

MEN AS ALLIES:

A REPORT ON MALE ENGAGEMENT IN PROMOTING GENDER EQUALITY IN SOUTH SUDAN

The National Transformational and Leadership Institute
(NtLI), University of Juba

SOUTH SUDAN
2023-2024



© 2025 NTLI

Commissioned by Ministry of Gender Child and Social Welfare Analysis. The study was conducted between 2022 and 2024 by The National Transformational and Leadership Institute (NTLI), University of Juba, led by Dr. Angelina Mattijo-Bazugba.

Photos: © NTLI

We confirm that we have obtained permission to use the images, statements, and data collected from the participants included in this report.

Design / Layout: Lynn O'Rourke

CC-BY 4.0

For more information contact:

The National Transformational Leadership Institute (NTLI)

University of Juba

P.O Box 82

Customs Campus, Juba, South Sudan

Phone: +211 914 544 710

email: ntljuba@gmail.com

We are grateful for the technical support from UNFPA, and for the financial support from ICAN for finalisation of the project and for the printing and distribution of this research report.

Printed in 2025 in Juba, South Sudan

Recommended citation: Mattijo-Bazugba, Angelina and NTLI. 2024.

“Men As Allies: A report on male engagement in promoting gender equality in South Sudan.” Juba, South Sudan: The National Transformational Leadership Institute (NTLI).

Contents

ACKNOWLEDGEMENT	v
FOREWORD	vi
ACRONYMS	viii
EXECUTIVE SUMMARY	1
1. INTRODUCTION	5
1.1 Background of the Study	6
1.2 Objectives of the Study	7
2. LITERATURE REVIEW	9
2.1 Male Engagement: Meaning, Importance, and Current Initiatives	9
2.2 Including Men in Gender Mainstreaming	11
2.3 The Importance of Engaging Men.....	12
2.4 Male Engagement and SRHR	16
2.5 South Sudan and Male Engagement Initiatives.....	16
2.6 South Sudan Legal and Policy Context.....	17
3. RESEARCH METHODOLOGY	22
4. FINDINGS AND ANALYSIS	25
4.1 Respondent Answers to Main KII and FDG Questions.....	27
4.1.1 Social Norms and Male Power.....	32
4.1.2 Male Involvement Strategies	38
4.1.3 Sexual and Reproductive Health	42
4.1.4 HIV Transmission and Prevention.....	46
4.1.5 Family Planning.....	49
APPENDIX A: National and State Level Institutions.....	54
APPENDIX B: Interview and Discussion Questionnaire	57
REFERENCES	67
READING LIST.....	71
ANNEX 1: Original Tables and Figures	72

Figures

Figure 1: The number of interviews per category of respondent.....	2
Figure 2: The distribution of respondents per location per category of respondent	2
Figure 3: Hegemonic masculinity cycle.....	9
Figure 4: Distribution of respondents by age and gender	26
Figure 5: Respondents who do not feel good about being a man or a woman	27
Figure 6: Reasons for not feeling good, by age category	30
Figure 7: Norms that promote men to be superior or more powerful than women	33
Figure 8: Norms that make women submissive to men.....	34
Figure 9: Acceptable punishments for acts of violence against women	37
Figure 10: Key actors and allies who should be involved in protecting the rights of women.....	39
Figure 11: Institutions and organisations that have male involvement strategies.....	41
Figure 12: Men who accompany their spouses to health facilities for pregnancy care..	45
Figure 13: Those who decide on the use of condoms.....	47

Tables

Table 1: Categories of respondents in FGDs and KIs.....	23
Table 2: Distribution of the respondents by marital status and age.....	26
Table 3 Respondents who do not feel good about being a man or a woman by marital status.....	28
Table 4: Respondents who do not feel good about being a man or a woman by age category	29
Table 5: Attitudes of men and boys towards SRHR services.....	43
Table 6: Who has access to SRHR products and services per location	44
Table 7: Who decides on the use of condoms per locations	48

ACKNOWLEDGEMENT

Many people have contributed to the Male Engagement in South Sudan research. Specifically, we wish to recognise and thank the Ministry of Gender, Child and Social Welfare (MGCSW) and appreciate the energy and technical expertise put forward by the National Transformational Leadership Institute (NTLI) at the University of Juba under the able leadership of Dr. Angelina Mattijo-Bazugba, who designed the research, guided staff from NTLI and MGCSW, and diligently provided the overall guidance to completion.

This report is a result of a review of policies, laws, and reports, along with a participatory research process involving government ministries, commissions, parliamentary committees, community-based organisations, faith-based and traditional leaders, international and national organisations, private sector partners, and UN agencies among others.

The authors would like to express gratitude and appreciation to the many colleagues and partners who participated in the data collection and report preparation. Specifically, we would like to acknowledge Hon. Esther Ikere, Deborah Adol, Matela Viol, Joseph Tombura, Ludiana Joseph, Richard Musoke, Rebecca Cholhok, Mary Abiong Kuol, Atem Bol (statistician), and Awut Deng. We also thank Mr. Data Gordon of Men4Women, and members of SADU who generously shared their time and information about their work in male engagement.

We acknowledge UNFPA and the other development partners in South Sudan for their valuable inputs and financial support towards the success of this research. For their guidance and technical inputs to the process, we acknowledge specifically, Ms. Viola Riak and Ms. Shruti Upadhyay.

FOREWORD

I am grateful to the research participants for their time, commitment and willingness to openly share their experiences and knowledge with the NTLI research team. NTLI supports initiatives for women that offer protection from gender-based violence, improve the availability of quality health care and reproductive health services, provide access to education and skills development training, and provide assistance to economic activities such as income generating opportunities. It also upholds initiatives that support women to seek leadership positions, promote gender mainstreaming, and encourage the full participation of women in conflict prevention and post-conflict peace-building processes.

In South Sudan, as in other global contexts, it is widely acknowledged that empowerment and social transformation do not happen in isolation, and achieving gender equality requires that men and boys also participate in the process of building just societies. Studies have shown that the participation of men and boys in gender programmes is critical because it promotes positive outcomes for men's lives and their relationships with their families and communities; men see benefits to their health; it provides an opportunity to challenge inequalities and examine the power held by boys and men and their responsibility to question this power; and it can support men to become agents of change.

The *South Sudan Male Engagement in Promoting the Gender Equality Agenda* (The Male Engagement Study) came about because we need more data and insight into the best ways to engage boys and men in the process of gender equality in South Sudan, so that we can develop an effective National Male Engagement Strategy. The study is intended to explore strategies for meaningful engagement with men and boys to promote gender equality, women's empowerment, and the transformation of social and gender norms that reinforce patriarchy and inequality among women and men.

We collaborated with Men4Women, a local organisation based in South Sudan, that has been engaging boys, men, women, and girls in sexual and reproductive health rights (SRHR) and advocacy since 2022. They advocate for young people's meaningful participation in the decisions made about their lives.

NTLI collected data, provided a historical overview of male involvement, while the Ministry of Gender, Child and Social Welfare (MGCSW) provided guidance to stakeholders in line with the national strategy, and UNFPA provided financial support to the research team. The research team consisted of eight people with profound knowledge and experience in gender research from the University of Juba (professors and researchers), and practitioners from MGCSW and the Bureau of Statistics.

The Male Engagement study was carried out in 2022 in seven of South Sudan's State capitals including Wau, Rumbek, Juba, Torit, Bor, Malakal, and Pibor over a period of six months. The research team met with people from organisations that involve boys and men in gender equality, equity, reproductive health, economic empowerment, and justice programmes. The study participants gave freely of their time, experience, and thoughtful inputs, and we are grateful for their time. The research team spent seven days in each location and helped compile the results.

Through this report, we reveal the specific components and lessons from each programme that lead to successfully engaging men and boys in advancing gender equality. From this, government ministries and agencies at all levels, international development organisations, and civil society initiatives can incorporate the most effective mechanisms for engaging boys and men in gender-equality and reproductive health programmes that can inform the development of the National Male Engagement Strategy.

It is my pleasure to share with you the findings from the South Sudan Male Engagement Study, and I welcome you to interact with the study and the recommendations.



Dr. Angelina Mattijo-Bazugba,
Director, NTLI

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
BDPfA	Beijing Declaration and Platform for Action
CAPI	Computer Assisted Personal Interview
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRSV	Conflict Related Sexual Violence
CSO	Civil Society Organisations
DEVAW	United Nations Declaration on the Elimination of Violence against Women
EA	Enumeration Areas
FGDs	Focus Group Discussions
GBV	Gender-based violence
GEWE	Gender Equality and Women Empowerment
GoSS	Government of South Sudan
HIV	Human immunodeficiency virus
ICPD	The United Nations International Conference on Population and Development
KII	Key Informant Interviews
MGCSW	Ministry of Gender, Child and Social Welfare
NTRI	National Transformational Leadership Institute
NGO	Non-governmental organisation
R-ARCSS	Revitalised Agreement on the Resolution of Conflict in South Sudan
RoSS	Republic of South Sudan
SRHR	Sexual Reproductive Health Rights
STI	Sexually Transmitted Infection
TCSS	The Transitional Constitution of South Sudan
UN	United Nations
CSW	The United Nations Commission on the Status of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNSCR	United Nations Security Council Resolutions.
UoJ	University of Juba
WHO	World Health Organization



A family in the town of Lologo, South Sudan. Strengthening male engagement for gender equality. Juba, South Sudan, March 2025.

EXECUTIVE SUMMARY

The effective participation and engagement of men and boys in the process of empowerment, equity, and social justice is gaining traction as critical factors in the success of advancing gender equality and women's empowerment (GEWE). Men and boys need to be involved in the process of advancing GEWE because they provide the insight needed to fully understand the factors that lead to gender-based violence (GBV), sexual violence (S/GBV), and exclusion from leadership positions. They also need to be part of the strategies that promote and protect women, advance sexual and reproductive health rights (SRHR)—which includes the prevention of the transmission of Human Immunodeficiency Virus (HIV) and treatment of Acquired Immune Deficiency Syndrome (AIDS). The primary task entrenched in this study is to demystify the involvement of men and boys in the issues faced by girls and women.

The study was conducted in over a six-month period (2022-2023) in seven state capitals namely Wau (Western Bahr el Ghazal), Rumbek (Lakes State), Juba (Central Equatoria), Torit (Eastern Equatoria), Bor (Jonglei), Malakal (Upper Nile), and Pibor (Pibor AA). The selection of the research sites was based on the information required, the locations' accessibility, and the location of the organisations that are actively engaging in activities on human rights, GBV, HIV and AIDS, and SRHR.

A sample population of 140 participants from these seven locations participated in the research through focus group discussions (FGDs) and key informant interviews (KIIs). The team also conducted a total of 74 individual interviews with policymakers, county administrators, traditional leaders, people with disabilities, and members of faith-based organisations (FBOs), civil-society organisations (CSOs), non-governmental organisations (NGOs), and other agencies that provide services to communities. The national and state level institutions that participated are in Appendix A. The FGD questions are provided in Appendix B.

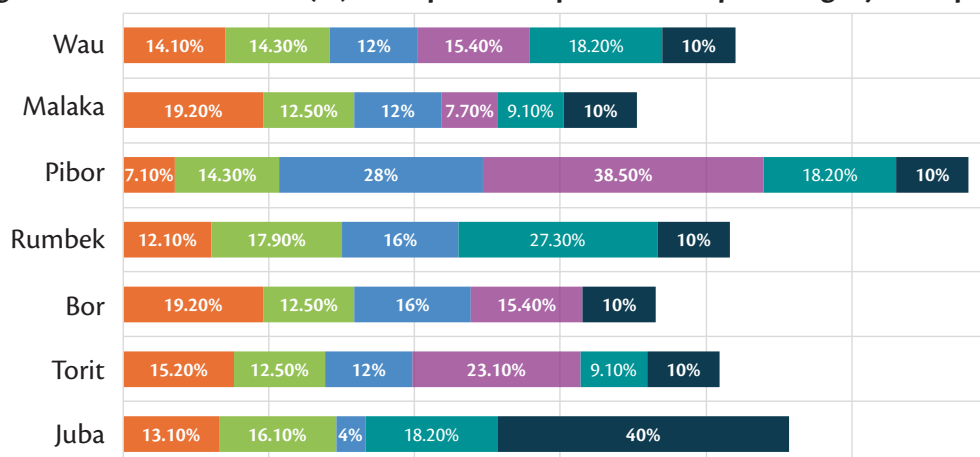
The participants were selected based on their role in promoting gender equality, along with their experience and willingness to contribute their knowledge, experience, and ideas to the research team.

The data sources include insights drawn from existing literature, quantitative and qualitative results from the answers provided during FGDs and KIIs on the topic of male engagement in South Sudan. A probability

Figure 1: The number of interviews per category of respondent

Categories of Respondents	Completed Interviews
Individuals	97
Public Institutions	59
Community Leaders	25
UN Agencies or NGOs	12
CSOs/CBOs/Women's Groups	11
Faith Based Organisations	10
Total	214

Figure 2: The distribution (%) of respondents per location per category of respondent



random method was used in selecting the enumeration areas (EAs) within the state capitals and this was followed by a purposeful sampling for FGDs and respondents from the selected areas.

FINDINGS

The findings from the study paint a grim picture of dissatisfaction and feelings of rejection among the female respondents. A sizable number of the females did not feel good about being a woman. This was driven by their inability to own property, how easily they were abused, not being allowed to participate in decision-making, and because they were a target for violence—in that order. Strikingly, men were unanimous on the burden of bride price and a sizable number agreed that they carry a heavy burden of responsibility. According to social expectations and stereotypes, women are supposed to be submissive, which is reinforced by the payment of a bride price, physical violence by men, and traditions and cultural practices. If a woman fails to comply or defies social norms, she attracts hefty fines or other forms of punishment, which are meted out by traditional chiefs, relatives, community leaders, victims, or the courts—in that order. These results confirm that traditions based on the rule of patriarchy are still strong.

The data supports the recommendation that South Sudan should develop a Male Engagement Strategy that explores and provides solutions to the underlying problems including negative norms and cultures such as early marriage, child spacing, and use of contraceptives, among others that negate women's right to decide and use SRHR services.

Overall, the study found that involving boys and men in promoting equality and protecting women from harm is paramount because men and boys: 1) wield the power to make socio-cultural changes; 2) can impose or enforce laws; 3) own, control, and provide financial resources to households; 4) are tasked by society to protect women; and 5) are trusted by society for decision-making and leadership.

RECOMMENDATIONS

- › Prioritise the creation of laws and policies that seek to address inequality.
- › Finalise the Anti-Gender Based Violence Law.
- › Finalise the Family Law.
- › Finalise Women and Youth Enterprise Fund Bills to address the economic empowerment of women and youth and to bridge the gap occasioned by historical marginalisation.
- › Create and integrate gender sensitive polices and codes of conduct that promote gender equity into public and private institutions.
- › Develop a Male Engagement Strategy that explores and provides solutions to the underlying negative norms and cultures that prevent women from participating as equal members of society.

In conclusion, the constitution and the laws of the country should ensure the equal participation of men and women in decision-making roles at all levels and within the public service.



A student at NTLI shares insights on the role of male engagement in promoting gender equality and leadership. University of Juba, August 2024.

1. INTRODUCTION

There is a growing recognition among practitioners that engaging men and boys is critical to addressing and preventing violence against women and girls. “The efforts to engage men in preventing and reducing men’s violence against women, and more generally in building gender equality, are increasingly well established, signalled by new regional and international networks, conferences and campaigns, an expansion of domains of intervention, an orientation towards ‘scaling up’ and an increasing engagement with public policy” (Flood, 2015A).

The social expectations of what men and boys should and should not do have a direct effect on the attitudes and behaviours related to the prevention, treatment, and care of those infected with HIV; prevention of GBV; and participation of men in maternal health and their care of newborn babies and of children (Flood & Howson, 2015). Advocates for men’s active participation in ending violence against women often argue that in so doing, men can engage in critical reflection on their own social practices.

NTLI undertook this study to assess the magnitude of gender inequality and to establish the factors enhancing such a position and to determine the strategies that could promote male engagement within the context of South Sudan. This report provides an in-depth analysis of the situation and provides the information needed to contribute to the development of a National Male Engagement Strategy on Gender Equality, as well as SRHR, and HIV infection prevention and care interventions.

1.1 Background of the Study

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) sets forth measures for the elimination of discrimination in all its forms and manifestations. It emphasises the shared responsibility, by highlighting the crucial role of both men and women in the upbringing of children. This means that both parents are obliged to participate equally in nurturing and shaping the next generation. At a global level, the *1994 Programme of Action of the International Conference on Population and Development* states that a full partnership between men and women is required in both productive and reproductive life (United Nations, 1994).

For example, the conclusions and recommendations made by Naraval (2011) to UNFPA in the report titled *Engaging Men and Boys in Gender Equality Vignettes from Asia and Africa* underline the following:

1. Government agencies must be given the responsibility to articulate and craft national policies, and mainstream the involvement of boys and men to complement overall efforts for gender equality, equity, and development.
2. Enhance the frameworks and tools for programmes that engage boys and men to better assess, monitor, and evaluate programmes, which will strengthen training and learning modules. Consequently, other international agencies have begun the work of mainstreaming the engagement of men in gender equality. In 2000, UNFPA developed guidelines for engaging men in gender equality. In 2003, UNFPA published *iT Takes 2: Partnering with Men in Reproductive and Sexual Health*, a programme advisory note for engaging men in sexual and reproductive health. Further in 2010, UNFPA produced the toolkit titled *Engaging Men and Boys in Gender Equality and Health*, which provides strategies to promote gender equality and health among men and boys.

The United Nations Commission on the Status of Women (CSW), during the 48th Session in 2004, vouched for initiatives that enhance male participation in promoting gender equality. CSW further developed a

comprehensive list of recommended actions for governments, organisations, agencies, international financial institutions, and civil society (CSW, 2004). During its 53rd Session in 2009, CSW emphasised the shared responsibilities between women and men in the context of HIV and AIDS care (CSW, 2009). The Global Symposium on ‘Engaging Men and Boys in Gender Equality’ in March-April 2009 echoed the growing chorus for male involvement in gender issues through the Rio Call to Action (Promundo et al., 2009).

In South Sudan, the President of the Republic of South Sudan, H.E Gen. Salva Kiir Mayardit, signed three international conventions into law that support the engagement of men and boys in gender equality. They include 1) The Convention on the Rights of People with Disabilities (CRPD); 2) The International Covenant on Civil and Political Rights (ICCPR); and 3) The Maputo Protocol and The International Convention on Economic and Social and Cultural Rights (ICESCR). These conventions address gender issues such as equal rights for men and women, freedom from discrimination, and prioritise the realisation of equal rights for women and girls. They also provide the legal framework for a South Sudan National Male Engagement Strategy.

1.2 Objectives of the Study

The main purpose of the study was to gather information and analysis to inform the development of South Sudan’s National Male Engagement Strategy (Male Engagement Strategy).

In turn, the Male Engagement Strategy will guide the development of new or review existing GBV policies and programmes and ensure there is meaningful guidance in five important areas: i) the transformation of harmful gender norms and practices that perpetuate GBV; ii) the provision of male-friendly services to male victims of GBV; iii) raise awareness among male GBV duty bearers to provide gender-sensitive GBV, SRHR, and HIV and AIDS services; iv) promote strategic partnerships in engaging men and boys in the prevention of and response to GBV; v) and strengthen research and documentation to enable evidence-based intervention on male involvement in the prevention of and response to GBV.

The four specific objectives of the Male Engagement Study:

1. Identify existing mechanisms for effective male engagement on gender equality and SRHR interventions.

2. Identify institutional structures for coordination and delivery of services at national and sub-national levels related to gender equality, SRHR, and reduction of harmful cultural practices.
3. Provide evidence to support the development of a Male Engagement Strategy.
4. Identify context specific interventions, policies, and programming to support male engagement in South Sudan.



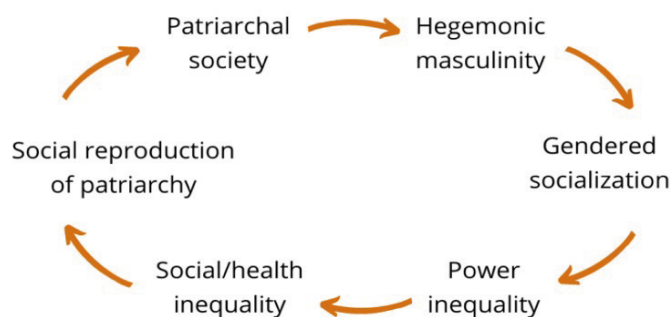
Women in South Sudan carrying a harvest as part of daily chores, 2024.

2. LITERATURE REVIEW

2.1 Male Engagement: Meaning, Importance, and Current Initiatives

Jewkes et al. (2015) define hegemonic masculinity as “a set of values, established by men in power that functions to include and exclude, and to organise society in gender unequal ways; it combines a hierarchy of masculinities, differential access among men to power (over women and other men), and the interplay between men’s identity, men’s ideals, interactions, power, and patriarchy” (p. s114). If left uninterrupted, hegemonic masculinity and patriarchy will continue to be reproduced and reinforced, as seen in **Figure 3**.

Figure 3: Hegemonic masculinity cycle (MEDA, 2020)



There is dynamism being experienced in the concept of manhood based on the way the concepts are formed, and where the concepts are experienced. Male involvement refers to the promotion of the role of boys and men in recognising, confronting, and transforming their privilege, power, and status that perpetuates the patterns of violence. This includes mobilising men in their positions as duty bearers to prevent and respond to cases of GBV. Male engagement requires including men in meaningful and constructive ways, potentially as clients, as partners, and as supportive influences in their own lives and the lives of women and children (Kaufman, 2007). Many men are already participating in this change, but their efforts come up against a myriad of challenges that can undermine the mechanisms in place and impede or prevent progress.

This study sought to answer four questions, and the answers can provide a framework for more engagement.

1. What stands in the way of men's change?
2. What types of advocacies and activism, social and economic policies, educational campaigns, legal reforms, and programmes best facilitate the process of change?
3. What has been learned from more than thirty years of gender equality work with men and boys?
4. What are the areas that must be approached with caution?

It is important to emphasise that while effective male engagement requires financial and social resources, the allocation of time and resources to engage men and boys should be used to enhance, not diminish or undermine the work of empowering women and girls.

It is argued that the “men for gender equality” statement recognises the need for work that can challenge sites of power and authority, male-dominated as they invariably are (Flood, 2015B). There is a conceptual model that captures and organises a broad array of men's anti-violence activities in three distinct but interrelated domains that distinguish between

1. the initial outreach and recruitment of previously unengaged males;
2. interventions intended to promote gender equitable attitudes and behaviour among men; and
3. gender equity-related social action aimed at eradicating GBV.

Some examples of broader social actions include: i) coalition-building between governmental, private and regional organisations in ways that formalise and institutionalise funding and support for GBV prevention programming; ii) gender-equitable policy advocacy that is coupled with community organising and public education campaigns to foster an accurate understanding of the benefits of GBV-related policies and that attempts to minimise backlash; and iii) mechanisms for macro-level accountability in which gender justice organisations publicly contest media, policies, or behaviour on the part of political, spiritual and economic leaders that promote or excuse GBV (Peacock & Barker, 2014).

Male engagement requires including men in meaningful and constructive ways, potentially as clients, as partners, and as supportive influences in their own lives and the lives of women and children.

2.2 Including Men in Gender Mainstreaming

The purpose of incorporating men and gender issues into practice and policy should further the goal of gender equality, equity, and justice. There is a danger of losing focus and sliding into an anti-feminism backlash whenever men's concerns, interests and problems are addressed because it may kill the impetus for women's justice. Yet, to effectively address gender equality initiatives, engagement with men and masculinities is needed. Thus, the rationale for gender equality must be kept as a central theme.

Beyond the overarching principle of gender equality, there are further supporting elements to ensure an effective and beneficial strategy for male inclusion. First, recognising that funding should not be discriminatory, especially for work with men and boys, and should not be at the expense of funding for gender equality work with women and girls.

Secondly, the work being undertaken with men should be done in partnership with women. The partnerships with women and women's groups enable men to learn from existing efforts and scholarship; they can help lessen the risk of men colluding or being complicit in expressing dominant and oppressive forms of masculinity; and they provide powerful and practical demonstrations of men and women's shared interest in democratising peaceful gender relations.

Thirdly, rather than having separate and parallel policies for women and men, there should be a concerted effort to adopt integrated gender policies that address the relations between women and men.

Finally, organisations, agencies, and governments must model gender equality within their own policies, staff behaviour, and organisational culture. This should include reflection by male employees on their own behaviours, privileges, and gendered practices (Flood & Howson, 2015).

2.3 The Importance of Engaging Men

“Gender equity work is complex and requires the involvement of women and men. At its core, efforts to engage men and boys focus on recognising how the social norms of power and gender can impact both men and women at the individual level, relationship level, and institutional or societal level.” (Glinski et al., 2018).

Simply put, to transform the norms and inequalities that cause harm, men need to be involved and given the opportunities to make the necessary changes.

Engaging men and boys directly in the processes that prevent and/or respond to GBV is an indispensable part of the mechanism of changing the power dynamics of existing gender roles, norms, and values that perpetuate inequality. The inclusion of men is a priority in developing strategies for the prevention of and response to GBV because:

- a) Men have power in society as the heads of households, and as leaders in the community and traditional, cultural and religious spaces.
- b) Men hold the majority of decision-making positions in both public and private sectors, including the media; they wield overwhelming political power.
- c) Men’s power over women, in many contexts, necessitates working with men to change their domination into constructive power with other community members to improve the conditions of women’s lives.
- d) Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of government. When men in positions of leadership speak on issues of gender, they are listened to because of the influence they wield in the constituencies they lead.
- e) In South Sudan, some of the cultural expectations around real manhood entail practices that not only promote violence against women and men but are also detrimental to men’s health.

- f) Strategic partnership between women and men ensures that men do not become obstacles to development because they provide access to valuable resources, because they participate in joint decision-making, and because they are custodians of cultural norms and values.
- g) Targeting boys and male youth is critical to building a future generation that does not subscribe to male dominance but promotes partnership and mutual coexistence.

While this may minimise the genuine challenges of men's engagement in anti-patriarchal struggles, there is little doubt that gender injustice will only cease when men join with women to put an end to it. Many men's attitudes and behaviours will need to change for gender equality to be achieved.

Many men participate in sexist practices and the maintenance of unjust gender relations. Men often play a crucial role as gatekeepers of the current gender order as decision-makers and community leaders. Patterns of gender injustice are tied to social constructions of masculinity and male identity. Men may limit women's participation by restraining women's i) control over resources; ii) freedom of movement; iii) ability to make decisions about family formation; iv) freedom from violence; and v) ability to have a voice in society. This is done directly through face-to-face interactions with and control over women in households and elsewhere, and indirectly as decision-makers and leaders (Howson, 2015).

An evidence review of male engagement in women's empowerment and gender equality shows that there are increasing efforts to mobilise the support of boys and men in the prevention of and response to GBV in South Sudan. However, these have not sought to deliberately harmonise the different roles of men as duty bearers, perpetrators, or survivors of GBV. According to Gopal, Fisher, Seruwagi, and Taddese (2020), there is a positive association between male involvement and better maternal and child health outcomes. Nonetheless, the practice of maternal and child health care is not usually observed in practice in most low-middle income countries, including South Sudan.

The gender equality agenda is widely seen as the concern of women, and not men. It was women, of course, who amplified gender issues as a public discourse. This view is rooted in two assumptions: first, that since women are disadvantaged or victims of gender inequality, it is imperative that women lay a claim for redress; and second, the perception that gender issues are of no concern to men. However, this position is no longer tenable and cannot be sustained (Flood, 2015A).

Scholars like Flood (2015B) reinforce the active involvement of boys and men by stating, “Men and boys should unavoidably be involved in gender issues” (p.4). Gender has long been believed to refer only to women, reflecting men’s position as the dominant, unmarked gender category, yet men, like women, are gendered.

The inclusion of men in gender equality work is necessary because gender inequality is intimately tied to men’s practices and identities, men’s participation in complex and diverse gender relations, and masculine discourses and culture. Fostering gender equality requires change in these same arenas, of men’s lives and relations.

There is need for balance here, since involving men in efforts towards gender equality runs the risk of reinforcing men’s existing power and jeopardising resources and funding directed at women (Kaufman, 2007). Consequently, the goal of promoting gender justice must take centre stage.

There is also an argument that the agenda of engaging men in gender issues is not novel because of whom it addresses, rather than how it is addressed. Men have long been the target of public policy efforts—as workers and bosses, as husbands and fathers, as perpetrators or survivors of crime, as patients, and so on. But men have been treated as generic ungendered human beings and representatives of all humanity, and the specifically gendered character of men’s lives and relations has been ignored or taken for granted. This has perpetuated masculine norms and gender inequalities. The agenda of engaging men is novel because it addresses men as men—as gendered beings who participate in gender relations.

While the feminist movement has had success in bringing gender equality issues to the forefront, there is also a significant and persistent social and political resistance fuelled by non-feminist or anti-feminist ideas. These include the misguided perception that gender inequality is exaggerated and that men are disadvantaged or indeed worse off than women; and that women have found their way while men are now in crises or the victims of over-zealous feminist vilification.

Anti-feminist men’s rights and fathers’ rights groups have had successes in propagating such beliefs. More widely, governments may be sympathetic to simplistic notions of male disadvantage, especially as there are areas of social life, such as health and secondary schooling where some boys and men do suffer. These ideas make it even more necessary to ensure that gender equality remains the guiding principle of any engagement in men’s issues. Governments should address the areas where boys and men suffer, but not at the expense of women (Flood, 2015B).

Men demonstrate both support for, and resistance to, gender equality. It is important to appreciate the involvement of men in gender work by recognising the diversity of strategies used in response to resistance, while at the same time mobilising and building on support. Many men benefit formally and informally from gender inequalities, including material rewards and interpersonal power. At the same time, men pay a high price, particularly to their emotional and physical health.

More widely, men can be and are motivated by interests other than those associated with gender privilege. There are important resources in men's lives for the construction of gender-equitable masculinities and forms of selfhood, such as men's concerns for children, intimacies with women, and ethical and political commitments. Thus, while men are expected to change, it is also in men's interests to change. Not only is there a moral imperative that men give up their unjust share of power, but men themselves will benefit from advancing towards gender equality.

Further motivations for gender reform should address men, looking at both the detrimental effects of male exclusion and the positive effects of male inclusion. First, the longstanding equation of 'gender' with women potentially marginalises women and women's struggles (Kaufman, 2003).

In the field of development for example, leaving men out of the efforts towards gender equality can provoke male hostility and retaliation, arising out of both exclusion and more general anxiety among men. Focusing only on women, in relation to such issues as economic participation, credit, or SRH, can leave women with yet more work to do and thus intensify gender inequalities.

Failing to engage men in the process of change can mean that women still have to deal with unsympathetic men and patriarchal power relations and can leave women with the sole responsibility for sexual health, family nutrition, and education (Chant, 2002).

There is need for balance, since involving men in efforts towards gender equality runs the risk of reinforcing men's existing power and jeopardizing resources and funding directed at women (Kaufman, 2007).

2.4 Male Engagement and SRHR

In the last two decades there has been a significant increase in attention to the role men play in SRHR, based in part on the recognition of how masculine norms and gender inequality constrains the sexual health of both men and their sexual partners (Barker, et al., 2007). Barker and Ricardo (2005) argue that shifting harmful gender norms and creating more gender equitable relationships could be effective in preventing HIV transmission. Engaging men in HIV prevention efforts creates an environment in which men can consider how gender inequalities can harm them.

Despite the potential of engaging more men in HIV community care work, there are significant barriers to attracting and retaining men. Masculine norms construct certain work as ‘feminine’ and are therefore lower in status or valued less than ‘masculine’ jobs. As a result, women shoulder the burden of informal care of the sick. As an example, 70 per cent of AIDS-related care work in South Africa is done by women. The ‘unmanly’ nature of care work deters men from being involved in caring within the family or the community. So-called women’s work is also typically underpaid or not paid at all, as is the case with informal care work within families and communities. This may explain the scarcity of male care workers in South Africa (Gittings, 2018).

2.5 South Sudan and Male Engagement Initiatives

South Sudan has some of the world’s worst social indicators, particularly for women and girls. The maternal mortality ratio in South Sudan is estimated at 789 per 100,000 live births (WHO, 2015). The contraceptive prevalence rate for all methods is 4 per cent with modern methods at 5 per cent as of 2015 (World Bank, 2010). In 2020, the estimated unmet need for family planning was at 30.7 per cent.

Gender inequality and GBV are widespread and reinforced by social and cultural norms. According to the Gender Based Violence-Information Management System (GBV-IMS) in South Sudan, in 2016, approximately 98 per cent of reported GBV incidents affected women and girls.

The adolescent reproductive health status in the country is also poor, with teenage pregnancy estimated at 30 per cent among girls aged 15 to 19. The persistent high rate of maternal mortality among South Sudanese adolescent girls between 14 and 19 years is a serious concern. (GoSS & UNFPA, 2019).

Despite the global progress made towards reducing HIV infections, it remains a major health challenge for South Sudan—one that

disproportionately affects women and girls, as their infection rates are higher and they are more at risk of dying than males (SSNeP+, 2019).

Polygamy contributes to these tragic outcomes. In 2010, 41 per cent of all unions were polygamous relationships, a slight decline from 42 per cent in 2006. Evidence indicates that women who share a husband are at an increased risk of sexually transmitted infections (STIs), including HIV, and have less positive reproductive outcomes. This is compounded by the fact that males in polygynous relationships rarely use condoms. Unless a comprehensive, multi-sectoral approach to HIV prevention, along with a strong health system is developed and sustained, building a sustainable HIV response will continue to be a challenge (South Sudan AIDS Commission, 2014).

There is also strong resistance to contraceptive use among South Sudanese women. Rumours and misconceptions about contraceptives are widespread, and many men are opposed to family planning. The government is committed to removing institutional and social-cultural barriers to SRH for all and to improve the availability of and access to family planning information and services (UNAIDS, 2022).

2.6 South Sudan Legal and Policy Context

There are a number of international, regional, sub-regional, and national legal frameworks that support the development of a Male Engagement Strategy in South Sudan. The frameworks recognise global efforts to promote the role of boys and men in the prevention of and response to GBV, SRHR, and HIV and AIDS. South Sudan has signed all of the international conventions, and has been working to develop national frameworks that align with the principles set out in these conventions. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1979; the Declaration on the Elimination of Violence Against Women (DEVAW) 1993; the United Nations International Conference on Population and Development (ICPD) 1994; the Beijing Declaration and Platform for Action 1995; United Nations Convention on the Rights of the Child (UNCRC) 1989; the United Nations Security Council Resolution 1325 (in 2000); and Security Council Resolution 1820 (in 2021). While implementation and adherence has been slow in South Sudan, the recognition of the need for these legal frameworks is a positive step.

The researchers reviewed all legal frameworks and conventions recognised by South Sudan's government. This section provides a summary of the national frameworks included in the Transitional Constitution of South Sudan (TCSS).

2.6.1 The National Context

South Sudan has domesticated most of the international and regional instruments to improve its national policy environment towards the attainment of gender equality. Some of the key legal framework and policies included in TCSS 2011 as amended (TCSS, 2011):

- South Sudan states “All levels of government commit to gender equality; the empowerment of women is enshrined and guided by the vision of equality as an inalienable right for all.” (p.5).
- Article 16 of the TCSS 2011 has provisions for women's empowerment.
- Women's representation at all levels of government with an affirmative action of 25 per cent to redress past imbalances.
- The Bill of Rights guarantees for the equality and preservation of human, economic, social and cultural rights.
- In Article 31, the government is required to promote public health, establish, rehabilitate and develop basic medical and diagnostic institutions, and provide free primary health care and emergency services for all citizens. The government has put in place the legislative, policy and programmatic frameworks to support this constitutional requirement, and delivers these obligations through the Ministry of Health.

National Gender Policy 2013

The goal of South Sudan's National Gender Policy (NGP) is to make gender equality an integral part of the laws, policies, programmes, and activities of the government, as well as the private sector and civil society. The NGP is based on eight thematic areas:

- Gender Equality and Democratic Governance
- Education and Capacity Building
- Gender and Health
- Gender and Food Security
- Gender and Women's Economic Empowerment
- Sexual and Gender-Based Violence
- Gender, Peace and Security
- Gender, Environmental, and Natural Resource Management

Local Government Act 2009

Section 109, Gender in the Community Sub-section 3 of the Local Government Act of 2009 calls for local councils to legislate against idleness among men and women in the community. Section 110, Rights of Women states that all local governments shall “Promote women’s participation in public life and enforce their representation in the legislative and executive organs by at least 25 per cent .”

The Government of South Sudan (GoSS) has developed the *Standard Operating Procedures for Prevention of and Response to Sexual and Gender-based Violence 2017*. The document sets clear systems, roles, and responsibilities for all institutions involved in the prevention, protection, and response to GBV in South Sudan. In 2015, the RoSS developed its first National Action Plan 2015-2020, which included the UN Security Council Resolution 1325 on Women, Peace and Security (UNSCR 1325).

The 2021 review of the National Action Plan recommended carrying over the few strategic goals included in UNSCR 1325 that were not implemented into the next iteration of the National Action Plan, and to align UNSCR 1325 to the current context of South Sudan. The second National Action Plan (2022-2027) includes the four pillars of UNSCR 1325 and two other crossing pillars of emerging security threats, security sector reform, and climate change. (RoSS, 2021).

Standard Operating Procedures for Prevention and Response to Sexual and Gender-based Violence 2014

In 2014, the RoSS developed the *Standard Operating Procedures for Prevention and Response to Sexual and Gender-based Violence*. The document sets out systems, and roles and responsibilities for all institutions involved in the prevention, protection, and response to SGBV in South Sudan.

Revitalised Agreement on the Resolution of Conflict in South Sudan 2018

The 2018 R-ARCSS is the peace agreement that sought to end the country’s civil war. It has been the guiding document for the ‘transitional period’ between the cessation of hostilities and national elections (initially set for 2024). It stipulates that the government must achieve the target of 35 per cent of women participating in governance at all levels. It created the ‘gender and youth cluster’ as one among the governance, economic, service, and infrastructure clusters. Chapter IV calls for the establishment of the Enterprise Development Fund, the Women Enterprise Fund, and

the Youth Enterprise Fund. It calls for the development of a National Development Strategy to provide strategic guidance and accelerate progress in achieving a sustainable and resilient economy (IGAD, 2018).

Anti-Gender-Based Violence Bill 2019

The Anti-GBV Bill derives authority from Articles 13, 15, 16 and 17 that provide for the equal rights of men and women in the TCSS. This bill deals specifically with all forms of GBV including Conflict-Related Sexual Violence (CRSV):

- a) Article 16(1-3). Women and men have equal rights to dignity, equal pay, the equal right to own and inherit property, and to participate in public life.
- b) Article 16(4a). Affirmative action in favour of women to redress imbalances created by history, customs, and traditions.
- c) Article 16(4b). All levels of government to enact laws to combat harmful customs and traditions, which undermines the dignity and status of women.
- d) Article 15. The right to build a family at a marriageable age with free consent according to their respective family laws.
- e) Article 13. Freedom from slavery, servitude, slave trade, and forced labour.

South Sudan's National Health Policy 2016–2026

In the National Health Policy (2016–2026), a deliberate effort was made to protect the right to access and receive health care for women, children, the elderly, people with special needs (the physically and mentally challenged, refugees and IDPs and all in transit populations, minority groups, and the poor). The national response to the HIV epidemic includes:

- The National HIV and AIDS Policy was finalised in 2016 and is awaiting cabinet approval. South Sudan is committed to addressing HIV and AIDS and the gendered factors that make women and girls vulnerable to HIV infection. In 2007, a National HIV and AIDS Policy was developed to provide an enabling policy and legislative environment that supports and strengthens the HIV response in South Sudan. In addition, the First Vice President endorsed the launch of the Government of South Sudan Policy and National Strategic Framework Planning processes in June 2007. This directive resulted in the first National HIV Strategic Framework (2008–2012), which guided all HIV interventions during that period.

- The National HIV Prevention Strategy is inclusive of a programme for key populations (e.g. sex workers and gay men) and was also finalised in the same year, together with a revision of HIV testing services guidelines.
- The Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV Plan was also developed and disseminated.
- The Adolescent Sexual and Reproductive Health Strategy was finalised and is being implemented.

Child Protection in the National Action Plan 2017

The protection of children, gender equality, and the empowerment of women and girls, ending child marriage and promoting human rights are provided for through the 2011 Transitional Constitution, Child Act 2008, National Action Plan 2017, and the National Girls' Education Strategy 2018-2022. In particular, the National Action Plan 2017 endeavours to eliminate early and forced marriage by 2030 (RoSS, 2017).

These legal and policy instruments align with international and regional human rights conventions, including UNCRC, CEDAW, the African Charter on Human and People's Rights: Rights of Women in Africa, and the African Charter on the Rights and Welfare of the Child. In this respect, the National Action Plan 2017 draws from the UN Sustainable Development Goal Five (SDG 5) (RoSS, 2017).



Participants in a peace committee training discuss the importance of engaging men in addressing barriers to women's leadership and community participation. Bar Mayen Payam, September 2023.

3. RESEARCH METHODOLOGY

The methods used to gather data for the study included a desk review of the literature, FGDs, and KIIs. There was also an extensive review of available secondary data and regulations from the MGCSW, as well as other relevant materials such as organisations' reports, baseline surveys, strategic plans, and training and activity guides. A probability random method was used in selecting the enumeration areas (EAs) within the state capitals followed by a purposeful sampling for FGD respondents from the selected areas, which provided the researchers with information-rich cases related to male engagement in gender equality. Interview and discussion guides were developed for data collection.

The study took place in seven state capitals namely Wau (Western Bahr el Ghazal), Rumbek (Lakes State), Juba (Central Equatoria), Torit (Eastern Equatoria), Bor (Jonglei), Malakal (Upper Nile), and Pibor (Pibor AA). These locations were selected based on the locations' accessibility, and the types and number of organisations that were actively engaging in activities on human rights, GBV, HIV and AIDS, and SRHR.

Sampling

Estimated number of persons included in the study is 20 per locations, drawing from seven (7) locations (State & AA), for a total of 140 participants.

For respondents in the FGD, preference was given to community members, direct beneficiaries, and potential survivors depending on their availability. Each group had 40 females and 100 males, or 60 females and 80 males.

For the KIIs, the participants included state officials, policymakers, and humanitarian agencies, with at least 10 per State from seven (7) States/AAs, for a total of 74 participants.

These two categories of respondents were selected because these people set policies and control measures, and enforce regulations. The organisations and agencies provide community services and interventions, have outreach programmes, and some provide SRHR services.

The assessment employed a triangulation of cross-sectional qualitative research design using participatory reflection and action (PRA) tools with selected adult interviewees. This analysis postulates that PRA techniques are community-friendly and enable people of various ages, sexes, and intellectual endowments to articulate their views clearly (Kothari, 2005).

Table 1: Categories of respondents in FGDs and KIIs

Categories of Respondents	FGDs & KIIs
Individuals	97
Public Institutions	59
Community Leaders	25
UN Agencies or NGOs	12
CSOs/CBOs/Women's Groups	11
Faith Based Organisations	10
Total	214

Data Collection

A number of triangulated data collection methods were employed. The technical team identified, trained, and supervised a team of seven research assistants who went to the field to collect data. In collaboration with the MGCSW, community resource people were identified during interviews and provided translation where necessary. The team was supervised and monitored to ensure they met all the standards and protocols of data collection. The research team also made observations in each location to capture any relevant information or observable behaviours related to violence, the engagement of men and boys, the roles and responsibilities of boys and men, girls and women, and any perceivable impact on social cohesion.

Before the data collection took place, the data collection tools were tested to verify the reliability and validity of the tools. This was followed by training and orientation of the enumerators on the data collection process using electronic devices and Kobo Collect. A review of all responses was completed daily to minimise errors and inconsistency. Before data analysis, the team conducted data quality checks using various methods, such as synthesis and content analysis related variables to ensure consistency and to investigate the internal logic between related variables. This facilitated the data cleaning process before analysis.

To ensure the safety and non-discriminatory participation of all respondents in the impact assessment, informed consent, including the option to withdraw at any time, was obtained from all participants. Confidentiality and anonymity were maintained by ensuring that data was kept in a secure and confidential manner and the anonymity of respondents was protected in the presentation of findings. The research team designed the FGDs and interview sessions to ensure the confidentiality and respect for all respondents. In addition, the enumerators were provided with specific training on how to approach respondents with sensitivity and assure confidentiality.



Academic staff in a capacity-building workshop on project management, emphasizing gender-responsive leadership and the role of men in fostering inclusive institutional development. Unipod, University of Juba, August 2024.

4. FINDINGS AND ANALYSIS

The 214 respondents who were interviewed included women and girls, and men and boys, community leaders, and people with disabilities, and people from FBOs, CSOs, UN agencies, NGOs, and public institutions.

The data was collated by response per gender, response per age, and response per location (State/AA and Rural vs Urban). This section provides a summary of the data collected and findings from the most significant responses.

It is interesting to note that Malakal (Upper Nile), Bor (Jonglei), and Pibor (Pibor AA) had the least favourable responses on the attitudes towards SRHR services compared to Wau (Western Bahr el Ghazal) and Juba (Central Equatoria). This is because the people in Wau and Juba have better access to SRHR services and products. This trend is also a reflection of common socio-cultural practices and religious traditions. The data shows us that women in Upper Nile, Jonglei, and Pibor are more inclined to submit to men who have more decision-making power. These findings reinforce the need to engage men and boys in the work of gender equality.

Participants

Ninety-nine participants were individuals, followed by 56 people from public institutions, 25 key informants and 34 were from NGOs, CBOs, or FBOs for a total of 214 participants. This sampling provided the best representation of the stratified random sampling. **Figures 1 and 2** (page 2) show the distribution of respondents by location.

Participants by gender: 29 per cent women and 71 per cent men.

Participants by age: Youth 18–24 years at 14.5 per cent of the total, and 66 per cent of the total respondents were younger than 39 years old. **Figure 4** shows the distribution of respondents by age and gender.

Participants by marital status: Fifty-two per cent of women and 75 per cent of men were married for a total of 68.2 per cent; 26.2 per cent were unmarried, followed by widows/widowers at 4.2 per cent. There was a negligible number of divorcees and separated couples at 0.9 per cent and 0.5 per cent respectively, see **Table 2**.

Figure 4: Distribution of respondents by age and gender (%)

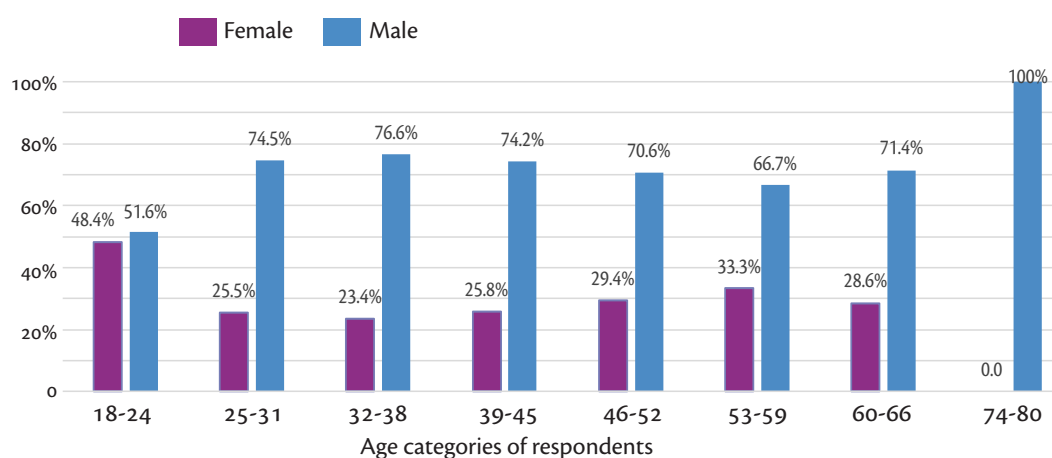


Table 2: Distribution of the respondents by marital status and age (%)

Age	% Divorced	% Married	% Separated	% Single	% Widow/ Widower
18-24	0.0	16.1	0.0	83.9	0.0
25-31	0.0	52.7	0.0	47.3	0.0
32-38	2.1	93.6	2.1	2.2	0.0
39-45	0.0	87.1	0.0	9.7	3.2
46-52	0.0	94.1	0.0	0.0	5.9
53-59	0.0	77.8	0.0	0.0	22.2
60-66	7.1	71.4	0.0	0.0	21.4
74-80	-	100	-	-	-

4.1 Respondent Answers to the Main KII and FDG Questions

The research participants were asked a total of 49 questions to draw out social and cultural perceptions and individual behaviours to uncover the gendered norms and practices and raise awareness for improving male participation in gender-equality and SRHR programmes (see Appendix B for the questions).

This section presents the answers to the questions that provided the greatest insight and are the most relevant to the analysis and recommendations. The complete set of tables with corresponding data can be found in Annex 1. The data collected was used to formulate the analysis, conclusion, and recommendations.

(Q.11): How do you feel about being a man or a woman?

A total of 19.6 per cent of the respondents did not feel good about being a man or a woman. About 36.5 per cent of the women do not feel good about being woman compared to 12.6 per cent of the men who do not feel good about being a man. Only 15 per cent of the single women do not feel good about being woman while 5.6 per cent of the single men expressed the same feelings. See Figure 5.

The feelings about being female or male was only slightly different by location. Those in Wau (Western Bahr el Ghazal) were more dissatisfied about being female and male. Those in Juba (Central Equatoria) (31%), Torit (Eastern Equatoria) (37%), and Bor (Jonglei) (35%) felt better about their gender.

Figure 5: Respondents who do not feel good about being a man or a woman

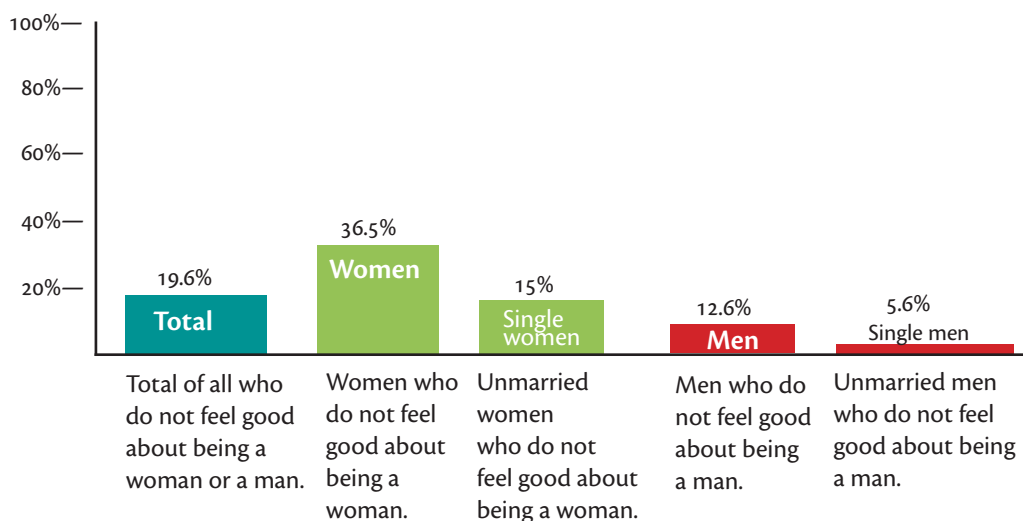


Table 3: Respondents who do not feel good about being a man or a woman by marital status (%)

Marital Status	Total % of women of all ages		Total % of men of all ages	
	Do not feel good	Feel good	Do not feel good	Feel good
Divorced	-	-	50.0%	50.0%
Married	51.5%	48.5%	14.2%	85.8%
Separated	100%	-	-	-
Single	15%	85%	5.6%	94.4%
Widow/ Widower	22.2%	77.8%	-	-

Across different marital status, those who expressed the feeling that they do not feel good are as follows: Divorced (50%), married (22.6%), separated (100%), single (8.9%) and widow or widower (22.2%), as shown in Table 3.

In relation to age, it is interesting to note that as people get older the number of females who “do not feel good about being a woman” decreases, whereas the number of males “who do not feel good about being male” increases as shown in Table 4.

This may be explained by the fact that young women do not have much freedom to make decisions about their day-to-day lives as their activities are directed, controlled, and monitored by their parents, guardians, or other family members. In comparison, young men and boys enjoy more freedoms and are able to make decisions about their day-to-day lives. When women are married, they enjoy more freedom and can make more decisions, and they may get more enjoyment from their own families or children. In comparison, when men marry and begin a family, they feel more responsibility to provide for their family, and they start to shoulder more responsibilities. This trend changes around the age of sixty when both men and women say they “feel the same” about their gender; this can be attributed to the fact that their children are grown up and have taken on more responsibility for their immediate family, and as a result older men and women feel less burdened.

Table 4: Respondents (%) who do not feel good about being a man or a woman by age category

Age	Total % of women per age		Total % of men per age	
	Do not feel good	Feel good	Do not feel good	Feel good
18-24	21.7%	25.0%	5.3%	11.3%
25-31	21.7%	22.5%	21.0%	28.0%
32-38	26.1%	12.5%	15.8%	25.0%
39-45	17.4%	10.0%	31.6%	12.9%
46-52	4.4%	10.0%	10.5%	7.6%
53-59	4.4%	12.5%	10.5%	7.6%
60-66	4.3%	7.5%	5.3%	6.8%
74-80	-	-	0.0	0.8

(Q12): If you do not feel good for being a man or woman, what are the reasons?

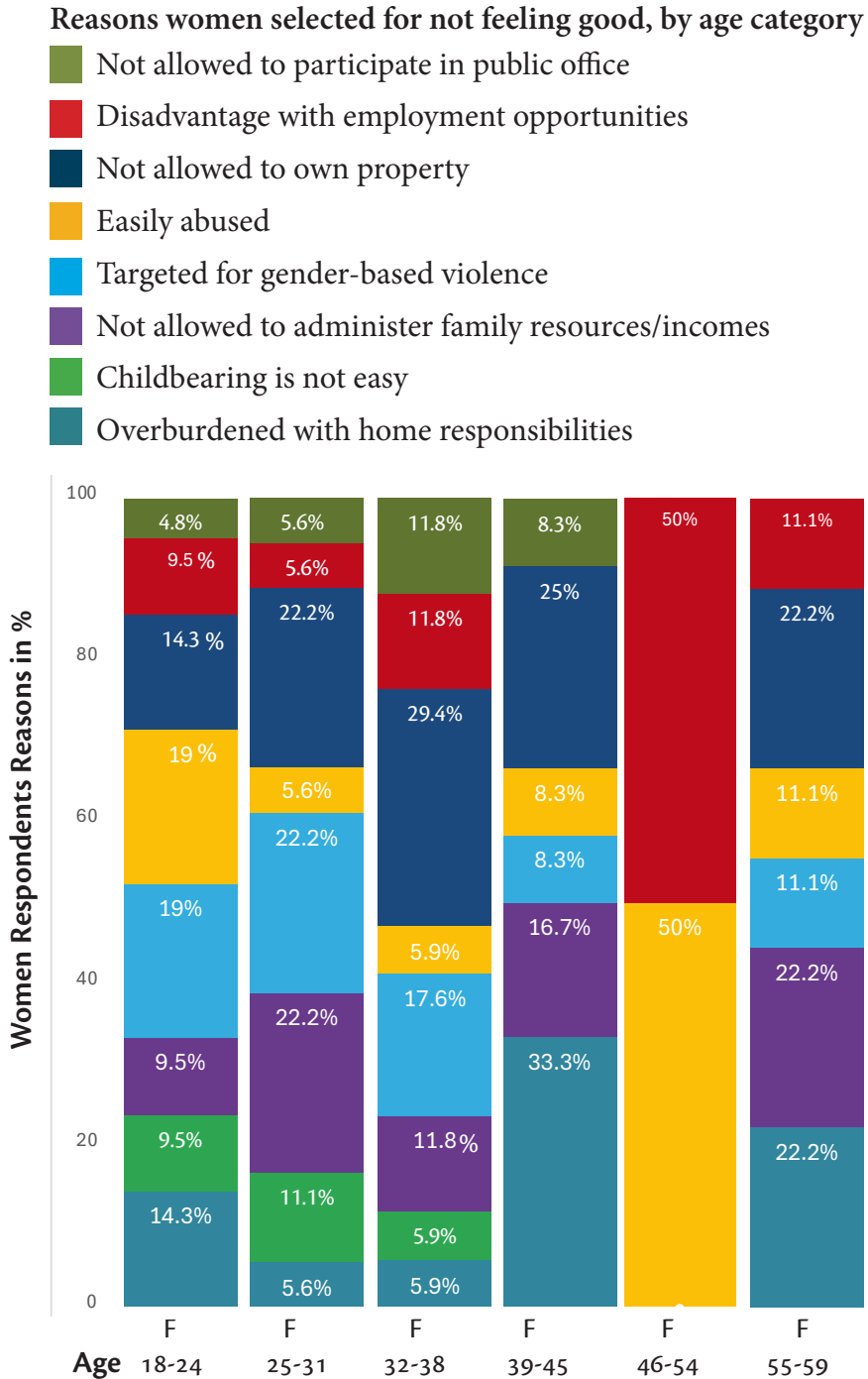
Among the women, the reasons they selected the most for why they do not feel good about being a woman included the limitations placed on owning property, being targeted for GBV, the restrictions on being able to control or allocate the use of family resources or income, and being overburdened with the responsibilities of maintaining a home (such as cooking, cleaning, bringing water, collecting firewood, child care, caring for the sick or elderly).

The main reasons men selected for not feeling good about being a man included being overburdened with home responsibilities (such as providing food/being the ‘breadwinner’) and protection of the family and community, leading and making difficult decisions.

Other reasons selected included providing support for the care work of children, sick or elderly people. In communities where gender roles are still observed, it becomes difficult for men to transit to care-work unless it is a paid job. For example, it is easy for men to be hired as waiters or cooks in the hotels and learn how to cook nice meals. Yet, it would be difficult to find the same men doing similar jobs at home.

Figure 6 illustrates the difference between women and men in their reasons for not feeling good about being a man or a woman according to the age categories. The figure shows that women identified many more challenges throughout their lifetime, compared to men.

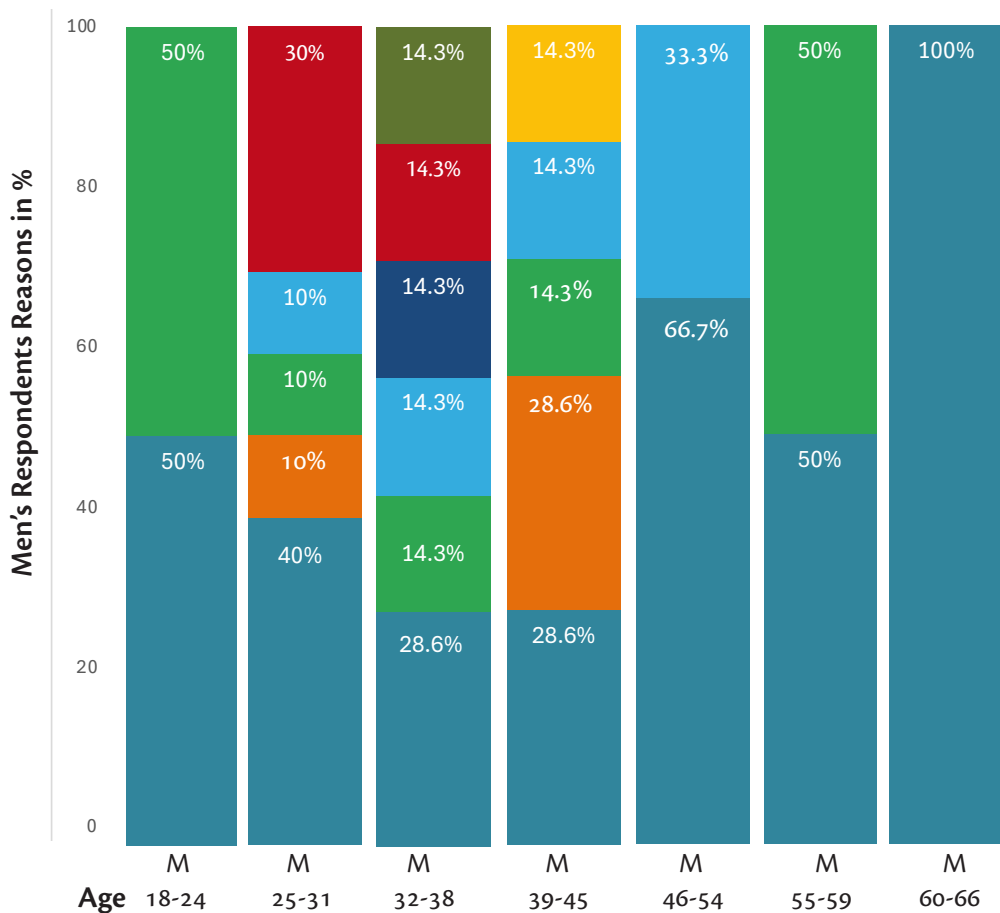
Figure 6: Reasons for not feeling good, by age category



Men faced more challenges between the ages of 25 and 45, and their reasons were concentrated in three areas. Men selected 'childbearing' as a reason, and while men do not bear children, this choice was offered to determine what influence their knowledge, attitude, and practices about family, marriage, and maternal health has over their wives/girlfriends, sisters, and women in general. This informs how much awareness or consciousness raising is required to change mindset and attitudes towards SRHR.

Reasons men selected for not feeling good, by age category

- Not allowed to participate in public office
- Disadvantage with employment opportunities
- Not allowed to own properties
- Easily abused
- Targeted for gender-based violence
- Other (not easy to get bride price/high)
- Childbearing is not easy
- Overburdened with home responsibilities



4.1.1 Social Norms and Male Power

Questions 13 to 23 were asked to determine some of the social norms that are accepted in South Sudan, how these relate to male power, and the consequences for non-compliance (such as mockery, insults, divorce, or remaining unmarried).

Social norms help communities function, binding them together and promoting collective behaviours. But, in some cases, the social order and community behaviours may be harmful and reinforce unjust power dynamics, furthering discrimination and increasing social and gender inequities. “Gender norms give expression to and reinforce the power dynamics inherent in a society’s valuation of male and female gender roles. Thus, they often amplify male privilege and exacerbate discriminatory treatment of girls and women, which can influence behaviours and choices, such as health-seeking behaviours, education, career, and reproductive choices.” (UNICEF, 2021, p.3).

Understanding the social and gender norms in South Sudan can help agencies and organisations determine the right approach to addressing deeply rooted norms, and how to engage boys and men in the process of collective-level change.

(Q.13) What norms promote men to be superior /more powerful than women?

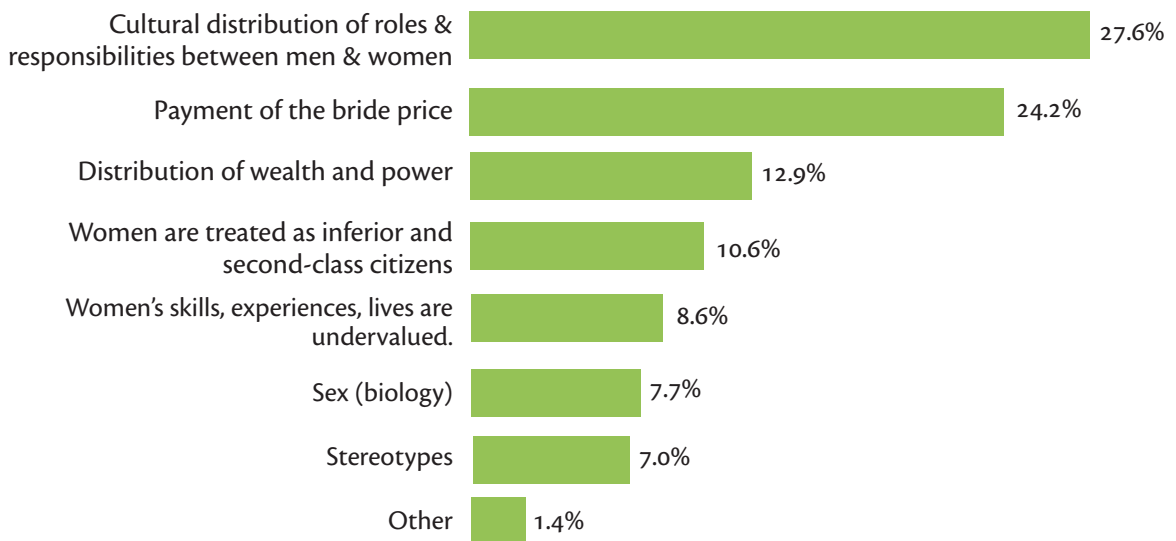
The norms that promote men to be superior or more powerful than women in South Sudan society that were selected the most by respondents included the distribution of roles and responsibilities, based on cultural practices and the practice of making the bride price payment. The uneven distribution of wealth, and women being treated as inferior and undervalued were also selected by many respondents, as shown in **Figure 7**.

The data indicates that these norms dominate evenly across the study locations, and there was not one norm that was selected more or less often.

The ‘other’ norms that were identified during the study that promote men’s power over women included:

- **Hunting, farming and fishing:** Only men bring food and resources to women.
- **Religious teachings:** For example, in the Christian Bible the Book of Genesis explains how men were created first and put in charge of everything and everyone—including women.
- **Superiority complex of men:** Men believe their abilities (physical, intellectual) are dramatically better than women and so they are aggressive, condescending, or smug towards women who do not defer to them.

Figure 7: Norms that promote men to be superior or more powerful than women as selected by respondents (%)



- Men are shown more respect in all spheres of life.
- Women are not allowed to speak about some issues or raise complaints, even in family meetings. As a result, men's ideas and opinions are heard and women are left without a place to express their ideas.

(Q14) Are women expected to be submissive to men?

To test this argument about whether women are expected to be submissive to men or not, the research team performed a Chi-square test on the observed frequencies from the data. A Chi-square test is used to determine whether the data are significantly different from what is expected. The research team used this to determine the magnitude of discrepancy between the observed data and data expected from the hypothesis.

The conclusion of this test, at 95 per cent confidence, is that there is sufficient statistical evidence suggesting that women are not expected to be submissive to men.

Submissive means ready to obey, collaborate, and conform to what men (or those in authority) want. Submissive women allow their dominant partners to lead in decision-making but they can contribute their ideas and support. There are social norms and expectations that are imposed on women that leads them to be submissive to men. About 81 per cent of the male respondents expected women to be submissive to them; about 82.5 per cent of the female respondents said they know they are supposed

to be submissive to men. All the women interviewed in Rumbek and in Pibor said they should be submissive to men, and in Bor and Wau women oppose or refuse to be submissive to men (33% and 36% respectively).

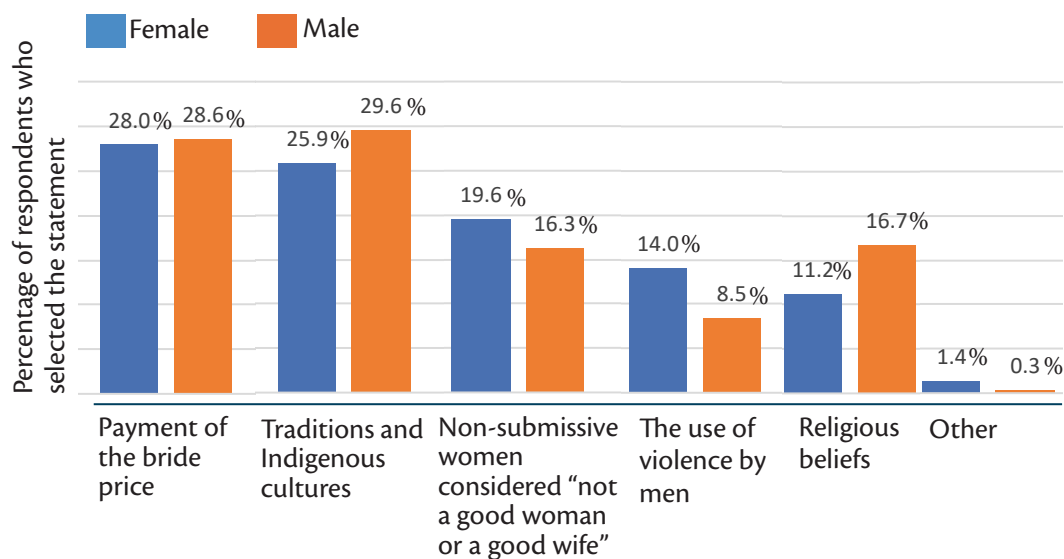
Men in Torit and Malakal did not expect women to be submissive to them. About 12.1 per cent of the married women and 18.6 per cent of the men expected women to be submissive. Similarly, about 20 per cent of single women and 19 per cent of single men expected women to be submissive.

Figure 6 illustrates the norms and expectations through the statements selected by the respondents when asked:

(Q15): If yes, what norms require or make women to be submissive/powerless/subjugated/ or submit, even when they are not supposed to do so?

The female respondents said the norms that make them behave in a submissive/powerless/subjugated way or “submit” to men even when they are not supposed to do so are: accepting the payment of the bride price, traditions and indigenous cultures, and the fear of or the lived experience of physical violence by men. The male respondents accepted these same norms and behaviours that make women submissive and powerless.

Figure 8: Norms that make women submissive to men (%)



(Q16): What happens when women do not comply with such norms of submission?

Women said that those who do not comply with the norms of submission do not marry quickly or easily, they are verbally criticised by their family members, friends and community, or husbands, or may end up in divorce.

Men agreed that women who do not comply with the norms of submission do not get married quickly or easily, they are insulted, or their marriages end in divorce.

Other things that happen to women when they do not comply with the norms of submission include isolation by friends, family and neighbours, losing respect from society in general. There are family discussions/meetings organised to resolve issues, and women are returned home to their families for counselling. In some cases, women are murdered.

(Q17): What are the expectations, roles and stereotypes that dictate how males and females should behave?

The main expectations that dictate how men and women should behave include:

- Culture or beliefs define men's roles and responsibilities.
- Sex (biology as manhood or womanhood).
- Fear of being labelled or mocked when you behave contrary to your sex.
- Education: There are different stereotypes and expectations based on the level of education.
- Fulfill home-based obligations regardless of political status. A woman is expected to continue to fulfil home-based obligations, even when she is in higher level of decision-making. For instance, during a political campaign men can be involved in outdoor rallies/meetings/events or come home late as a result of discussing politics or other business affairs. However, a woman doing the same things to advance her political status will be met with strong opposition or rejected by the community. Even as a leader, a woman is expected to be home early, care for the family or organise indoor meetings. Defying these norms can be met with a strong reproach, isolation, or being labelled as "rude".
- Men feel women were born under them, with no air to breathe.
- Men are believed to be the head of families, which dictates how men behave—exercise power over others, control and own resources, make decisions without consulting/involving their partners.

(Q18): What kind of jobs are perceived as not fit for men?

Both men and women said the cooking and washing of utensils is a job that is not fit for men—this opinion was shared across all locations. The collection of firewood was added as a task not for men. The majority of both men and women in Wau (Western Bhar el Ghazal) said that the care of infants is perceived as not fit for men.

Other jobs perceived as not fit for men include buying food from the market, purchasing household equipment, dishes or decorations, listening to the views of women or empowering other women, nursing the sick, and saloon services such as the plaiting of women's hair.

(Q19): What kind of jobs are perceived as not fit for women?

- Mechanics
- Professional sports, such as football
- Driving vehicles, such as taxis or transport trucks as paid employment
- Engineering
- Politics
- Journalism
- Others: respondents listed construction work, hard labour like digging a well, welding, decision-making in public offices, riding motorbike/ boda-boda as paid work, commercial fishing, grazing cattle, cattle raiding, conducting marriage for daughters, army general, soldiers, and hunting.

(Q20): What structures and systems are in place for the prevention of and response to GBV

The structures and systems that are available in South Sudan to reprimand, rebuke, or punish the perpetrators of violence and sexual gender-based violence include police and law enforcement agencies, such as the judicial system consisting of lawyers, judges, traditional authority structures, local government at the state, county, and payam levels, chiefs, and council of elders; community structures such as community leadership, youth leadership, women's leadership, unions, and religious structures; community policing, which are community members organised and trained as police to observe the security of civilians in their areas.

Findings from this question are important because they highlight the need for the government to commit to upholding and protecting women's rights, and to ensure that the perpetrators of violence are brought to justice.

(Q22): Existing punishments acceptable by the community for violence against women and girls.

The study found that 88 per cent of the respondents are aware of the existence of punishment for those who commit violence against women and girls. In Torit (Eastern Equatoria) and Bor (Jonglei), punishment for GBV is not widespread, probably because of diverse cultures and the mode of living including farming, pastoralism, and nomadism. For example, in Torit (Eastern Equatoria) it was reported that during a traditional dance, a woman can be picked by a man, with support from his group, and taken home for marriage. The elders then go to the family of the woman to say that they have taken their daughter for marriage. While this can be considered a form of GBV because it violates a woman’s right to choose a partner, in such a community it is considered normal, and so it can only be penalised and accepted. Figure 9 shows, in percentages, the types of punishments ranked in order of those most acceptable by respondents.

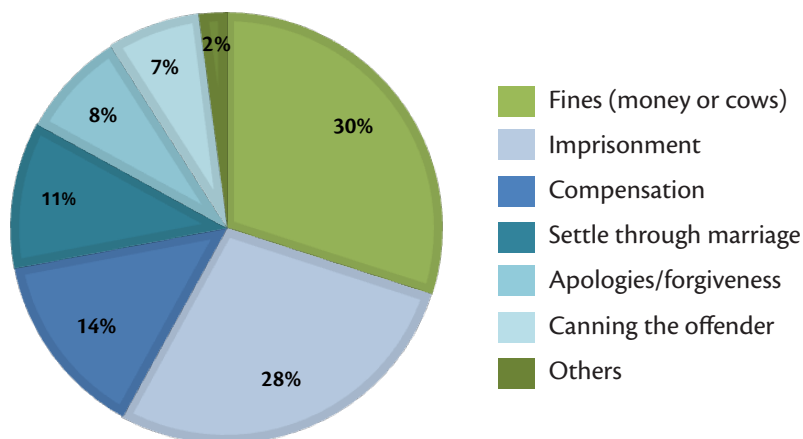
(Q23): What types of compensation or sanctions for GBV practices?

Fines and other compensation were ranked first (30%) and third (14%) among the acceptable forms of punishment. The analysis indicates that communities have different forms of compensation for various types of crimes committed, for instance in Pibor (Pibor AA) when a man impregnates a girl and refuses to marry her, he must pay fifteen cows. Adultery cases are charged at between five to seven cows. Murder cases carry a compensation of fifty cows for a male and fifty-one cows for a female.

(Q24) Who controls or gives these punishments?

The main administrators of the punishments that are acceptable by the communities include: chiefs; relatives; community leaders; the victims; churches and others, such as courts or peers.

Figure 9: Acceptable punishments for acts of violence against women



4.1.2 Male Involvement Strategies

Questions 25, 26, 27, 32, and 33 were asked to gather information on programmes and interventions that engage boys and men. The data from these questions shows that societies in South Sudan continue to embrace harmful gender stereotypes that perpetuate inequalities. Men continue to hold a vital role in household decision-making and have an impact on the overall development of children and family. Challenging the dominance and power relations—that undeniably contribute to GBV—require engaging with men both in terms of prevention and response. This is critical for ensuring that women can access justice, especially on matters related to violence.

The answers provided by the study respondents offer insight into how advocates of gender and women’s rights can transform the attitudes and behaviours that undermine women’s presence in leadership, ownership of resources, and access to healthcare, family planning and reproductive health services. Sensitising men about GBV may help to prevent backlash, or regression, which could threaten to erode the gender gains achieved in different sectors, including in education and financial independence.

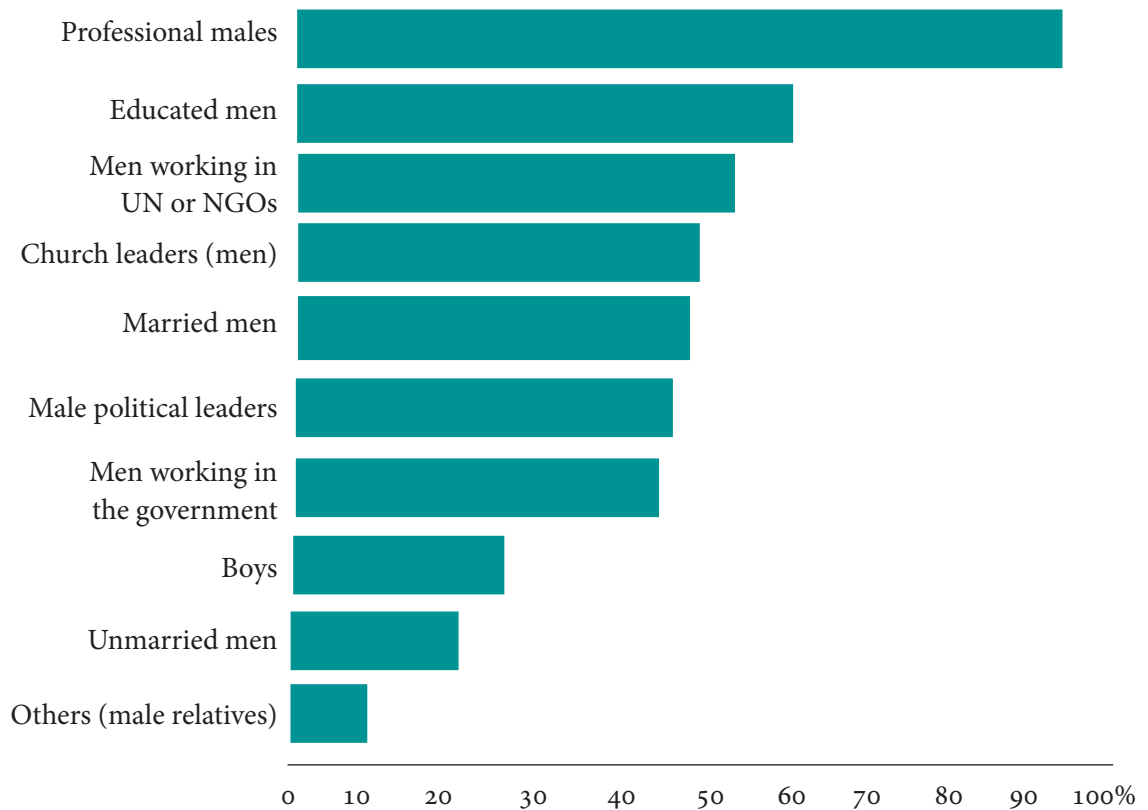
(Q25): Who are the key actors and allies to be involved and protecting the rights of women?

Allies are defined as men who want women to be safe and achieve their full potential, and men who actively work to help create a world where this is possible (IRC, 2018).

Involving male actors and allies is important because they have the ability to influence decision-making processes. In the current patriarchal system males have a preferential position in most aspects of society, and so male engagement can potentially convince men and boys to use their powers to create change. For example, men can impose/enforce laws, provide resources, and protect women.

Figure 10 illustrates the key actors and allies the respondents selected as those men who are involved in the protection of women’s rights. The key actors were selected in this order: professional males (such as teachers, police, soldiers, security guards, judges, doctors); educated men; men working in un or other ngos; male religious leaders; married men; male political leaders; men working in the government; boys; unmarried men; and others (such as male relatives).

Figure 10: Key actors and allies who should be involved in protecting the rights of women



(Q26): Why should the above actors and allies be involved?

When asked why these actors and allies should be involved in protecting the rights of women, the answers listed below were given in this order:

- They have the powers that can create changes.
- They can impose the law.
- They can provide resources.
- Society gives them the task to protect women.
- They are the most trusted in the community.
- Other

(Q27): What can be done at national and sub-national levels to improve male involvement in SRHR programmes and services.

The study explored the ways in which men and boys could be involved in supporting and improving male involvement in SRHR programmes and services, at national and sub-national levels. The list below includes the options selected per location. Respondents gave these answers ranked in this order.

PROPOSED INITIATIVES TO IMPROVE MALE ENGAGEMENT IN SRHR ISSUES

Selected by those in all seven (7) locations:

- ✓ Awareness through workshops, radio talk shows, and drama to reduce GBV cases in the community at the grassroots level.

Selected by those in three (3) locations:

- ✓ Involve men in as champions in SRHR.
- ✓ Strong enforcement of GBV laws.
- ✓ Organise specific survey/counselling.
- ✓ Tell success stories.

Selected by those in two (2) locations:

- ✓ Formulate or amend family law in the country.
- ✓ Economic empowerment of women and girls.
- ✓ Build the capacity of men and boys.
- ✓ Build support for male engagement in SRHR.

One of the options listed below was selected by one agency/person/organisation in each location:

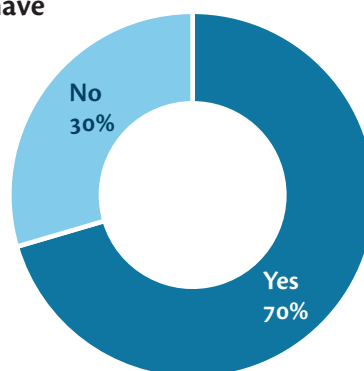
- ✓ Involve both males and females in decision making.
- ✓ Create gender desks in all government's institutions for sensitisation on gender rights.
- ✓ Develop a code of conduct within all government institutions.
- ✓ Formulate gender sensitive policies.
- ✓ Include family planning, maternal mortality, SGBV into the education curriculum.

- ✓ Advocate for more funding for SRHR.
- ✓ Amend customary laws.
- ✓ Involve men or traditional chiefs.
- ✓ Assess the needs for men and boys in SRHR.
- ✓ Awareness about HIV, SRHR and family planning.
- ✓ Open a centre to create a youth friendly space.
- ✓ Train men/boys.
- ✓ Reduce bride prices.
- ✓ Introduce sex education in schools.

(Q32): Does your institution/organisation have male involvement strategies?

The study found that about 30 per cent of the institutions interviewed do not have male involvement strategies in their activities. While the respondents were selected because of their involvement with or have a stated purpose to engage boys and men in gender equality, the study found that many of the agencies and community groups lack the funds to carry out male engagement activities.

Figure 11: Institutions and organisations that have male involvement strategies (%)



(Q33): How do we strengthen evidence-based interventions on male involvement in the prevention of GBV, and HIV and AIDS?

The study found that to strengthen evidence-based interventions on male involvement in the prevention of GBV, SRHR and HIV and AIDS, priority should be given to regular assessments, documentation of activities, successful interventions, and the dissemination of information.

4.1.3 Sexual and Reproductive Health

The responses to question 28, 29, 30, and 31 generated data related to SRHR, factors in HIV transmission, and gendered norms about SRHR. The questions explored the respondents' attitudes, level of access to care, and if men accompany their wives to prenatal and natal care or share pregnancy responsibility. The study focused on these aspects of SRHR because efforts have demonstrated that engaging boys and men in family planning is critical to improving the overall health outcomes for boys and girl, women and men (ICPD, 1994).

Findings from these questions contribute to the analysis of male engagement projects and indicate that men and boys can be active and engaged in SRHR issues such as family planning, child spacing, ending early, forced or arranged marriages, prevention of early pregnancy, the reduction in maternal mortality rates, HIV prevention and AIDS care, and the prevention of and response to S/GBV. The results confirm that men and boys need to be empowered to support the promotion of women's rights.

(Q28): Do men and boys look down on SRHR services or do they feel that SRHR services are vital?

When asked to rate the attitudes of boys and men towards SRHR services, overall, the respondents said that SRHR services were "very important" to boys and men, indicating that they have a positive attitude towards SRHR.

Those in Wau (Western Bahr el Ghazal) had the strongest positive response (80%), whereas those in Pibor (Pibor AA) had the most negative response where 66.7 per cent rated SRHR services as "not important".

Males in two age categories (18-24 and 25-31) had the highest positive response rate from all locations.

As shown in **Table 5**, while 58 per cent of female respondents said that men and boys have a negative attitude about SRHR services, 55 per cent of male respondents said they have positive attitudes about SRHR services.

On average, both male and female respondents agreed that SRHR issues are significant. This shows that more dialogue between men and women about sexual and reproductive health is needed.

Table 5: Attitudes of men and boys towards SRHR services

Total Responses from all Age Groups both Male and Female (%)				
Less Important (Negative Attitude)		Very Important (Positive Attitude)		
44.9%		55.1%		
Age Group	Female Respondents (%)		Male Respondents (%)	
	Less Important (Negative Attitude)	Very Important (Positive Attitude)	Less Important (Negative Attitude)	Very Important (Positive Attitude)
18-24	53.3%	46.7%	50%	50%
25-31	53.8%	46.2%	38.5%	61.5%
32-38	72.7%	27.3%	41.7%	58.3%
39-45	62.5%	37.5%	28.6%	71.4%
46-52	80%	20%	45.5%	54.5%
53-59	50%	50%	41.7%	58.3%
60-66	25%	75%	33.3%	66.7%
74-80	-	-	-	100%
Total	58.1%	41.9%	39.3%	60.7%

(Q29): Who has more access to SRHR products and services?

The examples of products and services given in this question included prevention of SGBV and response to GBV, information on HIV and AIDS, family planning, child spacing, use of condoms, and counselling.

The response to this question reveals that men and women believe they have the same level of access to SRHR products and services. The exception is in two states, Torit (Eastern Equatoria) and Rumbek (Lakes State), where the respondents indicated that they believe women have more access to the SRHR products and services than men do.

Table 6 shows that 53.6 per cent of respondents in Juba (Central Equatoria) believe that both men and women have access to SRHR products and services, whereas only 3.6 per cent of the respondents believe that boys and girls have access to SRHR products and services. The table shows how the respondents perceive their level of access per location.

Generally, boys and girls have limited access to SRHR products and services. This trend needs further investigation to determine the factors that prevent youth from accessing health services.

Table 6: Who has access to SRHR products and services, per location

Location	Men & Women	Women	Men	Boys and Girls	None	Girls	Boys	Total
Juba	53.5%	28.6%	3.6%	3.6%	7.1%	3.6%	-	100
Torit	40.0%	50.0%	-	10.0%	-	-	-	100
Bor	72.7%	15.2%	9.1%	-	3.0%	-	-	100
Rumbek	33.4%	46.7%	13.3%	3.3%	3.3%	-	-	100
Pibor	40.0%	16.7%	26.7%	6.7%	3.3%	3.3%	3.3%	100
Malakal	81.3%	9.4%	3.1%	-	6.2%	-	-	100
Wau	63.3%	36.7%	-	-	-	-	-	100
Total	55.4%	28.6%	8.0%	3.3%	3.3%	0.9%	0.5%	100

The data supports the recommendation that a Male Engagement Strategy for South Sudan should explore and provide solutions to the underlying problems faced by women/girls and men/boys, including negative norms and cultures such as early marriage, child spacing, and the use of contraceptives, among others that negate women's right to decide upon and use SRHR services.

The use of contraceptives and child spacing are important issues for gender equality because most women rely on their partners to use contraceptives, agree to child spacing, and support family planning.

There is a belief that a woman should produce children until they no longer ovulate. There is also the belief that every child carries her/his own blessings and so should be allowed to come into the world. In some tribes, the number of cattle paid as a dowry can be a point of pressure for woman to produce more children.

(Q30): Do men encourage or accompany their spouses (wives) to the health facility for antenatal care, delivery, or share pregnancy responsibility?

About 57 per cent of the female respondents said men **do not** encourage or accompany their spouses (wives) to health facilities for antenatal care, share pregnancy care, or delivery.

The majority of the male respondents, at 55 per cent, said they do not encourage or accompany their spouses to health facilities for antenatal care, delivery, or share pregnancy care, as shown in **Figure 12**.

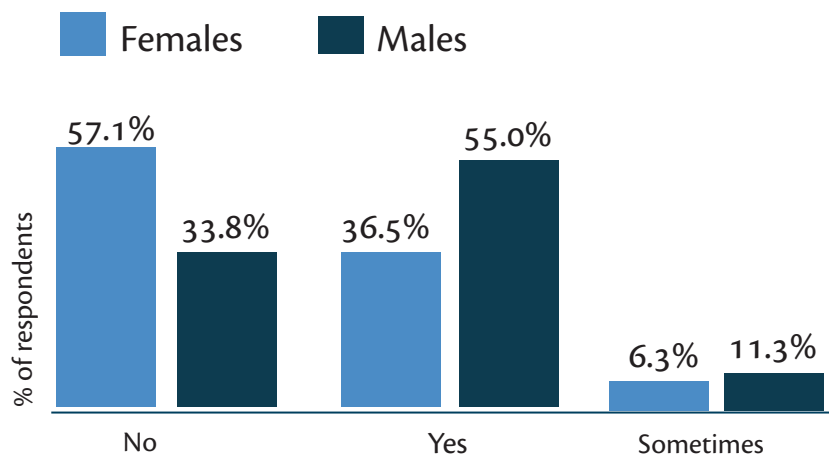
It is important to reflect on this data from the study because involving men in pregnancy care has been shown to have a direct impact on the health of the mother and child. The more involved men are in antenatal,

delivery, and pregnancy care the healthier are mothers and babies. This includes the prevention of mother-to-child transmission to reduce the transmission of HIV, syphilis and hepatitis B from a mother to her child, testing for HIV, and use of medication. Thus, men should be involved in pregnancy, birth, and infant care.

Other evidence has shown that involving men in maternal and newborn health has positive effects. (Smith & Crookston, 2021) For example, involving fathers in maternal and newborn health services in low-income settings can reduce maternal workload and increase postnatal healthcare attendance (Yargawa & Leonardi-Bee, 2015). Male engagement improves the early initiation of antenatal care, increases facility deliveries and postnatal checkups, and minimises the risk of postpartum depression (Mamo et al., 2021).

Taking an active role in caregiving as a father can improve men's own physical and mental health (Promundo, 2019). This is an important aspect of male engagement that needs attention in any national strategy.

Figure 12: Men who accompany their spouses to health facilities for pregnancy care (%)



When asked, **What is the attitude of health workers on men's involvement in maternal health, GBV and HIV and AIDS? (Q31)**, about 30 per cent of the respondents said that health workers have negative attitudes towards men's involvement in maternal health, GBV, and HIV and AIDS services. The attitude of health workers can influence whether men and women use the services of the health clinic and therefore impacts the health outcomes of families.

4.1.4 HIV Transmission and Prevention

Questions 34, 35, 36 and 37 asked respondents about their attitude and behaviour related to preventing HIV transmission and AIDS care/services.

All pregnant women are required to undergo an HIV test. Most women become aware of their HIV status at this point, which is a difficult time to break the news to their husband and family. Husbands are also reluctant to go for an HIV test or admit they have been responsible for the transmission of the virus. This prompted the question:

(Q34): Who usually brings an HIV infection into the family?

On average 57 per cent of the respondents said that men usually bring HIV into the family; out of these 66 per cent of the men admitted that they are the ones who transmit HIV to their wives due to multiple affairs. This is the same across the age categories, including men in the 60-66 year old category and the 74-80 year old category. Since polygamy is widespread among South Sudanese cultures, involving men and boys in HIV prevention would reduce HIV transmission.

In order to understand why men conceal their status, the respondents were asked:

(Q35): What happens when a man or a woman finds a condom with their partner?

Women have different access to information and methods of protection, compared to men. Culturally, women are expected to submit to their husbands and not to question the man's decision—including if men should use a condom, which reflects the level of gender inequality in South Sudan.

The majority of female respondents (37.1%) said that when a male partner finds them with a condom, mistrust begins and suspicions about cheating start, with 32.6 per cent of women saying the result is fighting or quarrelling.

Male respondents expressed the same feeling (40.8%) when they found their female partners and wives with condoms. In most instances, men agreed the result is fighting or quarrelling (29%).

Both married and single respondents agreed that “mistrust” and “fighting” usually occurs if one of the partners finds a condom.

Among the different age groups, a small number of respondents (4%) appreciate their partners when they find condoms. To avoid breaking up the family through separation or divorce, most of these respondents said that they would prefer their partners to be transparent.

These findings reveal the existence of a culture of silence and taboo around sexuality, which may have a different impact on women and young couples, in particular those under 46 years old.

To understand more about the knowledge, attitude, and perception towards the use of condoms the respondents were asked:

(Q36): What do people use condom for?

Most respondents, at 66.7 per cent, selected “a condom is for protection from infections such as HIV and other STIs”, and during discussions, they said condoms were for protection when having intercourse with a partner who is not your husband or wife. Twenty-two per cent (22%) selected “condoms are used for family planning and to prevent pregnancy”.

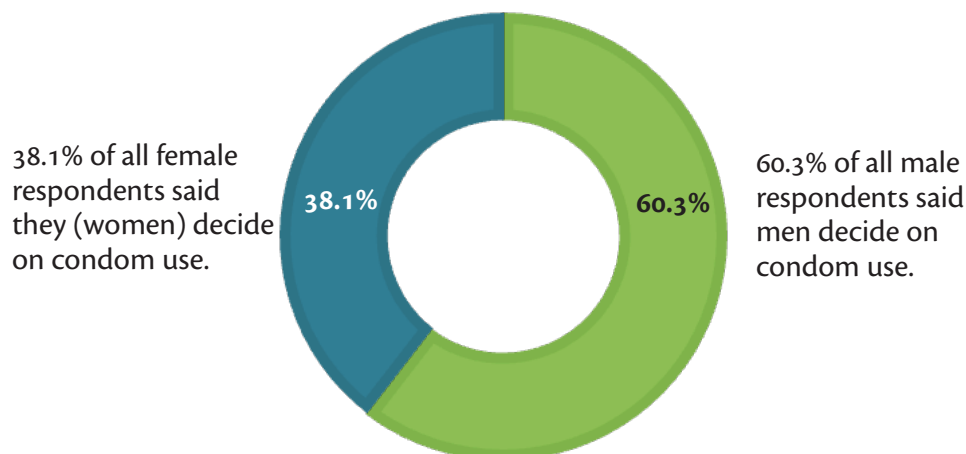
Understanding the use of condoms as a family planning method needs to be explored and intensified. This is supported by the data from the next question.

(Q37): Who should decide on condom use?

The data from the answers to this question shows that 61.9 per cent of women said “men decide”, and 38.1 per cent of women said “women decide” when to use a condom. This is in contrast to 60.3 per cent of male respondents who said that “men decide”, and 39.7 per cent of men who said that “women decide” on condom use.

Yet during the discussions, most men admitted that they do not enjoy having sex with condoms and choose not to use a condom, revealing an even greater power imbalance, and as a result women are not able to negotiate the use of a condom for safe sex (prevention of HIV and other STIs).

Figure 13: Those who decide on the use of condoms, total (%)



An interesting point from the data reveals that the decision on the use of condoms differs across the locations, suggesting that the level of exposure and awareness may contribute to empowering women and give them a voice on matters affecting their sexual health. For instance, in Wau (Western Bahr el Ghazal) and Torit (Eastern Equatoria), more women said they could decide on the use of condoms rather than men deciding, and their male counterparts agreed, as illustrated in Table 7.

Table 7: Who decides on the use of condoms per location (%)

Location	Female Respondents (%)		Male Respondents (%)	
	Males decide	Females decide	Males decide	Females decide
Juba	75%	25%	52.9%	47.1%
Torit	36.4%	63.6%	31.6%	68.4%
Bor	83.3%	16.7%	74.1%	25.9%
Rumbek	85.7%	14.3%	65.2%	34.8%
Pibor	100%	-	84.6%	15.4%
Malakal	66.7%	33.3%	73.9%	26.1%
Wau	35.7%	64.3%	12.5%	87.5%

4.1.5 Family Planning

Questions 38 to 49 address attitudes and behaviours related to family planning, menstruation, and safe motherhood.

The results from the discussions with respondents on when to have a baby are important to understanding male engagement because myth, culture, and customary practices influence family planning and safe motherhood.

For many communities, having a child soon after marriage is important for the woman in particular, to show she is fruitful/not barren as stated by 45 per cent of respondents, and to some extent having a child early is considered a blessing.

About 21 per cent said that if a woman has a child when dating/before marriage it is an indication that the woman will be able to give you a child. This is irrespective of the economic status.

In terms of child spacing, about 61 per cent of the respondents wanted to have the next child after two years because they believe that this will allow a woman to have many children throughout her life. Only 7.5 per cent of the respondents wanted to have another child after one year, and 28.5 per cent of respondents wanted to have their next child after three years. Seemingly, the health of the woman is not considered important when determining when to have a child. Not many respondents considered financial resources or discussed having another child immediately after giving birth.

The main methods used by married couples for spacing births are continuous breastfeeding and use of contraceptive methods. About 81 per cent of the respondents said men and women should decide together on the use of family planning, only 10 per cent said men should decide alone, while 9 per cent said women should decide on their own. In most cases when a man or woman uses family planning without informing the partner, the respondents said it creates instability in the family, there is fighting or beating, it leads to divorce, and encourages men to have other wives.

These answers in the context of South Sudan reveal that childbearing is a priority in the marriage and is an important part of building relationships between men and women to establish a family.





A participant discusses gender and constitution-making during the Electoral Stakeholders Induction Training Workshop, highlighting the role of men in promoting gender-sensitive electoral processes. Juba, January 2024.

5. CONCLUSION AND RECOMMENDATIONS

This study lays a foundation of evidence to provide stakeholders and policymakers the information they need to formulate policies that reflect the realities in South Sudan's society. The data reveals that South Sudan has a long way to go in terms of providing male-friendly services and to address their needs at the individual, family, community, and national levels. There is a need to promote strategic partnerships in engaging men and boys in the prevention of and response to GBV.

Currently, most of the gender equality programmes in South Sudan focus on increasing women's participation and representation in decision-making levels, in the civil service, and in legislature. While this is important, such initiatives do not address the underlying social expectations that are based on hegemonic masculine roles and social patterns that promote the stereotypes of male traits and masculine cultural as the ideal.


Since patriarchy is reinforced by cultural practices entrenched in governance structures, conducting and strengthening research and documentation to provide evidence-based intervention on male involvement in the prevention of and response to GBV would transform those

behaviours that reinforce inequalities between women and men. As gatekeepers to power structures in society, heads of households, spiritual and religious leaders, community leaders, formal decision-makers in public service and governance, and overwhelming political power, men are a necessary part of social transformation.

The provision of gender sensitive GBV, SRHR, and HIV and AIDS services, as well as governance and policy level awareness raising is vital among male GBV duty bearers. This will entail identifying male allies and putting strategies in place to engage them in transforming gender norms and gendered institutions to improve the lives of women and girls.

In view of the above, the following recommendations are provided to minimise gender inequalities in socio-economic, political and cultural spheres; and create an enabling environment for peaceful co-existence, and promotion of a society that is anchored in the rule of law, respect for all, and equal participation in various decision-making structures:

- › Finalise the development of Anti-GBV and Family Laws to protect women's rights on inheritance, reduction of a high bride price, and early marriages; encourage family planning and ownership of land and other assets upon the death of a spouse. There should be regulations to standardise or prohibit the high bride price, which is equated to the buying and selling of girls/women. This is because women are not property to be bought or sold at any price, to anyone.
- › Advocate for the government agencies to craft national policies involving boys and men in the overall efforts of gender mainstreaming in reproductive health and rights.
- › Implement the Women and Youth Enterprise Funds as provided for in Chapter Four of the R-ARCSS (2018) to empower women economically to increase women's voices and participation in decision-making at family and community levels.
- › Institute an all-inclusive decision-making mechanism that permits equality and equity through constitutional provisions and laws. This can be achieved by, for example, maintaining a particular percentage in all state and national decision-making bodies, such as public spaces, the three arms of government, civil service, and other important institutions.

- 
- › Promote gender sensitive policies in both private and public institutions. Public and private institutions should be compelled to craft policies and develop codes of conduct that promote gender equality in the workplace, along with provisions for reporting misconduct, and enforceable consequences put in place.
 - › Synchronise SRHR advocacy work. The SRHR advocacy and support initiatives should be geared towards opening centres that provide youth friendly spaces, promote women's SRHR programmes, and aim to incorporate more male engagement (including religious and tribal leaders) into SRHR programmes, use media channels, such as talk shows, radio programmes, social media, and print to promote SRHR. This is a four-pronged approach, which can help to mobilise resources and ensure critical mass participation for more impact.
 - › Intergrate life skills and gender issues (for example: sexual health, puberty, pregnancy, infant care, family planning, HIV transmission) into formal and non-formal education in both the primary and secondary school curricula. This can create a culture of tolerance and respect.
 - › The Ministry of Gender to develop a framework for coordination and coalition-building between the government, private companies, and regional organisations to formalise and institutionalise funding and support for the prevention of GBV. The MGCSW can work with other like-minded organisations to organise policy dialogues and information exchanges on engaging boys and men in GBV prevention and response, and SRHR that are critical to improving overall health outcomes for boys and girls, women and men, as provided by ICPD (1994).
 - › Conduct evidence-based research with reference to studies conducted elsewhere to inform future interventions that advance gender equality and SRHR programmes.

APPENDIX A: National and State Level Institutions

Institutions	# per location
National Institutions Total	1
National Ministry of Agriculture	1
State Institutions Total	51
Central Equatoria (Juba) Total	8
Ministry of Gender, Child & Social Welfare	1
Ministry of Youth, Culture & Sport	1
Ministry of Local Government and Law Enforcement	1
Ministry of Agriculture, Environment & Forestry	1
Ministry of Health	1
Ministry of General Education & Instructions	1
University of Juba	1
Relief and Rehabilitation Commissions	1
Eastern Equatoria (Torit) Total	7
Ministry of Peace Building	1
South Sudan AIDS Commission	1
Ministry of Local Government & Law Enforcement	1
Ministry of Agriculture, Environment & Forestry	1
Ministry of Youth, Culture & Sport	1
Ministry of Gender, Child & Social Welfare	1

Institutions	# per location
Ministry of Health	1
Jonglei (Bor) Total	7
Ministry of Agriculture, Environment & Forestry	1
Ministry of Local Government & Law Enforcement	1
Ministry of Health	1
Ministry of Gender, Child & Social Welfare	1
South Sudan AIDS Commission	1
Ministry of Interior	1
Ministry of Youth, Culture & Sport	1
Lakes (Rumbek) Total	6
Conflict Resolution & Reconciliation Commission	1
South Sudan AIDS Commission	1
Ministry of Agriculture, Environment & Forestry	1
Ministry of Gender, Child & Social Welfare	1
Rumbek University of Science and Technology	1
Ministry of Youth, Culture & Sport	1
Pibor Administrative Area (Pibor) Total	8
SS National Police Service	1
Ministry of Agriculture, Environment & Forestry	1

Institutions	# per location
Ministry of Local Government & Law Enforcement	1
Human Rights Commissions	1
Peace Commission	1
Ministry of Health	1
Ministry of Gender, Child & Social Welfare	1
Ministry of Youth, Culture & Sport	1
Upper Nile (Malakal) Total	7
Ministry of Agriculture, Environment & Forestry	1
Ministry of Youth, Culture & Sport	1
Ministry of Gender, Child & Social Welfare	1
Ministry of Health	1
South Sudan AIDS Commission	1
Ministry of Interior	1
Ministry of Local Government & Law Enforcement	1
Western Bhar El Ghazal (Wau) Total	8
Ministry of Gender, Child & Social Welfare	1
South Sudan AIDS Commission	1
Ministry of Agriculture, Environment & Forestry	1
Ministry of Interior	1
Ministry of Local Government & Law Enforcement	1
Ministry of Youth, Culture & Sport	1
Ministry of Information & Communication	1
Ministry of Health	1
Total	52

APPENDIX B: Male Engagement Survey and Key Informant Interview Questionnaire

The National Transformational Leadership Institute (NTLI) at the University of Juba is conducting a study that seeks to gather information that will provide an in-depth understanding of the factors contributing to gender-based violence and abuse of women and girls' rights; and to recommend effective ways of engaging men and boys to promote and protect women and Sexual and Reproductive Health and Rights including HIV and AIDS.

Section A: General Information

1. Consent for participation: Would you like to participate in this important study?
 - Yes
 - No
2. Date of Interview
3. Name of the Researcher
4. State
5. Category of the respondent
 - Individual
 - Public Institution
 - FBO
 - CSO/CBO/ Women's group
 - Key Informants – Community leader
 - UN Agencies/NGOs
6. Name of the respondent/Institution
7. Contact for the respondent
8. What is your gender?
 - Male
 - Female
9. What is your age?
10. What is your marital status?
 1. Single
 2. Married
 3. Separated
 4. Divorced
 5. Widowed

Section B: Engagement

11. How do you feel for being a man or women?
 - Feel good
 - Do not feel good
12. How do you feel for being a man or a woman or women, what are the reasons?
 - Child bearing is not easy.
 - Easily abused.
 - Targeted for gender based violence.
 - Not allowed to own properties.
 - Not allowed to administer family resources/incomes.
 - Disadvantage on employment opportunities.
 - Over burden with home responsibilities.
 - Not allowed to participate in public offices.
 - Others, specify
13. What norms promote men to be superior/more powerful than women?
 - Women within the home and in society are treated as inferior and second-class citizens.
 - Their skills, experiences and lives are undervalued.
 - Cultural distributions of roles and responsibilities between men and women.
 - Stereotypes
 - Sex
 - Wealth and power distributions.
 - Payment of bride price.
 - Others, specify
14. Are women expected to be submissive to men?
 - Yes
 - No
15. If yes, what norms require/ make women to be submissive/powerless/ subjugated/ or submit even when they are not supposed to do so?
 - Payment of the bride price.
 - Biblical or religious belief.
 - Traditions and indigenous cultures.
 - Men's act of using physical violence against women.
 - Society does not consider a non-submissive woman as a "good" woman/wife.
 - Others, specify

16. What happens when women refuse to obey the norms requiring them to submit to men?
 - Mockery
 - Name calling
 - Songs composed about them
 - Insults
 - Divorced
 - Not easy to be married
 - Others, specify
17. What are the expectations, roles and stereotypes that dictate how males and females should behave?
 - Sex – manhood or womanhood
 - Culture or belief that define mens roles and responsibilities
 - Re-branding or naming calling
 - Others, specify
18. What activities or jobs/ activities are considered unfit for men? Why?
 - Cooking and washing of utensils
 - Laundry service
 - Baby care
 - Collection of firewood
 - Cleaning of houses
 - Fetching of water
 - Others, specify
19. What kind of jobs are perceived not fit for women? Why?
 - Driving of vehicles
 - Mechanics
 - Politics
 - Journalism
 - Sports e.g football
 - Engineering
 - Others, specify

20. What structures or systems including the following are available to supporting structures that can reprimand/rebuke or punish the perpetrators?
 - Community policing
 - Traditional authority e.g chief, council of elders etc
 - Judiciary structure e.g courts
 - Community structure e.g community leaderships, youth leadership, women's leadership.
 - National and international organisation structure.
 - Security structure e.g national security, army.
 - National and State government structure.
 - Religious structure e.g churches.
 - Others, specify
21. Are there existing punishments acceptable by the community for violence against women/ girls?
 - Yes
 - No
22. What punishments are acceptable by the community for violence against women?
 - Fine in form of money or cow
 - Imprisonment
 - Compensation (name the type or amount of compensation/sanction)
 - Caning of the offender
 - Apologies/forgiveness
 - Settle with that woman/girl as a wife
 - Others, specify
23. What are the types or amount of compensation/sanction?
24. Who controls or gives these punishments?
 - The victims
 - Relatives
 - Chiefs
 - Community leaders
 - Churches

25. Who are the key actors and allies to be involved in and protecting the rights of women?

Allies are men who want women to be safe and achieve their full potential—who actively work to help create a world where this is possible. (IRC, 2018)

- Boys
- Married men
- Unmarried men
- Male political leaders
- Male church leaders
- Male chiefs
- Educated males
- Professional males (i.e. teachers, policemen, soldiers, judges, security personnel, doctors)
- Men's health personnel
- Males working in the government
- Males working in the UN/NGOs
- Other specify

26. Why should the above actors and allies be involved?

- They have the powers that can create changes
- They can provide resources
- They can impose the law
- They are most trusted in the community
- Society gives them the task to protect women
- Others specify

27. What can be done at national and sub-national levels to improve male involvement in SRHR programmes and services? (*choose from this list: S/GBV prevention and response, family planning, child spacing, ending early/forced and arranged marriages, preventing early pregnancy, reducing maternal mortality rates, reducing HIV infection, promoting breastfeeding*).

28. Do men and boys feel the above SRHR services are vital (attitude)?

1. Less important (Negative attitude)
2. Very important (Positive attitude)

29. Who has more access to SRHR products and services? (*services including S/GBV prevention and response, information on HIV and AIDS, family planning, child spacing, condoms, counselling etc*).
- Men
 - Women
 - Both men and women
 - Boys
 - Girls
 - Both boys and girls
 - None
30. Do men encourage/accompany their spouses (wives) to the health facility for antenatal care, delivery, or share pregnancy responsibility?
- Yes
 - No
31. What is the attitude of health workers on men's involvement in maternal health, GBV and HIV and AIDs?
- Negative attitude
 - Positive attitude
32. Do your institution/organisation have male involvement strategies?
- Yes
 - No
33. How do we strengthen evidence based interventions on male involvement in the prevention of GBV and HIV and AIDS.
- Regular Assessment
 - Survey
 - Success stories
 - Documentation/dissemination
 - Others

Section C: HIV and AIDS

34. Who usually brings HIV and AIDS into the family?
- Wife
 - Husband
 - Co-wife (s)
 - Relatives
 - Girls
 - Boys
 - Neighbours
 - Health workers
 - Do not know
35. What happens when a man/woman finds his/her partner with a condom(s)
- Fight/quarrel
 - Mistrust/indicate cheating
 - Both partners appreciate
 - Relationship break/divorce occur
 - Others
36. What do people use condoms for?
- Protection against disease infections
 - Prevent unwanted pregnancies/family planning
 - Others
37. Who should decide on condom use (man or woman)?
- Man/boy
 - Woman/girl

Section D: Family Planning

38. How many children should married couples produce?
- 1 – 2 children
 - 3 – 4 children
 - 5 – 6 children
 - 7 – 8 children
 - 9 – 10 children
 - More than 10 children
39. After how long should the next child be produced?
- 1 year
 - 2 years
 - 3 years
 - 4 years
 - 5 years
 - More than 5 years
40. How can married people maintain the period between the two births?
- Use folic acid
 - Eat healthy meals
 - Breastfeeding after the birth, avoid use of bottle feeding
 - Regular exercise
 - Use contraceptive medicines
 - Do not know
 - Others
41. Who should decide on the use of family planning?
- Man
 - Woman
42. What happens if a man/woman uses family planning without informing the partner?
- Fighting or beating
 - Divorce
 - It brings instability and a non-peaceful family
 - It encourages men to marry more wives
 - Others, please specify
43. Who has the rights (man/woman) to the control and usage of family planning?
- Man have all the rights
 - Woman have all the rights

Section E: Menstruation

44. Have you heard anything about menstruation? (Ask only men/boys)
- Yes
 - No
45. Do you always inform your husband, father, male relatives, brothers or male friends when you have menstruation? (*Ask only women/girls*)
- Yes
 - No
46. If no, why?
47. How do men/boys support menstruating women and girls?
- Reducing household work for the women or girls
 - Do some works
 - Provide financial support
 - Buy sanitary pads
 - Moral support
 - Others

Section F: Safe Motherhood

48. When do you discuss having a baby?
- During dating period
 - Immediately after marriage
 - Immediately after giving birth
 - 6 months after birth
 - 9 months after birth
 - 1 year after birth
 - 2 years after birth
 - More than 2 years after birth
 - When one of the partners is unwell
 - When one of the partners is pursuing a career
 - When one of the partners is working
 - When resources are limited
 - During conflict, war, or other disasters

49. What should a husband do before a woman becomes pregnant, when she is pregnant, and after giving birth?

- Support her morally
- Support her financially
- Ensure she is in a good health
- Abandon her
- Ask her to prepare herself
- Plans and save money for the baby
- Others, please specify

Thank you

This is the end of the interview.



The “Rugal bi Akder” (Men Can) cooking challenge, UNFPA initiative aimed at challenging gender norms, advocating for shared domestic responsibilities, and reinforcing male commitment to ending GBV. Juba, August 2023.

REFERENCES

- Barker G. & Ricardo, C. (2005). *Young men and the construction of masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, conflict, and violence*. Washington, DC: World Bank.
- Chant, S. (2002). Families on the verge of breakdown? Views on contemporary trends in family life in Guanacaste, Costa Rica. *Journal of Developing Societies* 18(2–3). <https://journals.sagepub.com/toc/jdsb/18/2-3>
- Flood, M. (2015A). Work with men to prevent violence against women: Principles, challenges and directions. *Men and Masculinities*, 18(3), 222–239.
- Flood, M. (2015B). Men and gender equality. In M. Flood & R. Howson (eds.), *Engaging men in building gender equality*, 1–31. Cambridge Scholars Press.
- Flood, M., & Howson, R. (2015). Engaging men in gender equality: Theories and practices. *Men and Masculinities*, 18(3), 359–378.
- Gittings, L. (2018). The feminization of care work and its impact on male involvement. *Gender and Development*, 26(2), 271–284.
- Glinski, D., Smith, S., & Fitzpatrick, J. (2018). The role of male engagement in women’s economic empowerment. *Grameen Foundation*. <https://grameenfoundation.org/documents/Male-Engagement-Evidence-Review.pdf>

- Gopal, P., Fisher, D., Seruwagi, G., & Taddese, H. B. (2020). Male involvement in reproductive, maternal, newborn, and child health: Evaluating gaps between policy and practice in Uganda. *Reproductive Health*, 17(1), 114.
<https://doi.org/10.1186/s12978-020-00961-4>
- Government of South Sudan (GoSS) & United Nations Population Fund (UNFPA). (2019). *The state of adolescents and young people in South Sudan*.
- Intergovernmental Authority on Development (IGAD). (2018, September 12). *Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS)*.
- International Conference on Population and Development (ICPD) (1994). United Nations Population Fund (UNFPA). Accessed October 17, 2016.
<https://www.unfpa.org/publications/international-conference-population-and-development-programme-action>
- International Rescue Committee (IRC). (2018). Engaging men and boys as allies in gender equality and violence prevention: A guide for programming.
<https://gbvresponders.org/wp-content/uploads/2014/07/IRC-EMAP-Introductory-Guide-High-Res.pdf>
- Jewkes, R., Morrell, R., Hearn, J., Flood, M., Lang, J., & Whitehead, A. (2015). Hegemonic masculinity: Combining theory and practice in gender interventions. *Culture, Health & Sexuality*, 17(SUP2), s112–s127.
<https://doi.org/10.1080/13691058.2015.1085094>
- Kaufman, M. (2003). *The AIM Framework: Addressing and involving men and boys to promote gender equality and end gender discrimination and violence*. UNICEF.
<https://www.unicef.org/documents/aim-framework>
- Kaufman, M. (2007). *Successfully Involving Men and Boys to End Violence Against Women Lessons from Around the World from the White Ribbon Campaign*. White Ribbon Campaign.
- Kaufman, M. (2007). *The construction of masculinity and the triad of men's violence*. In M. Kaufman (Ed.), *Beyond Patriarchy: Essays by men on pleasure, power, and change*, 1-10. Oxford University Press.
- Kothari, U. (2005). *Participatory development: Power, knowledge and social control*. In B. Cooke & U. Kothari (Eds.), *Participation: The new tyranny?*, 139–152. Zed Books.
- MEDA. (2020). *Male engagement in women's economic empowerment: Male gender activists (Greater Rural Opportunities for Women; Learning Series)*.
<https://www.meda.org/growlearning/767-grow-s-male-gender-activists/file>
- Naraval C. A. (2011). *Engaging Men and Boys in Gender Equality. Vignettes from Asia and Africa*. UNFPA.
- National Transformation and Leadership Institute (NTLI). (2021) *Engagement of Men and Boys in SGBV prevention and Response in Juba County (NTLI-SMOC-2, Report)*.

- Promundo, Instituto Papai, White Ribbon Campaign, & Save the Children Sweden. (2009). *Global Symposium: Engaging men and boys in achieving gender equality —A summary report: Cross-cutting and emerging findings and lessons learned from the Global Symposium*. Promundo.
<https://resourcecentre.savethechildren.net/pdf/4046.pdf>
- Promundo (2019). *State of the world's fathers 2019: Unlocking the power of men's care*.
<https://promundoglobal.org/wp-content/uploads/2019/06/State-of-the-Worlds-Fathers-Report-2019.pdf>
- Peacock, D., & Barker, G. (2014). Working with men and boys to promote gender equality. *Gender & Development*, 22(1), 1–16.
- Republic of South Sudan (RoSS). (2017). *National Action Plan for Gender Equality in South Sudan*. Ministry of Gender, Child and Social Welfare.
<https://www.lse.ac.uk/women-peace-security/assets/documents/2019/NAP/South-Sudan-NAP-2015-2020.pdf>
- RoSS (2018) 'The State of Social Protection Programs in South Sudan'.
- RoSS (2019). *National Review of the Implementation of the Beijing Declaration and Platform for Action (1995)*.
- RoSS (2021). *SSNAP Review Report, 2021: South Sudan National Action Plan 2015–2020 on UNSCR 1325 on Women, Peace and Security and Related Resolutions*. Ministry of Gender, Child and Social Welfare.
<https://www.scribd.com/document/785170715/SS-NAP-132511>
- South Sudan Network of People Living with HIV (SSNeP+). (2019). *Stigma Index and Vulnerability Survey among people living with and affected by HIV and AIDS in South Sudan*. SSNeP+.
<https://www.ssnep.org>
- South Sudan AIDS Commission. (2014). *Modes of transmission study*. South Sudan AIDS Commission.
- Smith, J., & Crookston, B. (Eds.). (2021). *Evidence Review on the Role of Male Engagement in Women's Economic Empowerment (WEE) Programs*. Grameen Foundation.
<https://grameenfoundation.org/documents/Male-Engagement-Evidence-Review.pdf>
- Transitional Constitution of the Republic of South Sudan. (2011). *South Sudan: The Transitional Constitution of the Republic of South Sudan, 2011*.
<https://www.refworld.org/legal/legislation/natlegbod/2011/en/122678>
- United Nations Children's Fund (UNICEF). (2021). *Defining social norms and related concepts*. November 2021. Accessed 2025
<https://www.unicef.org/media/111061/file/Social-norms-definitions-2021.pdf>
- United Nations. (1994). *Programme of Action of the International Conference on Population and Development, Cairo, 5–13 September 1994*. United Nations.
https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/icpd_en.pdf

- United Nations. (2016). *Gender-Based Violence Information Management System (GBVIMS) report: South Sudan*.
https://www.unfpa.org/sites/default/files/UNFPA_GBVIMS_Evaluation_Final_Report.pdf
- UNAIDS. (2022). *South Sudan: HIV and AIDS Estimates*.
<https://www.unaids.org/en/regionscountries/countries/southsudan>
- United Nations Commission on the Status of Women (CSW). (2004).
 Report on the 48th session of the Commission on the Status of Women (1–12 March 2004). United Nations.
<http://www.un.org/womenwatch/daw/csw/48sess.htm>
- CSW. (2009). *Agreed conclusions on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS: Report on the fifty-third session (2–13 March 2009)*. United Nations.
- United Nations Development Programme (UNDP) (2007). *Report of meeting: South Asian consultation meeting on the Asia Pacific joint initiative on working with men and boys for gender-based violence prevention*. UNDP.
- United Nations Population Fund (UNFPA). (2010). *Engaging men and boys in gender equality and health: A global toolkit for action*. UNFPA.
- UNFPA. (2003). *iT TaKes 2: Partnering with Men in Reproductive & Sexual Health*. New York: UNFPA.
- UNFPA. (2007). *Delivering on the Promise of Equality: UNFPA's Strategic Framework for Gender Mainstreaming and Women's Empowerment 2008-2011*. New York: UNFPA.
- World Health Organization (WHO). (2015). *Trends in maternal mortality: 1990 to 2015*. WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division.
<https://iris.who.int/handle/10665/194254>
- World Bank (2010). *World Development Indicators 2010*.
<https://data.worldbank.org/products/wdi>
- Yargawa, J., & Leonardi-Bee, J. (2015). Male involvement in maternal health care in sub-Saharan Africa: A systematic review. *International Journal of Reproductive Medicine*, 2015, Article ID 416345, 8 pages.
<https://doi.org/10.1155/2015/416345>

READING LIST

- Barker G., Ricardo C. & Nascimento, M. (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. Geneva: World Health Organization.
- Barker, M. J. (2015). Depression and/or oppression? Bisexuality and mental health. *Journal of Bisexuality*, 15(3), 369–384.
- Becker, S. (1999). Measuring unmet need: Wives, husbands or couples? *International Family Planning Perspectives* 25(4), 172-180.
- EngenderHealth. (n.d.). iT TaKes 2: *Partnering with men in reproductive and sexual health —Men As Partners (MAP) program*. Retrieved from: <https://www.engenderhealth.org/what-we-do/men-as-partners/>
- International Organization for Migration (IOM). (2019). *Gender-based violence knowledge, attitudes and practices survey in South Sudan*. <https://publications.iom.int/books/gender-based-violence-knowledge-attitudes-and-practices-survey-south-sudan>
- Male Engagement (2014). *Reducing Unmet Need for Family Planning*. Institute for Reproductive Health. Accessed August 5, 2024. <http://irh.org/resource-library/male-engagement-family-planning-reducing-unmet-need-familyplanning-addressing-gender-norms/>
- Mamo, Z. B., Tilahun, T., & Dube, L. (2021). Determinants of male partner involvement during antenatal care among pregnant women in Gedeo Zone, South Ethiopia: A case-control study. *Annals of Global Health*, 87(1), 1–12. <https://doi.org/10.5334/aogh.3003>
- United Nations Population Fund (UNFPA). (1994). *Report of the International Conference on Population and Development*. <https://www.unfpa.org/sites/default/files/event-pdf/ICPD%20Programme%20of%20Action%20-%20Summary.pdf>
- UNFPA (2002). *The Impact of Conflicts on Women and Girls. Strategy for Gender Mainstreaming in Areas of Conflict and Reconstruction*, Bratislava, Slovakia, 13–15 November. UNFPA.