

RIGHTS ACTIVATION PROGRAM FOR SRHR IN WESTERN KENYA

ENHANCING MALE ENGAGEMENT IN IMPROVING REPRODUCTIVE HEALTH AND GBV PREVENTION

POLICY BRIEF

BACKGROUND

Over the past year, 21 community dialogues were convened across four counties in Western Kenya to strengthen and sustain male engagement interventions aimed at preventing violence against women and girls and promoting awareness of existing laws and policies. These forums brought together 360 diverse male stakeholders including teachers, police officers, village elders, parents, pastors, and chiefs, reflecting broad representation from the community with 32 men committing to be community champions of addressing Sexual and Gender Based Violence

The discussions brought out deep-rooted gender norms and revealed significant gaps in men's participation in reproductive health and maternal care. While a few men actively support their partners, the majority remain disengaged from critical decisions such as antenatal clinic visits, family planning and postnatal care. Cultural beliefs, stigma and misinformation continue to reinforce this detachment, underscoring the urgent need for targeted strategies to transform perceptions and encourage male involvement in advancing women's health and rights.



360
Men reached



21
Community engagements



METHODOLOGY

A participatory community engagement approach was used through community dialogues, male engagement sessions and the Haki Mashinani platforms in Kisumu, Kakamega, Vihiga counties. These forums provided inclusive spaces for discussing SRHR and GBV, identifying barriers, and co-creating solutions. Collectively, they fostered open dialogue, knowledge sharing, and community-driven action on SRHR and GBV.

CHALLENGES

- » **Limited male involvement in family planning:** Most men reported to lack knowledge about family planning or hold misconceptions, such as linking it to women's infidelity.
- » **Low male support during pregnancy:** Women shared that men often abdicate responsibility during pregnancy, leaving the burden to grandmothers or other family members.
- » **Pregnancy planning is rare:** Unplanned pregnancies are common, as most couples do not discuss when to have children or how many.

- » **Cultural barriers and secrecy:** Some women use contraceptives in secret; others rely on traditional practices such as polygamy to space births.
- » **Teen pregnancy stigma:** Teenage mothers (ages 12–15) face stigma and are often hidden by parents or seek unsafe traditional birthing options instead of clinics. Also general lack of SRHR information and limited service provision due to policy restrictions on access to contraceptives without consent.
- » **Myths and poor communication:** Fear of being blamed or rejected prevents open dialogue between couples. Women often wait for a man's good mood before raising sensitive topics.

RECOMMENDATIONS

»»» Increase Male Sensitization

Hold regular community and religious dialogues targeting men with factual information on family planning, maternal health, and prevention of sexual and gender-based violence (SGBV).

»»» Promote Couple Discussions

Policymakers should support community-based initiatives and programs that encourage shared decision-making between partners on when and how many children to have, while fostering joint responsibility for family health and wellbeing.

»»» Leverage Faith Institutions

Partner with churches, mosques, and other religious platforms to promote positive messaging on male support, family health, and the elimination of SGBV.

»»» Encourage Joint Clinic Visits

Policymakers should promote and support initiatives that motivate couples to attend antenatal care and other reproductive health services together, fostering shared learning and responsibility.

»»» Engage Youth and Schools

Collaborate with schools, youth groups, and faith institutions to deliver comprehensive sexual and reproductive health education and address early pregnancies through prevention-focused programs.

»»» Build Male Champions

Identify, train, and empower influential men within communities as peer educators and role models to challenge harmful gender norms and promote positive behaviors in support of SRHR and the elimination of SGBV.



POLICY ASKS

- 1 Institutionalize Male-Led Community Health Initiatives-** Policy Ask: The County Departments of Health and Gender should establish and fund male-specific Community Health Volunteer (CHV) programs. This initiative will train male champions to serve as peer educators, using existing male social networks like community baraza's and sports clubs to disseminate SRHR and SGBV information effectively.
- 2 Integrate Male Engagement into all Health Services-** Policy Ask: The County Department of Health should develop and enforce a policy that integrates male engagement strategies across all health programs, not just reproductive health. This includes promoting male-friendly services for HIV/AIDS and STIs, and addressing men's physical and mental health concerns. Addressing men's overall well-being is crucial for their ability to support their families and communities.
- 3 Leverage Digital and Media Platforms-** Policy Ask: The Departments of Health, Gender, Social Services, and Youth should collaboratively launch a digital and local media-based public education campaign targeting men and boys. The campaign should utilize relatable content, such as skits, radio talk shows and interviews and social media content, that features male role models to challenge harmful gender norms and promote positive behaviors related to SRHR and SGBV.
- 4 Promote Male-Friendly Health Facilities-** Policy Ask: The County Department of Health should implement clear guidelines to make health facilities more accessible and inclusive for men. This involves promoting couple-centered care models, such as joint antenatal care (ANC) visits, and offering flexible service hours to accommodate men's schedules. These changes will help reduce barriers and encourage greater male participation in family health matters.
- 5 Mandate a Multi-Sectoral Approach to SGBV Prevention-** Policy Ask: The County Government should form a multi-sectoral task force with dedicated funding to address SGBV. This task force must include the Departments of Health, Gender, Education, and Youth to ensure a coordinated government response. Furthermore, it should involve law enforcement, the judiciary, and civil society organizations to improve the prosecution of cases and ensure policies are community-owned and effectively implemented.

CONCLUSION

Addressing the low involvement of men in Sexual and Reproductive Health and Rights (SRHR) requires targeted, culturally sensitive engagement strategies supported by appropriate incentives. Through education, supportive policies, and community champions, men can become key partners in advancing SRHR and GBV prevention outcomes. Implementing these policy recommendations can contribute to improved indicators such as increased male participation in antenatal care, greater uptake of family planning, reduced cases of SGBV, and enhanced community support for SRHR services.

