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Adapting a Global Gender-Transformative Violence Prevention Program for the U.S. Community-Based Setting for Work with Young Men

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Abstract

Extensive practice-based evidence from international settings, as well as in-depth evaluations of programs promoting gender equity, have demonstrated effectiveness in reducing perpetration of violence against women and girls. Such “gender-transformative programs” encourage critical analysis of gender norms, challenge homophobia and gender-based harassment, build skills to question harmful masculine norms, interrupt harmful and disrespectful behaviors, and encourage more equitable behaviors. Here we describe the history of a gender-transformative program, “Program H,” first developed in Brazil and Mexico, the rationale for and evaluation of this original program, and the processes of adaptation for the US urban community-based setting, and highlight the risks as well as opportunities on the work with young men and boys in the future.

Keywords

Violence prevention; Young men; Masculinities; Gender

Background

Sexual violence (SV) and intimate partner violence (IPV) affect over one in three women in the world including in the USA (Abrahams et al. 2013; Smith et al. 2017). Sexual violence includes a continuum of behaviors such as attempted or completed rape, sexual coercion,

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Compliance with Ethical Standards

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unwanted contact, and non-contact unwanted experiences like harassment (Basile et al. 2014). Intimate partner violence describes physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner (Breiding et al. 2015). Multiple global health organizations highlight the need to involve men and boys actively in preventing violence against women as a key public health prevention strategy (Barker et al. 2007; Dworkin et al. 2013; Casey et al. 2016).

It is well established in the literature that perpetration of SV and IPV is associated with a myriad of individual and contextual factors including histories of childhood adversities and exposure to violence. However, there is a growing body of practice-based evidence as well as scientific literature that also underscore the role of gender norms in perpetuating violence against women. Multiple studies have demonstrated the relationship between males' gender-inequitable norms or ideology or views (attitudes and behaviors that degrade women and promote "rigid masculinity") and SV/IPV perpetration by males. Gender-inequitable attitudes and behaviors are associated with poor health for men (including HIV infection) and increased violence victimization and poor outcomes for women (Foshee et al. 2004; McCauley et al. 2014; Espelage et al. 2000, 2001). Health interventions that focus on promoting gender equity have been shown to reduce violence and substance use, increase condom use, decrease transactional sex, and increase communication between couples (Barker et al. 2006; Pulerwitz et al. 2010a, b, 2015a, b).

Extensive practice-based evidence from international settings as well as in-depth evaluations of programs promoting gender equity have demonstrated effectiveness in reducing perpetration of violence against women and girls (Heise 2011). Such "gender-transformative programs" encourage critical analysis of gender norms, challenge homophobia and gender-based harassment, and build skills to question harmful masculine norms, interrupt harmful and disrespectful behaviors, and encourage more equitable behaviors (Dworkin et al. 2013; Casey et al. 2016). SV/IPV perpetration often occurs among men who ascribe to hegemonic notions of masculinity that include harboring feelings of sexual entitlement and control over women, endorsing bias-based prejudices regarding homosexuality, and condoning abuse perpetration (Dunkle et al. 2006; Kalichman et al. 2007; Miller et al. 2011; DeGue et al. 2013). Prevention requires challenging these inequitable gender norms, attitudes, and behaviors as well as the gendered peer environment in which they are embedded. Perceived tolerance for SV/IPV may also socially sanction these behaviors, and may reduce young men's willingness and ability to intervene when witnessing such negative behaviors among peers (Kalichman et al. 2007).

Several violence prevention programs in the USA focus on social norms change by employing a bystander behavior approach, in which individuals are taught skills to respond with active intervention in SV/IPV rather than with apathy or tolerance (Marques & Ressa 2013; Kimmel et al. 2013). These bystander intervention programs in the USA do not generally include discussion of gender norms and their role in perpetuating SV/IPV. To date, only one evidence-based program in the USA directly challenges masculinity norms in the context of teaching bystander intervention skills, namely "Coaching Boys into Men"—an athletic coach-delivered violence prevention program that teaches male athletes to stop violence against women and girls (Miller et al. 2013). Gender-transformative programs

conceptualize and measure gender (masculinity and femininity as distinct from the sex categories of males and females) not as a trait or quality, but rather as a cultural system of practices and beliefs that produces and positions masculinity and femininity as mutually exclusive hierarchical status categories and shapes individuals, interactions, and institutions. The majority of US programming has failed to integrate gender and power as a means to develop and foster healthier youth, relationships, and communities. In addition, none of the research-tested SV or adolescent relationship abuse (ARA; physical, sexual, or emotional abuse by a partner) prevention interventions with adolescents to date have demonstrated significant, sustained changes in gender attitudes, even among those that do reduce abuse perpetration (Taylor et al. 2012; Wolfe et al. 2009). We have too few evidence-based SV/ARA prevention programs in the USA focused on adolescents and we have no evidence-based SV/ARA programs for youth that take place outside of the classroom or school-based athletics setting.

Contrasting this, in the global context, a number of interventions have sought to address SV/IPV by targeting and transforming individual-, group-, and community-level norms, attitudes, and behaviors around gender, masculinities, and power. Global programs such as Stepping Stones by Action Aid (Gibbs et al. 2017) and SASA! by Raising Voices (Michau, 2008) in Uganda utilize community mobilization strategies to change gender norms and promote more equitable relationships and reduce vulnerability to HIV. Organizations such as CARE International, EngenderHealth, Promundo, and Sonke Gender Justice have tested, implemented, and evaluated—with external research partners—gender-transformative programming to engage young men and men as partners in violence prevention via group- and community-level interventions. These and many more evaluated and/or international programs have combined discussions of gender equity with sexual health promotion, highlighting the ways in which behaviors such as condom non-use and sexual coercion are tied to rigid conceptions of male sexuality and masculinity. The literature on adolescent sexual health promotion also underscores the need for skills building that includes an emphasis on respect, communication about pregnancy, sexually transmitted infections (STIs) and HIV/AIDS prevention, condom negotiation, sexual consent, and learning about reproductive and sexual coercion (Tulloch & Kaufman 2013; Marques & Ressa 2013; Kimmel et al. 2013). Integration of open, indepth discussions about respectful sexual behaviors that also address homophobia and rigid masculinity norms may simultaneously reduce SV/IPV perpetration and improve sexual health. In international settings, sexual health promotion programs that incorporate changing cultural norms around masculinity (i.e., gender-transformative programs) and conceptions of power, focused on older adolescents and young adults, have demonstrated significant positive shifts in gender attitudes as well as increased use of condoms and decreased reporting of men's use of violence toward an intimate partner (Jewkes et al. 2010a, b; Pulerwitz et al. 2010a, b; Barker et al. 2007; Jewkes et al. 2008; Kim et al. 2007).

To improve the impacts on SV/IPV perpetration and address violence from a prevention standpoint, US programming should draw on lessons learned from evidenced-based programs evaluated in international settings. Such approaches are needed to guide integration of a more critical analysis of gender norms, challenging of homophobia and gender-based harassment, skill building to critically question harmful masculine norms, and

intervene when witnessing inequitable SV/ IPV-related language and behaviors. Here we describe the history of a gender-transformative program, “Program H,” first developed in Brazil and Mexico, the rationale for and evaluation of this original program, and the processes of adaptation for the US urban community-based setting, and highlight the risks as well as opportunities on the work with young men and boys in the future.

An International Gender-Transformative Curriculum

What is Gender-Transformative Programming?

Program H is a gender-transformative program engaging young men and boys in gender equality. Programs integrating a gender and power theoretical framework can be classified depending upon the extent to which that integration exists and/or seeks to address rigid gender norms within communities. These programs exist on a spectrum from “gender-exploitative,” those that reinforce gender stereotypes and inequities, to “gender-transformative,” those that actively target harmful stereotypes and norms and seek to transform those underlying gender inequalities. In between lies a continuum that also includes “gender-sensitive” programming—those programs that recognize the specific needs and realities of men and women but do not seek to change or influence gender relations (Ricardo & Verani 2010). A literature review conducted by the World Health Organization of gender-related programs confirmed that those interventions that applied a gender-transformative approach were more likely to lead to changes in the attitudes of men and boys than those that did not (Barker et al. 2007).

Programs that can be categorized as gender-transformative require moving beyond just the individual level to also address the interpersonal, socio-cultural, structural, and community factors that influence gender-related attitudes and behaviors (Ricardo & Verani 2010). Individual attitude and behavior change does not happen in isolation; large social, political, and economic forces drive change at both the societal and individual levels around gender relations, gender power relations, and masculinities. For this reason, gender-transformative approaches must aim to affect change at multiple levels of society. In other words, they must take an ecological approach to transforming gender norms (Heise 1998) (see Fig. 1).

Program H: Background and Overview

In 2000, an international non-governmental organization focused on working with men and boys for gender equality and partner organizations in Latin America created Program H. Program H (“H” stands for “homem” meaning “man” in Portuguese) is an evidence-based gender-transformative curriculum developed specifically for young men. Originally developed, tested, and evaluated in Brazil and Mexico, Program H is an integrated curriculum and community outreach model to engage adolescent and adult men in health promotion, gender equality, and gender-based violence prevention that has been implemented in 25 countries with nine impact evaluation studies (Promundo, Instituto PAPAI, Salud y Género et al. 2013).

Program H partners originally developed three integrated components: (1) a field-tested curriculum that includes a manual series and an educational video for promoting attitude and

behavior change among men; (2) community campaigns, led by young people themselves, that seek to change community norms related to what it means to be men and women; and (3) a culturally relevant, validated evaluation model (the GEM Scale—Gender-Equitable Men Scale) that seeks to measure the degree to which young men and women change their attitudes as a result of the interventions.¹

Of the three components, the centerpiece of the Program H approach is group discussions carried out in same-sex and/or mixed-sex group settings, with trained community facilitators who serve as gender-equitable role models for young men. Activities include role-plays, brainstorming exercises, group discussions, and individual reflections about how boys and men are socialized to be men, the “costs” of manhood, and the benefits of becoming more gender-equitable men. The concept of “gender consciousness” that frames Program H, originates from the idea of critical consciousness developed by Paulo Freire. The process of “conscientization,” according to Freire (1970), links to the capacity of individuals to reflect on the world and to choose a given course of future action informed by and empowered by that critical reflection. This process of reflecting critically on the history of cultural conditions and class structures that support and frame experiences of gender inequality can help to promote personal growth, political awareness, and activism that can create the conditions to change gender role prescriptions.

By questioning gender stereotypes, youth who already act as “voices of resistance” to rigid gender norms (Barker 2005) become further engaged and serve as role models for other youth. This can be seen through the manifestations of community change campaigns implemented as part of Program H|M. For example, youth in the Western Balkans enrolled in the Young Men’s Initiative developed a social media campaign called “Budi Muško” or “Be a Man,” where youth served as ambassadors of campaign messages centered around promoting Program H workshops as something “cool” to do and to reinforce some of the overarching key messages (Promundo et al. 2013). In Brazil, peer promoters developed a radio soap opera targeted at other youth to discuss topics such as gender roles, sexual health, pregnancy, and women’s empowerment. These youth also developed discussion guides and comic books which they used to facilitate discussions with other youth following the airing of each new episode (Promundo et al. 2013). The focus on youth—typically 15–24 years—comes from recognizing specific gendered experiences and risks among youth, and the importance of reaching youth when they are developing their attitudes and beliefs about gender norms and relationship power dynamics (Ricardo et al. 2010).

Core Elements of Program H—the Theoretical and Empiric Basis for a Gender-Transformative Program

From the epidemiology of SV/IPV and studies of current gender violence prevention programs, prevention of SV/ IPV perpetration requires integration of several core intervention components that are theoretically and empirically grounded (Tharp et al. 2012; Basile 2015, Basile et al. 2016; DeGue, et al. 2014; Harvey et al. 2007). Consistent with

¹There is also a young woman’s component—Program M (“M” for “mulher” in Portuguese, meaning “woman”). Program H is implemented in both same-sex and mixed-sex groups depending on the needs of local partners, settings, and whether in a given setting there is already a gender-transformative set of program activities with young women

Social Norms Theory (Berkowitz, 2002; Fabiano et al. 2003) and Theory of Reasoned Action combined with the Theory of Gender and Power (Heise 1998), the Program H model trains facilitators to lead discussions with young men that (1) promote gender-equitable attitudes; (2) encourage young men to reflect on how gender norms and power dynamics influence behaviors related to violence and sexual behaviors; (3) educate young men in healthy sexuality skills to increase sexual communication, consent, and recognition of sexual coercion; and (4) encourage positive bystander intervention when witnessing violent and inequitable behaviors among peers. Informed by these theories, Program H's own Theory of Change (see Fig. 2) posits that young men learn through questioning and critical reflection about gender norms, power, and privilege; rehearsing equitable and non-violent attitudes and behaviors in a comfortable space; and internalizing these new gender attitudes and norms, applying them in their own relationships and lives. Indeed, research on HIV and sexual health programs shows that programs are more effective when they include an examination of power dynamics and gender norms (Haberland, 2015). Supporting institutions and structures such as community-based youth organizations and after-school programs play a reinforcing role alongside the group education process to encourage young individuals and organizations to develop and use the tools to become agents of change for gender equality (Promundo, Instituto PAPAI, Salud y Género et al. 2013; Emeades et al. 2014).

This process of youth-driven discussion is intended to be facilitated by community educators as opposed to having educators lead or teach youth. This distinction is critical given the traditional pedagogical structures that exist in many educational facilities. Often, facilitators can view themselves as teachers, rather than facilitators, believing it is necessary to have all the answers available to have impact or developing one-on-one conversations with the facilitator rather than open, group discussions. Rather, the role of the facilitator in "gender-transformative programming" is to create an open and respectful environment and to promote the level of discussions in which young men can feel comfortable sharing and learning from each other in a safe space. Holding the groups outside of school in community-based settings helps to create these spaces. Group discussions are opportunities for young men to reflect on what they have been doing, discuss with one another some of their thoughts, and think critically about how to see these changes in their own lives. It is important for facilitators to make sure that conversations remain open, judgment free, and comfortable. Thus, Program H (and the adaptation Manhood 2.0 described below) recruits facilitators who are from the community, trusted and respected by youth and their families.

In each setting, Program H has resulted in significantly greater proportions of young men supporting equitable gender norms over time. Additionally, in two out of the three intervention sites, positive changes in attitudes toward inequitable gender norms over one year were significantly associated with decreased self-reports of STI symptoms. Examples of key results include:

- The quasi-experimental impact evaluation of the application of Program H in the *favelas* of Rio de Janeiro, Brazil, found that young men participants had *fewer self-reported symptoms of STIs* compared to similar youth who had not participated. In one of the groups which received both group education sessions and a community campaign, the percentage of young men with self-reported STI

symptoms decreased by almost one third, from 23 to 14%, over the course of the program (Pulerwitz et al. 2006).²

- In another quasi-experimental evaluation conducted in India, young men who participated in the Yaari Dosti program were almost 2 to 3 times *more likely to use a condom* during sex after completing the program than young men in a control group (Verma et al. 2008).
- In a randomized controlled trial in Ethiopia, the proportion of young men who reported using *physical violence against a female partner* dropped significantly, from 36 to 16%, after taking part in an intervention that included elements from the Men as Partners manual as well as activities from Program H, while no such change occurred among the group of non-participants (Pulerwitz et al. 2010a, b).

US Setting and Partnerships to Adapt Program H

With support from the Centers for Disease Control and Prevention (CDC), the research team partnered with Program H to adapt it for the US urban setting, called “Manhood 2.0.” Urban neighborhoods where the adaptation took place were all lower-resource neighborhoods with pre-dominantly African American youth. Racial and ethnic disparities in health in Pittsburgh are stark. The county has the second highest rate of teen birth to African American adolescent females in the state (Pennsylvania Department of Health Division of Health Informatics 2017), a prevalence of STIs among African American adolescent females that is twice the national average (Centers for Disease Control 2017; Allegheny County Health Department 2014), while firearm-related injuries and death disproportionately impact both African American males and African American females (Friedman and Coben 2001; Allegheny County Health Department 2017). Exposures to community violence, as well as the social context for unintended pregnancy and STIs, are closely linked to increased vulnerabilities for sexual violence (Reed et al. 2008, 2011; Miller et al. 2012a, b). Research has underscored the multiple ways that poverty and systemic racism increase these vulnerabilities including through economic dependency, sexual exploitation, drug trade, survival sex, and gang affiliation (Miller et al. 2012a, b; Jewkes et al. 2002; Decker et al. n.d.; Greco & Dawgert 2007).

In addition to these programmatic elements, the adaptation of Program H also focused on implementing this program with community-based organizations as opposed to schools, similar to how the program was implemented in international settings. The grassroots approach to implementation was informed by social and economic justice frameworks that are the foundational principles among the community partners and stakeholders participating in this project. The prevention educators who worked on the adaptation of Manhood 2.0 came from within the communities in which they were working, and were highly trusted and respected. Many were involved in informal athletic programs, after-school programs, and school-based prevention education, allowing them to work across multiple social settings with youth. Thus, these community programs and facilitators were well positioned to recruit and retain a heterogeneous sample of adolescent males and their peers through existing

²These were asked using a standard list of STI symptoms and whether or not respondents had any of these in the past three months

social networks. In line with core principles for prevention programs, as recommended by Nation et al. (2003), these prevention educators are likely to be able to connect with youth in meaningful and sustainable ways.

The research team was highly experienced in community-partnered research. Using an asset-based community development approach (Kretzmann & McKnight 1993), the team (primarily the lead investigator) reached out to existing community partners working in lower resource neighborhoods and conducted asset mapping of each neighborhood to identify community members working with youth in addition to youth-serving agencies and schools. Asset maps included many churches, libraries, family support centers, community centers, and organizations dedicated to workforce development. These asset maps also included asking community partners for guidance on where best to situate the program within their communities that would attract the most youth. As the program was developed, school districts expressed interest in referring youth to this community-based program, offering community service hours, health education credits, or even as an alternative to suspension. The team also partnered with the juvenile justice community intensive surveillance program to provide the program to youth who were juvenile justice involved.

Similarly, the asset mapping created an opportunity to identify members in each neighborhood who might serve as a facilitator. By recruiting facilitators from the community who are trusted and respected by youth and their families, Manhood 2.0 has sought to increase the likelihood of creating these safe and stimulating spaces for youth. Developing enough time and support to train facilitators to become comfortable with implementing Manhood 2.0 and communicating with youth in ways that are less pedagogical and more youth-driven is a notable challenge in the context of limited time and resources.

Making “Manhood 2.0”

Community partners from several youth-serving agencies, victim service advocates, and researchers reviewed the Program H curriculum and related activities from similar gender-transformative programs (described above) using a “realist review” process. Several topics and considerations emerged to guide the adaptation of Program H for the US urban setting (and specifically, Pittsburgh): (1) discussions of social media use given the ubiquity of smartphones, text messaging, and social network sites; (2) critical analysis of Internet pornography into media literacy discussion; (3) deeper explorations of intersectionality using visual art to encourage youth to describe the unique experiences of racism and marginalization experienced by young African American men in the USA, examining White privilege and male privilege; (4) updating sexual health content to include more information on female-controlled contraception (including longacting reversible contraception [LARCs]); and (5) adding multiple age-appropriate scenarios to practice bystander intervention skills and discussions about safe ways to intervene. Because of the shift to a more deliberate focus on intersectionality and an opportunity to discuss the impact of racism with youth, sessions exploring power and gender privilege were adapted to incorporate arts-based activities developed or utilized by partners in Pittsburgh to address gender, race, and privilege in a way that was more connected to the lived experiences of the participants.

The curriculum provides scripts and guidance for trained facilitators on how to implement sessions which encourage youth to explore and reflect upon social constructions of masculinity, describe healthy relationships, discuss healthy sexual behaviors, identify coercive and disrespectful behaviors, and practice skills to intervene when witnessing peers' disrespectful and harmful behaviors.

The curriculum covers three main topic areas. The first focuses on the theme of gender, masculinity, and power, allowing the young men to actively reflect on the messages and expectations that they have received from society about manhood and gender norms. The second topic focuses on the theme of violence. This includes several components: an exploration of the various forms of violence, its impact on communities, and the role that masculinity may contribute; identifying healthy versus unhealthy romantic relationships; sexual consent and decision-making; and bystander interventions when witnessing abusive behavior. The final topic area focuses on sexual and reproductive health, which includes providing information about sexual health and contraception, condom and contraceptive demonstrations, tying health behaviors and access to health facilities to conceptions of masculinity, and opportunities to ask medical professionals sexual health– related questions.

The final adapted Manhood 2.0 program involves an 18-hour curriculum divided into 6 sessions and delivered once or twice a week (generally over a 3-to 6-week time period). This design builds on primary prevention principles that emphasize a comprehensive, theory-driven approach, socio-cultural relevance, well-trained staff, opportunity for building positive relationships with youth, sufficient dosage³ (through repeated exposure to content), and youth participation balanced with feasibility and cost of implementation approaches (Nation et al. 2003; National Research Council and Institute of Medicine 2002).

Manhood 2.0 is currently being rigorously evaluated using a cluster randomized controlled trial in Pittsburgh in 21 lower resource neighborhoods with 866 adolescent males ages 13–19.⁴ The primary objective of this cluster RCT is to test the effectiveness of Manhood 2.0 compared to a job skills development curriculum on (1) reductions in self-reported perpetration of SV and ARA toward females and (2) increased positive bystander intervention behaviors. Intermediate outcomes include increased condom self-efficacy, contraceptive use attitudes, increased recognition of abusive behaviors, increased gender-equitable attitudes, and increased intentions to intervene with peers.

Risks, Challenges, and Recommendations

The adaptation of Program H into Manhood 2.0 appears feasible to implement in community-based settings in the USA, given the individual and institutional support to enable a large community-engaged randomized controlled trial to occur. Details of the numerous process evaluation components in this ongoing trial that assess acceptability are beyond the scope of this paper; that the trial is situated in 21 neighborhoods in Pittsburgh with concentrated disadvantage reflecting buy-in from multiple community partners

³In comparable implementations for Program H, Promundo has learned in general that 2 activities in a session of about 2 hours over a period of 10–16 weeks allow youth to negotiate new ways of interacting and internalizing the norms discussed and for the group as a whole to begin collectively questioning rigid norms in the community

⁴<https://clinicaltrials.gov/ct2/show/NCT02427061>

including schools, churches, and youth-serving agencies is indicative that this community-based program appears to resonate for key stakeholders. Several limitations should be noted, however. As an 18-hour curriculum, Manhood 2.0 involves youth only for short periods of time, without clear plans for ongoing engagement due to funding limitations. Partially due to the controlled nature of randomized controlled trials and focus on maintaining fidelity to an intervention that was being evaluated rigorously, researchers opted not to include a youth-led community campaign process as resources and staff capacity to track the impact of multiple campaigns was beyond the scope of the funded project. However, of note is that many youth who had participated in Manhood 2.0 programs desired an opportunity to remain connected to the program after the group education component had been completed. The research team was able to find ways to continue to involve them such as providing incentives for helping to recruit youth to subsequent sessions; however, it is difficult to say the extent to which this has made the program more sustainable or indirectly benefited other youth in the program as it was not included in the overall evaluation of the program. Program H, in several international settings, has focused on skills building around youth activism, and in quasi-experimental impact evaluations, the effectiveness of the programs have been even greater in those implementations with a community campaign component (Barker et al. 2007). The addition of a youth leadership component and further amplification of skills through youth action research, as well as addition of structural interventions such as job readiness training and connection to employment opportunities are all in process of being explored. Future iterations of Manhood 2.0 in the USA should also consider incorporating youth leadership development and youth participation in research to promote community-level change.

Finally, working in neighborhoods struggling with systemic racism, poverty, inequitable distribution of resources, and high levels of violence likely requires much more than a curriculum to be able to create sustainable change. While the intervention may have effects on individual-level knowledge, attitudes, and behaviors, it is unclear to what extent the intervention will impact community-level change as structural inequalities may be too great for individual-level community programming to overcome.

At a larger level, there are challenges to working with young men and boys in SV/IPV prevention. This includes unintentionally using gender-exploitative language that reinforces men's power and control in relationships to "protect" their partners from SV/IPV by limiting their mobility, for example. In that same vein, organizations may take a simplistic approach to programming seeking to work with boys as an end to itself rather than seeking to recognize and challenge the unequal power dynamics that socializes young men into accepting and even encouraging their use of violence against others. The failure to challenge structural power inequalities is perhaps the principal critique of the work with men and boys (Casey et al. 2016). Whether or not those critiques are well founded is still up for debate. Nonetheless, it is important to remain accountable to larger efforts and movements seeking to promote gender equality and address SV/IPV.

Conclusion

More programming and evidence is needed to understand what works to change harmful gender norms, attitudes, and practices with young men and women in order to improve

health and prevent violence in the USA. Over the past several years, research from international settings have shown that gender-transformative approaches can be effective in achieving positive health outcomes, and such lessons learned, particularly from developing country settings, are now being applied here in the urban US context. In this adaptation of Program H, attention was paid to the unique realities of young men including the influence of social media, the intersectional challenges of racism, homophobia, and income inequality, and an emphasis on strength-based approaches to implementation building on long-standing relationships with community partners who have a vested interest in the health and well-being of youth. While more work has yet to be done, the implementation of Manhood 2.0 in Pittsburgh has the potential to reduce SV/ARA behaviors based on the international evidence and provides a valuable example for looking outside of existing US programming to international settings. Though challenges remain on how best to approach these adaptations and careful consideration to cultural context is required, there are promising indications that these adaptations can address gaps in existing US interventions to prevent youth violence.

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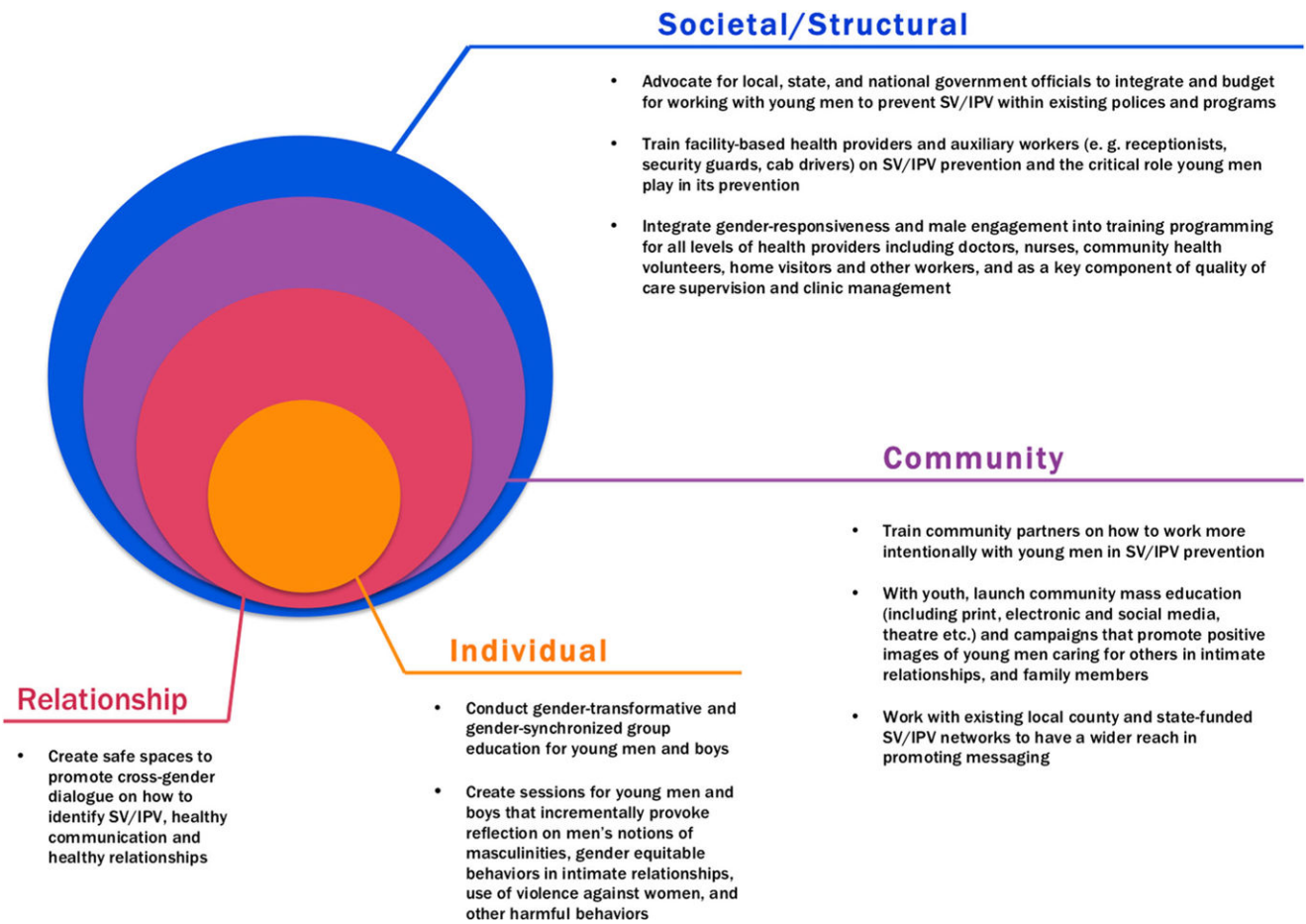


Fig. 1.
An ecological approach to transforming gender norms

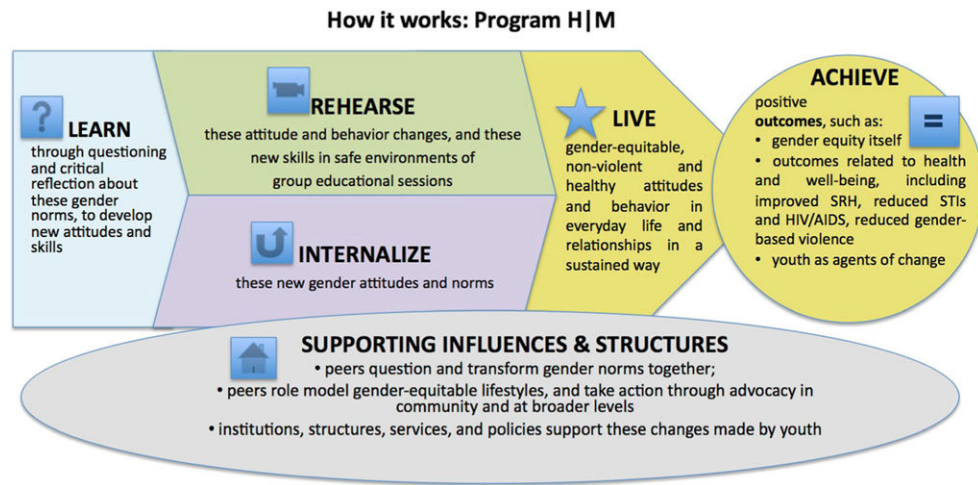


Fig. 2.
 Program H's Theory of Change