

Building Bridges

Promising Strategies for

Improving the Health of Boys and Men by
Promoting Social Connection and Support



IGWG

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Acronyms

FP	Family Planning
HIC	High-Income Country
KSAs	Knowledge, Skills, and Abilities
IGWG	Interagency Gender Working Group
LMIC	Low- and Middle-Income Country
METF	Male Engagement Task Force

MNCAH	Maternal, Newborn, Child, and Adolescent Health
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics
SRHR	Sexual and Reproductive Health and Rights
USAID	United States Agency for International Development



As boys age, their friendships commonly become less intimate and more transactional. This shift in relationship dynamics often reflects boys' increasing embodiment of normative masculine traits and behaviors that discourage prosocial behavior and can reduce the quality and longevity of social connection and support necessary to navigate life's challenges, successes, and transitions. Limited social connection and support negatively impacts boys' and men's health outcomes over time. More strategies and programs that promote social connection and build the relationship and social skills associated with healthy, supportive friendships are needed to positively impact health outcomes throughout their lives.

Why Develop This Brief?

This brief considers and recommends promising strategies to improve health outcomes among boys and men by promoting social connection and support. It describes what influences relationship building and friendships among boys and men and how the quality and longevity of these relationships can influence their health behaviors and outcomes throughout their lives. In making the link between social connection and health outcomes, this brief underscores the need for improved focus and attention on relationship building and friendships in global health and development programs that partner with boys and men. This brief is aimed at program implementers whose work engages boys and men across diverse implementation settings (e.g., schools, communities, health facilities, and online platforms) and provides examples of strategies and programs for consideration.



Focusing on boys and men is done in recognition that unequal gender and power dynamics exist and simultaneously generate social and structural advantages and disadvantages for them. More is known about the advantages that boys and men experience than the disadvantages. This brief highlights the disadvantages they experience at the intersection of social connection and health outcomes. It addresses existing gaps in our awareness and identifies implications for global programs. Importantly, these same unequal gender and power dynamics disproportionately generate disadvantages for girls and women, underscoring the pressing need to work with boys and men to promote gender equity and equality for the benefit of all people.

Globally, there is renewed interest in engaging boys and men in global health and development programs among donors, governments, practitioners, researchers, and civil society actors. In response to the critical need to address unequal gender and power dynamics, much of this work has focused on how boys and men relate to girls and women in support of gender equality outcomes.

Though there are some programs focused on how boys and men relate to and support one another through life's challenges and transitions, and cultivate gender-equitable attitudes and behaviors, many remain limited in scope and coverage. Boosting the quality and longevity of social connection and support among boys and men has the potential to also support gender-equitable attitudes and behaviors among them and in their relationships with people across genders. Links between social connection and gender equality outcomes are not addressed in this brief due to the limited evidence base, though we acknowledge the need for more research to understand and define its potential impact. It is our hope that this brief inspires others to build the evidence base and design and evaluate programs to robustly test this association.

This brief reflects findings and insights from a desk review of literature on social connection and health outcomes among boys and men. The strategies and programs described here can be integrated and adapted for global programs across technical sectors (e.g., agriculture, education, family planning

[FP] and sexual and reproductive health and rights [SRHR], maternal, newborn, child, and adolescent health [MNCAH], and nutrition). Notably, most literature presented in this brief reflects programs implemented in high-income countries (HICs). More investment and scale-up is needed in low- and middle-income countries (LMICs) where there are fewer established programs. This brief is an invitation to advance thinking and action at the intersection of social connection and health outcomes among boys and men, address evidence gaps in linkages between social connection and gender equality outcomes, and further disseminate and adapt strategies and programs across diverse LMIC contexts. It is imperative that global programs accompany boys and men in strengthening their relationship and social skills and building healthy, supportive friendships for improved health outcomes throughout their lives.

Relationship Building and Friendships Among Boys and Men

The cognitive, social, emotional, and physical benefits of healthy, supportive friendships are well documented. Studies have found that supportive friends who are invested in our health and well-being are an important component of social capital.¹ They can also act as a predictor of our healthy cognitive, social, emotional, and physical functioning throughout life (e.g., self-mastery, social relationships, and basic functioning).^{2,3} and influence risk-taking behaviors around sex.^{4,5} Our friendships, especially in childhood and adolescence, teach us how to build and sustain relationships, communicate and build trust with others, and give and receive emotional and social support.^{6,7} They are even associated with

improved quality of life and extended lifespan.^{8,9}

Friendships in late childhood (7–10 years), early adolescence (10–14 years), and adolescence (15–19 years)^{10,11} reflect the first time that young people choose to connect with someone outside of their home and family. As such, they represent formative opportunities for navigating socialization and relationship building with increasing independence. Adolescents learn through trial and error how to develop and sustain emotional intimacy and engage comfortably in physical touch (e.g., hugging, handholding, and being physically close) with friends in ways that are trusting, safe, and vulnerable.¹²

Often, friendship becomes the most important source of emotional and social support for adolescents, especially as they seek independence from parents and guardians.¹³ Research has found that adolescents with high quality friendships (e.g., supportive language and behaviors, quality time together, and healthy conflict management)¹⁴ are more secure and less anxious,¹⁵ have higher self-esteem,¹⁶ hold higher psychological capital (e.g., self-efficacy, optimism, hope, and resilience),^{18,19} display healthier eating behaviors,²⁰ and show better social adaptability.²¹ In contrast, adolescents with low quality friendships are prone to experiencing loneliness, depression, and anxiety,^{22,23} display aggression toward



Emotional and physical intimacy

is the closeness between individuals who can safely and securely disclose their personal feelings (e.g., fear, sadness, joy, and surprise) and concerns (e.g., anxiety and stress), express their wide-ranging emotions, give and receive different types of support, trust and confide in one another, and engage in consensual physical touch (e.g., hugging, handholding, and being physically close).¹⁷

peers, and demonstrate counterproductive behaviors such as bullying and school dropout.^{24,25}

Research has identified differences in the traits and behaviors associated with boys' and girls' same-sex and same-gender relationship building and friendships.ⁱ These differences reflect the ways in which boys and girls learn and embody traits and behaviors as they are socialized according to their sex and gender assigned at birth, known as gender socialization. Because of the gender and social norms assigned to boys and girls, we observe stark differences in how they socialize and build relationships over time. From birth, these norms are learned and reinforced through family, friendship, religion, education, media, and other social institutions.²⁶ Though these norms are not completely deterministic, they do have a significant impact as evidenced by patterns and trends across genders. Globally, girls are often socialized to engage in more emotional and physical intimacy and

prosocial behavior (e.g., helping, sharing, cooperating, volunteering, obeying rules, and conforming to socially accepted standards), compared to boys.²⁷ They are also frequently socialized to take more immediate responsibility for children's and others' health and well-being, engage in specific types of emotional expression (e.g., anxiety, fear, nervousness, sadness, gratitude, and compassion), display and feel greater empathy for others, and demonstrate a heightened concern about the status of relationships and peer evaluation.²⁸ Furthermore, girls learn to give and receive affection, nurturance, trust, security, validation, and acceptance through their friendships more than boys.²⁷

For many boys, their socialization and maturation process emphasizes traits and behaviors that limit the depth of emotional and physical intimacy with others, which has significant implications for how they experience social connection and health outcomes. Typically, boys are socialized to increasingly embody traits and behaviors

that overemphasize autonomy, self-reliance, stoicism, competition, aggression, risk-taking, expected success, and limited ability to trust.²⁹⁻³² ii The more these traits and behaviors are accepted and reinforced, the more normative they become for boys and men. Although they can have value in navigating life's challenges and transitions, they can be counterproductive to healthy functioning in modern-day societies, communities, and workplaces, which often expect teamwork, collaboration, trust, and clear communication.³² Overadherence to these masculine traits and behaviors are also believed to limit boys' and men's interest in pursuing care-centered professions like nursing, teaching, and elder caregiving, all of which are facing shortages of workers.³³ The transition from childhood to adolescence and the experience of puberty can amplify the internal conflict around boys' desire for healthy, supportive friendships, yet many navigate social pressure to adhere to normative masculine traits that discourage prosocial behavior.²⁹

ⁱ Most research and programming on same-sex and same-gender friendships among children and adolescents focuses on boys and girls through the lens of the sex/gender binary and assumptions of cisnormativity and heteronormativity. Less research is available on the traits and behaviors in friendships among children and adolescents who identify as sexual and gender minorities or as having otherwise diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC). More research is needed given the compounding issues experienced by these children and adolescents due to increased levels of social exclusion and isolation based on SOGIESC.

ⁱⁱ Because social and gender norms are neither static nor universal, normative masculinity and its associated traits are not 'negative' or 'problematic' by definition. This brief addresses the prevalence of normative masculine traits that discourage prosocial behavior, which have been shown to negatively impact social connection and health outcomes among boys and men.

Simultaneously, many boys learn to associate prosocial behavior and specific types of emotional expression (e.g., showing empathy, giving or receiving emotional support, and expressing fear and sadness) with being effeminate, which reinforces the message that being a boy is the antithesis of being a girl. Boys who display associated prosocial behavior and emotional expression risk social disapproval, ridicule, and even exclusion. The common use of “girly,” “gay,” and similar phrases that are delivered as insults exemplifies ways in which social disapproval and ridicule can be communicated. Social disapproval and ridicule can also be enacted in the form of bullying, an umbrella term for words or actions intended to humiliate or harm another person or group. Globally, bullying is a significant issue in schools and communities that impacts social connection and health outcomes.³⁴⁻³⁶

To prevent or reduce social disapproval, ridicule, and exclusion, boys often learn to embody normative masculine traits and behaviors. In doing so, they eschew prosocial behavior, opt for socially acceptable emotional expression in line with normative masculinity (e.g., anger,

amusement, and avoidance), suppress other types of emotional expression (e.g., anxiety, fear, nervousness, sadness, gratitude, and compassion), and adjust physical intimacy across genders.^{29,37} These social and behavioral changes can stifle human and social development by limiting opportunities to practice and apply critical knowledge, skills, and abilities (KSAs) necessary to foster and maintain healthy, supportive friendships throughout life.^{29,37} Carrying this relationship and social skills deficit into adulthood, many men continue to struggle with building and maintaining emotional and physical intimacy with others in ways that are trusting, safe, and vulnerable, either indefinitely or until they receive formal or informal intervention.

Globally, nearly one quarter of adults reported feeling “very” or “fairly” lonely,³⁸ while a US-based study found that approximately half of adults experience loneliness, with the highest rates among young adults.³⁹ Limited social connection, with its low levels of emotional intimacy and social support, is at the heart of loneliness and isolation and significantly contributes to negative health behaviors and outcomes such as anxiety, depression,

smoking, drug and alcohol use, physical inactivity, diabetes, and obesity.⁴⁰⁻⁴³ Furthermore, the link between normative masculinity and negative health outcomes is well documented by psychologists, policy advocates, and public health experts.⁴⁴⁻⁴⁸ Equipping boys and men with skills and opportunities to build and maintain emotional intimacy and cultivate healthy, supportive friendships has lifelong benefits for them, their future partners, and families. As program implementers, it is critical to increase awareness and knowledge of how boys and men are socialized, how relationship building and friendships are formed and sustained, and how social connection and health outcomes are linked across diverse contexts. Global programs aiming to improve boys’ and men’s health behaviors and outcomes should seek to bolster social connection and support, cultivate relationship and social skills (e.g., emotional intelligence and empathy), and support the redefinition of normative masculine traits and behaviors to be more prosocial and encourage healthy, supportive friendships.

Elements of Effective and Promising Program Strategies

The desk review identified key elements of effective and promising program strategies for fostering healthy, supportive friendships among boys and men for improved social connection and health outcomes. These strategies are accompanied by anticipated outcomes and programmatic approaches. Although these strategies emerged from programs primarily implemented in HIC contexts, they can be considered and adapted for implementation in LMIC contexts.



Cultivate empathy and compassion as lifelong practice.



Promote and reinforce communication and interpersonal skills.



Facilitate access to opportunities for social connection.

Anticipated outcomes of improved empathy and compassion

- Increased empathy and nurturing behaviors shown toward peers and friends
- Improved cognitive ability and academic performance
- Reduced bullying and violence across diverse implementation settings (e.g., schools, communities, health facilities, and online platforms)
- Reduced rates of disciplinary action in schools and communities
- Increased emotional intimacy with friends
- Improved active listening and emotional expression



Cultivate empathy and compassion as lifelong practice.

The ability to empathize with others' experiences, perspectives, feelings, and emotions and show compassion toward them is central to developing and maintaining healthy, supportive friendships. Empathy and compassion are associated with secure peer attachment and high-quality friendship.⁴⁹ Conflict management skills tend to be elevated in empathetic individuals who are better equipped to appreciate others' experiences and perspectives, act with compassion, and engage in compromise. Moreover, empathy is a driver of prosocial behavior and can be learned.⁵⁰ Teaching empathy and compassion to others is critical for gender-transformative approaches⁵¹ and contributes to a more fair and equal society.^{34,50,52} Facilitating empathy-building approaches requires skilled facilitation and may require additional training and oversight.⁵¹



Cultivate empathy and compassion as lifelong practice.

Approaches

Approaches for cultivating empathy and compassion vary and provide opportunities for reflection, introspection, and discussion, individually and with others. In particular, they encourage self-reflection, perspective taking, and emotional regulation.⁵³

Examples of approaches include:

Establish routine opportunities for reflection, introspection, and discussion about their lived experiences and their immediate relationships with others.

- Incorporate self-reflection questions that invite them to consider their experiences and perspectives and how they are similar and/or different from the experiences and perspectives of others involved in a particular scenario, real or imagined.
- Integrate journaling as a way to consider and process different experiences and perspectives before externally processing in group discussion.

Conduct role-play and simulation exercises that allow participants to grapple with challenging scenarios and practice how they might respond.

- Invite participants to process their experiences and feelings during the exercise, individually and with others, and observe any changes over time.

Identify and discuss role models for highly empathetic behavior in their lives (e.g., friends, family, partners, and teachers).

- Discuss ways in which these individuals demonstrate empathetic behavior toward others (e.g., caring for children, older family members, and/or sick individuals).
- Create space for participants to share when others have shown them empathy and process their experiences and feelings around these relationships and situations.
- Leverage representative examples from popular media (e.g., television, movies, books, music, and sports) and discuss their connection to social and gender norms.

Celebrate real-world examples of participants who demonstrate empathy and care for others and discuss experiences and feelings associated with caregiving.

- Create opportunities for participants to ask and listen to each other's experiences and feelings and extend positive reinforcement.

Anticipated outcomes of improved communication and interpersonal skills

- Increased satisfaction and fulfillment across relationships (e.g., friends, family, and partners)
- Increased sense of belonging and community
- Increased sense of agency to connect with and understand others
- Reduced rates of attempted suicide and suicidal ideation
- Greater emotional intimacy and social support



Promote and reinforce communication and interpersonal skills.

Beyond empathy, there are a host of communication and interpersonal skills that are important for fostering social connection and building and maintaining healthy, supportive friendships.⁵⁴⁻⁵⁶ Active listening is just one of these skills and entails using verbal and non-verbal communication to demonstrate that someone is giving undivided attention to another and clearly understanding what is being communicated to them.⁵⁷ Research suggests that active listening facilitates emotional intimacy and social support⁵⁸ and long-term interventions result in improved listening skills.⁵⁹ Though younger generations of boys and men are more comfortable with emotional intimacy in their same-sex and same-gender friendships,^{37, 60-64} it often occurs in the context of informal and formal activities (e.g., playing sports and watching television), which provide a buffer for more direct vulnerability. This practice of talking shoulder-to-shoulder rather than face-to-face has been critiqued as reflecting bonding rather than emotional intimacy.⁶⁵ Working with boys and men to shift from talking shoulder-to-shoulder to communicating face-to-face requires supporting them in learning and practicing the communication and interpersonal skills that make this different way of interaction more comfortable for them.



Promote and reinforce communication and interpersonal skills.

Approaches

Self-reflection, introspection, and practice are central to improving communication and interpersonal skills. Participants need: 1) supportive spaces to build and practice requisite skills; 2) facilitators with a high level of skill and experience; and 3) activities that encourage active, sustained engagement. Facilitators should get to know the participants individually to identify and articulate the benefits of improved communication and interpersonal skills for their lives.

Examples of approaches include:

Review and discuss real-life situations that showcase the breadth and depth of participants' experiences and relationships.

- Promote active listening by inviting pairs to rotate telling stories and repeating back what they heard. Encourage them to pay close attention to details around feelings and emotions.

Conduct transformative interviewing with participants to encourage them to reflect on experiences and relationships, share and process feelings and emotions, consider different ways to respond to situations and resolve issues.

- Establish a multi-session process that starts by orienting the participant to this type of interviewing and then incorporates self-awareness, self-reflection, self-regulation, and problem solving as the participant shares and processes their experiences and relationships and accompanying feelings and emotions.

- Invite participants to share as many details as possible throughout the process, especially those feelings and emotions they experience around different experiences and relationships.

Integrate journaling that is open and based on prompts to encourage self-awareness, self-reflection, and self-regulation, and fosters self-assessment of experiences and relationships.

Anticipated outcomes of improved social connection

- Reduced feelings of loneliness and isolation
- Reduced chronic stress
- Reduced feelings of insecurity and fear
- Reduced risk of anxiety and depression
- Improved ability to form and maintain social bonds



Facilitate access to opportunities for social connection.

Emotional intelligence, emotional intimacy, and social support, which are key components of healthy, supportive friendships, are linked to positive health outcomes across genders. Holt-Lunstad et al.⁸ found that people with stronger social bonds had a 50 percent increased likelihood of survival than those with weaker social bonds. It is important to identify key transition points in the lives of boys and men where they can particularly benefit from improved emotional intelligence, emotional intimacy, and social support in order to create opportunities for social connection, both formally and informally.^{29,66-67}



Facilitate access to opportunities for social connection.

Approaches

Timing, spacing, frequency, and intensity are key components of approaches for establishing and sustaining social connection and support. In addition to raising awareness of the importance of social connection for improved health outcomes, places and spaces must be available to provide regular opportunities for social connection among boys and men.³⁹

Examples of approaches include:

Assess the quality and longevity of social connection among boys and men.

- Identify participants who express loneliness or appear to be socially isolated in the local context and may benefit from tailored opportunities for building social connection.
- Counsel isolated boys and men on the associations between their behaviors and outcomes and the different factors influencing them (e.g., family responsibilities, social and gender norms, and work demands).

Leverage health promotion activities to foster social connection among boys and men experiencing similar health issues.

Use health facility visits to learn how boys and men experience social connection.

- Identify links between social connection and health outcomes while discussing health issues with boys and men.
- Integrate this information into client health data and monitor and track changes over time.

Work with community-based actors and organizations to identify and expand resources and support.

- Build partnerships with actors and organizations to provide resources and support for participants who lack social connection.
- Provide resources and support for spaces and opportunities that bring groups of boys and/or men together to share their experiences and build social connection.

Examples of Effective and Promising Programs

The desk review also identified several examples of effective and promising programs. Programs that exemplify one or more of the strategies described above are highlighted in this section. These programs vary in their breadth and depth of engagement with boys and men, coverage of relevant content (e.g., empathy and compassion, communication and interpersonal skills, and social connection), level of evidence-based practice, and degree of evaluation.





Source: Roots of Empathy

Roots of Empathy 1996–Present



Countries

Canada, Costa Rica, Germany, the Netherlands, New Zealand, Republic of Ireland, Switzerland, United Kingdom (England, Northern Ireland, Scotland, Wales), United States

Roots of Empathy engages participants in activities that address the cognitive, emotional, and social dimensions of empathy. The program centers on the parent-child interactions during monthly visits to the classroom across an entire school year. Children participate in songs

and question and answer activities aimed at cultivating attachment, attunement, nurturing emotional literacy, understanding temperament, promoting authentic communication, fostering intrinsic pride and motivation, encouraging social inclusion, and even introducing basic principles of neuroscience. Roots of Empathy is well researched.⁶⁸ Teacher assessments identified less aggressive behaviors (e.g., threatening others, bullying, hitting, and trying to get others to dislike a person) and increased prosocial behavior (e.g., comforting a child who is crying or upset, offering to help other children who are having difficulty, and inviting others to play). Follow-up assessments identified sustained and continued reduction in aggressive behaviors and found the program to be a cost-effective way for addressing mental health issues in young children.⁶⁸ **Learn more** about how Roots of Empathy is implemented in Canada. Though this program works with children across genders in schools, it has several implications for working with boys to address and shift social and gender norms from an early age.



Source: Equimundo

Equimundo: Program H 2002–Present

Countries

Latin America and the Caribbean (Belize, Bolivia, Brazil, Chile, Costa Rica, Jamaica, Nicaragua, Panama, Peru); North America (Canada, Mexico, United States); Africa (Burundi, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Namibia, Rwanda, South Africa, Tanzania); Europe (Bosnia and Herzegovina, Croatia, Kosovo, Serbia); Asia (Afghanistan, Bangladesh, India, Indonesia, Nepal, Pakistan, Vietnam); Middle East (Lebanon).

The **Program H** methodology consists of group education activities such as role-playing and reflective dialogue on important issues to help change attitudes, adjust coping mechanisms, and introduce healthier ways to navigate conflict. The program objectives are designed to address gender-inequitable attitudes that influence SRHR and gender-based violence, without explicitly fostering elements of social connection. For example, the program is implemented with groups of men and includes sessions that build communication and interpersonal skills. Program implementers can choose from over 70 validated activities; usually they implement 10 to 16 activities, once a week, over a period of several months in conjunction with community awareness campaigns created by participants themselves. In addition to a gender-transformative education curriculum, the methodology also includes community campaigns, led by young people, that seek to influence social and gender norms at the community level. Rigorous evaluations of Program H and Manhood 2.0⁶⁹ found that Program H has contributed to an increase in gender-equitable attitudes among participants, a reduction in men’s perpetration of intimate partner violence, and an increase in positive attitudes and behaviors around SRHR. **Learn more** about Program H and access the **full toolkit**.



Source: International Men's Sheds Association

Global Associations: Men's Sheds 1990s–Present



Countries

Australia, Canada, Denmark, Ireland, New Zealand, Sweden, United Kingdom (England, Northern Ireland, Scotland, Wales), United States

Men's Sheds (Sheds) utilizes a community-based health promotion strategy to engage older men that emerged in Australia in the 1990s and continues to grow across HIC contexts.⁷⁰ Sheds are informal, accessible spaces where older men gather to

participate in social and practical activities with peers while contributing to their communities. Activities are often tailored to be contextually appropriate and therefore specific to the social and health needs of local men across ages, background, abilities, and health issues.⁷⁰⁻⁷² Although woodworking remains one of the most popular practical activities, Sheds accommodate a diverse array of skills and interests (e.g., engineering, model railways, and musical instruments). In addition to being spaces for cultivating skills and interests, Sheds serve as hubs for health promotion activities, such as facilitating access to health-related information and services.^{70,73} Most importantly, Sheds bolster social connection and support and contribute to improving health and well-being among participants. Men develop a sense of self-worth and belonging as they participate in meaningful social and practical activities with other men in their communities.⁷⁴ While most health outcomes are related to mental health, there are opportunities to do more to support physical health in these spaces and identify links between mental health and physical health.⁷²

Additional Approaches for Social Connection

Programmatic approaches for social connection that merit additional review and consideration are detailed below. More research is needed to understand the scope and coverage of these approaches and their inputs, outputs, outcomes, and impact across diverse country contexts. Additionally, greater attention to gender and power dynamics and integration of gender-transformative approaches is strongly encouraged to ensure that these groups support boys and men in understanding and shifting normative masculine traits and behaviors to be more prosocial.





Source: Project for the Advancement of Our Common Humanity

The Science of Human Connection Lab: The Listening Project, 2008–Present

The Listening Project employs transformative interviewing techniques to challenge stereotypes and cultivate a sense of curiosity and connection. Through this process, participants learn how to listen to each other and ask questions that reveal their capacities to think and feel and express what is most meaningful to them. As part of the training, participants interview each other as well as their teachers and family members. They are asked to generate their own questions for their interview protocol. They are also asked to focus on one person, “whom they love but would like to know more about,” and write a short biographical essay based on multiple interviews with this person. Finally, the participants present their essays in public spaces and venues, which gives them an opportunity to publicly share what they learned about another person through transformative interviewing. This initiative aims to foster interpersonal curiosity, enhance relationship and social skills, and deepen social connection.^{29,75}

Multiple Organizations: Men’s Support Groups, Ongoing

Globally, **men’s support groups** continue to change in scope and coverage. The newer generation of these same-sex and same-gender support groups are commonly viewed as replacing historically male-dominated organizations (e.g., Benevolent and Protective Order of Elks, Civitan International, and Rotary International) that are closing in many countries, particularly in the US. These newer men’s support groups often market themselves as spaces for men to engage in reflection and discussion about their life’s challenges, successes, and transitions, and they sometimes promote themselves through online platforms (e.g., social media). These groups also accommodate the wide array of skills and interests among existing and potential members (e.g., physical fitness, outdoor adventures, spiritual messaging, and group therapy). Membership fees can vary from free to US\$150 per month. Additionally, groups convene online or in person, with some boasting members across the globe. At this time, there is limited research on their effectiveness and impact and no governing body for establishing and enforcing minimum standards. Although they aim to address an important need, there is little transparency about funding sources, affiliations, evidence base, theories of change, and organizational oversight. Rigorous vetting is encouraged before joining or promoting any such group. Research is needed to describe and categorize the range of existing men’s support groups; examine inputs, outputs, outcomes, and impact among boys and men; and ensure the promotion of gender-equitable outcomes among participants and in their relationships with others.

Recommendations for Programs

In response to these findings and programs, key recommendations are proposed for programs aiming to foster healthy relationship building and friendships in support of improved social connection and health outcomes among boys and men. Program implementers should take care to adapt these recommendations to the local context (e.g., cultural and demographic diversity) and implementation setting (e.g., schools, communities, health facilities, and online platforms). Although the evidence that informs these recommendations emerged from programs primarily implemented in HIC contexts, they can be considered and adapted for implementation in LMIC contexts.

1 **Integrate content on relationship building and friendships into existing programs** working with boys and men, across all health and development sectors and assess its impact on social, behavioral, and health outcomes.

2 **Develop and implement school-based and community-based programs focused on relationship building and friendships** that center emotional intelligence, emotional expression, and other critical KSAs.

3 **Design and implement activities that provide opportunities for boys and men to learn** beliefs, values, norms, and practices that support healthy relationship building and friendships throughout their lives.

4 **Encourage open and honest dialogue about normative masculine traits and behaviors** that discourage prosocial behavior and their impact on emotional intelligence, emotional expression, social connection, and health and well-being.

5 **Support and expand existing community-based strategies and programs** like Men's Sheds and men's support groups that provide spaces for boys and men to connect, share, and support one another. Create such spaces where not currently available.

6 **Advocate for policies and initiatives that promote boys' and men's health and well-being** and raise awareness of linkages between social connection and health outcomes.

Key Considerations for Program Design and Adaptation

Social and gender norms strongly influence how boys and men socialize and build relationships over time. Given the limited amount of research and programs addressing the interaction of social connection and health outcomes in LMIC contexts, formative research is critical to identify and prioritize norms and determine key transition points for intervention across the life course.⁶⁷ This work should extend beyond individual boys and men and their immediate relationships to encompass the broader enabling environment (e.g., community, institutions, and society). It should also identify relevant partners and stakeholders with existing and potential roles in influencing norms across the enabling environment.



Conduct situational analyses to understand local gender and power dynamics and identify social and structural determinants such as norms.



Conduct mapping of relevant partners and stakeholders and related programs, interventions, and activities. Coordination, collaboration, and cooperation, especially working across genders, can improve sustainability and amplify impact.



Adopt a do-no-harm approach to programming and develop systems to monitor, track, and respond to anticipated and unintended instances of gender-based harm, while supporting boys and men in improving their relationship and social skills.



Compile and disseminate compelling evidence on linkages between social connection and health outcomes for boys and men.



Raise awareness of social and structural determinants of social connection among boys and men across the enabling environment among relevant partners and stakeholders.



Leverage social media and newer technologies to disseminate evidence-based information about social connection and health outcomes to the general public and tailored messages about relationship building and friendships to diverse groups of boys and men.



Foster public dialogue around social connection and health outcomes through diverse events, activities, and channels (e.g., community dialogues, radio shows, and television spots).



Identify settings frequented by boys and men (e.g., schools, places of worship, and sports clubs) and tailor outreach and engagement activities for diverse boys and men in those settings.



Extend outreach and engagement activities to harder-to-reach groups of boys and men, such as those who are out of school, who are involved in gangs, and who are incarcerated.

Conclusion and Call to Action

This brief shares findings and insights about skills and opportunities necessary to cultivate healthy, supportive friendships among boys and men and how the quality and longevity of those relationships can influence their health behaviors and outcomes throughout their lives. It also describes strategies and programs that can be implemented and adapted to improve their health outcomes by promoting social connection and support across key transition points in the life course. Most of what is known about the linkages between social connection and health outcomes among boys and men and programmatic responses hails from HIC contexts. This geographic bias invites further research into these linkages among boys and men and programmatic responses across diverse LMIC contexts. Raising awareness of existing programs implemented in LMIC contexts can help expand the evidence base. Additionally, more research is needed on linkages between social connection and gender equality outcomes among boys and men.

Around the globe, donors, governments, practitioners, researchers, and civil society actors all have a role to play in raising awareness and educating the public about these linkages and promoting investment and scale-up of strategies and programs that promote social connection and support among boys and men in support of improved health outcomes and gender equality outcomes.

As program implementers consider how to promote gender equity and equality through global health and development programs, they would do well to consider how social and gender norms influence not only how boys and men relate to girls and women, but also how boys and men relate to one another.

Improving global awareness and understanding of how unequal gender and power dynamics generate certain social and structural disadvantages for boys and men is critical to increasing the uptake and sustainability of gender-transformative approaches.



Glossary

EMOTIONAL AND PHYSICAL INTIMACY

The closeness between individuals who can safely and securely do the following: disclose their personal feelings, emotions, and concerns (e.g., anxiety, fear, nervousness, sadness, gratitude, and compassion); give and receive different types of support; trust and confide in one another; and engage in consensual physical touch (e.g., hugging, handholding, and being physically close).¹⁷

EMOTIONAL INTELLIGENCE

A type of intelligence that involves the ability to process emotional information and use it in reasoning and other cognitive activities, proposed by US psychologists Peter Salovey and John D. Mayer. According to Mayer and Salovey's 1997 model, emotional intelligence comprises four abilities: to perceive and appraise emotions accurately; to access and evoke emotions when they facilitate cognition; to comprehend emotional language and make use of emotional information; and to regulate one's own and other's emotions to promote growth and well-being.⁷⁶

GENDER EQUALITY

The concept that women, men, girls, and boys have equal conditions, treatment, and opportunities for realizing their full potential human rights and dignity, and for contributing to (and benefiting from) economic, social, cultural, and political development. Gender equality is, therefore, the equal valuing by society of the similarities and differences of men and women, and the role they play. It is based on women and men being full partners in the home, community, and society. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities, and opportunities will not depend on their sex assignment being male or female at birth.⁷⁷

GENDER EQUITY

The process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality.⁷⁸

GENDER-TRANSFORMATIVE APPROACHES

Approaches that seek to reduce gender inequality and inequity by creating opportunities for individuals and groups to actively challenge harmful or inequitable gender norms, roles, and practices and power dynamics. These approaches can create an enabling environment for shifting gender norms, roles, and practices and power dynamics by promoting greater inclusion of women and other gender-diverse people in positions of power and influence and addressing power inequities between people of different genders.

PEER ATTACHMENT

Refers to the quality of the relationship and the level of mutuality. Peer attachment is often categorized as secure or insecure. Secure peer attachment is characterized by trust, mutual understanding, and healthy communication, while insecure peer attachment is represented by fear of rejection and feelings of alienation and isolation from the peer group.⁷⁹

PEER EVALUATION

The evaluation of self, based on the inner experience of esteem that a person feels they are perceived by their peers based on social interactions and relationship status.⁸⁰

PROSOCIAL BEHAVIOR

Voluntary behavior that is intended to benefit another.⁸¹ Note that this definition does not limit the range of motivations that might underlie a prosocial behavior, including motives as diverse as ingratiation, the desire to incur a debt, the desire to improve another's welfare, or acting in accordance with internalized moral values. Thus, there are many types of prosocial behavior and not all of them are motivated by positive or moral concerns. Indeed, researchers studying prosocial moral judgment have demonstrated that children and adolescents express a range of reasons for acting prosocially, including hedonistic reasons, social and normative reasons, other-oriented reasons, and internalized moral values.⁸²

PSYCHOLOGICAL CAPITAL

Individual psychological capacity that can be measured, developed, and managed for performance improvement. The construct includes individual psychological resources self-efficacy, hope, optimism, and resilience, and has been linked with a range of desirable work attitudes, behaviors, and other outcomes.⁸³

SOCIALIZATION

The process by which individuals acquire social skills, beliefs, values, and behaviors necessary to function effectively in society or in a particular group.⁸⁴ Gender socialization refers to the "process whereby individuals develop, refine, and learn to 'do' gender through internalizing gender norms and roles as they interact with key agents of socialization, such as their family, social networks, and other social institutions."³¹

Glossary

SOCIAL CAPITAL

A construct consisting of those features of social organization—such as networks of secondary associations, high levels of interpersonal trust and norms of mutual aid and reciprocity—that act as resources for individuals and facilitate collective action. For example, a community rich in stocks of social capital is supposedly more likely to possess effective civic institutions and, hence, to prosper and more likely to be effective in maintaining law and order.⁸⁵

SOCIAL CONNECTION

A sense of belonging in one's social network and the positive or negative roles and functions these diverse relationships serve.^{39,86}

SOCIAL INSTITUTIONS

A collection of different sources of knowledge, information, skills, and values that influence how an individual behaves in their relationships and society.⁸⁷ Examples of social institutions are family, religion, education, and media.

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About the IGWG Male Engagement Task Force

The **Interagency Gender Working Group's Male Engagement Task Force (METF)** is an information, advocacy, and knowledge exchange network on what it means to engage men and boys in health promotion and gender equality. The METF aims to explore why we should engage men and boys, what are the benefits, how to do it, what works and doesn't work, and which health services modalities can better reach and include men and boys. The diverse health areas addressed include family planning (FP), sexual and reproductive health and rights (SRHR), maternal, newborn, child, and adolescent health (MNCAH), gender-based violence, HIV/AIDS, malaria, and tuberculosis.

