

ENGAGING MEN AND BOYS IN GENDER EQUALITY AND HEALTH

A global toolkit for action



ACKNOWLEDGMENTS

Christine Ricardo and Fabio Verani at Promundo prepared this publication with the input and guidance of UNFPA and MenEngage, an alliance of NGOs and UN agencies that work with men and boys to promote gender equality. At Promundo, Marianna Olinger provided support with the development of the section on violence and Lucille Atkin, Kylene Guse, Sean Kenney, Renee Newman, Terhys Persad and Carolyn Vance helped with literature searches, translations and revisions of drafts and Anna Luiza Campos de Almeida who developed the cover and cover art. The authors also acknowledge the efforts of staff at UNFPA, including Leyla Sharafi who coordinated on behalf of UNFPA, Akinyele Eric Dairo, Aminata Toure, Azza Karam, Bettina Maas, Christina Vrachnos, Elizabeth Benomar, Dennia Gayle, Gayle Nelson, Hugues Kone, Laura Laski, Luz Angela Melo, Lynn Collins, Margaret Thuo, Mary Otieno, Mona Kaidbey, Natalia Dinello, Prateek Awasthi, Robert Thomson, Saramma Thomas Mathai, Saskia Schekellens, and Wasim Zaman. The MenEngage Alliance, including Gary Barker and Margaret Greene from International Centre for Research on Women, Andrew Levack and Manisha Mehta from EngenderHealth, Juan Carlos Arean from Family Violence Prevention Fund, Steven Botkin from Men's Resources International, and Peju Olukoya from WHO also provided valuable inputs throughout the development of the toolkit. This publication was edited by Patricia Leidl.

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.



UNFPA – because everyone counts
United Nations Population Fund
220 East 42nd Street
New York, NY 10017 USA
www.unfpa.org

Founded in 1997, Promundo is a non-profit Brazilian organization focused on promoting gender equity and preventing violence against women, children and youth.



Promundo
Rua México, 31, Bloco D, Sala 1502
Rio de Janeiro, RJ, Brazil CEP 20031-904
www.promundo.org.br

MenEngage is a global alliance of NGOs and UN agencies that seek to engage boys and men to achieve gender equality.



www.menengage.org

Foreword

WHY IS A TOOLKIT ON ENGAGING MEN AND BOYS NECESSARY?

Despite the increasing recognition of the important role that men and boys play in family planning and sexual and reproductive health, HIV/STI prevention, Gender-based Violence, maternal health and in childcare, they are still rarely engaged in health policies and programmes.

In many cases, this is due to doubts about how to most appropriately and effectively integrate them in health promotion as well as lingering scepticism regarding whether men and boys really can change their behaviour. This toolkit serves to articulate and reinforce the benefits of working with men and boys and provide practical strategies for doing so in ways that address the underlying gender norms which most often influence their health-related attitudes and behaviours.

WHAT DOES THIS TOOLKIT CONTAIN?

The toolkit presents conceptual and practical information on engaging men and boys in promoting gender equality and health. Specific topics include sexual and reproductive health, maternal, newborn and child health, fatherhood, HIV and AIDS prevention, care and support, and GBV prevention. In addition to laying out numerous examples of programmes that have effectively addressed these challenges, the toolkit provides guidance on advocacy, needs-assessment, monitoring and evaluation related to efforts to engage men and boys.

HOW WAS THE TOOLKIT DEVELOPED?

The toolkit was developed by Promundo with the input and guidance of UNFPA and MenEngage, an alliance of NGOs that work with men and boys to promote gender equality. MenEngage member organizations along with UNFPA and WHO representatives, participated in a three-day consultation to provide experiences and recommendations for the development of the toolkit. The participants in the consultation were all experts in the fields of involving men in Sexual and Reproductive Health (SRH), HIV and AIDS, Gender-based Violence (GBV), Fatherhood, and Maternal, Newborn and Child Health (MNCH) and their contributions to this consultation were fully utilized in the development of the toolkit. These

same organizations (MenEngage members, UNFPA and WHO representatives) participated in the subsequent review and editing of the toolkit and the approval of the final version.

WHO IS IT FOR?

This toolkit is designed for programme planners, health providers, peer educators, advocates and others who work on issues related to gender equality, SRH, MNCH, HIV and AIDS prevention, care and support, and GBV prevention.

HOW SHOULD IT BE USED?

For the sake of organizational clarity this toolkit is separated into different modules or chapters which can be consulted together or separately. Suggested topics were agreed upon at the UNFPA consultation in Salzburg that was held to specifically inform the development of this toolkit¹. Each module is accompanied with "tools" for further guidance and the hands-on application of concepts and strategies. These tools are located at the back of the document and are organized and colour-coded to match the specific chapter to which they refer.

Although most of the chapters of this toolkit can be read individually, the authors recommend that the user first go over the Introduction thoroughly because it provides an overview of Gender Transformative Programming discussed that is throughout the toolkit.

Additionally, most of the tools included in the Introduction can be utilized in projects targeting any of the specific topics mentioned above. After perusing the Introduction, readers can decide whether they would like to read the full toolkit or to concentrate on topic-specific sections that are most relevant for their work. The chapters about advocacy and evaluation are relevant to all of the topics covered in the toolkit.

Finally, it is important to keep in mind that there is no single set of strategies and tools that serve to engage men and boys. The ones outlined here serve mainly as inspiration and should always be adapted according to local needs and experiences. Although the user may have a specific thematic focus, it is worthwhile to go over the toolkit in its entirety to gain an understanding of how programmes can support integrated efforts.

¹ In December 2007, experts gathered in Salzburg, Austria at a technical consultation hosted by UNFPA, WHO and Instituto Promundo to review programmes and policies designed to engage men and boys in the promotion of gender equality and health equity. The results form the basis of this toolkit.

Table Of Contents

PART 1 - TEXTS

■	Introduction	7
■	Sexual and Reproductive Health	25
■	Maternal, Newborn and Child Health	41
■	Fatherhood	55
■	HIV and AIDS	65
■	Gender-Based Violence	75
■	Advocacy and policy	87
■	Needs assessment, monitoring and evaluation	97

PART 2 - TOOLS

■	Gender Transformative Programming	103
■	Sexual and Reproductive Health	121
■	Maternal, Newborn and Child Health	129
■	Fatherhood	135
■	HIV and AIDS	139
■	Gender-Based Violence	147
■	Advocacy and policy	161
■	Needs assessment, monitoring and evaluation	175

Introduction



WHY GENDER IS ALSO ABOUT MEN AND BOYS

Gender—the socially constructed roles, identities and attributes of men and women—is now widely recognized as integral to understanding and addressing behaviours and vulnerabilities. The reality is that men and women are unequal in the context of intimate relationships, households, communities and indeed, society as a whole. The gender-related attitudes expressed by men and boys directly affect the health and well-being of women and girls. These attitudes include, for example, beliefs that men should be the presumed head of the household—particularly when it comes to making decisions. In many cases, fathers, husbands, partners, and other men, may have the power to decide to withhold income for a woman's healthcare needs, refuse to allow her to use contraceptives or use them himself (including condoms) and limit freedom of movement and association. Many men may also believe that they are not responsible for caring for children or doing domestic chores, thus increasing the workload of women and girls. Also, many men may believe that they have the right to expect sex whenever they want, particularly from their wives, girlfriends and sexual partners, and that it is permissible to resort to violence if the woman refuses. This section will discuss in more detail what it means for programmes to address gender and to engage men in questioning and challenging the inequalities between men and women.

While evidence has confirmed that working with men and boys to challenge gender inequities can have a positive impact on the health and well-being of women and girls, it is important to also recognize the importance of addressing the links between gender and men's and boys' own health and social vulnerabilities. For many years, the conventional wisdom was that men and boys were doing

well and had fewer needs than women and girls; that they are difficult to work with, aggressive, and do not care about their health. Men and boys are often seen as the perpetrators of violence—violence against women, against other men, and against themselves—without stopping to understand how the socialization of boys and men encourages this violence. In fact, in some settings, men and boys are lagging behind women and girls in terms of several important health and social indicators. For example, men commit suicide at 3.6 times the rate of women and men also drink more alcohol and are more likely to die from alcohol-related disorders (Bertolote and Fleischmann, 2002; WHO, 2004). In sum, new research and perspectives are calling for a more careful understanding of how men and boys are socialized, how gender norms shape their own health and development, and how programmes and policies can best address their needs, in conjunction with the needs of women and girls.

Finally, it is important to address the common concern of whether investing in work with men and boys will divert scarce resources from work with women and girls. Because the latter still bear the greatest burden of gender inequality and SRH morbidity and mortality, women and girls must continue to be the priority with respect to international and national health and development agendas. At the same time, however, it is important to keep in mind that many female vulnerabilities are rooted in rigid gender roles and norms which often give men a disproportionate share of decision-making and control of resources. It is therefore important to emphasize that promoting women's empowerment is not only a matter of directing resources to women and girls, but, in a broader sense, investing resources to promote changes in the power dynamics which influence women's lives

and relationships (Kaufman, 2003). In other words, if the problem lies with male behaviour then men and boys need to be engaged.

What does this look like in practice? Men can facilitate not only the opportunity of the women and girls in their lives to access quality healthcare but their own as well. Men and boys can be mobilized to share responsibilities for family planning, domestic work and childcare, and to avoid resorting to violence against women, girls and each other. They can also encourage other men to do the same. Thus, money spent on well-designed health programmes, which seek to promote more gender-equitable behaviours among men and boys should be viewed as investment in a larger process of gender transformation which benefits women and girls, as well as men and boys.

This section discusses what it means to incorporate a gender perspective into work with men and boys. More specifically it explores guiding principles and strategies for the most common types of programme interventions that seek to transform the perception of what it means to be a male or female.

BOX 1

WHY WORK WITH MEN AND BOYS?

Numerous UN-sponsored meetings and statements have affirmed the need to engage men and boys^{2,3} to achieve gender equality. These statements include the Programme of Action of the 1994 International Conference on Population and Development (ICPD), and the recommendations of the 48th Session of the Commission on the Status of Women (CSW).

The ICPD Programme of Action calls for the innovative and comprehensive engagement of men and boys towards the achievement of gender equality and, most importantly, does not present men and boys as "obstacles" but as allies. In 1995, the Fourth World Conference of Women Programme of Action in Beijing reaffirmed this emphasis.

At the 48th session of the CSW governments from around the world made a formal commitment to implement a range of actions to involve men and boys towards the achievement of gender equality.

In spite of the increasing international attention and examples of interventions targeting men and boys, a brief review of a number of health indicators suggests that much remains to be done:

Family Planning and Sexual and Reproductive Health: Seventy-four per cent of contraceptives used worldwide are female-based. Despite some progress with persuading men to use condoms or to support

women to make their own contraceptive choices, it is women who continue to bear most of the responsibility for family planning worldwide (UN Commission on the Status of Women, 2007).

Maternal Mortality: The World Health Organization (WHO) estimates that approximately 600,000 women die in childbirth each year. The majority of these deaths are entirely preventable. Even though it is men who often control access to health services, very little is being done to work with them to reduce maternal and infant mortality. (UN Commission on the Status of Women, 2007).

Fatherhood and the Care and Raising of Children: Worldwide, women spend three-to four-times the amount of time rearing children than men do—even in those countries where women are working outside the home in numbers close to, or equal to that of men (UN Commission on the Status of Women, 2007).

GBV: According to numerous household surveys, including the WHO sponsored multi-country study, between 30 and 50 per cent of women worldwide have suffered physical violence at least once at the hands of a male partner (UN Commission on the Status of Women, 2007 and WHO Multi-country Study on Women's Health and Domestic Violence Against Women⁴).

HIV and AIDS: Within the context of intimate relationships, women are also less likely to be able to negotiate condom use and are more likely to experience coerced or forced sex. Women are also far more likely to assume the responsibility of caring for AIDS patients and orphans. On the other hand, men are also vulnerable to HIV infection owing to gender attitudes that discourage them from using condoms or being tested for HIV (Spink, 2009), while, at the same time, encouraging concurrent relationships with multiple partners.

BOX 2

CULTURE, GENDER AND HUMAN RIGHTS

Neither gender equality nor the empowerment of women will ever be realized unless programmes and policies are also imbedded in the local context and designed and implemented with cultural sensitivity. As emphasized in the ICPD Programme of Action, "the establishment of common ground, with full respect for the various religious and ethical values and cultural backgrounds" is key to promoting gender equality and health. To this end, UNFPA integrates three elements to its approach to programming:

² 'Boys' refers to males up to 19 years of age. However, most of the programming experiences in this publication that target boys work mainly with adolescents and not young boys under 14 years of age. It should be noted that more programming and research needs to occur with promoting gender equality among boys.

³ "Adolescents" are generally defined as those aged 10-19 and "young people" as those aged 15-24.

Human rights: All human beings are entitled to equal rights and protections;

Gender mainstreaming: is a strategic response to the widespread denial of the human rights of women;

Cultural sensitivity: approaches involve communities in supporting human rights regardless of the cultural context.

SOURCE: UNFPA. UNDERSTANDING CULTURE, GENDER AND HUMAN RIGHTS. [HTTP://WWW.UNFPA.ORG/CULTURE/RIGHTS.HTM](http://www.unfpa.org/culture/rights.htm), ACCESSED JUNE 2008

BOX 3

SOME DEFINITIONS

Sex refers to the biological characteristics, which define humans as female or male⁵.

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identity and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction, as experienced throughout our lives. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors⁶.

Sexual Orientation refers to an individual's capacity for emotional and sexual attraction to, and intimate and sexual relations with individuals of a different gender or the same gender, or more than one gender⁷.

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed (in other words, learned through socialization processes)⁸.

Gender Identity refers to a person's innate, deeply felt psychological identification as man or woman, which may or may not correspond to the person's physiology or designated sex at birth⁹.

Gender Roles refer to the attitudes and behaviours that society considers appropriate for men and women on the basis of their biological sex¹⁰.

Gender Equality refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men are the same but that women's and men's rights, responsibilities and opportunities should not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration—recognizing the diversity of different groups of women and men. Gender equality is not a “women's issue” but should concern and fully engage men as well as women. Equality between women and men is a human rights issue and as a precondition for, and indicator of, sustainable people-centered development¹¹.

Masculinities refer to the socially constructed perceptions of being a man and implies that there are many different and changing definitions of manhood and of how men are expected to behave.

Patriarchy refers to historical power imbalances and cultural practices and systems that confer power and offer men and boys more social and material benefits than women and girls. (United Nations Division for the Advancement of Women, 2003).

(THE TOOL “LEARNING ABOUT GENDER” SHOWS HOW TO USE SIMPLE LANGUAGE TO EXPLAIN THE DIFFERENCE BETWEEN GENDER AND SEX.)

4 Available for download at http://www.who.int/gender/violence/who_multicountry_study/en/

5 WHO Technical Consultation on Sexual Health, January 2002

6 Ibid

7 Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity as cited in United Nations High Commissioner for Refugees (UNHCR) Protection Policy and Legal Advice Section Division of International Protection Services Geneva, 21 November 2008

8 OSAGI, Gender Mainstreaming: Strategy for Promoting Gender Equality Document, August 2001.

9 Taken from Human Rights Campaign - http://www.hrc.org/issues/gender_identity_terms_definitions.asp

10 WHO Technical Consultation on Sexual Health, January 2002

11 Ibid

WHAT IS GENDER TRANSFORMATIVE PROGRAMMING?

Programmes can be classified according to those that reinforce gender inequalities (i.e. gender exploitative programming) to those that aim to transform underlying gender inequalities (i.e. gender transformative, see Box 4). In between lies a continuum that also includes gender-sensitive programming—those programmes that recognize the specific needs and realities of men and women but do not necessarily seek to change or influence gender relations (see Box 4).

Gender transformative programming seeks to challenge and transform rigid gender norms and relations. A recent review confirmed that programmes which applied a gender transformative approach were more likely to lead to changes in the attitudes and behaviours (including health behaviour) of men and boys than those that did not make an explicit attempt to address and challenge gender norms (see Box 5).

Gender-transformative programming generally entails moving beyond the individual level to also address the interpersonal, socio-cultural, structural and community factors that influence gender-related attitudes and behaviours (Gupta, 2000; Gupta et al., 2002). Gender-transformative programming might include, for example, group workshops with young men that are designed to promote critical reflections about gender and socialization while, at the same time, undertaking a media campaign designed to transform how their parents, peers and others in the community also perceive gendered social norms. In essence, gender transformative programming seeks to address the various contextual influences on male behaviours rather than just a specific behaviour itself.

Finally, it is important to recognize that gender-transformative programming is not always applicable and/or feasible and that many health-related efforts may instead aim for gender-sensitivity. Indeed, when designed and implemented well, gender-sensitive programmes can also be effective in promoting changes in men's health-related attitudes and behaviours. The toolkit therefore includes a combination of gender-transformative as well as gender-sensitive programmes (for easy reference, classifications have been included in each of the programme case studies).

BOX 4

THE GENDER PROGRAMMING CONTINUUM

The gender programming continuum is comprised of four categories. These indicate the degree to which programmes address - or fail to address - gender-related norms.

Gender exploitative programmes use and reinforce gender inequalities in the pursuit of health and demographic goals. This is a negative level of programming that should be avoided.

Gender neutral programmes distinguish little between the needs of men and women, neither reinforcing nor questioning gender roles.

Gender sensitive programmes recognize the specific needs and realities of men and women based on the social construction of gender roles, but do not necessarily seek to change or influence gender roles and relations.

Gender transformative programmes seek to transform gender relations through critical reflection and the questioning of individual attitudes, institutional practices and broader social norms that create and reinforce gender inequalities and vulnerabilities.

Evidence indicates that gender-transformative programmes are the most effective and are therefore presented here as the "gold standard" for work with men and boys (see Box 5). At the same time, we also recognize the important role gender sensitive programming can play in engaging men and boys, and have included several examples of such programmes in the toolkit.

(ADAPTED FROM WORK BY GEETA RAO GUPTA (GUPTA, 2000; GUPTA ET AL., 2002)

BOX 5

ENGAGING MEN AND BOYS TO TRANSFORM GENDER-BASED HEALTH INEQUITIES: IS THERE EVIDENCE OF IMPACT?

A WHO-Promundo literature review assessed the impact of programmes, which seek to engage men and boys in health and gender equality, including those that focus on SRH, HIV prevention, and GBV (Barker et al., 2007). The evaluators reviewed programmes and ranked them according to overall effectiveness, as determined by the rigourness of the evaluation design and the level of measured impact.

The review revealed that well-designed programmes do indeed lead to attitude and behaviour change. Moreover, the review also found that gender-transformative programmes—those which included deliberate discussions of gender and masculinities, and clear efforts to transform such gender norms—seem to be more effective than programmes which merely acknowledge or even ignore gender norms and roles (gender sensitive or gender neutral programmes).

The review also found that integrated and community mobilization programmes are more effective when it comes to promoting behavioural change than single-strategy or individual-focused efforts. This highlights the importance of reaching beyond the individual level to the social context in which men and boys live.

In conclusion, the review pointed to three major challenges or gaps in the field:

Many programmes that focus on men and boys lack the necessary resources and technical skills to develop, implement and evaluate conceptually and theoretically grounded interventions;

Funding has often been fragmented and short-term;

A favourable political and societal environment to support the engagement of men and boys in gender equality is lacking.

In practice, these challenges are interlinked. Building the technical capacity of programmes to carry out and evaluate interventions helps to establish the evidence base necessary to leverage the political and social buy-in necessary to boost funding. This is necessary to strengthen and sustain programme efforts.

To this end, programme planners, advocates, donors, governments, other stakeholders, indeed, men and boys themselves, need to collaborate to create an enabling environment. This in turn will lead to positive changes in gender norms and improved health outcomes for everyone—women, girls, men and boys.

THE ECOLOGICAL MODEL: WORKING AT MULTIPLE LEVELS TO TRANSFORM GENDER

Gender transformative programming means recognizing and addressing the individual, institutional and cultural dynamics that influence the behaviours and vulnerabilities of men and women. An “ecological model” can be a useful tool for mapping out these multiple and ever-changing inter-relationships and identifying entry points for gender transformative programming. The ecological model illustrates the importance of working not only with individuals, but also with diverse and interconnected social groups, systems, and structures that influence gender norms and the behaviour of men and women.

While it is unreasonable to expect that any single organization, movement or programme can span all of these influences—the ecological model can help to contextualize a programme’s possible impact. It can also identify those factors that promote (or constrain) its potential for success and opportunities for linking and collaborating with other programmes.

This toolkit discusses programme strategies that work within and across these different levels: group education with individuals, peers and families; strengthening of health and social services; community outreach and mobilization; and advocacy campaigns designed to change broader social and political norms and practices. These include, but are not limited to, transforming legal, political and economic structures.

Each of these types of programme strategies should be, in turn, viewed as only one piece of a broader and more comprehensive approach. For example, reflections and messages promoting group education efforts should be complemented and reinforced by strategies at other levels—from increasing the preparedness of local services to engaging men and boys to undertaking community education and national advocacy initiatives.

Three types of programme strategies designed to engage men and boys are: Group Education, Campaigns & Community Mobilization, and Health & Social Services. These three types of programme strategies help to address the different levels mentioned in the ecological model. In the subsequent thematic sections of the toolkit, more specific examples are provided regarding the use of these different strategies to engage men and boys. Also included are sections about how to monitor and evaluate programmes, as well as how to use advocacy and policy to reinforce and expand the reach and impact of successful strategies.

BOX 6**THE ECOLOGICAL MODEL: WORKING AT MULTIPLE LEVELS TO TRANSFORM GENDER NORMS¹²**

STRENGTHENING INDIVIDUAL KNOWLEDGE AND SKILLS	Helping men and boys to understand how gender and social norms influence their partners and families, and develop the skills necessary to carry out healthier and more equitable behaviours.
CREATING SUPPORTIVE PEER AND FAMILY STRUCTURES	Educating peers and family members about the benefits of more gender-equitable behaviours and relationships and the ways they can support each other to promote gender equality and health among their families and peer groups.
STRENGTHENING SOCIAL INSTITUTIONS BY EDUCATING HEALTH AND SOCIAL SERVICE PROVIDERS AND TEACHERS	Educating health, education and other service providers about the importance of addressing gender norms with men and boys in clinics, schools and other health service settings. In the context of health services, providers should be trained to address men's own health-care needs as well as to engage them in supporting their partners' access to health information and services. Likewise, teachers should be made aware of how schools can shape and reinforce gender norms and be offered access to gender-sensitive curricular materials.
MOBILIZING COMMUNITY MEMBERS	Educating community members and groups about healthier and more equitable behaviours for men and women and how to support individuals to take actions that promote health and safety.
CHANGING ORGANIZATIONAL PRACTICES	Adopting policies, procedures and organizational practices that support efforts to increase male engagement.
INFLUENCING POLICY LEGISLATION AT THE SOCIETAL LEVEL	Developing laws and policies that provide sanctions for gender inequality and reinforcement for positive male engagement.

GROUP EDUCATION

Group education involves creating dynamic discussion spaces in which men and boys can reflect critically about gender norms, relationships, and health, as well as 'rehearse' the skills and abilities necessary to reduce risk behaviours and act in more equitable ways. Men and boys often experiment with and rehearse masculine roles and behaviours in peer groups. Thus, it stands to reason that group educational learning provides the most appropriate environment through which to discuss and question how gender is socially constructed. It also provides an opportunity to rehearse more equitable models of what it is to be a man or a boy.

Group education sessions should be based on a structured curriculum that is organized, flexible, and culturally appropriate to the target group of men and boys. The curriculum should include activities that complement each other and reinforce connections between the themes explored and real life. This could most effectively be accomplished through participatory activities such as role playing, discussions of case studies or "what-if" activities (examples of "what would you do" in this situation scenarios). Participatory activities such as role playing and debates also provide men and boys with a fun way to explore problems and scenarios they might not feel comfortable discussing in real life. It also

allows them to "try on" perspectives that they might not normally consider. For example, men and boys assuming the role of women and girls would help them better understand what women and girls contend with.

The goal of group education session should not be to "tell" men and boys how they should or should not behave, but rather, to encourage them to question and analyze their own experiences and to identify the factors that influence their decision-making and vulnerability. (Tools—"Act Like a Man, Act Like a Woman" and "Persons and Things" both address the social constructions of gender and power within relationships with group audiences.)

In addition to providing a space for critical reflection on a variety of different issues, group education sessions should also provide accurate and unbiased information and skills-building on relevant topics. It is important that information be presented in ways that make it personally meaningful to men and boys and that it helps to empower them to lead healthier lives and pursue more equal relationships.

Participatory activities such as role-playing can also enable men and boys to develop and practice various skills, such as negotiation and decision-making. Fatherhood-

¹² EngenderHealth MAP Manual / Adapted from the work of the Prevention Institute, Oakland, CA, USA focusing on violence prevention, including intimate partner violence.

BOX 7**ENGAGING MEN AND BOYS
WITH DISABILITIES**

Only a limited amount of research and programme experiences address the questions of masculinities, gender and health as they relate to persons with disabilities. Some men and boys with disabilities possess limited physical capacity, which means they must depend on others for some or all of their care and economic well-being. As a result, others, and indeed they themselves, may judge them as being "less masculine". The inability to fulfil male gender stereotypes of strength, virility and independence may in

turn influence their sense of worth and push them into situations of risk or vulnerability.

These kinds of considerations underlie the urgency of more research and programmes on working with men and boys living with disabilities. It is critical that such efforts respect the needs and human rights of those affected and they draw from guidelines¹³ on the issue as well as the Convention on the Rights of Persons with Disabilities

focused interventions, for example, can include sessions that involve practice changing diapers and/or how to give a bath. Other examples of important skills-based sessions include how to talk with a partner about safe sex; how to use a condom; how to express one's feelings without being violent; and, how to manage anger and resolve conflicts in the context of intimate relationships.

as a positive role model—experience also suggests that men and boys will accept a woman facilitator if she is informed and open minded. A third possibility is to work with pairs of co-ed facilitators. In addition to bringing two gender perspectives to the table, this arrangement offers an immediate model of equitable and respectful interactions between men and women.

Skilled facilitators are a crucial part of the group education process. Their role is to create an open and respectful environment, one in which men and boys can feel comfortable enough to share and learn from their own experiences and question deeply held views about manhood and gender without being censured or ridiculed by peers. It is critical that the facilitator possess a basic grounding of the concepts of "masculinities" and the different social and health themes to be addressed during the sessions. As part of his/her training, the facilitator should also undergo a process of self-reflection regarding his/her own experiences and struggles around gender, masculinity and femininity. This will enable him/her to discuss these topics in a relaxed and open manner. Facilitators also need to be consistently sensitive and responsive to participants and approach activities with as little bias as possible. The facilitator should remain alert to the possibility that individual participants may need specific attention and, in some cases, referral to professional services or counselling (Tool: "Tips for Facilitators" provides more information about facilitation skills). The facilitator should also have the skills necessary to promote respect between participants, as well as to manage conflicts that may arise.

What constitutes an appropriate age range for facilitators is yet another common question. Ultimately, the most important characteristic of a facilitator is to what degree he/she is non-judgemental and can model more gender-equitable attitudes and behaviours. However, it is important to keep in mind that in some settings peer educators may be more appropriate. For example, adolescent boys may not feel comfortable discussing certain topics, such as premarital sex, in the presence of an adult.

A common question regarding facilitators is whether men facilitators are more appropriate and effective than women facilitators. Experience has shown that while male or female facilitators may offer different benefits, it is not necessarily inherently better to have a male facilitator. Although men might be perceived as more persuasive and easier to confide in—in addition to serving

The duration of a group education programme can range from a single group discussion to ongoing weekly sessions. **One study has shown that two to two-and-a-half-hour weekly group education sessions over a period of 10–16 weeks is the most effective 'dose' with regard to sustained attitude and behavioural change¹⁴ (Barker et al., 2007).** Having multiple sessions and allowing a brief period of a few days or a week to elapse seems to be most effective because it allows participants time to reflect and to apply discussed themes to real-life experiences and then return to the group for further dialogue.

Bringing men and boys of different ages or backgrounds together can be a rich and rewarding educational opportunity. Nevertheless, it is also important that they have spaces in which to focus on concerns and experiences relevant to their own daily lives and relationships.

Young men between 15–19 years old, for example, often express concerns and doubts that differ from those between the ages of 20–24 years old. Younger men may

13 For more information about working with persons living with disabilities, visit the United Nations Voluntary Fund on Disability: <http://www.un.org/disabilities/default.asp?navid=8&pid=29> and UN Enable: <http://www.un.org/disabilities/index.asp>

14 However, although the evidence suggests that multiple sessions are more effective, some well-designed single sessions show evidence of self-reported change in attitudes and behaviour.

be more interested in discussing first sexual experiences, whereas older men may be more concerned with the daily challenges of parenthood or finding employment.

In general, group sessions should be limited to between 5 to 20 individuals in order to be most effective. A minimum number of individuals is necessary to ensure a sufficient level of interaction and discussion. A group that is too large may make it difficult for all participants to contribute.

Finally, there is the issue of whether group education should be carried out in mixed or single sex groups. In fact, each has its own advantages or disadvantages. Mixed groups allow men and women to hear each other's perspectives and to model better behaviours together. They can also serve to bridge the male-female

communication gap and offer an opportunity to jointly explore and understand gender relations and attitudes. However, if girls or women in a mixed group do not feel sufficiently safe or empowered, there is the risk that men or boys will dominate discussions and reinforce inequitable attitudes and power dynamics. Female-only groups can also allow women and girls to be more open and honest, particularly with respect to sexuality and emotions. The same holds true for male-only groups. In single-sex groups, however, men and boys do not have the opportunity to hear from women and girls or to comprehend their perspectives and the pressures they face. An interesting group education model, which includes a combination of single-sex and mixed-group sessions is presented in Case Study 2.

BOX 8

PARTNERSHIPS WITH WOMEN'S RIGHTS ORGANIZATIONS AND GROUPS

Efforts to engage men and boys in gender equality should always be aligned with ongoing efforts to promote women's and girls' rights. Some women's rights groups and organizations may initially express concerns regarding the effectiveness of working with men and boys and the potential for diversion of resources away from programming for women and girls. Some may also perceive work with men and boys as a seeking to promote "men's rights" or as being in opposition to women's rights groups. It is important that these concerns be addressed and a clear distinction be made between organizations that are working toward gender equality (and therefore in partnership with women's movements) and those that are not. Organizations that are engaging men and boys in gender equality need to be explicit that they share the same

vision and objectives as the women's rights organizations and movements. They also need to be careful to not present men and boys as victims or disadvantaged. Even as we recognize the costs to men of some rigid gender norms and masculinities, we must understand that men and boys (for the large part) have benefitted and still benefit from patriarchy and that they need to work in partnership with women in order to dismantle it. Working alongside women's rights groups and movements is necessary to lend credibility to the work with men and boys as well as ensure that the work accurately takes into account the realities and needs of women and girls.

BOX 9

MEN AND WOMEN AS PARTNERS IN ACHIEVING GENDER-EQUALITY

Although this toolkit is focused on strategies for working with men and boys, it is important to keep in mind that gender is relational and that both men and women must be involved in achieving gender equality. It is sometimes said, in fact, that mothers who raise sons and the wives and girlfriends who tolerate and obey men are responsible for male chauvinism. While gender norms are indeed constructed and reinforced by both women and men, many women are unable to change their social, economic and cultural contexts owing to powerlessness and economic dependency. Even so, through educational and campaign efforts, women (like men) can contribute to the promotion of gender equity by becoming more aware of oppressive beliefs and expectations within their own relationships and striving to overturn them.

In turn, programming with men and boys should engage them in promoting the rights and empowerment of girls and women. In particular, opportunities for men and boys to discuss gender inequality and health with girls and women can go a long way towards engaging them as allies for women's and girls' empowerment and health. At the same time, it is also important to retain spaces, which are solely for boys and men (as well as solely for girls and women) so that both groups are more comfortable discussing certain subjects. Either way, programming with men and boys should always be designed and evaluated in collaboration with existing efforts to promote the empowerment of girls and women.

CASE STUDY 1

PROGRAM H – WORKING WITH YOUNG MEN TO PROMOTE HEALTH AND GENDER EQUITY

(PROGRAM TYPE: GENDER TRANSFORMATIVE)

The Program H (H for hombres and homens, the words for men in Spanish and Portuguese, respectively) educational curriculum is designed to promote more-equitable attitudes and behaviours among young men between the ages 15 to 24 years. Originally developed in Latin America and the Caribbean, the curriculum includes a manual featuring approximately 70 activities and a video. An evaluation undertaken in Rio de Janeiro, Brazil, in 2002-2004 confirms a positive impact with regards to gender attitudes, condom use and self-reported STI symptoms. (Horizons, 2004)

Manual activities include role-plays, brainstorming exercises, discussions, and individual reflections concerning how men are socialized, positive and negative aspects of this socialization, and the benefits of altering certain behaviours. Specific themes addressed include sexual and reproductive health (SRH); fatherhood and care-giving; violence prevention; mental and emotional health; and HIV prevention, treatment, care and support. Most of the themes and activities are proven to be universally relevant. Adaptations have been undertaken mainly in order to more accurately reflect local characteristics and settings.

The video, "Once upon a Boy", is an entertaining and thought-provoking no-words cartoon that tells the story of a boy and the challenges he faces growing up—including witnessing violence in his home, interactions with his peer group, his first unprotected sexual experience, an unplanned pregnancy and fatherhood. Because it is told without dialogue, the film can be shown anywhere. At the end of the screening facilitators can invite young men to interpret the thoughts and dialogue of the characters.

The Program H curriculum is used in more than 20 countries, and has been adapted for large-scale use in the Balkans region, India and Tanzania. Although primarily designed for young men, Program H materials are also used as training tools to sensitize and build the capacity of educators and health professionals to work with young men. One Program H partner, Salud y Género, uses the curriculum as part of a certification course on gender for health professionals and educators in Mexico. A number of educational activities from the Program H have been included in the tools section.

FOR MORE INFORMATION: WWW.PROMUNDO.ORG.BR



CASE STUDY 2

STEPPING STONES: WORKING WITH COMMUNITIES TO PROMOTE GENDER-EQUITY

(PROGRAM TYPE: GENDER TRANSFORMATIVE)

Stepping Stones, a gender and sexuality curriculum, engages entire communities, young and adult men and women, through a series of workshops and community meetings. At the onset, community participants are divided into four peer groups based on age and sex—adult men, adult women, young men, and young women.

Over a three to four month period, peer groups participate in workshops and at fixed intervals convene with other peer groups. This provides young men and women with an opportunity to exchange ideas and debate issues related to gender, communication, relationships, sexuality, and HIV prevention among themselves.

At the conclusion of the workshops, facilitators arrange a community-wide meeting in which the peer groups present skits reflecting what they have learned and make their "requests for change." This community-wide

meeting is a fundamental component to the Stepping Stones package: It is the moment in which the community is mobilized to create strategies for the changes they would like to see in relation to SRH, gender roles, and overall well-being. After the community meeting, the groups continue to meet in order to sustain behavioural change and to support members.

Stepping Stones was originally developed in sub-Saharan Africa and has been widely adapted for use in Asia, Europe, and Latin America. A recent impact evaluation study in rural South Africa found that, among young men, the intervention is effective in reducing sexual risk-taking and perpetrating violence. Many of the participants (men and women) also spoke of improved communication with partners (Jewkes et al., 2008).

FOR MORE INFORMATION:
WWW.STEPPINGSTONESFEEDBACK.ORG



HEALTH AND SOCIAL SERVICES

Worldwide, women and girls generally have less access to health-related services and resources than do men and boys. Compared to women, however, men and boys often under-utilize health services—particularly those related to SRH and HIV prevention, treatment, care and support (Merzel, 2000; Travassos et al., 2002; Hudspeth et al., 2004). Reasons may range from cultural norms that laud self-reliance and inhibit health-seeking (and help seeking) behaviour to a lack of awareness and preparation on the part of health providers. (Armstrong, 2003; Hancock, 2004; UNFPA, 2003).

Engaging men and boys in health services therefore requires a dual approach: working with them to increase health-seeking behaviours and making health services more responsive. The focus below is on the latter: Emphasizing general strategies and taking steps to ensure that health services are more attractive and appropriate to men and boys. Educational, campaign and community mobilization efforts can, in turn, encourage men and boys to engage in healthy behaviours such as seeking support and services when needed.

It is absolutely critical to train service providers (either health professionals or other social services professionals) about how to work with men and boys—while at the same time recognizing that most are more familiar with working with women and girls. Additional training and sensitization are required in order to impart knowledge, boost confidence (re: engaging men and boys) and to foster attitude change among service providers (for example, men should be viewed as potential allies rather than obstacles in ensuring the health of female partners and families).

Along this lines, there is also the question of what role male staff can play in the provision of gender-friendly services. Often, there is the assumption that simply having male professionals on staff is sufficient for services to be considered "male-friendly." In other cases, it is taken for granted that male-friendly services are not possible without male staff. Research shows however, that the presence of male staff is more likely to attract men and boys and encourage both to utilize services. Some clients may hesitate to share intimate, especially sexual, information with a woman and are more likely to feel comfortable conversing with other males. However, the quality of service and whether the staff possesses the necessary knowledge, skills and sensitivity is what truly matters. Ultimately, men and boys prefer health and service professionals who will make them feel welcome and respected and who will be able to field their questions or refer them to someone who can.

The first impression of male-friendly services should be inviting and welcoming. Staff should greet men and boys warmly as they walk in. The physical appearance

of the office or center is important. Walls should preferably be adorned with posters and images of men and boys engaging in healthy and gender-equitable behaviours (e.g. offering a bottle to a child, speaking to a partner about an HIV test). In the waiting room, reading materials should appeal to males and include information outlining an array of services. Alternative hours (and sometimes alternative entrances) are also another way to assist women and men to feel more comfortable. All staff (including door attendants, guards, custodial staff and others who may interact with men and boys when they came in for services) should be trained to welcome the client and ensure that he feels at ease. (Survey with Health Providers is a tool designed to assess staff knowledge and comfort levels with regard to working with men and boys.)

Services that target men and boys should include direct health services (such as vasectomy, STI and HIV testing and treatment), individual and couple counselling (based in a clinic, hospital or social service centre), home visits and telephone counselling. These should encourage men to be more caring, equitable and involved with partners. They should also offer men an opportunity to develop communication and negotiation skills—from how to assist a partner to decide on a contraceptive method—to how to broach the delicate subject of HIV/STI testing. Such services can be integrated into existing services, or offered in separate male-only clinics—depending on community preferences, client needs, and available resources (UNFPA, 2000). Both strategies have proven successful. In some settings, men may be uncomfortable entering facilities historically associated with women. On the other hand, male-only clinics may only be viable in urban areas where there is sufficient client volume to sustain them. In sum, efforts to engage men and boys in health services should be implemented as an add-on to currently existing programmes and not as a replacement for other much needed services. (The tool "Checklist for Gender-friendly Services" highlights points to consider).

Ensuring that men and boys are aware of, and using services, can often require going outside the health post or clinic space to meet with them in the place where they will feel most comfortable. These can include schools, sports fields, community centres, bars and other places where men and boys tend to congregate. It is not necessary to offer a complete menu of services in these settings, but rather, to provide men and boys with basic information and materials about health and services, including condoms and Voluntary Counselling and Testing for HIV — otherwise known as VCT.

Outreach services utilize a variety of different approaches: Some train health care providers and community and social workers to understand and respond to the particular needs of men; others socially

market contraceptive supplies. Peer promoters can also be mobilized to reach out to men and boys in different settings and can provide valuable insights into the design and delivery of outreach activities and services. There are also a handful of service-based programmes, which can be undertaken in men's homes. These have been set up because some men are reluctant or do not have the time to seek out services.

Home visits and other types of community outreach are particularly critical when it comes to hard-to-reach, underserved or minority groups who might be suspicious of health and social services or do not have experience using them. In some settings, traditional healers can offer invaluable advice about how to design service-based efforts to reach men and boys.

CASE STUDY 3

YOUNG MEN'S CLINIC

(PROGRAMME TYPE: GENDER SENSITIVE)

Founded in 1987 by the Columbia University Mailman School of Public Health and New York-Presbyterian Hospital (NYPH), the Young Men's Clinic (YMC) provides health services to men between the ages of 14 to 35. Located in Washington Heights—a predominantly Latino, low-income neighborhood in New York City—the YMC meets three times a week in the same space as the Columbia/NYPH family planning clinic for women (which receives over 25,000 visits annually) during times when the family planning clinic is not in session. In 2008 alone, YMC received nearly 4,000 visits—a 30 per cent increase from two years before.

YMC offers physical exams for school, sports, and employment, episodic care for minor injury and illness, STI/HIV testing, group and individual health education, social work, and referral services to mental health, substance abuse, employment, education and dental services.

YMC staff are specially trained to address male sexual, reproductive, and other health needs. At intake and annual visits, for example, men are asked if they are victims of, or perpetrators of, intimate partner or family violence. Staff systematically track referrals and also provide capacity building for community-based organizations (CBOs) to prepare intake workers, teachers, social workers and other staff to assess men's healthcare needs and to advise them on how and where to refer

clients for sexual, reproductive, and other health services. The clinic creates a "male and minority-friendly" ambience by featuring frame photos of distinguished men of color (e.g. former Secretary of State Colin Powell; former U.S. Surgeon General David Satcher), paintings of men engaged in a variety of positive behaviors (e.g. holding a baby; attending school), and violence-prevention posters from the Men Can Stop Rape series. Teachable moments in the clinic waiting room are created by using PowerPoint presentations that help to engage men in group discussions concerning a variety of health topics. These include hypertension, stress and emotional health, STIs, and contraception.

"Teachable moments" in the clinic waiting room are created by using PowerPoint presentations that help to engage men in group discussion concerning a variety of health topics. These include hypertension, stress and emotional health, STIs, and contraception.

As part of a holistic approach to supporting young men, YMC uses "asset" maps of upper Manhattan neighborhoods to identify high quality, accessible, free or low-cost workforce development and alternative education programmes, legal services, community health centers, and dental clinics.

FOR MORE INFORMATION:
WWW.YOUNGMENCLINIC.ORG

BOX 10**ARE MALE ONLY SERVICES NECESSARY?**

Should services for men be integrated into existing services, or should men be served in separate male-only clinics or during special male-only hours? Experiences have shown that both strategies can be successful. In some countries, custom and tradition dictate the need for separate services for men; others have succeeded in expanding services within existing facilities. In terms of sustainability, it can be very costly to have space and staff dedicated exclusively to working with men and successful models have usually been based in urban areas, where there is a larger public of men. On the other hand, reserving a specific time for

attending men can be more cost-efficient and can help to attract them to the clinic. Also, services should recognize the diversity of men in their community and the diversity of services they will need to be ready to provide. Ultimately, decisions on which model works best should be formed by consultation with the community to determine its preferences, men's needs and the setting they are most likely to frequent, and, of course, available resources.

SOURCE: UNFPA 2003

CAMPAIGNS AND COMMUNITY MOBILIZATION

Campaign and community mobilization encompass a variety of interventions and approaches. These include: community meetings; training or sensitization sessions with traditional providers, community or religious leaders; street theatre and other cultural activities; marches, demonstrations, street and health fairs; and mass-media campaigns using radio, television, billboards or other media.

The most effective and promising campaigns and community mobilization strategies generally rely on up-beat messages that show what men and boys can do to alter their behaviour. The key to this is affirming that they can change, and showing them how by identifying characters in theatre, radio dramas, or print materials who are acting in positive ways (Barker et al., 2007).

Many of the most effective campaigns, for example, demonstrate to men and boys what they personally gain from changing their gender-related behaviour by showing men—both in relationships and out—as happy and fulfilled. Furthermore, although some campaigns and community mobilization efforts have successfully targeted a single behaviour or issue, such as showing men how to detect signs of maternal distress or encouraging them to use condoms or other family planning methods (see Case Study 2 and 3 in Sexual and Reproductive Health Chapter), evidence points to the need to include specific health issues within the context of an overall gender-equitable male identity or lifestyle. The most effective interventions rely often on such social marketing methods (Barker et al., 2007).

Many effective campaigns and community mobilization efforts identify strong male role models: Groups or individuals who can influence the behaviours of other men—including coaches, fathers and religious

leaders. These influential men could be celebrities or ordinary individuals from the communities in which the campaign is to take place. The most important thing is that they model gender equitable behaviour and command respect from the men and boys they are seeking to influence.

Sports, in particular, can serve as a powerful and far-reaching medium from which to launch campaigns and mobilize communities. There are a number of ways in which sports can be utilized to engage men and boys with campaign activities and messages related to gender equity and health promotion— from using sports events to encourage men and boys to participate in educational workshops or by integrating health promotion information and related messages about gender and relationships into sports activities.

Examples of strategies include: This latter strategy can featuring influential sports role models speaking out during half-time about healthy, positive and equitable ways of being men; distributing informational materials with key messages about gender-equity and health at sporting events, and; recruiting coaches and/or sports team members to serve as peer educators for other team members and/or the community. However, many sports emphasize aggressiveness or competitive masculinity and it is important that campaigns or other communication strategies do not reinforce negative masculine stereotypes, but rather, emphasize cooperation and respect (UNFPA, 2000).

The tools "Designing a Campaign Step by Step" and "Campaign Do's and Don'ts" provide some guidelines on how to design gender-transformative campaigns.

BOX 11**INVOLVING COMMUNITY STAKEHOLDERS IN THE DESIGN AND/OR EVALUATION OF CAMPAIGNS AND OUTREACH EFFORTS**

- Meet with community leaders and stakeholders (making sure to reach out to as many as possible) as soon as you begin the initial project or campaign/outreach efforts;
- Present how engaging men and boys in health promotion efforts will benefit the community as a whole;
- Involve them in a baseline analysis of the needs and realities of the target audience (men and boys);
- Include them on advisory committees and/or ask them to participate in reviewing campaign messages, educational curricula and other materials;
- Keep them regularly informed of activities;
- Invite them to ceremonial occasions, possibly as guest speakers in workshops;
- Encourage them to be advocates for the cause and to speak to others about its value;
- Provide concrete suggestions of how they can help support positive attitudes and behaviours among men and boys.

BOX 12**SOCIAL MARKETING**

Traditional public health campaigns tend to focus solely on “informing” people of unhealthy behaviours and their consequences and often affect a dictatorial or moralizing tone. Experience has shown, however, that these types of campaigns rarely engage audiences or inspire behavioural change (Hornick, 2002; Randolph and Viswanath, 2004).

Because of this, public health campaigns are increasingly deploying methods used in commercial marketing to “sell” healthy behaviours and lifestyles. “Social marketing” encourages specific behaviours and lifestyles by making them more attractive to the target audience by emphasizing benefits and advantages.

To develop a social marketing campaign, it is important to first understand the underlying socio-cultural norms that

contribute to particular behaviours¹⁵. Much behaviour is influenced by perceptions of what appears to be “normal” or “typical”; that is—what many believe their peers think or do.

However, many individuals, including youth, often misperceive what they consider to be the typical behaviour or attitudes of their peers. For example, a young man may believe that a majority of his peers engage in certain risky behaviours, such as excessive drinking, when in most settings the majority in fact do not (Perkins et al., 2005).

Because the media or social norms often fuel misperceptions of what is considered to be a “real” man, young men may be more likely to engage in destructive behaviours. It is critical that campaigns address these and promote more positive norms of what it means to be a man.

¹⁵ A specific form of social marketing, which is known as social norms marketing, is based on applying social marketing techniques to social norms theory. The central concept of social norms theory is that behaviour is influenced by the perception of what is “normal” or “typical”. To this end, the primary premise of social norms marketing lies in informing individuals that the majority of their peers are acting in a positive or healthy way. This can in turn create an environment in which people actively strive to emulate what they believe is typical of their peers. This approach has been proven effective with regards to preventing tobacco use and drinking and driving—among other issues. For more information visit the Most of Us website at www.mostofus.org

CASE STUDY 4

THE STRENGTH CAMPAIGN

(PROGRAMME TYPE: GENDER TRANSFORMATIVE)

The Men Can Stop Rape (MCSR), an international organization that mobilizes men to stop violence against women, launched the Strength Campaign. The aim is to employ different media and community outreach and mobilization strategies to engage young men in more positive and equitable behaviours, like being allies in the prevention of date rape.

The Campaign is organized around the slogan "My Strength Is Not for Hurting" and its goal is to refocus the traditional perception of male strength as respect and communication, as opposed to force and domination. In addition to the media initiative, the Strength Campaign also includes an educational component called the Men of Strength (MOST) Club. Young men in MOST Clubs participate in a series of sessions intended to raise their awareness of the importance of male involvement in rape prevention and mobilize them as active allies in the prevention of violence against women and girls.

Originally launched in Washington D.C., the Strength Campaign also links up with other school-based initiatives. School administrators, teachers and other staff participate in awareness-building workshops and are invited to serve as members of the campaign's advisory committee and participate in the design and

management of in-school activities. Campaign efforts are not isolated from other school-based efforts, but rather "owned" and implemented locally.

One of the most salient concerns which emerged from the initial research and testing was that young men feared that if they spoke out about violence against women, or changed their ways, they would be alone. For this reason, the campaign images show young men with partners and/or with other young men in order to emphasize the benefits and solidarity related to taking a stand against male violence and speaking openly about respecting women.

The campaign focus on promoting positive gender norms allows for it to also be adapted to engage men in other social and health contexts. Since its launch, more than two hundred local, regional, and national organizations have used the campaign posters and materials to establish a nationwide presence. More recently, Men Can Stop Rape started a new campaign targeting all branches of the United States military. "My Strength is for Defending" seeks to address sexual harassment and sexual assault in the military. The Strength Campaign materials have also been used in other countries.

FOR MORE INFORMATION: WWW.MENCANSTOPRAPE.ORG

CASE STUDY 5

SEXTO SENTIDO, NICARAGUA

(PROGRAMME TYPE: GENDER TRANSFORMATIVE)

Somos Diferentes, Somos Iguales (We're Different, We're Equal), coordinated by the Nicaraguan NGO Puntos de Encuentro, is a national multi-media campaign designed to empower youth, promote gender-equity and reduce violence and STI/HIV risk. The centrepiece is a nationally broadcasted TV soap opera, "Sexto Sentido" (Sixth Sense), which targets youth and addresses sensitive and complex issues such as sexuality, HIV and AIDS, reproductive rights, and domestic violence by dramatizing them within realistic and entertaining storylines.

Soap opera messages are reinforced through interactive and community-based activities, which serve as platforms for public discourse and debate. These activities include a daily youth call-in radio programme and cast tours to local high schools around the region which provide youth with an opportunity to voice their opinions, share experiences, challenge biases, negotiate different viewpoints and make decisions about how and where to create change in their lives (Solárzano et al., 2006). Puntos de Encuentro also partners with a network

of youth- and women- friendly health and social service providers around the country who receive referrals to assist with problems, concerns, or further questions that arise during campaign activities.

An evaluation study carried out in 2003-2005 confirmed that there is a cumulative message dose effect: the more messages young people are exposed to (e.g. via the multiple elements), and the longer the period of exposure, the more likely they are to have a "positive" attitude toward the issue. This in turn, motivates behavioural change, including those relating to gender attitudes and HIV prevention behaviours (Solárzano et al., 2006).

The last episode of Sexto Sentido was broadcast in June 2005. The series is currently being repeated in its entirety (80 episodes) on local TV stations around the country and is broadcast on major TV channels in Costa Rica, Guatemala, Honduras and Mexico.

FOR MORE INFORMATION: WWW.PUNTOS.ORG.NI

TOOLS

- Education: Understanding the Gender Continuum
- Education: Learning About Gender
- Education: Act like a man, Act like a woman
- Education: Persons and Things
- Education: Tips for Facilitators
- Services: Checklist for Gender-friendly Services
- Campaigns: Creating a Campaign - Step by Step
- Campaigns: Community Campaigns Do's and Don'ts
- Campaigns: Door to Door Visits