



From choice, a world of possibilities

# Men are changing

Case study evidence on work with men and boys to promote gender equality and positive masculinities





## Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

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# Executive summary

The lives of women and children are intertwined with the lives of men. Without understanding how men's gendered experiences affect them and those around them it is impossible to promote sexual health and achieve reproductive rights for all.

## Introduction

Interest in understanding masculinities and working with men on gender issues, and especially on gender equity, has increased enormously in recent decades. There has been a great deal of academic, media and community-based activity which is now bearing fruit. For example, masculinities now regularly appear as a topic in social science university courses. What were small-scale local movements – such as the White Ribbon Campaign founded by a group of men in Canada following the brutal murder of 14 women engineering students in Montreal – are now global in scope. There are a burgeoning number of programmes committed to engaging men as partners in achieving gender equality.

Not only is more being understood about different ways to successfully engage with men to challenge harmful expressions of masculinity and promote gender equality, but also more is being understood about men's ability and desire to change. More and more men are seeing not only the benefits to their wives/partners, mothers, sisters and daughters in working towards gender equality but also the benefits for themselves.

## The contribution of this report

This report contributes to the emerging evidence base on working with men to effect change in their lives and the lives of those around them by describing the outcomes of a piece of research that examined the effectiveness of 12 programmes and interventions. The men involved in these programmes are diverse; they reflect activity on all five continents and they cover sexual and reproductive health, violence and healthy relationships.<sup>1</sup> The findings of this research are presented as case studies, each of which describes one of these programmes. The use of case studies

enables us to outline the methods used and the outcomes achieved, and also describe the processes by which these happened. By presenting the work in this way we are aiming to:

- strengthen the international evidence base on interventions seeking to engage men and boys
- broaden the focus of existing research on working with men and boys through focusing on areas specific to IPPF's priorities; namely, sexuality and sexual and reproductive health, violence and healthy relationships
- discuss challenges in working with men and boys on sexual and reproductive health and rights and on seeking to address their specific health needs
- provide an overview of emerging good practice when seeking to work with men and boys in the context of programmes focused on sexuality and sexual and reproductive health, violence and healthy relationships

The report concludes with some recommendations for improving existing policy work, programmes and services.

## Collecting the case studies and producing the evidence

The 12 programmes described in this report were drawn from a pool of 26 identified by placing requests for information with organizations and networks that IPPF works with, alongside internet searching. Fourteen of the programmes were excluded from our analysis for three reasons: because they had not been evaluated, because no evaluation report was available or because the evaluation did not report any impact.

Information about each of the 12 programmes was written up into a standard format to allow comparative as well as intra-case study analysis. Using the same criteria as those used in the World Health Organization review of

<sup>1</sup> We define healthy in the case of relationships as relationships that are caring, non-violent, non-abusive, open and honest.

58 programmes and interventions seeking to engage men and boys,<sup>2</sup> programme effectiveness was rated by assessing evaluation design, giving more weight to quasi-experimental and randomized control trial designs; and level of impact, giving more weight to interventions that confirmed behaviour change on the part of men or boys. Combining these two criteria, programmes were rated as effective, promising or unclear. As well as examining effectiveness, we categorized the case studies using the Gupta framework<sup>3</sup> to identify them as one of the following:

- **gender-neutral** – distinguishing little between the needs of men and women, neither reinforcing nor questioning gender roles
- **gender-sensitive** – recognizing the specific needs and realities of men and women based on the social construction of gender roles
- **gender-transformative** – seeking to transform gender roles and promote more gender-equitable relationships between men and women

### Main findings

The 12 case studies explored working with men from a range of backgrounds, took place in a variety of settings and addressed a range of issues. They include sexual and reproductive health programmes with men in the military in Namibia, transgender sex workers in Indonesia, men who have sex with men and male sex workers in Indonesia and Bangladesh, and men in the military in Benin; violence prevention programmes with men in the Democratic Republic of the Congo, men in Liberia and young men in Northern Ireland; and healthy relationship programmes with young men in Kenya, Zambia, Tanzania and Uganda, men in India, girls and boys in Canada, and men in Brazil.

The main findings were:

- In all areas – sexuality and sexual and reproductive health, violence and healthy relationships – the interventions led to behaviour change. This further strengthens the existing evidence base showing that interventions with men and boys actually work.
- The majority of programmes were found to be either effective (42 per cent) or promising (50 per cent) in reaching men and boys, addressing their needs and

changing their attitudes and behaviours. Only eight per cent of programmes were found to be unclear.

- Seven of the programmes were gender-transformative, four were gender-sensitive and one was gender-neutral.
- Gender-transformative programmes were found to have a higher rate of effectiveness.
- Although the gender-transformative programmes were found to have a higher rate of effectiveness, programmes that adopted a gender-sensitive approach were also effective.
- Those interventions that combined good practice from a range of health issues (for example sexual and reproductive health and violence) were more effective.
- Although there is insufficient data from these case studies to conclude categorically whether some intervention methods are either inherently gender-transformative or more appropriate for gender-transformative work than others, the data does show some recurrent themes that warrant being reflected in future practice. These include:
  - using a mix of methods such as training peer leaders, educational workshops, service provision and awareness campaigns
  - undertaking extensive baseline work to establish the current situation, priorities for target groups, and to inform the materials and format of the programme
  - ensuring that programmes create a context in which men can discuss what it means to be a man without fear of ridicule and where reflection and the exploration of alternatives was actively encouraged
- Few of the programmes had been scaled up from a pilot stage. This highlights the importance of a greater focus on ensuring interventions with men and boys are integrated into existing organizational and government strategies and workplans. Please see the Appendix for a full table of results.

These findings clearly suggest a strong link between programme effectiveness and the utilization of a gender transformation approach. Interventions seeking to engage men and boys should therefore seek to adopt this approach, and move beyond only gender-neutral or gender-sensitive programming.

<sup>2</sup> See Instituto Promundo and World Health Organization (2007) *Engaging Men and Boys in Changing Gender-based Inequity in Health*.

<sup>3</sup> See Gupta GR, Whelan D and Allendorf K (2003) *Integrating Gender into HIV/AIDS Programmes: Review Paper for Expert Consultation*.

### Good practice and lessons learned

We have also identified a number of factors that underpin good practice when working with boys and young men, as listed here.

#### Overall

- Target women as well as men and boys when working with men. This is because gender norms and the associated inequities are not maintained and produced by men alone but through relations between the genders.
- Some men, but not all, are resistant to change. Equally, some women, but not all, are supporters of change. Programmes should reflect these nuances in their implementation.
- Plan for sustainability of programmes from the outset.
- Programmes benefit if they include both mixed and single sex group work.
- Provide programme staff with training that aims to equip them with skills and confidence in working with men.
- Interventions with men should combine both challenging and supporting them.
- It is important for interventions with men to have goals and outcomes that are concrete, meaningful and useful to men.
- Equip men with skills that allow them to make changes to their behaviour as well as to address knowledge and attitudes.
- It is beneficial to base work on men's and women's needs and to involve them in consultation from the beginning of programme development.
- Interventions should 'go where men are at'; that is, to take interventions to settings where they are to be found rather than expect them to access interventions in settings with which they may be unfamiliar or in which they may feel uncomfortable.
- Consider how programmes can be integrated into existing structures and systems, for example subjects in school curricula, and teaching and professional training.
- Ensure that programmes seek to acknowledge and validate men's willingness to change and celebrate these changes when they occur.
- Recognize that some men are extremely marginalized – especially men who have sex with men and male sex workers – and that interventions to reach these men need to recognize that their marginalization is in part derived from stigma and homophobia.

- Recognize that the public face of masculinity is often completely at odds with the private face of masculinity and that many men need the tools to negotiate the tension between the interface.
- It is important to set out with a positive message – aiming to correct the 'faults' in men does not appeal to them.
- Recognize that many men are struggling to come to terms with social and cultural change that undermines previously-held certainties about male power, authority and roles, and are actively seeking new identities in relation to other men and women and children.
- Accept that men's engagement with programmes may be inconsistent and irregular. This is often because other activities take priority.
- Be aware of the importance of transitions in men's lives and the impact that these may have on their willingness and ability to engage with programmes and effect change in their lives.

Furthermore, the case studies suggest some topic-specific factors associated with effectiveness.

#### *With regard to sexual and reproductive health and sexuality*

- It is important to use targeted information, education and communication materials and culturally appropriate educational materials to reach men.
- Availability of free condoms and water-based lubricant should be made a priority.
- Peer education is important, especially in reaching the most vulnerable groups of men (and in developing acceptance and trust among such groups).
- Awareness campaigns and advocacy work are necessary to encourage take-up of HIV voluntary counselling and testing, and to dispel myths, stigma and discrimination.
- Safe spaces are essential. These provide a place for men and boys to discuss issues of male sexuality, sexual identity and gender equality.
- It generally does not matter to men whether the service provider is male or female. The key issue is training and support for service providers and counsellors to address male-specific sexual and reproductive health needs.
- Discuss gender and equality issues, and couple communication with men at every opportunity – effective approaches seek to 'sensitize' men whenever they use services.

- Provide a broad package of male sexual and reproductive health services including, where possible, information, counselling, testing and treatment for HIV, sexually transmitted infections, male cancers and sexual dysfunctions.

#### *With regard to violence*

- Develop effective role models and ensure that leaders use their position to support addressing violence.
- Community outreach is an important strategy for seeking to engage men and boys in addressing violence, and should be scaled up.
- It is important to balance support and a challenging environment for men – interventions must hold them accountable, and recognize their power and privilege while, at the same time, cultivating compassion.
- Deal with perpetrators. It is important to balance values of accountability and compassion, while negotiating safety issues.
- Programmes that linked violence prevention to service provision were found to be more successful in achieving behavioural change.

#### *With regard to healthy relationships*

- Local and district governments provide an entry point to work with men and boys on healthy relationships, and activities should be integrated into both district plans and those of implementing partners.
- The integration of comprehensive sexuality education at a national level (in schools) is essential to building better relationships in the future.
- Programmes may work better when they provide sessions for young men only at the outset, and then move into mixed groups.
- Working with community-based organizations and community associations is essential to reaching the most vulnerable young men, particularly those involved in drugs and violence.
- Incentives are an important way to ensure that young men and boys attend and participate in educational sessions.

### **General conclusions and discussion**

As with any new and emerging area, recognition of its benefits does not come quickly or easily. A long process of testing and retesting methods has taken place over the course of a decade with amazing results. Men and boys are, however, not a new area of focus in themselves; rather, the focus on gender is the missing part of existing work with men and boys. Gender is not, and never was, just about women – the time has come for the missing part of the gender equation to be included in the struggle to achieve gender equality in our world.

Men and boys, like women and girls, greatly impact on one another, and their attitudes and behaviour in connection with the role of men and women in a society can have devastating consequences for health, relationships, violence and even war. Ignoring or not seeing men as part of the gender equation and not addressing their needs as well as women's in policy and programme design is a risk shown to have detrimental results. By including men as part of the gender equation in policy and programme design, we have shown the amazingly positive impact on men's and women's lives. This includes opening men's eyes to how rigid gender norms have constrained their lives, finding ways to achieve more intimacy with their partners and families, understanding the need to support women's access to health services, supporting women who have been raped, finding alternatives to being involved in violence, and showing greater responsibility through attending voluntary testing and counselling for HIV and other sexually transmitted infections, thereby preventing their spread.

Working with men does not, however, mean isolating women, particularly young women and girls. Interventions and efforts to increase service utilization among men and challenge their behaviour should not be at the cost of essential services for women (both young and older) but should be in addition to these services. The acknowledgement that gender is relational – with a male and female side – means that services and interventions should seek to work with men and women and address both immediate need and underlying behaviours.

For example, policy, programmes and associated budgets to tackle issues such as domestic violence and the spread of HIV need to expand to ensure this wider focus on both needs and behaviours, ensuring services are provided to women and children fleeing domestic violence as well as programmes to challenge the harmful behaviour of

male perpetrators of domestic violence. Programmes encouraging women to negotiate safer sex should also include programmes to encourage men to have safer sex, acknowledging unequal power dynamics and challenging harmful gender norms that equate masculinity with multiple sexual partners and risk-taking. In addition, involving females is essential to increasing their support for work with men, and will provide them with the opportunity to explore the ways in which they may reinforce traditional 'masculinities', as well as develop their understanding of the wider social benefits of addressing male sexual and reproductive health.

### Recommendations for the future

Based on this analysis, a number of specific recommendations can be made regarding how to improve future interventions and programmes seeking to work with men and boys.

### Conceptual framework

- A clearer conceptual framework is required for this work. In particular, it is important to:
  - clearly define what is meant by gender equality (and that this relates to women and men)
  - link with work to empower women and girls
  - ensure the integration of men without being counter-productive
  - understand which methods work best in different settings and subject areas, for example health or violence
- The debate on masculinities and working with men and boys should be broadened from primarily focusing on gender and rights to include a stronger focus on male sexuality.

### Programmes/interventions

#### *All health areas*

- Interventions must be multi-sectoral.
- More clarity should be provided within programmes on the role that women can play. Women and girls, individually and through women's organizations and the women's movement, must be advisors, participants, partners and monitors of this work.
- There should be a clearer articulation of the benefits to men and boys through engaging in this work, and a better understanding of these benefits among men themselves.
- Specific training on gender issues should be provided to men, especially young men and boys.

- The critical role that men can play as partners with women and as agents of social change should be affirmed.
- Teach men to listen better to others, especially their partners and families.
- Take interventions to men – 'go where they are at' – as well as try to make services and institutions more appealing to men.
- Staff should be supported with appropriate training to work with men.
- Interventions targeting men and boys should address structural issues, such as laws and policies on gender equality, as well as working at the individual level.

#### *Sexuality and sexual and reproductive health*

- There is a need for training and capacity building with service providers and counsellors on the needs (clinical and non-clinical) of vulnerable men and boys, and to ensure confidentiality.
- Develop sexual and reproductive health service packages for different age groups of men following the stages of the lifecycle.
- Devise clinical guidelines for men's sexual and reproductive health.
- Include a greater focus on social mobilization when working with men and boys on sexual and reproductive health and rights and gender equality.
- Models of male-friendly clinics should be considered, especially for men who have sex with men, male sex workers and transgender people.
- Consideration must be given to the names of health services. Terms such as 'maternities' should be renamed to be more gender-neutral, although not in a way that would isolate women and girls. An example would be to use a broad name such as 'sexual and reproductive health clinic'.
- The distribution of condoms should be central to sexuality and sexual and reproductive health programmes.
- Existing sexual and reproductive health services should, where necessary, include a greater focus on the specific sexual and reproductive health needs of men and boys.
- More efforts are needed to link sexual and reproductive health and HIV interventions that seek to target men and boys, for example linking HIV voluntary counselling and testing with management services for sexually transmitted infections.

*Violence*

- It is important to work with the military and other groups, and support them to integrate sexual and reproductive health and rights into their existing training.
- Validate men's caring nature and desire for positive masculinity, and understand how violence is caused both by male privilege and men's feelings of powerlessness.
- Provide specific actions for men to take forward in ending violence, particularly violence against women.
- Develop models for the most effective integration of working with men and boys into existing gender-based violence prevention programmes.
- Promote a greater awareness of how conflict impacts on masculinity and the use of gender-based violence as a weapon of war, making sure that programmes address these specific needs.
- Link violence prevention interventions to comprehensive sexual and reproductive health and HIV prevention services.

*Relationships*

- More efforts are needed to integrate a focus on gender issues and couple communication within sexuality education in school curricula.
- It is crucial to create a supportive environment for effective work with men and boys on relationships, and ensure sustained change in attitudes and behaviours.
- More work needs to be done to challenge prevailing masculine norms of detachment and stoicism, which impoverish the ability of men to have intimate relationships with their partners and children.
- There is a need for additional work on homophobia and violence against homosexuals, as many young men are unwilling to challenge the often prevalent societal norm that being gay equates to 'not being a real man'.
- More efforts are needed to develop a larger cadre of qualified and well-trained facilitators who can train trainers and work with a variety of groups of men and boys.

**Campaigns and advocacy**

- Ensure the development of well-formulated advocacy strategies to challenge the status quo and encourage policy review that seeks to further engage men and boys in achieving gender equality.

- Train staff in advocacy to enable programmes to have a wider policy impact.
- Campaigns should be designed by representatives of the target community and should use methods appropriate to the country setting to reach that community.
- Organizations and individuals working on engaging men should develop stronger links with those working on sexual diversity and other social movements – work on masculinities should not just be about gender, but also about class, race, etc.
- Put pressure on governments and UN agencies to implement existing commitments on engaging men and boys.

**Research**

Research is needed to fill the following gaps found throughout the course of this study, on a number of topics.

- Masculinities and sexuality.
- Homosexual men, men with disabilities and men living with HIV.
- Engaging men in safe abortion and post-abortion care.
- Safe motherhood and fathers as caregivers.
- Men and conflict/post-conflict settings.
- Reasons for low condom use among some men.
- The role of men in the prevention of mother-to-child transmission of HIV.

**Monitoring and evaluation**

Monitoring and evaluation was a key factor in being able to show both effectiveness and behaviour change among the programmes in this analysis. We found great variations across programmes as to what data was collected, and how. Recommendations to improve monitoring and evaluation in future programmes include:

- Promote effective follow-up after programmes, putting in place evaluation plans with key indicators at the beginning of programmes.
- Longer-term changes need to be monitored to better understand the link between intervention and impact on behaviour over the longer term. With larger-scale programmes, this data should be captured at different intervals to assess when the effect might be lessening, for example at six months, one year, two years.

- Some outcome measures should move away from relying solely on self-reports by participants, to include other more objective measures (for example sexually transmitted infection status for sexual and reproductive health programmes; reports from women and other men about participants for violence programmes; and reports by partners about participants for healthy relationship programmes).
- A common evaluation framework for interventions with men and boys is required, with training for organizational staff on utilizing this framework. This will enable programmes not only to show impact more effectively, but will also allow greater comparison across programmes to better identify good practice and other areas that require more focus.
- More research is required on the costs associated with these programmes, and organizations should be encouraged to record this data to allow such analysis. This will enable funders to make working with men a funding priority with a clearer idea of the costs associated with doing so.

#### Policy approaches

- Work with men and boys should be incorporated into all gender mainstreaming policies and tools<sup>4</sup> to ensure that these resources encourage a gender relational approach (that focuses on both men and women). Without also focusing on men, it will be impossible for gender mainstreaming to truly empower women and girls.
- Organizational policies on sexual and reproductive health, HIV, violence and relationships should be updated, based on the above mainstreaming approach, to include men and women.<sup>5</sup>
- Policy approaches are central to this work being scaled up, making interventions more systematic and longer term. Governments, non-governmental organizations and funding organizations should urgently review their policies and priorities to include work with men and boys.
- Efforts to update government policies to include a stronger focus on working with men and boys should be undertaken at both national and local levels.

#### Cross-sectoral

- Promote opportunities for cross-sectoral dialogues on engaging men and boys in gender equality (among men and women).
- Link this work to livelihood support for men and women, addressing poverty, employment and urban/rural differences in the developing world.

#### Sustainability

- Interventions with men and boys remain local in scale, limited in scope and short-term. It is essential that these programmes are scaled up (in other words, to move beyond a small and limited scope). As such, all new programmes and interventions should incorporate a plan from the outset on how their intervention will be broadened and expanded on completion, including through integration within national health systems.
- Long-term funding is essential for this work, especially when addressing gender issues with men and boys. Activities should be undertaken with donors and funders to encourage them to provide more financial support to this area.
- Scale-up should also look at structured opportunities for men and boys to explore many of the issues they have learned about in interventions, and address their behaviour.
- Working with young people and youth organizations at the optimum time to reach boys is essential to ensure ongoing support for this work.

4 See Chant S and Gutmann M (2002) 'Men-streaming' gender? Questions for gender and development policy in the twenty-first century. *Progress in Development Studies*.

5 See International Planned Parenthood Federation (2010) *Men-streaming Gender in Sexual and Reproductive Health and HIV/AIDS: A Toolkit for Policy Development and Advocacy*. This tool has been designed as part of this project to incorporate men and boys into non-governmental organization and government sexual and reproductive health and HIV policies.

# Introduction and background

This report describes and analyzes 12 programmes and interventions from around the world that have sought to alter the sexual attitudes and behaviours of men. These projects have all taken into account the fact that men's beliefs and behaviours contribute to setting the tone not only for their own lives but also for the lives of those around them.

## Introduction

As husbands, partners, brothers and sons, men's lives are intertwined with those of women, children and other men. These programmes and interventions have also recognized that engaging men involves thinking about how men see themselves and how they negotiate expectations of what it means to be a man. Understanding men's masculinity, its positives and constraints, is the basis for working with them as partners to challenge gender inequalities and improve their lives and the lives of women, children and other men.

Because of the importance of dealing with gender and gender inequalities in working with men, the programmes described in this report have been located along a spectrum ranging from gender-neutral to gender-transformative. This reflects the extent to which each programme challenges gender norms as part of the process of trying to influence men's attitudes and behaviour. This analytic context provides the framework within which the report looks at how attitudes about the role of men and women in a society, and corresponding behaviours, intersect with the sexual and reproductive health of men, women and children, violence against men and women, and the ability to have healthy, non-abusive relationships.

Understanding what gender means for men, and how gender equality benefits men as well as women, children and other men, will only serve to strengthen programmatic interventions to stop the spread of HIV and AIDS, prevent gender-based violence, prevent gun and knife crime, and prevent the impact of abusive and dysfunctional relationships on men, women and their children. By highlighting the effectiveness of gender-transformative programmes through challenging traditional gender norms, this report aims to garner support for this work, encourage the scaling-up

of these kinds of interventions and tell the stories of how men's lives have changed as a result of participating in these programmes.

## What are the aims of this research?

The overarching aim of this research report is to:

- contribute to, and strengthen, the international evidence base on interventions seeking to engage men and boys
- add to, and broaden, existing research on working with men and boys by focusing on areas specific to IPPF's priorities; namely, sexuality and sexual and reproductive health, violence and healthy relationships
- identify and discuss challenges entailed in working with men and boys on sexual and reproductive health and rights, and on seeking to address their specific health needs
- provide an overview of emerging good practice when seeking to work with men and boys in the context of programmes focused on sexuality and sexual and reproductive health, violence and healthy relationships
- make recommendations for improving existing policy work, programmes and services

## Who is this report written for?

This report is intended for use by IPPF Member Associations and other organizations seeking to develop more effective ways of engaging men and boys, and addressing their health needs, in the programme areas discussed in this report as well as other programme areas. The key audiences are programme managers, service providers and researchers.

This report can be used both by organizations that are already working with men and boys, their partners (male and female) and children, or organizations that are thinking

of developing their work in this area. It is applicable to those based in both developed and developing countries (although the report focuses to a greater extent on projects from the latter).

### How should this report be used?

This report offers specific examples and ideas for those implementing programmes on sexuality and sexual and reproductive health, violence and healthy relationships. It also provides useful learning material for those who have no prior knowledge of work with men and boys.

This report can be used in the following ways:

- to learn about current international debates and developments regarding work seeking to engage men and boys in achieving gender equality
- to increase your understanding about the issues of men, masculinities and sexualities
- to inform your own programming by gaining insights from specific case studies of interventions (on sexuality and sexual and reproductive health, violence and healthy relationships) that have worked successfully
- to advocate for a greater focus on working with men and boys in your country using the findings and evidence from this report
- to improve your programmes and interventions through building on the good practice and recommendations set out in this report

### How is the report organized?

The **Introduction** provides the background to this research. It locates it in the context of the World Health Organization's recent review of programmes and interventions aiming to engage boys and young men in changing gender-based inequity in health (World Health Organization 2007) and IPPF's activity to engage boys and young men in sexual and reproductive health. The introduction also outlines the methods used to gather and analyze the case studies that make up the bulk of the report.

**Section 1** provides an overview of the context for working with men and boys. It focuses on men and masculinities, how men's gendered experiences as men have been invisible, and how traditional notions of masculinity affect the lives of men and boys. We discuss what engaging

men in gender equality means for men and women and highlight the need to include men as part of the gender equation in development programming.

**Section 2** provides an overview of the subject areas covered by the case studies and how masculinity intersects with areas such as sexual and reproductive health, the spread of HIV/AIDS, gender-based violence and relationships. The case studies themselves provide a chance to look in more depth at how programmes targeting men and boys have been effective at changing behaviour, what this has meant for the quality of men's lives and, in many cases, their partners as well. We also look at case studies of programmes that were less effective, or where perhaps through lack of capacity and/or funding, organizations were unable to show impact due to lack of evaluation data.

**Section 3** examines the case studies to highlight why programmes were effective at changing behaviour. We compare effective and less effective programmes, outlining the different methods used and explore how effectiveness is associated with whether the programmes challenged traditional gender norms.

**Section 4** provides a summary, based on the case studies, of good practice and lessons learned on working with men and boys on sexuality, sexual and reproductive health, violence and relationships.

**Section 5** provides overall conclusions based on the case studies, and recommendations on how to improve future interventions, programmes, policies and strategies seeking to engage with men and boys.

## Background to research

There is growing recognition that addressing gender inequities in health, promoting sexual and reproductive health and rights, and preventing HIV and AIDS and gender-based violence at all levels in society is not possible without efforts to directly engage men and boys as partners in these processes. This necessity was clearly reflected in the 1994 International Conference on Population and Development Programme of Action.<sup>6</sup> More recently, work seeking to engage men and boys has increasingly been seen as essential not only to empowering women and improving women's and children's health, but also to

<sup>6</sup> See United Nations (1994) *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994: Male Responsibilities and Participation Basis for Action*. Paragraph 4.27.

improving men's own health outcomes. This reflects the increasing acknowledgement of men's specific sexual and reproductive health and rights, and the growing evidence base highlighting the ways in which men's lack of health-seeking behaviours (often due to social and cultural norms) have direct health implications for the well-being of their partners and children.<sup>7</sup>

As a result of these developments, there has been a worldwide proliferation of programmatic efforts and interventions (primarily through health services, workshops, and community advocacy and campaigns) seeking to engage men and boys in questioning social and cultural norms, addressing gender inequalities, and promoting better health outcomes for themselves, other men, women and children.

A recent review of 58 programmes and interventions, *Engaging Men and Boys in Changing Gender-based Inequity in Health*,<sup>8</sup> published by the World Health Organization in 2007, was the first of its kind to focus on programmes and interventions working with men and boys on sexual and reproductive health, gender-based violence, fatherhood, and maternal, newborn and child health. The findings of this review provide strong evidence for the effectiveness of programmes with men and boys and the need to scale up effective programmes and interventions. As the key decision makers and gatekeepers to services and resources in most societies, men must be engaged as partners to address inequalities in all areas of life.

*Men are Changing* seeks to build directly upon, and complement, the World Health Organization review. This report therefore uses the same classification framework. The areas of focus within this report – sexuality and sexual and reproductive health, violence and healthy relationships – were agreed through discussions with partner organizations who felt that IPPF's specific contribution should be to focus in more depth on these issues. In doing so, this report aims to further contribute to the growing knowledge and evidence base about working with men and boys.

### **IPPF's work to date on men's sexual and reproductive health and rights and men as partners**

IPPF has been undertaking pioneering work on engaging men and boys in gender equality, addressing their own sexual and reproductive health needs, and working with them as partners in supporting and promoting the needs and rights of other men, women and children. Across the organization's six geographical regions,<sup>9</sup> work on men and boys plays an essential role in achieving the organization's five strategic priorities:

- **Adolescents:** working to better address the specific health needs and rights of young men and boys, and foster more gender equitable roles and behaviours among this group.
- **Access:** involving men to address the gender imbalances and improve both men's and women's access to appropriate information and clinical services.
- **Abortion:** working to enable men to support a woman's right to choose, and to access safe abortion services.
- **HIV/AIDS:** involving men and boys in the provision of HIV testing, treatment and care, and in successfully preventing mother-to-child transmission and increasing condom use.
- **Advocacy:** working with men and boys as agents of change in advocating for the promotion of the sexual and reproductive health and rights of women, children and other men.

IPPF recently adopted a new organizational policy entitled *Men and Sexual and Reproductive Health*. This new policy replaced a previous IPPF policy which focused solely on male involvement, and broadened this approach to highlight the necessity of addressing men's and boy's sexual and reproductive health and rights and working with them as partners in the following areas:

- participating as key actors in achieving gender equity
- preventing HIV and AIDS and sexually transmitted infections
- supporting the provision of safe abortion services

7 1) See Amaro H (1995) Love, sex, and power: considering women's realities in HIV prevention. *American Psychologist*. 2) See Campbell CA (1995) Male gender roles and sexuality: implications for women's AIDS risk and prevention. *Social Science & Medicine*. 3) See Cohen SI and Burger M (2000) *Partnering: A New Approach to Sexual and Reproductive Health*. 4) See Pulerwitz J and Barker G (2008) Measuring attitudes toward gender norms among young men in Brazil: development and psychometric evaluation of the GEM scale. *Men and Masculinities*.

8 See Instituto Promundo and World Health Organization (2007) *Engaging Men and Boys in Changing Gender-based Inequity in Health*.

9 These regions are: Africa Region (Nairobi, Kenya), Arab World Region (Tunis, Tunisia), East and Southeast Asia and Oceania Region (Kuala Lumpur, Malaysia), European Network (Brussels, Belgium), South Asia Region (New Delhi, India) and Western Hemisphere Region (New York, USA).

- increasing access to services, particularly for women and adolescents
- improving family health through a positive parenting role
- eliminating gender-based violence, and its related health implications

Other activities undertaken by IPPF include:

- A Central Office scoping exercise of existing (and previous) work on men and boys within IPPF to identify lessons learned and recommendations based on what worked, what did not work, and what gaps still remain in our work on this issue.
- An international consultative meeting on young men and sexual and reproductive health, held in April 2007. This brought together representatives from IPPF Regional Offices, Member Associations and youth volunteers, as well as key partner organizations, to discuss engaging young men across a range of sexual and reproductive health issues. The meeting also agreed key strategies and actions for IPPF to work better with young men and boys within our programmes, services, and advocacy activities and campaigns.
- Developing a range of publications, including the *Men-streaming Gender in Sexual and Reproductive Health and HIV/AIDS: A Toolkit for Policy Development and Advocacy* and *The Truth about Men, Boys and Sex*, and tools, including *Men's Participation in SRH and Rights: Training Manual* and *Discussion Guides/Questionnaires for Males, Females and Service Providers*.
- Research and analysis by IPPF's Regional Offices to identify local sexual and reproductive health needs among men and women, and identify the best way for work with men and boys to be taken forward by our country Member Associations.
- Projects by Member Associations on a range of issues, including information, services and advocacy, and with a range of target groups, including young men, married men, male religious leaders, men who have sex with men, men who inject drugs, male sex workers and men living with HIV.

In addition, IPPF has joined the Steering Committee of the global MenEngage Alliance<sup>10</sup> and is actively involved in the MenEngage country and regional networks (see page 17 for more information).

## Methods

### Identifying programmes and interventions for inclusion

The programmes and interventions included in this research were identified in a three-stage process. Stage one consisted of identifying subject areas and topics on which to focus. This was achieved by identifying subjects that would elaborate and add to those covered in the research by the World Health Organization and were central to IPPF's activities and interests. Stage two involved disseminating requests for information about work with men, boys and young men. This was done by contacting organizations and networks that IPPF already worked with and using snowballing techniques to reach these organizations' own networks. The third and final stage involved searching the internet to identify organizations and/or, where possible, programmes that were working with men and boys. This search yielded information about 26 programmes.

### Criteria for inclusion

Programmes were selected for inclusion in this report if they had been evaluated, if an evaluation report was available and if the evaluation was able to show some impact even if this was low. Application of these inclusion criteria narrowed the pool of programmes to 12.

### Writing up the case studies

Information about each of the 12 programmes was written up into a standard format to allow comparative as well as intra-case study analysis. This format also allows the reader to analyze closely how a specific programme took place and why it was or was not successful.

### Assessing the gender approach

Subsequently, the case studies were categorized using the Gupta framework<sup>11</sup> in order to assess one of three programme characteristics.

<sup>10</sup> See [www.menengage.org](http://www.menengage.org)

<sup>11</sup> See Gupta GR, Whelan D and Allendorf K (2003) *Integrating Gender into HIV/AIDS Programmes: Review Paper for Expert Consultation*.

*Gender-neutral*

Programmes that distinguish little between the needs of men and women, neither reinforcing nor questioning gender roles.

*Gender-sensitive*

Programmes that recognize the specific needs and realities of men and women based on the social construction of gender roles.

or

*Gender-transformative*

Approaches that seek to transform gender roles and promote more gender-equitable relationships between men and women.

**Assessing programme effectiveness**

Finally, each programme was also assessed for effectiveness and impact. Using the same criteria used in the World Health Organization review of 58 programmes and interventions,<sup>2</sup> programme effectiveness was rated by assessing evaluation design, giving more weight to quasi-experimental and randomized control trial designs; and level of impact, giving more weight to interventions that confirmed behaviour change on the part of men or boys. Combining these two criteria, programmes were rated as effective, promising or unclear. See the Appendix for a summary of these assessments.



## Section 1

# The context for work with men and boys

Systematic and systemic efforts to change the lives of men and boys are needed if the inequalities at the root of gender relations are to be addressed.

## Men and masculinities

### Making men's gender visible

Traditionally, it is femininity that has been the visible gender. Men tend not to think of themselves as 'gendered' beings, and this is one reason why policy makers and development practitioners, both men and women, often misunderstood or dismissed 'gender' as a woman's issue. The invisibility of masculinity was an effect of male privilege. Indeed, the processes that confer privilege on one group and not another are often invisible to those on whom that privilege is conferred.<sup>12</sup> Therefore, just as not having to think about race is one of the luxuries of being a member of a dominant race, not having to think about gender is one of the patriarchal dividends that men gain from their position in the gender order. Men as a group are privileged in relation to women in economic, social and sexual life, and because of this powerful position men are not aware of the fact that their privilege is derived purely from being male.<sup>13</sup>

However, in the same way as we understand women to have a particular place in a society, and to behave in specific ways acceptable for their gender, so we can also understand this to be the case for men. As with women, a society places expectations on men about how to behave, what employment it is acceptable for them to pursue and what their duties are. These social and cultural expectations about roles and responsibilities are taught and reinforced through social interaction and reproduced within social institutions such as the family, schools, religious settings and the workplace.<sup>14</sup> It is via these social constructions and

adherence to socially accepted gender norms of masculinity and femininity that men and women establish how to behave and what is acceptable for their gender in a given society.

For example, men are expected to embody an ideal of a 'real man', and across many societies the basic rules of masculinity are the same:<sup>15</sup>

1. Show no weakness – masculinity means never being a 'sissy' or weak or emotional.
2. Be powerful – we measure masculinity by how much money a man has. Power, money and status are also all markers of masculinity.
3. Be strong – what makes a man a man is that he is reliable in a crisis. And what makes him reliable in a crisis is that he resembles an inanimate object – a rock, a pillar, a tree.
4. Go for what you want – also exude an aura of daring and aggression, never deny sexual needs, take risks. Live life on the edge. Go for it.

While these are gender stereotypes, many men still feel they must live up to these stereotypes and it is this perception of the need to prove their masculinity through enacting these ideals that can have a very negative effect on men's, women's and children's lives. Later on we discuss how these 'masculine ideals' intersect with sexual and reproductive health, violence and relationships.

Making men's gender visible is the first step in challenging power relations and harmful gender norms that affect both men and women. By making men's gender and the gendered experiences of men visible, we open the doors

<sup>12</sup> See Kimmel M (2007) *Commonwealth Briefing Paper: Men, Masculinities and Gender Mainstreaming*.

<sup>13</sup> See Ruxton S (2004) *Gender Equality and Men: Learning from Practice*.

<sup>14</sup> See In straw definitions: [www.un-instraw.org/en/index.php?option=content&task=view&id=37&Itemid=76](http://www.un-instraw.org/en/index.php?option=content&task=view&id=37&Itemid=76)

<sup>15</sup> See Kimmel M (2005) Why men should support gender equality. *Women's Studies Review*.

to engaging men in the achievement of gender equality and can show how achieving gender equality is also relevant to them.

The researcher and writer Dr Michael Kimmel, speaking at the European Parliament on International Women's Day in 2001 said, *"Simply put, I believe that these changes among men will actually benefit men, that gender equality is not a loss for men, but an enormously positive thing that will enable us to live the kinds of lives we say we want to live."*<sup>16</sup>

### Masculinities

Although the masculine ideal is important and potent, men are different according to class, race, age, religious belief, disability and sexual orientation, and aspects of their own masculinity may be subordinated, co-opted or marginalized. These differences create differing levels of vulnerability among men. Dominant masculinities are not achievable for all men at all times and for many men there is a significant gap between the dominant model of masculinity in society and the reality of what they themselves can achieve.<sup>17</sup> However, men in the subordinate groups still feel entitled to the patriarchal dividend (described by Connell<sup>18</sup> as the entitlement to services from women, and to power, status and wealth) but in practice do not see how they benefit from it, and it is this situation that is often a cause of male hostility and aggression, particularly towards other groups that lack power, such as women and children.<sup>13</sup>

### Masculinity and femininity

It is not only the endorsement of dominant masculine ideals but also the rejection of femininity that contributes to the construction of masculinities and to the systematic oppression of women and less powerful men.<sup>19</sup> In fact, rejecting what is constructed as feminine is essential for demonstrating hegemonic masculinity in sexist and gender-dichotomous societies. Although not all men may fully endorse the traditional notions of masculinity, they will often comply with these notions in order to avoid challenges to their own masculinity or relegation to a subordinate masculinity.

### Masculinity and sexual orientation

Masculinity is not only defined as 'not feminine', but also as 'not gay'. Indeed, to be gay is considered in many cultures less than a man. For many men, maintaining their masculine status and identity can involve blatant displays of both homophobia and heterosexism. Men may use homophobia to police other men's behaviour. Displaying unmasculine traits like showing softer feelings, not being physically robust or showing emotions can all be risky for men as they can lead to accusations that they are gay. For the same reason, some men feel compelled to parade their sexual interest in women. These men may hide their true sexuality for fear of violent reprisals. The power of heterosexism and homophobia which resides in hegemonic masculinity marginalizes men who are gay and men who have sex with other men.

## Evolution of engaging men in gender equality and the pro-feminist men's movement

### From women in development to gender and development

The integration of gender into development policies and programming have to date primarily only included programming by women for women. It was born out of the original women in development movement which focused mainly on women's economic contribution to society and challenged inequalities in access to the workplace. The women in development movement highlighted the productive work that women undertake in many societies, and challenged development policy that only focused on men's productive work and women as receivers of care and benefits. However, the gaps in this approach soon became evident, as it failed to change women's place in society and the power relations between men and women. This led to the ideological shift from women in development to gender and development in order to better represent the wider focus on gender relations between men and women. However, having made the ideological shift to gender and development, men's gender and their gendered experiences

16 See Kimmel M (2001) *Gender Equality: Not for Women Only*.

17 See Esplen E (2006) *Engaging Men in Gender Equality: Positive Strategies and Approaches*.

18 See Connell RW (2003) *Role of Men in Achieving Gender Equality*.

19 See Courtenay W (2000) Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*.

as men remained invisible in policies and programmes to improve the lives of people in developing countries.<sup>20</sup>

**Engaging men from Cairo onwards: the role of men in shaping sexual and reproductive health and rights, and the role of the family planning movement in highlighting the need to work with men**

Historically, the family planning movement followed the same trajectory as development movements in initially envisioning sexual and reproductive health as issues for and about women, and only latterly recognizing that neglecting men's role in sexual decision making resulted in failure either to improve the position of women or to challenge the position of men.

The shift to gender and development, coupled with the publication of research findings that highlighted the importance of taking men's views and behaviours into account when analyzing and understanding reproductive decision making, provide impetus to the following international agreements that support gender equitable work with men:

- The International Conference on Population and Development, Cairo (1994)
- The Programme of Action of the World Summit on Social Development (1995)
- The Beijing Platform of Action (1995)
- The twenty-sixth special session of the General Assembly on HIV/AIDS (2001)
- The United Nations Commission on the Status of Women, at its 48th session (2004) and the 53rd session (2009)

These developments have highlighted the lack of focus on men as gendered beings within programmes and policies, and the need to highlight men's gendered experiences in order both to challenge harmful gender norms and promote positive ones. However, while there is a growing acceptance of the need for work that engages men, there remain many differing views of what this entails. More recently there has been an acceptance that, in addition to working with men and boys as partners in the health of women and children, we must also work with them as clients (to

address their own sexual and reproductive health needs) and as agents of change, to engage them in promoting a more gender-equitable world.

Despite these developments, there is still much to be done to bring into sharper focus men's gendered experiences and sexual and reproductive health needs, and to improve life outcomes for men, women and children. Without making men's gendered experiences as men visible, progress cannot be made towards the achievement of gender equality or any subsequent improvement in the lives of men, women and children in the developing world.

**Global MenEngage Alliance: boys and men for gender equality**

In 2007, a number of organizations came together to discuss the challenges in engaging men and boys. These organizations recognized that the number of programmes and interventions focusing on boys and young men was increasing, but that interventions were often short-term and project orientated and remained small-scale and uncoordinated.

As a consequence, these organizations decided to come together to form the global MenEngage Alliance.<sup>21</sup> This alliance aims to bring together international, regional and national organizations and institutions seeking to strengthen the engagement of men and boys in promoting gender equality, enhancing sexual and reproductive health and rights, and preventing HIV and AIDS and gender-based violence. Through this work, the alliance aims to strengthen the evidence base, take the issue into the public sector and influence public policy. It also seeks to maintain momentum on the importance of working with men and boys, through advocacy, promoting leadership, and enhancing the sharing of resources and information. All these activities are undertaken in collaboration with existing efforts to promote the rights of women and girls.

IPPF is a founding member of the alliance, and has specific responsibility for sexual and reproductive health and rights issues. Other members include Instituto Promundo, EngenderHealth, Save the Children-Sweden, White Ribbon Campaign, Sonke Gender Justice, the Centre for Health and

<sup>20</sup> See Razavi S and Miller C (1995) *From WID to GAD: Conceptual Shifts in the Women and Development Discourse*.

<sup>21</sup> See MenEngage Alliance: [www.menengage.org](http://www.menengage.org)

Social Justice, the Family Violence Prevention Fund and the International Centre for Research on Women. The World Health Organization, UNFPA and UNDP participate in an advisory capacity. For more information, visit [www.menengage.org](http://www.menengage.org)

Since its formation, the MenEngage alliance has held regional consultation meetings in each geographical region around the world. These consultations have brought together local and national non-governmental organizations, grassroots organizations, women's organizations, youth groups, UN agencies and governments to build local capacity and advance this agenda. Country and regional MenEngage networks have been formed following these meetings.

## Engaging men in gender equality: what does this mean for men, women and children?

### Men as part of the gender equation

Given that women are the victims of gender inequality, there is understandable concern about the value and rectitude of diverting resources to work with men.<sup>22</sup> However, it is evident that leaving men and boys out of the gender equation and out of a gender and development approach is a recipe for failure. In fact, failing to acknowledge men's role as gatekeepers of the current gender order and as potential resistors of change may contribute to the continuing marginalization of women and women's struggle to achieve equality. Empowering women is important, but needs to be coupled with systematic and systemic efforts to change the lives of men and boys if the inequalities at the root of gender relations are to be addressed.

An area where the weakness of the 'women-only' approach has been brought into sharp view is the spread of HIV and AIDS, where programmes that focus on empowering women and girls to negotiate safer sex have little impact in societies where it is the men who decide when and with whom to have sex, and whether or not to use a condom.<sup>23</sup> Programmes to prevent domestic violence

by providing shelters for women and children, although vital, will not prevent the occurrence of domestic violence, as these programmes only address the consequences of that violence. Only through challenging the behaviour of men who use this violence will domestic violence come to an end. In addition, men themselves can also be vulnerable and the victims of violence, an issue rarely addressed by programmes and interventions tackling rape, domestic violence and other forms of violence despite the fact that men are more likely to be victims of violence or homicide perpetrated by other men.

Taking men into account as part of the gender equation will not only benefit women, it also benefits men. Indeed, rather than perceiving gender as a 'women's issue', we need to think in terms of relations of power and powerlessness, in which both women and men may experience vulnerability, rather than treating 'maleness' as powerful and problematic in itself.<sup>24</sup> Although men as a group exercise power over women and other men, there are many men who feel powerless at an individual level. Examples include men who experience sexual coercion regardless of sexual orientation or identity; and the many men who are orphans, refugees, unemployed, homeless or living with HIV suggests that men are not always so 'privileged'.<sup>17</sup>

### The negative impact of dominant forms of masculinity

#### *Men and sexual health*

The way that dominant masculinity is constructed has important implications for men's sexual health as well as the health of women and children. For example, the idea that men have uncontrollable sexual needs and should be sexually promiscuous has had serious consequences for the spread of HIV and AIDS. Men may also be reluctant to use condoms, seeing them as a barrier to their sexual pleasure.<sup>25</sup> The idea that as men they are entitled to sex also has severe implications for the use of sexual coercion and gender-based violence against women. This is particularly the case in countries affected by conflict, where gender-based violence is used as a weapon of war.

Men are also poorly served by existing sexual and reproductive health services and reluctant to use them.

22 See Kaufman M (2003) *The AIM Framework: Addressing and Involving Men and Boys to Promote Gender Equality and End Gender Discrimination and Violence*.

23 See Esplen E (2006) *Engaging Men in Gender Equality: Positive Strategies and Approaches*.

24 See Cornwall A (2000) Missing men? Reflections on men, masculinities and gender in GAD. *IDS Bulletin*.

25 See Flood M (2003) Lads in latex? Why young heterosexual men don't use condoms. *Impact*.

They may see them as intended for women only and concerned with reproduction and fertility rather than the control of sexually transmitted infections. As a consequence only very small proportions of men aged 15–19 have ever been tested for HIV – only one per cent in Ethiopia, 3–4 per cent in Benin, Uganda and Zimbabwe, and 7–9 per cent in Malawi and Gabon.<sup>26</sup> Men may also be more likely to try to treat themselves for infections, and studies in Tanzania, Kenya and Zambia show that men have claimed that traditional healers are more respectful and less judgemental than private doctors or health care workers in family planning clinics. Men also tend to leave accessing services much later than women. This may be partly because showing resilience, independence and disregard of physical discomfort, risk and health care needs are all ways to demonstrate their manhood and difference from women.<sup>27</sup>

#### *Men and sexuality*

Sexuality refers to more than solely sexual intercourse between a male and a female. People experience sexuality through their bodies, emotions, thoughts, identity and relationships. Cultural norms about sexual behaviour shape our understanding and experience of sexuality from an early age. Female and male sexuality, sexuality of racial and ethnic minorities, and sexual identity and diversity are subject to particularly strong influence by cultural norms.

Male sexuality and its meanings in terms of gender are produced within the social and cultural environment in which young people develop. This suggests that family, friends, schools, religion, media and other socio-economic cultural institutions influence the diverse meanings given to human sexual behaviour. These institutions directly and indirectly provide young men with the instructions, advice and requirements that are needed to develop their specific roles as social actors.<sup>28</sup>

Norms related to sexuality vary by gender – that is, boys and men tend to experience expectations and pressures related to sexuality that are different from the expectations and pressures girls and women experience. Here are some examples.

- Boys may be encouraged to, and may wish to, delay sexual activity; however, they also typically feel significant pressures to ‘prove their manhood’ through early, repeated, and even aggressive, heterosexual experience.
- People whose appearance or behaviour deviates from conventional gender norms – for example, more ‘effeminate’ males, or men who show signs of attraction towards other men – may be teased or threatened, and have their sexuality called into question.
- Taking risks (including in sex) is commonly another part of the established male role in many settings.

#### *Men and violence*

For men trying to live up to dominant versions of masculinity, this may involve the use of violence. Men are the main perpetrators of violence against women as well as other men, are more likely to own guns and weapons, be imprisoned, and be injured and murdered.<sup>29</sup> It has been estimated that boys are two to three times more likely than girls to get involved in fighting and young men aged between 15 and 29 account for half of global firearm homicide victims.<sup>30</sup> Young men frequently perceive violence, particularly small arms violence, as a means to reach the positions of social or economic status to which they feel entitled. This desire to reach positions of social or economic status at any cost is directly linked to traditional notions of masculinity, and what society perceives a real man to be. As a consequence, violence can become an acceptable way for men and boys to demonstrate masculinity.

#### *Men and relationships*

Another consequence of living up to dominant versions of masculinity is the impact on having healthy relationships with both partners and children. The notion that men must be mentally strong like a rock makes them more likely to be emotionally detached and distant, which can seriously impoverish their ability to be intimate and loving to their partners, and active and caring fathers to their children.<sup>31</sup>

26 See Guttmacher Institute (2003) *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide*.

27 See Courtenay W (2000) Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*.

28 See Gagnon J and Simon W (1973) *Sexual Conduct: The Social Sources of Human Sexuality*.

29 See World Health Organization (2002) *World Report on Violence and Health*.

30 See Small Arms Survey (2006) *Few Options but the Gun: Angry Young Men in Small Arms Survey 2006*.

31 See Kimmel M (2005) Why men should support gender equality. *Women's Studies Review*.

This lack of intimacy has a profound effect on men's mental health and men are more likely to commit suicide than women,<sup>32</sup> with key risk factors being loneliness and isolation.

### Men are changing

What the World Health Organization review of 58 programmes and interventions and this research show is that men are not only changing but want to change. Since the 1990s, the study of men and masculinities has increased, with more and more university courses becoming established. A plethora of publications and books looking at the sociology of masculinity and its effects on all aspects of a man's life and those around him have been published, such as Connell's *Masculinities*. And a number of large-scale movements have been born, including the White Ribbon Campaign (founded by a group of men in Canada following the brutal murder of 14 women engineering students in Montreal), now a global movement, and the MenEngage Alliance which was set up by a group of organizations and individuals (men and women) to coordinate efforts to engage men and boys in achieving gender equality.

In addition to these developments, there have been an even greater number of programmes designed and implemented by non-governmental organizations, UN agencies and governments committed to engaging men as partners in achieving gender equality. With more programmes offering up different ways to successfully engage with men to challenge harmful expressions of masculinity, and promote gender equality and positive masculinities, more is being understood about men's desire to change. More and more men are seeing not only the benefits to their wives, partners, mothers, sisters and daughters in engaging men in gender equality but are seeing the benefits for themselves. As the following case studies show, men have cited not only improved relationships with their partners, allowing men to achieve a level of intimacy previously unobtainable, but also improved health outcomes and less pressure to be involved in violence. By emphasizing men's caring nature and their need to be loving partners and fathers, men have seen a place for themselves in the struggle to achieve gender equality – and a wholeheartedly positive place at that.

The freedom to express oneself without the constraints that rigid gender norms place on both men and women is a natural motivator and one with the consequence of achieving a more peaceful and just world for its inhabitants – men, women and children. Men are at the forefront of this movement leading these changes in men, and challenging others to join them.

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32 See World Health Organization (2008) *Suicide Prevention and Special Programmes*.



# Case study evidence for work with men and boys

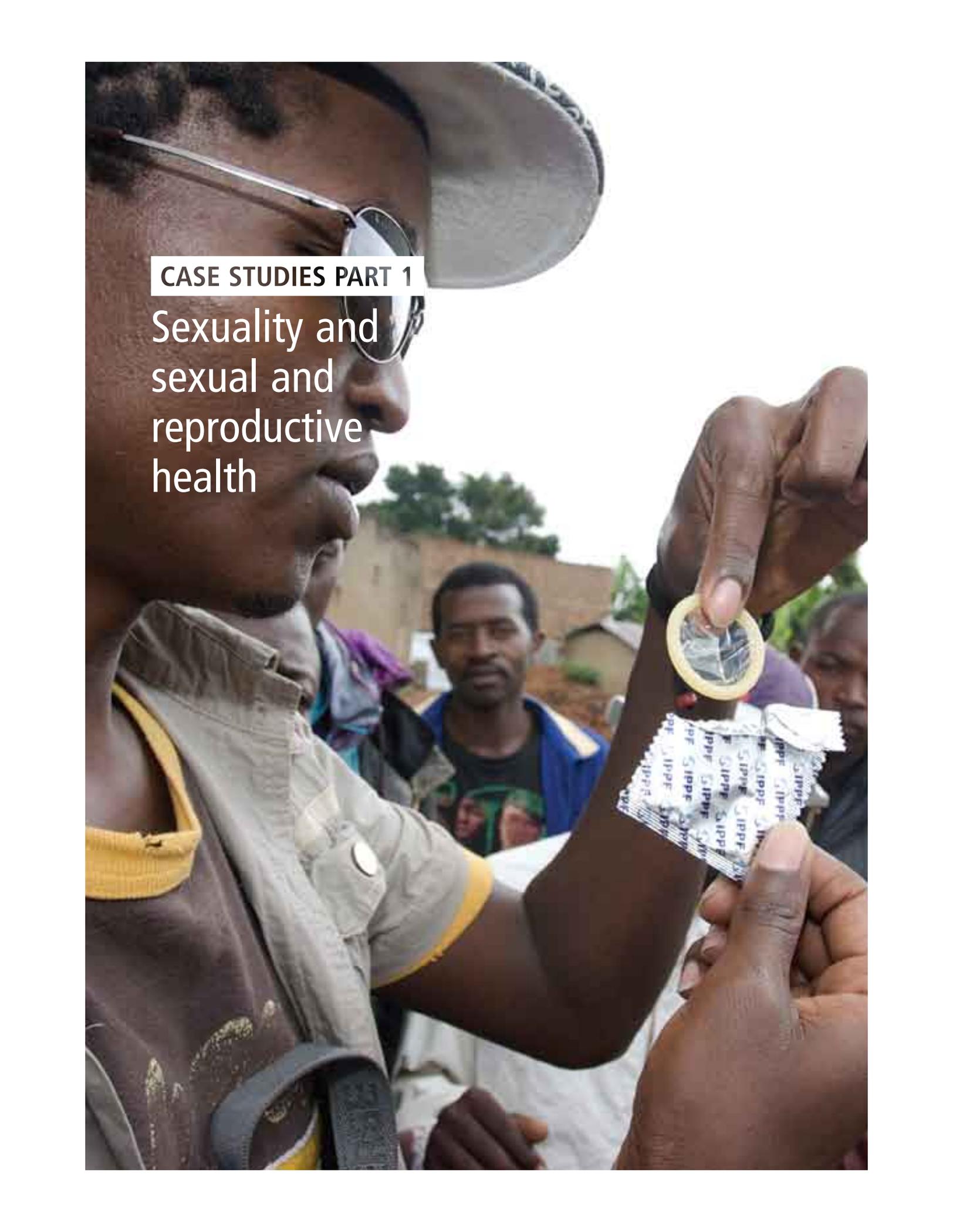
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## Format of case studies

The case studies in this report are based on the following format:

- background
- key beneficiaries
- objectives
- methods
- results
- good practice and lessons learned
- recommendations for the future
- analysis of gender perspective
- assessment of programme effectiveness

We have endeavoured, where the information available allows, to achieve uniformity in the presentation of these case studies.

A close-up photograph of a man wearing a grey cap and sunglasses, looking down at a yellow condom he is holding. He is also holding a white pack of condoms. In the background, other people are visible, suggesting a community setting. The text 'CASE STUDIES PART 1' is overlaid on the top left of the image.

**CASE STUDIES PART 1**

Sexuality and  
sexual and  
reproductive  
health

## CASE STUDY I

### Male involvement in sexual and reproductive health, Namibia

#### United Nations Population Fund (UNFPA)

#### Background

Namibia has a young population: 43 per cent of people are aged under 15 years and 70 per cent are under 30 years old. The country has high maternal mortality and fertility rates, and AIDS is the country's leading cause of death. The estimated national prevalence of HIV among pregnant women was 22.3 per cent in 2000 and has continued to increase since.

Despite the ratification of a national gender policy in 1997, long-standing and widespread cultural beliefs run counter to the official policy. For example, adultery is recognized when it involves a married woman and another man, but not necessarily when it involves a married man and another woman. Men do not acknowledge that rape can occur within marriage and, traditionally, women can only deny sexual access to their spouses on culturally recognized grounds such as menstruation, sickness or pregnancy. Furthermore, many people believe that men have the right to discipline their wives through beating and that it is an appropriate way for a man to assert his authority as the head of the household. Men tend to be decision makers on issues that affect women's reproductive health, even though they are poorly informed on these issues.

In relation to the military, men live away from their spouses and family members, which increases their likelihood of having casual sexual encounters to relieve loneliness and stress. This programme was therefore designed to encourage partnering and gender equity in areas of sexual and reproductive health and increase uptake of reproductive and health services and information, especially HIV and AIDS prevention among women, men and adolescents. The idea was to facilitate this through improved communication between men and their partners on issues such as contraceptive use, sexually transmitted infections, gender roles and responsibilities, and family conflicts.

#### Key beneficiaries

Military and police personnel (primarily near the Oshakati military base); the Evangelical Lutheran Church in Namibia; soccer teams; and male nurses in the Northwest region.

#### Objectives

- To involve men in the sexual and reproductive health of their partners.
- To educate men about women's reproductive health.
- To challenge unequal power relations that perpetuate health inequalities.

#### Methods

##### *Capacity building*

- Twelve pastors (one female and 11 male) from the Evangelical Lutheran Church were trained in sexual and reproductive health, and they then trained 181 other pastors and lay readers.
- Ten male nurses within 10 health districts were trained in sexual and reproductive health, and they in turn trained another 48 male nurses.
- Training in sexual and reproductive health was also provided to 22 male defence officers, 16 male police officers, two male soccer club managers and 12 male soccer club coaches.
- Two members of the Namibia Defence Force (one male and one female) received training in sexual and reproductive health and HIV/AIDS prevention.
- A training manual was developed on sexual and reproductive health to be used in the Northwest Health Directorate, covering topics such as family planning, gender equity including prevention of gender-based violence, unsafe sexual contact and family responsibilities including couple communication.

##### *Behaviour change communication*

- Behavioural change communication campaigns and counselling sessions corrected myths by explaining how HIV is transmitted and how to protect oneself against infection. Men were the major target audience although some women were also exposed to information during marriage counselling sessions.

- Communication channels included printed materials, video clips, person-to-person contacts, group meetings, drama performances during national events such as World Population Day and World AIDS Day, and other outreach activities.

#### *Sexual and reproductive health services*

- HIV and AIDS prevention promoters were appointed and trained in each military unit.
- A sexually transmitted infections/HIV/AIDS communication campaign using audio-visual materials was launched in 1997 covering the whole of the Namibian Defence Force.
- An HIV and AIDS master trainer was appointed for four months each year to train staff in counselling and home-based care.
- 122,000 condoms were distributed to 191 drinking establishments, 14,400 condoms to the police and 7,200 condoms to the Defence Force.

#### **Results**

- There was less gender-based violence, increased knowledge on the prevention of sexually transmitted infections, including HIV, more requests for HIV voluntary testing and counselling, and a much higher demand for condoms.
- There was a decrease in HIV prevalence among pregnant women in the project area over a two-year period.
- The regional focus forged new links between the military and civilian groups.

#### **Good practice, lessons learned and recommendations for the future**

- A greater effort should be made to 'Namibize' the project. Newspapers, television and community radio in local languages can further build awareness of the project and the issues it addresses. Most Namibians listen to community radio in their local languages.
- The project only targeted men, which provoked resentment among female providers because they were not included as either trainers or trainees. Furthermore, sexual and reproductive rights are not well understood. Some stakeholders view reproductive rights and gender equality as the 'right of women being equal or taking authority from men'. Future interventions should always also target women (where appropriate) and address the lack of knowledge regarding sexual and reproductive rights.

- Policy issues related to family separation are integral to mainstreaming gender in the military. Ignoring the need to accommodate family realities of career soldiers strains family relationships and increases the likelihood of casual sexual relationships, along with the transmission of HIV and other sexually transmitted infections.
- Expanding the project to other military bases would provide continuity to military men when they are transferred to other units.
- A male involvement project implemented within the Namibian Defence Force is likely to garner more support among high-level officers and be better institutionalized than one that deals solely with civilian groups.
- Greater emphasis should be placed on targeting young recruits and young men in school.
- To build on the messages about prevention of sexually transmitted infections, both male and female condoms should be more available and accessible at all health facilities, youth centres, *cuca* (local brew) shops, and to military clinics, especially in rural areas.

#### **Analysis of gender perspective**

This programme was gender-sensitive. While the programme showed an increase in the use of voluntary counselling and testing services and condoms it did not directly challenge power relations between men and women, despite this being one of their objectives. Although information provision did have an impact on the knowledge and behaviour of some men and staff (although it is not clear whether this change was statistically significant) more needs to be understood about attitudinal changes and the likelihood of longer-lasting behaviour change as a result of the programme. In addition, as the programme only targeted men, it is not clear how the programme sought to increase couple communication and challenge the belief that men hold authority in the home. This belief is in many ways what drives health inequalities – educating men about women's sexual and reproductive health, while worthwhile, may also reinforce traditional gender norms if education does not include women and women's rights.

#### **Assessment of programme effectiveness**

Based on the evidence presented, this programme was assessed as showing promising results.

## CASE STUDY II

### Engaging transgender men in preventing sexually transmitted infections, Indonesia

#### Aksi Stop AIDS (ASA) project, waria in Jakarta, Indonesia, Family Health International

##### Background

Indonesia has a large transgendered community, who describe themselves as waria, a term for transgendered people derived from the words wanita (woman) and pria (man). Waria sex workers and their clients are considered to be at high risk of HIV and sexually transmitted infections. Social prejudice and discrimination mean that waria find it difficult to access services and information about HIV and sexually transmitted infection prevention and treatment. At the time of this intervention there were few targeted interventions reaching waria sex workers. The intervention was implemented by Yayasan Srikandi Sejati, an Indonesian organization that focuses on the health issues of the transgendered community, and was undertaken in partnership with community-based organizations in Jakarta.

##### Key beneficiaries

Transgender community (waria) in Jakarta.

##### Objectives

- To increase and sustain safer sexual behaviour and appropriate health-seeking behaviour among waria.
- To increase access to condoms and lubricant by establishing distribution linkages with condom producers, and access to services by implementing a referral system for sexually transmitted infection services, voluntary counselling and testing services, and care, support and treatment services.
- To create a supportive environment for programme implementation and behaviour change through advocacy with government agencies and networking with other organizations.
- To strengthen the capacity of the intervention agency staff to manage and implement the interventions.

##### Methods

- To increase access to condoms for waria, Yayasan Srikandi Sejati conducted one coordination meeting with DKT International (a social marketing condom supplier) in each year between 2003 and 2005, resulting in three annual memoranda of understanding. Yayasan Srikandi Sejati also established and maintained 10 condom distribution outlets in 2003, such as cigarette-selling kiosks, and 12 in 2004 and 2005.
- The distribution of safer sex packages – a packet containing one condom with a sachet of water-based lubricant and behaviour change communication material – started in 2003.
- To make sexually transmitted infection services more available to waria in Jakarta, Yayasan Srikandi Sejati conducted 12 coordination meetings with sexually transmitted infection service providers in 2003, 10 meetings in 2004 and 12 meetings in 2005. The clinic of Perkumpulan Keluarga Berencana Indonesia (Indonesian Planned Parenthood Association) became the sexually transmitted infection referral clinic for the waria community in Jakarta.
- To ensure that services were waria-friendly, Yayasan Srikandi Sejati had three waria staff members working at the clinic, one as an administrator and two as counsellors. The clinic, with two waria counsellors, also provided voluntary counselling and testing services for waria in Jakarta for a subsidized fee of about 50 US cents. From 2003 to 2005, Yayasan Srikandi Sejati conducted three annual coordination meetings and established three memoranda of understanding with service organizations offering care, support and treatment services. In addition, a Yayasan Srikandi Sejati counsellor and two case managers visited waria living with HIV at least every two weeks.

- In 2003, Yayasan Srikandi Sejati had 18 active buddies (two short of the target) who conducted four meetings and helped care for waria who were ill. In 2004 and 2005, Yayasan Srikandi Sejati had 20 active buddies who conducted 10 meetings each year, meeting all annual targets. The organization also formed a support group for waria living with HIV called Srikandi Urip that met once a month.
- To develop the capacity of implementing agencies to better implement the programme, Yayasan Srikandi Sejati received training, supported by Family Health International, in care and support, sexually transmitted infections, voluntary counselling and testing, and case management. Yayasan Srikandi Sejati also participated in exchange visits, workshops and conferences with other programmes funded by Family Health International.

### Results

Key behavioural outcomes for waria in Jakarta improved significantly between 2002 and 2004. Based on pre- and post-intervention surveys, there was an increase in condom use at last anal sex and an increased use of condoms on a consistent basis with clients. There was also an increase in the use of water-based lubricant with condoms at last anal sex, an increase in waria seeking voluntary counselling and testing services, and a decrease in unprotected anal sex in the previous month.

### Good practice and lessons learned

- The values of the community organization contributed to the relative success of these interventions in both coverage and outcomes. All the members from both community-based organizations were from the waria community and the sexually transmitted infection clinic in Jakarta was also staffed with waria, which facilitated contact with the beneficiaries. Staff members truly cared about their community and, as one person from the organization said, they worked under the principles of *asah* (care), *asih* (love) and *asuh* (take care).
- Yayasan Srikandi Sejati staff in Jakarta explained that there had been a sharp increase in demand for condoms, particularly in 'hotspots', supporting the evidence of self-efficacy of the communities in using condoms. The targeted information, education and communication materials, for example the safer sex package, which took

waria's insights into consideration, were also considered by staff as one of the important factors contributing to the success of their interventions.

- 'Edutainment' activities were perceived as culturally appropriate and a good medium to transfer knowledge and mobilize communities.
- For more sustained changes in the support provided to the transgender communities, interventions should include a strong advocacy component which seeks to change local and national laws and policies.

### Recommendations for the future

- Despite the increase in sexual and health-seeking behaviour, only 43 per cent of waria had been tested for HIV in the past year. Qualitative data suggests a lack of understanding by waria about the benefits of the voluntary counselling and testing services and antiretroviral treatment. This was compounded by fears of stigma and discrimination if diagnosed positive, and the lack of availability of waria-friendly clinics in the areas where waria work and/or live. Wider promotion of the availability of waria-friendly clinics is required, together with more training of clinic staff of the needs of the waria community – this should include combating negative attitudes towards waria and greater promotion of the benefits of voluntary counselling and testing services and antiretroviral treatment.
- Staff attributed the lower level of sexually transmitted infection check-ups among waria to misconceptions about the symptoms of sexually transmitted infections, the limited number of clinics, a lack of privacy in some clinics, inappropriate clinic opening hours, and the fact that some waria did not have official identity cards that allowed them to receive care and treatment at the government hospital. Greater communication and collaboration with government health and social welfare offices and the development of a well-formulated advocacy strategy would encourage greater support and funding for these services.
- The community generally perceived condoms and water-based lubricant sachets as available, but there were some concerns related to affordability (particularly the cost of the water-based lubricant), the quality of these commodities and the functioning of the condom outlets as reported by the staff of these

community-based organizations. The availability of free condoms and water-based lubricant should be made a priority to ensure there are sufficient affordable resources to ensure the continued prevention of HIV and other sexually transmitted infections. In addition, the infrastructure of clinics and other outlets needs to be improved to ensure the availability of HIV voluntary counselling and testing services for the waria community.

- Staff of both community-based organizations reported difficulties in reaching clients of the waria sex workers. Although clients were mainly reached through edutainment activities, it was difficult for the waria to approach them through interpersonal communication as they felt shy about discussing sexual health with clients and also detected clients' disinterest in discussing this matter with them. Strategies to reach the clients of waria should be developed to ensure information is also reaching them, to reduce the risks they pose to themselves, their partners and waria.

#### **Analysis of gender perspective**

The programme was gender-sensitive. While this programme showed some attitudinal and behavioural change among the target group, the lack of service provision and targeted information to the waria community about HIV and sexually transmitted infection prevention and treatment meant that high-risk behaviours were unchallenged. In addition, many waria did not seek information or services through fear of discrimination and stigmatization – an issue this intervention sought to address by staffing clinics with people from the waria community and training staff on their needs. However, the gender-sensitive approach did not challenge prevailing prejudices and stigmatization of waria sex workers, and many continued to feel too scared to attend clinics either for testing or treatment. The programme managers also acknowledged the need for greater advocacy work and the wider availability of waria-friendly clinics in Jakarta to enable the programme to be more gender-transformative.

#### **Assessment of programme effectiveness**

Based on the evidence presented, this programme was assessed as showing promising results.

## CASE STUDY III

### Engaging men who have sex with men and male sex workers in preventing sexually transmitted infections and HIV, Indonesia

#### Aksi Stop AIDS project, Indonesia

#### Background

Men who have sex with men and male sex workers are both considered to be at high risk of HIV and sexually transmitted infections in Indonesia. Social prejudice and discrimination mean that men who have sex with men and male sex workers find it difficult to access services and information about HIV and sexually transmitted infection prevention and treatment. In addition, few services are available to these groups and men who have sex with men are a more hidden population, making it difficult to reach them. The intervention was implemented by Yayasan Pelangi Kasih Nusantara, an Indonesian organization which is led by men who have sex with men.

#### Key beneficiaries

Men who have sex with men and male sex workers across Indonesia.

#### Objectives

- To increase and sustain safer sexual and appropriate health-seeking behaviour among men who have sex with men and male sex workers.
- To increase access to commodities such as condoms and water-based lubricant by establishing distribution linkages with condom producers, and access to services by implementing a referral system for sexually transmitted infection services, HIV voluntary counselling and testing services, and care, support and treatment services.
- To create a supportive environment for both programme implementation and behavioural change through advocacy with government agencies and networking with other organizations.
- To strengthen the capacity of intervention agency staff to manage and implement the interventions.

#### Methods

- To effect behavioural change among the target groups, field coordinators and workers conducted group discussions with male sex workers and men who have sex with men, and field staff distributed behaviour change communication materials. Other behaviour change communication activities included one edutainment session in 2003 with 600 participants, two sessions in 2004 with nearly 1,000 participants and three sessions in 2005 with over 1,600 participants.
- In order to increase access to condoms and lubricant for men who have sex with men and male sex workers, Yayasan Pelangi Kasih Nusantara conducted coordination meetings with a condom supplier in both 2003 and 2004 and two meetings in 2005. It purchased Protector condoms at a subsidized rate from DKT International and received free Artika condoms from the district health office. In 2003, the programme established and maintained 30 condom distribution outlets. It met with a lubricant supplier, which also resulted in a memorandum of understanding with this supplier for the duration of this project.
- To increase access to sexually transmitted infection services for male sex workers and men who have sex with men, Yayasan Pelangi Kasih Nusantara conducted three coordination meetings with sexually transmitted infection service providers in 2003, and an unreported number of meetings in 2004 and 2005. To increase uptake of treatment for sexually transmitted infections, a mobile clinic also visited some of the massage parlours, usually during the programme's bi-monthly meetings.
- A number of advocacy and networking meetings took place in 2005 to garner support and greater access to resources.

## Results

### *Behavioural outcomes among male sex workers in 2002 and 2004*

Based on pre- and post-intervention surveys in 2002 and 2004 with male sex workers, there was a statistically significant increase in condom use at last anal sex and in consistent condom use during anal sex with clients. There was also a statistically significant increase in the use of water-based lubricant with condoms at last anal sex and in seeking HIV voluntary counselling and testing services. Overall, there was a statistically significant decrease in unprotected anal sex in the previous month.

### *Key behavioural outcomes among men who have sex with men in 2002 and 2004*

Based on pre- and post-intervention surveys in 2002 and 2004 with men who have sex with men, there was a statistically significant increase in condom use at last anal sex with another male and in consistent condom use during anal sex with males. There was also a statistically significant increase in the use of water-based lubricant with condoms at last anal sex, and in seeking HIV voluntary counselling and testing services. Overall, there was a statistically significant decrease in any unprotected sex in the previous month.

## Good practice and lessons learned

Although the programme showed some very positive behavioural changes among male sex workers and men who have sex with men, no good practice was highlighted in their overall evaluation of the interventions. However, the following good practice can be inferred:

- Establishing agreements with governments and suppliers for the provision of condoms and lubricant is an essential part of ensuring programme sustainability.
- Interventions working with men and boys should seek to provide condoms free, or at a reduced rate, where possible.
- Mobile clinics to areas where men who have sex with men and male sex workers congregate and work is an important way to reach these groups with sexual and reproductive health and HIV information and services.

- Establish partnerships with, and provide support to, organizations led by men who have sex with men and male sex workers. This will increase trust among these groups towards interventions, and increase effectiveness.

## Recommendations for the future

- There were major issues related to the quality of the monitoring and evaluation data collected between 2003 and 2005, and for some key process indicators the data was not consistently disaggregated by group (men who have sex with men and male sex workers), although there was sufficient data to show positive results. Training staff in monitoring and evaluation data collection methods as well as the importance of collecting such data should be a priority in future programme design.
- The programme design underestimated the dispersed and hidden nature of the men who have sex with men population, particularly in Jakarta, compared to the more visible male sex workers and waria populations. This led to low coverage of interventions among the men who have sex with men population, who were difficult to reach through the efforts of just one community-based organization. Staff stressed the importance of a peer approach by a direct community member accompanied by behaviour change communication materials tailored to their populations. Staff also stressed the importance of diversifying the type of behaviour change interventions, particularly aimed at reaching hidden men who have sex with men.
- In 2004, only 21 per cent of male sex workers and 10 per cent of men who have sex with men in Jakarta had been tested for HIV in the previous year. This low rate of testing was probably due to a lack of understanding of the benefits of voluntary counselling and testing and antiretroviral treatment, combined with fear of stigma and discrimination if diagnosed positive, the lack of availability of clinics friendly to men who have sex with men, and the lack of medical follow-up after testing and treatment as reported by the staff of those organizations during group discussions. The lack of promotion of voluntary counselling and testing services by the outreach workers may also be a contributory factor. Awareness campaigns and advocacy work should be undertaken to

dispel myths and negative perceptions of men who have sex with men and male sex workers, along with training of staff in clinics to ensure a greater awareness of the sexual health needs of men who have sex with men and male sex workers. In addition, a strategy is needed to reach men who have sex with men, taking into account their needs and fears, and ensuring adequate staffing and peer educators to implement future interventions to reach this group.

- There was a lack of a well-formulated advocacy strategy, staff were not adequately trained in advocacy, and interaction with government agencies and non-governmental organizations was often limited to only HIV and AIDS and reporting. Greater communication and collaboration with government health and social welfare offices and the development of a well-formulated advocacy strategy would encourage greater support and funding for these services.

#### **Analysis of gender perspective**

This programme was gender-sensitive. Although the programme showed positive behavioural change among the target groups, the lack of service provision and targeted information to the populations of men who have sex with men and male sex workers about HIV and sexually transmitted infection prevention and treatment meant that high-risk behaviours were unchallenged. In addition, men who have sex with men and male sex workers did not seek information or services due to fears of discrimination and stigmatization, an issue this intervention sought to address by implementing it through an organization led by men who have sex with men. However, the gender-sensitive approach did not challenge prevailing prejudices and stigmatization of men who have sex with men and male sex workers, and many continued to feel too scared to attend clinics either for testing or treatment. The programmers acknowledge the need for greater advocacy work and the wider availability of clinics that are considered friendly by men who have sex with men and male sex workers.

#### **Assessment of programme effectiveness**

Based on the evidence presented, this programme was assessed as showing promising results.

## CASE STUDY IV

### Engaging men who have sex with men and male sex workers in preventing sexually transmitted infections and HIV, Bangladesh Family Health International and the Bandhu Social Welfare Society

#### Background

In Asia and the Pacific region, men who have sex with men are often neglected in efforts to prevent the spread of HIV and in the treatment of those with AIDS. This is despite the fact that men who have sex with men and male sex workers are identified as being at high risk for HIV infection. Several studies show that men who have sex with men in Asia engage in risky sexual behaviours including low condom use and high turnover of both male and female partners in commercial and non-commercial settings. In addition, there is no safe place for men who have sex with men and male sex workers to discuss male sexuality, sexual identity and human rights and therefore no mechanisms for them to assert those rights.

#### Key beneficiaries

Men who have sex with men and male sex workers in Dhaka.

#### Objectives

- To promote safer behaviours, particularly through peer education and promotion of condoms and water-based lubricant.
- To provide sexually transmitted infection management and care services.
- To strengthen advocacy, research and communication systems.
- To build the capacity of the Bandhu Social Welfare Society through skills development.

#### Methods

*Activities conducted by the Bandhu Social Welfare Society to promote safer behaviours*

- Outreach workers and peer educators contacted target groups through one-to one meetings and group discussions at cruising sites and integrated health centres.

- Referrals to integrated health centres that provide information, condoms and lubricant, counselling, peer education training, diagnosis and treatment for sexually transmitted infections, and HIV voluntary counselling and testing services.
- Distribution of strategic behaviour communication materials by outreach workers and peer educators.
- Condom and lubricant distribution by outreach workers and peer educators, and by counsellors and doctors at the integrated health centres.

*To increase access to sexually transmitted infection services*

- Referral cards were distributed to integrated health centres by outreach workers and peer educators.
- Twice-weekly clinics were provided in the health centres offering counselling and services for sexually transmitted infections.

*To strengthen advocacy, research and communication systems*

- Advocacy strategies were developed for HIV programmes among men who have sex with men.
- Sensitization meetings were conducted with media representatives, local elites, law enforcement agencies, local administrators, journalists, students and activists.
- The programme conducted and participated in research studies.
- Coordination meetings were held with staff from government and non-governmental organizations, and these partners participated together in World AIDS Day activities.

*To build the capacity of the Bandhu Social Welfare Society through skill development*

- Family Health International trained peer educators from the implementing agency.
- Bandhu Social Welfare Society staff attended finance and administrative trainings, training for trainers and training for facilitators.

## Results

### *Key behavioural outcomes among male sex workers in Dhaka*

Pre- and post-intervention surveys with male sex workers in Dhaka showed a statistically significant increase in awareness that avoiding anal sex and using a condom every time when engaging in anal sex could reduce the risk of HIV infection. There was also a statistically significant increase in the number of male sex workers who reported using a condom the last time they had anal sex with a new male client, and also in the last time they had sex with a non-commercial male partner. The survey also found that there was a significant increase in male sex workers who reported seeking formal medical treatment for their last sexually transmitted infection symptom and a decrease overall in male sex workers reporting at least one sexually transmitted infection symptom in the previous year.

### *Key behavioural outcomes among men who have sex with men in Dhaka*

Pre- and post-intervention surveys with men who have sex with men in Dhaka showed a statistically significant increase in awareness that avoiding anal sex and using a condom every time when engaging in anal sex could reduce the risk of HIV infection. There was also a statistically significant increase in the number of men who used a condom the last time they had anal sex with another male, and a significant increase in the number who reported seeking medical treatment for a sexually transmitted infection. Overall, there was a significant decrease in men who have sex with men reporting at least one sexually transmitted infection symptom in the previous year.

## Good practice and lessons learned

- Implementing the project through the Bandhu Social Welfare Society, a community-based organization run by and for men who have sex with men, meant that it was able to understand the issues and concerns of men who have sex with men, and was also an accepted and trusted organization by this group. It is important that future interventions work with these organizations, which will increase programme effectiveness.

- The Society had strong leaders helping the organization to stay focused and committed to meeting the sexual health needs of men who have sex with men and motivating staff to meet the challenges of undertaking the work in a complex and conservative environment.
- The Society succeeded in providing a safe place for men who have sex with men and male sex workers to meet and discuss issues of male sexuality, sexual identity and human rights. This was extremely valuable in both identifying the specific needs of these two communities, and also providing a space for them to share experiences and feel supported.
- Through advocacy and networking efforts, the Bandhu Social Welfare Society has made policy makers aware of the presence and concerns of men who have sex with men which has led to their issues being included in the national HIV and AIDS agenda. As a result, tacit tolerance about the existence of men who have sex with men in Bangladeshi society is increasing.

## Recommendations for the future

- Organizations implementing similar interventions should develop a comprehensive strategic and flexible peer education strategy for men who have sex with men and operational guidelines targeting particular segments of this community.
- The integrated health centres were often underutilized and had limited physical facilities and services. There is therefore a need to rethink strategically the purpose and operation of drop-in-centres, and identify ways to better promote their use for HIV prevention.
- Individual and group interviews revealed that beneficiaries know the importance of using condoms, know how to use them, know where to obtain condoms and have condoms in their possession. Nevertheless, consistent condom use remains low. There is therefore a need to investigate more fully the reasons for low condom use, and staff at all levels need to place greater emphasis on increasing correct and consistent condom use.
- Pre-treatment counselling by trained counsellors was observed in most but not all clinics. However, the quality of counselling needs to be monitored, coverage of psychosexual issues for men who have sex with men

needs further improvement, and counsellor overload was noted. Post-treatment counselling was observed and covers information on further counselling, compliance and condoms, but contact tracing needs improvement.

- Advocacy remains a crucial component in creating an environment that is conducive for HIV prevention. Advocacy efforts need to be decentralized and tailored to individual field sites, and the advocacy strategy also needs to move beyond just training sessions to include other, more innovative methods.

#### **Analysis of gender perspective**

This programme was gender-neutral. Despite success in influencing risky sexual behaviour and low health-seeking behaviour, the attitudes of wider society remained mostly unchallenged. While the gender-neutral approach met the symptomatic needs of men who have sex with men and male sex workers, it did not challenge the root causes of the lack of services or awareness of their needs, or highlight how discrimination impacted on the sexual health and health-seeking behaviour of these groups of men.

#### **Assessment of programme effectiveness**

Based on the evidence presented, this programme was assessed as showing promising results.

## CASE STUDY V

### Providing sexual and reproductive health services to the armed forces, Benin

#### United Nations Population Fund (UNFPA)

##### Background

Benin has a very young population with over 59 per cent under the age of 20 years, and only four per cent over 60 years old. Infant mortality is 89.1 per 1,000 live births and maternal mortality remains high with 498 deaths per 10,000 live births. Sexually transmitted infections and HIV continue to threaten the health of most people, but they impact most heavily on the health of young adults. In 2000, the prevalence rate for sexually transmitted infections was 3.2 for every 1,000 people. The rate of HIV and AIDS is 4.1 per cent with an ongoing increase in new cases along with a growth in HIV-infected babies born annually. Gender inequalities persist in many spheres with only 20 per cent of women reporting that they decide on health-related issues including family planning, sexual relations and number of children. Gender-based violence is pervasive. Overall, 60 per cent of women believe it is normal for a husband to beat his wife in certain circumstances. Factors contributing to this overall picture are the education and socialization of boys, who are allowed to have several sexual partners where this behaviour is not condoned among girls. The overall goal of this project was to improve the sexual and reproductive health of the people, particularly of military personnel and their families, and to assist the government in its goals to reduce maternal and infant mortality and the prevalence of HIV.

##### Key beneficiaries

Young men and women in the uniformed services, military wives and civilians in Benin.

##### Objectives

- To increase the accessibility of sexual and reproductive health services in the five military health centres covered by the project (Berembeke, Parakou, Ouidah, Porto Novo and Cotonou), including maternal health services, family planning, behaviour change communications and counselling, post-abortion care, prevention and

treatment of sexually transmitted infections, screening and treatment of genital cancer, and addressing infertility among different target groups.

- To improve the quality of services in the centres covered by the project.
- To provide management training for tracking, monitoring and evaluating services, providing and coordinating activities in the different social health centres and in the head office of the national government Health Division.
- To increase the information available to the different target groups.

##### Methods

- The Regional Centre for Development and Health trained five doctors, 17 midwives and one health agent via five training workshops.
- Technical training included theoretical and practical lessons on providing contraceptives such as Norplant and inserting IUDs, and demonstrating proper use of condoms and management training that focused on monitoring and evaluation.
- Discussion groups and radio programming covered family planning, sexually transmitted infections, HIV prevention, maternal and child health (including benefits of pre- and post-natal care, attending birthing, spacing of children and breastfeeding).
- Clarifying misinformation about condoms and contraceptives disseminated by the church.
- Providing each centre with a motorcycle to encourage and enable midwives to seek clients for Norplant and distribute behaviour change communications in communities surrounding the garrison.
- Reviving five maternity units and stocking them with contraceptives, appropriate materials and complementary staff, primarily midwives, to enable provision of sexual and reproductive health services, particularly family planning, birthing and pre- and post-natal care.

## Results

- The project built capacity within the management office of the Armed Forces Health Services by integrating national health standards into its administrative structures and services, with the support of partners that provide training in all aspects of sexual and reproductive health.
- In the few cases where men have participated in discussion groups about sexual and reproductive health, their perceptions changed and their interest in women's health increased. Their participation was limited, however, to a few military bases where the midwives and chief doctors made an effort to lead discussion groups for men.
- The reported behaviour changes were not evaluated systematically. One of the challenges of the project was to quantify them by using measurable indicators. However, some anecdotal changes in attitudes and behaviours were reported:
  - Young recruits said they always used condoms because *"we are used to it."*
  - Older, non-commissioned officers said they used them with occasional partners, *"never with our wives...after all we brought [chose] our wives..."*
  - More and more men accompanied their wives to the maternity units in hospitals.
- Men in focus groups expressed an interest in learning more about gender, couple communication and preventing violence against women.
- Young recruits and non-commissioned officers who participated in focus group discussions also expressed an interest in integrating information about sexual and reproductive health into their basic training. The health education that they received includes issues such as proper hygiene and first aid, and prevention of sexually transmitted infections and HIV.
- Some changes in attitudes and practices were clear. When asked "Is it normal for women to ask a man to use a condom?" some young recruits responded, *"It's not only normal but interesting [attractive] as well."* The women among these young recruits, and in fact all women (civilian and military wives), said they were comfortable asking men, including their husbands, to use condoms. *"We have to defend ourselves"* was the attitude expressed by most women.
- The project increased demand for family planning.

## Good practice and lessons learned

- The coordination and cooperation across the armed forces, the Ministry of Health and UNFPA were exemplary. The armed forces readily accepted the national health system's management tools. A commission is now studying how to institutionalize collaboration between the Ministry of Health and the Ministry of Defence to formalize training of personnel and integrate statistics from the armed forces into the national health data.
- This project relied heavily on midwives to deliver reproductive health services, based on the dubious assumption that they were best placed to provide information and counselling in broader areas of reproductive health. Before making this assumption, it is important to ensure that midwives, like any other providers, are equipped and willing to take on other responsibilities in addition to their primary role.
- Ensuring continuity and delivery of quality services in the military, whose personnel can be mobilized on a day's notice, can be challenging. More training of trainers, and the initiation of peer education, are ways to address this challenge and help institutionalize project achievements.
- Commodity management in this project was through automatic condom dispensers provided in the garrisons.
- Quarterly supervisory visits of project sites were central to this intervention, and an essential element of its success. Other similar interventions can benefit from the experiences and supervisory tools developed by this project.
- An important unmet need identified by this study is to 'sensitize the men'. Requested themes include couple communication, gender and gender-based violence.

## Recommendations for the future

- Results from the interviews and focus group discussions suggest that the military maternity units (reproductive health centres) could ultimately specialize in specific aspects of behaviour change communication, such as informing and involving men, couple communication and addressing gender-based violence. Although the project beneficiaries expressed interest in them, most of the providers interviewed showed little knowledge about these subjects.

- Information about sexual and reproductive health and rights should be integrated into young recruits' basic training, to complement the health education they currently receive on issues such as proper hygiene and first aid, and prevention of sexually transmitted infections and HIV.
- All members of the military, social workers and health care providers, especially midwives, need gender training, as issues related to gender come up frequently in their work with clients.
- The military needs to do more to build its capacity in managing logistics. Although the coordination of information, services and commodities was generally impressive, improvements are needed to ensure a continuous supply of condoms to meet the increase in demand for them. This can be complex in a country where condoms are vulnerable to heat damage, and where deliveries to rural areas are constrained by poor roads.
- An important unmet need identified by this study is to 'sensitize the men'. Most of the women interviewed requested this and members of the military (civilian men and women, military wives, recruits, and non-commissioned and commissioned officers) expressed an interest as well. Requested themes include couple communication, condom use, gender and gender-based violence.
- Calling military health centres 'maternities' rather than reproductive (and sexual) health centres at a time when family planning programmes are progressively moving toward embracing men, may unknowingly reinforce existing gender stereotypes. One way to increase men's involvement and their receptivity to sexual and reproductive health services is to give the centres a more neutral name. An interim step, in order not to alienate women and continue increasing client volume, may be to rename them 'maternity/sexual health centres'.
- Future plans should revisit the training component within this project and perhaps use other participatory methodologies in addition to training workshops.

#### **Analysis of gender perspective**

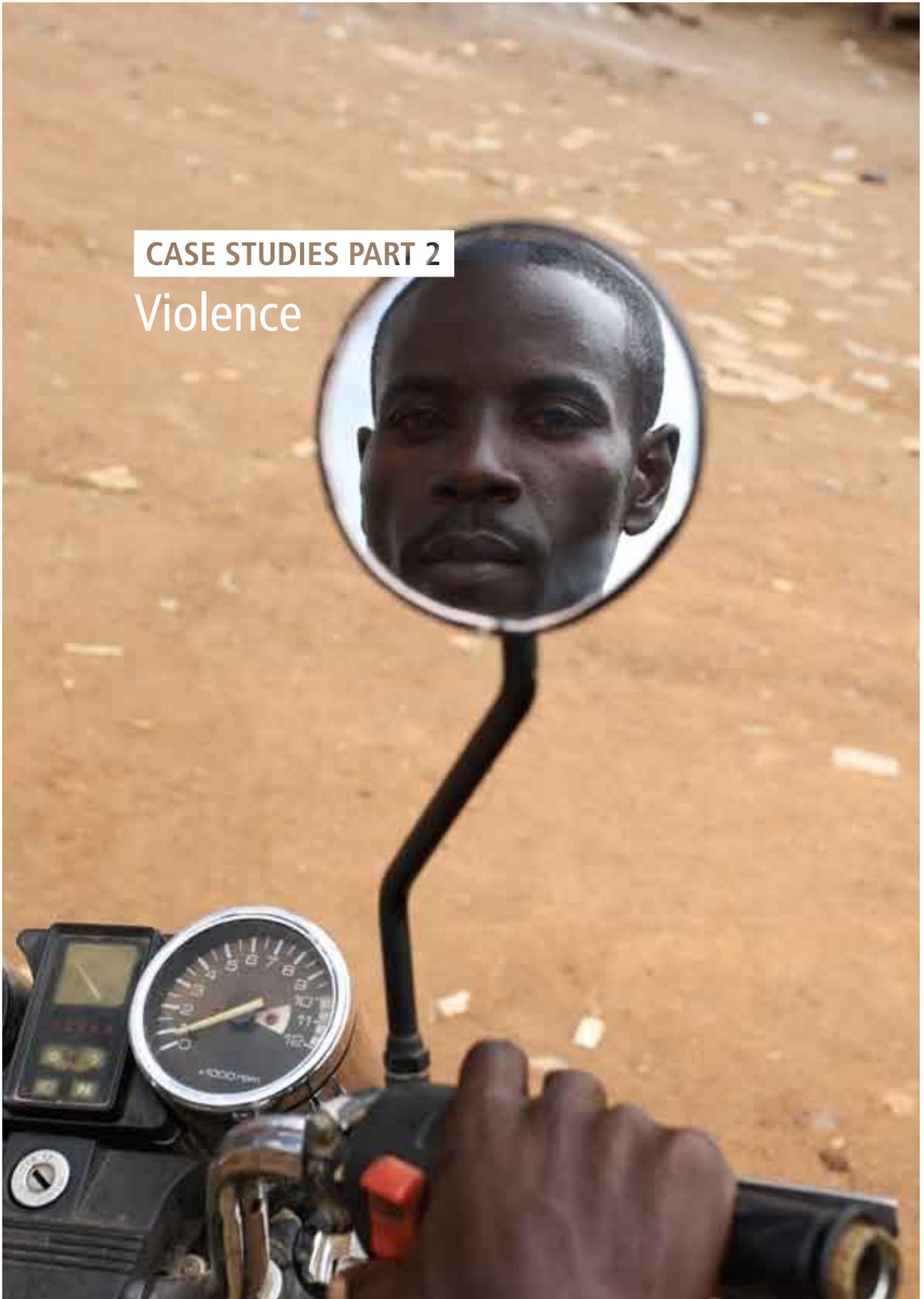
This programme took a gender-sensitive approach which identified the different needs of men and women, and opened up discussion about gender. However, the programme did not challenge existing gender norms that have contributed to maternal mortality, the spread of HIV and gender-based violence. In undertaking the programme these issues were, however, highlighted as areas to be addressed in further programmes, and in particular the need to 'sensitize men' to both gender issues and women's sexual and reproductive health and rights. Working with a specific community such as the military there is a need to understand masculinity within the military context, and understand how this impacts on couple relationships and sexual and reproductive health and rights.

#### **Assessment of programme effectiveness**

Based on the evidence presented, this programme was assessed as showing unclear results.

CASE STUDIES PART 2

Violence



## CASE STUDY VI

### Engaging men in prevention of rape as a weapon of war, Democratic Republic of Congo

#### Men's Leadership Programme, Women for Women International

##### Background

Over the past decade, brutal local, regional and national conflict has devastated much of the eastern Democratic Republic of the Congo. The war, involving seven African nations and many groups of armed combatants, is the deadliest in documented African history. Mortality surveys estimate that nearly four million people have died as a result of the conflict, which has been marked by gross human rights violations, often directly targeting women by using rape and other forms of sexual violence as weapons of war. Many women reported the horrors they had endured during the conflict, including gang rape, mutilation and sexual slavery. The women also reported that because of the social stigma attached to rape in Congolese culture, they were rejected by their husbands and other members of their communities, in some cases being abandoned or turned out of their own homes. There is increasing awareness in the development field that long-standing cultural norms regarding the identity and role of women in society are a significant barrier to the full enjoyment of women's rights. The social restrictions that result from these norms are often exacerbated during armed conflict.

##### Key beneficiaries

Men and women in the South Kivu Province.

##### Objectives

- To train and educate community and traditional leaders on violence against women and its impact on the community.
- To enhance the capacity of community and traditional leaders to develop strategies to address the varied impact of violence against women in the community.
- To strengthen community structures to better respond to violence against women through changed attitudes and perceptions of sexual violence and women's rights.

##### Methods

- The first step in designing the programme and methodology involved working with other community organizations and leaders throughout South Kivu Province, where Women for Women International already worked, to understand the various power structures and identify those groups with the greatest influence in shaping social norms and attitudes.
- An assessment team identified five key sectors of public life that male leaders participating in the training should represent: government, religion, traditional, security (including the police and military) and civil society.
- The assessment team administered a survey to 392 men of stature in the communities to assess their knowledge and attitudes about rape and sexual violence and, more broadly, about women's status and rights in society.
- The assessment team also consulted with other organizations and women from the communities to identify priority issues for the training, including economics, politics, family and health, education and the design of the project.
- Training materials were adapted from Women for Women International's manual, *Community, Responsibility and Effective Leadership: A Men's Manual*, to ensure there was sufficient and effective emphasis on the priority issues.
- A 'first level' training was conducted with seven selected leaders in each of the five sectors in a five-day workshop. Each leader was then charged with identifying 10 to 15 additional men of influence in their communities to participate in a 'second level' of training. Where possible, training at this level was conducted by leaders who had completed the initial training. Men who received training at this second level were also encouraged to identify ways to continue outreach in their own spheres of influence.

- The programme included two additional components to help increase awareness about the themes addressed in the training at the community level: the formation of working groups with male and female citizens, and a public awareness campaign to emphasize the need to support rather than stigmatize women who suffered rape and other forms of violence.

### Results

After the training, an external assessment of the programme's impact, conducted through focus groups and interviews, revealed some profound changes at the household and community levels. In community meetings, topics such as the difference between consensual sex and rape and the spread of HIV were openly discussed for the first time. In households, men told dramatic stories about how their intimate relationships were no longer based on the exercise of power and dominance but on mutual respect and partnership. A number of women interviewed in the communities where training took place confirmed much of what the men reported.

A male community leader from Bukavu said:  
**"Before coming in contact with the Men's Leadership Programme, I was an ordinary person going about my business. I respected the norms and culture of my tribe. For me, as a man, I considered women as slaves. My wife had to do all the household chores and she did not have the right to complain. She was always in the house, had no right to go out and meet other women. She had no right to inherit my property. After my participation in the Men's Leadership Programme, another view of life had been given to me. My eyes were opened. A new life was given to me. I now appreciate women as human beings with rights. I appreciate the work of my wife in the house. I have learned that women and men can work together to look after their children. Women can also give advice to men. As a result of my new perspective, I have put all my property in the name of my wife, so that she can inherit it."**

A Mai Mai combatant described using rape as a weapon of war, adding that there **"was no selectivity or distinction with respect to age. For us, women were just there to satisfy our desires."** After the Men's Leadership Programme, he said that **"The training has helped us [former combatants] to develop the awareness that everyone has rights. Since the training, our perceptions have changed...I apply what I learned during the training to my family life...my brother's wife and my own sister were raped. When the news got to me, my immediate reaction was the temptation to go into a relapse and continue with the acts of rape. However, the training has helped me to perceive such incidents as accidents which were beyond the control of the women involved. They did not desire what had happened to them, neither were they as victims blameable. It was therefore wrong for the community to continue to stigmatize and marginalize them."**

### Good practice and lessons learned

- There is a need to assess interest and commitment among leaders selected for training, to ensure trainees use their positions of authority to support the goals of the programme and be effective role models in their own spheres of influence.
- The importance of determining the length of training relative to the material covered. In this programme, some participants felt that three to five days was not sufficient, particularly to digest material, when they were being tasked with training others themselves.
- Offer sufficient guidance for community outreach. Some participants felt that their efforts could have been strengthened by additional training in methods or techniques for conducting broad community outreach.
- Allow time for reflection while the programme is expanding. Additional insight about programme implementation could have been gained by building in time to reflect on how the programme was working in one area before expanding to the next.
- Identify a component of the training to include women. Both interviews and focus groups revealed that not only men are resistant to change. Some of the most effective community outreach was by male-female teams conducting discussions with couples in their own homes.

- A critical component was the involvement of the women's programme participants who told Women for Women that it needed to work with the male leaders of their communities. As rape survivors, it was extremely valuable for Women for Women to listen to what the women participants had to say and to involve them in designing the programme. This also meant that through the evaluation process women were able to comment on changes that they have observed with leaders who participated in the project.

#### Recommendations for the future

- Ensure long-term resources for gender training, as many participants observed the process of changing norms and values is long and slow. Multi-year funding commitments to gender training are critical to the sustainability of this process.
- Provide rights education for women and men. A number of participants reported that they lacked a basic understanding of what constitutes women's rights and human rights in general.
- Provide gender training for the military and police. The relationship between the civilian population and the military and police is tense in many parts of the eastern Democratic Republic of the Congo. Broad-based gender sensitivity training will be vital to build trust between the civilian population and military and police forces.
- Target young people for gender training. Youth represent the majority of the population. While it is important to gain the support of community elders and those with positions of status and influence, drawing young people into the process of gender relations transformation is essential for success.
- Provide opportunities for cross-sectoral dialogue between women and men. Communication across gender and sectoral lines is important to build support for women's rights and stimulate organic peace and reconciliation activities at the community level.
- Promote role models and success stories. The more publicity that the role models and their techniques for inspiring others receive, the more widespread the change has the potential to become.
- Provide effective monitoring, evaluation and follow-up. It is important to analyze the effects of programmes in the long term in order to assess sustained behaviour change.

It is important for the Men's Leadership Programme to return to the communities a year or more after training to understand what changes endured, which were only cosmetic and what obstacles still remain.

- Increase livelihood support for women and men. Economic stability will also make it more likely that the unemployed and underemployed men, including de-militarized soldiers, will be more willing to engage in discussion about their attitudes and behaviour towards women and the importance of partnership in community reconstruction.
- Involve participants in programme design. The people that Women for Women serves and supports are the true experts on the issues and there is a fundamental value to gaining knowledge from them about what is needed, and to design programmes that reflect those views and needs.

#### Analysis of gender perspective

This programme adopted a gender-transformative approach. This not only challenged women's unequal place in society but also men's power and authority over women's lives. Few rape prevention programmes have challenged social and cultural norms that socialize boys to see women as sexual objects and property. In addition, few programmes have challenged men's unequal access to power or highlighted how this inequality actually impacts on their own lives and community. By challenging these socially accepted norms and unequal power relations, this programme had a deep and lasting impact on the attitudes and behaviour of its male participants, which in turn profoundly impacted on the lives of their partners and other women. The key to the gender-transformative approach when working with men on gender-based violence issues is to open up discussion about cultural norms, women's and men's place in society including their human rights, and break the silence about men's and women's own experiences of gender-based violence.

#### Assessment of programme effectiveness

Based on the evidence presented, this programme was assessed as showing effective results.

## CASE STUDY VII

### Engaging young men in prevention of violence, Northern Ireland

#### Youth Action Northern Ireland

#### Background

The signing of the 1998 Belfast Agreement in Northern Ireland was the result of long and difficult negotiations to end 30 years of sectarian violence between Catholics and Protestants and political stalemate. However, the legacy of the troubles has left many communities broken and violence continues to be a serious problem. For many people living in Northern Ireland, relief and tiredness of the past will be enough for them to embrace the changes. For others, the transition remains difficult, particularly for many of those closer to interface areas (where segregated Protestant and Catholic residential areas meet) and those who have lost family and friends, as well as some of those who have invested heavily in the conflict. This project focused on the relationship between young men and violence both as victims and perpetrators. Working in both urban and rural communities, including interfaces between communities, the project aimed to develop new and imaginative approaches to supporting young men in their communities.

#### Key beneficiaries

Young men in Northern Ireland.

#### Objectives

- To challenge harmful forms of masculinity in young men to prevent violence and the use of violence.
- To help young men explore their experiences of violence, and develop possible strategies to deal with it.
- To develop new and imaginative approaches to supporting young men in their communities.

#### Methods

- Consultations took place with 22 groups of young men in different parts of Northern Ireland to identify themes for the programme.
- Six workshops/performances were then developed based on the themes that emerged through the consultations. They averaged nine hours, usually stretching over five sessions. Forty-nine young men aged 14–24 were involved, with the majority aged 15–18 years of age; 73 per cent were Protestant.

- There were three basic components to the pilot programmes; sessions encouraged discussion and reflection, followed by scenarios and role plays of violent situations, followed by discussions about alternative responses.
- The philosophy of the project was that establishing the right setting, raising awareness and enabling reflection, increasing knowledge of alternatives to violence and increasing skills would enable young men to deal with violent situations.
- Programmes reflected on masculinity and what it means to be a man.
- Methods and sessions related directly to the issues that young men raised in the consultations including day-to-day violence, alternatives to violence, and understanding and managing their own anger. Sessions also often involved movement, activity and a bit of fun.

#### Results

The consultations, the pilot programme reflection sheets and evaluations with the young men who took part in the project showed that many of the young men felt the need to prove they were real men. In doing so, young men were willing to take a beating, rather than be seen as a coward. And ‘being able to handle yourself’ was top of the list of ways to prove their manhood, well ahead of other competing elements such as intelligence, showing sexual prowess, sporting skills and even the ability to drink. Having taken part in the pilot programme, young men gave a strong message that the programme was extremely helpful in enabling them to reflect and think about violence. To a lesser extent, they questioned their own attitudes towards violence, even though many of them accepted violence as normal and were pessimistic about this changing. This came as no surprise to the programmers as the intervention was a short-term pilot of only five sessions, but they felt that the initial results were extremely encouraging.

### Good practice and lessons learned

- Undertaking only five sessions meant that behaviour change was unlikely. However, promising results from the pilot programme showed that there is substantial potential for change.
- Most of the sessions that went well for the young men and the workers provided opportunities to reflect and think about violent situations and how they can be responded to. Role play, opportunities to talk and to reflect, external speakers with direct experience and sessions that introduced alternatives all assisted in this reflective process and provided a very important series of 'first steps' within an informal educational setting.
- Young men were enthusiastic to continue these programmes, at least in part, because the five sessions only scratched the surface of both the young men's interests and the breadth of the topic.
- When young men met an ex-paramilitary and a trainer of bouncers and door staff they quickly engaged with these men who had personally been immersed in a violent world, and who had stopped being violent. Opportunities to meet those actively involved in the peace process is likely to assist young men to both recognize changes that have occurred, as well as involving them directly in the process themselves.

### Recommendations for the future

- A scaled-up version of this programme should also include sessions over a longer period of time in order to enable attitude and behaviour change to take place.
- Further exploration of the many issues discussed by these young men, together with the structured sessions to tackle violence and violent behaviour, should be a future goal as part of scaling up this pilot.
- Methods used in the pilot in informal settings should be adapted for use in more formal settings.

### Analysis of gender perspective

This programme took a gender-transformative approach through challenging the harmful gender norms that influenced these young men's violent behaviour and experiences. Through exploring masculinity, and what it means to be a man in the context of post-conflict Northern Ireland, these young men were able to see how their

behaviour was a direct result of these norms and begin the process of questioning them. In addition, the programme provided a safe place for these young men to talk openly about their own experiences of violence, and their own reasons for getting involved and condoning this violence. This was an important step for the young men to take in order to break the silence about violence and experiences of violence. However, as a pilot programme of only five sessions, little can be said in the way of concrete attitude and behaviour change although the initial results from this programme are promising.

### Assessment of programme effectiveness

Based on the evidence presented, this programme was assessed as showing promising results.

## CASE STUDY VIII

### Engaging men in prevention of gender-based violence, Liberia Men's Resources International and International Rescue Committee

#### Background

For over 15 years, Liberia was at the centre of a number of interrelated civil wars in West Africa resulting in 270,000 deaths among a population of three million and the displacement of millions across the region. Women and girls are particularly vulnerable during armed conflict when rape is used by fighting forces to terrorize, destroy and humiliate communities. Women may be forced to exchange sex for their survival. And when war forces them to flee their homes, the risk of rape follows them and the threat of domestic violence grows. A 2005 World Health Organization survey<sup>33</sup> found that 90 per cent of women suffered physical or sexual violence, three out of four women were sexually violated or raped, and large numbers of women were abducted and turned into sex slaves, gang raped or forced into survival sex during the 15-year conflict. In the post-conflict setting, violence against women and girls continues to be perpetrated at alarming rates, contributing to the challenges of social and economic healing and reconstruction.

#### Key beneficiaries

Men and women in Liberia.

#### Objectives

- To involve men in gender-based violence prevention programmes as partners and allies with women.
- To educate men about the role of male socialization, power, privilege and control as root causes of violence, and enable them to reflect on their own role in maintaining gender norms and inequality.
- To train gender-based violence programme staff to facilitate male involvement initiatives and support the development of men's action groups.

#### Methods

- Building support and investment from key constituencies. This was done by first undertaking a consultation with the International Rescue Committee to identify the needs and concerns of existing stakeholders, build support for the Male Involvement Project among these key constituencies, advise International Rescue Committee staff on programme development strategies, and provide materials and coaching to newly hired project staff.
- Group formation and leadership training. Using strategies and materials from a consultation with Men's Resources International, the Male Involvement Project staff recruited men to form men's action groups in nine communities where the International Rescue Committee had already established women's action groups. A street survey about men's views on women and other men was conducted in three counties. A second consultation then took place to provide training of trainers for male and female International Rescue Committee staff who would be responsible for implementing the project. The training had three stages: classroom training, a practical and follow-up coaching.
- Awareness campaign called Men as Partners to End Violence Against Women. The International Rescue Committee brought together leaders from all the action groups for a two-day planning session to develop a coordinated awareness plan. The campaign organized actions in each community including street parades, performances, sports programmes and speeches. Materials were developed that included T-shirts, hats and posters reflecting themes of positive masculinity and men as partners. The Lonestar cell phone corporation also sent a text message about the campaign to 150,000 Liberian subscribers.

33 See World Health Organization (2005) *Multi-country Study on Women's Health and Domestic Violence Against Women*.

- Field assessment, follow-up training and monitoring. Men's Resources International aimed to assess the initial effects of the project on men and women in the communities, provide follow-up training and support on gender-based violence to staff involved in the project, help project staff develop monitoring tools and discuss strategies for continuing to develop the project. A two-day staff training focused on building a strong team, identifying programme successes and challenges, increasing capacity to present the Male Involvement Project curriculum, improving facilitation and cross-gender dialogue skills, and designing recommendations for programme development.
- Violence against women and children is decreasing. In every project community, both women and men reported a reduced use of violence by men and an increased awareness of women's rights. Women reported that they are seeing and experiencing less blaming, verbal assaults, sexual assaults, and whippings and beatings since the formation of the men's action groups. International Rescue Committee social workers reported a reduction in women's complaints about men's violence and an increased number of men reporting cases of gender-based violence.

#### Results

- Both women and men reported that 'men are changing'. Staff and community members of both genders expressed surprise and optimism at the willingness of men to engage with this project, and at the changes in attitudes and behaviours already demonstrated.

#### Good practice and lessons learned

- Acknowledge and address women's misgivings about the process of engaging with men. Women may understandably feel defensive and mistrustful about involving men in what has traditionally been considered a woman's issue. Fear about men taking over or competing with women for attention and resources can generate resistance.

*Female members of the women's action groups in Karnplay, Ganta and Saclapea*

**"The men who are in the programme are changed. Not only have they changed their own thoughts and actions, but now they go to talk with other men who do those things. It makes me feel good."**

**"Before the training, women did not have a voice. Now, the men in the programme listen to us."**

**"The men work with the women and talk with other men. Even when there is no transportation, they walk a long time to talk with men who need to hear."**

**"People used to cover up rape. Now victims can get help and feel less shame. Men are talking with other men about how rape is wrong and needs to stop."**

**"Some men would not allow their wives to attend the women's action group meetings. Now these husbands are part of the programme. Both husband and wife attend meetings. It is so much better now."**

*Male members of the men's action groups in Karnplay, Ganta and Saclapea*

**"Men and women are meeting on Sundays to talk. The men help out with the cooking even though we get called names like 'Woman-Man'."**

**"I used to walk to the fields with my wife. She carried a child under her arm and a heavy load on her head. I carried nothing but my machete. When we returned, she would put down her load, and go out to fetch water for me to bathe. I saw nothing wrong with this. Now, my eyes are open and I can no longer let my wife bear this work alone. Now when we walk, we each carry the child and the load. I get water for both of us. I help in the kitchen and in the home."**

- Pay attention to both balancing supporting and challenging men. While cultivating compassion, understanding and empowerment for men about their own experiences of violence, it is also necessary to hold men accountable for their behaviour and help them recognize their unfair status of power and privilege. Members of men's action groups are likely to reveal their own patterns of violence and abuse as they become more aware and learn to break the silence. Balancing support and accountability within the group, and establishing guidelines for group member behaviour, is an ongoing challenge.
- Beware of replaying traditional gender roles in meetings that involve both women and men. Despite significant changes and good intentions, patterns of gender inequality, power and control will continue to influence programme participants, both in interpersonal dynamics and in group attitudes and behaviours.
- Be prepared to deal with perpetrators. Groups will have to balance values of accountability and compassion, while negotiating safety issues, legal systems, and the impulse for a strong and immediate intervention. This is often made more difficult by the lack of social consequences for perpetrators of gender-based violence.
- Challenge the mindsets and attitudes of staff members who are facilitating the process. Provide a safe and reflective space for staff to examine and challenge their own attitudes and mindsets as men and women.
- Affirm the critical role men can play as partners with women and agents of social change. Men have an important part to play in challenging rigid gender roles and dominating forms of masculinity, and becoming positive male role models. Building relationships between men and women as allies is necessary to create a strong movement for social change. Many men are eager to learn how to join with women in ending violence, and are waiting for an invitation.
- Teach men to listen to women. Give men explicit instructions on how to listen with attention and compassion but *without* judgement, advice or interruptions. Identify appropriate verbal and non-verbal ways of expressing comprehension, engagement, connection and support. Create opportunities for men and women to practice listening and being listened to.
- Teach men to break the silence about their own experiences with violence. A code of silence often surrounds violent experiences, and we have learned to be afraid to speak out. One of the most powerful things we can do is create an environment that supports men talking together about their own experiences, confronting others about their attitudes and behaviours, and taking a stand publicly in their communities.
- Provide specific actions for men to take towards ending violence against women. Explore what types of actions men should, and should not, take in order to start making a difference in their families, communities, countries and in the world. Appropriate actions can be broken down into three categories: personal actions that change men's own attitudes and behaviours, interpersonal actions to change the attitudes and behaviours of other individuals, and group actions that involve groups of people working together to change attitudes and behaviours of a community or society.

### Recommendations for the future

- Validate men's caring nature and desire for positive masculinity. A belief in men's capacity for love and compassion for women, children and other men is an essential foundation for engaging men effectively. Although this compassion is often buried under layers of mistrust and fear, and protected by male privilege, we know that with support, safety and encouragement men can reclaim their ability to be open and connected. Affirming this belief creates an environment where this aspect of men's nature is validated, encouraged and reinforced.
- Understand how men's violence is caused both by male privilege and men's feelings of powerlessness. Understanding men's dual nature, as both privileged and damaged, validates the full reality of men's experience, and is central to developing effective engagement strategies.
- Engage women from the beginning as advisors, participants and monitors for the male involvement initiative. The creation of the Male Involvement Project has practical and psychological impacts on existing gender-based violence programme staff and participants, who are often mostly women. Because of their key roles in programme leadership, community connections and service delivery, it is vital to have their understanding, acceptance and investment in any initiative for engaging men. Deliberately cultivating trust and accountability with

female staff and community members must be a priority throughout this and similar projects.

- Provide a model for how male involvement is integrated into existing gender-based violence programmes and other women's programmes. The overall programme mission (women's safety and empowerment), and the programmes for women (survivor services and empowerment activities) remain the same. The male involvement initiative adds programmes for men (awareness programmes and training as allies), and programmes for women and men together (cross-gender dialogue, community interventions and initiatives, and collaborative campaigns). The mixed gender programmes will require both men and women to learn skills for communicating and working together.

#### **Analysis of gender perspective**

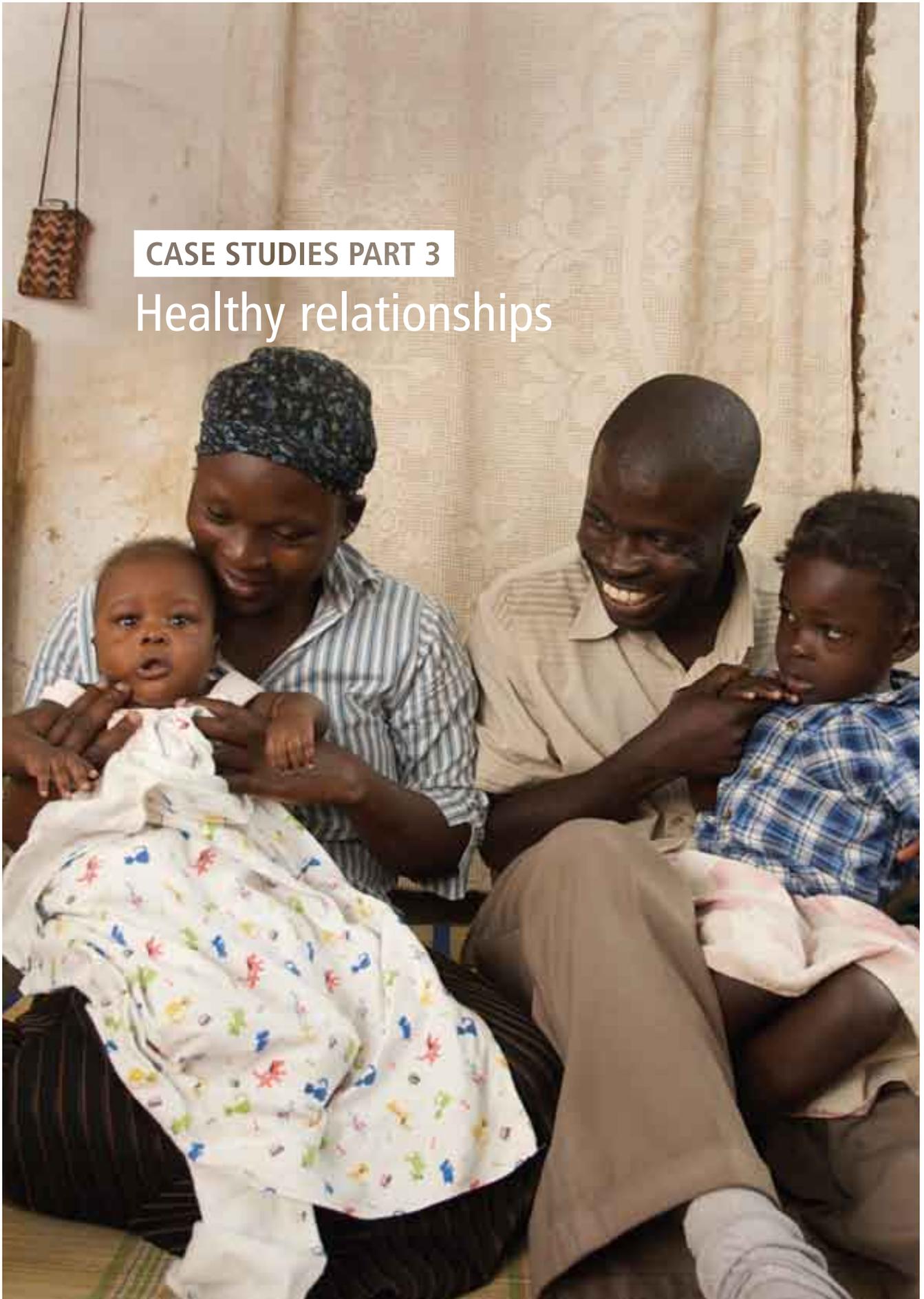
The Male Involvement Project used a gender-transformative approach to achieve the aims of preventing gender-based violence and educating men about the root causes of violence through reflecting on masculinity and cultural norms. This approach challenged the unequal power relations between men and women, held men accountable for violence they themselves had committed, provided space for men to open up about their own experiences of violence, encouraged men's caring nature, and brought men and women together to build a greater sense of partnership. As one of the few projects to also involve women as participants with men, it is clear how this increased the effectiveness of the project and encouraged the establishment of partnerships and communication between men and women. By challenging harmful expressions of masculinity, while also validating men's caring nature and partnership with women, this programme has taken a unique approach which seems to be having a profound impact on the men and women who took part.

#### **Assessment of programme effectiveness**

Based on the evidence presented, this programme was assessed as showing effective results.

CASE STUDIES PART 3

Healthy relationships



## CASE STUDY IX

### Engaging young men as partners in healthy sexual relationships, Kenya, Zambia, Tanzania and Uganda

#### RFSU and IPPF Africa Region

#### Background

The Young Men as Equal Partners project is based on the belief that young men can play a major role in promoting safer sexual practices. In most African societies, men are in charge of making the decisions. For example, it is often men who decide when and how to have sex, and whether or not a protective method should be used. It is also common for men to decide when to have children, and how many. For that reason, women's access to, and use of, sexual and reproductive health services often depends on the knowledge and decisions of their husband. Young men also have their own unmet needs for information, education and services about sexuality and reproductive health. If they are to make informed choices about their sexual behaviour, they need to be well informed. This project therefore addressed gender determinants of reproductive health and rights, including HIV/AIDS, by targeting men as clients and as partners as well as agents of change. Activities took place across 10 project sites in four countries (through IPPF Member Associations): Uganda, Tanzania, Kenya and Zambia.

#### Key beneficiaries

Young men and women in the four countries.

#### Objectives

- To increase access to information and education on gender and sexual and reproductive health and rights by young men and young women.
- To involve young men in sexual and reproductive health promotion including HIV prevention.
- To increase utilization of sexual and reproductive health services by young men and young women.
- To increase use of HIV voluntary counselling and testing services by young men and young women.
- To integrate Young Men as Equal Partners project activities into district plans and those of implementing partners.
- To increase regional capacity to integrate gender and sexuality into sexual and reproductive health.

#### Methods

- Provision of sexual and reproductive health and rights information and education, targeting young men in particular.
- Training branch volunteers and sexual and reproductive health service providers, young people, teachers, community workers and other stakeholders.
- Development of Youth Involvement Project and youth-driven activities to encourage meaningful youth involvement in the design and delivery of the programme.
- Establishment of clubs to encourage youth access to HIV voluntary counselling and testing services.
- Work with partners to integrate the Young Men as Equal Partners project into district plans and into the plans and activities of implementing partners.
- Training the trainers programmes at regional and national levels to create a greater pool of trained volunteers who are able to recruit and train their peers.

#### Results

- Access to information and education on gender and sexual and reproductive health and rights by young men and young women increased.
- Involvement of young men in sexual and reproductive health promotion increased, including HIV prevention.
- Take-up of sexual and reproductive health services by young men and young women increased.
- Use of HIV voluntary counselling and testing services by young men and young women increased.
- Young Men as Equal Partners project activities were integrated into district plans and those of implementing partners.
- The project increased the demand for sexual and reproductive health education and services.
- Improved communication and relationships between young men and women.
- Reduced prevalence of sexually transmitted infections and school pregnancies in the project areas.

### Lessons learned and recommendations for the future

- Major challenges included the fact that the trained staff were volunteers, and not paid employees. Even though the project had provision for incentives for these volunteers, there was no unified approach for providing such incentives among the four project countries (IPPF Member Associations). As such, these countries had differing levels of engagement and commitment among volunteers. A more coordinated and unified approach across countries would have proved more successful.
- Comprehensive sexuality education (which discusses sexual and reproductive health and HIV, gender, sexual rights, pleasure, violence, diversity and relationships) is not yet integrated into the school curriculum in all four project countries. Therefore, the project in schools operates as extracurricular activities (outside the existing curriculum) and site coordinators are limited on the extent to which they can supervise information and education provided to in-school youth. Future interventions should also seek to broaden the elements on comprehensive sexuality education within national curricula.
- Integration of the Young Men as Equal Partners Youth Involvement Project within the existing youth advocacy movement structures of the Member Associations will make implementation and sustainability of youth involvement in the project become effective and possible. This will also decrease the workload of the site coordinator as there is already a structure to oversee youth participation.
- The demand for condoms created by the project exerted pressure on availability of condoms. In many of the project countries, availability of condoms became unreliable, due to political commitment and funding constraints. The Young Men as Equal Partners project had no provision for commodities such as condoms. This should be built into future interventions.
- Shortage of staff in the health sector was also a serious challenge in all four countries. The project worked closely with district health authorities to ensure its commodity needs were included in the supply estimates.

### Analysis of gender perspective

The project adopted a gender-transformative approach. Due to the lack of results data available at the time of writing, it is not yet clear how or why the increases highlighted in the results section have taken place. However, it was important to include this project as a case study to illustrate how a large non-governmental organization such as IPPF, with Member Associations in different countries, can implement a project of this scale and nature to engage men and boys in sexual and reproductive health and rights across a number of countries. It is clear from these interim findings that the project is making good progress towards achieving its objectives, and its gender-transformative approach is providing space to challenge harmful gender norms that equate masculinity with multiple sexual partners, and emotional responsiveness to themselves and their partners as a sign of weakness. Greater communication between partners is a key step in both challenging men's status as the sole decision makers in the home and on the sexual and reproductive health of both partners, and encouraging greater intimacy and understanding between partners which can reduce the likelihood of partner violence and increase happiness in the home.

### Assessment of programme effectiveness

Based on the evidence presented, this programme was assessed as showing promising results.

## CASE STUDY X

### Engaging boys and girls in developing healthy relationships, Canada

#### Men for Change

#### Background

The Healthy Relationships programme was developed by Men for Change, a community group in Halifax, as a response to the massacre of 14 women engineering students in Montreal, Quebec in 1989. The three-part curriculum, dealing with aggression, gender equality, media awareness and forming healthy relationships, was designed to address factors that contribute to violent behaviour, such as gender inequality, power and control. The Healthy Relationships programme is intended to complement existing health, family life, sexual safety and English curricula by examining the psychosocial dynamics of male violence and presenting cultural values that impact on violent behaviour. Sessions and activities are designed to support students to learn what they need to know, do and value to form and maintain healthy relationships.

#### Key beneficiaries

Girls and boys in school in Halifax.

#### Objective

To promote gender equality and to end violence in relationships through the acquisition of knowledge, skills and changes in attitudes.

#### Methods

- Seven schools with 1,143 7th to 9th graders took part in the programme. The programme consisted of 53 student-oriented activities, handouts and print/video resource lists. Each activity was designed to take from 45 minutes to one hour of class time.
- The grade 7 curriculum focused on dealing with aggression, with activities centring on recognizing and articulating the range of emotions that can lead to violent outbursts, recognizing different forms of violence, and dealing constructively with stress, disappointment and rejection.

- Grade 8 students examined gender stereotypes, peer pressure and violent influences in the mass media (for example TV, song lyrics and comics) to develop critical thinking skills and constructive alternatives.
- Lessons in grade 9 focused on healthy relationships. Small group work was used to strengthen communication skills and to focus closely on issues of violence and gender equality. Between 15 and 19 lessons focused on gender issues, exploring stereotypes, sexual harassment, homophobia and the impact of advertising.
- In the last activity, the Gender Justice Checklist, students assessed how well their school lives up to six criteria of gender justice: how teachers relate to students in the classroom, equal participation in school activities, students' interactions in the halls, students' behaviour inside and outside of class, and the school administration's support for a gender-just school. Students were then invited to organize and plan a response to solve the problems that they identified.

#### Results

- The evaluation compared self-reported attitudinal and behavioural outcomes for students who received the intervention and a control group. Students receiving the intervention reported significant decreases in the number of incidents of physical violence and using passive-aggressive strategies. Although this effect was noted in Year 2 for young women, it was not found until Year 3 for young men. Programme students showed a significant decrease in their tolerance for abuse in relationships across all years; by Year 3 these students were significantly more likely to break up with a violent dating partner. Programme students were also significantly more likely to choose assertive over aggressive reactions to verbal conflict situations.

- The programme students reported significant changes in attitudes towards dating violence and knowledge about the varied forms of abuse: students' attitudes became more disapproving of dating violence; less likely to hold the previously typical double standard of greater tolerance for violence by girls than for violence by boys. This was strongest among young women students, but after the programme, young men who were less approving of violence also reported less violent behaviour. Students became much less likely to believe that the amount of violence on TV represents real life, became significantly more aware of the means that advertisers use to sell their products, and were better able to recognize stereotypes and hidden messages in magazine ads.
- Gender analyses and year-to-year comparisons indicated a number of gender differences and changes across time. Young women reported using significantly less physical violence, less psychological abuse and fewer passive-aggressive tactics and sustained fewer injuries in both friendships and dating relationships by Year 3 compared to pre-programme testing.
- Young men showed the most improvement in their confidence to recognize the effects of stereotypes on behaviour, and pressure to conform to stereotypes. Young women (but not young men) gained confidence in their ability to resist peer pressure, with the female control group of students becoming less confident in this area. Young women showed the most improvement in their ability to differentiate between shared power and power over others.

### **Good practice, lessons learned and recommendations for the future**

No specific lessons learned or recommendations were identified by the programmers, but looking more closely at the results the following can be inferred:

- It is clear that further work is required with young men and violence, young men and their ability to resist peer pressure, and young men and their ability to differentiate between shared power and power over others.
- As this is a mixed group programme, young men may benefit from initial intervention on their own as previous case studies have found that young men feel they can speak more freely and reflect more effectively on their own attitudes and behaviour.

### **Analysis of gender perspective**

This programme adopts a gender-transformative approach. Through this approach it encourages more healthy and less physically and psychologically abusive relationships among young people who are dating and between friends. They learn how to recognize stereotypes and media messages, and peer pressure that reinforces these stereotypes, and also recognize the negative impact of these on their friendships and relationships. Having participated in this intervention while at school it would be very interesting to see how these same young people fare in adult relationships years later.

### **Assessment of programme effectiveness**

Based on the evidence presented, this programme was assessed as showing effective results.

## CASE STUDY XI

### Promoting more gender-equitable attitudes in men, Brazil

#### Programme H, Instituto Promundo and Horizons Programme

#### Background

There is growing evidence that the risks of HIV and sexually transmitted infections and violence for both young men and young women are linked to early socialization that promotes certain gender roles as the norm. These norms include support for men to have multiple partners, or to maintain control over the behaviour of their female partners. Thus, addressing societal messages that dictate what is appropriate or expected behaviour for males and females is increasingly recognized as an important strategy to prevent the spread of HIV infection.

#### Key beneficiaries

Young men and women in Rio de Janeiro.

#### Objectives

To quantify how gender dynamics are related to HIV risk, and to establish whether promoting more equitable attitudes toward gender norms will lead to a change in HIV-related risk.

#### Methods

- Three groups of young men aged 14 to 25 years were followed over time. The sample included both in-school and out-of-school youth and the study population was based in three low-income communities, or favelas. At baseline, more than 70 per cent of the young men were sexually experienced, with sexual initiation taking place at an average age of 13. Among the sexually experienced group, almost one-third (30 per cent) reported having more than one sexual partner over the previous month. About 25 per cent of the young men reported having sexually transmitted infection symptoms during the three months prior to the survey. Fewer than 10 per cent had ever taken an HIV test.
- The study and intervention drew on the ecological model, and its guidance regarding the importance of addressing key issues from multiple levels, from the individual to the greater society. Hence, the intervention included

the promotion of individual reflection, a peer and interpersonal group education component, and a broader community-based component.

- One intervention component was interactive group education sessions for young men led by adult male facilitators. The other was a community-wide 'lifestyle' social marketing campaign to promote condom use, using gender-equitable messages that also reinforced those promoted in the group education sessions. One arm of the study, based in Maré, focused only on group education, while the second arm, based in Bangu, included a combination of both interventions. In the third community, Morro dos Macacos, a delayed intervention followed the control period.

#### Results

- Agreement with inequitable gender norms was associated with more risk. At baseline, support for inequitable gender norms and gender roles was significantly associated with HIV risk. Agreement with inequitable gender norms in the Gender-Equitable Men (GEM) Scale<sup>34</sup> was significantly associated with reported sexually transmitted infection symptoms ( $p < .05$ ), lack of contraceptive use ( $p = .05$ ), and both physical and sexual violence against a partner ( $p < .001$ ).
- More equitable gender norms and related behaviours can be successfully promoted. A comparison of baseline and six-month post-intervention results gathered at the intervention sites revealed that a significantly smaller proportion of respondents supported inequitable gender norms over time ( $p < .05$ ), while a similar change was not found at the control site. These positive changes were maintained at the one-year follow-up in both intervention sites.
- During in-depth interviews held with some of the young men after they participated in the activities, they discussed how the workshops helped them to question their attitudes. One young man said, "...I learned to talk more

34 See Pulerwitz J and Barker G (2008) Measuring attitudes toward gender norms among young men in Brazil: development and psychometric evaluation of the GEM scale. *Men and Masculinities*.

*with my girlfriend. Now I worry more about her... it's important to know what the other person wants, listen to them. Before [the workshops], I just worried about myself."*

Other young men reported that they changed their general views about women. One young man said, *"Before [the workshops] I had sex with a girl, I had an orgasm, and then left her. If I saw her later, it was like I didn't even know her. If she got pregnant or something, I had nothing to do with it. But now, I think before I act or do something."*

- Some young women (partners of the young men) reported that they attributed their partners becoming more responsible in their overall attitudes toward their relationships and their responsibilities in part at least to the workshops. One young woman partner of a workshop participant said, *"...[he] changed a lot [after the workshops]. When we first met each other [and started going out], he was very 'desligado' [focused on himself]. When we first started going out, he didn't even want to meet my parents. He always had some excuse... but then he started to value more the relationship. ... another time he brought some information about sexually transmitted infections for us both to see. ... now we talk about these things."*
- Increased agreement with more equitable gender norms was associated with reduced HIV and sexually transmitted infection risk. A key objective for this study was to explore if promoting more equitable attitudes toward gender norms will lead to a change in HIV-related risk. Results indicate that more equitable gender norms were associated with changes in at least one key HIV and sexually transmitted infection risk outcome. For both Bangu and Maré, decreased support for inequitable gender norms over one year was significantly associated with decreased reports of sexually transmitted infection symptoms ( $p < .001$ ). Qualitative data support this finding; for example, one young man indicated that he was now delaying sex with his girlfriend, saying, *"Used to be when I went out with a girl, if we didn't have sex within two weeks of going out, I would leave her. But now [after the workshops], I think differently. I want to construct something [a relationship] with her."*
- Communication within couples about HIV remained relatively high. Survey responses indicate that a majority of participants communicated with their primary partners about key HIV and sexually transmitted infection-related topics at baseline, and a similar pattern was found after the intervention period. In the qualitative interviews, some young men reported that they began to discuss new HIV-related topics with their partners, and their partners agreed that a change had taken place. For example, the female partner of one young man said, *"...after the workshop ... He even talked about getting a blood test [HIV test] and he said: 'You should get one too' and I said: 'Okay, I'll do it, we'll do it together'."*

#### Good practice and lessons learned

- The attendance of the young men in the groups was uneven. While a substantial minority (almost 30 per cent) attended all or the majority of the sessions, more than half the group participated in fewer than half of them. The young men did not tend to drop out permanently, however, and instead reported that they periodically missed sessions for a variety of reasons. Strategies, such as greater incentives, should be adopted by future programmes to address this challenge.
- In general, it was more difficult to recruit older youth, principally those aged 20–24 years, since they were either working or searching for work, and because they prioritized participation in professional training courses offered by other groups based in the community. However, those older youth who did attend often demonstrated more involvement and interest in the session topics, probably because they had more experience with intimate relationships.
- It was challenging to implement the intervention in these low-income communities, which were characterized by violence. The influence of drug trafficking gangs often hindered the participation of the young men in the workshops and exposed both them and the facilitators to the risk of violence. The study team kept in regular contact with the community-based neighbourhood associations, as well as with the young men, to discuss current levels of safety in the neighbourhoods. On several occasions, workshops had to be suspended because of shoot-outs between drug traffickers and the police.

- Facilitators perceived that it was quite important for these young men to participate in 'male-only' groups, or safe spaces to openly address various key topics. The young men appreciated the opportunity *"to be here among men and to be able to talk."* Most of the facilitators mentioned initial shyness among the participants due to the novelty of being in a male-only group that was not based on sports or just 'fooling around'. In addition, the young men did not feel comfortable at first with the structure of the activities (which were centred around discussions or expressing themselves verbally about sensitive issues), during which they felt like they were being 'put on the spot'. The facilitators reported that as the groups progressed the participants became increasingly comfortable with contributing personal stories and opinions.
- The facilitators reported that a homophobic discourse was present in all the groups. An example of this discourse is reflected in the comment of one young man, who likened having gay friends to hanging out with delinquent peers, saying, *"If you walk around with him [a gay person], everyone will think that you are like him."* According to the facilitators, there was also a sense that it was easier for the young men to accept the breaking of a law (being a thief, using drugs) than the societal norm of 'not being a real man' (referring to being gay).

#### Recommendations for the future

- Based on the study findings regarding the challenges in addressing homophobia among young men, Promundo and Programme H partners have developed a complementary educational video – *Afraid of What?* – to further engage young men in reflections on homophobia and the need to respect sexual diversity.
- There were also numerous requests on the part of the community (by young women and young men) for similar activities that could be carried out with young women. In response, Promundo and the Programme H partners have also developed Programme M for working with young women in reflections about how rigid ideas of what it means to be women and how men affect women's life choices, health and sexuality.

#### Analysis of gender perspective

This programme adopted a gender-transformative approach. Although the focus was on the prevention of HIV and promotion of sexual health, its gender-transformative methods had significant impact on men's attitudes and behaviour towards their partners and other women. As shown by the in-depth qualitative interviews, this programme had a lasting impact on how the young men who took part conducted their current and future relationships. Through challenging harmful gender norms, Programme H was able to promote more gender-equitable attitudes in men, which were then associated with a decrease in sexually transmitted infection symptoms and greater communication with their partners.

#### Assessment of programme effectiveness

Based on the evidence presented, this programme was assessed as showing effective results.

## CASE STUDY XII

### Challenging and changing gender attitudes among young men, India

#### Yari Dosti, Horizons Programme

#### Background

Around 2.5 million people were living with HIV in India in 2006 and young people in the age group 15–29 account for 31 per cent of the HIV-infected population.<sup>35</sup> As predicted by earlier estimates, almost half of all new HIV infections in India occur in young men below the age of 30,<sup>36</sup> indicating that there is a desperate need to develop effective youth-oriented HIV and sexually transmitted infection prevention programmes for this age group. Growing evidence suggests that early socialization promotes inequitable gender roles as the norm and encourages risky sexual behaviours among both young men and women. Gender inequity in relationships, where males have greater power than females, can lead to sexual coercion and physical violence, circumstances under which HIV-protective behaviours are impossible to initiate and maintain. Therefore, addressing gender norms, defined as the societal messages that dictate what is appropriate or expected behaviour for males and females, is increasingly recognized as a key strategy to prevent the spread of HIV infection and physical violence, particularly among young people.

#### Key beneficiaries

Young men and women across India.

#### Objectives

- To reduce HIV vulnerability among men and women and to reduce young men's use of violence against women and girls through the promotion of gender-equitable attitudes and behaviours.
- To adapt the Gender-Equitable Men (GEM) Scale,<sup>34</sup> initially tested and developed in Brazil, to the Indian context for use as an evaluation tool.
- To test the impact of peer-led group educational activities and community-based social marketing campaigns in promoting gender-equitable attitudes and behaviours and safe sexual practices of young men from low-income communities in Mumbai urban slums.
- To adapt and test the effectiveness of peer-based group educational activities in rural settings in Gorakhpur, Uttar Pradesh.

#### Methods

- The project involved formative work on gender, sexuality and masculinity, and educational activities with 126 young men, aged 18–29, over a six-month period.
- Nine peer leaders from the communities underwent a two-week training programme to strengthen their gender and HIV-related knowledge and facilitation skills and were trained in qualitative methods of data collection. Under the guidance of the researchers, they conducted a total of 51 key informant and in-depth interviews with young men aged 16–24.
- In addition, peer leaders conducted focus group discussions with leaders of non-governmental organizations, political and religious leaders, and young women from the same communities.
- Intervention activities for young men were then developed and piloted. The peer leaders who conducted the qualitative research were trained to facilitate group education sessions. They recruited 126 young men to participate in four groups of 30–35 each over a six-month period.
- Volunteers were sought from existing youth groups in the community, vocational training centres, political, cultural and religious youth groups, youth on the street, and through word of mouth and friends of the peer leaders.
- The intervention team monitored attendance at sessions and kept track of the themes discussed during activities. An independent study team conducted pre- and post-intervention surveys with most of the young men (n=107 and n=92, respectively).

35 See National AIDS Control Organisation (2007) *Annual HIV Sentinel Surveillance Country Report 2006*.

36 See National AIDS Control Organisation (2006) *HIV/AIDS Epidemiological Surveillance and Estimation Report for the Year 2005*.

- The post-intervention survey took place two months after the last group session. Qualitative interviews were conducted with a sub-set of 16 young men after selected sessions and with those who had dropped out of the intervention (n=11), as well as with the four peer leaders who facilitated the sessions. Observations of selected activities by the research team also took place.

### Results

- Almost all the young men actively participated in the activities and appreciated the intervention. It was often the first time they had had the opportunity to discuss and reflect on these issues.
- The predominant view of masculinity and men's roles in sexual and romantic relationships initially espoused by the young men before the intervention was one of entitlement and dominance. The workshops succeeded in promoting positive norms, such as responsibility and caring for one's sexual partners, as well as respect for one's partners and women in general. The interviews showed that attitudes towards gender and sexuality, as reported behaviour in relationships, had often changed.
- A survey two months later also showed a significant decrease in support for inequitable gender norms and sexual harassment of girls and women. The pilot was also successful in reaching and engaging young men to critically discuss gender dynamics and health risks, and in shifting key gender-related attitudes.
- Significant improvements in gender norms were documented in the intervention site post-intervention while similar improvements did not occur in the control site.
- Interventions were able to provide positive changes in gender attitudes across all the intervention groups in both urban and rural areas. There was a significant positive shift from the least equitable gender norm category on the GEM scale to the moderate and highly equitable categories in the intervention sites, while this significant shift was not found in the control sites.

### Good practice and lessons learned

- Participants who joined the study attended group education sessions at their own will. Those who attended more sessions probably benefited more than those who did not, but may have also already been more committed to change as they took the intervention more seriously.

- All outcome measures relied on self-reports by participants. It is possible that men participating in the interventions were more likely to give what they felt was the 'correct' or 'desirable' answer as opposed to an honest answer.
- For sustained change in gender attitudes and behaviours, and to facilitate normative change, there is a need to create a supportive environment.

### Recommendations for the future

- Greater incentives to attend the sessions should be considered, and efforts made to encourage men attending to promote the sessions in their communities.
- A way to strengthen findings in future studies would be to use more objective outcome measures such as biological markers for sexually transmitted infections instead of self-reported infection symptoms.
- Explicit inclusion of discussions of manhood and masculinities in educational activities and promotion of critical reflection about violence and manhood should take place at all levels of projects and programmes.
- Scaling-up this type of intervention has its challenges, such as the need for a cadre of qualified and well-trained facilitators. It would require the training of trainers to work with a variety of groups, such as teachers and youth workers as well as peer leaders to work with young men.

### Analysis of gender perspective

This programme adopted a gender-transformative approach. Although it focused on HIV prevention with men and boys it had a significant impact on men's attitudes and behaviour towards women. Its gender-transformative approach challenged harmful gender norms that equated the male role in relationships with one of entitlement and dominance and succeeded in promoting positive norms such as caring for sexual partners, as well as respect for one's partners and women in general. This programme is the Indian adaptation of Programme H in Brazil (see previous case study). By taking a gender-transformative approach in its methods, this programme has effected change in a wide range of areas including decreasing risky sexual behaviour and partner violence.

### Assessment of programme effectiveness

Based on the evidence presented, this programme was assessed as showing effective results.



## Section 3

# Summary of findings

A number of important findings on working with men and boys can be derived from an analysis of the case studies. These confirm the fact that programmes which adopted a gender-transformative approach were the most effective.

### Overall findings

This report has looked at 12 case studies working with men from a range of backgrounds. The programmes covered all continents and were broken down by sexual and reproductive health, violence and healthy relationships. These included sexual and reproductive health programmes with men in the military in Namibia and Benin, transgender sex workers in Indonesia, men who have sex with men and male sex workers in Indonesia and Bangladesh; violence prevention programmes with men in the Democratic Republic of the Congo, men in Liberia and young men in Northern Ireland; and healthy relationship programmes with young men and girls in Kenya, Zambia, Tanzania, Uganda, India, Canada and Brazil.

The report found the following:

- In all areas – sexual and reproductive health, violence and healthy relationships – there were interventions that led to behaviour change. This further strengthens the existing evidence base showing that interventions with men and boys work.
  - Those programmes that were well-designed and evaluated showed evidence of effecting attitudinal and behavioural change.
  - The gender-transformative programmes were found to have a higher rate of effectiveness.
  - Those programmes that were integrated across health issues were more effective.
  - Programmes with multiple intervention levels (such as outreach, group work and awareness campaigns) showed greater effectiveness.
- Few of the programmes that were examined moved from the pilot to scale-up. This highlights the importance of a greater focus on ensuring interventions with men and boys are integrated into existing organizational and government strategies and workplans.

### Programme effectiveness and gender approach

The overall aim of this research was to add to the body of evidence in the field of working with men by identifying effective programmes. We deployed criteria developed by the World Health Organization to assess effectiveness that rates programmes by assessing the following: evaluation design, giving more weight to quasi-experimental and randomized control trial designs; and level of impact, giving more weight to interventions that confirmed behaviour change on the part of men or boys. Combining these two criteria, programmes were rated as effective, promising or unclear. Using these criteria we found that five of the case studies rated as effective, six as promising and the outcomes were unclear for the one remaining programme.

We explored the outcomes of this assessment process by categorizing programmes by gender approach using the Gupta framework.<sup>11</sup> This process showed the following:

- Of these 12 case studies, seven were categorized as gender-transformative, four as gender-sensitive and one as gender-neutral.
- Of the seven categorized as gender-transformative, five were identified as having been effective and two were identified as being promising.
- Of the four categorized as gender-sensitive, three were identified as being promising and one was identified as being unclear.

- The programme categorized as gender-neutral was identified as being a promising programme (see the Appendix for a full table of results by criteria).

Looking at these findings by topic we found the following:

- None of the sexual and reproductive health programmes adopted a gender-transformative approach and none achieved the highest level of effectiveness.
- All the violence prevention programmes adopted a gender-transformative approach and all were either effective or promising.
- All the healthy relationships programmes adopted a gender-transformative approach and were either effective or promising.

These findings suggest a strong link between programme effectiveness and the adoption of a gender-transformative approach.

#### **What makes the gender-transformative programmes more effective?**

Transformative approaches both challenge and seek to change traditional gender norms which privilege the role played by dominant masculinity in determining human sexuality and sexual lifestyles. The approach seeks to deconstruct masculinity, make the inequitable power relations it produces visible and, crucially, to create space in which men and women can renegotiate their sexual identities in recognition of and resistant to these norms. It seeks neither simply to accept the status quo nor to disempower men and empower women. In contrast, it aims to validate or provide people with alternative ways of being men and women and 'doing' relationships within and between the sexes.

As well as lending weight to an argument that progresses the gender-transformative approach as the most effective conceptual underpinning in working with men, the case studies described in this report also suggest that it implies a particular repertoire of methods. There is, it should be noted, insufficient data from these case studies to conclude categorically whether some methods are either inherently gender-transformative or more appropriate for gender-transformative work than others. However, our data shows some recurrent themes.

The most successful programmes were, without doubt, those that combined a mixture of methods such as training peer leaders, educational workshops and awareness campaigns. An example is the Men's Leadership Programme in the Democratic Republic of Congo, which trained community leaders, set up working groups and launched a public awareness campaign. Effective programmes also undertook extensive baseline work to establish the current situation, priorities for participants, and to inform the materials and format of the programme itself. An example is Programme H in Brazil, where a strong ideology of participant-informed programming took place. This ensured not only realistic programme objectives were set, but that these objectives were based on real life rather than a theory of what would be the best outcome. In addition, and to break these methods down a little further, many of the participants who took part in the gender-transformative programmes felt that they benefited strongly from the space provided to discuss what it means to be a man without fear of ridicule and where reflection and exploration of alternatives was actively encouraged.



## Section 4

# Good practice and lessons learned on working with men and boys on sexuality, sexual and reproductive health, violence and healthy relationships

Reviewing the programmes described in the case studies contained in this report suggests a number of important factors in developing good practice in working with boys and young men.

### Overall

- Target women as well as men and boys when working with men. This is because gender norms and the associated inequities are not maintained and produced by men alone but through relations between the genders.
- Some men, but not all, are resistant to change. Equally, some women, but not all, are supporters of change. Programmes should reflect these nuances in their implementation.
- Plan for sustainability of programmes from the outset.
- Programmes benefit if they include both mixed and single sex group work.
- Provide programme staff with training that aims to equip them with skills and confidence in working with men.
- Interventions with men should combine both challenging and supporting them.
- It is important for interventions with men to have goals and outcomes that are concrete, meaningful and useful to men.
- Equip men with skills that allow them to make changes to their behaviour as well as to address knowledge and attitudes.
- It is beneficial to base work on men's and women's needs and to involve them in consultation from the beginning of programme development.
- Interventions should 'go where men are at'; that is, to take interventions to settings where they are to be found rather than expect them to access interventions in settings with which they may be unfamiliar or in which they may feel uncomfortable.
- Consider how programmes can be integrated into existing structures and systems, for example subjects in school curricula, and teaching and professional training.
- Ensure that programmes seek to acknowledge and validate men's willingness to change and celebrate these changes when they occur.
- Recognize that some men are extremely marginalized – especially men who have sex with men and male sex workers – and that interventions to reach these men need to recognize that their marginalization is in part derived from stigma and homophobia.
- Recognize that the public face of masculinity is often completely at odds with the private face of masculinity and that many men need the tools to negotiate the tension between the interface.

- It is important to set out with a positive message – aiming to correct the ‘faults’ in men does not appeal to them.
- Recognize that many men are struggling to come to terms with social and cultural change that undermines previously-held certainties about male power, authority and roles and are actively seeking new identities in relation to other men and women and children.
- Accept that men’s engagement with programmes may be inconsistent and irregular. This is often because other activities take priority.
- Be aware of the importance of transitions in men’s lives and the impact that these may have on their willingness and ability to engage with programmes and effect change in their lives.

#### **Sexual and reproductive health and sexuality**

- It is important to use targeted information, education and communication materials and culturally appropriate educational materials to reach men.
- Availability of free condoms and water-based lubricant should be made a priority.
- Peer education is important, especially in reaching the most vulnerable groups of men (and in developing acceptance and trust among such groups).
- Awareness campaigns and advocacy work are necessary to encourage take-up of HIV voluntary counselling and testing, and to dispel myths, stigma and discrimination.
- Safe spaces are essential. These provide a place for men and boys to discuss issues of male sexuality, sexual identity and gender equality.
- It generally does not matter to men whether the service provider is male or female. The key issue is training and support for service providers and counsellors to address male-specific sexual and reproductive health needs.
- Discuss gender and equality issues, and couple communication with men at every opportunity – effective approaches seek to ‘sensitize men’ whenever they use services.
- Provide a broad package of male sexual and reproductive health services including, where possible, information, counselling, testing and treatment for HIV, sexually transmitted infections, male cancers and sexual dysfunctions.

#### **Violence**

- Develop effective role models and ensure that leaders use their position to support addressing violence.
- Community outreach is an important strategy for seeking to engage men and boys in addressing violence, and should be scaled up.
- It is important to balance support and a challenging environment for men – interventions must hold them accountable, and recognize their power and privilege while, at the same time, cultivating compassion.
- Deal with perpetrators. It is important to balance values of accountability and compassion, while negotiating safety issues.
- Programmes that linked violence prevention to service provision were found to be more successful in achieving behavioural change.

#### **Healthy relationships**

- Local and district governments provide an entry point to work with men and boys on healthy relationships, and activities should be integrated into both district plans and those of implementing partners.
- The integration of comprehensive sexuality education at a national level (in schools) is essential to building better relationships in the future.
- Programmes may work better when they provide sessions for young men only at the outset, and then move into mixed groups.
- Working with community-based organizations and community associations is essential to reaching the most vulnerable young men, particularly those involved in drugs and violence.
- Incentives are an important way to ensure that young men and boys attend and participate in educational sessions.



## Section 5

# Discussion and recommendations for the future

As with any new and emerging area, recognition of its benefits does not come quickly or easily. A long process of testing and retesting methods has taken place over the course of a decade with amazing results. Men and boys are, however, not a new area of focus in themselves; rather, the focus on gender is the missing part of existing work with men and boys. Gender is not, and never was, just about women – and the time has come for the missing part of the gender equation to be included in the struggle to achieve gender equality in our world.

### General conclusions and discussion

Men and boys, like women and girls, greatly impact on one another, and their attitudes and behaviour in connection with the role of men and women in a society can have devastating consequences for health, relationships, violence and even war. Ignoring or not seeing men as part of the gender equation and not addressing their needs as well as women's in policy and programme design is a risk shown to have detrimental results. By including men as part of the gender equation in policy and programme design, we have shown the amazingly positive impact on men's and women's lives. This includes opening men's eyes to how rigid gender norms have constrained their lives, finding ways to achieve more intimacy with their partners and families, understanding the need to support women's access to health services, support women who have been raped, find alternatives to being involved in violence, and show greater responsibility through attending voluntary testing and counselling for HIV and other sexually transmitted infections, therefore preventing their spread.

Working with men does not, however, mean isolating women, particularly young women and girls. Interventions and efforts to increase service utilization among men and challenge their behaviour should not be at the cost of essential services for women (both young and older) but should be in addition to these services. The acknowledgement that gender is relational – with a male

and female side – means that services and interventions should seek to work with men and women and address both immediate need and underlying behaviours.

For example, policy, programmes and associated budgets to tackle issues such as domestic violence and the spread of HIV need to expand to ensure this wider focus on both needs and behaviours, ensuring services are provided to women and children fleeing domestic violence as well as programmes to challenge the harmful behaviour of male perpetrators of domestic violence. Programmes encouraging women to negotiate safer sex should also include programmes to encourage men to have safer sex, acknowledging unequal power dynamics and challenging harmful gender norms that equate masculinity with multiple sexual partners and risk-taking. In addition, involving females is essential to increasing their support for work with men, and will provide them with the opportunity to explore the ways in which they may reinforce traditional 'masculinities', as well as develop their understanding of the wider social benefits of addressing male sexual and reproductive health.

### Recommendations for the future

Based on this analysis, a number of specific recommendations can be made regarding how to improve future interventions and programmes seeking to work with men and boys.

### Conceptual framework

- A clearer conceptual framework is required for this work. In particular, it is important to:
  - clearly define what is meant by gender equality (and that this relates to women and men)
  - link with work to empower women and girls
  - ensure the integration of men without being counter-productive
  - understand which methods work best in different settings and subject areas, for example health or violence
- The debate on masculinities and working with men and boys should be broadened from primarily focusing on gender and rights to include a stronger focus on male sexuality.

### Programmes/interventions

#### *All health areas*

- Interventions must be multi-sectoral.
- More clarity should be provided within programmes on the role that women can play. Women and girls, individually and through women's organizations and the women's movement, must be advisors, participants, partners and monitors of this work.
- There should be a clearer articulation of the benefits to men and boys through engaging in this work, and a better understanding of these benefits among men themselves.
- Specific training on gender issues should be provided to men, especially young men and boys.
- The critical role that men can play as partners with women and as agents of social change should be affirmed.
- Teach men to listen better to others, especially their partners and families.
- Take interventions to men – 'go where they are at' – as well as try to make services and institutions more appealing to men.
- Staff should be supported with appropriate training to work with men.
- Interventions targeting men and boys should address structural issues, such as laws and policies on gender equality, as well as working at the individual level.

#### *Sexuality and sexual and reproductive health*

- There is a need for training and capacity building with service providers and counsellors on the needs (clinical and non-clinical) of vulnerable men and boys, and to ensure confidentiality.
- Develop sexual and reproductive health service packages for different age groups of men following the stages of the lifecycle.
- Devise clinical guidelines for men's sexual and reproductive health.
- Include a greater focus on social mobilization when working with men and boys on sexual and reproductive health and rights and gender equality.
- Models of male-friendly clinics should be considered, especially for men who have sex with men, male sex workers and transgender people.
- Consideration must be given to the names of health services. Terms such as 'maternities' should be renamed to be more gender-neutral, although not in a way that would isolate women and girls.
- The distribution of condoms should be central to sexuality and sexual and reproductive health programmes.
- Existing sexual and reproductive health services should, where necessary, include a greater focus on the specific sexual and reproductive health needs of men and boys.
- More efforts are needed to link sexual and reproductive health and HIV interventions that seek to target men and boys, for example linking HIV voluntary counselling and testing with management services for sexually transmitted infections.

#### *Violence*

- It is important to work with the military and other groups, and support them to integrate sexual and reproductive health and rights into their existing training.
- Validate men's caring nature and desire for positive masculinity, and understand how violence is caused both by male privilege and men's feelings of powerlessness.
- Provide specific actions for men to take forward in ending violence, particularly violence against women.
- Develop models for the most effective integration of working with men and boys into existing gender-based violence prevention programmes.

- Promote a greater awareness of how conflict impacts on masculinity and the use of gender-based violence as a weapon of war, making sure that programmes address these specific needs.
- Link violence prevention interventions to comprehensive sexual and reproductive health and HIV prevention services.

#### *Relationships*

- More efforts are needed to integrate a focus on gender issues and couple communication within sexuality education in school curricula.
- It is crucial to create a supportive environment for effective work with men and boys on relationships, and ensure sustained change in attitudes and behaviours.
- More work needs to be done to challenge prevailing masculine norms of detachment and stoicism, which impoverish the ability of men to have intimate relationships with their partners and children.
- There is a need for additional work on homophobia and violence against homosexuals, as many young men are unwilling to challenge the often prevalent societal norm that being gay equates to 'not being a real man'.
- More efforts are needed to develop a larger cadre of qualified and well-trained facilitators who can train trainers and work with a variety of groups of men and boys.

#### **Campaigns and advocacy**

- Ensure the development of well-formulated advocacy strategies to challenge the status quo and encourage policy review that seeks to further engage men and boys in achieving gender equality.
- Train staff in advocacy to enable programmes to have a wider policy impact.
- Campaigns should be designed by representatives of the target community and should use methods appropriate to the country setting to reach that community.
- Organizations and individuals working on engaging men should develop stronger links with those working on sexual diversity and other social movements – work on masculinities should not just be about gender, but also about class, race, etc.
- Put pressure on governments and UN agencies to implement existing commitments on engaging men and boys.

#### **Research**

Research is needed to fill the following gaps found throughout the course of this study on a number of topics.

- Masculinities and sexuality.
- Homosexual men, men with disabilities and men living with HIV.
- Engaging men in safe abortion and post-abortion care.
- Safe motherhood and fathers as caregivers.
- Men and conflict/post-conflict settings.
- Reasons for low condom use among some men.
- The role of men in the prevention of mother-to-child transmission of HIV.

#### **Monitoring and evaluation**

Monitoring and evaluation was a key factor in being able to show both effectiveness and behaviour change among the programmes in this analysis. We found great variations across programmes as to what data was collected, and how. Recommendations to improve monitoring and evaluation in future programmes include:

- Promote effective follow-up after programmes, putting in place evaluation plans with key indicators at the beginning of programmes.
- Longer-term changes need to be monitored to better understand the link between intervention and impact on behaviour over the longer term. With larger-scale programmes, this data should be captured at different intervals to assess when the effect might be lessening, for example at six months, one year, two years.
- Some outcome measures should move away from relying solely on self-reports by participants, to include other more objective measures (for example sexually transmitted infection status for sexual and reproductive health programmes; reports from women and other men about participants for violence programmes; and reports by partners about participants for healthy relationship programmes).
- A common evaluation framework for interventions with men and boys is required, with training for organizational staff on utilizing this framework. This will enable programmes not only to show impact more effectively, but will also allow greater comparison across programmes to better identify good practice and other areas that require more focus.

- More research is required on the costs associated with these programmes, and organizations should be encouraged to record this data to allow this analysis. This will enable funders to make working with men a funding priority with a clearer idea of the costs associated with doing so.

#### Policy approaches

- Work with men and boys should be incorporated into all gender mainstreaming policies and tools<sup>37</sup> to ensure that these resources encourage a gender relational approach (that focuses on both men and women). Without also focusing on men, it will be impossible for gender mainstreaming to truly empower women and girls.
- Organizational policies on sexual and reproductive health, HIV, violence and relationships should be updated, based on the above mainstreaming approach, to include men and women.<sup>38</sup>
- Policy approaches are central to this work being scaled up, making interventions more systematic and longer term. Governments, non-governmental organizations and funding organizations should urgently review their policies and priorities to include work with men and boys.
- Efforts to update government policies to include a stronger focus on working with men and boys should be undertaken at both national and local levels.

#### Cross-sectoral

- Promote opportunities for cross-sectoral dialogues on engaging men and boys in gender equality (among men and women).
- Link this work to livelihood support for men and women, addressing poverty, employment and urban/rural differences in the developing world.

#### Sustainability

- Interventions with men and boys remain local in scale, limited in scope and short-term. Taking these programmes to scale should be incorporated from the outset.
- Long-term funding is essential for this work, especially when addressing gender issues with men and boys. Activities should be undertaken with donors and funders to encourage them to provide more financial support to this area.
- Scale-up should also look at structured opportunities for men and boys to explore many of the issues they have learned about in interventions, and address their behaviour.
- Working with young people and youth organizations at the optimum time to reach boys is essential to ensure ongoing support for this work.

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<sup>37</sup> See Chant S and Gutmann M (2002) 'Men-streaming' gender? Questions for gender and development policy in the twenty-first century. *Progress in Development Studies*.

<sup>38</sup> See International Planned Parenthood Federation (2010) *Men-streaming Gender in Sexual and Reproductive Health and HIV/AIDS: A Toolkit for Policy Development and Advocacy*. This tool has been designed as part of this project to incorporate men and boys into non-governmental organization and government sexual and reproductive health and HIV policies.

# Bibliography

- Amaro H (1995) Love, sex, and power: considering women's realities in HIV prevention. *American Psychologist*. 50: pp.437–447.
- Barker G and Ricardo C (2005) *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict and Violence*. Washington DC: World Bank.
- Barker G with Nascimento M, Segundo M and Pulerwitz J (unpublished) *How Do We Know if Men have Changed? Promoting and Measuring Attitude Change with Young Men: Lessons from Programme H in Latin America*.
- Barker G, Ricardo C, Nascimento M and World Health Organization (2007) *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions*. Geneva: WHO.
- Campbell CA (1995) Male gender roles and sexuality: implications for women's AIDS risk and prevention. *Social Science & Medicine*. 41(2): pp.197–210.
- Chant S and Gutmann M (2002) 'Men-streaming' gender? Questions for gender and development policy in the twenty-first century. *Progress in Development Studies*. 2(4): pp.269–282.
- Cohen SI and Burger M (2000) *Partnering: A New Approach to Sexual and Reproductive Health*. Technical Paper No. 3. New York: United Nations Population Fund.
- Connell RW (2003) *Role of Men in Achieving Gender Equality*. UN Division for the Advancement of Women expert group meeting paper. EGM/Men-Boys-GE/2003/BP.1.
- Connell RW (2005) *Masculinities*. Berkeley: University of California Press.
- Connell RW and Messerschmidt J (2005) Hegemonic masculinity rethinking the concept. *Gender & Society*. 19(6): pp.829–859.
- Cornwall A (2000) Missing men? Reflections on men, masculinities and gender in GAD. *IDS Bulletin*. 3(2): pp.18–27.
- Courtenay W (2000) Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*. 50: pp.1385–1401.
- Courtenay W (2000) Engendering health: a social constructionist examination of men's health beliefs and behaviors. *Psychology of Men and Masculinity*. 1(1): pp.4–15.
- Esplen E (2006) *Engaging Men in Gender Equality: Positive Strategies and Approaches*. A BRIDGE paper prepared for Irish Aid. Brighton: Institute of Development Studies.
- Family Health International and Yayasan Pelangi Kasih Nusantara (2005) *Summary Report of Key Findings and Programme Recommendations from FHI MSM Program Evaluations (Bangladesh, Indonesia and Nepal)*. FHI: Asia Pacific Regional Office.
- Family Health International and Yayasan Srikandi Sejati (2005) *Summary Report of Key Findings and Programme Recommendations from FHI MSM Program Evaluations (Bangladesh, Indonesia and Nepal)*. FHI: Asia Pacific Regional Office.
- Flood M (October 2003) Lads in latex? Why young heterosexual men don't use condoms. *Impact*. 4: pp.10–11. National AIDS Trust. Available at [www.xyonline.net/Ladsinlatex.shtml](http://www.xyonline.net/Ladsinlatex.shtml)

- Foshee V et al (1998) An evaluation of Safe Dates, an adolescent dating violence prevention programme. *American Journal of Public Health*. 88: pp.45–50.
- Foubert JD (2000) The longitudinal effects of a rape-prevention programme on fraternity men's attitudes, behavioral intent and behavior. *Journal of American College Health*. 48: pp.158–163.
- Gagnon J and Simon W (1973) *Sexual Conduct: The Social Sources of Human Sexuality*. Piscataway: Aldine Transaction Publishers.
- Greig A, Kimmel M and Lang J (2000) *Men, Masculinities & Development: Broadening Our Work Towards Gender Equality*. Gender and Development Monograph Series #10. New York: UNDP.
- Gupta GR, Whelan D and Allendorf K (2003) *Integrating Gender into HIV/AIDS Programmes: Review Paper for Expert Consultation*. Geneva: World Health Organization.
- Gutmacher Institute (2003) *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide*. New York: Gutmacher Institute.
- Ilkharacan P and Jolly S (2007) *Gender and Sexuality*. A BRIDGE cutting edge pack paper. Brighton: Institute of Development Studies.
- Instituto Promundo and World Health Organization (2007) *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions*. Geneva: WHO.
- Interagency Gender Working Group (2003) *Involving Men to Address Gender Inequities*. Washington: Interagency Gender Working Group.
- International Planned Parenthood Federation (2010) *Men-streaming Gender in Sexual and Reproductive Health and HIV/AIDS: A Toolkit for Policy Development and Advocacy*. London: IPPF.
- Kaufman M (2003) *The AIM Framework: Addressing and Involving Men and Boys to Promote Gender Equality and End Gender Discrimination and Violence*. New York: UNICEF.
- Kimmel M (2000) *The Gendered Society*. Oxford: Oxford University Press.
- Kimmel M (2001) *Gender Equality: Not for Women Only*. Speaking at the European Parliament on International Women's Day in 2001. Available at [www.eurowrc.org/06.contributions/1.contrib\\_en/41.contrib.en.htm](http://www.eurowrc.org/06.contributions/1.contrib_en/41.contrib.en.htm)
- Kimmel M (2005) *Masculinity and Gun Violence: The Personal Meets the Political*. Prepared for a session on Men, Women and Gun Violence at the United Nations, 14 July 2005.
- Kimmel M (2005) Why men should support gender equality. *Women's Studies Review*. Fall: pp.102–114.
- Kimmel M (2007) (unpublished) *Commonwealth Briefing Paper: Men, Masculinities and Gender Mainstreaming*.
- Kimmel M and Messner M (1993) Men's Lives. *Gender & Society*. 7(3): pp.462–465.
- Kunene B et al (2004) *Involving Men in Maternity Care*. Durban: Reproductive Health Research Unit (Durban) and Department of Obstetrics and Gynaecology, University of the Witwatersrand.
- Lang J (2004) *Evolving the Gender Agenda – Men, Gender and Development Organizations*. Prepared for the UN Expert Group Meeting on The Role of Men and Boys in Achieving Gender Equality in Brasilia, Brazil, 21–24 October 2003.
- Lorentzen J (in press) *The Role of Men in Combating Violence Against Women*. Oslo: Center for Gender Studies, University of Oslo.
- Men for Change (1999) *Healthy Relationships: A Violence Prevention Curriculum*. Halifax: Men for Change.

- Men's Resources International and International Rescue Committee (2007) *Engaging Men in Ending Gender-based Violence in Liberia: Case Study and Promising Practices*. Springfield USA: Men's Resources International.
- National AIDS Control Organisation (2006) *HIV/AIDS Epidemiological Surveillance and Estimation Report for the Year 2005*. New Delhi: National AIDS Control Organisation.
- National AIDS Control Organisation (2007) *Annual HIV Sentinel Surveillance Country Report 2006*. New Delhi: National AIDS Control Organisation.
- Peacock D and Levack A (2004) The Men as Partners Programme in South Africa: reaching men to end gender-based violence and promote sexual and reproductive health. *International Journal of Men's Health*. 3: pp.173–188.
- Pulerwitz J and Barker G (2008) Measuring attitudes toward gender norms among young men in Brazil: development and psychometric evaluation of the GEM scale. *Men and Masculinities*. 10(3): pp.322–338.
- Pulerwitz J, Barker G, Segundo M and Nascimento M (2006) *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy, Horizons Final Report*. Washington DC: Population Council.
- Ramirez-Valles J (2007) The quest for effective HIV-prevention interventions for Latino gay men. *American Journal of Preventative Medicine*. 32(4S).
- Razavi S and Miller C (1995) *From WID to GAD: Conceptual Shifts in the Women and Development Discourse*. A United Nations Research Institute for Social Development Occasional Paper No. 1. Geneva: UNRISD.
- RFSU and IPPF Africa Region (2004) *Kenya, Zambia, Tanzania, and Uganda: Young Men as Equal Partners Project (YMEP)*. Interim findings report.
- Rothman E, Butchart A and Cerdá M (2003) *Intervening with Perpetrators of Intimate Partner Violence: A Global Perspective*. Geneva: World Health Organization.
- Ruxton S (2004) *Gender Equality and Men: Learning from Practice*. Oxford: Oxfam GB.
- Small Arms Survey (2006) *Few Options but the Gun: Angry Young Men in Small Arms Survey 2006: Unfinished Business*. Chapter 12, pp.294–321, Geneva: Small Arms Survey.
- UNFPA (2003) *Benin: Providing Reproductive Health Services in the Department of Health of the Armed Forces*. UNFPA case study. New York: UNFPA.
- UNFPA (2003) *Namibia: Male Involvement in Sexual and Reproductive Health*. UNFPA case study. New York: UNFPA.
- United Nations (1994) *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994: Male Responsibilities and Participation Basis for Action*. Paragraph 4.27. New York: UN.
- Verma R, Pulerwitz J, Mahendra V, Khandekar S, Barker G, Fulpagare P and Singh SK (2006) Challenging and changing gender attitudes among young men in Mumbai, India. *Reproductive Health Matters*. 14(28): pp.135–143.
- Women for Women International (2006) *Ending Violence Against Women in Eastern Congo: Preparing Men to Advocate for Women's Rights*. Washington DC: Women for Women International.
- World Health Organization (2002) *World Report on Violence and Health*. Geneva: WHO.
- World Health Organization (2005) *Multi-country Study on Women's Health and Domestic Violence Against Women*. Geneva: WHO.
- World Health Organization (2008) *Suicide Prevention and Special Programmes*. Geneva: WHO. Available at [www.who.int/mental\\_health/prevention/en/](http://www.who.int/mental_health/prevention/en/)
- Youth Action Northern Ireland (2002) *Everyday Life: Young Men, Violence and Developing Youth Work Practice in Northern Ireland*. Belfast: Youth Action Northern Ireland.

## Appendix: Summary of interventions and gender framework assessment

Organization	Programme	Target group	Methods	Gender-neutral Programme distinguishes little between the needs of men and women, neither reinforcing nor questioning gender roles.	
<b>UNFPA</b> See case study I	Male involvement in sexual and reproductive health, Namibia	Military and police personnel, people attending Evangelical Lutheran Churches, soccer teams and male nurses in the Northwest region	Integrated  Training the trainers, group education, service based, community outreach and awareness campaign		
<b>Family Health International</b> See case study II	Aksi stop AIDS project: engaging transgender men in preventing sexually transmitted infections, Indonesia	Waria – transgender people who are working in the sex industry in Jakarta	Integrated  Peer education, service based and community outreach		
<b>Family Health International, through Yayasan Pelangi Kasih Nusantara</b> See case study III	Aksi stop AIDS project: engaging men who have sex with men and male sex workers in preventing sexually transmitted infections and HIV, Indonesia	Men who have sex with men and male sex workers	Integrated  Peer education, service based and community outreach		

	<b>Gender-sensitive</b> Programme recognizes the specific needs and realities of men and women based on the social construction of gender roles.	<b>Gender-transformative</b> Programme clearly seeks to transform gender roles and create more gender-equitable relationships.	<b>Evaluation design</b> Giving more weight to quasi-experimental and randomized control trial designs.	<b>Overall effectiveness</b> Giving more weight to interventions that confirmed behaviour change on the part of men or boys and with moderate to rigorous evaluation design.
	The programme showed evidence of discussion of gender norms and attitudes of men to women and sexual and reproductive health but little evidence of critical discussion or challenge to traditional gender norms.		Limited, no baseline survey, no control group or statistical analysis of data. <b>Qualitative:</b> A socio-cultural and operational study of groups of trainees. <b>Quantitative:</b> Use of health ministry survey to identify need.	<b>Promising:</b> Impact can be noted here but there was no baseline taken and no figures cited for the socio-cultural study of trainees. However, some qualitative evidence that knowledge and behaviour have changed among beneficiaries was highlighted in the socio-cultural and operations study.
	The programme showed some gender sensitivity in its activities to create a more favourable environment for waria people to feel more comfortable going for voluntary counselling and testing. However, there is little evidence that gender norms were challenged or any deeper level of understanding about sexuality and gender was addressed.		Moderate, quasi-experimental design. <b>Quantitative:</b> Use of survey of need and also survey of waria population post-interventions. Statistical analysis of results and triangulation of findings.	<b>Promising:</b> Moderate impact was shown by the analysis of survey findings, although qualitative methods could have found out more about why some parts of the programme were not as successful as others.
	The programme showed some gender sensitivity in its activities to create a more favourable environment for men who have sex with men and male sex workers to feel more comfortable going for voluntary counselling and testing. However, there was little evidence that gender norms were challenged or any deeper level of understanding about sexuality and gender addressed.		Moderate. <b>Quantitative:</b> Use of survey of need and also survey of the men who have sex with men and male sex workers populations post-interventions. Statistical analysis of results and triangulation of findings.	<b>Promising:</b> Moderate impact was shown by the analysis of survey findings, although qualitative methods could have found out more about why some parts of the programme were not as successful as others.

- Effective programmes
- Promising programmes
- Unclear programmes

Organization	Programme	Target group	Methods	Gender-neutral Programme distinguishes little between the needs of men and women, neither reinforcing nor questioning gender roles.	
<b>Family Health International and Bandhu Social Welfare Society</b>  See case study IV	Engaging men who have sex with men and male sex workers in preventing sexually transmitted infections and HIV, Bangladesh	Men who have sex with men and male sex workers	Integrated  Peer education, service based and community outreach	The programme mainly treated men who have sex with men and male sex workers as another target group with minimal gender sensitivity. However, work was undertaken to sensitize the wider community to the needs of men who have sex with men and male sex workers.	
<b>UNFPA</b>  See case study V	Providing sexual and reproductive health services to the armed forces, Benin	Young men and women in uniformed services, military wives and civilians	Integrated  Training the trainers, service based, group education and awareness campaign		
<b>Women for Women International</b>  See case study VI	Men's leadership programme: engaging men in prevention of rape as a weapon of war, Democratic Republic of Congo	Male community leaders in eight communities in South Kivu Province	Integrated  Peer education, group education and awareness campaign		
<b>Youth Action Northern Ireland</b>  See case study VII	Engaging young men in prevention of violence, Northern Ireland	49 young men in Belfast	Group education		

	<p><b>Gender-sensitive</b> Programme recognizes the specific needs and realities of men and women based on the social construction of gender roles.</p>	<p><b>Gender-transformative</b> Programme clearly seeks to transform gender roles and create more gender-equitable relationships.</p>	<p><b>Evaluation design</b> Giving more weight to quasi-experimental and randomized control trial designs.</p>	<p><b>Overall effectiveness</b> Giving more weight to interventions that confirmed behaviour change on the part of men or boys and with moderate to rigorous evaluation design.</p>
			<p>Rigorous, mixed method evaluation design. <b>Quantitative:</b> Triangulation of existing 2002 and 2003 behavioural surveillance survey data, programme process data. <b>Qualitative:</b> Interviews and observation data collected for four out of nine programmes.</p>	<p><b>Promising:</b> This programme would benefit from a more gender-sensitive/gender-transformative approach as findings showed both knowledge and behaviour change.</p>
<p>This programme offered only minimal level gender sensitivity with regard to discussing or challenging gender norms, although there was some attempt to highlight gender inequities for women in the programme.</p>			<p>Limited, no baseline survey, no control group or evidence of statistical analysis. <b>Quantitative:</b> Surveys of men and women on knowledge and attitudes towards sexual and reproductive health. <b>Qualitative:</b> Interviews and focus groups with beneficiaries, mainly men.</p>	<p><b>Unclear:</b> However, some changes in attitudes and practices are clear from qualitative results. Impact is difficult to show due to lack of evaluation data.</p>
		<p>This programme clearly discussed gender norms and their social construction. Although it did not discuss masculinity specifically, the programme did seek to transform traditional gender norms and change behaviour.</p>	<p>Rigorous, as used formative process and impact evaluation. <b>Quantitative:</b> Survey of 392 men to assess knowledge and attitudes towards rape and sexual violence. A statistical analysis was undertaken of the results. <b>Qualitative:</b> Consulted with women in the community before training the men. Undertook focus groups and interviews with men and women to assess the impact of the programme: n=138 men and 22 women.</p>	<p><b>Effective:</b> Qualitative evidence of confirmed behaviour change among men that was triangulated with women's groups who confirmed this behaviour change. This programme has therefore been effective.</p>
		<p>This programme clearly seeks to transform gender norms and challenge harmful notions of masculinity by promoting positive alternatives.</p>	<p>Moderate. <b>Quantitative:</b> Formative process through consultations to identify themes. Reflection sheets and evaluations with young men after taking part in the programmes. <b>Qualitative:</b> Focus groups with the young men to understand their feelings and thoughts further.</p>	<p><b>Promising:</b> Behaviour change was not measured due to the short timescale of the pilot programme. However, findings showed positive changes in attitude and the likelihood of behaviour change with further sessions over a longer period.</p>

- Effective programmes
- Promising programmes
- Unclear programmes

Organization	Programme	Target group	Methods	Gender-neutral Programme distinguishes little between the needs of men and women, neither reinforcing nor questioning gender roles.	
<b>Men's Resources International and International Rescue Committee</b>  See case study VIII	Engaging men in prevention of gender-based violence, Liberia	Men in nine communities	Integrated  Training the trainers, group education, community outreach and awareness campaign		
<b>RFSU and IPPF Africa Region</b>  See case study IX	Engaging young men as partners in healthy sexual relationships, Kenya, Tanzania, Uganda and Zambia	Young men aged 10 to 24 years	Integrated  Peer and group education and community outreach		
<b>Men for Change</b>  See case study X	Engaging boys and girls in developing healthy relationships, Canada	1,000 boys and girls in schools	Group education within schools		

	<b>Gender-sensitive</b> Programme recognizes the specific needs and realities of men and women based on the social construction of gender roles.	<b>Gender-transformative</b> Programme clearly seeks to transform gender roles and create more gender-equitable relationships.	<b>Evaluation design</b> Giving more weight to quasi-experimental and randomized control trial designs.	<b>Overall effectiveness</b> Giving more weight to interventions that confirmed behaviour change on the part of men or boys and with moderate to rigorous evaluation design.
		This programme clearly discussed gender norms and the social construction of masculinity, critically discussed constructions of masculinity, and sought to transform norms to enable men and women to work together and involve men in ending gender-based violence.	Moderate, as included formative process and impact evaluation, but no controls or statistical analysis. <b>Quantitative:</b> Quasi-experimental design with pre- and post-training testing with International Rescue Committee staff: n=27. <b>Qualitative:</b> Outcome evaluation interviews took place with men's and women's action groups to assess men's changes in behaviour.	<b>Effective:</b> Qualitative evidence of confirmed behaviour change among men that was triangulated with women's groups who confirmed this behaviour change. This programme has therefore been effective.
		The programme clearly discussed gender norms and the social construction of masculinity. Efforts were made to challenge harmful gender norms, and encourage greater partner communication and shared decision making.	Moderate. <b>Quantitative:</b> Recorded figures against each output including attendance of young men for sexual and reproductive health and rights and gender education. Analysis against targets rather than baseline data collected. <b>Qualitative:</b> In-depth interviews and focus groups took place with facilitators and participants.	<b>Promising:</b> It is clear from the interim findings that good progress is being made against outputs and outcomes. Young men are increasingly attending sexual and reproductive health and rights and gender education with promising results.
		The programme clearly discussed gender norms and challenged gender stereotypes to transform norms and change behaviour.	Rigorous, the design was quasi-experimental. <b>Quantitative:</b> Students in both the programme and comparison groups completed a set of pre-test measures before the Healthy Relationships curriculum was implemented in the programme group. Both groups completed the same set of measures in a post-test, immediately after the programme group had finished the curriculum. The results included a comparison between these pre- and post-tests for Year 3, with comparisons to the results from previous years. <b>Qualitative:</b> Focus groups.	<b>Effective:</b> There was both qualitative and quantitative evidence of behaviour change among girls and boys.

- Effective programmes
- Promising programmes
- Unclear programmes

Organization	Programme	Target group	Methods	Gender-neutral Programme distinguishes little between the needs of men and women, neither reinforcing nor questioning gender roles.	
<b>Instituto Promundo and Horizons</b> See case study XI	Programme H: promoting more gender-equitable attitudes in men, Brazil	Young men in three areas of Rio de Janeiro	Integrated Group education and awareness campaign		
<b>Horizons</b> See case study XII	Yari Dosti: challenging and changing gender attitudes among young men, India	126 young men from low-income communities in Mumbai	Peer and group education		

	<b>Gender-sensitive</b> Programme recognizes the specific needs and realities of men and women based on the social construction of gender roles.	<b>Gender-transformative</b> Programme clearly seeks to transform gender roles and create more gender-equitable relationships.	<b>Evaluation design</b> Giving more weight to quasi-experimental and randomized control trial designs.	<b>Overall effectiveness</b> Giving more weight to interventions that confirmed behaviour change on the part of men or boys and with moderate to rigorous evaluation design.
		The programme clearly discussed gender norms and the social construction of masculinity. It made efforts to critically discuss, question and/or transform such norms in the programme.	Rigorous. <b>Quantitative:</b> Field testing of a manual took place, and baseline data was collected using the GEM scale on men: n=780. Post-intervention surveys were also undertaken using the GEM scale after six months and one year. Results were statistically analyzed. <b>Qualitative:</b> Qualitative interviews were undertaken after the interventions with a sub-sample of young men.	<b>Effective:</b> There was both qualitative and quantitative evidence of behaviour change on the part of men and boys and results were triangulated with female partners.
		The programme clearly discussed gender norms and the social construction of masculinity. It made efforts to critically discuss, question and/or transform such norms in the programme.	Rigorous. <b>Quantitative:</b> An independent study team. Pre- and post-intervention surveys with most of the young men (n=107 and n=92 respectively). Attitudes towards gender norms were quantitatively measured in the surveys using the 24-item Gender-Equitable Men (GEM) Scale. <b>Qualitative:</b> Interviews were conducted with a sub-set of 16 young men after selected sessions and with those who had dropped out of the intervention (n=11), as well as with the four peer leaders who facilitated the sessions. Observations of selected activities by the research team also took place.	<b>Effective:</b> There was both qualitative and quantitative evidence of behaviour change on the part of men and boys.

- Effective programmes
- Promising programmes
- Unclear programmes



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The examples described in this publication include experiences of organizations beyond IPPF. This publication does not endorse one approach over another. Rather, the document presents examples of innovative approaches to engage men and boys in changing gender-based inequity in sexual and reproductive health, as well as case studies that tackle the issue of gender-based violence and that explore the nature of healthy relationships. The report summarizes the evidence on the effectiveness of these approaches to date.

Photos by: IPPF/Peter Caton/Uganda [front and back covers and pages 15, 22, 37 and 47]; IPPF/Peter Caton/Bangladesh [page 2]; IPPF/Chloe Hall/Bolivia [page 21]; IPPF/Peter Caton/India [page 57]; IPPF/Chloe Hall/Denmark [page 59]; and IPPF/Isabel Zipfel/Syria [page 61].



# Men are changing

## Case study evidence on work with men and boys to promote gender equality and positive masculinities

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

The lives of women and children are intertwined with the lives of men. Without understanding how men's gendered experiences affect them and those around them, it is impossible to fully promote sexual and reproductive health and rights for all.

In recent decades, interest in understanding masculinities and working with men and boys on gender issues has increased enormously. A growing field of academic, media and community-based activities are now bearing fruit. More is known about different ways to engage men and boys to challenge harmful expressions of masculinity and to promote gender equity. Men's ability and desire to change is increasingly understood; a recognition of the benefits this brings to themselves, and to other men, women and children.

*Men are Changing* seeks to strengthen and broaden the evidence base on working with men and boys. It describes and analyzes 12 programmes from around the world that sought to alter the attitudes and behaviours of men in relation to sexuality, sexual and reproductive health, violence and relationships. The report discusses challenges in this field, provides an overview of emerging good practice, and makes recommendations for improving existing policy work, programmes and services. Its findings are clear: working with men and boys is effective, men *are* changing, but greater efforts are still needed to scale up gender-transformative interventions with men and women.

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