Appendix A: More about Manhood 2.0

Manhood 2.0 is culturally appropriate and resonates with target groups largely because it allows young men to engage in a participatory process of critical reflection on gender issues that is informed and empowered by their own experiences and perspectives, including those of identity, race, and ethnicity. Manhood 2.0 is divided into four main sections: (1) Gender and Masculinity, (2) Power Dynamics and Relationships, (3) Preventing Pregnancy and STIs, and (4) Intentional Healthy Behaviors and Sexual Practices.

Each section of Manhood 2.0 addresses several topics, each one building on the previous topic. Topics include: exploring gender (gender values, expressing emotions); exploring power and relationships; young men and health (the male and female body, where to go for care, information on STIs); understanding methods to prevent or delay pregnancy (using contraception and condoms); exploring relationships (healthy and unhealthy relationships, sexual consent, types of communication); making commitments to healthy sexuality and healthy lives (goals, support networks); and building a healthy future (making personal commitments to action).

Topics Covered in Manhood 2.0
Exploring gender
• Gender values
• Expressing emotions
Exploring power and relationships
Young men and health
• The male and female body
• Where to go for care
• Information on STIs
Understanding methods to prevent or delay pregnancy
• Using contraception
• Condoms
Exploring relationships
• Healthy and unhealthy relationships
• Sexual consent
• Types of communication
Making commitments to healthy sexuality and healthy lives
• Goals
• Support networks
Building a healthy future
• Making personal commitments to action

In addition, Manhood 2.0 incorporates a framework that understands that health and health-seeking behaviors are not just determined on the individual level; they are also affected by communal and structural factors that influence wellbeing and can perpetuate health inequalities. Therefore, Manhood 2.0 tailors the curriculum to address the specific health risks faced by the young men within a given community.

Manhood 2.0 seeks to change contraceptive use behaviors through several key mechanisms, including fostering more

equitable gender norms; improving knowledge, confidence, and skills to talk with partners around issues related to sex, contraception, and pregnancy intentions; and reducing relationship violence.

Manhood 2.0 is an adaptation of Promundo's flagship Program H, an evidenced-based program launched by Promundo and partners in 2002. The Program H methodology combines group education sessions with youth-led campaigns and activism, and has been adapted in over 22 countries around the world. This focus group study was part of a larger evaluation to assess whether the adapted program, with a stronger focus on sexual and reproductive health, can reduce unprotected sex and increase dual method use (using a barrier method, such as condoms, and another effective family planning method) among young black and Latino men in DC using a random assignment evaluation.

Appendix B: Focus group study method

The Child Trends study team conducted five focus groups with young men who participated in the Manhood 2.0 program. Participants shared what they perceived to be the issues faced by men their age; their experiences in the program; what they learned, if anything; and what they felt worked or did not work well about the program. We facilitated focus groups within two days after each cohort group completed the Manhood 2.0 program. Focus groups were held between February 2018 and August 2018. The sections below describe the overall eligibility criteria for the Manhood 2.0 study, the recruitment strategy, and the participant characteristics.

Inclusion criteria

To be eligible for the Manhood 2.0 study, participants had to meet the following criteria at the time of screening: self-identify as male; be 15 to 22 years of age; plan to remain in the Washington, D.C., area for at least three months; be able to participate in a program delivered in English; not be actively planning a pregnancy with someone; not be currently or previously enrolled in LAYC's SWAT program (a sexual and reproductive health program); and have not received any other sexual and reproductive health programming in the previous three months (at LAYC or through other organizations).

The Washington, D.C., area was an ideal location to implement Manhood 2.0. The unintended and teen pregnancy rates in Washington, D.C., are 25 to 50 percent higher than national rates,[1] and the key wards that LAYC serves (Wards 4, 7, and 8) have the highest teen birth rates in the city. Furthermore, Washington, D.C., has large racial and

Table A1. Baseline Demographic Characteristics	
Age at random assignment	
Age (mean in years)	16.4
Age range	15-18
Race/ethnicity	
Hispanic	30%
Non-Hispanic Black	67%
Non-Hispanic White	4%
Living arrangement	
Living with mother	82%
Living with father	43%
Living with grandparent	11%
Living with sibling	32%
Living with other relative	11%
Living with friends/roommates	4%
Sexual identity	
Only attracted to females	93%
Relationship status	
In a serious dating relationship	7%
In a casual dating relationship	11%
Not in a relationship	82%
Sexual behaviors	
Ever had sex	26%
Sex in the past three months	11%

ethnic disparities with respect to teen and unintended births. Because the youth served by LAYC are predominantly Latino and black and economically disadvantaged, the intervention targets men who are statistically at greater risk for these events.

Study recruitment

After the final Manhood 2.0 session of each cohort, the facilitators invited all the young men in the intervention group to participate in the focus group. Those who expressed interest signed up at the final session. Program facilitators served as liaisons and informed the Child Trends evaluation team of the number of expected participants and the date and time of each focus group meeting. Facilitators held the focus group within a week of the final program session.

Participant characteristics

A total of 28 young men participated in the five focus groups. Groups ranged in size from three to nine participants. The study team collected demographic characteristics from all study participants at the baseline assessment, prior to randomization into the program. The demographic characteristics, relationship status, and sexual behaviors of these participants can be found in the table below. Tables A1 – A3 present characteristics of focus group participants and their neighborhoods. Percentages were rounded to the nearest whole number.

Table A2. Baseline Birth Control Knowledge		
Method	**Some or a lot of knowledge**	**Little or no knowledge**
The pill	89%	11%
The shot	54%	46%
The patch	57%	43%
The ring	52%	48%
Implants	48%	52%
IUDs	40%	61%

Participants were also asked about their knowledge of different birth control methods. The vast majority of participants reported knowing about the pill, and more than half knew about the shot, the patch, and the ring before starting the program. However, the majority had little or no prior knowledge of implants and IUDs.

Young men were also asked about their support system and whom they seek help from when they feel sad, depressed, or stressed. About a third of participants said they either did not seek help from anyone (25 percent) or that they did not know whom to seek help from (7 percent). While 17 percent reported that they talk to their mother, 11 percent reported that they talk to their father, 11 percent reported talking to a female friend, and 4 percent reported talking to a male friend.

Finally, the survey asked participants about the frequency of factors relating to neighborhood safety in the past year. Their responses are recorded in the table below.

Table A3. Neighborhood Safety

Event	Percent who said it occurred sometimes, very often, or always in their neighborhood within the past year
There was a fight in which a weapon like a gun used.	19%
There was a violent argument between neighbors (past three months).	27%
People were selling drugs.	42%
There was a robbery or mugging.	15%
Someone made unwanted sexual comments to people.	8%

Data collection procedure

The Child Trends research team created the focus group protocol that was approved by Child Trend's institutional review board. The protocol included questions about young men's experiences participating in the program, lessons learned, and general feedback to improve the program. Participants signed consent or assent forms before the focus group interview and agreed to have the discussions audio recorded. Focus group facilitators started the focus groups by asking general questions, such as what participants believed were the biggest issues facing young men today and what they saw as potential support services that could address those issues. As discussions proceeded, facilitators asked participants specific questions relating to their experience in the program and the knowledge they gained from the sessions. Depending on the size of the group and depth of conversation, focus group discussions ran from 45 to 90 minutes. Focus group facilitators provided food during the discussions and gave participants a $25 Target or Amazon gift card at the end. Focus groups were conducted at each respective cohort's implementation site.

Data analysis

After each focus group interview, the study team transcribed the audio recording of the discussion prior to data analysis. The study team reviewed the transcripts for completeness and de-identified the transcripts before entry into Dedoose software. To analyze the focus group findings, the study team used the focus group protocol as a guideline to create a codebook containing 30 codes. Two researchers coded two transcripts together, reconciled any discrepancies through consensus, and then independently coded the remaining transcripts. After coding the five transcripts, the two coders, along with another study team member, identified commonalities across groups; through extensive discussion, they agreed upon the larger themes presented in this brief.

References

1. Institute G. State Facts About Unintended Pregnancy: District of Columbia. 2016; https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-district-columbia.
2. Manlove J, Cook E, Cooper PM, Aldebot-Green A. *Location Matters: Geographic Variation in Teen Childbearing within Washington D.C.*: Child Trends;2014.