

EVALUATION ABSTRACT: THE EVALUATION OF *MANHOOD 2.0* IN WASHINGTON, DC

Grantee

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Intervention Name

Manhood 2.0

Intervention Description

Manhood 2.0 aims to engage young men in questioning, challenging, and transforming harmful gender norms, with the goal of reducing intimate partner and sexual violence and unintended teen pregnancy. *Manhood 2.0* is a male-only group-level intervention, delivered in seven sessions over 13 hours, based on social cognitive theory, social norm theory, theory of gender and power, and the theory of reasoned action. The intervention is a gender-transformative program that promotes critical reflection and awareness on gender norms and stereotypes, and power dynamics that drive health, relationships, reproductive health behavior, and explicit and proactive support of female partner contraceptive use. Activities include group discussion, role playing, knowledge sharing, and skill-building; their purpose is to challenge young men to think critically about social expectations and restrictive norms, engage in dialogue about these gender norms, and then assess the way rigid norms affect their attitudes and behaviors toward a number of key issues, including intimate relationships, gender-based violence, substance abuse, sexually transmitted infections, and early pregnancy. Young men receive the intervention at a local youth center. Sessions are two hours long and occur twice a week for approximately 3.5 weeks. The first session includes a welcome icebreaker activity and one hour of intervention content. The final session includes only one hour of intervention content and one additional hour for administration of the immediate post-intervention assessment.

Comparison Condition

Business as usual

Comparison Condition Description

Comparison condition young men will continue to receive existing services offered by the local youth center, but will not receive any of the *Manhood 2.0* curriculum. Existing services include community wellness, housing, education, service learning, college and career preparatory education, residential services, and social services. The community center offers a sexual health program (Sexual Wellness Advocacy by Teens, or SWAT), but this program will not be available to any study participants until after they complete the final assessment.

Behavioral Outcomes

Any unprotected sex and sex without a condom, dual method use; non-sexual/contraceptive behavioral outcomes include communication with partner, communication about program topics to family and friends, support of partner contraceptive use, relationship violence, and use of sexual and reproductive health services

Non-behavioral Outcomes

Knowledge, attitudes, self-efficacy, and intentions related to gender norms, avoiding pregnancy and sexually transmitted infections, contraception, healthy relationships, and use of sexual and reproductive health services

Sample and Setting

This evaluation will take place in a youth center in Washington, DC. Young men who attend or are recruited to attend the center for a wide range of programs, as well as young men in the broader community (i.e., students at local high schools), will be approached to participate in the evaluation. To be eligible for the study, participants must (1) be male and 16- to 22-years-old, (2) not actively planning a pregnancy with someone, (3) able to participate in a program delivered in English only, and (4) have consent or assent to participate. Young men will be ineligible if they have received any sexual or reproductive health programming in the last three months, have ever participated in the community center's sexual health program, or if they are actively planning to father a child. The evaluation plans to enroll 250 participants over approximately 11 months.

Research Design and Data Collection

The research design is an individual randomized controlled trial, using a randomized block design. Participants will be recruited through the youth center's existing participants and from the broader Washington, DC metropolitan community. The youth center will post flyers, advertise at community outreach events, and target youth who currently receive or previously received services at their center. Participants will be screened to determine eligibility, and if determined eligible, given a consent or assent form. Males who provide consent or assent will join the study sample. As they enroll, the study sample will stratify into two age groups: one group will consist of young men 16 to 18 years old and the other group will consist of young men 19 to 22 years old. After there are 20 to 30 eligible and consented young men in an age group, participants will be invited to attend a welcome session at the implementation site-- in which the participants will complete the baseline assessment and will be randomly assigned within that group to either *Manhood 2.0* or the comparison condition, at a one-to-one ratio. Randomization will happen after baseline data collection at the welcome session.

Participants in both the intervention and comparison groups will receive a baseline assessment, an immediate post-intervention assessment, and a 3-month post-intervention assessment. Baseline assessments will take place in-person (either online or a paper survey) at the welcome session. The immediate post-intervention assessments will take place in the last hour of the last session of the intervention for *Manhood 2.0* participants. For the comparison condition, youth will be invited to come to the community center around the same time (within a month after the intervention group completes programming) to complete their assessment (online using a computer on-site or using paper and pencil). All participants will have an option to complete the survey online if returning to the center is not feasible, in which case a link to the survey will be emailed or texted to them. The 3-month post-intervention assessment will take place remotely online.

For the implementation evaluation, the evaluators will collect data on fidelity, attendance, and quality. After each session, the facilitators will complete an attendance log and a fidelity log. The evaluation team will select a minimum of 10 percent of all sessions to conduct a quality and fidelity observation.

Schedule/Timeline

Sample enrollment and baseline data collection will begin in November 2017 and will end in July 2018. The immediate post-intervention data collection will begin in December 2017 and will end in September 2018. The 3-month post-intervention data collection will begin in March 2018 and end in September 2018.

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