



Men and Reproductive Health Programs: Influencing Gender Norms

Prepared by

Synergy Consultants
Victoria White, M.P.H.
Dr. Margaret Greene, Ph.D.
Dr. Elaine Murphy, Ph.D.

Submitted to

U.S. Agency for International Development
Office of HIV/AIDS

Submitted by

The Synergy Project
TvT Global Health and Development Strategies™,
a division of Social & Scientific Systems, Inc.
1101 Vermont Avenue, Suite 900
Washington, DC 20005 USA
Telephone: (202) 842-2939
Fax: (202) 842-7646

USAID Contract: HRN-C-00-99-00005-00

December 2003

Contents

Acknowledgments.....	v
Introduction.....	1
Conceptual Framework.....	3
Review of Literature.....	7
CANTERA.....	11
New Visions Program for Boys and Young Men.....	13
Better Life Options Program for Boys.....	15
Conscientizing Male Adolescents Program.....	17
Mobilizing Young Men To Care Project.....	19
Men As Partners Program.....	21
Talking Man-To-Man.....	25
Program H.....	27
Puntos de Encuentro.....	29
Stepping Stones.....	31
Soul City.....	33
The Strength Campaign.....	35
The Respect Campaign.....	37
Peer Advocates for Health.....	39
Matrix of Programs.....	41
Analysis and Discussion.....	47
Conclusion.....	53
References.....	55
Annotated Bibliography.....	57

Acknowledgments

Many thanks to those who willingly shared recent literature documenting the efforts of their respective programs. Their contributions and feedback helped to make this document as current and relevant as possible. Specifically, I would like to thank: Gary Barker with Instituto PROMUNDO in Brazil; Barry Chevannes with Fathers Inc. in Jamaica; Joan Mayer with UNICEF in the United States; Manisha Mehta with EngenderHealth in the United States; Arundhati Mishra with CEDPA India; Robert Morrell and Lynn Dalrymple of DramAidE in South Africa; Pat Mosena with Peer Advocates for Health in the United States; and Ruben Reyes with Puntos de Encuentro in Nicaragua. This document would not have been possible without their input and guidance.

I would also like to express my gratitude for the contributions of the following persons: Abigail Dreyer with the University of Western Cape in South Africa; Phyllis Murrell with the National Organization of Women in Barbados; Lucia Negreiros and Rhian Evans with the International HIV/AIDS Alliance in the United Kingdom; and Neil Verlaque-Napper with the Storytelling Project in South Africa. Although the programs they are associated with were not included in this publication, their input broadened the universe of programs vital to the analysis in this document and fine-tuned the methods used for background research.

The following staff members at The Synergy Project provided assistance and encouragement throughout the process of completing this document: William Awumey, Jaya Chimnani, and Josh Rosenfeld.

Lastly, my sincerest appreciation is owed to three advisors who gave me the opportunity to participate in writing this document and consistently contributed to this document with constructive criticism and feedback: Gary Merritt with The Synergy Project, Elaine Murphy, and Margaret Greene, both with the Center for Global Health, George Washington University School of Public Health.

Thank you all for your input, dedication, feedback, and resources. They are all highly valued and each contribution was indispensable to the completion of this document.

Victoria White, M.P.H.

Introduction

In September 2003, program implementers, researchers, evaluators, and donors came together in a four-day conference in the Washington, D.C., area to learn about men and reproductive health programs around the world that had challenged gender norms. Participants in the conference were particularly interested in those programs that could show through evaluations that gender-related attitudes and behaviors had changed in a direction likely to reduce health risks, specifically, those associated with violence and unsafe sex. Identifying these programs and the strategies that made them successful has implications for future gender-related reproductive health, HIV/AIDS, and maternal and child health programming because they may serve as models to be adapted, scaled up, or replicated elsewhere. This review aims to highlight these good programmatic models, some of which were presented at the September 2003 conference.

Four general themes emerged in the process of conducting this review. First, initiatives affecting gender norms for the sake of doing so are still relatively nascent. Only in the past ten years have they become a significant subset of the wide range of programs in the global health arena.

Second, substantive evaluations are not common. There simply is not a large enough sample of thorough and systematic data on the efficacy of these programs as a whole. Data are typically gathered and analyzed from the perspectives of participants and facilitators at a level too cursory to allow an in-depth assessment of their outcomes. Often, these evaluations do not include comparable data from a control group; therefore, it is unknown whether or not the results are statistically significant.

Third, evaluations that specifically report the program's effect on gender norms—and not only on health outcomes—are rare. Programs may influence this type of social norm, either directly or indirectly, but they generally neglect to include their effects on gender norms in an evaluation.

Fourth, health programs affect social norms related to gender roles even if they do not aim to address these norms directly. Despite their inclusion of and near virtual effect on gender roles, few programs actually separate their work of influencing gender norms from their efforts to modify or eliminate the behaviors that arise from these social constructs. For example, programs designed to curb gender-based violence may include a short module on gender roles and challenging contemporary definitions of masculinities; similarly, life skills peer education programs may introduce the concept of alternative and flexible gender roles to youth and create an enabling environment within the classroom setting where those alternative roles are reinforced and encouraged. This is largely due to the historical neglect of gender-sensitive approaches specifically purposed to alter gender norms in global health programs.

Programs influence gender norms regardless of whether or not they incorporate gender-sensitive approaches, because these norms are inextricably linked to all facets of health behavior. Without proper consideration of gender as a determinant of health, initiatives

can have haphazard or unintended effects on gender norms. For example, between 1993 and 1994 in Zimbabwe, the Male Motivation and Family Planning Campaign affected many Zimbabwean men. The planners integrated language from competitive sports and images of local soccer heroes into some of the campaign's materials. As intended, the messages appealed to the male target audience and contraceptive use increased. The action-oriented and assertive imagery and messages reinforced gender stereotypes, however. According to surveys, not only did men become more interested and involved in selecting a family planning method, men tended to dominate and even assume full responsibility for this decision. Rather than endorsing shared decision-making between both partners in a couple, the mass media campaign had the effect of sanctioning and encouraging male-dominant behavior.¹

The relative newness of this interest in changing gender norms and the lack of long-term, large-scale evaluation efforts means that we cannot state with much certainty that the attitudinal changes reported by participants in preliminary and postintervention data are sustainable. Moreover, whether or not the reported attitudinal changes have been exhibited as behaviors is left to speculation and confirmation by forthcoming evaluations.

This review describes programs specifically designed to change social norms related to gender roles. It explains the methodologies each employed to achieve this goal and presents findings from evaluations conducted to assess their efficacy. The information provided herein attempts to compile information necessary to describe the best-evaluated approaches to altering entrenched gender norms.

¹ Kim, Young Mi, Caroline Marangwanda, and Adrienne Kols. 1996. *Involving Men in Family Planning. The Zimbabwe Male Motivation and Family Planning Method Expansion Project, 1993–1994*. Available at the following Web address: www.africa2000.com/PNDX%5CJHU-zimbabwe.html. Accessed October 9, 2003.

Conceptual Framework

Over the past ten years, the calls for involving men in reproductive health issues have emphasized the role of men in improving the health of their families and themselves, and the importance of addressing the gender inequities underlying poor reproductive health. In response, many male involvement programs have been created. Most of these health interventions have tended to be oriented toward changing behavioral outcomes (e.g., condom use or the use of health services). Yet, shaping these outcomes and guiding much of what we do in our everyday lives are social norms, and central among these are gender norms. Gender norms are some of the strongest social influences shaping men's and women's lives. They provide the values that justify different and often discriminatory treatment of one or the other gender. Widespread social discrimination against women is visible in lower levels of investment in the health,² nutrition,³ and education of girls and women.⁴ Institutionalized legal disadvantages for women underpin laws that keep land, money, and other economic resources out of women's hands,⁵ and by foreclosing protection and redress, they contribute to violence against women.⁶

Sexual and reproductive health is strongly affected by gender norms. Norms favoring male children and promoting women's economic dependence on men contribute to high rates of fertility in many settings. Inability to negotiate sex, condom use, or monogamy on equal terms leaves the majority of women and girls worldwide at high risk for unwanted pregnancy, illness and death from pregnancy-related causes, and sexually transmitted infections. Research has consistently shown that men play key roles in the spread of sexually transmitted disease, and that women bear greater reproductive health hazards.⁷

² Miller, B.D. 1997. Social class, gender and intrahousehold food allocations to children in South Asia. *Social Science and Medicine* 44(11):1685-1695.

Das Gupta, Monica. 1987. Selective discrimination against female children in rural Punjab, India. *Population and Development Review* 13(1):77-100.

³ Leslie, J., E. Ciemins, and S.B. Essama. 1997. Female nutritional status across the life-span in sub-Saharan Africa: Prevalence patterns. *Food and Nutrition Bulletin* 18(1):20-43.

⁴ Leach, F. 1998. Gender, education and training: An international perspective. *Gender and Development* 6(2):9-18.

⁵ Agarwal, B. 1994. Gender and command over property: A critical gap in economic analysis and policy in South Asia. *World Development* 22(10):1455-1478.

Summerfield, G. 1998. Allocation of labor and income in the family. In: *Women in the Third World: An Encyclopedia of Contemporary Issues*, edited by Nelly P. Stromquist. New York: Garland Publishing. (Garland Reference Library of Social Science Vol. 760) pp. 218-226.

⁶ Heise, L.L., J. Pitanguy, and A. Germain. 1994. *Violence against women. The hidden health burden*. World Bank Discussion Paper 255. Washington, D.C.: The World Bank.

Heise, Lori L. 1995. Violence, sexuality, and women's lives. In: *Conceiving Sexuality: Approaches to Sex Research in a Postmodern World*. New York: Routledge.

Heise, L, M. Ellsberg, and M. Gottemoeller. 1999. Ending violence against women. *Population Reports. Series L: Issues In World Health*. Dec (11):1-43.

⁷ Foreman, Martin (Ed.). 1999. *AIDS and Men: Taking Risks or Taking Responsibility?* London: Panos/Zed Books.

Mundigo, Axel I. 1995. *Men's Roles, Sexuality and Reproductive Health. International Lecture Series on Population Issues*. Chicago, Ill: The John D. & Catherine T. MacArthur Foundation.

Addressing gender norms and expectations is key to promoting behavior change and is essential to instituting equitable relations between all human beings, regardless of their gender. Clearly, the behavioral changes that interventions bring about will be relatively limited if programs do not address the underlying norms that determine them. We might think of behaviors as being overlaid onto gender and other social norms. Most programs have yet to address these norms, which cumulatively direct the entire body of norms.

One widely known example of the relative effectiveness of considering norms and not just behaviors can be observed in Uganda where efforts to reduce HIV prevalence in the 1990s encouraged behavior change from many angles. One such angle encouraged men in particular to reduce the number of sexual partners they had through “zero grazing,” a reference to the tradition of tethering an animal to a stake and allowing it to graze in a circle. In the context of gender norms that permit and often encourage men to have multiple sexual partners, the message about caring for and respecting their wives and themselves went far beyond a simple behavior change.

Altering social norms is vital to the equitable distribution of resources and rights between the sexes. Oftentimes, men act as the gatekeepers to health care for women. They can either impede or facilitate women’s health service-seeking behavior. Gender roles adversely affect men as well. Men may engage in high-risk behaviors more frequently in order to meet the perceived expectations of social norms related to gender. Men may also repress desires to display effeminate characteristics due to social prohibitions on homosexuality or social definitions of masculinity. These realities have been highlighted by the AIDS epidemic and the combination of men’s greater likelihood of having multiple partners and women’s difficulty in negotiating condom use or the conditions of sexual encounters. Men’s involvement in military campaigns and the myriad risky behaviors associated with warfare especially contribute to the cycle of infection in areas of Africa ravaged by military conflict. Altering gender norms will be particularly imperative in this context, as successive waves of demobilized troops inculcated to adopt detrimental constructions of masculinity are reintegrated into society. Furthermore, women’s socialized and coerced dependence on men both financially and emotionally, as well as women’s relative ignorance of the interplay of socioeconomic factors that increase their vulnerability to infection, further exacerbate the epidemic. These social, gender-related, and economic issues, among others, contribute directly to the epidemic and can be addressed through altering the socialized paradigms of masculinity and gender norms.

The purpose of this review is to present programs that have effectively altered social norms regarding gender. Norms are perceived shared values that are often the underlying principles motivating an individual’s outward behavior, which in turn, set the social climate. Debunking the idea of a single hegemonic masculinity is imperative to addressing the unhealthy repercussions of socially defined “maleness.” This entails the introduction of multiple and concurrent masculinities that can be assumed in various contexts to enable men to adapt to social situations with versatility to increase the probability of positive and gender-equitable decision-making. This review presents a purposive sample of programs that have affected social norms regarding gender in a

manner that has been captured in an evaluation. Examples were drawn from regions throughout the world in order to present a balanced and accurate sense of current efforts to change social norms related to gender.

Most of these programs do not describe their theoretical underpinnings. However, the process of normative change—as opposed to individual behavior change—is well captured by the theory of Diffusion of Innovations (DOI) by Everett Rogers; the programs described follow this process and are at one or another of its stages. “Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system... [leading to] social change.”⁸ Initially, individuals who are open to (and sometime seeking) innovation are influenced by the new ideas and practices of opinion leaders whom they respect. These early adopters of the new behaviors tend to be leaders within their own peer groups, and therefore they bring many others to the new way of thinking and acting. When a critical mass of adopters emerges, the mainstream social group follows. Some people are late adopters, of course, and some never adopt the innovation. Successful efforts to combat AIDS have followed this approach,⁹ as have organized family planning programs.¹⁰ It should be noted that theories of individual behavior change are not incompatible with DOI theory. However, until a *critical mass* of individuals who have changed attitudes and behaviors emerges, society itself, and therefore social norms, will not change.

As the DOI theory well articulates, normative change hinges on the adoption of an innovative idea by individuals until a critical mass of adopters is achieved. Given this, the programs presented in this review must be viewed as methods to prompt individuals and societies to progress through the stages outlined in the DOI theory.

⁸ Rogers, Everett M. 1995. *Diffusion of Innovations*. 4th edition. New York: The Free Press.

⁹ Singhal, Arvind, and Everett M. Rogers. 2003. *Combating AIDS: Communication Theories in Action*. Thousand Oaks, Calif: Sage Publications.

¹⁰ Murphy, Elaine. Forthcoming. Organized family planning programs: A diffusion of innovations success story. *Journal of Health Communications* Vol. 8(6).

Review of Literature

For many years, reproductive health programs simply did not address men,¹¹ in part because women's centrality to reproduction was taken for granted (an assumption that itself reflects social norms) and in part because so little was known about men. Recent years have provided much useful information about men. A 1999 review by the Panos Institute provided extensive evidence on the special role that men were playing in spreading HIV and linked men's behaviors to underlying gender norms.¹² A comprehensive analysis of men's reproductive health needs worldwide by the Alan Guttmacher Institute provides much-needed information about men, though it does not strongly address the ways in which gender norms constrain reproductive health for both men and women.¹³

Over the past decade, numerous programs involving men have been developed and documented. These programs involve men in safer motherhood, offer diagnosis and treatment of sexually transmitted infections, develop men's parenting skills, encourage men's support of women when they seek services, and provide basic information and counseling, among the range of their offerings. The wide universe of programs can be glimpsed in the pages of several important reviews. For example, a United Nations Population Fund review effectively divides male involvement efforts into those that promote family planning, serve men's needs, or attempt to address gender inequity, but does not dwell on evaluation efforts.¹⁴ A UNICEF review similarly includes a wide variety of programs, some of which attempt to change social norms. But whether these programs have been evaluated is not discussed for the most part.¹⁵

Inspirational, life-changing, informative: these words can describe nearly the entire myriad of programs designed to change gender norms. Unfortunately, "evaluated" and "demonstrably effective" are not on that list of descriptors. Several promising programs that are widely recognized as being innovative and influential in their work to change perceptions of gender roles have not been evaluated in ways that would make their replication possible. For example, Fathers Inc., in Jamaica, is a training and support program that teaches and encourages men to nurture their roles as fathers and to assume the position of a gender-equitable role model for their children and communities. PAPA works with adolescent fathers in Brazil, stimulating public discussion on the importance of young men's participation in sexuality, reproduction, and parenthood. The organization creates a space for young fathers, who are an invisible and undervalued group, where they are appreciated and challenged to assume greater responsibility by

¹¹ Greene, Margaret E., and Ann E. Biddlecom. 2000. Absent and problematic men: Demographic accounts of male reproductive roles. *Population and Development Review* 26(1):81–115.

¹² Foreman, Martin (Ed.). 1999. *AIDS and Men: Taking Risks or Taking Responsibility?* London: Panos/Zed Books.

¹³ Alan Guttmacher Institute. 2003. *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide*. New York: Alan Guttmacher Institute.

¹⁴ Cohen, Sylvie I., and Michele Burger. 2000. *Partnering: A New Approach to Sexual and Reproductive Health*. New York: United Nations Population Fund.

¹⁵ Dempsey-Chlam, Justin, and Tom Wilhelm. 2003. *Annotated Bibliography of Male Involvement* (draft). New York: United Nations Children's Fund (UNICEF).

developing their parenting skills and expanding their concepts of gender, rights, and citizenship.¹⁶ In Mexico, the Male Collective for Equitable Relationships (CORAI) supports creative, emotional, and respectful constructions of masculinity through programs focused on nurturing men as fathers and preventing gender-based violence. It also galvanizes community support to address these issues politically.¹⁷ Salud y Género, based in Mexico, sensitizes men to the detriments of socialized masculinity, especially violence, and how they affect both men and women. The organization emphasizes working with men facing social and economic issues in all-male or mixed-gender groups.

The Society for Integrated Development of Himalayas focuses instead on achieving social justice through educational programs with youth and network-building between commensurately empowered men and women. In the Dominican Republic, the Catholic Institute for International Relations has conducted gender workshops to explore and address the social and cultural processes that enable gender-based violence. The institute has also been involved in similar efforts in Haiti, facilitating discussions analyzing cultural impediments and enablers that affect the power balance between men and women that in turn influence issues of gender and development.¹⁸ The Botswana National Youth Council works with youth broadly by addressing their needs and anxieties about male sexuality, including intimate partner relations, through a program focused on preventing HIV infection. Thandizani, a Zambian nongovernmental organization, engages communities in meaningful dialogue on the interconnectedness of gender, sexuality, and vulnerability to HIV in order to stimulate change in community norms.¹⁹ The University of Edinburgh has worked with the Meru ethnic group in Kenya, providing education on gender issues to men undergoing the initiation rite of circumcision.²⁰ These are just a few of the worthwhile programs affecting the lives of men of all ages in different contexts. Unfortunately, it cannot be stated definitively whether the above-mentioned programs have been effective enough to be expanded or replicated in other settings.

Influencing deeply entrenched social norms, such as those addressing gender, is not easy, but clearly, it has already been done. One-hundred years ago, women in the United States could not vote, and very few went to college or worked outside the home. Women's emancipation, like all great social changes, was in part due to organized efforts and in part due to economic and other forces. Given the worrying state of reproductive health throughout the world, including HIV/AIDS, we do not have 100 years to wait. Good programs—given sufficient reach—can accelerate the pace of progress. The programs

¹⁶ *Programa PAPAÍ: Abstract*. Available at the following Web address:

<http://www.ufpe.br/papai/Traducao/english.html>. Accessed November 13, 2003.

¹⁷ *Colectivo de Hombres por Relaciones Igualitarias A.C.* Available at the following Web address:

<http://www.coraiac.org.mx>. Accessed November 13, 2003.

¹⁸ Catholic Institute for International Relations (CIIR). *News: Crossing the Sea—Masculinity Work in the Caribbean 1/10/2001*. Available at the following Web address:

<http://www.ciir.org/ciir.asp?section=news&page=story&id=275>. Accessed November 13, 2003.

¹⁹ International HIV/AIDS Alliance. 2003. *Men's Work Working with Men, Responding to AIDS: A Case Study Collection*. Brighton, England: International HIV/AIDS Alliance.

²⁰ Grant, Elizabeth. 2003. *Seizing the Day—Right time, Right Place, and Right Message for Adolescent RSH (Kenya)* (PowerPoint and oral presentation). Presented at the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

described here meet the criteria of successfully challenging gender norms as well as improving reproductive health behaviors as outlined in the Framework for Men in Reproductive Health programs.²¹ Adoption of the highest criterion—that which changes socially defined male-female roles for the better—will avoid problems of some male involvement programs that have unintentionally reduced women’s autonomy or increased violence in their efforts to recruit men to use family planning.²²

The following review describes evaluated programs in developing countries specifically designed to address social norms related to gender roles. It explains the methods each employed to achieve this goal and presents findings from various kinds of evaluations conducted to assess their efficacy.

²¹ Greene, Margaret. 2003. *A Framework for Men and Reproductive Health Programs*. Oral presentation at the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

²² Kim, Young Mi, Caroline Marangwanda, and Adrienne Kols. 1996. *Involving Men in Family Planning. The Zimbabwe Male Motivation and Family Planning Method Expansion Project, 1993–1994*. Available at the following Web address: www.africa2000.com/PNDX%5CJHU-zimbabwe.html. Accessed October 9, 2003.

CANTERA (Central America)

Overview

In English the name of this organization is synonymous with “quarry,” meaning a rich or productive source. The work of CANTERA, which stands for Population Education and Communication Center, has indeed been a rich resource for the people it has served. This organization began its work on masculinity and gender with men in 1994. Since 1989 the organization has been a leader in popular education. It fuses gender relations and women’s personal experiences in its societal analyses. Nicaragua, where CANTERA is based, is a predominantly Catholic and male-dominated society.

Scope

Two-hundred fifty men in Costa Rica, El Salvador, Guatemala, and Nicaragua.

Objectives

Through its workshops, CANTERA seeks to facilitate internal transformative processes by examining social attitudes, values, behaviors, and the social construction of masculinity using men’s own life stories as a starting point rather than theoretical frameworks. Ultimately, through introspection and the recognition of the contradictions and injustices related to gender roles, the program encourages men to generate their own proposals for specific change and to take responsibility for making these changes.

Audience

Adult men.

Implementation

Over the span of a year participants attend four 3½-day workshops centered on the following themes in the order presented: 1) male identities; 2) gender, power, and violence; 3) unlearning machismo; and 4) forging just relationships. During the first workshop the men engage in exercises to help them question their own discriminatory practices, reflect on the social construction of male identities, and consider the methods men employ to exercise power. The second workshop builds on the previous analysis of the roots of men’s violence, its effects on men and their families, and its relationship to the current socioeconomic situation in Nicaragua. Men then brainstorm ways to reduce violence in their families. In the third workshop, processes that would allow men to change are identified, strengthened, and outlined in the form of a methodology that can be employed to train other men. Men and women alike participate in the last workshop in order to share what they have learned and to deepen their individual analyses by taking into account the other’s perspectives.

Promoting change in the familial and personal spheres is the highest priority. The religious nature of the society is integrated into the workshops; facilitators often quote or elicit passages from religious texts considered holy by Nicaraguans of Spanish descent and indigenous peoples. Feature films serve as entry points for discussions to deconstruct hegemonic definitions of masculinity (e.g., the film *Once Were Warriors*, a graphic

depiction of the negative effects of violent masculinity on men and women; and *Marta and Raymond*, which inverts gender roles to enable men to witness the mechanisms used to subjugate, humiliate, and abuse women).

Evaluation and Outcomes

One-hundred twelve of the original 250 men who participated in any of CANTERA's workshops between September 1994 and September 1997 were surveyed. The men's questionnaire consisted of 312 questions divided into seven sections. Program evaluators overcame the lack of baseline data by creating a "subjective approximation" and a "subjective appreciation" (i.e., a surmised quantification and estimated trend) of the men's perceived internal changes. They accomplished this by separating the questions related to the men's pre- and post-participation behaviors into sections.

When compared with data that had been gathered from surveys of women who knew the male participants, both groups tended to agree that the men had changed in the following ways: they reflected less "macho" perceptions of masculinity, they participated more in domestic chores, their relationships in the workplace had improved, they had reduced their discriminatory practices, and they had demonstrated greater solidarity with women. There was a significant increase in the number of men actively seeking sexuality education, from 36 percent to 55 percent.

The pool of respondents was not a representative sample of the general populations in their respective countries, which may explain their high levels of seeking health education. Like the other 138 participants, they were generally older, educated, and employed. This could be explained by the fact that most of the men who took part in the workshops were referred by their employers, usually nongovernmental organizations.

In 1999, CANTERA developed and tested "El Significado de Ser Hombre" (*What it Means to be a Man*), a training manual for former participants to train others.

Funding Sources

CANTERA receives the majority of its financial support from European and U.S. voluntary organizations, development agencies, and religious congregations. Some major financiers include NOVIB and Van Leer Foundation in The Netherlands; Swedish International Development Agency; CAFOD, in England; Catholic Women, in Austria; OXFAM America; and Friends of CANTERA, in the United States. CANTERA also generates revenue by selling its publications and local goods.

Contact Information

E-mail: cantera@nicarao.org.ni
www.oneworld.org/cantera

Sources

Welsh, Patrick. 2001. *Men aren't from Mars: Unlearning machismo in Nicaragua*. London: Catholic Institute for International Relations.

CANTERA Web page: www.oneworld.org/cantera. Accessed October 13, 2003.

New Visions Program for Boys and Young Men (Egypt)

Overview

The New Visions Program for Boys and Young Men, located in Upper Egypt, is an informal educational program of basic life skills and reproductive health developed in recognition of boys' distinct needs and rights, and men's and boys' influence on the enabling environment for girls' rights. A one-year pilot phase of this project, which was sponsored by the Centre for Development and Population Activities (CEDPA) took place in 2002. The program is currently in its implementation phase, which is projected to end in 2004. Beni Suef (the evaluation site) is a relatively poor region of Egypt. Many of its socioeconomic indicators were substantially lower than those for Egypt as a whole in 2001. For instance, the female literacy rate was 35 percent, versus the national average of 54 percent; and 51.2 percent of its residents are poor versus the national average of 20 percent.

Scope

While serving 1,900 young men in Beni Suef in 2002, the program is expected to serve 8,500 participants in eleven governorates by 2004.

Objectives

To influence gender norms related to reproductive and sexual health, affecting the rights and needs of girls and boys alike.

Audience

Literate adolescent boys between the ages of 11 and 20 in Upper Egypt. The overwhelming majority of the boys in Beni Suef lived with both their parents at the time of the evaluation.

Implementation

In 65 educational sessions, facilitators provide participants with information and discussion issues on a range of topics: gender, gender roles, interpersonal relationships, and legal rights, among others in a 17 unit schedule. The program is implemented through 180 partnering Youth Councils and nongovernmental organizations. Facilitators use both interactive and noninteractive methods. Tapes of drama and poetry, role-plays, puzzles, posters, and games are among the session aids.

Evaluation and Outcomes

The evaluation was conducted in three rural villages in Beni Suef. One of these villages served as a control. Knowledge, attitudes, and practices surveys were conducted at baseline (T_0), immediately following the last educational session (T_1), and one year after the sessions (T_2). Qualitative data were collected in the two intervention villages through interviews with facilitators and focus groups with participants. Only preliminary baseline and T_1 findings are available. These indicate not only increased awareness of the potential flexibility of gender roles, gender equity, and gender violence, but also more positive attitudes toward these issues among boys who underwent the intervention.

Specifically regarding gender equity, there was a statistically significant decrease in the number of boys who thought that boys and girls should be treated differently in terms of food, work, marriage age, and movement outside of the house. There were also large and significant increases in the proportion of boys who believed that responsibilities should be shared between husbands and wives in both society and within the household. More sensitive issues historically entrenched by cultural and religious values were not as amenable to change, but results were hopeful. Some evaluation items indicated that boys displayed significantly more negative attitudes toward female genital cutting. For example, the percentage of boys who would prefer to marry an uncircumcised woman increased from 22 percent to 37 percent. Moreover, those who agreed that the “benefits of female circumcision outweigh any of the damages” decreased from 70 percent to 55 percent. Equally important, those who remained ambivalent began to question the utility of the practice. Not all data were available to contrast these findings with those of the control group.

Funding Sources

This is a USAID-funded program implemented by CEDPA’s Egypt office.

Contact Information

Centre for Development and Population Activities
53 Manial Street, Suite 500
Manial El Rodah
Cairo 11451, Egypt
Tel: 2-02-365-4567
E-mail: cedpaegypt@cedpa.org.eg
www.cedpa.org/egypt

Sources

Abstracts approved for presentation at the Global Conference on Reaching Men to Improve Reproductive Health for All September 2003. Available at the following Web address: http://www.rho.org/reaching_men_09-03/9-03conf_accepted_abstracts.pdf. Accessed October 9, 2003.

Selim, Mona. 2003. *Preliminary findings from the New Visions Program Pilot Evaluation in Egypt* (PowerPoint and oral presentation). Presented to the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

Better Life Options Program for Boys (India)

Overview

In 2000, the Centre for Development and Population Activities (CEDPA) began the Better Life Options Program for boys, based on an existing CEDPA program that works exclusively with girls. Like other similar programs, it evolved as a response to the need to work with boys, as identified by girls in the female-specific program. It was developed using CEDPA's "Better Life Options and Opportunities Model," which integrates social mobilization with self-efficacy in order to empower young people. A manual for adolescent boys was developed in 1999 and the boys' project was planned and executed in a two-year period, between 2000 and 2002.

Scope

Ten nongovernmental organizations partnered to implement the project across eleven Indian states affecting 8,397 youth.

Objectives

To challenge gender inequities and broaden the life options available to adolescent youth through the use of an empowerment model in the context of a holistic program.

Audience

Adolescent boys, 10 to 19 years of age, took part in the program. The majority of the young men were unmarried students who generally felt they were not empowered. Preliminary profile data indicated that few believed they could make an autonomous decision about when to marry (27 percent), whom to marry (36.1 percent), and the number of children to have (40.7 percent). Moreover, some of the boys stated that peer pressure, early marriage, and high family expectations were obstacles to achieving their dreams, which further detracted from their sense of autonomy.

Implementation

CEDPA implemented its training module in three settings for differing lengths of time: intensive camps lasting ten to 14 days; classroom settings; and various social and educational settings for three to six months, including vocational and remedial classes, clubs, and gyms. The training module consisted of the following materials in both English and Hindi: the "Choose a Future!" training manual, facilitators' handbooks, posters, videos, and supplementary materials such as anatomy models, exercises, training aids, and games.

The "Choose a Future!" manual specifically addressed gender issues and engaged youth in issues surrounding awareness of self and gender, communication skills, and interpersonal relationships among other topics. Facilitators included health professionals, educators, and community members.

Evaluation and Outcomes

Data were collected systematically before and after the execution of the project through precoded structured interviews on scheduled intervals. Participating in the program were 2,379 boys who underwent both data-collection sessions; however, the participants' input was not complemented by that of a control group. Almost 12 percent of the respondents increased their knowledge of nonviolent means of resolving conflict; about 29 percent knew the definition of sexual harassment; and at least 7 percent could identify the medical precautions that can facilitate a healthy pregnancy. Also, there was a 14.8 percent increase in the proportion of respondents who agreed that boys and girls would be more equal if both were sent to school. Women and girls close to project alumni anecdotally reported an increase in the participants' displays of gender-equitable behaviors as well.

Funding Sources

The Summit Foundation provided \$100,000, which was used to fund the entire project.

Contact Information

Centre for Development and Population Activities
50-M Shantipath
Gate No. 3, Niti Marg
Chanakyapuri
New Delhi, India 110021
Tel: 91-11 2467-2154
Tel: 91-11-2688-6172
E-mail: bsood@vsnl.net

Sources

Mishra, Arundhati. 2003. *Enlightening adolescent boys in India on gender and reproductive and sexual health* (PowerPoint and oral presentation). Presented to the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

Youth Development Project. Available at the following Web address:
www.cedpa.org/projects/youth.html. Accessed October 28, 2003.

Conscientizing Male Adolescents Program (Nigeria)

Overview

One impetus for the Conscientizing Male Adolescents Program, sponsored by the International Women's Health Coalition, is the perception that Nigeria is a country poised on the brink of an extensive HIV/AIDS epidemic fueled by gender inequity. Its current HIV rate is almost 6 percent among adults aged 15–49. At 130 million, Nigeria is the most populous country in Africa, and 50 percent of Nigerians are under the age of 20. As in other countries in Africa, the youth population will be the hardest hit, and young women will be affected most of all. Cultural norms support egregious gender inequities, both in the Christian south and the Muslim north. Economic and social turmoil generally override the importance of health issues in daily life.

Scope

Initiated in 1995, the Conscientizing Male Adolescents (CMA) program began with a pilot project involving 25 boys recruited from three secondary schools in Calabar, Nigeria. In the first six years of the program, approximately 2,000 men and boys from Calabar and Uyo, a town in neighboring Akwa-Ibom State, graduated from the program. In 2002, 600 boys were enrolled.

Objectives

CMA seeks to foster critical thinking skills and, by so doing, challenge gender norms and sexist behavior, and increase awareness of gender-based oppression and equal rights.

Audience

Boys between the ages of 14 and 20 who demonstrate qualities of leadership and intelligence in the school setting are recruited into the program.

Implementation

CMA employs structured dialogues, a method inspired by Paulo Freire's pedagogy of the oppressed. CMA is entirely operated by male community members. Some field officers, who lead the dialogues, are adolescents and alumni of the CMA program. The curriculum is structured in two levels. The first level consists of weekly two-hour meetings at secondary schools and covers the following topics: fundamental concepts of biological differences between the sexes; gender oppression; gender-based violence as both a social and personal phenomenon; and men's responsibility in sexual relationships. Following a graduation ceremony and promotion to the second level, the following topics are covered in monthly one-day meetings at a Calabar hotel: communication skills; logical thinking methods; and critical and anti-sexist introductions to Nigerian society, world history, and human rights.

Participants are stimulated through dialogue techniques to critique the world they live in and to brainstorm feasible remedies for gender-related societal vices. Unlike the traditional rote learning process, discussions are facilitated by probing questions, and the boys actively engage in deconstructing their usual way of thinking about gender issues by

considering inherent contradictions. The discussion groups involve several elements: dialogue, logical argument, information transfer, role-playing, brainstorming, “true or false” exercises, and “myths and realities.” The boys are not trained as peer educators per se; rather, their cognitive processes are challenged until they suggest solutions to the issues they analyze during discussions.

The program has expanded in response to demand to include counseling services for participants, community advocacy work, and a third section for university youth.

Evaluation and Outcomes

To date, CMA has yet to conduct a quantitative evaluation of its effect on participants. Program staff gathered qualitative data using pretests and posttests in the form of questionnaires with participants and in-home interviews with participants’ families or other caretakers. Data from the questionnaires have not been analyzed, and the data collected from the interviews are limited by the lack of adherence to a uniform methodology. Separate in-depth interviews with CMA staff, community members, and ten CMA participants, however, provide anecdotal evidence of positive changes in attitudes and behavior. Unfortunately, a satisfactory redefinition of masculinity has not yet taken place. For instance, many boys still blame the victim for rape and do not understand the concept of marital rape. An evaluation unit was developed in 2002.

Funding Sources

International Women’s Health Coalition has funded CMA since its inception in 1995. The MacArthur Foundation has provided support since 2000. The total budget for 2002 was \$100,000.

Contact Information

Calabar International Institute for Research, Information and Development/CMA
90B Goldie Street
P.O. Box 915
Calabar, Nigeria
Tel: 087-234704
E-mail: ciinstrid@hyperia.com

Sources

Irvin, Andrea. 2000. *Taking steps of courage: Teaching adolescents about sexuality and gender in Nigeria and Cameroun*. New York: International Women’s Health Coalition.

Girard, Françoise, and Gary Barker. 2003. *My father didn’t think this way: Nigerian boys contemplate gender equality*. New York: The Population Council.

Whitaker, Corinne. 2003. *Challenging inequities: The story of an anti-sexist and rights-based program for Nigerian adolescent males* (PowerPoint and oral presentation). Presented to the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

Mobilizing Young Men To Care Project (South Africa)

Overview

This project implemented by DramAidE (Drama-in-AIDS Education), a South African nongovernmental organization operating in KwaZulu-Natal since 1991, has the overarching goal of promoting gender responsibility to prevent HIV/AIDS among youth in response to school-based violence. The second phase of this project began in 2001. KwaZulu-Natal is the epicenter of the HIV/AIDS epidemic in South Africa. The target schools are disadvantaged ones in rural areas of the eThekweni, uMhlathuze, and Amahlubi regions in KwaZulu-Natal. Unemployment rates are very high, and most families sustain themselves through small-scale farming, informal trading, and factory labor. Traditional Zulu culture dominates the regions, which are highly stratified and patriarchal. Some more conservative elements of Christianity also have taken root in these areas. People typically do not openly discuss high-risk sexual behaviors with their children. Previous work conducted by DramAidE Youth Clubs, which had been established by the Act Alive project in the same schools, facilitated the work of the Mobilizing Young Men to Care (MYMTC) project.

Scope

More than 2,000 students and teachers were affected by this program. Volunteers were accepted from the student bodies of three secondary schools in KwaZulu-Natal: one in the Matubatuba region, one in the Hlabisa region, and the other in the Amatikulu region.

Objectives

The project has four main objectives:

1. To create an environment in which young men can become more caring and socially responsive—which entails changing stereotypes, misconceptions, and value systems related to gender norms.
2. To sensitize young men in order to improve their communication skills.
3. To encourage boys to make healthy lifestyle choices in relationships.
4. To galvanize boys' resolve to be involved in health-related projects.

Audience

Male secondary school students in a poor urban area of South Africa.

Implementation

MYMTC uses a mixed-gender approach implemented in each school over the period of one month. A drama technique known as forum theater is used to facilitate discussions in an intensive series of fifteen workshops. This technique involves the audience in the outcome of the drama. One of the exercises involved the production and recording of an improvised three-scene play, with interchangeable outcomes to each scene, at one of the schools. This technique is called “stop-start” theater, and in the video the protagonist is stereotyped as the “typical Zulu male,” a powerful and dominant character, dismissive of any external criticism, with a number of sexual partners. A professional actor played this character and the boys and girls complemented his performance as well as those of other

actors in the play. The audience and other actors are encouraged to challenge the Zulu male's role. In order to achieve a multiplier effect at relatively low cost, recordings of the production were featured in other schools accompanied by discussions facilitated by staff from the University of Natal.

Evaluation and Outcomes

Three focus groups were held (one male-only, one female-only, and one mixed-gender) in an informal evaluation of the project, using the Johns Hopkins University Center for Communication Program's model of behavior change. Participants provided structured feedback after a period of introspection and reflection. The evaluation consists of an analysis of the participants' feedback gathered during the focus groups and the facilitator's observations. A specific outcome for each focus group is not given, and it appears that only the observations from the mixed-gender focus group are reported. This makes it difficult to understand the transformative processes undergone by the boys, because the facilitator's perceptions and insights were likely to have been affected by input from the female participants. However, interviews with the boys did reveal that they became more open to ideas of gender equity.

An interesting finding was the facilitator's observation of the phenomenon of "role reversal" and its effect on group dynamics. Some of the young girls took on "masculine" attributes as they felt more empowered, such as being more expressive and performing dances traditionally reserved for males. In turn, young boys became less open and vocal during discussions about sexuality in the presence of the girls. Therefore, despite the focus on boys, the project also had an effect on the girls.

Funding Sources

The United Kingdom's Department for International Development funded this project through the British Council.

Contact Information

Professor Robert Morrell
Interim Co-Dean
Faculty of Education
University of Natal
Durban 4041, South Africa
Tel: (031) 260 1127
E-mail: morrell@nu.ac.za
www.nu.ac.za/DramAideE

Sources

Drafts provided Robert Morrell and Lynn Dalrymple.

ID21—Communicating development research: Mobilizing men to care? Available at the following Web address: www.id21.org/education/EgveMorrell.html. Accessed October 9, 2003.

Men As Partners Program (Several countries in Africa and Asia)

Overview

Outlined in 1996, EngenderHealth's Men As Partners (MAP) program is an initiative to assist stakeholders in global health to constructively involve men in reproductive health and family planning. In 1998, EngenderHealth and the Planned Parenthood Association of South Africa (PPASA) began a collaborative effort to respond effectively to the synergistic epidemics of gender-based violence and HIV/AIDS in South Africa.

South Africa suffers from a number of social and economic woes; in 1999, for example, it had the highest per capita rape rate in the world. According to 2001 figures, the national HIV/AIDS prevalence rate for adults aged 15–49 was greater than 20 percent. South Africans have, however, proved their mettle when fighting for human rights. The country's rich history of grassroots activism, which can be harnessed to galvanize communities around other issues, provides hope for combating HIV/AIDS and gender inequity.

Scope

Launched in all but one of South Africa's nine provinces, MAP serves urban, semi-urban, and rural communities.

Objectives

MAP has the following aims:

1. To mobilize men to become actively involved in countering the HIV/AIDS epidemic and gender-based violence.
2. To confront the deep-seated patriarchal beliefs and attitudes that place the health and safety of men, women, and children at risk.

Audience

Older and younger persons of both genders, in male-only and mixed-gender groups.

Implementation

Trained PPASA community health educators conduct the workshops in a variety of settings such as workplaces, trade unions, prisons, and faith-based organizations. The workshops vary in length from one hour to seven days. Community health educators are prepared for the workshops through a training-of-trainers model. After identifying institutions in which the intervention will take place, master trainers participate in training-of-trainers workshops, gaining skills in facilitation, leadership, and conflict resolution. This gender-focused training complements many of the community health educators' experiences as activists in the anti-apartheid struggle. Male and female educators range in age from 20 to 35.

Workshops are based on three core elements of constructive male involvement:

- 1) A recognition that men usually have control or influence over the reproductive health choices made by their partners.

- 2) An appraisal of how current gender roles negatively affect men by promoting risky behaviors as “manly” and health-seeking behaviors as indications of frailty.
- 3) An appreciation for both the personal investment necessary to confront current gender norms and the positive health consequences for men and women of a redefinition of gender roles.

Activities incorporated in the workshops include gender boxes, courage activity, storytelling, role-plays, and discussing the effect of HIV and gender-based violence on children. The discussions are formed and led in the context of South Africa’s socioeconomic circumstances (i.e., in the local histories of apartheid, unemployment, rapid urbanization, and poverty).

MAP seeks to sustain its effect through an adaptation of the “Spectrum of Prevention” approach developed by Larry Cohen²³ to galvanize community involvement and approval through marches, education, network building, mentoring, and the development of theater pieces, as well as the distribution of condoms.

Evaluation and Outcomes

EngenderHealth recently conducted a longitudinal evaluation of MAP that included pre- and post-intervention interviews with 200 male workshop participants, in addition to a three-month-follow-up inquiry. Fifty female partners of the male participants were interviewed as well. Interviews with participants and nonparticipants in a control group demonstrate the effects of the program:

- Seventy-one percent of participants believed that women and men should have the same rights, versus 25 percent of men in the control group.
- Eighty-two percent of participants thought that it was unacceptable to rape sex workers, versus 33 percent of nonparticipants.
- Eighty-two percent of participants believed that it was not right to beat their wives at times, versus 38 percent of the men in the control group.

Program implementers reported differences in their work with men of different ages. Older men tended to respond better to in-depth sessions of longer duration. On the other hand, adolescent boys were more amenable to accepting alternate views that challenged traditional constructions of masculinity.

Monitoring and evaluation are ongoing, and a promising opportunity to conduct a multiyear study will provide further insights on the effectiveness of MAP’s work.

Funding Sources

The U.S. Agency for International Development, the MacArthur Foundation, and other funders financed this program. However, program implementers cite inconsistent and unpredictable funding as one of the contributors to their difficulty in providing follow-up for former participants.

²³ *Prevention Institute: The spectrum of prevention: Developing a comprehensive approach to injury prevention.* Available at: www.preventioninstitute.org/spectrum_injury.html. Accessed October 28, 2003.

Contact Information

Men as Partners Programme
EngenderHealth
440 Ninth Avenue
New York, NY 10001
Tel: (212) 561-8394
E-mail: mmehta@engenderhealth.org
www.engenderhealth.org

Sources

Peacock, Dean. 2003. *Taking a stand for gender equity and positive male involvement in sexual and reproductive health and rights and against men's violence against women* (PowerPoint and oral presentation). Presented to the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

EngenderHealth. 2002. *The Men As Partners Program in South Africa: Reaching men to end gender-based violence and promote HIV/STI prevention* (a Men As Partners briefing paper). New York: EngenderHealth.

Men's work working with men, responding to AIDS: A case study collection. London: International HIV/AIDS Alliance. 2003.

Country by Country: South Africa. Available at the following Web address:
http://www.engenderhealth.org/ia/cbc/south_africa.html. Accessed October 28, 2003.

Talking Man-To-Man (Brazil)

Overview

The Noos Institute for Systematic Research and Development of Social Networks is a Brazilian nongovernmental organization (a recognized “federal public utility”). It works with several organizations to collaborate with the Justice Department to provide an alternative to the typically lax punishments imposed on male perpetrators of gender-based and domestic violence. The official name of the Talking Man-to-Man (TMM) project is “Project for the Application of Alternative Measures and Punishments for Men Who are Perpetrators of Committing Domestic and Gender Violence.” It is an extension of the Noos Institute’s work on gender-based violence, which began in 1999; the project was carried out between June 2000 and April 2002.

Scope

Facilitators were recruited from the Brazilian cities of: São Gonçalo, Duque de Caxias, and Rio de Janeiro. Sixty-seven men participated in the intervention.

Objectives

1. To create an enabling environment for men to build support networks to curtail predatory behaviors in order to end the violence cycle.
2. To promote the prevention of gender-based violence, including domestic violence, through “ownership” of responsibility and exploration of nonviolent means of conflict resolution.

Audience

The Justice Department initially referred young men who were in the justice system because of violent behavior. Recently, in addition to these referrals, men from the general population also participate as self-referrals. The 67 men who participated in the project ranged in age from 19 to 56; the majority were aged 32 to 45. Thirty-four percent of the men had completed at least the equivalent of junior high school, 40.3 percent earned an annual income of US\$80 to \$240. Only 16.5 percent of the participants resided with the victim of their violent act at the time of the interview.

Implementation

Reflective group methods, developed by the Noos Institute as a result of its work with men in diverse settings, were used to emphasize male perpetrators’ responsibility for domestic and gender-based violence.

The program has five stages: 1) the purpose of the intervention is clearly outlined to candidates in a reception group; 2) preliminary interviews and referrals are provided to other public services; 3) 20 weekly theme-centered meetings take place over a five-month period, providing a safe place for men to reassess their attitudes toward gender-based violence in small groups; 4) focus groups are conducted by persons who have not served as facilitators in order to assess the effect of the reflective meetings on the participants;

and 5) lessons learned from the reflective groups are identified in follow-up meetings one year after the meetings end.

Evaluation and Outcomes

The impact of the program was assessed through focus groups following the reflexive groups. Discussions with former participants indicated that the men became more communicative in their interpersonal relationships, described greater levels of satisfaction in intimate relationships, questioned the definition of the current construction of masculinity, perceived the link between the violence they perpetrated and the violence perpetrated against them as children, and realized that hegemonic models of masculinity adversely affected them as well as their victims.

Evaluation data indicate that the program had a noticeable effect on the men's behavior. Of the men who completed a program at the Noos Institute, only 5 percent became repeat offenders. This statistic will be meaningful once a corresponding percentage for a control group is obtained.

Funding Sources

Ministry of Justice and National Center for Alternative Punishments and Measures.

Contact Information

Instituto Noos
Rua Martins Ferreira
28-Botafogo
Rio de Janeiro, RJ, CEP: 22271-010
Brazil
Tel: 55 21 2579-2357
E-mail: noos@noos.org.br
www.noos.org.br

Sources

Bronz, Alan. 2003. *'Talking Man-to-Man' reflexive group methodology with an approach that emphasizes responsibility for male perpetrators of domestic and gender based violence* (oral and PowerPoint presentation). Presented to the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

"Instituto Noos" home page, available at the following Web address:
www.noos.org.br/projetos/projeto-gen-penasalternativas.html. Accessed October 27, 2003.

Program H (Latin America and Caribbean)

Overview

Program H (H is the first letter of *hombre*, the word for man in Spanish, and *homem* in Portuguese) is a field-tested intervention involving three components. The project is an international partnership among ECOS (Estudos e Comunicação em Sexualidade e Reprodução Humana)—Communication in Sexuality, Programa PAPAÍ, and John Snow Brasil in Brazil; Salud y Género in Mexico; the Population Council and the Program for Appropriate Technology in Health (PATH) in United States; and the Pan American and World Health Organizations, the United Nations Population Fund, and SSL International plc.

Scope

The project is active in Bolivia, Brazil, Colombia, Jamaica, Mexico, and Peru.

Objectives

To promote reproductive health and gender equity among young men.

Audience

Young men 15–24 years of age residing in low-income, high-crime areas in the six countries, recruited by local partnering organizations.

Implementation

Field-testing integrated three programs developed by Instituto PROMUNDO in partnership with Programa PAPAÍ, ECOS and Salud y Género: Project Hora H—Life-Style Social Marketing Project and the Project H—Manual series “Working with Young Men.” Male-only group workshops were structured to promote attitude change. Participants actively engage in analyzing the health costs and other harmful characteristics of traditional masculinity; constructing an alternative masculinity; and rehearsing the newly defined, positive male attitudes through the use of educational materials. The materials are designed for health professionals and include five manuals and an animated silent video, titled *Once Upon a Boy*. The manuals and the video depict various aspects of a young man’s life, such as machismo, violence, homophobia, loss of virginity, sexually transmitted infections, pregnancy, and fatherhood.

Second, lifestyle social marketing was implemented with the aim of creating an environment in which more gender-equitable young men are identifiable within the community and condom use is associated with a more gender-equitable lifestyle. Peer promoters reinforced the messages of the marketing campaign by endorsing respectful treatment of women. The inexpensive Hora H (“In the Heat of the Moment”) condom was made available for sale throughout low-income communities at strategic locations. The branding of this product will help to sustain both the message of the marketing campaign and the campaign itself through income generation.

The Gender Equity Promotion Evaluation Project, the third component involved in the field-tested intervention, is using both quantitative and qualitative data to evaluate the field test's effectiveness. The evaluation began in May 2002 and will last for two years.

Evaluation and Outcomes

Initial results are promising and indicate high levels of brand recognition of the Hora H condom, increased condom use with both stable and occasional partners, and positive gains on 18 out of 24 items on the Gender-Equitable Men (GEM) Scale. Improved performance on the GEM Scale confirms attitudinal changes related to gender-based violence, fatherhood, and gender equity. This normed scale is a Leichert-derivative scale comprised of two subscales that measure traditional and egalitarian norms with 17 and seven items, respectively. The following are examples of the norms measured by the scale: "There are times when a woman deserves to be beaten" (traditional) and "It is important that a father is present in the lives of his children, even if he is no longer with the mother" (egalitarian).

Funding Sources

Instituto PROMUNDO receives financial support from the Ford Foundation for its work in Brazil, from UNFPA for work in Central America, and from SSL International plc. The Gender Equity Promotion Evaluation Project receives technical and financial support from The Population Council/Horizons Project.

Contact Information

Instituto PROMUNDO
Rua México, 31
Bloco D, Sala 1502—Centro
Rio de Janeiro, RJ, CEP: 20031-144
Brazil
Tel: 55 21 2544-3114/3115
E-mail: promundo@promundo.org.br
www.promundo.org.br

Sources

Instituto PROMUNDO home page available at the following Web address:

www.promundo.org.br. Accessed October 13, 2003.

Nascimento, Marcos. 2003. *The Program H: Promoting condom use, health seeking behavior, and changes in gender norms among young men* (oral and PowerPoint presentation). Presented at the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

Pulerwitz, Julie. 2003. *Measuring gender-equitable norms: Applications of the GEM scale* (oral and PowerPoint presentation). Presented at the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

Puntos de Encuentro (Nicaragua)

Overview

This program was initiated in late July 1999 in response to background research that indicated that domestic violence increases in the aftermath of natural disasters. The implementation of Puntos de Encuentro was hastened by the occurrence of Hurricane Mitch in 2000, and the subsequent opportunity to ameliorate conjugal relations during the reconstruction period. The organization strives to foster linkages between Nicaraguan institutions in order to engender a more gender-equitable society.

Scope

Areas of Nicaragua that were affected by Hurricane Mitch in 2000.

Objectives

Activities guided by the principle of “Violence Against Women: A Disaster Men Can Avoid” and these two objectives:

1. Promote the idea that men possess both the responsibility and capacity to avoid violence toward their mates.
2. Recognize domestic violence as an issue with extensive repercussions. Not only does it adversely affect the familial unit, it also deteriorates the fabric and social reconstruction of the nation.

Audience

Two target audiences, one for each objective above. The first consisted of men who met the following criteria:

1. Between the ages of 20 and 39.
2. Residents of areas affected by Hurricane Mitch.
3. Ascribe to traditional beliefs about gender norms and a belief that violence is an acceptable way to resolve interpersonal conflict with their partner.
4. Attained at least a third-grade education and no more than a high school diploma.

Community leaders who influenced public opinion in the social contexts of the first group comprised the second target audience.

Implementation

A multimedia campaign was carried out in collaboration with local radio broadcasters, television channels, and print media to disseminate antiviolenent models of gender relations. Mass media on a daily basis were used to suffuse the target communities with positive and quality messages that did not approach gender relations in an accusatory manner. The multimedia campaign included a television program titled “El Sexto Sentido,” articles featured in the *La Boletina* magazine with inserts, a nationally syndicated radio program, and paraphernalia such as caps and calendars touting the campaign’s themes.

Evaluation and Outcomes

Pretests were conducted July 1999 and posttests were conducted in February 2000. A quasi-experimental analysis of the program's effect using quantitative and qualitative data included both control and target regions categorized by exposure status, as well as subsampled cultural profiles. The control and intervention groups were further stratified by exposure to any violence campaign, Encuentro's or others'. Focus groups and individual interviews revealed the following:

1. After the campaign more men in the target regions considered conjugal violence and Hurricane Mitch to be commensurate disasters/calamities.
2. Similarly, in both the target and control areas, more men reported an increased perceived ability to avoid conjugal violence if they were exposed to the campaign (87 percent versus 73 percent in the target areas, and 72 percent versus 59 percent in the control areas). Generally, the men attributed this to respect for women's rights, communication abilities, and their capacity to reason through a situation.
3. The campaign affected men regardless of their perceived degree of equitable behavior. Surprisingly, the greatest effect was reported among men categorized as "very controlling," given their responses to four questions measuring gender equity in intimate relationships, but this may be due to underreporting by men grouped in other categories.

Funding Sources

Funding information not available.

Contact Information

Fundacion Puntos de Encuentro
Apdo Postal RP-39
Managua, Nicaragua
Tel: (505) 268-1227
E-mail: puntos@puntos.org.ni
www.puntos.org.ni

Sources

Documents provided by Ruben Reyes.

Stepping Stones (Several African and Asian countries)

Overview

Stepping Stones is a life-skills, communication, and relationships training package designed in 1995 for use with communities in sub-Saharan Africa. Over time, the training package has been adapted and modified to suit the needs of populations in a variety of settings throughout the world.

Scope

This set of workshops has been conducted in Cambodia, The Gambia, Ghana, Kenya, Philippines, Tanzania, Uganda, and Zambia.

Objectives

Specifically related to social norms, the workshop series seeks to transform gender relations; curb gender-based violence; increase understanding of how stigma and social constraints limit the lives and health of others with whom participants share their lives; and instill an appreciation of the effects of individual behavior on others.

Audience

Stepping Stones broadly focuses on the entire community, not just on individuals who engage in high-risk behaviors. The project aims at social change by getting communities to strategize about harmful values and practices rather than rely on individuals to do the changing by themselves.

Implementation

Stepping Stones uses a planned series of community-based focus group discussions with periodic report back to the wider community. The facilitators often recruited from the community. It follows these steps:

1. Meetings are organized with community leaders to explain the purpose and process of the Stepping Stones program and to obtain their support.
2. Community members are invited by community leaders to learn about the program and are invited to participate.
3. A series of workshops ensues for four separate groups: older men, older women, younger men, and younger women.
4. At regular intervals over the course of three to four months, 18 three-hour workshops divided into four theme areas are held with each group, with report back to all four groups together.
5. The four groups come together and the entire community entertains “requests for change” from each group while the groups perform dramas reflecting the lessons imparted.
6. Each group is encouraged to continue meeting in order to sustain the change and serve as a support group.

The program promotes gender equity by getting individuals and communities to question the inequities that contribute to the spread of HIV and other problems. Workshops

centered around three themes directly address gender equity and gender-based power dynamics. One thematic module, “Group Cooperation,” engages participants in contemplating their sentiments about sex, the meaning of love, and blame-shifting. In another module, “Why We Behave in the Ways We Do,” participants are provided with space to explore the rationale behind their behavior in sexual situations, the benefits and costs of traditional practices, issues involving household financial management, and the acceptance of personal responsibility. In the last module, “Ways in Which We Can Change,” participants learn and rehearse ways to communicate assertively and tactfully their desires and needs using “I” statements.

Evaluation and Outcomes

The U.K. Medical Research Council has conducted a formal evaluation of a Stepping Stones project in The Gambia. In other countries, informal evaluations through group discussions, structured interviews, and e-mail correspondence have assessed the outcomes of Stepping Stones activities. Available findings include enhanced shared decision-making and communication skills applied to sexual and nonsexual issues and improved relationships; and changes in behavior such as higher levels of equitable household income redistribution, reduced gender violence, and increased prevalence of safer sex.

Funding Sources

Funding varies by community in which the workshop series has been implemented. Donors have included the U.K. Department for International Development and Spanish AID.

Contact Information

E-mail: info@steppingstonesfeedback.org
www.steppingstonesfeedback.org

Sources

Three case studies: Involving men to address gender inequities. Prepared under the auspices of the Interagency Gender Working Group, Subcommittee on Men and Reproductive Health. July 2003.

Stepping Stones home page, available at the following Web address:
www.steppingstonesfeedback.org. Accessed October 13, 2003.

Soul City

(Several African, Asian, Caribbean, and Latin American countries)

Overview

The Soul City Institute of Health & Development Communication television and radio series was first broadcast in 1994. Its aim is to create an enabling environment to overcome structural barriers—including gender inequity—to good health and social development.

Scope

Soul City media reaches more than 16 million South Africans. Its programs have also been broadcast in other African countries as well as in Latin America, the Caribbean, and Southeast Asia.

Objectives

Through its broadcasts and materials, the object of Soul City is to develop a culture in which people can solve health and development problems through introspection, development of useful skills, and eventually transformation of societal norms, including gender norms.

Audience

Priority groups are primary and secondary school students, and adult learners in educational settings. In addition, Soul City reaches out to the general public.

Implementation

Thirteen episodes of the Soul City drama series are broadcast annually on South Africa's most popular television station over a three-month period. Sixty radio episodes air annually on nine South Africa regional radio stations. These electronic media messages are complemented by the distribution of print media covering a corresponding range of health and social development topics in partnership with several newspapers. Print supplements, magazine inserts, and other distributed advertisements are used to brand the Soul City name and spread the principles and practices "marketed" by Soul City.

Content is developed through formative research processes and evaluated on a regular basis. Storylines are nondidactic in nature and structured around pro-social role modeling. Characters are presented in scenarios that the average viewer and listener can relate to and empathize with. Episodes emphasize autonomy and the ability to choose. Each installment is meant to prompt audience members to reflect on their own attitudes and actions and to emulate the positive problem-solving and coping strategies presented.

Evaluation and Outcomes

Evaluators conducted multivariate analyses of data gathered from rural and urban sentinel sites (KwaZulu-Natal and Gauteng Provinces, respectively), as well as data from the national level, and scaled them whenever possible. About nine months elapsed between the baseline and postintervention evaluations (i.e., approximately six months after the completion of the broadcasts).

General findings include: the perception of Soul City as an important source of information and inspiration, an observed amplification effect of positive change on the community if a leader responds first to the messages, and a greater reach of radio than other channels used by the mass media campaign. Quantitative analyses revealed a statistically significant dose effect on positive attitudes; persons who were exposed to greater numbers of Soul City broadcasts and materials changed more. Qualitative data suggested that more respondents in the post-intervention period perceived of entrepreneurship as a way of addressing oppressive gender-based power relations.

National survey data found that exposure to Soul City is associated with acquiring or increasing gender-equitable attitudes, as measured by responses to the following items: “girls or women need to depend on their boyfriends or husbands for [a] better life,” “boys or men have the right to have sex with their girlfriend if they buy them gifts,” “if a person really loves his boyfriend or girlfriend, they [sic] will have sex with them,” and “a boy who forces his girlfriend to have sex even though she doesn’t want sex is raping her.” The same data also found that exposure to Soul City is associated with increased interpersonal communication about domestic violence. Soul City plans to expand its broadcasts and to disseminate its printed resources to eight additional African countries beyond its current reach.

Funding Sources

The Soul City series is commercially sponsored by Old Mutual Insurance Company and British Petroleum, and receives donor funding from the Department of Health, the U.K. Department for International Development, European Union, Ireland Aid, and the Royal Netherlands Embassy.

Contact Information

Soul City Institute of Health & Development Communication
P.O. Box 1290
Houghton 2041
South Africa
Tel: 27 (0) 11 643 5852
E-mail: soulcity@soulcity.org.za
www.soulcity.org.za

Sources

Kelly, Kevin, Warren Parker, and Salome Oyosi. 2001. *Pathways to action HIV/AIDS prevention, children and young people in South Africa: A literature review*. Developed for Save the Children by the Center for AIDS Development, Research and Evaluation (Cadre).

Scheepers, Esca, et al. 2001. *Soul City 4 evaluation results integrated summary report*.

Soul City—Institute for Health and Development Communication—the Heartbeat. Available at the following Web address: www.soulcity.org.za. Accessed October 12, 2003.

The Strength Campaign (United States)

Overview

The Strength Campaign took place in Washington, D.C., where only 50 percent of youth are high school graduates, 36 percent live in poverty, and the teenage pregnancy rate is nearly twice the national average. Men Can Stop Rape, a self-described volunteer pro-feminist collective, launched the campaign in February 2001, fourteen years after the organization was founded. Formerly known as the Men's Rape Prevention Project, Men Can Stop Rape was initiated to increase consciousness about gender-based violence and to build the capacity of men to be strong without being violent.

Scope

Approximately 13,000 male youths in the District of Columbia were affected by the campaign.

Objectives

The Strength Campaign seeks to challenge constructions of masculinity, curb gender-based violence (specifically date rape), and empower young men to partner with young women in order to create equitable and safe environments.

Audience

Male youth enrolled in eighteen District of Columbia public high schools between the ages of 13 and 18, and residents of the ambient communities.

Implementation

One of five projects in The Strength Training Program, the Strength Campaign was executed over a one-month period in Washington D.C., public schools. Organized around the theme line "My Strength is Not for Hurting," the campaign involves both media and youth education approaches: posters and bus ads with D.C. United athletes, the *REP* magazine, "Safe and Strong" workshops with youth, and handbooks for school staff. Program staff obtained the endorsement of both the superintendent of schools and the advisory board before launching the campaign to ensure institutional support and to recruit the school staff as partners.

The interactive workshops were held only in select schools. During a series of three sessions, facilitators focused on deconstructing the definition of masculinity propagated by popular culture, fostering empathy for survivors of gender-based violence, and instructing young men on nonviolent strategies to confront attitudes and behaviors that enable rape.

The campaign redefines the concept of strength as the crux of masculinity and monopolizes on males' typically action-oriented approach to problem solving to endorse empathy, compassion, and meekness. A basic tenet of the campaign is that gender-equitable relationships are mutually beneficial to both genders, in that displayed appreciation and affection enhance intimate relationships.

Evaluation and Outcomes

Surveys conducted before and after the campaign indicate positive results. More than 80 percent of the respondents became aware of new ways to have healthy relationships and believed they had received important information that gave them confidence to play a role in preventing date violence. This can be attributed to the increased exposure of the youth to information on dating violence. Before the campaign only 10 percent of the students recalled being exposed to information about dating violence. After the campaign this percentage increased to 59 percent.

In response to demand, the campaign is expanding nationally to all 50 states and internationally to ten countries. Implementers are in the process of modifying the campaign's materials to effectively portray images of healthy couples untainted by stereotypes (e.g., that women are ornaments or status symbols for men and that women are always the gatekeepers of sexual intimacy).

Funding Sources

The campaign generated revenue from product sales and received donations from the Summit Fund and BIL Charitable Trust, and from individual donors.

Contact Information

Men Can Stop Rape
P.O. Box 57144
Washington, D.C. 20037
Tel: (202) 265-6530
E-mail: info@mencanstoprape.org
www.mencanstoprape.org

Sources

Stillerman, Jonathan. 2003. *Men can stop rape: The Strength Campaign* (oral and PowerPoint presentation). Presented to Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

Men Can Stop Rape home page, available at the following Web address:

www.mencanstoprape.org. Accessed November 11, 2003.

The Respect Campaign (Western Europe)

Overview

The Respect Campaign was launched in 1998 by the Zero Tolerance Charitable Trust in response to the troubling findings of a study of 14- to 21-year-old youths' perceptions of violence. The campaign was commissioned by the Trust the same year in three urban areas of the United Kingdom. The Respect Campaign, a pilot project, is the Trust's most recent mass media campaign.

Scope

This independent charity has links with organizations throughout the world, but operates mainly within the United Kingdom and Europe.

Audience

All parties potentially affected by gender-based violence in personal relationships (i.e., everyone).

Objectives

The campaign highlights issues of consent in personal relationships. More generally, it aims to promote messages of gender equity and antidiscrimination. The campaign is geared to promote male responsibility for ensuring consent in sexual relationships and female empowerment to assert personal convictions in intimate relationships. Materials distributed by the campaign are also fashioned to dispel myths and stereotypes, particularly around the legitimacy of "female-provoked" violence (i.e., by their chosen attire or flirting).

Implementation

Distributed materials consisted of postcards, posters, resource guides, and CD-ROMs. Captions succinctly convey messages of autonomy, female empowerment to resist abuse, and male responsibility for misuse of power on simple, yet sophisticated layouts. Although it recognizes violence perpetrated against males, the Trust focuses on violence perpetrated against women. The series of four postcards, distributed among youth networks in venues youth frequent, were specifically designed to commence a critical appraisal of this issue. Posters focused more on addressing consent. For instance, one depicted a social situation and deconstructed it from hypothesized male and female viewpoints, to demonstrate the different perceptions about consent held by each gender. More complex messages were presented via "convenience advertising" (i.e., publicity materials strategically placed in venues frequented by the intended audience in locales where they were in plain view, such as on the backs of toilet stalls or on hand dryers in restrooms).

Evaluation and Outcomes

Quantitative and qualitative evaluations of the "Respect" package's effect found that 68 percent of respondents believed they had changed their minds about how people treated each other and 77 percent of respondents believed they had changed their minds about

what girls should be like and what boys should be like. However, the same research indicated that a significant need remains for primary prevention work. Evaluations appear to have been conducted only with persons connected to the campaign (i.e., Trust employees and their families).

Funding Sources

The Zero Tolerance Trust is a charitable organization that receives financial support from donations and proceeds raised through the vending of its merchandise.

Contact Information

Zero Tolerance Charitable Trust
25 Rutland St.
Edinburgh, Scotland, United Kingdom EH12AE
Tel: 44 (0)131 221 9505
E-mail: zerotolerance@dial.pipex.com
www.zerotolerance.org.uk

Sources

The Zero Tolerance Charitable Trust home page, available at the following Web address: www.zerotolerance.org.uk. Accessed October 15, 2003.

Peer Advocates for Health (United States)

Overview

A five-year demonstration project launched in 1999, Peer Advocates for Health is a community-based program implemented in partnership with local health clinics and schools. Scheduled to end in June 2004, this life skills project advocates abstinence as the best lifestyle.

Scope

Each year approximately 25 adolescents participate. To date, nearly 3,000 persons have been affected through a multiplier effect as the 75 alumni (representing 15 high schools) disseminate the lessons imparted through the program.

Objectives

The program was developed to provide intense training, support, and follow-up for male participants with the goal of increasing their reproductive health knowledge and ability to make healthy lifestyle choices.

Audience

Male high school students between the ages of 14 and 17 residing in urban Chicago participate in the program. Initially recruited through physician referrals, school contacts, and flyers, prospective participants must pass a drug test after applying for admission. Virtually no participants are teenage fathers, and the cohort of participants typically represents a mixture of life experiences.

Implementation

Program staff screen applications submitted on an annual basis from prospective participants. Typically, 75 applications are received and a maximum of 25 youth are chosen to participate in the program. High attrition rates account for a loss of approximately 50 percent of participants throughout the year.

Training consists of basic peer advocacy at different intensities throughout the year. During the summer months, the adolescents meet three days a week for eight weeks. The intensity decreases to two- to three-hour sessions once a week, in addition to one or two sessions on Saturdays each month during the academic year.

Staff conduct community outreach activities (including gender-relations content) and present creative “Let’s Talk About It” sessions to participants and their parents. Female peer educators who train participants provide the boys with an opportunity to interact with the opposite sex in a positive and nonsexual manner. The project coordinator, a former basketball player, develops a personal relationship with each participant and describes the particulars of the program to participants’ parents at the outset of the program. After training, alumni are hired as peer advocates and are compensated on a graded wage system for attending training sessions and for working in the field distributing condoms and sharing the lessons they learned from the program.

Evaluation and Outcomes

Data for evaluation will be gathered from both participants and their parents. Intake, three-month, six-month, and year-end data are available for the first three participant groups. Data are collected according to curriculum topic and include the following information: demographics, attitudinal changes, communication abilities, and levels of condom use. Qualitative data are gathered through interviews with participants and their families.

Funding Sources

This demonstration project is supported by an annual budget of \$125,000 provided by the U.S. Department of Health and Human Services/Public Health Service Region V Office of Family Planning.

Contact Information

Pat W. Mosena, Ph.D., Project Director
5646 South Kimbark Avenue
Chicago, IL 60637
Tel: (773) 288-1682
E-mail: mosena@aol.com

Sources

Mosena, Pat. 2003. *Peer Advocates for Health: A community-based program to improve reproductive health and lifestyle choices among adolescent males in Chicago* (oral and PowerPoint presentation). Presented to Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.

Documents provided by Pat Mosena.

Matrix of Programs

Title	Site	Audience & Scale	Objectives	Methods	Evaluation Type & Scale	Main Successes	Main Problems	Dates
<i>CANTERA</i>	Costa Rica, El Salvador, Guatemala, Nicaragua	250 adult men	Analyze social attitudes, values, behaviors, and masculinity as social construction	Theme-centered workshops (one with women); empathy exercises; films; training manual	Quantitative and qualitative data from 112 men; baseline; women's input	Less “macho” attitudes and sexist discrimination; greater solidarity with women	Participants not representative of general population; funding inadequate	1994–1997
<i>New Visions</i>	Egypt	1,900 men aged 14–20 years	Change gender norms related to the reproductive health	65 educational sessions implemented through NGOs and youth councils	KAP* surveys in three rural villages, one as control; baseline and follow-ups [T ₀ and T ₀ + T ₁]	Increased sense of gender equity, belief in shared responsibilities, and opposition to genital mutilation	Post-intervention (T ₀ + T ₂) data unavailable; “entrenched norms” little changed.	2002–2004
<i>Better Life Options</i>	India	Nearly 8,500 boys aged 10–19 in 11 states	Challenge gender inequities and broaden life options	Training module to empower youth in three settings with different facilitators	Pre-/post-intervention precoded interviews with 2,379 boys; anecdotal evidence from female peers+F7	Increased knowledge of peaceful conflict resolution, sexual harassment, and requirements for healthy pregnancy. Increased belief in appropriateness of education for boys and girls.	Low percentage changes in KAP suggest need to revise project design	2002–Present

* Knowledge, attitudes, and practices

<i>Conscientizing Male Adolescents</i>	Nigeria	More than 2,000 adolescents boys in secondary school	Foster critical thinking and communication skills to ultimately challenge sexist behavior, gender oppression and norms	Dialogue technique in bilevel curriculum	Systematic evaluation plan developed in 2002; informal in-depth interviews	Anecdotal reports of positive behavior changes; increased critical analysis of social problems and mobilization of small advocacy campaigns	Need to institute evaluation technique with uniform methodology to conduct to chart impact	1995–Present
MYMTC	South Africa	More than 2,000 adolescent boys in secondary school	Create an enabling environment, improve communication skills, encourage healthy lifestyle choices	Drama techniques (e.g., stop start and forum theater; performances and focus groups)	Qualitative data gathered in focus groups with 60 participants (both male and female)	Increased openness to ideas of gender equity	Most noticeable results among female participants and unclear evaluation methods	1991 for one month
<i>Men as Partners</i>	South Africa	200 men in 8 provinces (and 50 female partners)	Confront patriarchal beliefs and mobilize men to be active in the fight against GBV [†] and HIV	Workshops in various settings based on three core elements using interactive activities to stimulate discussion in context of the country's history	Longitudinal evaluation with control group comparison	Increased belief in equal rights for men and women; decreased acceptability of sexual and physical violence against women	Funding issues to sustain support for former participants	1998–Present

† Gender-based violence

<p><i>Talking Man-To-Man</i></p>	<p>Brazil</p>	<p>67 men referred by the Justice Department, mostly 32–45 years of age</p>	<p>Create an enabling environment and prevent GBV[†] through male responsibility</p>	<p>Male-only reflexive groups on theme-centered schedule with small numbers of men</p>	<p>Focus groups conducted after reflexive groups</p>	<p>Improved communication in intimacy; increased empathy for victims of violence; heightened realization that masculinity norm can adversely affect men</p>	<p>Lack of data for control group</p>	<p>2000–2002</p>
<p><i>Program H</i></p>	<p>Bolivia, Brazil, Colombia, Jamaica, Mexico, Peru</p>	<p>Adolescent boys 15–24 years old</p>	<p>Promote reproductive health and gender equity</p>	<p>Male-only group workshops to analyze health costs of traditionally defined masculinity, redefine this construct, use educational materials developed by program</p>	<p>Gender Equity Evaluation project will be used to collect and quantitative data relative to normative change</p>	<p>Responses to 18 out of 24 GEM[‡] Scale items indicate increased gender equitable attitudes</p>	<p>Lack of availability of detailed evaluation data</p>	<p>Ongoing</p>

† Gender-based violence
 ‡ Gender-Equitable Men

<i>Puntos de Encuentro</i>	Nicaragua	Men 20–39 years old	Promote male responsibility for GBV [†] and capacity to avoid it; have men recognize GBV consequences outside the family	Multimedia campaign with magazine, television, and radio and promote campaign products	Pre-/post-intervention focus groups and interviews	Acknowledgment that GBV is a disaster tantamount to Hurricane Mitch; increased perceived ability to avoid GBV		1999
<i>Stepping Stones</i>	Various continents	Communities	Transform gender relations, curb GBV, [†] increase understanding of how stigma and social constraints limit lives and health	Community-based program with theme-based workshops (male and female groups combine at end of session series)	Group discussions, structured interviews, and anecdotal evidence	More equitable distribution of home resources, greater commitment to healthy marriages, shared decision-making and communication	Lack of uniform evaluation module employed by all projects that use the materials	Varies by project
Soul City	South Africa	More than 14 million persons	Encourage introspective critical thinking to prompt changes in social norms	13 television episodes broadcast annually, complemented by print and radio	Multivariate analyses of national and sentinel site data; rural and urban; date-scaled and compared to control group, as possible	Demonstrated amplification effect if opinion leader changed; exposure showed significant dose effect for positive attitudes		1994

[†] Gender-based violence

<i>Strength Campaign</i>	USA	Approximately 13,000 male adolescents in 18 secondary schools	Challenge constructions of masculinity; decrease incidence of date rape; foster solidarity among young men and women; create equitable and safe environments	Mass media and youth education (including workshops) organized around the theme line “My Strength is Not for Hurting”	Pre- and post-intervention surveys	Increased exposure to information about dating violence and increased perception of confidence to prevent date rape	Self-reported need to modify materials to more accurately depict gender equitable relationships	2001 (for one month)
<i>Respect Campaign</i>	United Kingdom	General population	Highlight issues of consent in personal relationships and promote gender equity and anti-discrimination	Mass media campaign involving print materials, convenience advertising, and paraphernalia with campaign’s messages	Qualitative and qualitative data collected from respondents affiliated with the Trust	Perception that campaign provided useful information and opinion on gender role changes for the better	Expand scope of evaluation; extend term of campaign	1998
Peer Advocates for Health	USA	Adolescent boys in secondary school	Increase knowledge of reproductive health and ability to make healthy lifestyle choices	Intensive peer advocacy training complimented by community outreach activities	Qualitative data from interviews with participants and their parents; quantitative data at baseline, three months, six months, and one year into the program	Currently analyzing the results of the project	High attrition rates and need to expand to other sites; lack of availability of post-intervention data	1999–2004

Analysis and Discussion

Common Attributes of Featured Programs

These positively evaluated programs were typically structured around a series of presentations and exercises that progressively build upon one another. This facilitated the process of men perceiving that axiomatic principles of gender dynamics are actually social constructions that can be feasibly altered. Their implementation methodologies usually included the following components:

1. A risk-benefit analysis of the pros and cons of current definitions of masculinity.
2. Exercises that prompted the men to consider the differences between sex as a biological characteristic and gender as a social construct.
3. An integration of the men's personal experiences of disempowerment, violence, and any subsequent trauma (e.g., Insituto Noos, Soul City, and CANTERA).
4. An empathy exercise with role reversal (e.g., the *Marta and Raymond* video used by CANTERA and the dramatic techniques employed by Mobilizing Young Men to Care).
5. A brainstorming activity to generate a list of constructive and practical ways to remedy the problem first in individual homes then in society at large.
6. The description and rehearsal of an improved and self-described construction of masculinity acceptable to the participants.
7. The visualization of positive and equitable role models of masculinity through actors, television, etc. (e.g., MYMTC and Puntos de Encuentro).

Program Highlights and Recommendations

Despite the above-described challenges, the following points emphasize the strengths of the programs included in this review.

Institutional Collaboration Makes a Difference

Establish program in partnership with infrastructure pre-existent in the country that serves the target population. This will partially address concerns about initial recruitment of participants. As the program evolves, it can be used to complement and supplement any shortcomings of the country's infrastructure until the program is institutionalized.

The work performed by Instituto Noos with violent men is a noteworthy example of the effectiveness of collaborating with departments in a country's existing infrastructure. Its successful intervention with referrals from Brazil's Justice Department served as a launch pad for the program. Program designers solved one difficulty often encountered during the initiation phase of a program: recruitment of male participants. After the criminal offenders who completed the program returned to their respective communities, they generated self-referrals from the general population, thus making the intervention self-propagating.

Program H drew from the expertise and client base of multiple organizations throughout Latin America and the Caribbean to carry out its field-tested initiative. Drawing upon the technical expertise of local and international organizations, Instituto PROMUNDO harnessed the collaborative efforts of organizations from other continents. Its exemplary

efforts address the specific needs of various communities through partnerships with local organizations sensitized to the concerns of local populations.

Sharing Personal Experiences is an Excellent Starting Point

Through interviews with participants, CANTERA discovered that men typically responded better when their experiences are used as a starting point for analyzing gender inequities perpetuated by traditional definitions of masculinity. They also found that when women facilitated discussions on gender sensitivity in the work setting, many men either chose not to listen or interpreted the facilitator's speech as accusatory, causing them to react defensively and to harbor fears that the women's true motives were to belittle and "turn the tables" on them.

CANTERA also found in its work that externally exhibited change (i.e., in society among peers) is more difficult for men to display in comparison to internally exhibited change (i.e., within the parameters of the home in intimate relationships). Displaying a genuine behavior change is not only influenced by men's internal resolve and attitudes, but also by the perceived and actual reception of and reaction to those changes by men's peer groups, superiors, and influential members of the opposite sex. For instance, after participating in CANTERA's program, some men found it easier to burp their baby in their home than to avoid engaging in sexist behavior among friends. CANTERA also found that men may not receive the necessary impetus or support to change from male and female peers due to their acquiescence with the status quo and a lack of confidence in men's capacity to change.

Trained, Gender-Sensitive Facilitators are Necessary

The quality of facilitators used when discussing sensitive topics can be a determining factor in the ultimate success of a program. Effective facilitators are empathetic, assertive, patient, objective, and focused negotiators who must be properly trained. MAP in South Africa used the training-of-trainers approach to prepare its facilitators, many of whom were former activists. The project coordinator for Peer Advocates for Youth was a professional basketball player, a profession held in high regard by many adolescent male participants, thereby adding to the coordinator's effectiveness as a role model. Instituto PROMUNDO offers training internationally and nationally to groups interested in using the materials it developed, which are available in English, Portuguese, and Spanish. The Stepping Stones training package has been customized to suit the needs of numerous organizations worldwide.

Creatively Integrate Program Outputs into Society

Networks with other organizations and unions in different settings should be expanded in order to make the changes long lasting and sustainable. If the ultimate goal is to fashion a more egalitarian society, stimuli to this effect must be omnipresent, just as those that enable the current dichotomies are.

Stepping Stones' innovative approach to promoting collective responsibility is worth emulation. It endorses approaching behavior change on the community and individual levels simultaneously, using the program participants as a medium of communication

between the two. By involving the community from the outset and submitting “requests for change” to the community, everyone is made aware of the requirements for establishing a supportive environment. This program also suggests establishing work-based programs in which men are paid to attend intervention workshops in order to enroll and retain male participants. This strategy would require negotiations with employers to convince them that participation in the program makes practical business sense.

The Conscientizing Male Adolescents Program achieves sustainability through its recruitment process. The program is an opportunity to nurture bright young men who may otherwise find their ambitions stifled in a society with limited career opportunities. Because leaders are the only participants, the program must expand to a new location once the pool of willing participants is exhausted. The addition of a project for university students demonstrates this program’s commitment to sustainability in a practical sense.

The work of Instituto Noos in Brazil highlights the need and utility of partnerships with the judicial system to provide more effective and holistic forms of punishment for crimes attributable to negative and unhealthy characteristics of masculinities. It also draws attention to the need to bolster the authority of the justice system as well as citizens’ resolve to reform it.

Both of CEDPA’s featured programs integrated workshops into the curricula of educational centers. Although this tactic is difficult to initiate, it reduces the need to recruit facilitators to sustain the program’s aims. It also ensures the incorporation of modules on gender equity into the normal curriculum, that is, assuming that the instructors perceive the information presented as worthwhile and beneficial to both themselves and their students.

Sustaining changes and networks is a reoccurring difficulty lamented by all of the programs. Programs using peer education techniques are particularly prone to this shortcoming. With Stepping Stones, for instance, the peer educators often failed to maintain relationships with their peer groups, thereby effectively thwarting the continuance of the support group. The trust and relationships established during the project’s implementation phase are then severed. Projects that impart problem-solving and critical-thinking skills avoid this problem to an extent.

Conduct Intervention with Males Separate from Females

Often, in order to solidify an innovative way of thinking, individuals have to be sequestered and allowed time and space to think about the implications of adopting a new pattern of thinking. The Mobilizing Young Men to Care project in South Africa can serve as a cautionary tale on this issue. Its workshops included females in its focus groups in order to engender genuine change in the male students that would not be misinterpreted. This strategy proved to be counterproductive in that the gender dynamics in the focus groups changed as a result of female participants increasing an exhibition of “masculine” traits in the mixed-gender focus groups. The female students began to feel more empowered as the project progressed. It can be inferred that any change exacted in the young men may not have been captured and may possibly have been overshadowed by

the achievements of the female students. The environment created by the project did not provide sufficient space for the males to analyze their behaviors without the input of the opposite sex.

A possible suggestion to improve the project design could be to conduct focus groups with males only as a separate phase of the project so that the self-reconstruction process can solidify into self-actualized attitudes and behaviors free from the input of the opposite sex. Another phase can include young women in the focus groups in order to challenge the strength of the young men's resolve to adopt more gender-equitable attitudes and behaviors. The young women's sense of empowerment will then serve the objectives of the project, rather than confound the results. Or the workshop sequence used by Stepping Stones could be emulated, whereby males and females participate in separate but concurrent workshops that are combined for the final workshop session.

Suffuse Mass Media with Images of Gender-Equitable Relationships

In order to counteract unhealthy messages propagated through the mass media, equally appealing positive messages have to be disseminated. Nuances such as the placement of the hands, eye contact, and body language communicate volumes without words. Keeping this in mind, the Strength Campaign, for instance, plans to modify its leaflets and posters to more accurately portray images of couples in which both partners are mutually valued. The campaign strives to offer an alternative to the mainstream images of women as ornaments for men and the sole gatekeepers of sex. Zero Tolerance's Respect Campaign, as well as Soul City, artfully portray dramatic scenarios to stimulate discussion of the interconnectedness of different social ills and gender issues and the necessity of redefining gender roles.

Integrate Unidirectional and Bidirectional Vehicles of Communication

Essentially, programs involving interactive groups and those using mass media approaches differ in two ways. First, mass media or marketing campaigns allow only unidirectional delivery of information, whereas group-based methods allow bidirectional exchange of information. This is a strength of the latter program type. Group-based methods provide participants with an accessible source of information, a soundboard for comments and feedback, and a reified entity to reinforce intended messages (at least during the program implementation phase). Marketing campaigns may, however, possess a greater capacity to create an enabling environment due to their ability to reach a wider audience.

Second, the messages presented by mass media campaigns must be in the form of sound bites discretely packaged to deliver simplified information. Through discussions and dialogue, group-based methodologies allow participants to delve into and think about the subjects presented. Group-based methodologies do require the personal commitment of more individuals rather than corporations in order to sustain the intervention, however. Both approaches require sensitivity to local culture and linguistic diversity, in addition to repetition.

Given the limitations of both approaches as channels to induce behavior change, the most efficacious approach may be a multi-pronged one in which mass media campaigns simply foster the creation of an enabling environment for exercising the desired behavior and a group-based methodology reinforces the messages presented. Program H's field-tested project in the Caribbean and Latin America would serve as a suitable model for this type of multipronged approach.

Quasi-scientific Evaluations are the Most Compelling

Sound evaluations not only provide feedback on the efficiency and efficacy of a program for internal use, they also provide informative data on specific methods that can be adapted by posterity to improve and enrich future programs. Unfortunately, much of the evaluation data analyzed for this review would have allowed greater latitude for comparison between programs if the results had been more keenly scrutinized and systematically collected. Several recommendations follow.

Stratify results by socioeconomic status, previous exposure to gender-equity programs, participants' ethnicity or racial group, marital status, number and gender of children, etc., to allow more in-depth analyses of data provided. Puntos de Encuentro conducted a thorough and impressive evaluation of its initiative among men in geographical areas affected by Hurricane Mitch. It controlled for confounders such as previous exposure to gender equity campaigns and men's perceived level of equitable behavior. Soul City has also evaluated its mass media campaign and has made available on its Website a number of evaluations of each component of its initiative.

Precisely describe how the respondents in the evaluation differ from the remaining participants. Also include postulations of whether or not the pool of participants is a representative sample of the general population (i.e., accounting for any selection bias). CANTERA transparently described the limitations of its intervention in Nicaragua in a CIIR publication. After reviewing the post-intervention surveys collected from participants, programmers realized that the majority of the participants were referred to the program by their employers. This, of course, skews the ability to generalize their results.

Use time-sensitive indicators to chart the progressive impact of the program from the individuals who participated to society at large. Short-term and long-term indicators will measure the effect on both gender equity and health behaviors, as well as the transition from adoption of an innovative definition of masculinity, to behavioral change at the individual level, to the creation of an enabling environment by a *critical mass* adopting the innovative gender norm, to the establishment of a new social norm. Nearly all the programs featured in this review adopted this approach; however, not much can be stated to elaborate on this, because most of these programs have existed for a short time period due to budgetary constraints or recent implementation.

Involve other community members in the evaluation process. Persons in the participant's social sphere can serve as informants on the participant's adoption of gender-equitable behaviors and actual transformation in daily life. Also, their feedback will facilitate

measurements of the perception of changes in social norms. Evaluators of the Better Life Options for Boys Program, for instance, interviewed former participants' spouses and family members in order to corroborate any behavioral changes self-reported by the participants.

Recruit independent evaluators separate from the facilitators. This may increase the probability of acquiring accurate feedback from participants. Instituto Noos took this precaution when evaluating its intervention among criminal offenders. Practically, this serves to blind the participant and evaluator to the other's biases.

Adopt uniform evaluation methodologies and indicators, including the analysis of a control group, to allow standard performance-based analysis of programs. One of the goals of Program H is to disseminate a standard evaluation and implementation model after which other programs can pattern themselves. If adopted universally, standardized evaluation techniques will facilitate future analyses of program efficacy similar to the one described here.

Why Programs Fall Short of Changing Social Norms

Changing social norms is contingent on generating a critical mass of adopters according to Everett Rogers's Diffusion of Innovations Theory. The dissemination of normative change and the sustainability of that change both depend on enough people being actively involved in reinforcing and legitimating the new and different ideas. Only individuals change their behaviors, but social norms must change at the social level. The diffusion of new and lower fertility norms throughout Europe and the developing world provide a good example of the influence of norms on private, individual behavior.²⁴ But if this sort of change is to be brought about purposefully, it requires time, commitment, and basic compatibility between the message of change and underlying values and ideas. Scarce or inconsistent support often debilitates many worthwhile programs because not all funders are committed to supporting a relatively new and diffuse agenda of changing the social norms that undermine health.

²⁴ Watkins, S.C. *From Provinces into Nations: Demographic integration in Western Europe, 1870–1960*. Princeton, N.J., Princeton University Press; 1991:xvii.

Conclusion

Despite the difficulty of altering social norms, it is imperative to try. Gender issues permeate nearly every construct of society and interaction between human beings. Socialized gender roles especially affect HIV/AIDS, as well as reproductive, maternal, and child health. In the wide spectrum of programs in global health, some programs have intentionally attempted to address both social norms related to gender and behavioral outcomes in reproductive health. Others have limited their scope to one of these foci. Of the interventions that exist, few have been substantively evaluated. But invaluable lessons that can guide future programs can be gleaned from the findings of those that have undergone evaluation.

The findings presented in this review highlight the merit and feasibility of implementing programs to alter social norms related to gender. More importantly, the findings should impress on implementers the dire necessity of integrating long-term and short-term evaluation plans in program designs to capture measurements of efficacy. Proper evaluation techniques facilitate the identification, replication, and propagation of best practices to different settings. Although the evaluations presented differ tremendously in strength and scientific scrutiny, the described programs herein are exemplary and worth emulating. The strategies employed by these programs are not only meritorious, but also feasible. Their experiences have demonstrated the earnest desire and alacrity of men to participate constructively in reproductive health, to grapple with the social constructs that fetter both males and females, to empower themselves as responsible seekers of healthful solutions in order to empower women as well, and to institute individual change in order to ameliorate family life and society at large. This review raises our awareness of the hopeful direction that HIV/AIDS and reproductive, maternal, and child health programs can take by addressing not only the behaviors of their audiences, but more importantly, the normative beliefs that govern behavior.

Drawing from the examples presented, employing a multi-pronged approach that monopolizes the benefits of unidirectional and bidirectional vehicles of communication will increase the likelihood of establishing the link between thought and action, despite the complexities involved in changing human behavior and the socialized constructs that govern it. The future of global health programming is hopeful. Prior experience can engender wise and adroit approaches to health issues spawned by behavior. With the proper financial, technical, and institutional support, the ultimate stage of the Diffusion of Innovations Theory can be actualized in gender-equitable relations that are both sanctioned and supported by social norms. Similarly, initiatives must expose their audiences to the interconnected messages of behaviors driven by socially accepted norms. Programs that harness men's desire to change, focus on youth as a prevention strategy, incorporate legislative change, optimize indigenous infrastructure, collaborate with partnering organizations and opinion leaders, suffuse the media with positive images, and draw upon local culture to craft appropriate messages are the best-suited to this endeavor of recreating the social environment to enable positive and healthful behaviors and beliefs.

References

- Agarwal, B. 1994. Gender and command over property: A critical gap in economic analysis and policy in South Asia. *World Development* 22(10):1455–1478.
- Alan Guttmacher Institute. 2003. *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide*. New York: Alan Guttmacher Institute.
- Catholic Institute for International Relations (CIIR). *News: Crossing the Sea—Masculinity Work in the Caribbean 1/10/2001*. Available at the following Web address: <http://www.ciir.org/ciir.asp?section=news&page=story&id=275>. Accessed November 13, 2003.
- Cohen, Sylvie I., and Michele Burger. 2000. *Partnering: A New Approach to Sexual and Reproductive Health*. New York: United Nations Population Fund.
- Colectivo de Hombres por Relaciones Igualitarias A.C. Home page available at the following Web address: <http://www.coriac.org.mx>. Accessed November 13, 2003.
- Das Gupta, Monica. 1987. Selective discrimination against female children in rural Punjab, India. *Population and Development Review* 13(1):77–100.
- Dempsey-Chlam, Justin, and Tom Wilhelm. 2003. *Annotated Bibliography of Male Involvement* (draft). New York: United Nations Children’s Fund (UNICEF).
- Foreman, Martin (Ed.). 1999. *AIDS and Men: Taking Risks or Taking Responsibility?* London: Panos/Zed Books.
- Grant, Elizabeth. 2003. *Seizing the Day—Right Time, Right Place, and Right Message for Adolescent RSH (Kenya)* (PowerPoint and oral presentation). Presented at the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.
- Greene, Margaret E., and Ann E. Biddlecom. 2000. Absent and problematic men: Demographic accounts of male reproductive roles. *Population and Development Review* 26(1):81–115.
- Greene, Margaret. 2003. *A Framework for Men and Reproductive Health Programs*. Oral presentation at the Reaching Men to Improve Reproductive Health for All Conference, Dulles, Virginia.
- International HIV/AIDS Alliance. 2003. *Men’s Work Working with Men, Responding to AIDS: A Case Study Collection*. Brighton, England: International HIV/AIDS Alliance.
- Kim, Young Mi, Caroline Marangwanda, and Adrienne Kols. 1996. *Involving Men in Family Planning. The Zimbabwe Male Motivation and Family Planning Method Expansion Project, 1993–1994*. Available at the following Web address: www.africa2000.com/PNDX%5CJHU-zimbabwe.html. Accessed October 9, 2003.
- Leach, F. 1998. Gender, education and training: An international perspective. *Gender and Development* 6(2):9-18.
- Leslie, J., E. Ciemins, and S.B. Essama. 1997. Female nutritional status across the life-span in sub-Saharan Africa: Prevalence patterns. *Food and Nutrition Bulletin* 18(1):20-43.
- Miller, B.D. 1997. Social class, gender and intrahousehold food allocations to children in South Asia. *Social Science and Medicine* 44(11):1685-1695.

- Mundigo, Axel I. 1995. *Men's Roles, Sexuality and Reproductive Health. International Lecture Series on Population Issues*. Chicago, Ill: The John D. & Catherine T. MacArthur Foundation.
- Murphy, Elaine. Forthcoming. Organized family planning programs: A diffusion of innovations success story. *Journal of Health Communications* Vol. 8(6).
Prevention Institute: The spectrum of prevention: Developing a comprehensive approach to injury prevention. Available at: www.preventioninstitute.org/spectrum_injury.html. Accessed October 28, 2003.
- Programa PAPAÍ: Abstract*. Available at the following Web address:
<http://www.ufpe.br/papai/Traducao/english.html>. Accessed November 13, 2003.
- Rogers, Everett M. 1995. *Diffusion of Innovations*. 4th edition. New York: The Free Press.
- Singhal, Arvind, and Everett M. Rogers. 2003. *Combating AIDS: Communication Theories in Action*. Thousand Oaks, Calif: Sage Publications.
- Summerfield, G. 1998. Allocation of labor and income in the family. In: *Women in the Third World: An Encyclopedia of Contemporary Issues*, edited by Nelly P. Stromquist. New York: Garland Publishing. (Garland Reference Library of Social Science Vol. 760) pp. 218–226.
- Watkins, S.C. *From Provinces into Nations: Demographic integration in Western Europe, 1870–1960*. Princeton, N.J., Princeton University Press; 1991:xvii.

Annotated Bibliography

Bankole, Akinrinola, and Susheela Singh. 2003. *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide*. New York: Alan Guttmacher Institute.

Few recent works address the sexual and reproductive health needs of men independent of their relationships with their female partners. The Guttmacher Institute provides an overview of men's sexual and reproductive behavior worldwide and highlights health and program implications of that information. It identifies needs for health information and related services, obstacles that prevent men from receiving services, and offers approaches to enhance men's sexual and reproductive health and benefits to their partners and children. Available at the following Web address: http://www.guttmacher.org/pubs/itor_intl.pdf

Foreman, Martin, ed. 1998. *AIDS and Men: Taking Risks or Taking Responsibility?* London: Panos Institute/Zed Books.

This book examines the relationship between men and HIV/AIDS, arguing that the epidemic cannot be contained until men are persuaded to change their traditional concepts of masculinity. It suggests one in four men worldwide have sexual and drug-taking behavior that places them and their partners at risk. Not online; available by order: <http://www.panos.org.uk/resources/bookdetails.asp?id=1023>

International HIV/AIDS Alliance. 2003. *Working with men, responding to AIDS, Gender, sexuality and HIV—A case study collection*.

Case studies from 13 countries aim to stimulate thinking and strategies for reaching men with project interventions to help them to change their attitudes and behavior. Lessons from the field offer ideas and models for working in a broad range of contexts. Available at the following Web address: <http://www.aidsalliance.org>

United Nations Population Fund. 2000. *Partnering: A New Approach to Sexual and Reproductive Health*. New York: UNFPA. Technical Paper No. 3. Available at the following Web address: http://www.unfpa.org/upload/lib_pub_file/170_filename_partnering.pdf

United Nations Population Fund. 2003. *Enlisting the Armed Forces to Protect Reproductive Health and Rights: Lessons Learned from Nine Countries*. New York: UNFPA.

Taking advantage of the organizational and human resources of military institutions to protect reproductive health and rights is emerging as a powerful strategy in both peacetime and conflict situations. For decades, UNFPA has worked with the military sector to reach men with information, education, and services for family life and

family planning. This experience now is being applied to a wider spectrum of reproductive and sexual health concerns, including maternal health, HIV/AIDS prevention, and reduction of gender-based violence. This digital document offers lessons learned from reproductive health projects in nine different military organizations. Available at the following Web address:
<http://www.unfpa.org/rh/armedforces/index.html>

United Nations Population Fund. 2003. *It Takes 2: Partnering With Men in Sexual and Reproductive Health*. New York: UNFPA.

“Partnering with men” is emerging as an important strategy for improving reproductive health. UNFPA offers guidance on effective gender-sensitive ways to engage men in the reproductive and sexual health of themselves and their partners, including examples of successful strategies and programming and lessons learned. A checklist summarizing key points makes this program advisory note useful for designing and evaluating projects. Based on *Partnering* (2000), below. Available at the following Web address:
http://www.unfpa.org/upload/lib_pub_file/153_filename_ItTakes2.pdf

U.S. Agency for International Development, Inter-Agency Gender Working Group. July 2003. *Involving Men to Address Gender Inequities: Three Case Studies*. Washington, DC: USAID.

Profiles of three innovative programs—Salud y Género, Society for the Integrated Development of the Himalayas, and Stepping Stones—that involve men and youth to improve the reproductive health and well-being of both men and women. Available at the following Web address:
http://www.measurecommunication.org/Content/NavigationMenu/Measure_Communication/Gender3/InvolveMenToAddressGender.pdf