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Positive Masculinities and Gender-based Violence Educational Interventions Among Young People. A Systematic Review.

Abstract

Background: Hegemonic masculinity contributes to perpetration of different forms of gender-based violence (GBV). Abandoning hegemonic masculinities and promoting positive masculinities are a part of the strategy used by interventions that include the so-called "gender-transformative approach". Preventing GBV among young people could be strengthened by engaging young men. In this paper, we aim to systematically review the primary characteristics, methodological quality, and results of published evaluation studies of educational interventions that aim to prevent different forms of GBV through addressing hegemonic masculinities among young people.

Main body: We conducted a systematic review of available literature (2008-2019) using Medline (PubMed), Scopus, Web of Science, PsycInfo, the CINAHL Complete Database, and ERIC as well as Google scholar. The Template for Intervention Description and Replication (TIDieR) was used for data extraction, and the quality of the selected studies was analyzed using the Mixed Method Appraisal Tool (MMAT). More than half of the studies were conducted in Africa (n=10) and many were randomized controlled trials (n=8). Most of the studies showed a statistically significant impact in the reduction of physical and/or sexual GBV perpetration/victimization and other related outcomes. Longitudinal studies reported consistent results over time. Educational discussion groups were effective regardless of whether they aimed to reduce victimization or perpetration.

Conclusions: Our results highlight the importance of using a gender-transformative approach to engage young people in critical thinking about hegemonic masculinity and to prevent gender-based violence.

Keywords: masculinities, gender-based violence, intimate partner violence, gender-transformative, youth, adolescence, educational intervention, impact.

Main body

Introduction

Gender-based violence is a global public health problem that disproportionately affects women. There is growing concern about the increasing magnitude of GBV among young people, especially in terms of sexual violence (SV) and intimate partner violence (IPV). In the European Union, it is estimated that 6% of women ages 18-29 experience physical and/or sexual IPV, and that as much as 48% may experience psychological IPV. In contrast, the registered prevalence among older women is around 4% and 32%, respectively (Sanz-Barbero, López, Barrio & Vives-Cases, 2018). This discrepancy also exists in other countries in South America, Asia and Africa, with a current physical and psychological IPV prevalence of around 30% among women ages 15-24 (Stöckl, March, Pallitto & Garcia, 2014). Available data show that up to one-third of girls have reported being forced in their first sexual intercourse worldwide (World Health Organization, 2010), and it is possible that is an underestimation due to stigmatization. In addition, young women exposed to these forms of GBV report a higher likelihood of substance use, depression, and suicidal behavior, as well as poorer educational outcomes, post-traumatic stress, unhealthy weight, and risky sexual behavior (Peterman, Bleck &Palermo, 2015). These health problems can persist throughout the lifetimes of young women (Loxton, Dolja-Gore, Anderson & Townsend, 2016).

Identifying strategies that can be effective in preventing SV and IPV is crucial, especially those aimed at young adults and adolescents, since longitudinal studies show that early exposure to sexual abuse and IPV can increase risk of revictimization and violent behavior in adulthood (Foshee et al., 2013). Systematic reviews have found promising results in educational interventions that train young people to recognize different forms of violence, myths, power,

and traditional gender roles, and help them identify resources available for victims and perpetrators (Fellmeth, Hefferman, Nurse, Habibula & Sethi, 2013; Lundgren, Amin, 2015; De la Rue, Polanin, Espelage & Pigott, 2014). As educational interventions, they not only examine the gender-differential patterns of youth socialization, and knowledge about the influence of traditional masculinities in the perpetuation of gender inequalities, but they also serve to develop skills, attitudes and practices that help prevent violence. Thus, the active participation of boys and men in these interventions is necessary to effectively address IPV against women (Jewkes, Flood & Lang, 2015).

Masculinities refer to attributes or attitudes considered to be characteristics of men (Lourenço, Fornari, Santos & Fonseca, 2019) and designate men's role in societies (Amorós, 2005). Hegemonic masculinity refers to a gendered ideal that promotes "the dominant position of men and the subordination of women" (Conell, 2005). In many societies, masculinities have been associated with legitimization of violence, emotional control, risk-taking, competitiveness, homophobia, and identification of men as breadwinners (Lourenço et al.,2019). However, more positive expressions of masculinity (non-violent, inclusive, empathetic, caring, or egalitarian) are emerging in society, advocated by men fighting men's violence against women (Elliott, 2016; Howson, 2006). Current times may be considered a turning point, with social changes in gender relations, progress of feminists' movements and laws against gender violence. Thus, this study aims to investigate the effects of the gender-transformative approach in supporting critical thinking about hegemonic masculinity to help put an end to IPV and GBV globally.

The gender-transformative approach aims to help men and women build more equitable and non-violent relationships (Grupta, 2000) through gender-equitable attitudes, behaviors and community structures (Casey, Carlson, Two Bulls & Yager, 2018). Several studies have suggested that this approach could be promising in preventing health risk behaviors and GBV

perpetration among adult and adolescent men (Lourenço et al., 2019; Casey et al., 2018; O'Neill, 2008; Dworkin, Treves-Kagan & Lipman, 2013; Levy et al., 2019).

This study was carried out in the context of the EU GENDER-NET Positivmasc Project (Salazar, Daoud, Edwards, Scanlon & Vives-Cases, 2020), which aims to explore discourses of non-violent forms of masculinity, termed *positive masculinity*. Positive masculinity refers to the alternatives to hegemonic masculinity that promote more inclusive, empathetic, caring and egalitarian forms of manhood (Lomas, 2013). The Positivmasc Project promotes forms of non-violent masculinity among young men in Sweden, Ireland, Israel and Spain.

This study builds on a recent existing systematic review of programs that use a gender-transformative approach (Levy et al., 2019), and a literature review that looks at engagement of men in these programs (Casey et al., 2018). It is important to know whether programs that use a gender-transformative approach can be effective, as well as to analyze the characteristics of successful programs to inform future efforts. Thus, we aimed to systematically review the primary characteristics, methodological quality, and results of published evaluation studies of educational interventions that aim to prevent different forms of GBV through addressing hegemonic masculinities among young people.

Methods

Study Eligibility

A systematic review of scientific literature was carried out. Eligibility criteria for articles included 1) original evaluation studies of educational interventions that promote more equitable gender relations, or programs and interventions that use a gender-transformative approach, specifically aimed at young men to prevent or reduce the risk of physical, sexual and/or psychological violence within or outside of the couple; 2) studies including quantitative or

qualitative results of program evaluations related to the effects on the risk of physical, sexual and/or psychological violence against women; and 3) published in English, French or Spanish.

Information Sources and Search Process

We reviewed the available literature using six electronic databases: Medline (PubMed), Scopus, Web of Science, PsycInfo, CINAHL Complete Database, and ERIC. A Google Scholar search and a manual search of the retrieved studies' references were conducted. Key words included: program evaluation, violence, intimate partner violence, gender-based violence, gender-transformative, masculinity, adolescent (between ages 10 and 16), young (age 16 or over). Both MeSH (Medical Subject Headings) terms and free-text terms were used. The Pubmed search strategy (Box 1) was tailored to the different databases, adapting the terms to the specific characteristics of each database.

Data Extraction

A total of 703 papers (Figure 1) were retrieved, and 202 duplicate papers were eliminated using the Mendeley bibliographic management program. Additional sources were obtained after screening by cross-checking the references of previously identified papers (n=31). Two reviewers (VP and CVC) independently assessed 501 titles and abstracts to determine whether the potential papers met the inclusion criteria (first screening). Differences between the two reviewers were resolved by a third reviewer (JMM). These records were assessed in full-text independently by two reviewers (VP and CVC) (second screening). Figure 1 presents the flow diagram of the study selection process.

Analysis

Evaluation of the papers' methodologies was carried out using the Mixed Method Appraisal Tool (MMAT) (Pace et al., 2012). This tool collects information about each type of methodology (qualitative, quantitative randomized controlled (trials), quantitative non-randomized, quantitative descriptive and mixed methods). For studies that used a qualitative

methodology, we collected information related to data collection method, data analysis, how findings were influenced by or influenced the context, and how the research was influenced by or influenced the researcher. In the case of studies that used quantitative randomized controlled trials, we collected information about clear randomization, clear allocation concealment, complete outcome data and aspects related to participants' withdrawal/drop-out for almost all measures. For quantitative non-randomized studies, we collected information about selection bias, indicators of appropriate measurements, comparability of groups and response rates. The information collected for mixed methods studies concerned appropriate methodology, how qualitative and quantitative phases, results, and data were integrated, and limitations.

We also used the Template for Intervention Description and Replication (TIDieR) as a tool to collect specific information (Hoffman, 2014). We identified the name of each intervention, described its justification, and analyzed the materials and procedures that were used, including who provided it and how, where, when and how much the intervention was carried out, whether the intervention was personalized or modified, evaluation of the participants' adherence and the context of implementation. In addition, we collected other specific information about the masculinity-related content of the interventions and primary and secondary outcomes.

Summary Measures

Primary summary measures differed according to the methodology used for each study. For studies with quantitative methodology, we assessed the resulting associations and mean differences. In the case of qualitative studies, we synthesized the results of personal interviews and/or focus groups.

Results

Table 1 shows the 15 papers that were included in this study (2008-2019). More than half concerned countries in Africa (66,6%; n=10), including South Africa, Uganda, Rwanda, Tanzania and Ivory Coast, followed by the regions of Asia (20%; n=3) and America (13,33%;

n=2). In terms of evaluation, half of the studies used a quantitative randomized controlled trial design (n=8); and others used qualitative (n=5), mixed (n=1) and quantitative non-randomized methods (n=1).

Figure 2 shows the results of the MMAT analysis. Nearly all the studies included a clear objective and correctly addressed question (n=14). Regarding quantitative studies with a randomized controlled trial methodology (n=8), all but two were well-conducted (addressed at least three criteria). The quantitative study with a non-randomized controlled trial, qualitative studies (n=5) and mixed methods study (n=1) also met the criteria to be considered well conducted.

Of the 15 studies reviewed, 4 focused on gender-transformative or alternative masculinities as the main objective. The rest (n=11) were focused on prevention of gender-based violence, and included a component related to promotion of alternatives to hegemonic masculinity. Studies were gender-transformative through promoting debate and critical reflection on gender roles, gender norms and/or masculinity and/or femininity to build knowledge and deconstruct myths about what it means to “be a man” or “be a woman".

Outcomes of the analyzed interventions

Table 2 shows the primary and secondary outcomes of the studied interventions. Almost all identified perpetration and/or exposure to violence against women (physical, sexual and/or psychological) as a primary outcome (n=13). The rest included these types of violence as secondary outcomes (n=2).

The other outcomes included related to lifestyles; healthy sexuality -contraceptive use, HIV risk, sexuality, HIV incidence, sexual risk and protection, AIDS knowledge, AIDS stigma, and early pregnancy (Dworkin, Hatcher, Colvin & Peacock 2013; Doyle et al., 2018; Freudberg et al., 2018; Jewkes et al., 2008; Kalichman et al., 2009; Lees, Marchant & Desmond, 2019); and

drug/alcohol consumption (Ashburn, Kerner, Dickens & Lundgren, 2016; Dworkin, et al., 2013; Jewkes et al., 2008; Kalichman et al., 2009). Other GBV-related outcomes included attitudes toward IPV, gender relations and rights, gender norms, recognition of abusive behaviors and intention to intervene in IPV cases (n=13).

Description of interventions

Most of the studies' interventions were aimed at men (n=9). Others were addressed to both women and men (n=6). In some studies, men's female partners were evaluated to assess levels of change (Doyle et al., 2018; Hossain et al., 2014; Gibbs et al., 2014; Gibbs et al., 2017). Participants' ages ranged from 10 to 85 years. Most of the studies (n=12) have not considered or have not referred to any diversity policy for the sample (ethnic minorities, sexual orientation…). One of them (Salazar, Vivolo-Kantor, Hardin & Berkowitz, 2014) indicated that they excluded males with graduate status and homosexual orientation. Dworkin et al., 2013 selected sample from rural areas with high rates of poverty, high HIV seroprevalence rates, and high levels of violence and gender inequality. Lees et al. (2019) selected villages to provide a representative sample of the district, including diverse economy and migration.

In eleven studies an external instructor applied the intervention. The rest (Freudberg et al., 2018; Ashburn et al., 2016; Doyle et al., 2018; Grupta & Santhya, 2020) were implemented by a person from within the community. Also, almost used a participatory approach (n=14) in which the person in charge of the session participated as well.

Most interventions consisted of around 15-16 sessions. Three included from 21 to 42 sessions (Jewkes et al., 2008; Gibbs et al., 2017; Grupta & Santhya, 2020). In the studies that included information about the length of sessions, sessions lasted from 1 to 3 hours (Gidycz et al., 2011; Gibbs et al., 2014; Dworkin et al., 2013; Jewkes et al., 2008; Doyle et al., 2018; Grupta & Santhya, 2020). All interventions were conducted by individuals with prior experience in IPV, gender roles and/or masculinities-related programs. Most interventions were applied face-to-

face in a group setting. In one, participants completed the sessions online over a period of three weeks (Salazar et al., 2014).

In two instances studies concerned the same interventions: two used “Stepping Stones and Creating Futures” (Jewkes et al., 2008; Gibbs et al., 2017) and two applied “One Man Can” (Dworkin et al., 2013; Hatcher et al., 2014). The studies by Jewkes et al. (2008) and Gibbs et al., (2017) did not modify the intervention structure as it had been evaluated globally by other authors prior (Jewkes & Cornwall, 1998; Skevington, Sovetkina & Gillison, 2013). Other authors did not mention adaptations of the “One Man Can” intervention. The latest studies (Dworkin et al., 2013; Hatcher et al., 2014) were an extension of the first pilot study of the intervention.

For most studies the time that elapsed between implementation and evaluation ranged from three months (Dworkin et al., 2013; Gibbs et al., 2017; Freudberg et al., 2018; Hatcher et al., 2014; Hossain et al., 2014; Kalichman et al., 2009; Lees et al., 2019; Miller et al., 2013) to two years (Doyle et al., 2018; Gibbs et al., 2014; Jewkes et al., 2008). Several studies did not specify the time of follow-up (Ashburn et al., 2016; Grupta & Santhya, 2020).

According to the TIDieR checklist analysis, most articles did not report whether there were modifications to the intervention or strategies used to improve compliance. Only three studies undertook intervention modifications. For example, the intervention used in the study by Freudberg et al., (2018) was adapted for each village. In the Hossain et al., (2014), study the final stage of training included a facilitator-led pilot test, followed by curriculum modification and implementation. Finally, in the study carried out by Doyle et al., (2018), the curriculum was adapted by PROMUNDO and RWAMREC for the community.

Primary Results of the Interventions

Most studies reported a decrease in physical IPV (n=12) after the intervention (Ashburn et al., 2016: $p<0.001$; Doyle et al., 2018: $p<0.001$; Dworkin et al., 2013; Gibbs et al., 2017; Grupta &

Santhya, 2020: $p<0.05$; Freudberg et al., 2018: $p<0.01$; Hatcher et al., 2014; Hossain et al., 2014: ARR 0.52; Jewkes et al., 2008; Kalichman et al., 2009: OR 0.3). The results related to SV (n=6) also showed a decrease in the perpetration and/or victimization after the intervention (Doyle et al., 2018: OR 0.34, $p<0.001$; Dworkin et al., 2013; Gidycz et al., 2011; Hossain et al., 2014: ARR 0.52; Jewkes et al., 2008; Salazar et al., 2014: $p=0.04$). Only one study reported no changes in the risk of sexual violence (Lees et al., 2019) (Table 3).

Related to other outcomes, an improvement was observed in gender egalitarian attitudes (Grupta and Santhya, 2020; Freudberg et al., 2018; Miller et al., 2013), attitudes towards physical, sexual and controlling behaviors (Hossain et al., 2014; Miller et al., 2013; Gibbs et al., 2017), attitudes towards women (Kalichman et al., 2009), child physical punishment (Ashburn et al., 2016; Doyle et al., 2018), controlling the propensity to act violently (Ashburn et al., 2016; Hossain et al., 2014; Kalichman et al., 2009), intentions to intervene in a violent situation (Gidycz et al., 2011; Grupta & Santhya, 2020; Salazar et al., 2014), and sharing housework or other responsibilities typically assigned to female gender roles (Doyle et al., 2018; Dworkin et al., 2013; Freudberg et al., 2018; Hossain et al., 2014). Only two studies reported no significant changes in attitudes in terms of violence against women (Miller et all., 2013) and male dominance and control (Gibbs et al., 2017) (Table 2).

Nine of the 15 selected studies provided information about the long-term effects of different outcomes. In terms of the risk of physical IPV (victimization or perpetration), more than half of the programs (n=5) reported consistent results over time (Kalichman et al., 2009; Doyle et al., 2018; Ashburn et al., 2016; only for men in Jewkes et al., 2008 study; Salazar et al., 2014). For SV, all of the longitudinal studies showed consistent results over time (Doyle et al., 2018; Gidycz et al., 2011; only for men in Jewkes et al., 2008 study; Salazar et al, 2014).

Longitudinal studies showed improvement in negative attitudes toward women, but this improvement was not sustained over time (Kalichman et al., 2009). However, outcomes for

child physical punishment (Doyle et al., 2018; Ashburn et al., 2016), gendered division of childcare and household tasks (Doyle et al., 2018), men's dominance in household decision-making (Doyle et al., 2018) and intention to intervene in violent situations (Salazar et al., 2014) remained consistent over time.

Discussion

The results of this review show that educational interventions aimed at preventing IPV through addressing hegemonic masculinity (including gender-based constraint, patriarchal norms, gendered attitudes on IPV, etc.) show promising results. Most of the studies included led to reductions in IPV (victimization and perpetration) at both the individual and community levels. They also influenced other outcomes such as fatherhood, child physical punishment, sexual health and sexual rights issues and intention to intervene in violent situations. Longitudinal studies reported consistent results related to short-term and long-term reductions in physical, sexual and/or psychological IPV in terms of victimization and/or perpetration.

The success of IPV-related interventions observed here agrees with the results of prior systematic reviews (Turner et al., 2020; Heard, Mutch & Fitzgerald, 2017). Among the studies, some common aspects associated with decreasing IPV in its different forms included the use of educational discussion groups, regardless of whether it was their aim (Turner et al., 2020; Heard et al., 2017) and perpetration (Heard et al., 2017). In this sense, it is important to note that transformation of gender-norms and attitudes are key in preventing victimization (Semahegn et al., 2019).

More than half of the studies concerned countries in Africa, including South Africa, Uganda, Rwanda, Tanzania and Ivory Coast, followed by a few in Asia and America. As previously stated (Casey et al., 2018), the leadership of the global South in developing and implementing gender transformative strategies suggests that cross-regional learning and fertilization could support the uptake of successful gender transformative-approaches.

Secondary socialization of young people in school, the mass media (Evers, 2013), and public discourse also have an impact on models of masculinity (Negrete, 2016). Advertisers, teachers, and politicians all have a role in reproducing dominant narratives (Connell, 2002). Thus, scientific literature underscores the need to enhance transformative approaches to designing gender-based interventions (Dworkin, Fleming & Colvin, 2015). Our results confirm that the interventions analyzed were well designed to support critical reflection about gender norms and hegemonic masculinity and their connection to gender-equitable attitudes and behaviors (Grupta et al., 2019; Jewkes & Morrell, 2018; Barker, Ricardo & Nascimento, 2007).

The selected studies also incorporated components of conflict resolution and/or communication. Prior literature has highlighted some of the limitations of gender-transformative health programs carried out with men and boys. One of these is the focus on problematic aspects of beliefs, roles, and behaviors of individual males, which places the responsibility on individuals to change societal-level problems (Dworkin et al., 2015). Thus, it is necessary to combine content on gender equality with content on the costs of adhering to narrow constructions of masculinity for marginalized men. This helps men engage in important questions about how masculinity shapes their and their partner's health while ensuring that they do not feel attacked or blamed (Dworkin et al., 2015).

Our findings suggest that the success of gender-transformative programs may depend on creation of critical awareness about restrictive gender norms, engaging the community, and building social support systems (Kågesten & Chandra-Mouli, 2019; Levy et al., 2019). From a public health perspective, the programs aimed at young men have been primarily focused on the consequences of risky lifestyles (such as drug consumption, risky sexual behaviors, or reckless driving). The risk-based approach has often associated behavior patterns with aspects of self-control and personal responsibility (Marcos-Marcos, Mateos, Gash-Gallén & Álvarez-Dardet, 2019). A reductionist focus has probably helped to minimize the effect of socio-cultural

and political structures on men. Employability or academic performance, for example, may influence men's commitment to preventive programs and to interventions that challenge stereotypes (Marcos-Marcos, Gash-Gallén, Mateos & Álvarez-Dardet, 2020; World Health Organization, 2018).

Most of the interventions in this study were carried out in the community itself (e.g., sport's team, village, etc.), by a member of the community or by police, nurses, or others. Our results confirmed the importance of the socio-cultural contextualization of interventions in foster big community involvement (Rusell et al., 2008). In the same way, institutionalization could increase the sustainability of programs. Help from local governments in providing economic resources, capacity building or training of promoters, and intersectoral coordination such as linking structures to create community responsibility, are factors that can increase program sustainability (Rusell et al., 2008). Moreover, country policies are a determinant of gender equity and gender violence. Literature suggests that living in countries with greater gender equality, with legislation against gender-based violence, and where the state includes family policies, decreases the probability of IPV and victimization of women (Sanz-Barbero et al., 2018).

There is a need for further research that uses different public health evaluation designs to support implementation of policies, programs, and interventions (López, Marí-Dell' Olmo, Pérez-Giménez & Nebot, 2011; Langbein & Felbinger, 2006). In this regard, our MMAT analyses suggest that research methods can support decision-making through including of a range of methodological possibilities. Mixed methods that combine quantitative and qualitative techniques can help integrate all sectors involved and analyze the effects of different strategies (López et al., 2011).

Limitations

While the MMAT analysis provided positive results in terms of the quality of evidence, it should be noted that our descriptions of quality were based on how the authors reported them. In some cases, the data available in the articles were not entirely sufficient to answer some of the questions posed. There was a lack of information about materials used, number of sessions, the time needed for implementation, and other issues. Most of the studies aimed to change attitudes and/or behaviors. Nevertheless, they measured their successful impact in terms of other aspects such as bystander behavior, personal intentions and reductions in risk of violence, specifically sexual and/or physical. Another limitation of the study was language restrictions; we likely were unable to identify educational interventions that were not published in the scientific literature.

Conclusion

The promotion of alternatives to hegemonic constructions of manhood is important in preventing violent behaviors and attitudes. The results of this review highlight successes of a gender-transformative approach to develop critical thinking about hegemonic masculinity and to drive changes towards other forms of more positive masculinity. Future studies of educational interventions and evaluation should describe in more detail information about the intervention (content, number of sessions, length of intervention) to improve quality. More longitudinal studies are required to assess effectiveness over time.

Critical Findings

- Most of the interventions with gender-transformative approach obtained positive findings.

- All the interventions have worked, at least, one of the following aspects: gender roles, gender norms, attitudes towards GBV and myths, stimulating critical thinking through group discussions, theatre or audiovisual content.
- Our results confirmed the importance of the socio-cultural contextualization of interventions in foster big community involvement.

Practice, policy and research implications

- Educational interventions to reduce IPV, GBV and others should focus on gender-transformative approach to promote positive masculinities to reduce these types of violence.
- It is necessary to create policies that allow the institutionalization of educational interventions to improve the sustainability of them and to create community responsibility.
- Future GV interventions should combine content on gender equality with content on the costs of adhering to narrow constructions of masculinity for marginalized men.

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Tables

Table 1. Studies of evaluated gender-based violence interventions towards young men using a gender-transformative approach (2008-2019)

Authors (year)	Title	Location	Design	How interventions work gender-transformative approach and masculinities
Jewkes et al. (2008)	Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: Cluster randomized controlled trial	South Africa	Quantitative randomized controlled trial	Participatory learning approaches, including critical reflection, roleplay, and drama and draws the everyday reality of participants' lives into the sessions.
Kalichman et al. (2009)	Integrated Gender-Based Violence and HIV Risk Reduction Intervention for South African Men: Results of a Quasi-Experimental Field Trial	South Africa	Quantitative randomized controlled trial	The intervention activities were geared toward addressing gender roles, particularly exploring meanings of masculinity and reducing adversarial attitudes toward women.
Gidycz, Orchowski & Berkowitz (2011)	Preventing Sexual Aggression Among College Men: An Evaluation of a Social Norms and Bystander Intervention Program	USA	Quantitative randomized controlled trial	Three strategies were used: fostering empathy regarding sexual assault and rape, debunking rape myths and increasing awareness about conditions of consent trough group discussions and fostering bystander intervention and resocialization.

Miller et al. (2013)	Evaluation of a gender-based violence prevention program for student athletes in Mumbai, India	India	Quantitative non-randomized controlled trial	The second intervention component—gender transformation—focuses on promotion of gender-equitable attitudes through presenting messages to adolescent males about challenging masculinity norms that are denigrating toward women.
Hossain et al. (2014)	Working with men to prevent intimate partner violence in a conflict-affected setting: A pilot cluster randomized controlled trial in rural Côte d'Ivoire	Costa de Marfil	Quantitative randomized controlled trial	Increasing men's knowledge about the impact of gender-based violence on women, men and children and providing men with hostility and conflict management skills as part of developing and sustaining new behaviours.
Salazar, Vivolo-Kantor, Hardin & Berkowitz (2014)	A web-based sexual violence bystander intervention for male college students: Randomized controlled trial	USA	Quantitative randomized controlled trial	Masculinity gender roles and other aspects are worked through interactivity, didactic activities, and episodes of a serial drama.
Ashburn, Kerner, Ojamuge & Lundgren (2016)	Evaluation of the Responsible, Engaged, and Loving (REAL) Fathers Initiative on Physical Child Punishment and Intimate Partner Violence in Northern Uganda	Uganda	Quantitative randomized controlled trial	Observation through positive modeling of behavior, and self-reflection on gender roles, by husbands and wives, and at the community level.

Doyle et al. (2018)	Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial	Rwanda	Quantitative randomized controlled trial	Small group sessions of critical reflection and dialogue about masculinities and gender roles (and more topics) were carried out.
Grupta & Santhya (2020)	Promoting gender egalitarian norms and practices among boys in rural India: The relative effect of intervening in early and late adolescence	India	Quantitative randomized controlled trial	Program works promoting critical thinking about gender roles and violence and its consequences through case studies, role play, and group discussions, combined with sport.
Dworkin, Hatcher, Colvin & Peacock (2013)	Impact of a Gender-Transformative HIV and Antiviolence Program on Gender Ideologies and Masculinities in Two Rural, South African Communities	South Africa	Qualitative	Workshop materials focused on the costs of masculinity, or the negative effects of endorsing and enacting dominant norms of masculinity, providing spaces for critical reflection on masculinities and gender relations by pairing participatory workshops
Gibbs, Jewkes, Sikweyiya & Willan (2014)	Reconstructing masculinity? A qualitative evaluation of the Stepping Stones and Creating Futures interventions in urban informal settlements in South Africa	South Africa	Qualitative	Sessions include communication, assertiveness, reducing gender violence, sex and love.

Hatcher, Colvin, Ndlovu & Dworkin (2014)	Intimate partner violence among rural South African men: alcohol use, sexual decision-making, and partner communication	South Africa	Qualitative	Workshop materials focus on the costs of masculinity, or the negative effects of endorsing dominant norms of masculinity and examine the links between masculine norms and negative health outcomes.
Gibbs, Jewkes & Sikweyiya (2017)	I Tried to Resist and Avoid Bad Friends: The role of social contexts in shaping the transformation of masculinities in a gender- transformative and livelihood strengthening intervention in South Africa	South Africa	Qualitative	Participants were encouraged to transform group gender norms through group discussion, roleplay, body mapping, and other similar techniques.
Lees, Marchant & Desmond (2019)	Addressing intimate partner violence using gender-transformative approaches at a community Level in rural Tanzania: The UZIKWASA program	Tanzania	Qualitative	Program works changes in norms (related to masculinity) and practices, communication and dialogue campaigns utilizing Theatre for Development (TfD), videos, films and magazines, and a community radio; gender-transformative leadership training; and camps that involve a number of village activities.
Freudberg et al. (2018)	Process and impact evaluation of a community gender equality intervention with young men in Rajasthan, India	India	Mixed methods	Not deeply specified. It is mentioned that Training consisted of thematic lessons on the themes of gender equality, violence and sexuality, and included leadership techniques.

Table 2. Primary Characteristics and Outcomes of gender-based violence interventions towards young men using a gender-transformative approach (2008-2019)

Authors (year)	Program name	Brief description of the program	Primary outcomes	Secondary outcomes
Quantitative studies				
Jewkes et al. (2008)	Stepping Stones	Stepping Stones and Creating Futures are participatory interventions that seek to reduce IPV and HIV-risk among young people in urban informal settlements by building gender equality and livelihoods.	HIV incidence.	(1) Incidence of HSV-2, (2) Number of partners, (3) Any transactional sex with casual partner, (4) Incident of physical or sexual intimate partner violence, rape or attempted rape, (5) Correct condom use last sex, (6) Any casual partner, (7) Unwanted pregnancy, (8) depression, (9) Problem drinking, (10) Ever abused drugs
Kalichman et al. (2009)	Men as Partners in Reproductive Health (MAP)	The intervention emphasized sexual transmission risk reduction and gender-based violence reduction through skills building and personal goal setting.	(1) Sexual risk, (2) Sexual protective, and (3) Gender-based violence behaviors	(1) AIDS knowledge, (2) AIDS stigma, (3) Risk reduction intentions, (4) Acceptance of violence against women and (5) Alcohol use
Gidycz, Orchowski & Berkowitz (2011)	The Sexual Assault Prevention Program	The program design allows men to talk about their frustrations regarding dating situations and their experiences as men on campus to promote change in men's understanding of masculinity, consent in	(1) Rape myth acceptance and negative Attitudes toward women, (2) Accuracy of men's perceptions of other men's attitudes and behaviors, (3) Norms regarding SA behavior, (4) Prosocial bystander	Socially desirable responding

		dating relationships, and awareness of the norms and misperceptions that foster a rape-supportive culture	behavior and support for victims (5) Understanding of consent; (6) Perpetration of sexual aggression	
Miller et al. (2013)	Parivartan program	The program focused on more intensive training for coaches on gender equity in general, articulating for coaches patriarchal gender norms in India which condone and normalize behaviors that are disrespectful and harmful toward women.	(1) Recognition of abusive behaviors, (2) Gender-equitable attitudes, and (3) Intention to intervene	(1) Bystander intervention behaviors and (2) Abuse perpetration
Hossain et al. (2014)	Men's discussion group intervention and community-level programming	The intervention was developed to influence inequitable gendered attitudes, behaviours and expectations among men, with the ultimate aim of reducing intimate partner violence.	(1) Levels of male IPV perpetration, (2) Intention and attitudes towards IPV, (3) Use of hostility and conflict management skills, (4) Shift in roles and behaviors towards gender equity in relationships and (5) Gender norms	Experience of physical and sexual IPV

Salazar, Vivolo-Kantor, Hardin & Berkowitz (2014)	Real consent	Real Consent had two primary goals: (1) to increase prosocial intervening behaviors that reduce risk for sexual violence perpetration (e.g., expressing disapproval when a peer is verbally disparaging toward women, attempting to stop a peer who tries to be coercive/violent) and (2) to prevent sexually violent behaviors toward women.	(1) Self-reported prosocial intervening behaviors and (2) Sexual violence perpetration	(1) Legal knowledge of assault/rape, (2) knowledge of effective consent for sex, (3) Self-efficacy to intervene, (4) Intention to intervene, (5) Outcomes and expectancies for intervening, (6) Self-comfort with men's inappropriate behaviors (normative beliefs), (7) Rape myth acceptance, (8) Outcome expectancies for engaging in rape, (9) Empathy for rape victims, (10) Hostility towards women, (11) Date rape attitudes and hyper-gender ideology
Ashburn, Kerner, Ojamuge & Lundgren (2016)	Responsible, Engaged, and Loving (REAL) Fathers Initiative	The REAL Fathers Initiative uses modelling of alternative strategies for nonviolent discipline and conflict resolution to improve fathers' parenting and communication skills and confidence in adapting nonviolent strategies.	(1) Attitudes toward use of physical punishment and IPV, (2) Confidence in using nonviolent discipline strategies, (3) Couple communication, and (4) Use of physical punishment and IPV	Alcohol use

Doyle et al. (2018)	Bandebereho couples	The intervention creates a structured space for men and women to (1) question and critically reflect on gender norms and how these shape their lives (2) rehearse equitable and non-violent attitudes and behaviors in a comfortable space with supportive peers; and (3) internalize these new gender attitudes and behaviors, and apply them in their own lives and relationships.	(1) Women's experience of physical and sexual IPV (2) Women's attendance and men's accompaniment at ANC (3) Modern contraceptive use, and (4) Partner support during pregnancy	(--)
Grupta & Santhya (2020)	Do Kadam program	The intervention, comprises gender transformative life skills education sessions and sports (cricket) coaching sessions to promote egalitarian gender attitudes and abhorrence of violence against women and girls (VAWG).	(1) An index of gender role attitudes and notions of masculinity; (2) Boys reporting that their peers would respect boys who behave in gender equitable ways; (3) An index of attitudes rejecting men's controlling behaviors over sister, wife, or girlfriend; (4) An index of attitudes rejecting men's perpetration of wife beating; and (5) An index of attitudes rejecting men's/boys' perpetration of violence	Boys' reactions when witnessing violence against a girl

			against unmarried adolescent girls	
Qualitative studies				
Dworkin, Hatcher, Colvin & Peacock (2013)	One Man Can (OMC)	OMC aimed to (1) examine the links between gender, power, and health (alcohol use, violence, HIV/AIDS); (2) reflect on masculinities as these are practiced in relationships with women, other men, and the broader community, and (3) use a rights-based approach to reducing violence against women and both women's and men's HIV risks.	(1) Topics related to masculinities, (2) Gender relations and rights, (3) Violence, (4) Gender and HIV risk, (5) Alcohol, (6) Fatherhood, and (7) Relationships	(--)
Gibbs, Jewkes, Sikweyiya & Willan (2014)	Stepping Stones and Creating Futures	Stepping Stones and Creating Futures are participatory interventions that seek to reduce IPV and HIV-risk among young people in urban informal settlements by building gender equality and livelihoods.	Main domains of change that the intervention sought to impact on (1) livelihoods and (2) gender relationships	(--)

Hatcher, Colvin, Ndlovu & Dworkin (2014)	One Man Can (OMC)	OMC aimed to (1) examine the links between gender, power, and health (alcohol use, violence, HIV/AIDS); (2) reflect on masculinities as these are practiced in relationships with women, other men, and the broader community, and (3) use a rights-based approach to reducing violence against women and both women's and men's HIV risks.	Understand the mechanisms through which a gender-transformative intervention might improve health behaviors related to intimate partner violence	(--)
Gibbs, Jewkes and Sikweyiya (2017)	Stepping Stones and Creating Futures	Stepping Stones and Creating Futures are participatory interventions that seek to reduce IPV and HIV-risk among young people in urban informal settlements by building gender equality and livelihoods.	(1) Material–political, (2) context relational–network, (3) Sphere symbolic context	(--)

Lees, Marchant & Desmond (2019)	UZIKWASKA program	UZIKWASA has developed a set of integrated interventions that focus on addressing gender inequalities, as well as gender-based violence (GBV).	Changes in norms and practices in relation to violence against women and girls: (1) Early forced marriage; (2) Education support and gender-equitable parenting; (3) Caregiver responses to sexual abuse and early pregnancy, and (4) Sexual violence and GBV	(--)
Mixed studies				
Freudberg et al. (2018)	Community gender equality intervention	The intervention was designed with the goal of ultimately reducing other effects of these social determinants, such as early marriage, early maternal age of first birth and low rates of education among girls.	(1) Participant and community knowledge, (2) Attitudes and behaviors surrounding gender and (3) Violence and sexuality	(1) Discussed the intervention implementation process and (2) the program's impact at individual and community levels

Table 3. Quality of tools of the studies with quantitative methodology that used to measure their outcomes

Authors (year)	Outcomes	Used Scale	Quality data
Jewkes et al. (2008)	(1)HIV incidence; (2) HSV incidence; (3) No of partners; (4) Any transactional sex with casual partner; (5) Incident of physical or sexual IPV; (6) Rape or attempted rape; (7) Correct condom use at last sex; (8) Any casual partner; (9) Unwanted pregnancy (10) Depression; (11) Problem drinking; (12) Ever misused drugs.	(1) Blood tests; (2) CAPTIA (3)No of main partners since last interview; (4) Question about sex' motivation; (5) More than one episode of physical or sexual intimate partner violence since last interview; (6) Rape or attempted rape of non-intimate partner since last interview; (7) Question about use of condom; (8) Any one-off partner since last interview; (9) Pregnancy since last interview; (10) CES -D; (11) AUDIT scale; (12) Question about consumption of drugs.	(1)(2) Biologic; (3-9, 12) no information; (10) Cronbach's alpha .90; (11) Cronbach's alpha .95.
Kalichman et al. (2009)	(1) AIDS knowledge; (2) AIDS-related stigmas (3) Risk reduction behavioral intentions; (4) sexual and substance use risk behaviors; (5) domestic violence.	(1) 11-item test; (2) items were adapted from previous research and developed for use in South Africa (Kalichman et al. 2005); (3) 9-item test; (4) These measures were developed from instruments that have been shown reliable and valid (Schroder et al. 2003); (5) 7-item scale that was adapted from previous research (Simbayi et al. 2006).	(1) . Cronbach's alpha .58; (2) Cronbach's alpha .71; (3) Cronbach's alpha .75; (4) no specific information; (5) Cronbach's alpha .65.
Gidycz, Orchowski & Berkowitz (2011)	(1) Rape myth acceptance; (2) Hypergender ideology; (3) Peer disapproval for sexual aggression; (4) Peer engagement in bystander intervention; (5) Association with aggressive peers; (6) Modeling of aggressive behavior; (7)	(1) Illinois Rape Myth Acceptance Scale; (2) Hypergender Ideology Scale; (3) Differential Reinforcement subscale of the Social Norms Measure; (4) The Sexual Social Norms Inventory; (5) The Association with Aggressive Peers subscale of the Social Norms Measure (6) The Modeling subscale of the Social Norms Measure; (7) Overall	(1) Cronbach's alpha was .80; (2) Cronbach's alpha was .87; (3) Cronbach's alpha for the subscale was .66, (4) Cronbach's alpha for the subscale was .84; (5) Cronbach's alpha for the subscale was .66.; (6) Cronbach's alpha for the subscale was .71.; (7) Cronbach's alpha for the subscale was .72.; (8) Cronbach's alpha for the

	Reinforcement for aggression; (8) Personal engagement in bystander intervention; (9) Support for rape prevention efforts; (10) Accurate identification of rape scenarios; (11) Assessment of sexual aggression	Reinforcement subscale of the Social Norms Measure; (8) The Bystander Intervention subscale of the Sexual Social Norms Inventory; (9) Anonymous telephone survey; (10) Two scenarios depicting the perpetration of different forms of sexual aggression were included. participants rated on a 10-point scale the extent to which they considered the experience to be rape; (11) The Sexual Experiences Survey.	subscale was .82; (9) no information; (10) no information; (11) Cronbach's alpha was .92.
Miller et al. (2013)	(1)Attitudes disapproving of violence against females; (2) Gender-equitable attitudes; (3) Intentions to intervene when witnessing abusive behaviors; (4) Positive and negative bystander intervention; (5) Sexual violence perpetration; (6) Overall abuse perpetration.	(1) A seven-item scale developed for a gender socialization program among middle school students in India; (2) 21-item scale includes questions modified from a Gender-Equitable Norms Scale (Barker et al., 2007; Pulerwitz & Barker, 2008) with items added from the Gender-Equitable Men (GEM); (3) 6-item scale; (4) 16-items scale; (5) 6-item scale; (6) 3-item scale.	(1) Cronbach's alpha for the sample .83; (2) Cronbach's alpha for the sample .70; (3) Cronbach's alpha for the sample .86; (4) no information; (5) no information; (6) Cronbach's alpha .82.
Hossain et al. (2014)	(1)Women's experience of physical and/or sexual intimate partner violence from a male partner in the past 12 months; (2) Intention to use physical IPV (men reporting); (3) Attitudes towards sexual IPV (men reporting); (4) Use of hostility and conflict management skills;	(1) Did not specify how many questions; (2) 8-item series of questions, adapted from the Proximal Antecedents to Violent Episodes (PAVE) scale; (3) 7-items developed for the WHO Multi-Country Study on Domestic Violence; (4) Did not specify how many questions; (5) 6-item scale.	No specific information

	(5) Male involvement in household tasks typically done by females (men reporting)		
Salazar, Vivolo-Kantor, Hardin & Berkowitz (2014)	(1)Prosocial intervening behaviors; (2) Sexual violence; (3) Legal knowledge of assault/rape; (4) Knowledge of effective consent for sex; (5) Self-efficacy to intervene; (6) Intentions to intervene; (7) Normative beliefs regarding sexual violence toward women; (8) Rape myths; (9) Gender-role ideology; (10) Empathy for rape victims; (11) Hostility toward women; (12) attitudes toward date rape; (13) expectancies for engaging in non-consensual sex.	(1) Reactions to Offensive Language and Behavior (ROLB) index; (2) Sexual coercion subscale from the Revised Conflict Tactics Scale (CTS2); (3-13) sample item for each outcome.	(1) No information; (2) Cronbach's alpha .79 to .95; (3-13) Cronbach's alpha was >.70 for all, except for (2) and (4), in which this information was not indicated.
Ashburn, Kerner, Ojamuge & Lundgren (2016)	(1)Perpetration of IPV; (2) Physical punishment; (3) Justification of IPV; (4) Justification for physical punishment; (5) Positive parenting; (6) Spending time	(1) Adapted from the Conflict Tactics Scale; (2) Adapted from Parent-Child Conflict Tactics Scale; (3-7) Measures were developed by the study team.	(1) Cronbach's alpha .76; (2) Cronbach's alpha .73; (3) Cronbach's alpha .66; (4) Cronbach's alpha .79; (5) Cronbach's alpha .77; (6) Cronbach's alpha .81; (7) Cronbach's alpha .77.

	with the child; (7) Couple communication.		
Doyle et al. (2018)	(1)Mean number of ANC visits women attended; (2) Mean number of ANC visits accompanied by man; (3) Perceived partner support during pregnancy; (4) % used modern contraception; (5) Experienced physical violence from partner in past 12 months; (6) Experienced sexual violence by partner in past 12 months; (7) Used physical punishment on one's child in past month; (8) Sharing of childcare and household tasks; (9) Time spent on childcare and household tasks; (10) Men's dominance in household decision-making.	(1-4) Developed by the study team; (5) Five items adapted from the WHO multi-country study; (6) Developed by the study team; (7) Seven items adapted from the Multiple Indicator Cluster Survey child discipline module; (8-10) Developed by the study team.	No specific information
Freudberg et al. (2018)	Knowledge, attitudes and behaviors among young men regarding gender, violence and sexuality	Attitude and Behaviour (KAB) surveys	No specific information

Grupta & Santhya (2020)	(1)Gender role attitudes and notions of masculinity; (2) % of boys reporting that their peers would respect boys who behave in gender equitable ways; (3) Attitudes rejecting men's controlling behaviors over women; (4) attitudes rejecting men's perpetration of wife beating; (5) attitudes rejecting men's/boys' perpetration of violence against unmarried adolescent girls; (6) boy's reactions when witnessing violence against a girl.	(1-6) Indicators drew on validated instruments and some created for study team.	(1-6) Cronbach's alpha between .70-.86.

HIV: Human Immunodeficiency Virus; HSV: Herpes Simplex Virus; IPV: Intimate Partner Violence; CES-D: Center for Epidemiologic Studies Depression; AUDIT: Alcohol Use Disorders Identification Test; WHO: World Health Organization; AIDS: Acquired Immune Deficiency Syndrome; ANC: the study did not specify the meaning.

Table 4. Effectiveness of gender-based violence interventions towards young men using a gender-transformative approach (2008-2019)

Authors (year)	Sample size	Physical IPV Outcome (1)	Sexual IPV Outcome (2)	Psychological IPV Outcome (3)	Direction of the outcome's change	Changes post-intervention
Quantitative studies						
Jewkes et al. (2008)	1360 men and 1416 women (15-26 years old)	X	X		--	Stepping Stones did not reduce incidence of HIV but had an impact on (1), (2) perpetration of intimate partner violence for men (p=0.054) at 24 months follow-up. They didn't find changes in women's IPV victimization.
Kalichman et al. (2009)	475 men (30.2 years old)	X			↓	(1) 6 months follow-up. Men: OR 0.3; CI 0.3-0.8; p<0.01.
Gidycz, Orchowski & Berkowitz (2011)	635 men (98% were 18-19 years old)		X		↓	(2) Approximately, 1.5% of men in the program group (N = 3) reported perpetrating sexual aggression over the 4-month follow-up compared with 6.7% of men in the control group (N = 17)
Miller et al. (2013)	309 male athletes (10-16 years old)	X	X		--	--
Hossain et al. (2014)	316 men and 232 women (partners of participants)	X	X		↓	(1)(2) Men: Intervention arm had decreased compared to the control arm (ARR 0.52, 95% CI 0.18-1.51, not significant). Women's experience last 12 months: RR 0.52* CI (0.18 – 1.51)

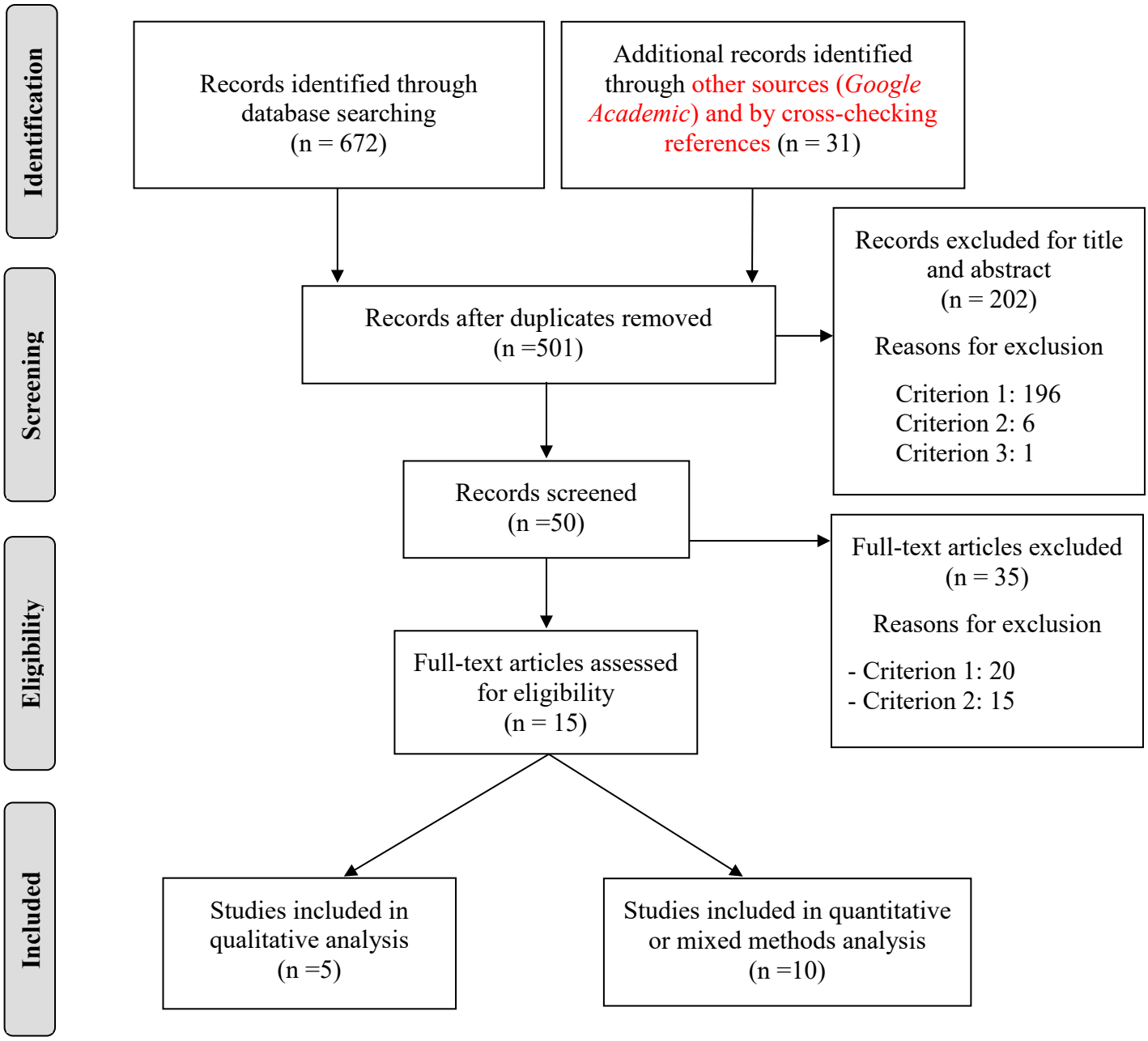
Salazar, Vivolo-Kantor, Hardin & Berkowitz (2014)	743 men (18-24 years old)	X	X	↓	(1) Less hostility toward women ($p<0.01$) and (2) sexual violence ($p<0.04$) compared to controls at 6 months follow-up
Ashburn, Kerner, Ojamuge & Lundgren (2016)	500 men (16-25 years old)	X		↓	(1) Men at end line (aOR 0,48, CI 0.31, 0.76; $p < 0.001$) and follow-up (aOR 0,47; CI 0.31, 0.77, $p < 0.001$)
Doyle et al. (2018)	1123 men (21-35 years old) and 1162 partners	X	X	↓	(1) Women: OR 0.37, $P<0.001$; (2) Women: OR 0,34, $p<0.001$ post-intervention. Women and men in follow-up (12 months): experienced physical and sexual IPV $p<0.001$
Grupta and Santhya (2020)	962 men (13-19 years old)	X		↓	(1) Violence on wife: Younger boys: $\beta=.423$; $p<0.002$. Older boys $\beta=.282$; $p<0.035$. Violence against unmarried girls: Younger boys: $\beta=.332$; $p<0.038$. Older boys $\beta=.306$; $p<0.045$.
Qualitative studies					
Dworkin, Hatcher, Colvin & Peacock (2013)	60 men aged (18 years old or more)	X	X	↓	(1)(2) Men reconfigured notions of hegemonic masculinity both in terms of beliefs and practices in relationships, households, and in terms of women's rights
Gibbs, Jewkes, Sikweyiya & Willan (2014)	19 men (18-24 years old) and 13 women	X	X	↓	--

	(partners of participants)					
Hatcher, Colvin, Ndlovu & Dworkin (2014)	53 men (17-55 years old)	X			↓	Many of the narratives of men who reduced violent behavior also included multiple, overlapping changes in other health behaviors.
Gibbs, Jewkes and Sikweyiya (2017)	19 men and 11 women (partners participants)	X		X	--	--
Lees, Marchant & Desmond (2019)	80 men and 80 women (15-18 years old)	X	X	X	--	--
Mixed studies						
Freudberg et al. (2018)	70 men (15-25 years old)	X			↓	(1) Mean point change= 4.966, $p<0.01$. Post-intervention, significant changes in violence were made on the individual level by participants, as well as in the community.

Box 1. Search Strategy of studies about intimate partner violence interventions among young people using gender-transformative approach (2008-2019)

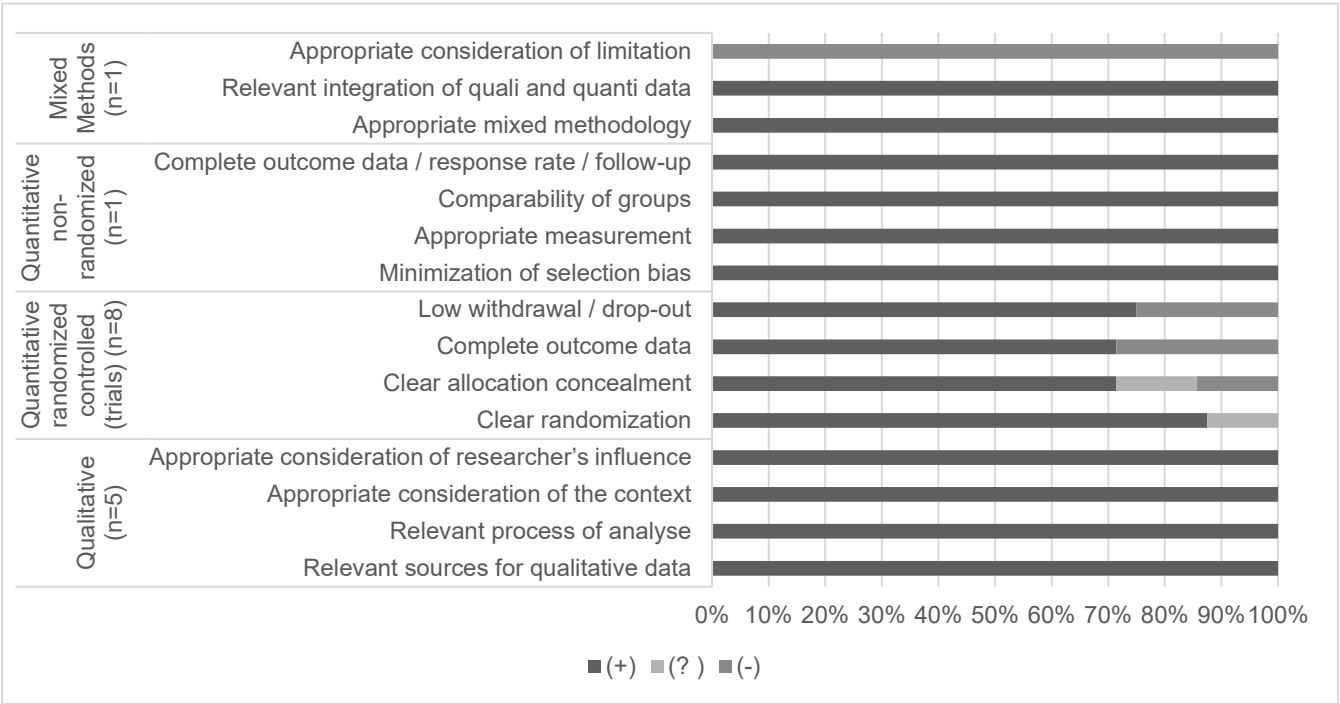
SEARCH STRATEGY
(((positive OR alternative OR violence OR hegemonic OR healthy) AND masculin*) OR ("gender-transformative" OR "gender transformative")) AND (program* OR intervention) AND (young OR youth OR adolescent)))

Figure 1. Studies selection process of the review about intimate partner violence interventions among young people using gender-transformative approach (2008-2019)



Criterion 1: Programs or interventions that promote more equitable gender relations or programs and interventions with a gender-transformative approach, explicitly addressed to young men or young men and women, that aim to prevent or reduce the risk of physical, sexual and/or psychological violence by the intimate partners against women and explicitly addressed to young men or young men and women. Criterion 2: with evaluated quantitative or qualitative results about their effects on physical, sexual and/or psychological IPV. Criterion 3: published in English, French or Spanish.

Figure 2. Quality of studies about intimate partner violence interventions among young people using gender-transformative approach according to Mixed Method Appraisal Tool (MMAT). 2008-2019



Study type	Well conducted		Could be improved	
	n	%	*n*	%
Qualitative	5	100%	0	0%
Quantitative randomized controlled	4	50%	4	50%
Quantitative non-randomized	1	100%	0	0%
Mixed methods	1	100%	0	0%