REPORT

Positive masculinity programs, gender attitudes and practices, and health behaviors among men and boys in poor urban settlements in the Democratic Republic of Congo, Nigeria, and Rwanda

www.icrw.org

Acronyms

DRC	Democratic Republic of Congo
GBV	Gender-Based Violence
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
PM	Positive Masculinity
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
VAW	Violence Against Women

RECOMMENDED CITATION

Chimaraoke Izugbara, Jacques Emina, Chidi Ugwu, Ilaria Busgacalia, Fidèle Rutayisire, Chiemezie Atama, Aloysius Odii, Kelechi Okpara, Christian Ngomenzey, and Ike Onyishi (2022) Positive masculinity programs, gender attitudes and practices, and health behaviors among men and boys in poor urban settlements in Democratic Republic of Congo, Nigeria, and Rwanda. International Center for Research on Women, Washington DC, USA; Population and Health Research Institute, Kinshasa, DRC; Gender & Development Studies Research Group, Department of Sociology/ Anthropology, University of Nigeria, Nsukka, Nigeria; and The Rwanda Men's Resource Centre, Kigali, Rwanda.

ACKNOWLEDGEMENTS

Our sincere gratitude goes to our study participants for their contributions and time. Nsonga Philip, Yannick Maluta, John Barafundi, and Erick Yegon provided data analysis support. Silas Ngayaboshya was instrumental in establishing the study in Rwanda before moving on to work for the Rwandan government. Dr. Marie-Gloriose Ingabire, Kadie Holmes, and Joyce Wairimu of the International Development Research Centre (IDRC), Canada, deserve our heartfelt thanks for their assistance and patience with the team. The IDRC's charitable support made this study possible. The findings, interpretations, and conclusions of this study are solely those of the authors.

Cover photo by: Yagazie Emezi (Getty Images_Images of Empowerment), Kigali, Rwanda

Table of Contents

04 Executive Summary
06 Introduction
06 Research Problem
07 Country Contexts
09 Study Question
09–10 Methods and Materials
11–31 Results
32–34 Discussions
34–35 Recommendations and Conclusion
35 Strengths and Limitations
36–37 References

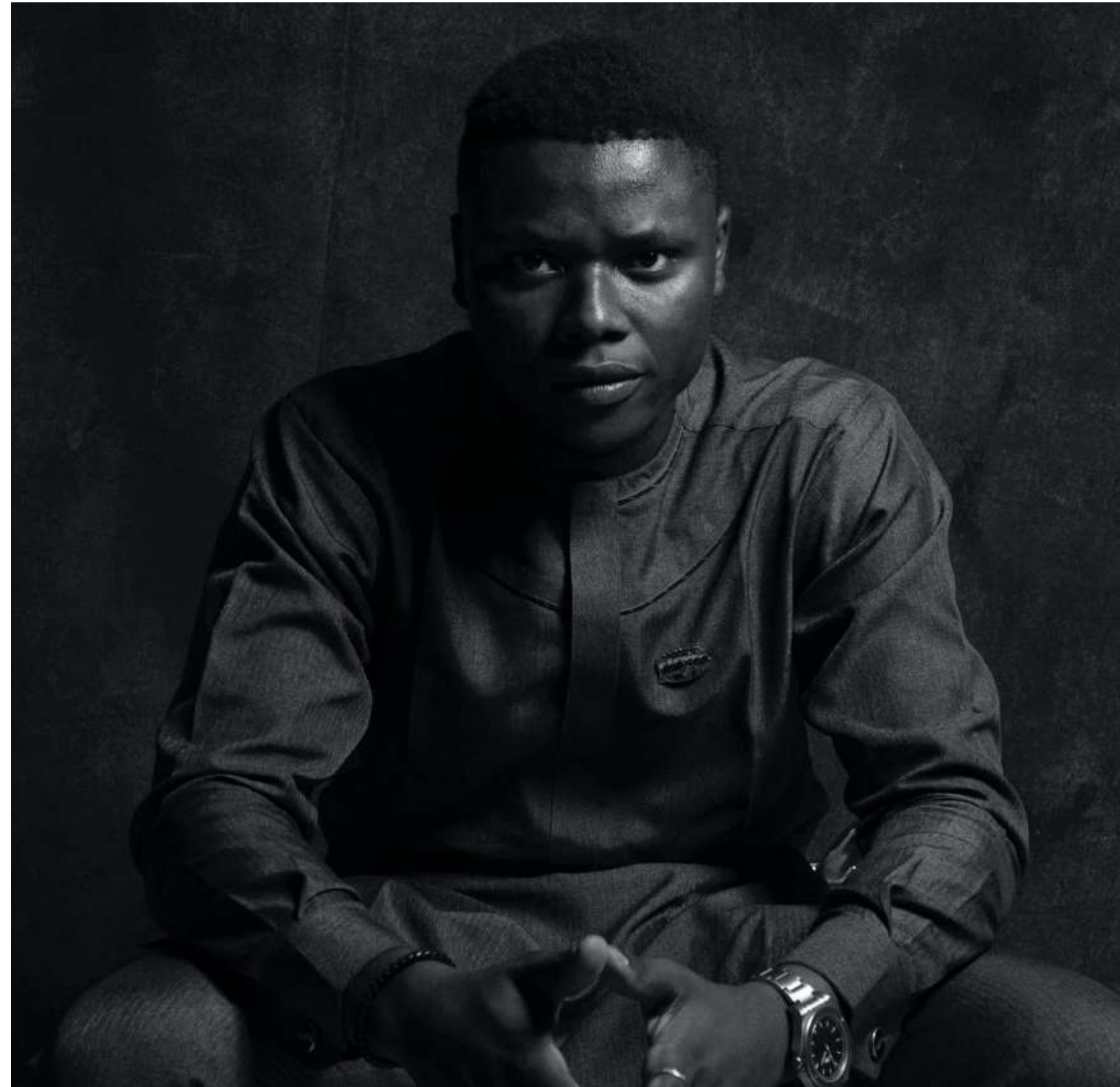


Photo credit: Babajide Adeyemo (Pixabay), Lagos, Nigeria

Executive Summary

Positive masculinity (PM) interventions provide a critical opportunity for challenging gender norms and masculine ideals obstructing sexual and reproductive health (SRH) and perpetuating gender inequality in poor urban sub-Saharan African (SSA) communities. While PM program implementers in Africa claim that their work relies on evidence on what works to promote male engagement for gender equality and improved SRHR, little systematic research exists on whether participation in PM interventions is associated with positive gender and health attitudes and practices. The current study sought to generate evidence regarding the relationship between progressive gender- and health-related attitudes, norms, and practices among men and boys, and participation in PM efforts in poor urban SSA communities.

The research was conducted in urban informal settlements in Enugu, Nigeria; Kigali, Rwanda; and Kinshasa, Democratic Republic of the Congo (DRC) using a modified version of the International Men and Gender Equality Survey tool kit. The sample size for the study was 1,454 men and boys ages 18-59 years who were recruited through a multistage sampling design from poor neighborhoods in the study's target cities. Data were analyzed at univariate and bivariate levels (using chi-square and analysis of proportion).

Overall, the proportion of participants aged 18-24 was higher in the DRC (36.8%) and Nigeria (32.1%) than in Rwanda (17.7%). Rwanda, however, had more participants aged 35-44 (31.6%) than the other countries. Catholics comprised the highest proportion of study participants (40.5%) overall, though they were less prevalent in the DRC (15.4%). More than half of the participants in the DRC (55.9%) and Nigeria (57.8%) had never been in a union. In contrast, significantly more Rwandan participants (67.6%) were in a union. Informally employed individuals made up around half of the study participants. In Kinshasa, 30% of participants reported being unemployed, compared to 7% in Nigeria, and 12% in Rwanda. Although slightly more than half of the survey sample (54%) stated that they did not have any children, Rwanda had the greatest percentage of individuals (63.9%) who said they had at least one child.

Correlation analyses showed mixed results at both country and multi-country levels and for various outcomes. At the multi-country level specifically, the study found statistically significant positive relationships between not participating in a PM program and agreeing with the statements that "Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility" and that "A man should have the final say about decisions in his home." Participating in a PM program was also positively associated with approval of the statements that "It is a woman's responsibility to avoid getting pregnant" and that "When women work, they take jobs away from men." Not participating in a PM program also correlated positively with getting tested for HIV or being aware of one's HIV status at both country and multi-site levels.

Additionally, multi-country data indicated that not reporting PM program participation was positively associated with agreeing with a variety of disparaging statements about same-sex sexuality, including that "Homosexual men should not be allowed to work with children," that "I would never have a gay friend," and that "Sexual relationships should only be between a man and a woman." Contrarily, there was a statistically significant positive correlation between having participated in a PM program and agreeing that "Homosexual couples should be permitted to legally marry." With regards to attitudes toward rape, participation in a PM program was positively associated with support for the statement that "In some rape cases, women actually want it to happen." Statistically

significant positive associations also existed at the multi-country level between non-participation in a PM program and accepting that “A husband is justified to beat a woman if she goes out without telling him”, argues with him, refuses to have sex with him, or adopts contraception without his knowledge, and that “there are times when a woman deserves to be beaten.” Reporting PM program participation was also positively associated with disclosing to having “slapped a partner or thrown something at one’s wife or partner that could hurt her” and having “pushed or shoved a wife or partner” in the last one year.

While emerging findings suggest some differences in the attitudes, beliefs, practices, and behaviors of PM program participants and non-participants, participating in a PM program was not consistently associated with positive gender or health attitudes, practices, or behaviors. To effectively support men and boys to build the skills to navigate the pressures on them to conform to unhealthy masculine behaviors and embody and practice the required changes, PM programs must be strongly anchored on gender-transformative approaches. PM programs in SSA typically concentrate on gender-sensitive strategies that are tailored to male needs in response to socialized gender roles, at best, rather than working holistically to promote critical self-reflection among boys and men on the issue of male gender norms and their benefits and drawbacks. They are also implemented in Africa without consideration for the socioeconomic and cultural diversity among men and boys or for masculinity as a complex construct that can be performed in a variety of ways.

The findings highlight the importance of strengthening the capacity of PM program implementation organizations. PM-implementing organizations require support to increase their capacity for robust long-term programming engagement, and to monitor and evaluate their work and appropriately course-correct when necessary.

Work with men and boys in Africa currently takes place within very challenging socio-economic and cultural contexts. In these circumstances, unlearning unfair gender stereotypes would be very difficult unless programs are deeply responsive to the socio-cultural, economic, and contextual realities of men and boys. Engagement and support from other groups, such as governments and schools, in PM work, will be critical in realizing the vision of a continent of opportunities, health, and well-being for all, regardless of gender.

Photo credit: Tracy Angus-Hammond (Pixabay), Democratic Republic of Congo

Introduction

Over half of the residents in sub-Saharan Africa's (SSA) largest cities, as well as a growing proportion of Africans overall, now live in poor, often congested settlements, and neighborhoods, sometimes called slums. Residents of Africa's urban poor settlements are at elevated risks for poor sexual and reproductive health and rights (SRHR) outcomes such as HIV/AIDS, unintended pregnancies, unsafe abortion, and sexual and gender-based violence (SGBV).[1,2] Positive masculinity (PM) interventions provide critical opportunities for challenging gender norms and masculine ideals that obstruct SRHR and perpetuate gender inequality in poor urban SSA communities.[1,3,4] While PM program implementers in Africa claim that their work is based on current international evidence on what works to promote male engagement for gender equality and improved SRHR behavior,[5–8] little systematic research exists on whether participation in PM interventions is associated with positive gender and health attitudes and practices.

The current study sought to generate evidence regarding the relationship between progressive gender- and health-related attitudes, norms, practices, and participation in PM initiatives among men and boys in poor urban SSA communities. The study's findings can support efforts to make men and boys allies in the fight against gender inequality and all its negative effects.

The research was conducted in urban informal settlements in Enugu, Nigeria; Kigali, Rwanda; and Kinshasa, Democratic Republic of the Congo (DRC). The project provides an opportunity to promote SRHR and gender equality from a new perspective, by tapping into the creative capacity of existing programs, learning about strategies that may be working well, and bringing together researchers, implementers, beneficiaries, and other critical local SRHR stakeholders to learn and think collaboratively within and across countries about how to improve the implementation of what is widely regarded as a promising approach for improving gender equality and sexual and reproductive health and rights.

Research Problem

SSA currently has the world's fastest urban growth rate.[9] Over half of African urban residents, and a growing proportion of Africans overall, live in poor and congested neighborhoods.[1,2,9] Poor urban Africans face increased risks of negative social, economic, and health outcomes. The urban poor have higher rates of HIV/AIDS, unintended pregnancies, unmet needs for family planning (FP), unsafe abortion, maternal mortality and morbidity, and SGBV than their non-poor urban counterparts.[1,2]

Targeting men and boys with PM interventions is a practice that is becoming common in SSA in efforts to improve SRHR outcomes in Africa.[1,8,10–12] These programs are meant to increase men's and boys' ability to confront patriarchal notions and gender norms that support gender inequity and impede SRHR.[1,5–7,10] The increasing number of these interventions in Africa's poor urban communities responds to a strong felt need, as most recently articulated in the Africa Union Agenda 2063; the Common African Position on the Post-2015 Development Agenda; the Maputo Plan of Action 2016-2030; and the Sustainable Development Goals (SDGs), all of which affirm the importance of gender equity, SGBV-free societies, positive gender norms, and SRHR for sustainable development.

PM program implementers in SSA argue that their work is based on current international evidence on what works to promote men's and boys' engagement for gender equality and improved SRHR.[4,6,7,10,13] This evidence suggests that the key features of successful PM and gender transformative work include nurturing men's critical understanding of the links between masculinities, gender, and SRHR, as well as the benefits of gender equality for them; and promoting their acceptance of responsibility for their own actions. Other critical features of such interventions are a focus on helping men and boys to understand the advantages of having more equal relationships with their partners, to increase their support for greater gender equity, and to better understand and be able to successfully navigate the dynamic socio-cultural forces that uphold patriarchy, obstruct SRHR, encourage men to maintain their dominance over women, and engage in power struggles with other men.[1,7,8]

The main goal of the current study was to contrast the gender and SRHR beliefs and practices of men and boys in the DRC, Nigeria, and Rwanda who had and had not taken part in a PM program.

Photo credit: Yagazie Emezi (Getty Images_Images of Empowerment), Gicumbi District, Rwanda

Country Contexts

The Democratic Republic of the Congo (DRC), Nigeria, and Rwanda provide particularly interesting contexts for national and cross-national research and programming on men, positive masculinity, and gender equality. The drivers of gender inequality, poor SRHR, and GBV, such as patriarchy, male-privilege norms, and poverty, remain very strong and entrenched in these countries, as in most of SSA.[14–16] Despite national policies and programs to promote gender equality and transform gender norms, men continue to dominate household and other levels of decision-making, and women continue to have limited access to socioeconomic and political resources.

Over 50%, 53%, and 66% of people in Enugu, Kigali, and Kinshasa, respectively, live in slums.[17–19] Poor urban neighborhoods in Enugu, Kigali, and Kinshasa, like the rest of SSA, are characterized by poor housing, limited access to social services, inadequate sanitation, a low formal employment rate, and high levels of poverty and violence. Residents of these settlements face several structural disadvantages that impede their effective participation in development efforts. These disadvantages manifest as high HIV prevalence, limited access to health services, and increased vulnerability to adverse SRHR and SGBV outcomes. According to available nationally representative data and surveys, 56% of women in urban DRC, 28% of women in urban Rwanda, and 26.6% of women in urban Nigeria have experienced intimate partner violence (IPV) at some point in their lives.[17–19]

Work with men and boys in Nigeria currently takes place in, and is informed by, a context marked by the persistence of traditional

gender norms that perpetuate SGBV, gender-based inequities, and poor SRHR outcomes in ever-expanding urban areas. Most of these settlements experience insecurity and widespread poverty. The focus of male engagement work in urban Nigeria has thus been on challenging gender norms and promoting poor urban men and boys' understanding and unlearning of patriarchal gender norms, as well as participation in the movement for gender equity.[15,20] Years of armed conflict, insecurity, and violence in the Democratic Republic of the Congo have displaced millions of people, resulting in fragility, extreme poverty, and displacement, which is most visible in the numerous slums scattered across urban areas. Many of these urban households and families lack access to economic opportunities and must rely on meager resources derived from activities that expose them to health risks and violence. Fragility and conflict have entrenched the social conditions that promote GBV, poor SRHR outcomes, and gender inequitable norms in the DRC.[21,22] In the country, programmatic work with urban men and boys has focused on assisting poor urban disempowered men and boys to develop and practice new masculinity norms, support women's rights, unlearn violence, and promote SRHR.

Rwanda, on the other hand, has made strides in promoting reconciliation, peace, and gender equality; combating male violence against women and children; and expanding access to SRHR. It has pursued a national policy agenda centered on peaceful coexistence and the intentional mainstreaming of gender equality at all levels of national development. Recently, the country has also begun efforts to mainstream male engagement as an important component of its national gender equality efforts. However, 28 years after the genocide against the Tutsi, the country still experiences high levels of IPV, male violence and risky sexual practices, the prevalence of norms that promote gendered inequality and abuse, poverty, and the persistence of both violent and male-privilege norms that stifle gender equality and increase risks for poor SRHR outcomes.[5,16,23,24]

Current work with men and boys in Rwandan urban poor neighborhoods has focused on increasing and sustaining community and men and boys' leadership in nonviolence, violence prevention, and gender equality activities, as well as ensuring men and boys' ongoing understanding and appreciation of the intersections of gender inequality, violence, wellbeing, and development.

The current study provides both national and comparative insights into the design and implementation of PM programs in urban poor contexts in SSA. It has the potential to furnish new evidence on the successes, challenges, lessons learned, and opportunities for informing the implementation of PM initiatives in a variety of contexts, including stable, post-conflict, fragile, and conflict settings. The study comes at a time when there is renewed global interest in urbanization, poverty, urban health, and in the transformation of men's masculinity and gender norms; in the intractable problem of gender inequality, and in the search for effective ways to engage men and boys as allies in reducing social and other inequities and pursuing SRHR in various world contexts.

Several local and international organizations are implementing PM in the countries and sites we studied. In general, these programs rely heavily on resources and toolkits, such as the Promundo (now Equimundo) and Sonke Gender Justice MenCare Campaign. PM program implementers in the three countries all engage men and boys to interrogate, challenge, and voluntarily discard gender inequity structures; promote behavioral change and positive masculinities; and improve sexual and reproductive health attitudes; and promote active caregiving and involved fatherhood.[6,8] The promotion of respect for oneself and others, interpersonal skills (empathy, compassion), positive emotion management, health and wellness, personal responsibility (including dependability, integrity, and work ethics), a positive

attitude and self-motivation, conflict management, personal appearance skills, assertiveness and self-esteem, good communication (listening, verbal and written), cooperation and teamwork, and critical thinking are additional frequently stated objectives of these programs. In the sites we studied, program implementers employed a variety of approaches to PM training, including group work with men and boys, seminars, workshops, one-on-one outreaches to men and boys, and individualized and group personal skill development for men and boys.[1,10,13]

Some organizations currently implementing PM programs in Enugu, Nigeria, are Men United for Gender Justice in Nigeria Initiative, Boys for Change Initiative, Teenage Development for Africa, Boy with a Ball, South Saharan Social Development Organization, and Hope Giver Initiative. Si Jeunesse Savait, Habari RDC, and l'Association Congolaise pour le Bien-Etre Familial (ACBEF) are among institutions implementing PM initiatives in Kinshasa, DRC. In Kigali, Rwanda, the Rwanda Men's Resource Center (RWAMREC) is the major implementer of PM masculinity interventions. In recent years, however, other local organizations have begun engaging men and boys as part of a larger national network called Rwanda Men's Resource Network (RWAMNET).

Study Question

The main question addressed in the current study was: Is participation in PM initiatives associated with positive gender and health attitudes and practices among men and boys in poor urban neighborhoods in SSA?

Method and Materials

A modified version of the International Men and Gender Equality Survey (IMAGES) tool kit was used to conduct the survey with a sample of men and boys between the ages of 18 and 59 in the study settlements. The modified survey tool consisted of three instruments: a behavior and practices instrument for SRHR; a multidimensional scale to measure overall gender and relationship norms and attitudes toward gender equality; and a vignettes-based instrument to measure gender norms contextualized by specific relationship portrayals. There were two questionnaires in the survey: a Household Questionnaire and a Men's Questionnaire. The Household Questionnaire included a cover sheet that identifies the household as well as a form that listed all members of the household and visitors. This form was used to collect information about each household member, including name, gender, age, education, marital status, and relationship to the head of the household. The questionnaire was completed by the head of the household or any other credible adult respondent.

The Men's Questionnaire asked, among other things, about socioeconomic background characteristics, reproduction, marriage, living arrangements, HIV and family planning knowledge and practices as well as attitudes, practices, and beliefs about masculinity, gender role, participation in male initiatives, and sexual and reproductive health.

Sampling

The sample size for the study was calculated using the formula n=(z^2*pq)/e^2 *DE. z (z score) represents a constant (determined by convention based on the accepted error and whether the effect is one-sided or two-sided. The accepted α error for this study is 0.05 (z=1.96); e, the desired level of precision: 0.05 (5% margin of error); and p, the proportion of men (18-59) who have ever participated in male targeted gender equality initiatives. Given the paucity of accurate data on PM program exposure, this proportion is estimated to be 0.50 (50%); q represents the proportion of men (18-59) who had never participated in a male-targeted initiative; and DE, the design effect.

We estimated a minimum sample of 480 men aged (18-59) per site using the above formula with a confidence interval of 95% (Z=1.96), an error margin of 5% (0.05), a refusal rate of about 10%, and a design effect of 1.2. To ensure that the 500 households were distributed evenly across the selected site, we used a three-stage sampling procedure. Initially, 25 clusters were chosen at random from the updated list of enumeration areas in each country. Second, we randomly selected 20 households from each of the sampled clusters. Prior to the actual fieldwork, a list of all households and their locations (structure number) was prepared to randomly select households in a cluster (mapping and numbering). Finally, all men aged 18 to 59 were interviewed within the selected households. A total of 1,454 men were interviewed out of the 1,500 targeted, implying a coverage rate of 97%. The fieldwork occurred between November 2021 and March 2022.

Data analysis

Stata 17 was used for the data analysis, which included univariate and bivariate analyses (using chi-square and analysis of proportion). All bivariate statistical analyses were conducted with a p-value of 0.05 or a 95% confidence interval (CI). The independent variable is participation in any PM-related activity. The dependent variables and their measures are listed in Tables 3-13.

Ethical considerations

The study received ethical approval from the ICRW's Office of Human Research Protection, Rwanda's National Ethics Commission, Nigeria's National Institutional Review Board, the University of Kinshasa Research Ethics Committee, and the University of Nigeria Research Ethics Board. The project was guided by the Tri-Council Policy Statement on Research Ethics and related principles. Participants and organizations involved in this study were given unique study identifiers and their identities were anonymized in the study data.

Results

TABLE 1

Description of analytic samples

Variables *Country:*	DRC	Nigeria	Rwanda	Total
Age				
18-24	36.8	32.1	17.7	29.0
25-34	28.6	40.4	41.2	36.5
35-44	17.4	17.4	31.6	22.1
45+ 59	17.2	10.0	9.6	12.4
Education				
Primary	6.0	14.1	52.7	23.6
Secondary/Vocational	74.5	61.2	35.7	57.8
Post-Secondary (University etc.)	19.5	24.7	11.6	18.6
Religion				
Catholic	15.4	54.7	53.2	40,5
Protestant	26.8	29.5	19.7	25.2
Other Christian	42.6	7.4	14.3	22.0
Others	15.2	8.5	12.8	12.3

Photo credit: Yagazie Emezi (Getty Images_Images of Empowerment), Kigali, Rwanda

Marital status				
Never in union	55.9	57.8	30.1	47.8
In union	38.5	41.0	67.6	49.1
No longer in union	5.6	1.1	2.3	3.1
Employment Status				
Unemployed	30.3	6.5	11.9	16.6
Student	15.6	15.7	5.0	12.1
Employed formally	11.6	6.3	37.8	18.8
Employed informally	42.5	71.5	45.3	52.5
Number of children of interviewed				
0	64.5	62.1	36.1	54.2
1	8.4	10.7	17.2	12.1
2	7.6	8.9	20.3	12.3
3	7.0	7.6	12.5	9.0
4 +	12.5	10.7	13.8	12.4
Total	**513**	**454**	**487**	**1454**

Note: Totals may differ from sample size due to data cleaning

Table 1 presents the socio-demographics of the study participants. The participants' ages ranged from 18 to 59 years. Overall, the proportion of participants aged 18-24 was higher in the DRC (36.8%) and Nigeria (32.1%) than in Rwanda (17.7%). Rwanda, however, had more participants aged 35-44 (31.6%) than the other countries. More than half of Rwandan participants (52.7%) had only primary education, while more than half of all participants (57%) had secondary/ vocational education. Catholics comprised the highest proportion of study participants (40.5%) overall, though they were less prevalent in the DRC (15.4%). More than half of the participants in the DRC (55.9%) and Nigeria (57.8%) had never been in a union, in contrast to Rwanda, where significantly more participants (67.6%) were in a union. Informally employed individuals made up around half of the study's participants. Nigeria had the largest percentage of respondents reporting informal employment (71.5%). In Kinshasa, 30% of participants reported being unemployed, compared to 7% in Nigeria and 12% in Rwanda. Although slightly more than half of the survey sample (54%) stated that they did not have any children, Rwanda had the greatest percentage of individuals (63.9%) who said they had at least one child.

TABLE 2

Participation in PM programs and interventions

Background variables	Ever participated in any activity		Number of observations
	%	Chi2	
Country		234.66**	
DRC	14.4		513
Nigeria	29.1		454
Rwanda	60.0		487
Age		45.49**	
18-24	21.9		411
25-34	37.3		517
35-44	44.7		313
45-59	36.9		176
Education		71.85**	
Primary	51.5		328
Secondary/professional	26.0		801
Polytechnic/University	38.8		258

Table 2 shows the distribution of respondents by participation in PM programs and socio-demographics. A significantly higher proportion of Rwandan participants (60%) reported having ever participated in a PM intervention program. DRC had the lowest proportion of men reporting participation in a PM program (14.4%). Overall, a lower proportion of 18-24 year olds (21.9%), people without children (24.8%), people with secondary/professional education (21%), other Christians (24.7%), unemployed (20.7%), and people who had never been in a union (24.2%) reported participation in PM programs. These proportions are highest among the formally employed (56.3%), 35-44-year-olds (44.7%), people with two children (46.9%), persons in union (46.2%), and Catholics (41.1%).

Religious		29.08**	
Catholic	41.1		579
Protestant	35.7		361
Other Christian	24.4		315
Others	30.7		176
Marital status		72.89**	
Never in union	24.2		682
In union	46.2		701
No longer in union	20.5		44
Occupation		80.31**	
Unemployed	20.7		237
Student	27.3		172
Employed formally	56.3		268
Employed informally	33.5		749
Number of children		70.02**	
0	24.8		786
1	46.9		175
2	48.9		178
3	43.5		131
4+	41.9		179

Table 3

Participation in PM programs and gender role attitudes

Attitude toward women's role	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
Most of the time when women/ girls say "no" to sex, they really mean "yes"	30.1	47.3	32.7	8.45**	58.3	55.3	57.4	0.33	23.8	28.4	26.6	1.25	38.4	38.4	38.4	0.00
When women work, they are taking jobs away from men	23.5	37.8	25.7	6.76**	30.6	20.5	27.6	4.76**	39.7	45.9	43.5	1.79	29.2	38.0	32.3	11.35**
Rights for women mean that men lose out	19.8	25.7	20.6	1.64	32.2	22.7	29.4	3.99**	17.5	16.1	16.6	0.15	23.5	19.3	22.0	3.35
A woman's most important role is to take care of her home and cook for her family	42.8	54.1	44.5	3.21	86.0	79.5	84.1	2.88	38.1	38.4	38.3	0.00	56.5	51.6	54.8	3.09
Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility	51.8	60.8	53.1	2.07	76.8	64.4	73.1	7.21**	27.0	21.2	23.5	3.93	55.2	38.6	49.4	35.56**
A man should have the final word about decisions in his home	72.2	83.8	73.9	4.36**	85.0	81.1	83.9	1.08	40.7	36.0	37.8	1.11	70.2	55.0	64.9	32.56**
It is a woman's re-sponsibility to avoid getting pregnant	32.9	39.2	33.9	1.10	64.0	58.3	62.3	1.27	64.0	73.3	69.6	4.66**	49.8	64.3	54.8	27.41**

PM programs aim primarily to promote equitable gender attitudes. Gender role attitudes refer to beliefs about how men and women should behave in society.[25] To gauge the attitudes of participants toward gender roles, seven statements (shown in Table 3) were used. In the DRC, negative gender role attitudes were expressed by consistently larger proportions of respondents who had participated in the PM program. However, only three of the statements — "Most of the time, when women/girls say "no" to sex they really mean "yes" (X^2 = 8.45; p0.05); "When women work, they are taking jobs away from men" (X^2 = 6.76; $p<0.05$); and "A man should have the final say about decisions in his home" (X^2 = 4.36; $p<0.05$) — had statistically positive association with participation in a PM program. On the other hand, higher proportions of non-participants in PM programs in Nigeria held negative gender attitudes. Non-participation in a PM program was positively correlated among Nigerian respondents with believing that "Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility" (X^2 = 7.21; $p<0.05$), "Rights for women mean that men lose out," (X^2 = 3.99; $p<0.05$), and "When women work, they are taking jobs away from men" (X^2 = 4.76; $p<0.05$).

Rwanda provided a somewhat mixed picture. Three of the statements were supported by significantly higher proportions of Rwandan respondents with PM program experience: "Most of the time when women/girls say "no" to sex, they really mean "yes;" "When women work, they take jobs away from men;" and "It is a woman's responsibility to avoid getting pregnant." Furthermore, a greater proportion of Rwandan [participants without PM program experience agreed with the statements that "Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility," "A man should have the final say in his home," and that "A woman's most important role is to take care of her home and cook for her family." In Rwanda, however, not participating in a PM program was only positively correlated with accepting that "It is a woman's responsibility to avoid getting pregnant" (X^2 = 4.66; $p<0.05$).

In the pooled data (that is, across all three countries), statistically significant positive relationships existed between not participating in a PM program and agreeing with the statements "Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility" (X^2 = 35.56; $p<0.05$) and "A man should have the final say about decisions in his home" (X^2 = 32.56; $p<0.05$). We also discover that, across the three countries, participating in a PM program significantly improved approval of the statements "It is a woman's responsibility to avoid getting pregnant" (X^2 = 27.41; $p<0.05$) and "When women work, they take jobs away from men" (X^2 = 11.35; $p<0.05$).

TABLE 4

Attitudes toward same-sex sexuality and participation in PM program

Attitudes toward sexuality	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Nev-er	Ever			Never	Ever			Never	Ever			Never	Ever		
Being around homosexual men makes me uncomfortable	72.5	64.9	71.3	1.78	87.6	93.2	89.2	3.73	57.1	69.2	64.4	9.63**	74.5	74.9	74.6	0.03
Homosexuality is natural and normal	15.5	27.0	17.2	5.84**	9.9	4.5	8.3	3.46	16.9	23.3	20.8	2.81	13.9	18.9	15.6	6.07
Homosexual men should not be allowed to work with children	64.9	50.0	62.7	6.02**	88.2	70.5	83.0	20.73**	51.9	59.9	56.8	3.05	70.2	61.2	67.0	11.63**
Homosexual men should not be allowed to adopt children	76.9	67.6	75.6	3.00	89.2	78.8	86.1	8.37**	62.4	64.7	63.8	0.26	78.1	68.9	74.9	14.74**
Homosexual couples should be allowed to legally marry	15.3	24.3		16.6	10.2	9.8	10.1	0.01		22.3	22.2	0.00	15.0	19.3	16.5	4.35**

I would be ashamed if I had a homo-sexual son	73.2	50.0	69.7	16.04**	93.9	93.9	93.9	0.00	67.7	82.5	76.7	14.08**	79.1	80.7	79.7	0.53
A man should romantically kiss another man in public	15.5	31.1	17.8	10.40**	4.5	3.0	4.0	0.49	5.8	8.2	7.3	0.97	9.8	10.2	10.0	0.06
I would never have a gay friend	76.5	60.8	74.1	8.06**	82.5	87.1	83.9	1.47	50.3	55.8	53.6	1.43	73.2	64.9	70.3	10.71**
Sexual relationships should only be between a man and a woman.	94.1	93.2	94.0	0.09	92.0	96.2	93.3	2.58	64.6	74.3	70.5	5.25**	87.4	82.9	85.8	5.30**

Positive masculinity programs and interventions frequently aim to increase boys' and men's understanding and tolerance of same-sex sexuality. The distribution of participants by their attitudes toward nine statements about same-sex sexuality is shown in Table 4. In the Democratic Republic of the Congo, a higher proportion of men and boys who had never participated in PM programs agreed with the statements that "Being around homosexual men makes me uncomfortable" (64.9% vs. 72.5%); that "Homosexual men should not be allowed to work with children" (50% vs. 64.9%); that "Homosexual men should not be allowed to adopt children" (67.6% vs. 76.9%); and that "I would be ashamed if I had a homosexual son (93.2% vs. 94.1%). Furthermore, DRC data revealed statistically significant positive associations between reporting participation in a PM program and agreeing with the statements that "Homosexuality is natural and normal" (X^2 = 5.84; p0.05) and that "A man should romantically kiss another man in public" (X^2 = 10.40; p 0.05). Non-participation in a PM program, on the other hand, was associated with accepting that "I would never have a gay friend" (X^2 = 8.06; $p<0.05$); "Homosexual men should not be allowed to work with children" (X^2 = 6.02; $p<0.05$); and that "I would be ashamed if I had a homosexual son" (X^2 = 16.04; $p<0.05$).

Additionally, data from the DRC indicated statistically significant positive associations between having participated in a PM program and agreeing with the statements that "Homosexuality is natural and normal" (X^2 = 5.84; $p<0.05$) and that "A man should romantically kiss another man in public" (X^2 = 10.40; $p<0.05$). On the other hand, non-participation in a PM program was positively associated with accepting that "I would never have a gay friend"(X^2 = 8.06; $p<0.05$); that "Homosexual men should not be allowed to work with

Photo credit: Adeboro Odunlami (Pixabay), Abuja, Nigeria

children" (X^2 = 6.02; $p<0.05$); and that "I would be ashamed if I had a homosexual son" (X^2 = 16.04; $p<0.05$).

Participation in PM programs in Nigeria was only statistically associated with supporting two of the statements: "Homosexual men should not be allowed to work with children" (X^2 = 6.02; $p<0.05$) and "Homosexual men should not be allowed to adopt children" (X^2 = 8.37; $p<0.05$). However, a higher proportion of Nigerian respondents who had participated in PM programs accepted that "being around homosexual men makes me uncomfortable" (93.2%), "I would never have a gay friend" (87.1%), and "Sexual relationships should only be between a man and a woman" (96.2%). Surprisingly, when compared to men who had participated in PM programs, a higher proportion of Nigerian respondents (9.9%) who had not participated in a PM program agreed that "Homosexuality is natural and normal."

More respondents from Rwanda who took part in PM programs agreed with most of the negative statements about same-sex sexuality. However, participation in a PM program was statistically associated with approval for three of the items, namely, "Sexual relationships should only be between a man and a woman" (X^2 = 5.25; $p<0.05$), "I would be ashamed if I had a homosexual son" (X^2 = 14.08; $p<0.05$), and "Being around homosexual males makes me uncomfortable"(X^2 = 19.63; $p<0.05$).

At the multi-country level, not participating in a PM program was associated with accepting that "Homosexual men should not be allowed to work with children" (X^2 = 11.63; $p<0.05$), "Homosexual men should not adopt children" (X^2 = 14.74; $p<0.05$), "I would never have a gay friend" (X^2 = 10.71; $p<0.05$), and "Sexual relationships should only be between a man and a woman" (X^2 = 5.30; $p<0.05$). On the other hand, there was a statistically significant positive association between taking part in a PM program and accepting that "Homosexual couples should be permitted to legally marry" (X^2 = 4.35; $p<0.05$.)

TABLE 5

Self-esteem and participation in positive masculinity program

Self-esteem/ Self image	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
I am happy with my body	96.5	97.3	96.6	0.13	95.5	96.2	95.7	0.10	95.2	92.1	93.3	1.79	95.9	94.0	95.2	2.66
I feel that my life is of no use to anyone	42.6	48.6	43.5	0.94	24.2	22.0	23.5	0.26	39.2	29.5	33.3	4.86**	35.7	30.3	33.8	4.14**
I have a lot to be proud of on the whole	84.0	70.3	82.0	8.04**	88.5	93.9	90.1	3.05	90.5	93.5	92.3	1.14	86.9	90.2	88.0	3.36
I feel inferior sometimes when I am with friends	28.7	45.9	31.3	8.72**	32.5	39.4	34.5	1.96	29.6	26.4	27.7	0.61	30.1	32.7	31.1	0.99

Men and boys who struggle with their masculinity may have low self-esteem, engage in self-shaming, and have difficulty finding fulfillment in relationships with romantic partners, friends, and family.[26] PM interventions also often aim to help men and boys develop a positive self-image. We assessed self-esteem using four key sentences: "I am happy with my body," "I feel that my life is of no use to anyone," "I have a lot to be proud of overall," and "I sometimes feel inferior when I am with friends." In the merged data, non-participation in a PM program was associated with agreeing with the statement "I feel like my life is of no use to anyone" ($X^2 = 4.14$; $p<0.05$).

Only in Rwanda was there a significant positive association between non-participation in a PM program and agreeing with the statement that "I feel like my life is of no use to anyone" ($X^2 = 4.86$; p<005).

However, while a higher proportion of Rwandan respondents who had received PM training agreed that "I have a lot to be proud of on the whole" (93.5%), a higher proportion of the country's respondents who had not received PM training agreed with the statements that "I feel that my life is of no use to anyone" (39.2%); "I am happy with my body" (95.2%); and "I feel inferior sometimes when I am with friends" (29.6%). Higher proportions of respondents in Nigeria and the DRC who agreed with the last two statements had received PM involvement. Intriguingly, in the DRC, participation in a PM program was positively associated with acknowledging that "I feel inferior sometimes when I am with friends" ($X^2 = 8.72$; $p<0.05$). However, not participating in a PM program was positively associated with agreeing that "I have a lot to be proud of on the whole" ($X^2 = 8.04$; $p<0.05$).

TABLE 6

Participation in PM program and attitudes toward rape

Attitude toward Rape	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
When a woman is raped, she usually did something careless to put herself in that situation	24.0	20.3	23.4	0.48	46.2	53.8	48.4	2.15	30.2	31.5	31.0	0.10	32.8	35.7	33.8	1.29
In some rape cases, women actually want it to happen	29.2	16.2	27.3	5.34**	53.5	42.4	50.2	4.56**	23.3	21.9	22.5	0.12	36.2	26.5	32.8	13.83**
If a woman doesn't physically fight back, you can't really say it was rape	38.4	40.5	38.7	0.12	65.6	68.9	66.6	0.46	33.9	32.5	33.1	0.09	46.7	43.4	45.5	1.41
In any rape case one would have to question whether the victim is promiscuous or has a bad reputation	28.5	28.4	28.5	0.00	32.5	24.2	30.0	3.00	37.6	38.4	38.0	0.03	31.7	33.1	32.2	0.31

PM programs employ a variety of strategies to assist men and boys in challenging their own values, beliefs, and behaviors — as well as those of other men and boys — regarding their sexual attitudes toward women and girls, including rape. Table 6 depicts the distribution of participants' attitudes toward four rape-related statements, namely: "When a woman is raped, she usually did something careless to put herself in that situation"; "In some rape cases, women actually want it to happen"; "If a woman doesn't physically fight back, you can't really say it was rape"; and "In any rape case, one would have to question whether the victim is promiscuous or has a bad reputation." At the multi-country level, participation in a PM program was positively associated with support for one of the statement that "In some rape cases, women actually want it to happen" (X^2 =13.83; $p<0.05$). In the Democratic Republic of the Congo, higher proportions of those who had not participated in PM programs agreed with the statements that "When a woman is raped, she usually did something careless to put herself in that situation" and that "In some rape cases, women actually want it to happen." On the other hand, higher proportions of participants reporting participation in PM programs agreed that "If a woman doesn't physically fight back, you can't really say it was rape." Agreeing with the statement that "In some rape cases, women actually want it to happen" was positively associated with reporting non-participation in a PM program among DRC respondents (X^2 = 5.34; $p<0.05$).

Similar mixed results were observed in Nigeria. Compared to respondents who did not report participation in a PM program, a higher proportion of those reporting participating in a PM intervention agreed with the statement that "When a woman is

raped, she usually did something careless to put herself in that situation" (53.3%) and "If a woman does not physically fight back, you can't really say it was rape" (68.9%). Furthermore, a greater proportion of Nigerian respondents who did not participate in the PM program agreed with the statements "In some rape cases, women actually want it to happen" (50.2%, also significant at $X^2 = 4.56$; $p<0.05$) and "In any rape case, one would have to question whether the victim is promiscuous or has a bad reputation" (68.9%). In Rwanda, there were little or no differences in respondents' rape-related attitudes based on participation in PM programs.

TABLE 7

Attitudes toward violence against women and participation in PM program

Attitudes toward violence against women	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
If she goes out without telling him	19.3	13.5	18.4	1.40	15.3	12.9	14.6	0.43	3.7	6.8	5.6	2.14	14.7	9.4	12.9	8.17**
If she neglects the children	20.9	24.3	21.4	0.43	22.0	33.3	25.3	6.33**	4.8	3.8	4.2	0.29	18.0	14.7	16.8	2.58
If she argues with him	19.1	23.0	19.6	0.61	15.6	18.2	16.4	0.45	5.3	4.1	4.6	0.37	15.1	10.6	13.5	5.46**
If she refuses to have sex with him	11.5	8.1	11.0	0.75	5.7	4.5	5.4	0.25	5.3	4.5	4.8	0.17	8.3	5.0	7.2	5.24**
If she burns the food?	2.8	1.4	2.6	0.54	4.5	6.1	4.9	0.47	1.6	2.1	1.9	0.13	3.1	3.0	3.1	0.01
If she adopts contraception methods without permission	31.3	28.4	30.9	0.25	31.2	43.2	34.8	5.87**	3.7	4.8	4.4	3.03	25.7	18.5	23.1	9.37**
If she asks me to use condom	9.6	10.8	9.8	0.09	9.6	14.4	11.0	2.23	3.7	3.4	3.5	0.03	8.4	7.4	8.1	0.41
A woman should tolerate violence in order to keep her family together	29.4	51.4	32.7	13.79**	65.9	72.7	67.9	1.98	32.8	31.5	32.0	0.08	42.5	45.4	43.5	1.13
There are times when a woman deserves to be beaten	56.0	41.9	53.9	5.04**	43.6	34.8	41.0	2.96	11.6	11.0	11.2	0.05	42.8	21.9	35.5	61.79**

The prevention of violence against women (VAW) is a key issue in PM programming efforts. Men and boys who participate in PM programs are expected to gain knowledge about the causes, manifestations, and effects of VAW. They are also expected to disavow VAW, develop conflict-resolution skills, comprehend why they should not participate in or encourage VAW, and be equipped to encourage other men and boys to avoid using violence in their interactions with others, especially women and girls. A 10-point scale was used to gauge participant opinions about VAW in the current investigation, as indicated in Table 7.

The picture of attitudes toward VAW emerging from the data is complex. In the DRC, greater proportions of men who had not taken part in MP programs agreed that VAW is acceptable when a woman refuses to have sex with her partner (11.5% vs. 8.1%), burns the food (2.8% vs. 1.4%), uses contraception without the man's knowledge or consent (31.3% vs. 28.4%), or leaves the house without telling him (19.3% vs. 13.5%). Conversely, greater proportions of participants who indicated they had taken part in MP programs in DRC agreed that VAW is acceptable if the woman argues with her husband (23% vs. 19.1%) or neglects the kids (20.9% vs. 24.3%). PM program participants were also slightly more likely to agree that a woman should tolerate violence to keep her family together (10.8% vs. 9.6%) and that "there are times when a woman deserves to be beaten" (51.4% vs. 29.4%). In the Democratic Republic of the Congo, participation in a PM program was statistically associated with agreeing that "women should tolerate violence to keep her family together" ($X^2 = 13.94$; $p < 0.05$), whereas non-participation in a PM program was positively associated with agreeing that "there are times a woman deserves to be beaten" ($X^2 = 5.40$; $p < 0.05$).

In comparison to non-participants in PM programs, a higher proportion of Nigerian respondents with PM program participation experience agreed that "VAW is justified if a woman neglects the children" (33.3% vs. 22%), "argues with a husband" (18.2% vs. 15.6%), "burns the food" (6.1% vs. 4.5%), and "adopts contraception methods without spousal permission" (43.2% vs. 31.2%). Participants in PM program in Nigeria were also more likely to agree that "Women should tolerate violence in order to keep her family together" (72.7% vs. 65.9%). However, a higher proportion of non-participants in PM programs agreed that "VAW is justified if a woman goes out without telling her husband" (15.3% vs. 12%) or "refuses to have sex with the husband" (5.7% vs. 4.5%). They also higher proportions of persons agreeing that "there are times when a woman deserves to be beaten" (43.6% vs. 34.8%) and that "A man should beat his partner if she refuses to have sex with him" (16.6% vs. 2.3%). Participating in a PM program in Nigeria had a statistically positive effect on accepting that VAW "is justified if a woman uses contraception methods without her husband's permission" ($X^2 = 6.84$; $p < 0.05$) and that "a woman should tolerate violence to keep her family together" ($X^2 = 7.07$; $p < 0.05$).

In Rwanda, a higher proportion of men and boys who participated in the PM program thought VAW was acceptable if a woman goes out without informing her husband (6.8% vs. 3.7%), burned the food (2.1% vs. 1.6%), used contraception without permission from her male spouse (4.8% vs. 3.7%), or refused man sex (14.4% vs. 12.2%). However, a higher proportion of the respondents who had not participated in any PM intervention agreed that VAW is acceptable if a woman neglects her children, asks her husband to use a condom, argues with him, or refuses to have sex with him. A greater proportion of respondents who had participated in a PM program also agreed that "a woman should tolerate violence to keep her family together" and that "there are times when a woman deserves to be beaten." Participation in a PM program was only statistically associated with agreeing with three of the statements among Rwandan respondents. Statistically significant differences were found between PM program participants and non-participants on three statements: that "it is justifiable to beat a woman if she burns

the food" ($X^2 = 6.52$; $p < 0.05$), that " a woman should tolerate violence to keep her family together" ($X^2 = 8.32$; $p < 0.05$), and that "there are times a woman deserves to be beaten" ($X^2 = 11.11$; $p < 0.05$).
At the multi-country level, statistically significant positive associations were found between non-participation in a PM program and accepting that "husband is justified to beat a woman if she goes out without telling him" ($X^2 = 8.17$; $p < 0.05$), argues with him ($X^2 = 5.46$; $p < 0.05$), refuses to have sex with him ($X^2 = 5.24$; $p < 0.05$), and adopts contraception without his knowledge ($X^2 = 9.37$; $p < 0.05$), and that "there are times when a woman deserves to be beaten ($X^2 = 61.79$; $p < 0.05$).

TABLE 8

Involvement in intimate partner violence in the last one year and participation in positive masculinity program

Involvement in intimate partner violence (last one year)	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
Have you slapped a partner or thrown something at her that could hurt her	55.9	65.9	57.7	1.36	39.3	40.3	39.7	0.02	11.1	18.0	15.8	2.61	39.1	28.1	34.2	9.88**
Have you pushed or shoved a partner	39.1	51.2	41.4	2.01	39.3	40.3	39.7	0.02	6.5	6.1	6.3	0.02	30.6	18.1	25.0	15.08**
Have you hit a partner with a fist or with something else that could hurt her	13.4	29.3	16.4	6.13**	21.3	16.1	19.6	0.70	3.7	7.0	6.0	1.44	13.2	11.5	12.4	0.50
Have you kicked, dragged, beaten, choked or burned a partner	14.0	17.1	14.5	0.26	20.5	11.3	17.4	2.42	4.6	7.5	6.5	0.95	13.4	9.4	11.6	2.97
Have you threatened to use or used a gun, knife or other weapon against a partner	77.1	78.0	77.3	0.02	77.9	74.2	76.6	0.31	87.0	82.0	83.6	1.35	80.0	80.1	80.0	0.00

Photo credit: Samson Okeniyi (Pexels), Lagos, Nigeria

Respondents were asked about their involvement in intimate partner violence (IPV) in the previous year. Table 8 shows the distribution of respondents based on their involvement in IPV (as measured by five statements) and participation in a PM program. In the Democratic Republic of the Congo, a higher proportion of those reporting PM program participation reported involvement in all the measured IPV acts. However, in the country, reporting PM program participation was only statistically associated with admitting to "hitting a partner with a fist or something else that could hurt her" ($X^2 = 6.13; p < 0.05$).

In Nigeria, PM program participants had higher proportions of those admitting to slapping a partner, throwing something at her that could hurt her, or ever pushing or shoving a partner (40.3%). In contrast, a higher proportion of Nigerian participants who had never participated in any PM program reported hitting a partner with a fist or something else that could hurt her (21.3%), kicking, dragging, beating, choking, or burning a partner (20.5%), or threatening to use or using a gun, knife, or other weapon against a partner (77.9%). In Rwanda, a higher proportion of PM program participants reported slapping or throwing something at her that could hurt her; hitting a partner with a fist or something else that could hurt her; or kicking, dragging, beating, choking, or burning a partner.

Except for two variables, there were no statistically significant differences in IPV perpetration between respondents reporting participation in a PM program and those not reporting participation at the multi-country level. Two variables — "slapped a partner or thrown something at her that could hurt her" and "pushed or shoved a partner"— showed statistically significant associations with reporting PM program participation, respectively at X^2 values of 9.88 and 15.08.

TABLE 9

Intention to intervene in violence against women perpetrated by a stranger and participation in positive masculinity program

Intentions to intervene in violence against women	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
Intervene during the episode	58.4	89.2	62.9	25.69**	61.5	74.2	65.	6.69**	72.5	69.5	70.7	0.48	62.3	73.7	66.3	18.87**
Speak to him after the episode	22.6	14.9	21.4	2.23	35.4	38.6	36.3	0.43	20.6	38.4	31.4	16.73**	26.5	34.9	29.5	11.09**
Avoid/shun the stranger guy	8.5	0.0	8.5	6.75**	6.4	3.8	5.6	1.17	1.1	1.7	1.5	0.34	6.3	2.0	4.8	12.84**
Call the police	19.1	10.8	17.8	2.93	4.1	13.6	7.0	12.95**	28.6	26.7	27.4	0.19	15.9	20.9	17.7	5.42**
Do nothing; it is their problem	19.5	10.8	18.2	3.21	22.3	17.4	20.9	1.33	4.2	2.4	3.1	1.28	17.3	7.6	14.0	25.49**
Mobilize the neighbors	12.7	10.8	12.4	0.20	5.7	11.4	7.4	4.30**	21.2	19.5	20.2	0.19	12.1	16.1	13.5	4.44**

The distribution of respondents by participation in a PM program and intention to intervene in a stranger-perpetrated VAW situation is shown in Table 9. Six statements were used to assess the intention to intervene, as shown in the table. In all three countries, higher proportions of participants without PM program experience agreed that they will "Do nothing." In Rwanda, reporting participation in a PM program was only positively associated with the intention to "speak with the perpetrator of the violence after the episode" ($X^2 = 17.73$; $p < 0.05$). Only two of the statements were statistically associated with participation in a PM program in the Democratic Republic of the Congo. In the country, while participation in the PM program was positively associated with the intention to "intervene during the episode" ($X^2 = 25.69$; $p < 0.05$), not reporting participation in the PM program was positively associated with the intention to "avoid/shun the stranger guy" ($X^2 = 6.75$; $p < 0.05$). In Nigeria, participation in a PM program was positively

associated with expressing intentions to “intervene during the episode” (X^2 = 6.69; p< 0.05); to “call the police” (X^2 = 12.95; p < 0.05); or to “mobilize the neighbors” (X^2 = 4.30; p < 0.05). Surprisingly, the pooled data revealed statistically significant correlations between participation in the PM program and each of the assertions. There were positive correlations between reporting participation in a PM program and declaring intentions to “Intervene during the episode” (X^2 = 18.87, p <0.05), “Speak to the stranger after the episode” (X^2 = 11.09, p 0.05), “Call the police” (X^2 = 5.42, p< 0.05), or “Mobilize the neighbors” (X^2 = 4.44, p< 0.05). On the other hand, not taking part in a PM program had favorable effects on reporting intention to “Avoid/shun the stranger guy” (X^2 = 12.84; p < 0.05) or to “Do nothing” (X^2 = 25.49; p < 0.05).

TABLE 10

Intention to intervene in violence against women perpetrated by a male friend and participation in positive masculinity program

Intentions to intervene in violence against women	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		To-tal	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
Intervene during the episode	70.8	91.9	74.0	14.5**	73.6	90.9	78.7	16.67**	74.6	72.3	73.2	0.32	72.5	80.1	75.2	10.03**
Speak to him after the episode	42.6	25.7	40.1	7.5**	52.9	52.3	52.7	0.01	25.9	40.4	34.7	10.62**	42.7	41.4	42.2	0.23
Avoid/shun the stranger guy	0.9	0.0	0.8	0.70	4.1	2.3	3.6	0.94	1.1	3.8	2.7	3.20	7.1	12.5	9.0	11.30**
Call the police	6.1	8.1	6.4	0.41	3.2	6.8	4.3	3.01	15.9	16.1	16.0	0.00	2.1	2.8	2.3	0.36
Do nothing, it is their problem	10.6	4.1	9.6	3.10	9.9	2.3	7.6	7.62**	3.2	2.4	2.7	0.26	8.8	2.6	6.7	20.20**
Mobilize the neighbors	1.7	0.0	1.4	1.23	5.1	18.2	9.0	19.49**	16.9	17.1	17.1	0.00	5.9	14.9	31.43	31.42**

Participants were also asked what they would do in a situation where their male friend was committing VAW. Table 10 shows the distribution of their responses based on PM program participation. Reporting participation in a PM program had statistically significant positive effects on expressing an intention to "Intervene during the episode" in the DRC and Nigeria (DRC: $X^2 = 14.5$; $p < 0.05$; Nigeria: X^2 16.67; $p < 0.05$). Participation in a PM program was also positively associated with the intention to "Mobilize the neighbors" in Nigeria ($X^2 = 19.49$; $p < 0.05$) and to "Speak to him after the episode in Rwanda" ($X^2 = 10.62$; $p < 0.05$). On the other hand, non-participation in a PM program was associated with the intention to "Speak to him after the episode" in DRC ($X^2 = 7.5$, $p < 0.05$) and to "Do nothing" in Nigeria ($X^2 = 7.62$, $p < 0.05$). Similarly, in all three countries, a higher proportion of participants without PM program experience expressed a desire to "Do nothing."

However, statistically significant associations existed between participation in a PM program and four intention measures at the level of the merged data. Reporting non-participation in a PM program had a positive relationship with expressing intention to "Do nothing" ($X^2 = 20.20$; $p < 0.05$), whereas reporting PM program participation had a statistically significant positive relationship with expressing intention to "Intervene during the episode" ($X^2 = 10.03$ $p < 0.05$); to "Avoid/shun the stranger guy" ($X^2 = 11.30$: $p < 0.05$); or "Mobilize the neighbors" ($X^2 = 31.42$; $p < 0.05$).

TABLE 11

Masculinity values and participation in positive masculinity program

Masculinity values	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
Men need sex more than women do	54.6	54.1	54.5	0.01	53.2	37.1	48.4	9.60**	39.7	48.3	44.9	3.43	51.1	46.2	49.4	3.10
Men don't talk about sex. you just do it	39.1	55.4	41.5	6.94**	47.5	46.2	47.1	0.05	29.6	26.0	27.4	0.75	40.0	35.7	38.5	2.45
Men are always ready to have sex	66.8	64.9	66.5	0.11	60.8	51.5	58.1	3.31	33.9	43.2	39.5	4.14**	58.1	48.6	54.8	11.78**
If someone insults me, I will defend my reputation. with force if I have to. - Negative	30.1	31.1	30.3	0.03	47.8	43.2	46.4	0.78	16.4	13.4	14.6	0.86	33.3	23.9	30.0	13.64**
It's important for men to have friends to talk about his problems	79.1	77.0	78.8	0.15	84.4	75.8	81.8	4.66**	83.1	83.6	83.4	0.02	81.7	80.5	81.3	0.27
To be a man, you need to be tough	13.6	16.2	14.0	0.35	73.6	72.7	73.3	0.03	14.8	14.0	14.3	0.05	34.2	29.9	32.7	2.65

Masculinity values are ideals that many cultures have widely accepted or glorified as what men and boys should be like. Men and boys are taught in many cultures to value competitiveness, independence, assertiveness, solitude, toughness, ambition, and power over women.[27] PM interventions profess to help men understand the dynamics of harmful values that may organize and shape their social actions and to support them to overcome the impact of these values. Table 11 shows the participants' responses to six statements used to assess masculinity values. In contrast to Rwanda, a higher proportion of Nigerian and DRC respondents who had not participated in PM (compared to those who had) agreed that "Men are always ready to have sex" and "That It's important for men to have friends to talk about his problems." Further, unlike in the Democratic Republic of the Congo, a higher proportion of Nigerian and Rwandan respondents without PM training experience agreed that "If someone insults me, I will defend my reputation with force if necessary" (Nigeria, 47.8%; Rwanda, 83.6%).

Results from the three countries differed significantly regarding the statements that "To be a man, you have to be tough" and that "Men need sex more than women do." In the Democratic Republic of the Congo, a higher proportion of respondents who had participated in a PM program (16.2%) agreed with the former statement; in Nigeria, the opposite was true; and in Rwanda, the proportions were nearly equal. In addition, unlike in Nigeria, a higher proportion of Rwandan respondents who had participated in a PM program agreed that "Men need sex more than women do" (48.3%). In the Democratic Republic of the Congo, however, the proportions were nearly equal.

Interestingly, only in Nigeria was there a statistically significant positive relationship between not participating in PM and agreeing that "Men don't talk about sex; they just do it" ($X^2 = 9.60$; $p < 0.05$) and that "It's important for a man to have friends to talk about his problems" ($X^2 = 4.66$; $p < 0.05$). Accepting the statement "Men don't talk about sex, you just do it" was positively associated with participation in a PM program in DRC ($X^2 = 6.94$; $p < 0.05$). In Rwanda, there was a similar positive relationship between participating in a PM program and agreeing with the statement that "Men are always ready to have sex" ($X^2 = 4.14$; $p < 0.05$). However, multi-site data showed that non-participation in a PM program was positively associated with agreeing that "Men are always ready to have sex" ($X^2 = 11.78$; $p < 0.05$), and that "If someone insults me, I will defend my reputation with force if necessary" ($X^2 = 13.64$; $p < 0.05$).

Photo credit: Adeboro Odunlami (Pixabay), Abuja, Nigeria

TABLE 12

HIV/AIDs status knowledge, testing, and participation in PM program

Sexual and Reproductive Health (Yes)	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
Have you ever been tested for HIV?	80.2	55.4	76.6	21.64**	56.7	37.1	50.9	14.23**	12.2	3.8	7.1	12.33**	58.4	20.3	45.1	190.78**
Do you know your HIV status?	77.9	54.1	74.4	18.76**	62.4	37.9	55.5	22.62**	10.6	3.4	6.2	10.05**	58.9	20.1	45.4	197.49**

Two questions were used to assess knowledge of one's HIV status: "Have you ever been tested for HIV?" and "Do you know your HIV status?" The distribution of respondents who answered "yes" to the questions is shown in Table 12. Across the two measures, a higher proportion of respondents without PM training answered "yes," indicating that they had tested for and knew their HIV status. Overall, while more than 58% of non-participants in PM interventions had tested for HIV or knew their HIV status, only about 20% of PM program participants had tested or knew their status.

Non-participation in a PM program was positively associated with testing for HIV or knowing one's HIV status at both the country and merged data levels - a strong statistical indication that, at both levels, people without PM program experience had a higher tendency to test for HIV or know their HIV status.

TABLE 13

Relationship communication/decision-making and participation in a PM program

Relationship communication/decision-making	DR Congo				Nigeria				Rwanda				Total			
	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2	Participation (%)		Total	Chi2
	Never	Ever			Never	Ever			Never	Ever			Never	Ever		
A man and a woman should decide together what type of contraceptive to use	94.6	95.9	94.8	0.24	87.3	94.7	89.5	5.45**	77.8	83.9	81.5	2.86	88.7	88.6	88.6	0.01
Man/woman should know what his/her partner likes during sex	97.2	98.6	97.4	0.53	92.7	97.7	94.2	4.32**	87.8	94.2	91.7	6.06**	93.8	95.8	94.5	2.56
I would be outraged if my partner asked me to use a condom.	32.0	36.5	32.7	0.58	47.5	56.8	50.2	3.26	15.9	21.9	19.5	2.67	33.9	33.3	33.7	0.05
Couples should decide together if they want to have children	98.6	95.9	98.2	2.49	96.2	99.2	97.1	3.08	92.6	97.6	95.6	6.90**	96.6	97.8	97.0	1.70

A common theme in PM programming is the promotion of respectful couple communication and decision-making practices. In the study, we used four statements to assess couple communication and decision-making attitudes: “A man and a woman should decide together what type of contraceptive to use,” “Man/woman should know what his/her partner likes during sex,” and “Man/woman should know what his/her partner likes during sex.” At the multi-country level, approval for these statements did not differ significantly based on participation in PM programs. However, there were notable country-level dynamics. The statements “I would be outraged if my partner asked me to use a condom,” “A man and a woman should decide together what type of contraceptive to use,” and “Man/woman should know what his/her partner likes during sex” were agreed upon by slightly higher proportions of respondents in the DRC who had experience with PM programs. Higher proportions of DRC participants reporting PM program participation also agreed that “Couples should decide together if they wish to have children.”

In Nigeria, on the other hand, consistently higher proportions of respondents with PM program participation experience agreed with all the statements. Endorsing that a woman should decide together what form of contraception to use” was significantly positively correlated with reporting participation in a PM program in Nigeria ($X^2 = 5.45$; $p < 0.05$). In the same country, a positive association also existed between reporting non-participation in a PM program and agreeing that “Man/woman should know what his/her partner loves during sex” ($X^2 = 4.32$; $p < 0.05$). In contrast, while higher proportions of Rwanda respondents with PM program experience agreed with all four statements, there were statistically significant positive relationships between undergoing a PM program training and approval for only two of the statements, namely that “Man/woman should know what his/her partner likes during sex” ($X^2 = 6.06$; $p < 0.05$) and that “Couples should decide together if they want to have children” ($X^2 = 6.90$; $p < 0.05$).

Discussions

PM programs seek to encourage more emotionally expressive, inclusive, empathic, and compassionate behaviors in men and boys by helping them reflect on what it means to be a man.[7,10,11,13] These interventions are viewed as essential to change traditional patriarchal masculinity, which can harm men and boys and frequently fuels homophobia, gender inequity, and harmful SRHR behaviors.[4,6,8,13] The major goal of the current multi-country study was to determine if participation in a PM program is associated with positive gender attitudes and SRHR practices and behaviors among boys and men in poor urban African neighborhoods.

Emerging evidence suggests mixed results at various outcome levels. While several of the outcomes were not statistically associated with PM program participation, there were some interesting cases of strong associations. The complexities of the observed relationships imply that there is little discernible pattern of the effect of PM program participation on positive or negative attitudes, beliefs, or practices at the country or multi-site levels. Multi-site data, for example, revealed statistically significant associations between reporting PM program participation and expressing an intention to intervene in a variety of positive ways during situations of stranger-inflicted violence against women. On the other hand, not participating in a PM program positively correlated with getting tested for HIV or being aware of one's HIV status at both national and multi-site levels. Additionally, in the combined data, not taking part in a PM program was positively associated with agreeing with a variety of statements that were disparaging of same-sex sexuality, including that "Homosexual men should not be allowed to work with children," that "I would never have a gay friend," and that "Sexual relationships should only be between a man and a woman." Contrarily, there was a statistically significant positive correlation between having participated in a PM program and agreeing that "Homosexual couples should be permitted to legally marry", indicating a more open attitude toward same-sex sexuality among PM program participants.

While emerging findings suggest some differences in the attitudes, beliefs, practices, and behaviors of PM program participants and non-participants, participation in the PM program was not consistently associated with positive gender or health attitudes, practices, or behaviors. There are several possible explanations. While the implementers of PM programs in our study sites are relentless in their praise of their work, [7] their understanding of gender discrimination was largely limited to symptoms of inequality such as women's unequal access to resources and benefits, women's increased risk of GBV, and uncritical ideas of masculinity, gender identity, and homophobia. They lacked a firm grasp on the structural determinants and intersecting drivers of gender inequality that underpin gender transformative work. To support men and boys in thinking critically about the breadth of positive human qualities that can characterize masculine identities, to reduce their pressure to conform to a rigid, often unhealthy, archetype of masculinity, and to embody and practice the changes that are required, PM programs must be strongly anchored on gender transformative approaches.[3] Boys and men who participate in gender transformative PM programs demonstrate strong positive behaviors and mindsets in a variety of domains, including violence, self-esteem, anger, gender relations, and perceptions of manhood.[5,8,10]

There is insufficient proof that PM programs are being implemented in the research sites with a strong gender transformational lens.[1,7] According to extant research, PM programs in

SSA typically concentrate on gender-sensitive strategies that are tailored to male needs in response to socialized gender roles, at best, rather than working holistically to promote critical self-reflection among boys and men on the issue of male gender norms and their benefits and drawbacks.[5,8,11] Edström, Izugbara et al.[7] suggest that most of the organizations offering PM programs in Africa lacked staff with strong and necessary training, skills, and capacity to design gender transformative agendas, drive change, and sustain learning among men and boys. These programs frequently lacked a broad framework based on masculine-specific theory and instead tended to concentrate on socialized gender role standards. A few of the groups also lacked adequate funding, which restricted their ability to engage men and boys effectively and consistently and to provide participants with support and booster training sessions. PM programs are frequently conducted in Africa without consideration for the socioeconomic and cultural diversity among men and boys or for masculinity as a complex construct that can be interpreted and expressed in a variety of ways.[4,10,13,15]

PM programs in Africa are also competing with a variety of powerful, long-standing, and persistent local patriarchal norms and behaviors that are inherent in the everyday socio-cultural systems and institutions that dominate the lives of men and boys. These programs are being implemented in difficult national and local contexts which can stymie their ability to foster change and deliver expected impact. Years of intractable armed conflicts, insecurity, and violence in both Nigeria and the Democratic Republic of the Congo have exacerbated livelihood uncertainty, poverty, and displacement. These factors contribute to poor SRHR outcomes, hypermasculinity, and unequal gender norms.[15,21,22]

On the other hand, Rwanda, a post-conflict society, still struggling to overcome the debilitating stresses and aftereffects of genocide, has pursued gender equality programs that have quickly led to women's political and social ascent. Few countries currently have as many women in politics as Rwanda, where they make up 50% of the cabinet, 60% of the legislature, and 50% of the justices on the supreme court. These efforts, however, have resulted in male backlash as perceptions that gender norms are being destabilized in the country grow.[16] The country also faces severe deprivation, with a national poverty rate of more than 91%. Recent studies show that high levels of intimate partner violence, risky sexual practices, and both violent and male-privilege norms persist in Rwanda, stifling gender equality and increasing the risk for poor SRHR outcomes.[2,8,29] In all three study countries, mental health disorders associated with economic crises, conflicts, and violent experiences are common and frequently go undiagnosed or untreated,[22,30,31] leading to high rates of alcohol and drug abuse, depression, and anxiety. In these situations, unlearning patriarchal gender norms can be especially difficult. Economic insecurity, helplessness, feelings of emasculation, stress, and uncertainty all reinforce negative masculine attitudes and behaviors, such as VAW, hypermasculine behavior, and a lack of utilization of SRHR health services.[1,27]

Despite the mixed results at various outcome levels, it is worth noting that, at the multi-site level, not participating in a PM program was positively associated with endorsement of several negative statements about same-sex sexuality, whereas reporting participation in a PM program increased agreement with the statement that "Homosexual couples should be allowed to legally marry. "At first glance, these findings suggest that PM program participants are more accepting of same-sex sexuality. According to recent literature, rising religious fundamentalism is a significant contributor to the current ascendancy of anti-homosexuality politics in the study countries and in SSA.[32,33] Homosexuality is considered a taboo topic in all three countries, and religious arguments are frequently used to condemn it as not only

unpatriotic and "un-African," but also irreligious and ungodly[34]. According to Ellis and Haar,[35] "Africans think about the world today largely through religious ideas, and religious ideas provide them with a means of becoming social and political actors." In contexts characterized by high levels of religious fundamentalism, the observed positive association between participation in a PM program and rejection of homophobic statements is thus remarkable. On the one hand, the observed association suggests that there is room to develop a more accepting perspective on same-sex sexuality among men and boys in the region, and on the other, it suggests that PM programs may play some roles in addressing the individual-level hostility toward same-sex sexuality, which is a potent predictor of homophobia.

Recommendations and Conclusion

The purpose of this study was to investigate the relationship between participation in PM initiatives and gender attitudes, practices, and SRHR behaviors among men and boys in three SSA urban settings. PM programming is regarded as critical to changing traditional and patriarchal masculinity, which can harm men and boys and those around them, and frequently drives gender inequality, GBV, homophobia, and risky SRHR behaviors.[11] The study, which comes at a time of growing global interest in the transformation of masculinity and gender norms, provides important new insights for learning and action. Participation in a PM program was only positively associated with a few progressive attitudes, beliefs, practices, and behaviors in the study. While emerging findings indicate some differences in the attitudes, beliefs, practices, and behaviors of PM program participants and non-participants, PM program participation was not consistently associated with positive gender or health attitudes, practices, or behaviors. We suggested that these findings are not unrelated to the widespread inability of PM programs in SSA to deliver gender transformative interventions. Several PM implementing organizations in SSA are under-resourced, lack skilled and experienced staff capable of delivering gender transformative PM sessions and training, and are frequently financially constrained to be able to maintain robust and sustained engagement with men and boys.

PM programs on the continent are also generally implemented without regard for the socioeconomic and cultural diversity of men and boys, as well as masculinity as a multifaceted construct that can be understood in a variety of ways. The programs contend with a variety of influential, long-standing, and persistent local patriarchal norms and institutions that are inherent in the everyday socio-cultural systems and structures that dominate the lives of men and boys. The programs are also being implemented in difficult contexts of economic insecurity, helplessness, emasculation, stress, and uncertainty, which only reinforce negative masculine attitudes and practices such as VAW, hypermasculine behaviors, and a lack of utilization of SRHR health services.

The findings highlight the importance of strengthening the capacity of PM program implementation organizations. PM implementing organizations in Africa require assistance in developing a deep bench of competent and skilled staff who understand both the theoretical and real-life issues surrounding gender and masculinity, as well as the structural determinants and intersecting drivers of gender inequality that underpin gender transformative work. These

organizations also require assistance in increasing their capacity to attract resources, allowing them to ensure robust long-term programming engagement, monitor and evaluate their work, and appropriately course correct when necessary.

The challenging environments in which work with men and boys takes place in Africa make it necessary for PM programming to take participants' socioeconomic and cultural realities into account. There are severe economic issues, violent conflicts, and high rates of poverty and unemployment in many African countries, including the ones included in this study. In these contexts, unlearning unfair gender stereotypes might be very difficult. In addition to focusing on how such complex situations may affect work with men and boys, PM programs in the region need to adjust their approaches sufficiently to assure programmatic success in contexts of socio-economic desperation.

Africa stands to benefit from transforming men and boys into gender equality allies and motivating them toward more inclusive, empathetic, and compassionate behaviors and attitudes. As a result, PM work does not have to be limited to NGOs. Multi-stakeholder support for and participation in PM program delivery has the potential to expand impact and to bring change to scale. Engagement and support from other groups, such as governments, religious groups, and schools, in PM work, will be critical in realizing the vision of a continent of opportunities, health, and well-being for all, regardless of gender.

Finally, additional research is required to gain a better understanding of the findings. There are still questions about how to design and deliver effective PM programs in contexts of intense marginalization and limited opportunities for men, the contextual reasons for the emerging findings, and how to best support PM-implementing organizations in achieving the expected outcomes.

Strengths and Limitations

The current study provides some early national as well as comparative cross-country insights into how PM interventions are performing in urban contexts across SSA. The study focuses on issues at the heart of the intractable problem of gender inequality, as well as the ongoing call for effective ways to engage men and boys as allies in reducing social and other inequities and promoting SRHR in Africa. Our comparative focus responds to a felt need for learning on policy and program challenges, as well as how to improve intervention effectiveness and scale "programs that work."' Despite the importance of the investigation, only quantitative data were used in this report. To further contextualize and comprehend the emerging findings, qualitative data would be helpful. The current findings are limited to men living in poor urban neighborhoods in the selected cities. We did not run regression models to account for the effects of all independent and control variables on the outcome variables of interest.

References

1. Izugbara, C. *'We are the real men': Masculinity, poverty, health, and community development in the slums of Nairobi, Kenya.* (Department of Social Work, University of Gothenburg, Sweden, 2015).

2. Mberu, B., Mumah, J., Kabiru, C. & Brinton, J. Bringing sexual and reproductive health in the urban contexts to the forefront of the development agenda: the case for prioritizing the urban poor. *Matern. Child Health J*. **18**, 1572–1577 (2014).

3. Vandello, J. A. & Cohen, D. Culture, gender, and men's intimate partner violence. *Soc. Personal. Psychol. Compass* **2**, 652–667 (2008).

4. Izugbara, C., Tikkanen, R. & Barron, K. *Men*, masculinity, and community development in Kenyan slums. *Community Dev.* **45**, 32–44 (2014).

5. Doyle, K. et al. Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PloS One* **13**, e0192756 (2018).

6. Sonke Gender Justice, S. Working for gender justice across a spectrum of change: A description of the work of Sonke Gender Justice. *Youth South Afr. Visibility Natl. Dev. 381* (2021).

7. Edström, J. et al. *Men in collective action on SGBV in Kenya: A case study*. (2014).

8. Edström, J., Hassink, A., Shahrokh, T. & Stern, E. *Engendering men: A collaborative review of evidence on men and boys in social change and gender equality*. (Promundo-US, Sonke Gender Justice and the Institute of Development Studies, 2015).

9. Satterthwaite, D. The impact of urban development on risk in sub-Saharan Africa's cities with a focus on small and intermediate urban centres. *Int. J. Disaster Risk Reduct.* **26**, 16–23 (2017).

10. Kato-Wallace, J. et al. Adapting a global gender-transformative violence prevention program for the US community-based setting for work with young men. *Glob. Soc. Welf.* **6**, 121–130 (2019).

11. Pérez-Martínez, V. et al. Positive masculinities and gender-based violence educational interventions among young people: A systematic review. *Trauma Violence Abuse* 15248380211030242 (2021).

12. Ward, S. Atmosphere in a positive youth development program: A youth perspective. (University of Northern Colorado, 2008).

13. Edström, J., Murgor, C., Nesbitt-Ahmed, Z., Otieno, P. & Izugbara, C. The Shifting Roles of Men in Collective Action on SGBV in Kenya: Report of a Movement and Influence Mapping Workshop, Nairobi, 3–5 July 2013. (2014).

14. Freedman, J. Explaining sexual violence and gender inequalities in the DRC. Peace Rev. J. Soc. Justice 23, 170–175 (2011).

15. de Diego Manrique, C. Transforming violent masculinities: Nigeria's disarmament, demobilization and reintegration programme in the Niger Delta. (2021).

16. Stern, E., Heise, L. & McLean, L. The doing and undoing of male household decision-making and economic authority in Rwanda and its implications for gender transformative programming. Cult. Health Sex. 20, 976–991 (2018).

17. Akinyemi, F. O. & Bigirimana, F. A Spatial Analysis of Poverty in Kigali, Rwanda using indicators of household living standard. *Rwanda J.* **26**, 3–22 (2012).

18. Longondjo, C. Urbanization and poverty in Kinshasa: thinking beyond 2015 Millennium Development Goals. in *Millennium Development Goals (MDGs) in Retrospect 31–44* (Springer, 2015).

19. Basil, U. E. & Hosea, O. Urban Poverty and Environment: a Situation Analysis of Some Squatter Settlements in Enugu Metropolitan Area, Southeastern Nigeria. *Humanity Soc. Sci. J.* **10**, 08–14 (2015).

20. Chime, O. H., Nduagubam, O. C. & Orji, C. J. Prevalence and patterns of gender-based violence in Enugu, Nigeria: a cross-sectional study. P*an Afr. Med. J.* **41**, (2022).

21. Meger, S. Rape of the Congo: Understanding sexual violence in the conflict in the Democratic Republic of Congo. *J. Contemp. Afr. Stud.* **28**, 119–135 (2010).

22. Johnson, K. et al. Association of sexual violence and human rights violations with physical and mental health in territories of the Eastern Democratic Republic of the Congo. *Jama* **304**, 553–562 (2010).

23. Williamson, C. Genocide, masculinity and posttraumatic growth in Rwanda: reconstructing male identity through ndi umunyarwanda. J. *Genocide Res.* **18**, 41–59 (2016).

24. McGranahan, M. et al. Realising sexual and reproductive health and rights of adolescent girls and young women living in slums in Uganda: a qualitative study. *Reprod. Health* **18**, 125 (2021).

25. Walter, J. G. The adequacy of measures of gender roles attitudes: a review of current measures in omnibus surveys. *Qual. Quant.* **52**, 829–848 (2018).

26. Bowie, J., Brunckhorst, O., Stewart, R., Dasgupta, P. & Ahmed, K. A systematic review of tools used to assess body image, masculinity and self‐esteem in men with prostate cancer. *Psycho-Oncology* **29**, 1761–1771 (2020).

27. Izugbara, C. O. 'Life is not designed to be easy for men': masculinity and poverty among urban marginalized Kenyan men. *Gend. Issues* **32**, 121–137 (2015).

28. Finnoff, K. Intimate partner violence, female employment, and male backlash in Rwanda. *Econ. Peace Secur. J.* **7**, (2012).

29. Umubyeyi, A., Mogren, I., Ntaganira, J. & Krantz, G. Women are considerably more exposed to intimate partner violence than men in Rwanda: results from a population-based, cross-sectional study. *BMC Women's Health* **14**, 1–12 (2014).

30. Suleiman, D. Mental health disorders in Nigeria: A highly neglected disease. *Ann. Niger. Med.* **10**, 47–47 (2016).

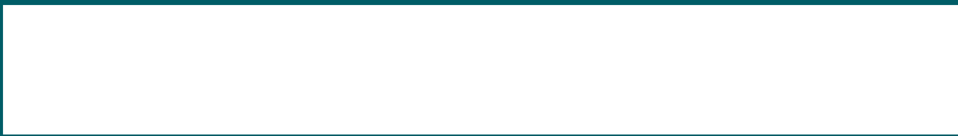
31. Umubyeyi, A., Mogren, I., Ntaganira, J. & Krantz, G. Intimate partner violence and its contribution to mental disorders in men and women in the post genocide Rwanda: findings from a population based study. *BMC Psychiatry* **14**, 1–12 (2014).

32. Kaoma, K. An African or un-African sexual identity?: Religion, globalisation and sexual politics in sub-Saharan Africa. in *Public religion and the politics of homosexuality in Africa* 113–129 (Routledge, 2016).

33. Tamale, S. Exploring the contours of African sexualities: Religion, law and power. *Afr. Hum. Rights Law J.* **14**, 150–177 (2014).

34. Amusan, L., Saka, L. & Muinat, O. A. Gay Rights and the Politics of Anti-homosexual Legislation in Africa. *J. Afr. Union Stud.* **8**, 45–66 (2019).

35. Ellis, S. & Ter Haar, G. *Worlds of power: Religious thought and political practice in Africa.* vol. 1 (Oxford University Press on Demand, 2004).



www.icrw.org

© International Center for Research on Women 2022

T 202.797.0007 ◆ **F** 202.797.0020
1120 20th Street NW ◆ Suite 500 North, Washington, DC 20036

Designed by Brevity & Wit