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# Interventions addressing masculinities and gender equality in sexual and reproductive health: An evidence and gap map and systematic review of reviews

Jennifer Hanratty, Avni Amin, Eimear Ruane-McAteer, Fiona Lynn, Esther Reid, Rajat Khosla, Maria Lohan

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*Submitted to the Coordinating Group of:*

Crime and Justice

Education

Disability

International Development

Nutrition

Food Security

Social Welfare

Methods

Knowledge Translation and Implementation

Business and Management

Other:

*Plans to co-register:*

No

Yes  Cochrane  Other

Maybe

Date submitted: 20 March 2018

Date revision submitted: 17 April 2018

Approval date:

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## **Title of the EGM**

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Interventions addressing masculinities and gender equality in sexual and reproductive health: An evidence and gap map and systematic review of reviews.

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## **Background**

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It is globally recognised that protecting the health and rights of women and girls is central to development. Gender inequality, including unequal gender norms related to masculinities and femininities, is a key determinant of the health of women and girls. There is increasing recognition that men and boys can play a role as either supporting and championing or damaging and denying the health and rights of women and girls. The importance of addressing unequal gender norms including harmful masculinities and working with men and boys has gained traction in international health and development policy and programme agenda. However, the evidence on how best to address masculinities and what works and for which health outcomes, including those related to sexual and reproductive health, is variable.

The rationale for the systematic review of reviews and evidence and gap map is to map, assess, and synthesise the evidence on interventions engaging men and boys, and specifically those that address harmful masculinities and gender inequalities – also known as gender-transformative interventions - for their impact on sexual and reproductive health outcomes. The categories of Sexual and Reproductive Health Outcomes are drawn from the World Health Organisation's (WHO) Reproductive Health Strategy (2004) and listed in the Interventions section.

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## **Existing EGMs**

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The following evidence and gap maps exist pertaining to adolescent sexual health (3ie, 2015a), intimate partner violence (3ie, 2015b), and maternal and new-born health (3ie, 2015c). The following relevant WHO review exists: Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions (WHO, 2007).

While there may be overlap between interventions included in these existing EGMs and reviews and our proposed work, based on our scoping searches, there are no other reviews of reviews that explicitly examine the impact of the engagement of men and boys in sexual and reproductive health. Moreover, the WHO review from 2007 had a broader focus on health and is now more than 10 years old and so a new review is warranted.

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## **Policy relevance**

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The evidence and gap map generated from this review will provide researchers, programme planners and donors with a picture of what we know about what works to engage men and boys and specifically to address masculinities from a gender equality perspective, the quality of this evidence, the outcomes that are covered or not covered. The review will help identify the gaps in research that need to be addressed and contribute to setting a research agenda for this area going forward.

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## **Objectives**

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To assess the state of the evidence on the effectiveness of interventions designed to engage men in sexual and reproductive health and rights (SRHR) and to especially assess the evidence on gender transformative interventions that explicitly address harmful masculinities and/or gender inequality.

This review of reviews will focus on the following four questions:

### **Review questions**

1. What is the state of the evidence on interventions designed to engage men and boys in sexual and reproductive health and rights?
2. What is the state of the evidence on interventions that are actively attempting to engage/target men and boys *and* are explicitly designed to address harmful masculinities or promote gender-equitable relationships to improve sexual and reproductive health and rights outcomes?
3. Which sexual and reproductive health outcomes are addressed in those interventions attempting to engage/target men and boys and are explicitly designed to address harmful masculinities or gender inequality to improve sexual and reproductive health outcomes?<sup>1</sup>
4. What is the methodological quality of the systematic reviews of evidence of interventions attempting to engage/target men and boys and are explicitly designed to address harmful masculinities or gender inequality to improve sexual and reproductive health outcomes?

The analysis of findings will be addressed in two stages. In the first, we will produce a broad evidence and gap map summarising the existing systematic reviews of SRHR interventions involving men and boys, including what types of approaches and what types of SRHR outcomes are covered. The second stage will be to produce a narrative synthesis of a subset of these systematic reviews of gender-transformative SRHR interventions attempting to engage men and boys that also seek to specifically address harmful masculinities or gender inequality. In the second stage, we will also present a summary of the quality appraisal of this evidence (i.e. of gender-transformative interventions).

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<sup>1</sup> This will be limited to the outcomes chosen by the review authors and not necessarily reflect the outcomes assessed in each individual trial.

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## Interventions

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Two categories of intervention will be eligible for this systematic review of reviews; the second category is a subset of the first.

1. Public health and educational interventions that are aimed at engaging men and boys in order to improve sexual and reproductive health.
2. Public health and educational interventions aimed at engaging men and boys and that explicitly address harmful masculinities or gender inequality to improve SRH. This latter category is known as ‘gender-transformative’ interventions (WHO, 2007).

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## Dimensions

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Interventions in category 1 will be tabulated and summarised under broad characteristics of the interventions (e.g. geographic areas, populations included, intervention components and purported mechanisms of change) and outcomes targeted, categorised in line with the WHO Reproductive Health Strategy (see below). Interventions in category 2 (a subset of category 1) that explicitly seek to address gender inequality or harmful masculinities will then be narratively synthesised in detail (see outcome section below).

We will include all reviews of interventions that seek to engage men and boys with the aim of improving any of the seven sexual and reproductive health outcomes included in the WHO Reproductive Health Strategy (WHO 2004):

1. Helping people realize their desired family size (including: contraception and family planning; and the prevention and treatment of infertility)
2. Ensuring the health of pregnant women and girls and their new-born infants (including: maternal and infant mortality; preventing complications in pregnancy, childbirth, and the postnatal period)
3. Preventing unsafe abortion
4. Promoting sexual health and well-being (including: prevention of reproductive tract and sexually transmitted infections; HIV; and sexuality related human rights abuses e.g. sexual coercion (excluding conditions not acquired sexually e.g. testicular and prostate cancers, and more general men’s health conditions)
5. Sexual and reproductive health in disease outbreaks (including: prevention of sexual transmission of Zika and Ebola viruses (evidence suggests virus can remain for many months in semen, amniotic fluid, and breastmilk)
6. Healthy adolescence for a healthy future (including improving sexual and reproductive health and education services; preventing unplanned pregnancy, unsafe sex(/preventing STI/HIV), and unsafe abortion; harmful traditional practices e.g. female genital mutilation/cutting (FGM/C), child, early, and forced marriage; and sexual coercion and intimate partner violence (IPV))
7. Preventing and responding to violence against women and girls (including: IPV; sexual violence) and harmful practices (i.e. FGM; child, early, and forced marriage)

### 1.1.1 Intervention setting

Health and education services, including community, school and health facility setting.

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## Population

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- Males of all ages and all sexual orientations and gender identities

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## Outcomes

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### 1.1.2 Primary outcomes

We will include all systematic reviews of interventions that seek to engage men and boys with the aim of improving any of the seven sexual and reproductive health outcomes included in the WHO Reproductive Health Strategy (WHO 2004):

1. Helping people realize their desired family size (including: contraception and family planning; and the prevention and treatment of infertility)
2. Ensuring the health of pregnant women and girls and their new-born infants (including: maternal and infant mortality; preventing complications in pregnancy, childbirth, and the postnatal period)
3. Preventing unsafe abortion
4. Promoting sexual health and well-being (including: prevention of reproductive tract and sexually transmitted infections; HIV; and sexuality related human rights abuses e.g. sexual coercion (excluding conditions not acquired sexually e.g. testicular and prostate cancers, and more general men's health conditions)
5. Sexual and reproductive health in disease outbreaks (including: prevention of sexual transmission of Zika and Ebola viruses (evidence suggests virus can remain for many months in semen, amniotic fluid, and breastmilk)
6. Healthy adolescence for a healthy future (including improving sexual and reproductive health and education services; preventing unplanned pregnancy, unsafe sex (preventing STI/HIV), and unsafe abortion; harmful traditional practices e.g. female genital mutilation/cutting (FGM/C), child, early, and forced marriage; and sexual coercion and intimate partner violence (IPV))
7. Preventing and responding to violence against women and girls (including: IPV; sexual violence) and harmful practices (i.e. FGM; child, early, and forced marriage).

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## Study designs

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Systematic reviews synthesising findings from interventions of effect (RCT/Quasi-experimental) targeting sexual or reproductive health that aimed to engage men and/or boys can be included. Should a review include additional non-experimental studies, data will only be extracted for experimental studies. Should the systematic review fail to present experimental and non-experimental results separately, the review will not be included in the narrative synthesis but will be included in the evidence and gap map.

A review will be considered systematic when it contains a systematic search. A systematic search will be based on the reporting of a pre-determined search strategy, specifying the location of the search, and stating the numbers and reasons for excluding papers from the final synthesis (e.g. PRISMA flow chart). Any disagreement on what constitutes a systematic review will be discussed by the author team until an agreement is reached.

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## **Stakeholder engagement**

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The EGM and review of reviews is informed by WHO's Special Programme of Research on Human Reproduction's (HRP) Human Reproduction – Gender and Rights Advisory Panel or the GAP. This advisory panel has been in existence for more than 20 years and is an external independent panel of experts on gender equality and human rights issues in relation to sexual and reproductive health. The GAP meets annually and reviews projects and provides critical guidance and feedback. In 2016 and 2017, the initial concept for the review of reviews was presented to the GAP who provided feedback on the framing and recommended a set of outputs that would be valuable to the advancing of the field of sexual and reproductive health in relation to engagement of men and boys. The GAP identified the need for synthesizing the evidence on masculinities and SRHR and assessing research gaps in order to inform a future agenda for research on this issue.

GAP is chaired by two leading experts – Dr Pascale Allotey (Director of the United Nations University International Institute for Global Health in Malaysia) and Dr Carmen Barosso, who also chairs the UN SG's independent accountability panel for the global strategy on women, children and adolescents' health. Other experts in the field of masculinity and gender equality who comprise the GAP include: Dr Gita Sen, founder of DAWN (Development Alternatives with Women for a New Era – a feminist network from the global south) and professor on gender and health equity at the Indian Institute of Management; Dr Emma Fulu, Director, Equality Institute, and lead author of numerous publications on men and violence against women prevention; and Dr Oswaldo Montoya, Secretariat of the MenEngage Alliance (a network of NGOs working on masculinities and health). The GAP's Secretariat is managed by Dr Avni Amin, staff member of WHO/HRP who is also a co-author of this review.

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## References

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International Initiative for Impact Evaluation (3ie) (2015a) Adolescent-sexual-and-reproductive-health-evidence-gap-map <http://gapmaps.3ieimpact.org/evidence-maps/adolescent-sexual-and-reproductive-health-evidence-gap-map> accessed 16th March 2018

International Initiative for Impact Evaluation (3ie) (2015b) Intimate partner violence prevention evidence gap map <http://gapmaps.3ieimpact.org/evidence-maps/intimate-partner-violence-prevention-evidence-gap-map> accessed 16th March 2018

International Initiative for Impact Evaluation (3ie) (2015c) Social, Behavioural and Community Engagement Interventions for Reproductive, Maternal, Newborn, Child Health <http://gapmaps.3ieimpact.org/evidence-maps/social-behavioural-and-community-engagement-interventions-reproductive-maternal-0> accessed 16th March 2018

World Health Organisation (WHO), (2004), Reproductive health strategy. Geneva, Department of Reproductive Health and Research including UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

World Health Organisation (WHO), (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. Geneva

World Health Organisation (WHO), (2017) UNDP/ UNFPA/ UNICEF/ WHO/ World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). HRP Annual Report 2016. Geneva.

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## Evidence and gap map authors

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**Lead review author:** The lead author is the person who develops and co-ordinates the EGM team, discusses and assigns roles for individual members of the map team, liaises with the editorial base and takes responsibility for the on-going updates of the map.

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## Roles and responsibilities

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- Content: Professor Maria Lohan, Dr Eimear Ruane-McAteer, Dr Fiona Lynn, Dr Esther Reid
- Systematic review methods: Dr Jennifer Hanratty, Dr Fiona Lynn, Dr Eimear Ruane-McAteer
- Statistical analysis: We do not intend to conduct meta-analysis. Dr Hanratty and Dr Lynn will provide expertise on interpretation of the findings of the included systematic reviews where necessary.
- Information retrieval: Dr Jennifer Hanratty, Dr Fiona Lynn

### 1.1.3 Roles

1. Professor Maria Lohan, Chair in Social Science and Health and expert in engaging men and boys in sexual and reproductive health and systematic reviews.
2. Dr Eimear Ruane-McAteer, Research Fellow and expert in men's health with previous experience of conducting systematic reviews
3. Dr Fiona Lynn, Health Economist and expert in maternal and child health and systematic reviews, including meta- analysis
4. Dr Esther Reid, Lecturer in Midwifery and expert in maternal and child health in low-resource settings as well as systematic reviews
5. Dr Jennifer Hanratty, Research Fellow, and expert in Systematic Reviews, Campbell Collaboration UK & Ireland Centre for Evidence and Social Innovation
6. Dr Avni Amin, Technical Officer, Department of Reproductive Health and Research, World Health Organization, focal point for gender equality, masculinities and expert in violence against women and girls
7. Mr Rajat Khosla, Human Rights Advisor, Department of Reproductive Health and Research, World Health Organization, focal point for human rights.

### 1.1.4 Responsibilities

Professor Lohan will manage all aspects of this study design and study processes. Dr Ruane-McAteer will be employed full-time on the study to undertake searches, help refine protocol, and undertake data extraction, data appraisal and data synthesis. Professor Lohan and Dr Reid will share the double-blind processes of data extraction, data appraisal and data analysis with Dr Ruane-McAteer. Dr Lynn will contribute to study design, review quality assessment, risk of bias assessments and narrative synthesis. Dr Hanratty will offer additional methodological advice. Dr Ruane-McAteer and Professor Lohan will draft review synthesis and all other team members will comment on and edit manuscript. The team will meet weekly and tasks will be assigned and monitored on a weekly basis. WHO staff – Dr Avni Amin and Rajat Khosla will provide overall direction on the review including research questions, protocol, findings of the review and drafts of the papers coming out of the review. They will also identify external experts through a technical advisory group to provide peer review feedback to this review. Involvement by WHO and the external advisory group will occur through scheduled teleconferences and by reviewing drafts of all written materials.

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## **Funding**

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This review is funded by the Human Reproduction Programme (UNDP/ UNFPA / UNICEF/ WHO/ World Bank Special programme of research, development and research training in human reproduction – HRP) at the World Health Organization (WHO).

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## **Potential conflicts of interest**

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The authors have no conflict of interest to report. However, one of the authors, ML was involved in developing a relevant intervention, which could be included in a systematic review.

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## **Preliminary timeframe**

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The time frame for the study will be 1 February to 30 October 30 2018

<b>Date</b>	<b>Task</b>
February	Scope review for protocol development
March	Present and agree protocol with WHO 15 March and submit TRF to Campbell Collaboration by 30 March
April- May	Submit protocol to Campbell 30 April 2018. Conduct searches, article screening, data extraction and quality assessment
May	Develop data synthesis
June	Write up of report

- Date you plan to submit a draft protocol: 30 April 2018
- Date you plan to submit a draft review: 2 November 2018