

Indicator name
Number of men and boys engaging in government or civil society SRHR actions
Aggregable indicator
Yes
Indicator type (quantitative/qualitative)
Quantitative
Thematic area of engagement
Promoting sexual and reproductive health and rights
Related objectives in the Gender Action Plan III
Overall thematic objective: Women and girls in all their diversity access universal health and fully enjoy their health and sexual and reproductive rights Specific thematic objective 2: Enabled legal, political and societal environment allowing women and girls to access quality sexual and reproductive health (SRHR) care and services and protecting their sexual and reproductive rights
Technical Definition
This indicator intends to measure how many men and boys engage in supporting sexual and reproductive health and rights actions either as part of government or civil society. The following definition apply: - <u>Sexual and reproductive health and rights</u> (SRHR) encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services¹, and to address sexually transmitted infections (STI)² and cervical cancer³, gender-based violence⁴ and violence against women and girls⁵, and sexual and reproductive health needs of adolescents.⁶ - <u>SRHR actions</u> refer to awareness raising, information, communication and support to sexual and reproductive health care and services. Sexual and reproductive health services⁷ must meet public health and human rights standards, including the “Availability, Accessibility, Acceptability, and Quality” framework of the right to health.⁸ The services should include: - accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;⁹ - information, counselling and care related to sexual function and satisfaction; - prevention, detection and management of sexual and gender-based violence and coercion; - a choice of safe and effective contraceptive methods; - safe and effective antenatal, childbirth and postnatal care;¹⁰ - safe and effective abortion services and care; - prevention, management and treatment of infertility;¹¹

¹ See [UNFPA, Family Planning](#)

² See [WHO, Sexually transmitted infections \(STIs\)](#)

³ See [WHO, Cervical cancer](#)

⁴ See [European Commission, Gender-based violence](#)

⁵ See [UN, Ending violence against women and girls](#)

⁶ See [WHO \(2014\): Sexual and reproductive health and rights: a global development, health and human rights priority](#)

⁷ *Ibidem*

⁸ See [WHO \(2017\): Leading the realization of human rights to health and through health](#)

⁹ See [UNFPA resources: Adolescent sexual and reproductive health; WHO Recommendations on adolescents sexual and reproductive health and rights](#)

¹⁰ See [WHO, Regional Office for Europe, Maternal and newborn health](#)

- prevention, detection and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
- prevention, detection, and treatment of reproductive cancers.

Rationale

SRHR refer to the right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence. In humanitarian situations and fragile contexts - either due to war and conflicts or to climate and economic crises - barriers to health care and SRHR services, along with the persistence or exacerbation of harmful social norms that oppose the right to bodily autonomy and choice, expose populations, particularly the most disadvantaged, to serious discrimination and violation of their rights.

Access to high-quality, affordable sexual and reproductive health services and information, including a full range of contraceptive methods, is fundamental to realising the rights and well-being of women and girls, men and boys, in all their diversity. However, SRHR is too often considered a women's issue. This may neglect men's SRHR needs and the part men can and should play in supporting women's access to SRHR. Men also suffer from conditions, such as STIs and prostate cancer, that go undetected and untreated because of social stigma and norms about masculinity that discourage them from seeking health care. Gender norms – defined by culture and expressed through the role that men and women play – exert a powerful influence on individual SRHR. Research has shown that men and boys who adhere to more rigid views about masculinity – such as believing that men need sex more than women do, that men should dominate women and that women are responsible for domestic tasks – are more likely to report having used violence against a partner, to have had an STI, to have been arrested and to abuse substances.¹² Norms about masculinity can also discourage men from seeking health care, creating vulnerabilities in the form of untreated STIs, low rates of HIV testing and treatment and low adherence to treatment. In societies where men are socially dominant, they might act as gatekeepers, restricting women's access to sexual and reproductive information and services. Conversely, in societies with more equitable gender norms, men's support for women's autonomy and rights can facilitate women's access to information and services.¹³

The EU is committed to the promotion, protection and fulfilment of SRHR in the framework of the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences. The EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and health-care services.¹⁴ Through GAP III specific area of engagement on SRHR, the European Commission and the High Representative committed to support transformative actions (including by actively engaging men and boys) for gender equality, e.g., multi-country partnerships in Sub-Saharan Africa to address SRHR, among others.

Data source and calculation

Reporting covers cooperation, development and humanitarian (if applicable) initiatives and investment frameworks funded by the EC (INTPA, NEAR, FPI, ECHO) and EEAS.

EUMS may provide information related to their interventions through their contributions to GAP III reports or through the EUDs, e.g., in cases of joint dialogue (i.e., as part of joint programming or TEI).

Data sources:

¹¹ See [WHO, Infertility](#)

¹² [Barker G., Ricardo C., Nascimento M., \(2007\). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. WHO & Promundo, Geneva.](#)

¹³ [The Lancet Commissions \(2018\): Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission.](#) Lancet 2018; 391: 2642–92

¹⁴ [The EU New Consensus for Development. “Our world, our dignity, our future”.](#)

The intervention's monitoring and reporting systems, e.g., inception, interim and final reports from implementing organisations (including governments, international organisations, national and international civil society organisations, private sector, etc.), ROM reviews and evaluations.

Administrative records from health centres, hospitals, and SRHR services within the scope of the EU action/intervention as well as the data available at the Ministry/regional department of Health/Women's Affairs/Education and the national/regional statistics offices.

Surveys/interviews conducted and budgeted by the intervention can also be relevant data sources.

Baseline and endline studies conducted and budgeted within the EU intervention. These studies can be conducted as part of the gender country profile and/or gender sector analysis, or be based on existing official reports and published data. Baseline and endline studies should be conducted using the same data collection methodology.

Calculation:

Single men and boys engaging in government or civil society SRHR actions need to be counted.

Each individual (disaggregated as below) benefiting from different services thanks to the EU supported intervention should be counted separately and only once if they benefit from more than one intervention of the same type (e.g. different phases of the same programme).¹⁵

In particular, to avoid double counting, a peak year result should be taken, i.e., by reporting the highest number of people who benefited from the EU intervention on a yearly basis. Results on a multi-year basis will be calculated by adding the number of new individuals reached in years 2, 3, etc. to the total reached in year 1. In case of interest and if possible, it can also be calculated the number of beneficiaries by sector of engagement, i.e., government or in civil society

Worked examples

In the framework of the health and education programmes, the EU supports the government and civil society organisations in country A, to engage men and boys to improve gender equality in access to sexual and reproductive health care and services and comprehensive sexuality education. The EU initiatives includes the following actions:

- (1) Reviewing government policies on equal access to SRHR.
- (2) Transforming harmful gender norms, practices or inequalities through community mobilisation and education programmes.
- (3) Sports-based Educational Outreach Programme.

The end-of programme evaluations report the following quantitative information:

- ⇒ (1) A 'Parliamentary Group on Population and Development' was formed including 35 men and 15 women member of the Parliament.
- ⇒ (2) 260 people (130 men and 130 women, out of whom 80 young men and 100 young women aged 16-24) were sensitised on how to prevent and combat harmful gender norms, practices and inequalities.
- ⇒ (3) 15 schools in 2 governorates implemented a campaign on adolescent sexuality education: a total of 7.500 adolescents were targeted, including 3.500 adolescent boys aged 10-17.

Baseline

¹⁵ Avoiding double counting is especially relevant when aggregating values of different indicators. As a general rule, it is acceptable to record the same individuals under different indicators and between different interventions if the EU funds different services (i.e., a child under one receives nutrition in the framework of one intervention and is also immunised in the framework of another intervention). Where an individual receives the same service in the framework of the same EU supported intervention (e.g., different phases of a nutrition programme), this cannot be matched to different indicators and between different interventions.

Data from official counterparts (i.e., national women's machinery, national gender observatories, ministries of health/education, health and education centres, statistical institutes, etc.). Data from international and national organisations working on SRHR or other independent non-state actors. If baseline data are lacking, a mapping can be done at the start of the intervention using surveys/interviews. The baseline can be 0 when the indicator is achieved with the EU funded intervention.
Disaggregation
Baseline, periodic and endline surveys targeting men and boys. If the collection of information is part of a broader survey, data need to be disaggregated by age¹⁶ as a minimum, and by gender¹⁷ and disability status, whenever possible. As a person's gender identity does not necessarily equal nor can it be deduced from their sex, for international and national reporting it is recommended, whenever possible, to collect data disaggregated by gender. Taking into due account the "do no harm" principle, it is also recommended to collect data on other intersecting grounds of potential discrimination (e.g., geographical location, population group - ethnic minority, linguistic or religious group member- socio-economic situation, migration status, etc.) based on relevance to the intervention and availability of data. Data disaggregation to capture the intersecting dimensions concerning rights holders is necessary to increase the quality and effectiveness of programmes, projects, and dialogue, and make visible the experience of different individuals. The collection, analysis and use of disaggregated data is a priority, regardless of previous practice. Due consideration should be paid to national data collection capacity. Furthermore, those in charge of data collection need to assess carefully if and how to collect sensitive data, for example, concerning sexual identity and the legal situation in the national context to avoid harm to individuals or groups by revealing characteristics they carry.
Availability and Timeliness
Information should become available annually, depending on the duration of the intervention.
Related DAC CRS code
122 – Basic Health / 12220 - Basic health care / 12230 - Basic health infrastructure / 12240 - Basic nutrition / 12250 – Infectious diseases control / 12261 - Health education / 12281 – Health personnel development / 123 Non-communicable diseases (NDCs)/ 12310 – NDCs control, general / 12350 - Other prevention and treatment of NCDs 130 – Population Policies/Programmes & Reproductive Health / 13010 - Population policy and administrative management / 13096 - Population statistics and data / 13020 - Reproductive health care / 13040 - STD control including HIV/AIDS / 13081 - Personnel development for population and reproductive health
Associated SDGs
SDG 3 Ensure healthy lives and promote well-being for all at all ages Target 3.1, Indicator 3.1.1 (see Metadata) Target 3.2, Indicator 3.2.2 (see Metadata) Target 3.3, Indicators 3.3.1 (see Metadata), 3.3.4 (see Metadata) Target 3.4, Indicator 3.4.1 (see Metadata) Target 3.7, Indicators 3.7.1 (see Metadata), 3.7.2 (see Metadata) Target 3.8, Indicator 3.8.1 (see Metadata)

¹⁶ Age groups: 0-15; 16-24; 25-54; 55+

¹⁷ Gender encompasses a person's identities, expressions, and societal roles (man, woman, non-binary, other options)

SDG 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Target 4.7, Indicator 4.7.1 (see [Metadata](#))

SDG 5 Achieve gender equality and empower all women and girls.

Target 5.1, Indicator 5.1.1 (see [Metadata](#))

Target 5.2, Indicator 5.2.2 (see [Metadata](#))

Target 5.3, Indicators 5.3.1 (see [Metadata](#)), 5.3.2 (see [Metadata](#))

Target 5.6, Indicators 5.6.1 (see [Metadata](#)), 5.6.2 (see [Metadata](#))

Target 5.c, Indicator 5.c.1 (see [Metadata](#))

Other issues

The gender country profile and/ or gender sector analysis can be relevant sources of information for establishing baselines.

If there is no gender analysis available at the EUD, it is recommended to look at the analysis undertaken by EU Member States or other trusted partners (UN, World Bank, human rights national and regional mechanisms, etc.) as well as the [national-level reviews](#) carried out in 2019 by UN Women and the partner countries to assess progress made and challenges encountered in the implementation of the Beijing Declaration and Platform for Action.

Special attention should be paid to following up on partner country institutions reached with EU support.