the sexual and reproductive health and rights needs of men and boys in all their diversity, and in strengthening the male support and change agent role.

Photo: © UNICEF/Thoko Chikondi

Annex 1. References

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Annex 2. List of reviewed documents

Regional commitments

SADC Regional Strategy on Sexual and Reproductive Health and Rights (2019–2030)

East African Community Minimum Standards for RMNCAH and HIV integration and linkages (2020)

HIV Declaration 2016 and 2025 targets

Maputo Plan of Action (2016–2030)

Africa Health Strategy (2016–2030)

African Union Policy on Sexual and Reproductive Health and Rights (2006)

Abuja Declaration on AIDS, Malaria and TB (2013)

Ministerial Commitment on Comprehensive Sexuality Education and sexual and reproductive health services for Adolescents and Young People in East and Southern Africa (2013)

UNFPA out-of-school comprehensive sexuality education curriculum (implemented in all project countries, except Uganda)

Uganda

Uganda Penal Code (1950 & updated version 2020)

Constitution 1995/2017

National Sexual and Reproductive Health and Rights Guidelines and Standards (2006) – incomplete version

Sexual and Reproductive Health and Rights Policy (2022)

Adolescent Health Policy (2012)

Adolescent Health Policy (2021–2025) – to be formally approved

School Health Policy (2021) – to be formally approved

Revised Guidelines for Prevention and Management of Pregnancy in School Settings (2020)

Health Sector Development Plan (2015–2020)

Ministry of Health Strategic Plan (2020–2025)

National HIV/AIDS Strategic Plan (2020–2025)

National Guidelines on Prevention of Mother-to-Child Transmission and Infant Feeding (2011)

Policy Guidelines to Male Involvement in Sexual and Reproductive Health Service Delivery (2019)

The National Strategy for Male Involvement/Participation in Reproductive Health, Maternal, Child, Adolescent Health and Rights-Nutrition, including HIV/TB (2019)

National Standards for Improving Maternal and Child Health Quality (2018)

National Plan of Action on Sexual and Gender-Based Violence and Violence against Children (2019–2030)

Safe Male Circumcision Policy (2010)

HIV Prevention Road Map to 2030 (2018)

Universal Health Coverage Road Map (2020–2030)

PIASCY: Helping pupils to stay safe, handbook for teachers

National Sexuality Education Framework (2018)

Lesotho

Criminal Procedure and Evidence Act of 1981

Marriage Act (1974)

National Health Strategic Plan (2017–2022)

National HIV Strategic Plan (2018–2023)

National Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan (2021–2025) – final draft

National Health Strategy Adolescents & Young People (2015–2020) – draft, dated 10 March 2015

National Health Quality Standards for Young People-Friendly Services (2012)

School Health and Nutrition Policy (undated)

ART Guidelines (2016)

SBBC Strategy for Sexual and Reproductive Health and HIV (2020–2023)

Prevention and Management of Learner Pregnancy Policy (2021)

Malawi

Penal Code (1930)

Marriage, Divorce and Family Relations Act (2015)

National Sexual and Reproductive Health and Rights Policy (2017–2022)

National Sexual and Reproductive Health and Rights policy (2009)

National Health Policy (2017)

National Gender Policy (2015)

Malawi National Youth Policy (2013)

Health Sector Strategic Plan (2017–2022)

National Community Health Strategy (2017–2022)

National Strategic plan HIV and AIDS (2020–2025)

Malawi Clinical HIV Guidelines (2018)

Voluntary Medical Male Circumcision Communications Strategy (2012–2016)

National Youth-Friendly Health Services Strategy (2015–2020)

Zambia

Penal Code

Marriage Act

HIV/AIDS Policy for the Education Sector (2004)

Voluntary Medical Male Circumcision Strategy (2010–2020)

HIV Consolidated Guidelines (2020)

National Gender Policy (2014)

National Health Policy (2012)

National Standards and Guidelines for Adolescent-Friendly Health Services

Peer Education Programme Standards (2010)

Adolescent National Operation Plan (2017–2021)

Community Health Strategy (2019–2021)

Child Marriage Strategy (2016–2021)

National Health Strategic Plan (2017–2021)

Operational Plan for Voluntary Medical Male Circumcision (2016–2020)

Road Map for Maternal, Newborn and Child Health (2013–2016)

HIV/AIDS Strategic Framework (2017–2021)

Comprehensive Sexuality Education Framework (2014)

Zimbabwe

Criminal Law (2004)

National Gender Policy (2013–2017)

NAC Gender Policy (undated)

National Adolescent Sexual and Reproductive Health Policy (2016–2020)

National Development Strategy (2021–2025) (chapter health)

National Health Strategy (2016–2020)

National AIDS Strategic Plan (2015–2020)

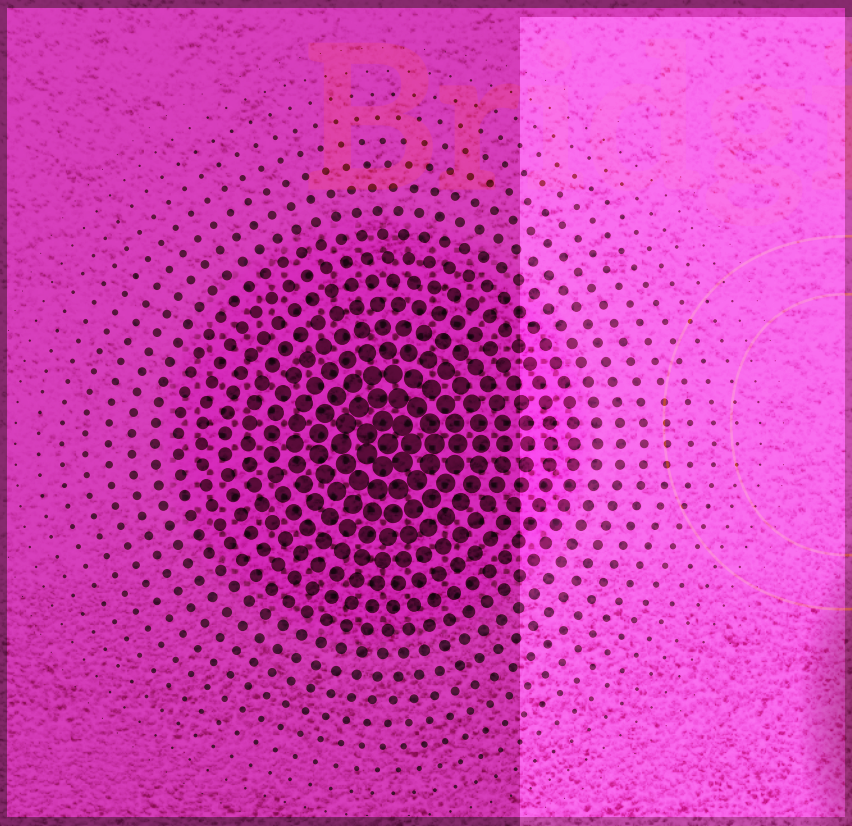
Voluntary Medical Male Circumcision Implementation Plan (2019–2021)

National HIV Communications Strategy (2019–2025)

ART Guidelines (2016)

BRO2BRO peer educator manual

School-based life skills empowerment and support programme 2018-2022



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