



**A Global Conference on:  
“Reaching Men to Improve Reproductive  
Health of All”**

**Washington, D.C., USA, September 15-18, 2003**

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Across the world, people working on HIV/AIDS now recognise the importance of developing their work with men in order to have a real impact on the epidemic. There is a growing interest in identifying strategies that will be effective in reaching out to different groups of men and enabling them to change their attitudes and behaviour.

The International HIV/AIDS Alliance (the Alliance) shares this interest. As an international non-governmental organisation (NGO) dedicated to strengthening the community response to HIV/AIDS in developing countries, the Alliance and its partners in Africa, Asia, Eastern Europe and Latin America are increasingly focusing on the roles and responsibilities of men in such a response. This has involved identifying what their roles and responsibilities are in different contexts, and developing appropriate strategies for working with diverse populations of men.

In 2003, the Alliance published *Working with men, responding to AIDS, Gender, sexuality and HIV – A case study collection* in order to help projects conduct this work with men on HIV/AIDS. It presents experiences and lessons from a range of different projects (some supported by the Alliance and some not) that are working with men. By showcasing experiences and lessons from the field in the form of case studies, this collection offers inspiration, ideas and models for working with different kinds of men in a range of contexts. This publication is available to download from [www.aidsalliance.org](http://www.aidsalliance.org) or to order by emailing: [publications@aidalliance.org](mailto:publications@aidalliance.org).

In September 2003, USAID's Interagency Gender Working Group (IGWG) organized the conference: "*Reaching Men to Improve Reproductive Health for All*."<sup>1</sup> The conference was a multi-agency collaboration led by EngenderHealth, PATH, and the Population Reference Bureau (PRB), and guided by an advisory group of senior developing-nation experts.<sup>2</sup>

The Alliance was invited to participate in the conference to share lessons about working with men and to launch its publication. Alan Greig prepared this report on the conference and the Alliance would like to make it more widely available.

#### Conference objectives

The objectives of the conference were to increase participants':

1. Knowledge about concrete and effective strategies to work with men on reproductive health issues from a gender-equity perspective;
2. Commitment to implementing these strategies; and
3. Skills and access to tools for implementing these strategies.

<sup>1</sup> The conference was originally entitled "*Reaching men to improve the sexual and reproductive health of all*." The word "sexual" was removed from the title before the conference began. While no official explanation was given for this, it seems that "sexual" may have been regarded as too controversial a term in the current political climate in Washington D.C.. As "sexual and reproductive health" is the commonly accepted and widely used terminology, most presenters and participants reinserted the word "sexual" in to their presentations and discussions. This report, therefore, will refer to "sexual and reproductive health" (SRH) throughout its documentation of these presentations and discussions.

<sup>2</sup> The conference was cosponsored by CATALYST Consortium, Family Health International (FHI), IPPF, PAHO, the Turner Foundation, UNFPA, USAID, and YouthNet.

The conference aimed to showcase models of programs that have successfully engaged men in reproductive health in ways that have improved the health of their partners and children as well as their own health. Also, it sought to provide state-of-the-art tools and approaches for implementing gender-equitable strategies to involve men in reproductive health as mandated by the 1994 International Conference on Population and Development (ICPD).

Conference themes

The main themes included programs, interventions, or training on:

- Influencing gender norms and socialization in adolescent males;
- Working with men on family planning and reproductive health from a gender equity perspective;
- Working with men on dual protection;
- Involving men as partners in maternal and child health;
- Working with men to address gender-based violence;
- Targeting specific male groups about gender equity issues with regard to reproductive health: MSM, uniformed services, refugees, and incarcerated men; and
- Program models of monitoring and evaluation, especially for measuring changes in gender norms.

Conference outcomes

Intended conference outcomes were identified as the production of:

- An Implementation Guide of “how to” lessons learned on concrete effective strategies for working with men in reproductive health;
- A database with contact information and project summaries of existing field-based activities;
- A literature review that includes published and unpublished documents (research and action) about priority topics; and
- Consensus recommendations for donor technical assistance priorities for 2003-2004.

Participants

About 300 participants attended the conference. Invitees included program implementers, researchers and evaluators, donors, representatives of NGOs from the South and North as well as governmental bodies, professionals in the sexual and reproductive health and HIV/AIDS communities, USAID Cooperating Agencies, and women’s health advocates. Conference organizers noted that intensive efforts were made to reach out beyond the current roster of interested agencies to new constituents (such as major international youth agencies, national and multinational uniformed services, refugee agencies.)

## Section 2 Conceptual Frameworks

From <i>obstacles</i> to <i>partners</i> to <i>subjects of rights</i>	The conference considered the rationales for involving men, and the conceptual frameworks with which to understand such involvement and translate it in to action. Gary Barker, of Instituto Promundo in Brazil, noted the shift in the way in which men have been perceived within the sexual and reproductive health (SRH) field – a shift from seeing men as <i>obstacles</i> to the more recent view of them as <i>partners</i> and now as <i>subjects of rights</i> in themselves (with entitlements to sexual and reproductive health.) <sup>3</sup>
ICPD began a “quiet social revolution”	The conclusions and commitments of the International Conference on Population and Development (ICPD) in Cairo in 1994 were identified as a key moment in the conceptual shift from men as obstacles to men as partners. Barker described the following foundational ICPD text as the beginning of a “quiet social revolution”:  <i>“The objective is to promote gender equality in all spheres of life...and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.”</i>
Varieties of male involvement	Meg Greene of the Center for Global Health at George Washington University School of Health noted the variety of activities that are included under the rubric of male involvement in sexual and reproductive health. These activities fall into three broad categories, corresponding to three successive phases through which the conceptualization of male involvement has passed, namely:  <b>Phase 1: Men and family planning</b> – focus on getting men into family planning services in order to improve women’s sexual and reproductive health, with emphasis on accessibility of services.  <b>Phase 2: Male equality in sexual and reproductive health</b> – focus on addressing men’s SRH needs, with emphasis on relevance and quality of services.  <b>Phase 3: Gender equity</b> – focus on involving men in achieving improved sexual and reproductive health for all by working to transform gender roles and norms and promoting gender equity, with emphasis on diversity of strategies for personal and social change. <sup>4</sup>
Gender equity as a goal?	The question of whether gender equity should be a goal for SRH work, and thus a significant rationale for reaching and involving men, ran implicitly and explicitly throughout the conference. This question, and the dilemmas it raises, was sometimes framed in terms of the distinction between strategic gender interests and practical gender needs, which also corresponded to long-term and short-term change. It is clear to many that it is in women’s long term and strategic interest for gender norms and roles to be transformed. But focusing on such a transformative goal in working with men may, in the short term, provoke men’s resistance and thus may make it harder to meet women’s immediate and practical SRH needs.  On the other hand, SRH programs and interventions that use messages and approaches that appeal to men’s traditional protective and leadership roles

<sup>3</sup> He seemed to describe this in terms of a linear progression, although it may make more sense to think in terms of a broadening of perspective such that men are regarded not only as potential obstacles but also as partners and also as subjects of rights.

<sup>4</sup> This typology corresponds to the classification of gender approaches to HIV/AIDS presented by Gita Rao Gupta at the Durban AIDS conference, namely: gender neutral, gender sensitive, and gender transformative.

may make it easier to do SRH work with women and men in a community (for example, by getting husbands' permission to work with their wives) but may also risk further entrenching traditional gender roles and norms that are oppressive to women.<sup>5</sup>

This genuine tension was described by some participants in terms of the tension between a *male involvement* approach, whose focus was on meeting practical SRH needs in the short term, and a *gender equity* approach, whose focus was on achieving strategic gender transformations in the longer term.

#### Features and pitfalls of gender equity approach

Greene highlighted the following key features of the gender equity approach to working with men on SRH, as being to:

- Examine socialization
- Focus on broader societal context
- Mobilise communities to counter harmful practices
- Alert men to support women's health
- Educate young people on human rights

She also noted a number of possible pitfalls of the gender equity approach, including:

- Reinforcing gender inequities, by provoking male resistance and backlash;
- Increasing men's violence against women;
- Communicating a false sense of symmetry between women's and men's needs and interests;
- Evaluating programs on the basis of short-term, practically-oriented change yet the nature of change is much more fundamental; and
- Entrenching male managerial hierarchies by bringing men in to positions of power in a field, which for some years now, has been led by women.

On the other hand, Greene and others argued that the gender equity approach was necessary because of the need for a more fundamental response to the ways in which gender relationships constrain health than that which was typically offered by the male involvement approach.

#### Opportunities and resistances to change

Discussion of this gender equity approach raised issues concerning men's interests in changing gender norms and roles toward greater gender equity. This was usually conceptualized in psychological and individual terms, as issues of personal motivation and resistance to change, and as questions of how to reach men with messages and interventions that created motivation and overcame resistance.

This framing led to an emphasis on what were termed "positive" approaches to working with men which were characterized in terms of their appeal to men's fundamental goodness and interest in justice as well as to the costs to

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<sup>5</sup> **Practical Gender Needs:** Needs that are immediate and material and can be met in the short-term through practical solutions. Responding to practical gender needs can improve quality of life without challenging gender divisions of labor or the position of men and women in society. Practical needs generally involve issues of access or condition. Condition refers to the material circumstances in which men and women live.

**Strategic Gender Interests:** The interests concerning the positions of women and men in relation to each other in a given society. Strategic gender interests generally involve decision-making power, control over resources, position, and status. Addressing strategic gender interests helps women and men change existing gender roles and stereotypes to achieve greater equality.

men of 'traditional' masculine norms and roles (see later discussion of 'masculinities'.) Such 'positive' approaches sought to counter negative stereotypes about men and to argue that gender equity was in men's interests.

This emphasis during the conference on the costs of masculinity (couched in primarily psychological and emotional terms) came at the expense of a more 'materialist' discussion of the benefits of patriarchy to men and the ways in which these benefits are structured within the political, economic and social institutions of most societies.

This relative lack of a structural analysis of what has been termed men's "patriarchal dividend" meant that there was little discussion of issues of men's gender privilege, and men's (lack of) accountability for this, and the ways in which these issues would need to be addressed in any effort to engage men in work toward improved sexual and reproductive health that is grounded in gender equity. Similarly, the lack of a structural analysis of patriarchy and oppression led to insufficient attention being given to the role of male violence in creating and maintaining gender inequity and thus to the ways in which work with men on SRH and gender equity must address this violence.

Masculinities' has made men complex subjects

However, the growing influence of the discourse on 'masculinities' in shaping thinking and practice on men and SRH was evident. This discourse (as a set of ideas and related practices) focuses on the socially determined and culturally specific nature of men's gender identity (beliefs and expectations about what it is to be a man.) It suggests that this identity, and the behaviours that ensure from it, are changeable (being socially and not biologically based.)

The discourse also suggests that such identity is better understood in plural rather than singular terms (thus, 'masculinities'), because men's self-identity and behaviour is shaped by multiple markers of social differentiation (based on age, class, caste, sexuality, race/ethnicity and so on.) These multiple masculinities point to the possibilities of men's resistance to dominant forms of masculinity (sometimes called "hegemonic") that are oppressive to women and to embracing new identities and behaviours that promote gender equality.

The influence of ‘masculinities’ is evident in the increasing attention given to the diversity and complexity of men, who are subjects of rights themselves with entitlements to health and with multiple needs in relation to the exercise and fulfillment of these rights. From the presentations and discussions at the conference it is clear that the ‘masculinities’ discourse has influenced the conceptualization of male involvement in SRH in three main ways by:

- Highlighting the diversity of men and their needs;
- Drawing attention to the ways in which masculinity oppresses men; and
- Emphasizing men’s varying relations to structures of power and thus men’s contradictory experiences of both power and powerlessness.

Masculinities’ and men’s needs

By emphasizing the diversity of men and their needs, ‘masculinities’ has highlighted the importance of reaching out to men and addressing their needs on their own terms, and not merely as partners to women. The call to work with men on their own terms was a powerful current throughout the conference. This was often framed instrumentally – that the best way to reach and engage with men in SRH work was to listen and respond to their own sexual health needs. It was frequently noted that SRH programming and policy-making rarely responds to the varying yet distinctive nature of men’s needs and that many men have difficulty accessing SRH services.

Masculinities’ and the oppression of men

By emphasizing the effects of gender on men’s lives, ‘masculinities’ has also helped to focus attention on how men suffer from traditional (often described as “rigid”) notions and norms of masculinity. The ways in which these norms of masculinity oppress men were framed in two main ways: in terms of vulnerability and dehumanization.

Through pressuring men to prove themselves through (risky and frequent) sex, norms of masculinity increase men’s vulnerability to SRH problems, including HIV/AIDS. Furthermore, by making it hard for men to seek help, norms of masculinity can deter men from accessing SRH services.

Masculine norms can also deny men access to their full humanity by limiting expressions of vulnerability and inhibiting emotional intimacy, especially with spouses, children and lovers. Some participants argued that gender equality work must involve the liberation of men as well as the liberation of women from the oppression of gender.<sup>6</sup>

Masculinities’ and the contradictions of men and power

By emphasizing men’s different positions within hierarchies of power (based on economic and social status, ethnicity/race, age, religious affiliation and so on), ‘masculinities’ has pointed to men’s contradictory experiences of power and powerlessness and identities as oppressor and oppressed. These contradictions create opportunities for linking men’s own experience of oppression and denial of human rights with women’s experience of gender oppression and can help to mobilise men on issues of gender equity as part of a broader effort for social justice and human rights. However, few presentations explored these opportunities, the exceptions being the work of the CMA project in Nigeria and the MAP project in South Africa (see annexes 1 and 2.)

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<sup>6</sup> But it was indicative of the heterosexist framing of the conference that little attention was paid to the group(s) of men who suffer most (or most immediately) from traditional norms of masculinity – men who have sex with other men (MSM). Through sex with other men, these men betray perhaps the most fundamental norm of traditional masculinity and suffer violence, stigma and shame as a result. Several participants called for more research and program attention to MSM in the field of SRH. Perhaps more fundamentally, there was a relative silence about sexuality throughout the conference as an area of discussion separate from but clearly linked to gender. There was little discussion of men’s expectations and experiences of their sexuality and how this affects their views about and fears of gender equity.

## Section 3 Models and Approaches

One of the great strengths of the conference was the sheer volume of models and programs presented. This section briefly summarizes the range of work that was described, organized by target population.

### Youth – in school

CEDPA/India presented on its **school-based curriculum** *Better Life Options*, and its module for adolescent boys entitled *Choose a Future*. The curriculum focuses on a life skills approach and has been used in schools, vocational training centres and youth clubs, being supplemented by intensive 10-14 day youth camps. The curriculum is delivered by teachers and other trained adults.

UNFPA/Belarus reported on a **peer educator project** for university-level young men, which arose out of the recognition that men's health, and specifically sexual health, needs are underserved and that reaching young men with messages and services was much harder than reaching young women. The project provided a team of male peer educators with intensive training on their own gender knowledge and attitudes as well as on communication and education skills.

### Youth – in the community

There were a number of presentations on community-based work with young men. This included Instituto Promundo's *Project H*, which identifies and supports '**gender equitable**' **young men** through workshops that focus on the costs of traditional masculinity, offer an alternative male peer group and that discuss and rehearse gender equitable attitudes and behaviours. These workshops are complemented by condom social marketing, work with health providers to make services more accessible to young men and by a rigorous evaluation process (see the sub-section on Evaluation.)

The *Climbing to Manhood* intervention in Kenya attempted to use traditional **male circumcision rituals** as an occasion for educating young men on healthier lifestyles and more equitable relationships with women. This was an interesting example of trying to work with the 'grain' of local culture and tradition and of trying to find the right time and right place to deliver the right message about SRH.

A number of projects made use of peer education approaches with young men in the community. *Peer Advocates for Health*, in Chicago USA, trains 25 adolescent young men each year to serve as **SRH advocates** with and on behalf of their peers in schools and their local community. These peer advocates are based in local health and social welfare services, acting as a bridge between young men and these services. The *Conscientizing Male Adolescents* programme in Nigeria offered a fascinating (and rare) example of training young men on **human rights and anti-sexism**, and the skills they need to be allies to women in their struggle for empowerment. This programme is described in more detail in annex 1.

### Men in the community

*Men Against Violence and Abuse*, operating in Mumbai since 1993, described the work it has done with adult men in local communities. After initially focusing on **marriage counseling** in response to issues of marital conflict, MAVA has broadened its work to holding workshops on issues of relationships between men and women, as well as campaigning on incidents and issues of violence and networking with women's organisations.

In Burkina Faso, *Mwangaza Action* organized single-sex classes for women and men on SRH and human rights to mobilize local communities against **female genital cutting** (FGC).

In Ghana, the *Navrongo Health Research Centre* sought to increase women's participation in village-level **decision-making processes**. It worked through village leadership structures, and made use of trusted outsiders, to persuade men in the community to allow women into the previously male-only village meeting (the Durbar) to raise their concerns about SRH and to discuss how these could be addressed.

*Repro Salud*, in Peru, broadened its focus beyond women's empowerment to include adult men at the request of the women with whom they were working. A peer educator/community promoter model is used to train men in the knowledge and skills that they need to sensitize their male peers about **SRH and gender equality** issues. The *Men as Partners* programme in South Africa uses the MAP curriculum to mobilize men to get more involved in SRH and HIV/AIDS issues at the household and community level – see annex 2 for a more detailed description.

An example of trying to improve **clinic-based SRH** work with men was offered from Ecuador. Based on focus group findings, a protocol was developed to encourage women to bring their male partners in to services. A media campaign on male involvement was also launched and appointment times were changed to facilitate men's attendance. The presentation on this project made clear that while it had been successful in meeting women's practical gender needs, by securing husbands' support for SRH decisions, it had not addressed women's strategic gender interests in challenging their lack of power vis-a-vis their husbands.

Rus Erwin Funk, long-time anti-violence activist in the USA, presented on his work in **mobilizing men** in his local community to organize themselves to take action on domestic violence. This involved a nomination process that brought together 9 men (selected from 50 nominees) from a range of community-based organizations to be trained over 25 hours on issues of violence, the intersection of different forms of oppression and skills in popular education approaches. As a result of this training, the men formed their own organization and have begun to do public education in their local areas.

Michael Kaufman, co-founder of the *White Ribbon Campaign* in Canada, described the experience of launching a national **men's campaign against violence against women** that quickly went global and now operates in many countries worldwide. The campaign worked from the premise that while most men are opposed to violence against women, they remain bystanders to this violence allowing it to happen. The core message of the campaign was that men must take responsibility for speaking out against such violence and working to end it. The campaign offered a simple tool (the wearing of a white ribbon to signify opposition to violence against women) and encouraged local 'chapters' of men across Canada, and then the world, to use the tool and the core message in developing their own local campaigns.

Marginalized men

While many of the presentations referred to work with men in low-income communities and settings, and thus marginalized by their economic status, there was only one presentation on SRH work with men who are marginalized because of their sexuality and gender identity. This looked at work being done with the transgender Zenana communities that exist across South Asia. In Pakistan, such work has adopted an **holistic approach** to responding to the Zenana community's health, social welfare and legal needs by opening a drop-in centre, offering education and counseling services and creating appropriate referral networks.

Men in the private sector	<p>Similarly, there were few presentations looking at work with men in the private sector. One example of such work, however, was presented by Ariel Castro of the <i>Trades Union Congress of the Philippines</i> (TUCP), who described the pioneering initiative to create <b>SRH services for workers</b> in workplaces and increase demand for such services through training of a cadre of peer educators and mounting an awareness raising campaign on men's responsibility for poor SRH outcomes and the prevalence of gender-based violence. He also shared an informative example of institutionalizing this initiative through collective bargaining agreements with employers to secure funding and support for expanded SRH service provision.</p>
Men in uniformed services	<p>Maria Rashid presented on <i>Rozan's</i> work with police officers in Pakistan – see annex 3 for a case study of this project. <i>UNFPA</i> presented lessons from nine case studies of strengthening partnerships with men in the armed forces on sexual and reproductive health and rights. <b>Four main approaches to such partnership</b> were delineated, namely: developing vertical HIV/STI prevention programmes; improving SRH health services; educating military personnel on family life education; and integrating SRH services and education. The presentation noted the worrying lack of access to condoms and VCT services in the militaries surveyed and the tension between participatory approaches to SRH education and the hierarchical structures of military institutions.</p>
Overview of models and strategies	<p>Service delivery models, with an emphasis on improving accessibility to men and increasing men's demand for such services, were common. Peer education was also frequently identified as the preferred strategy for reaching young and adult men with information about services and SRH education. Several examples of gender education for men, usually using small group-work, were also presented.</p> <p>The use of folk media (e.g. theatre) and sports/recreational activities to reach men was discussed. The potential for organizing and campaigning strategies with men remained the least explored area of work. A number of presentations made reference to the importance of research in guiding programme design and the need for more research in several critical areas (see the next section), as well as the importance of strengthening local research capacity.</p>
Monitoring and evaluation	<p>Interesting approaches to project monitoring were shared by a number of presenters. <i>Peer Advocates for Health</i>, in Chicago USA, uses a mix of questionnaires, attendance logs, community outreach logs, and a parental advisory group to monitor both the implementation of project activities and the response of the peer advocates and the broader community to them. The <i>Conscientizing Male Adolescents</i> programme in Nigeria makes use of home visits to discuss changes in young men's behaviours, and identifies this monitoring process as a way to hold the young men accountable to the project for the commitments that they make to change harmful attitudes and behaviours.</p> <p>There were fewer concrete examples of evaluation processes in action, though many presenters identified a need for more rigorous evaluation. A peer educator project with college level male and female students in Belarus, presented by <i>UNFPA</i>, made use of experimental and control groups and was able to report on improvements in SRH knowledge, attitudes to risk and increased condom use.</p>

One of the most formal approaches to evaluation was reported by *Instituto Promundo* in its work with young men in Rio de Janeiro. Together with its partners, *Instituto Promundo* has developed a Gender Equitable Men (GEM) scale, which is used pre- and post-intervention in its “Project H”, to assess changes in knowledge of and attitudes toward various aspects of gender equity. The presentation on Project H reported change in 18 out of 24 measures on this GEM scale for the young men with whom the project has worked over the last 2-3 years.

Findings on  
impact

But, in general, the lack of formal evaluation processes made it difficult for most of the presentations to report on the impacts of their work. Where changes were reported, it was most commonly in the area of SRH knowledge and to a lesser extent, attitudes toward SRH risk and aspects of gender equity. Very few projects attempted to evaluate changes in behaviour, let alone changes in health outcomes. This lack of evaluation data was readily acknowledged to be a problem that needed to be addressed, although there was less explicit discussion of when and how to fund more rigorous evaluation processes, and to build the human capacity to undertake such evaluations. Similarly, while the limitations of traditional approaches to evaluation (e.g. the use of questionnaires with low-literate communities) were noted, there was little exploration of innovative and more participatory evaluation methodologies.

## Section 4 Lessons and Directions

- Address men's concerns** Many presenters and attendees commented on the importance of working with men not merely as 'objects' of an SRH intervention primarily serving women but also as 'subjects' themselves, with sexual and reproductive health needs and concerns in their own right. For example, the Population Council's research in India has found that men's primary sexual health concerns focus on anxieties about "semen loss" and issues of virility/performance rather than STIs, including HIV.
- Oppression and needs** Many groups of men have specific SRH concerns and needs related to their particular socio-economic circumstances and the oppression that they experience in relation to age, sexuality, race/ethnicity and other markers of inequality. For example, it was reported that the Zenana (transgender) communities across South Asia face high levels of discrimination and violence from both community members and state officials that affect their sexual and reproductive health.
- "Gender panic"** Working with men on their concerns about their gender identity was identified as important. Many at the conference seemed to share the notion that much of men's gender identity, their sense of being a man, is founded on fear. As Michael Kaufman of the White Ribbon Campaign put it: *"the power of masculinity among men is about fear."* Men's fears of not measuring up, of not being man enough, of losing one's wife to another man, of losing control over the family were frequently identified as powerful 'motors' driving the destructiveness of men's behaviour toward themselves and toward others. Many participants identified a need to take these "fears of masculinity" more seriously in SRH work with men.
- Acknowledging the reality of fear in men's lives was also seen as important in framing men's reactions to women's empowerment not only in terms of resistance but also in terms of a "gender panic" about what such empowerment would mean for men's sense of themselves. Identifying such "gender panic" makes possible different kinds of gender equality work with men. It shifts the focus from seeing men merely as obstacles to women's empowerment to working with men's emotional reactions to a gender equity agenda that entails significant changes in their lives and the way that they see the world.
- Accentuate the positive** Many attendees recommended a strengths-based, positive approach to responding to men's concerns. This was seen as an important counter to the tendency to defining work with men in terms of problems and deficits. A male-positive approach focusing on capacities and resiliencies, it was argued, was useful in both engaging with men in order to do SRH work with them and in challenging the oppression that many men experience (in relation to age, sexuality, race/ethnicity and other markers of inequality) that affects their sexual and reproductive health.
- Different entry points for such a male-positive approach were identified. Some related to men's traditional roles as leaders of the household or community, or protectors of women and children. The tensions that this involves between appealing to men and reinforcing harmful gender inequalities are discussed in the sub-section on practical needs and strategic interests. Fatherhood was seen as a less-problematic entry point. Engaging with men as fathers and promoting men's much greater involvement in parenting was discussed as a key way to work toward better SRH and gender equality outcomes.

Work with men as allies to women	A complementary lesson, though less clearly and frequently identified, was the value of working with men as “allies” to women toward the goals of improved sexual and reproductive health and gender equity. The notion of “being an ally” broadens the scope of work beyond focusing on men just as partners to women in their sexual and household relations. Working with men as potential allies to women can include work across the program-policy spectrum for change at household, community and societal levels, seeking to change behaviours, attitudes, norms, policies and laws that harm sexual and reproductive health and that promote gender inequity. The <i>White Ribbon Campaign</i> is a good example of enlisting men as allies to women in a campaign to end violence against women. The <i>Conscientizing Male Adolescents</i> programme in Nigeria also develops young men’s skills to be allies to women in very practical ways – for example, training young men to know what to do in cases of sexual assault against women.
Allies in funding	Emphasizing the roles that men can play as allies also helps in relation to issues of funding. It was noted several times that funding for SRH work with men must not be at the expense of funding for programmes with women. By working together as allies, both in terms of applications for and disbursements of funding, men and women can help to ensure that funding for work with women is not sacrificed for work with men.
Responding to women	Specific examples were also given of the need for programmes themselves to be good allies to the cause of women’s empowerment by being responsive to women’s voices, concerns and interests in designing and implementing SRH work with men. Several participants, for example, commented on the importance of working with women in military settings, both as military personnel themselves and as family members and sexual partners.
Services: supply and demand	Improving the ‘supply’ of male-friendly SRH services has been a significant focus of male-involvement approaches to SRH work. Based on the presentations to the conference, it seems that there is still much work to be done in improving the accessibility of SRH services to men through advocating for a more supportive policy environment, hiring more male staff and training service providers (usually women) to be more responsive to the range of men’s SRH needs. An overview of SRH programmes with military populations across the world found an alarming lack of even the most basic services, including condom provision and voluntary counseling and testing (VCT).
Strategies to generate demand	A presentation on the work of the Trades Union Council of the Philippines (TUCP) offered an interesting example of taking SRH services to where men are - in this case, by providing services in the workplace. The presentation also emphasized how important it was to not only improve the ‘supply’ of services but also to generate increased ‘demand’ for these services. The TUCP initiative also trained peer health educators in targeted workplaces to promote men’s awareness and use of the new SRH services. Other presenters noted the role that outreach strategies could play in educating men about services and helping to bring them into such services.
Hold tension between practical needs and strategic interests	There is a tension between meeting the short-term ‘practical’ gender needs of women (e.g. access to SRH services) and their long-term ‘strategic’ gender interests (e.g. equal decision-making power with men). As it was often noted at the conference, women’s short-term needs may often be best met by working with men in their traditional roles as decision-makers, at the household and community levels.

Men can also be enlisted into supporting improved SRH for women and girls by appealing to their gender roles as protectors of women and supporters of the family. The entertainment education project in Benin, which sought to get men's support for women's use of SRH services, offered an example of working 'with the grain' of men's traditional roles. The presenter characterized this as working with the "male perspective" as opposed to "gender equity perspective."

Danger of reinforcing gender inequality	As many participants pointed out, however, working with men in their traditional gender roles risks reinforcing the gender norms that oppress women and maintain gender inequality. This approach might help to meet women's practical needs, by getting husbands' permission for their wives to use SRH services for example, but it did not address women's 'strategic interests' in ending the gender inequality that harms their lives, including their sexual and reproductive health. Many felt that it was important to be using SRH work with men to also challenge oppressive gender norms and that the longer term goal of gender equity must not be sacrificed for the short-term goal of improving certain aspects of women's sexual and reproductive health.
Hold tension between healing and accountability	Tensions were also noted in the work that was being done with men on gender equity within SRH programmes. It was acknowledged that one of the key challenges of gender-based work with men, whether in pursuit of HIV prevention or other SRH objectives, is to deal with men as both 'victims of masculinity' and 'agents of patriarchy'. These emphases are sometimes counter-posed and characterized in terms of, being in the first case, a 'positive' approach that will engage men and, in the second case, a 'negative' approach that will alienate men. But this is unhelpful, given that both are aspects of a constructive approach to working with men to make real change at the personal and social level.
Explaining men, not excusing them	In order to circumvent this positive/negative framing, there was some discussion of the need to work with men on understanding and healing from the effects of gender norms in their lives at the same time as holding men accountable for the choices and decisions that they make in relation to these same gender norms. Concern was expressed that an emphasis on understanding the effects of gender in men's lives should be used to help explain but not excuse men's behaviours.
Working at the emotional level	On the evidence from this conference, much more reflection and discussion is needed in terms of how to work with men not only at the cognitive but also at the affective level to 'heal' from the ways in which beliefs and norms about gender fundamentally shape their lives. The work of <i>Rozan</i> with police officers (men and women) in Pakistan offers inspiration in this regard, with its emphasis on creating a space for men (and women) to explore their feelings as well to discuss their thoughts about gender norms and their impact on their lives.
Working on accountability	Much more work is also needed on notions and practices of accountability, and what accountability looks like at the programmatic and community levels. The <i>Conscientizing Male Adolescents</i> programme in Nigeria offered an interesting example of using the evaluation process to interview family members of the young men in the programme and to hold them accountable for the extent to which they had followed through on the commitments they had made to programme staff about changes they would make in their lives. Group-work also offers opportunities to create alternative peer groups for men that not only support them in developing new attitudes and behaviours but also hold them accountable for the actions and decisions that they take.

Address key issues: violence, sexualities, sex economies	Throughout the conference, issues of violence and sexuality, and the connections between them, were mentioned but not fully addressed. Gender-based violence is widespread – it is estimated that one in five women experience violence some time in their lives and that one in four women experience violence during pregnancy. Several presenters commented on the key role that this pervasive men’s violence plays in controlling women’s sexuality and in shaping the pace and patterns of HIV transmission.
Violence that results from SRH problems	It was also noted that men’s violence against women can also be a consequence of SRH problems. Cases were reported of husbands beating their wives when the latter revealed that they had an STI or a positive HIV result, often because this was taken as a sign of infidelity. It was also noted how little is done about this, either at the programmatic or policy levels, and how ill-equipped most SRH programmes are to deal with issues of violence.
Responding to the violence	There were a number of recommendations for how issues of violence could be addressed within the SRH field. At the programme level, it is clear that there is a great need for capacity building for SRH service providers on the knowledge and skills that they need to respond to violence and abuse. For services working with survivors of such violence, staff need training in SRH issues. It was recommended that SRH and anti-violence services should develop closer partnerships and referral networks to better address the connections between SRH and violence in the lives of the people that they serve. Such coalitions are also needed to advocate for changes in law and policy to end the silence about violence that still persists in most parts of the world – HIV/AIDS was seen as providing a useful leverage for raising interest and money to address violence, in particular sexual violence.
Breaking the silence	The silence that continues to surround sexual violence and sexual abuse within the SRH field was echoed at the conference itself, with few presentations addressing themselves to these issues. Even when these issues were discussed, it tended to be in terms of individuals and their acts and experiences of violence and abuse, rather than a discussion of the ways in which violence and abuse are a part of the structuring of social and sexual relations between women and men. This inattention to the structural nature of violence was accompanied by a lack of discussion of the growing body of international evidence on the extent of such violence (though there is much less research on sexual abuse, which still remains extremely hidden.) On the basis of this conference, it is clear that there is as yet little exploration within the SRH field of men’s multiple roles in violence and abuse, as perpetrators and bystanders, but also as survivors, and how to work with men in these different roles.
Men’s sexualities	It was also acknowledged that too little is known about the complexity of men’s sexualities and the influences on and consequences of differing men’s sexual desires, practices and identities. There was a call for more research on this and for programmes with men to be designed around more detailed assessments of local sexual ‘cultures’, including the organizational sexual cultures of male-dominated institutions such as the military.
MSM work	From the few presentations that there were on work with MSM communities, it also became apparent that the MSM category is in danger of being considered as a risk group that is somehow distinct from the ‘general’ population. The notion of MSM as a minority group is problematic for at least two reasons.

Firstly, there is enormous variation within the category of MSM in terms of sexual practices and identities and the meanings that the men and others give to them – this internal variation makes it problematic to talk about MSM vulnerability as a single thing. Secondly, depending where you look in the world, many if not most MSM also have sex with women, and many men report having sex with men – in other words, it often is not the experience of a minority, but a part of the sexual experience of the ‘general’ population of men.

Needs of Transgendered People

It is clear that much more work is needed to understand male-to-male sex in relation to the spectrum of men’s sexualities and what part it plays in SRH problems, and especially HIV/AIDS. A presentation on the Zenana communities in South Asia made clear the high levels of stigma and discrimination that members of these communities face, but also served as a reminder of how little attention is given to transgender issues in discussion of gender equality and SRH and the need for more research on the interplay between homophobia, misogyny and other modes of oppression in the lives of transgendered men.

Men and sex economies

There was also surprisingly little discussion of sex work and sex economies, and men’s multiple roles within them. This meant that there was little chance to engage with the debates about sex work as a form of gender oppression and sexual exploitation or as a form of work with the potential for economic advancement, or debates about the boundaries between and meanings of commercial and transactional sex, or about the influence of prostitution on the construction of male and female sexuality. These debates merit further research and programmatic attention.

Use key frameworks: human rights, social justice

Human rights was identified as an important framework within which to develop work with men. In her review of SRH work with military institutions and communities, Sylvie Cohen of UNFPA commented on the significance of human rights frameworks in developing more innovative work with militaries in Latin America. By locating military mandates and functions within a framework of human rights, it becomes easier to distinguish between legitimate and illegitimate uses of military power (rape as a weapon of war being an example of the latter) and to preserve the ‘rights’ of civilian populations against abuse by militaries in times of conflict.

Promoting alliances between men and women

Within a human rights framework, it also becomes possible to link women’s pursuit of gender equality as a human right with most men’s interests in upholding their own human rights in the face of other forms of inequality that they experience (based on social status, economic class, race/ethnicity and so on). The human rights framework can facilitate alliances between women and men which address gender equality as a human rights abuse that is linked to other inequalities and abuses.

Gender justice as a form of social justice	<p>Social justice offers another, albeit less clearly articulated, framework within which men can be mobilized to take action on gender injustice. On the basis that the HIV/AIDS epidemic is shaped by gender injustice in its interactions with multiple forms of injustice (based on poverty, racism, sexual discrimination and so on), then HIV/AIDS work with men can appeal to most men's interests in fighting social injustice in their own lives as way to build their support for greater gender justice in women's lives. The <i>Conscientizing Male Adolescents</i> programme in Nigeria was one of the few initiatives shared at the conference that explicitly used a social justice framework. The lesson learned from its work was that men can be mobilized to support gender equality by relating their own experiences of oppression to women's experience of gender-based oppression, but that it is essential to discuss oppression and its effects on HIV/AIDS in concrete and not abstract terms.</p>
Use participatory processes	<p>Several presentations highlighted the value of using participatory approaches and processes in SRH work with men of all ages. <i>CEDPA/India</i> reported on its participatory process of curriculum development that helped build ownership across a range of institutions that enabled a broader implementation of the curriculum across the target area. <i>Instituto Promundo</i> emphasized its involvement of young men in all aspects of programme development.</p> <p>Interestingly, some concerns were raised that a successful participatory process that brought more men into programmes working on SRH and gender equality could have the effect of disempowering women, for whom gender equality work has previously been a relatively safe space in which women have taken leadership. This discussion of the dangers of increasing men's participation brought us back to discussion of issues of men being allies to women and being accountable for the ways in which they are helping or hindering women's advancement.</p>
Use an integrated approach	<p>The importance of "integration" was discussed in a number of ways in the conference. <i>Instituto Promundo's</i> presentation stressed the value of integrating strategies working with men for change at individual and community levels. Promoting change across these different levels served to reinforce change at each respective level. This lesson was echoed in the presentation by <i>Men Against Violence and Abuse</i> in Mumbai, which looked at the importance of community interventions (e.g. supporting the role of neighbors in preventing/intervening in DV) in complementing work with individual men.</p> <p>Integration of HIV/AIDS work across SRH programmes was also recommended. The review of SRH work with militaries, discussed earlier, identified problems with the vertical structure of many military HIV/AIDS programmes. A number of presenters highlighted the need to provide integrated services to respond holistically to the multiple needs of respective groups of men, including health, social welfare and legal advice services. This was especially true for highly marginalized groups such as the Zenana communities in South Asia.</p>
Maximize credibility	<p>Credibility issues were often highlighted. Many people spoke to the importance of using credible sources of information and messengers in working with men. Many projects emphasized the need for male staff to work with men, and that men would be less receptive to female staff. Besides gender, it was also seen as important to recruit men from within communities themselves to act as peer educators or community researchers.</p> <p>However, less was said about the challenges of involving men from the</p>

community in designing and delivering programmes, especially in relation to working with the female staff of SRH programmes who are often of a higher educational and social status than the men. There is a need to be documenting experiences and learning lessons about how to involve men more directly in SRH programmes and how to work across the differences of not only gender but often also of social status and economic class that may often arise.

Male PLHA can be credible messengers

Men living with HIV/AIDS were also identified as powerful and credible educators and advocates with other men. The experience of the *National Association for People Living with HIV/AIDS* in Malawi, which used some of its HIV+ male members to organize sports and SRH educational activities for young people, bore witness to this.

Leadership development

The critical role that staff played in ensuring or undermining the credibility of a programme was often mentioned. The presentation on the *Peer Advocates for Health* programme in Chicago USA made clear that the leadership and inspiring example of the ex-basketball player who ran the programme had played a key part in its success. More could have been said about how to develop men as alternative leaders in their communities on SRH issues and gender equality, and how to support men in dealing with the ridicule and resistance that men often experience (from both men and women) when they try to take leadership on these issues.

Work in both mixed and single gender groups

A range of opinions was shared on the value of working with men in single-gender or mixed-gender settings. A presentation on a peer educator SRH project with university students in Belarus stressed the need for both male-only sessions, in which men could explore their own issues and be more open about their feelings, and for mixed sessions, in which men could practice new attitudes toward and relationships with women. This approach, echoing that of *Stepping Stones*, resonated with many at the conference.

While there was general agreement that it was important to create spaces for men to come together to discuss the impacts of gender norms on their own and women's lives, there was discussion of how to hold this space in a way which would help men to see the problems caused by traditional norms of masculinity without colluding with men's unwillingness to take responsibility for the part they play in maintaining these norms. Participants recognized that this kind of men's work is challenging for staff, and that issues of capacity building and support for such staff are critical to address.

Strengthen partnerships

Many participants identified the need to create and strengthen partnerships as a priority. *Instituto Promundo* attributed much of its success to the alliance of agencies with which it had developed its Project H curriculum for work with young men, which spanned civil society, local government and the private sector (condom manufacturer). The notion of building a 'big tent' within which a diversity of men and agencies could come together in a partnership with a shared commitment was raised. The example of the *White Ribbon Campaign* and the broad-based partnership it had created to end violence against women was often cited.

The challenge of building partnerships with women and women's organisations was also noted. *MAVA*, in Mumbai India, reported on the skepticism it had initially faced from women's organisations when it had begun its work with men on violence and abuse. Overcoming this skepticism required much relationship-building and an emphasis on men being allies to women in ending sexism and violence.

Limitations of the 'big tent'	<p>But some of the limitations of the 'big tent' were also noted. Some related to the shared understandings on which partnerships can be built. The <i>White Ribbon Campaign</i> took a strategic decision to build a largely apolitical partnership committed to simply taking a stand on violence against women. But the more that one seeks to understand why this violence happens in order to respond to it, the more likely it is that differences in understanding will arise, based on people's differing views of psychological and sociological explanations of the violence. Especially as partnerships seek to move more into specific action, for which they require a shared understanding of the nature of the problems they are addressing, the more likely it is that they will need to constitute smaller but more cohesive 'tents', pitched around a shared analysis of gender, equality and SRH problems. Partnerships that develop around a more explicit and shared analysis are also more likely to create the foundations of relationship and trust-building on which effective partnerships depend.</p>
Scale up significantly	<p>The inadequate scale of the projects, relative to the dimensions of the problems being addressed, was frequently identified during the conference. But there was no scheduled opportunity, and little specific effort made, to discuss the complex challenges of scaling up projects and their impact. References were made to resource mobilization strategies, and there were recommendations for increased use of public-private partnerships, but funding issues were not contextualized within current economic realities and the political priorities driving funding allocations and mechanisms in the SRH field in general, and in HIV/AIDS in particular. The <i>Treatment Action Campaign</i> in South Africa was cited as a rare example of a resource mobilization effort that used organizing and civil disobedience strategies to challenge and eventually change political priorities on funding the provision of ARVs.</p>
Develop other strategies for scale up	<p>The roles that evaluation and policy change can play in scaling up the impact of this work are discussed below. In general, however, issues of scale-up were confined within a programmatic logic that was concerned with how to scale up specific projects and their service delivery and education strategies. Insufficient attention was given to exploring other models of personal and social change in relation to issues of SRH and gender equity, such as community organizing and social campaigning, that have the potential for low-cost replication and expansion and widespread diffusion of messages and normative practices. The <i>White Ribbon Campaign</i> is one example and it will be important to explore and develop other examples.</p>
Evaluate impact	<p>The GEM scale used by <i>Instituto Promundo</i> and its partners to evaluate the impact of Project H was cited as an inspiring, yet all too unusual, example of an effort to evaluate the impact of work with men. Many presenters and participants commented on the need for more effort to be put into impact evaluations, and the importance of generating impact evaluation data to convince skeptical donors, policy-makers and women's advocates of the value of SRH and gender equity with men.</p> <p>Recommendations were made for the sharing of evaluation methodologies, such as the GEM scale, and for the development of more standardized gender equity indicators that would facilitate comparisons of effectiveness across programmes and projects working with men. A suggestion was also made to develop a large scale "men and reproductive health" multi-site project that had the requisite scale and resources to make a rigorous impact evaluation, with control samples and long-term follow up, both viable and valuable. Less explicitly articulated, though clearly needed, was the</p>

importance of educating donors and their political paymasters about the long timeframes of change in relation to durable and complex problems of gender inequity and of being creative in determining benchmarks and proxies for what will be a long-term process of change.

Prepare for sustainability

Discussion of evaluation was linked to the challenge of sustainability. There were generic recommendations about the importance of project documentation and evaluation data for securing continuing funds to sustain projects. There was also a more specific discussion of the challenges of sustaining SRH work with men. These challenges related both to the skepticism of some donors and policy-makers about the likely impact of such work and to the isolation and resistance that confronts staff, especially male staff, who are trying to develop work with men from a gender equity perspective. *MAVA* in Mumbai, among others, talked about their struggles to deal with the resistance that they faced from all sectors of society in being a men's organization working for equity in gender relations.

Some participants highlighted the impact of policy change (at both national and global levels) on sustainability. Cuts in health and social welfare budgets, as initiated by structural adjustment programmes and continued by de-regulation and privatization policies, have had significant effects on both individual health and welfare outcomes and programmes trying to address such outcomes. A very immediate example of this was given in one of the opening presentations to the conference on the *Climbing to Manhood* curriculum in Kenya, which has had to be largely scaled down because the withdrawal of education subsidies has meant that parents can no longer afford to pay the class fees required by the project.

Work at the policy level – from local to global

There was some discussion of work at the policy level, and the benefits of such work for both supporting the scale up and sustainability of SRH programmes and their work with men. This discussion was usually focused on aspects of health, HIV/AIDS and population policy, and the impact of policies in these areas on programme funding and strategic directions (e.g. condom promotion policies, especially with young people.) Specific mention was made of the need to address policies in male-dominated institutions to reduce men's vulnerability to HIV/AIDS and other SRH problems – for example, it was recommended that military policies on family leave, length of deployment and codes of conduct be reviewed to assess their impact on military personnel's vulnerability.

Macro-economic policy and its SRH impacts

The impact of current U.S. administration policies and approaches to sexual and reproductive health work (e.g. increased emphasis on abstinence, de-funding of SRH programmes with pro-choice policies and services) was alluded to often though rarely examined in any detail. Similarly, more could have been said about the impact of macro-economic policy on local communities and their SRH services and outcomes (as referred to above) and the strategies and alliances that are needed to raise awareness of these impacts and to challenge these policies.

Dean Peacock's presentation on the MAP programme in South Africa (see annex 2 for a case study) offered the most explicit discussion of how macro-economic policies are creating the conditions for an explosive HIV/AIDS epidemic in South Africa and reducing the coping capacity of communities (e.g. through the privatization of basic services and the impact of this on women.) This presentation made reference to the opportunities that these HIV/AIDS crises offer for building coalitions between movements for economic justice and for gender equity within a social justice framework and for articulating the roles that men can play in such movements.

## Annex 1

### Conscientizing Male Adolescents Programme in Nigeria

#### Background

The CMA program works in the cities of Calabar, Cross River State and Uyo, Akwa-Ibom State in Southeastern Nigeria – one of the most densely populated regions of the country which is one of the most populous countries in Africa. Among the background statistics of particular significance to the work of CMA, is the fact that over 50% of Nigeria's population is under the age of 20. Nigeria has one of the lowest average annual per capita incomes – \$350 per year – although it is the 7<sup>th</sup> largest oil producing nation in the world. This contradiction is not lost on the CMA boys who struggle living next to the oil producing region of the country.

Nigeria has one of the highest maternal mortality rates in the world. Unsafe abortion is one of the primary contributors to this situation – affecting adolescent girls in particular. HIV prevalence is estimated at over 5% but varies across the country. Some of the highest estimates are found in the southeastern region where the CMA program is located.

Nigerian boys ages 15-19 living in urban areas (the majority of CMA participants) are largely unmarried and in school. Official statistics suggest that boys in Nigeria know about STDs, HIV and contraception, but do not perceive themselves at risk or use protection (even when sexually active).

As elsewhere gender prejudices are deeply entrenched in Nigeria. Women and girls are viewed as subordinate – symbolized by women being told to “sit down” and “be quiet”, as the CMA boys describe it and dramatize it in their skits. Women shoulder heavy work burdens and are often not educated. Sexual violence and harassment of girls is common.

#### What is the goal of the project?

CMA helps young men learn to question their reality and their communities' traditions and, in so doing, actively challenge cultural norms and practices which discriminate against and oppress women. The boys examine their own behaviors towards the women in their lives – sisters, mothers, peers, girlfriends.

The CMA program was not developed based on a formal needs assessment, but on convictions deriving from the director, Edwin Madunagu's personal experiences, including with the women's' movement, as well as the experiences of a neighbouring project focused on empowering girls. They were convinced that enlightening boys about cultural prejudices and their own role in maintaining gender inequalities was a critical companion to work being done on women's empowerment.

#### Who is the project working with?

CIINSTRID is a local non-governmental organization promoting understanding and action for democracy and the rights of marginalized populations – including women and ethnic minorities. The CMA programme, operated by CIINSTRID, provides education and counseling services for young men ages 14 to 25 in secondary school and university.

How does the project work with men?

The CMA program has evolved considerably since it began with 25 boys in an empty office in Calabar in 1995 and in response to many forces. Beginning in 1997, the staff's awareness grew of the need for personal counseling opportunities for the boys. In 1999, when Nigeria's military dictatorship was replaced with a struggling democracy, CMA was able to encourage young men to speak out publicly on women's rights in their own communities with less risk of being considered a political threat to be dealt with violently. In 2000, with substantial donor support, the project was able to scale up using a less intensive version of the original educational program in the schools.

The core of the CMA program is a **human rights and gender curriculum** which is being continually revised based on the program's experiences. It includes content on women's rights, men's responsibilities, and democracy as well as sexual and reproductive health. It is divided into Level I for young men just entering through the secondary school based program or a university-based group and Level II for more advanced, eligible Level I graduates.

This core curriculum is reinforced by **role playing and skits on the injustices of brideprice, field trips** to local sites such as the Calabar Free Trade Zone to learn about international trade and justice, and guidance on **community-based action and intervention** such as how best to intervene when being an inadvertent witness to a rape.

Other programmes that complement this educational work include:

For the young men and general public:

- An overflowing Library and the quarterly newsletter "The Male Adolescent", offered to the general public which includes student and staff stories (e.g. on the outlawing of FGM by the Cross River State Assembly);

For the boys:

- One-on-one **counseling and referral** for additional services;
- the **Vanguard Group** – the equivalent of Level III for the most advanced students – which is focused on community action;
- **University-based Group** focused especially on violence against women and sexual harassment which are rampant on the local campus; and
- CMA is just beginning to grapple with forming an alumni association to reinforce the role of graduates in the world.

For the community:

- **Parent seminars** to explain what CMA is and is not
- **Public Education Forum** on, e.g. Women's rights as human rights.

What are the results of this work?

The evaluation unit has focused on documentation and monitoring. CMA documents staff and participant discussions, uses pre/post tests on knowledge and attitudes and staff assessments to determine who can advance to the next level, implements a "user survey" of participants in the programme, refers to counseling records (within limits of confidentiality), and conducts "home visits".

In their measures of knowledge and reported behavior, CMA staff have used mostly open ended questions and many of the young men have been eager to share their dreams for a life and relationships which are different

from those of their parents. From their answers to these questions, it is also clear that they also worry about future education and employment prospects but they recognize that their role in changing gender norms gives them purpose.

CMA knows that it is easy for young men to intellectualize and verbalize anti-sexist principles, but it is more challenging to practice them. Thus they emphasize observations of behavior change. The main monitoring tool used is the “home visit” in which staff or members of the Vanguard Group visit and discuss with those in the homes, schools and communities of the participants to gather information on changes observed in young men’s behavior which can be linked to the program. These reports look at a variety of behaviors related to gender roles such as: helping with “women’s chores”, changes in relationships with female family members; relationships with parents; and reports of action taken in the community.

Although CMA has been collecting data, they have struggled with systematic analysis and lack a formal system to process the information on a large scale. This will be an area of focus for the next two years, including developing standardized measures or indicators of social change. But the many stakeholders in the CMA program all offer very positive feedback. School principals want more facilitators. One parent echoed a story often heard saying:

*“I thought that [those] people are out to create rascals and children who will come back home and start fighting their parents all in the name of education. So I had to warn my son to know the type of company he keeps or else he will soon land himself in prison. Now I think [CMA is] doing a very good work... I’m saying this because of the transformation in the life of my son and his influence (on) the lives of his sisters.”*

The “transformation” of interest to CMA is both within individual participants and society at large and the role the young men will play in making this happen.

One measure of the success of the programme has been its growth, from 25 boys a year to 700 boys last year. Retention is high in level II although level I has seen about a 25% drop out rate due to boys actually dropping out of school or disruptive school strikes. 50% of Level I boys typically advance to level II on the basis of an assessment of their understanding and interest, but this may become more difficult to manage with the significant expansion of the programme.

What are the lessons from this work?

- Adolescent boys and young men want to learn and to better understand their own experience and role – including gender role – in their community. This requires ongoing dialogue about everyday experiences around gender-based discrimination and oppression.
- Boys 14 and older can conceptualize and understand intellectually the idea of oppression and discrimination, but without having experienced it, their ability to empathize is more limited than girls and the learning process is more arduous. CMA has drawn parallels for the boys between the suffering and oppression of marginalized populations such as ethnic minorities to which many belong and the experience of women. But this remains challenging.
- Boys will change behaviour – including gender role behaviour – to follow norms set by their leading peers. Thus monitoring actual behaviour change, not just knowledge and reporting, is key. And programmes must monitor behaviour change to assure that practicing “anti-sexist” behaviour enables and empowers women – rather than simply “protecting” them from dangers.
- New evaluation methods and indicators are needed to capture social and cultural change.
- Management and staff capacity building is as critical to programme outcomes as content of the programme. The stress on an independent organization pushing for fundamental social change is significant at all levels.
- Work to change culture must be defined and undertaken by local actors who understand and can critique their own context and are able to pursue progressive – even radical – agendas with full understanding of the risks and reasonable timeframes. Those who support these local actors must earn their trust and demonstrate the commitment and patience to enable, rather than direct, such creative and yet challenging social change efforts.

## Annex 2

### Men as Partners Programme in South Africa

#### Background

South Africa faces linked crises of HIV/AIDS and violence. The country has one of the fastest growing AIDS epidemics in the world. Gender-based violence in South Africa has also been described as an epidemic. Research on domestic violence has found that up to a third of women have been beaten by an intimate partner.

Inequalities between women and men link these two crises. Women’s lower social status reduces their control over their sexual lives and their protection from men’s violence. Economic and social pressures prevent many women from leaving violent relationships and situations. As fathers, brothers, uncles, and husbands, men exercise power and control over the women in their lives, backed by feared or actual violence. Gender norms reinforce men’s attitudes toward women as sexual objects, from whom they are entitled to sex. Both the reality and the fear of sexual violence strengthen male control over female sexuality, and increase women’s vulnerability to HIV/AIDS.

Gender norms and roles also increase men's vulnerability. Men are pressured into early, frequent and unsafe sexual activity in order to 'prove their manhood'. But at the same time, expectations of what it means to be a 'real man' deter many men from seeking information on sexual health, going for HIV counselling and testing or getting involved in caring for those infected or affected by HIV/AIDS.

EngenderHealth, an international NGO based in the USA, works worldwide to improve the lives of individuals by making reproductive health services safe, available, and sustainable. It developed the Men as Partners (MAP) programme to work with men on these links between sexual and reproductive health, violence and gender equality. With technical assistance from EngenderHealth, the MAP programme began in South Africa in 1998 in collaboration with the Planned Parenthood Association of South Africa (PPASA). Currently, MAP programs are underway with a range of partners, including Hope Worldwide, the AIDS Consortium, and the Solidarity Centre.

What is the goal of the project?

- Increase men's understanding of gender equality and skills for healthy relationships.
- Improve men's awareness of and support for their partners' reproductive health choices.
- Increase men's awareness and responsibility for prevention of STIs and HIV/AIDS.
- Improve men's access to sexual and reproductive health information and services.
- Mobilize men to take action to prevent domestic and sexual violence.

Who is the project working with?

The MAP programme works with a wide range of men and women, in both formal (such as workplaces, trade unions, schools) and informal settings (such as sports events, community facilities). In targeting this diversity of men and women, MAP staff have worked in collaboration with a variety of actors and sectors, from the grassroots to leadership levels.

How does the project work with men?

**Training of Trainers:** The MAP programme follows a ToT model. Having identified institutions and community settings within which to implement the programme, a small number of master trainers from these institutions/settings attend a ToT workshop. Besides being taken through the MAP curriculum, TOT participants are also trained in facilitation, conflict resolution, and leadership skills.

**Outreach:** These master trainers, supported by MAP staff, then do outreach to recruit men and women to participate in MAP workshops. In order to maximize attendance, the recruitment strategy has been to concentrate on existing organisations and groups, such as associations of truck and taxi drivers, churches, community groups, schools and colleges, as well as trade unions and businesses in the private sector.

**Group-work:** The MAP programme consists of a one, three, or five-day interactive workshop. The workshop curriculum focuses on gender and sexuality, male and female sexual health, HIV/AIDS and STI education, relationships, communication, and violence. The workshops use a mix of participatory exercises to promote discussion and learning, including values clarification exercises, games, role-plays, small group discussions, case studies as well as storytelling.

**Linking issues:** The MAP programme is unusual in its emphasis on the links between gender, violence and health, which are too often addressed in isolation from each other. MAP educators assist participants to discuss and challenge their own attitudes toward relationships between women and men, gender norms and roles, violence, sexual and reproductive health, HIV, care giving and community action.

**Mobilizing action:** Over the course of the programme, the workshop curriculum has been refined to include a greater emphasis on mobilizing men to take action. Exercises are used to explore the reasons for taking action as well as the kinds of actions that men can take at different levels (individual, family, social network, community). Discussion centres on the skills, strategies and resources that men need in order to take action in promoting gender equality, changing their own behaviour, and challenging male violence.

What are the results of this work?

*"I used to use the Bible to defend patriarchy. I now use it to challenge gender stereotypes."*  
Church leader and MAP participant

The MAP programme has produced significant changes in knowledge and attitudes. Interviews with clients, and with men in a 'control group' who did not participate in a MAP workshop, have demonstrated the personal impact of the programme. For example:

71% of past MAP workshop participants believed that women should have the same rights as men, whereas only 25% of men in the control group felt this way;

82 % of the participants thought that it was not normal for men to sometimes beat their wives, whereas only 38% of the control group felt that way; and

82% of the participants thought that sex workers had a right not to be raped, whereas only 33% of the control group thought so.

The programme has also had a big impact on all those who have taken part in running it. The men and women who come to work on the programme are already interested in issues of gender equality and questions about how to deal with AIDS and violence. But in the course of training to be a MAP educator, and then using the curriculum with groups in the community, staff and volunteers have become even more aware of the links between their own lives and the changes they are trying to make.

What are the lessons from this work?

- The programme has sometimes struggled to get enough time to run the longer and more intensive MAP workshop with its target communities. Thus, the programme has found it easier to provide HIV/AIDS education and condom promotion in formal and informal settings, than to explore gender issues in depth. In response, MAP programme staff are focusing on structured settings, such as workplaces and training institutions. In these settings, MAP staff are advocating with managers and department chiefs to persuade them of the importance of more intensive MAP workshops, for example, by explaining the long-term economic benefits of men being healthy and making better lifestyle choices.
- Gender norms make it difficult to run workshops for adult men and women together. Women were often uncomfortable working with men and were reluctant to participate in discussions. Male participants also reported being unable to express themselves openly at times due to the presence of women in the group. The topic of gender-based violence is often especially difficult to explore within a mixed-sex group. One solution has been to take women and men in a given community through MAP workshops separately, and then bring them together for a joint discussion.

- By contrast, youth have responded enthusiastically to activities conducted in mixed male/female groups. This may be explained, in part, by research showing that younger men are more likely than older men to challenge traditional norms of masculinity and male behaviour.
- It is important to take a strong stand in workshops against sexism and gender-based violence. Facilitators need the skills and confidence to deal with participants' remarks that condone such violence or the violation of women's rights. The MAP educators' guide sets out clear guidelines for responding to such remarks. Even so, it is clear that master trainers need more training and support if they are to consistently take a strong stand. In some situations, the programme has used highly skilled professional educators and trainers to address the more complex issues of violence and gender. The importance of staff self-reflection, and organizational support for this, is stressed by Boitshepo Lesetedi, the MAP programme coordinator:
- *"I realized it was impossible to work around issues of gender when you haven't started with yourself because I was carrying my own baggage, and own myths and stereotypes."*

## Annex 3

### Background

#### Case Study: Rozan's work with the Police in Pakistan

There is a growing awareness of the problem of men's violence against women and children in Pakistan. Male violence has a devastating impact on the physical, sexual and emotional health of women and girls. According to the Human Rights Commission of Pakistan, every third household in the country experiences some form of domestic violence. The Human Rights Commission estimated in 1997 that at least eight women, more than half of them minors, were raped every twenty-four hours nationwide.

Domestic violence, including honour killings of girls and women, is often ignored by police officers and treated as a 'domestic' issue to be resolved within the family or community. Police training on such issues is insufficient and clearly prejudicial. The police have also been accused of custodial rape, referring to the rape of female detainees in their custody. In Pakistan, the general public considers the police system to be grossly inefficient, unskilled and corrupt. The police in Pakistan tend to be predominantly male, underpaid, understaffed and under trained.

The mission of Rozan, a local NGO founded in Islamabad, the capital of Pakistan, in December 1998, is to protect and promote the emotional health of its people, in particular women and children. Violence has become a special focus for the organisation. Rozan addresses male violence in the broader context of emotional health, including not only issues of self-esteem but also of gender and therefore of power. In 1999 Rozan, at the request of the police, launched an innovative project working with the police on violence against women and children.

What is the goal of the project?

The first phase of the project was completed in June 2001. The goal of this first phase was to improve police officers' emotional health and sensitivity towards the issues of gender and violence through attitudinal change trainings.

The project was based on the understanding that people are products of the patriarchal society in which they live. As such, people don't see how destructive some of their attitudes and behaviours can be. These attitudes can range from deeply personal issues, such as how anger gets expressed, to more societal issues, such as indifference to crimes against women.

Changing such attitudes requires an understanding of socialisation processes and the development of healthy life skills. This is what Rozan calls "self development". Each individual carries within him/herself, in varying degrees, the capacity to learn and grow, and this capacity needs to be worked with. Rozan believes that sensitising people to their own emotions and needs allows individuals to connect better with the needs of others and paves the way for a more sensitised human being, and ultimately, a more humane society. If men are to be sensitised to women's issues, first they have to learn to be sensitive to their own needs.

Who is the project working with?

The first phase of the police project trained 480 policemen and 15 policewomen in 21 workshops over eighteen months (Oct 1999 - March 2001). Participants belonged to junior and mid level ranks in the police force. Most of them were field workers – staff of police stations, traffic police and ranged in age from 25 to 50. Educational level varied from a minimum of 10 years of schooling to college graduation.

How does the project work with men?

**Pilot workshops:** Two pilot workshops (conducted with 40 police officers) were used to test the methodology. Issues of gender and violence were deliberately not touched upon in these pilots because of their sensitive nature. The idea was to prove the effectiveness of the methodology, and then build in the sensitive issues. The module on gender and violence against women and children was a challenging component to design and went through a number of modifications through a trial and error process as the project progressed.

**Workshop overview:** The main project activity with the police was a series of six-day experiential workshops called the "Attitudinal Change Workshop", sub-divided into two parts separated by a gap of 10-14 days. In each workshop, three facilitators (consisting of two men and one woman who were trained psychologists) worked with groups of about 20-25 trainees.

The first part of the workshop lasted four days and focused on self-growth, including self awareness, communication skills, assertive behaviour, anger management, vision of an ideal society, prejudice and power, and stress management. The second part of the workshop lasted two days and looked at gender and violence against women and children, including these topics:

- Understanding the social construct of gender
- Implication of gender stereotyping men and women in society
- Sensitisation to issues of violence against women and children
- Sensitisation to the role of the police in working on these issues

**Evaluation:** A limited evaluation study aimed at assessing the impact of the project and the modules was built in as part of the project design. The study relied on self-reporting on a pre, post and final workshop questionnaires (after six months) on knowledge, attitudes and practice on issues related to the workshop.

**Phase Two:** The second phase of the project, ranging over three years and now in its second year, focuses on three main areas:

- Ongoing training workshops (followed by refreshers wherever possible) with modified modules on gender and violence
- Advocacy for institutionalisation and capacity building in the police system
- Enhancing community-police collaboration
- Training workshops are continuing as in the first phase. Mixed groups have also been held and, although requiring greater skills to manage, have proved effective.

The additional component of working with the community to enhance their sensitivity to police issues has taken off well. This component includes orientations, panel discussions, open houses at police stations and interactive sessions. In the latter, a group from the community who has gone through a similar workshop meets a group of the police for a 3-4 hour session and they are encouraged through a series of exercises to share concerns, feelings about each other. This latter activity has gone very well. The project is also in dialogue with the police authorities regarding institutionalisation of this process. A refresher module has been designed and will be implemented by the second quarter of 2003.

What are the results of this work?

The first phase workshop was especially effective in the areas of communication, expression of feelings and self-awareness. There was an increase (15%) in the number of policemen who could express anger as evidenced by the study, a sign that the workshop was helpful to some extent in normalising this feeling. Also, as a result of their being able to express anger before it intensifies, and due to the various anger management techniques shared in the workshop, there has been a 9% decrease in the anger experienced by the participants. This was further reflected in the 18% decrease in the number of people losing control when angry.

Many participants reported an inability to express their feelings comfortably in the pre-workshop questionnaires. The percentage of participants who shared that they were unable to express sadness and fear decreased by 15% and 13% respectively after the workshop. The percentage of participants who were able to express worries and concerns went up by 25% after the workshop. Participants showed an increased awareness of community perceptions and of stress and powerlessness in their work. This awareness can serve as an impetus to change for the better.

Attitudes towards gender and violence against women and children showed a marked improvement (ranging from 8% to 47% on various items checking sensitivity to issues). Interestingly, there was a slight but distinct regression to earlier attitudes (in the final workshop forms) especially when it came to the issues involving women such as domestic violence and rape. It seems that attitudes towards these issues – in particular rape – have been internalised for so long and are so much a part of us that this change in thinking cannot be sustained if it is not reinforced regularly. This regression highlights the need for stronger modules and continual refreshers.

What are the lessons from this work?

- Setting the tone and creating an atmosphere of trust and confidentiality is crucial for this kind of work. It is important to use agenda-setting and trust-building exercises at the beginning, and address participants' concerns.
- The module can be further improved to include more intensive work on violence and would need to be followed by a refresher to ensure that participants get a chance to debrief on how they have been able to apply their learning to their personal and professional lives.
- It was important to begin with discussing self-growth issues before going on to talk about issues of gender and violence because this:
  - Provided men with the space to connect with their own needs, identify and express their feelings, their areas of powerlessness and the feelings associated with it;
  - Allowed men to learn about and practice healthy life skills. This empowering process in turn provided the motivation and impetus to change; and
  - Helped to build a strong sense of trust and alliance between the facilitators and the participants and laying the foundation for the rest of the more 'sensitive' and even 'volatile' work to proceed.
- This kind of work is limited by its specialised and slow nature. Its underlying assumption is that all men can be allies, but it was clear from the workshop that not all men want, or are able, to change.
- Allowing men the space to express their own feelings and fears, to understand their social conditioning and to 'tell their stories' is critical. Men need to talk to themselves, amongst themselves and to women - only then can the bridges be built.
- Attitudes do not exist in a vacuum, and, thus, cannot be addressed in isolation. Policemen shared how they felt ridiculed and unappreciated by the community and alienated from their families. Phase two of the project aims to address some of these needs through encouraging community-police dialogue and their positive portrayal in the media in an effort to support and sustain this attitudinal change.

As one participant said at the end:

*"I realised how violence and low wages affect women. When I 'saw' this from a woman's perspective, I was shocked. We must trust women and think about our biases against them so that we can strive for justice."*