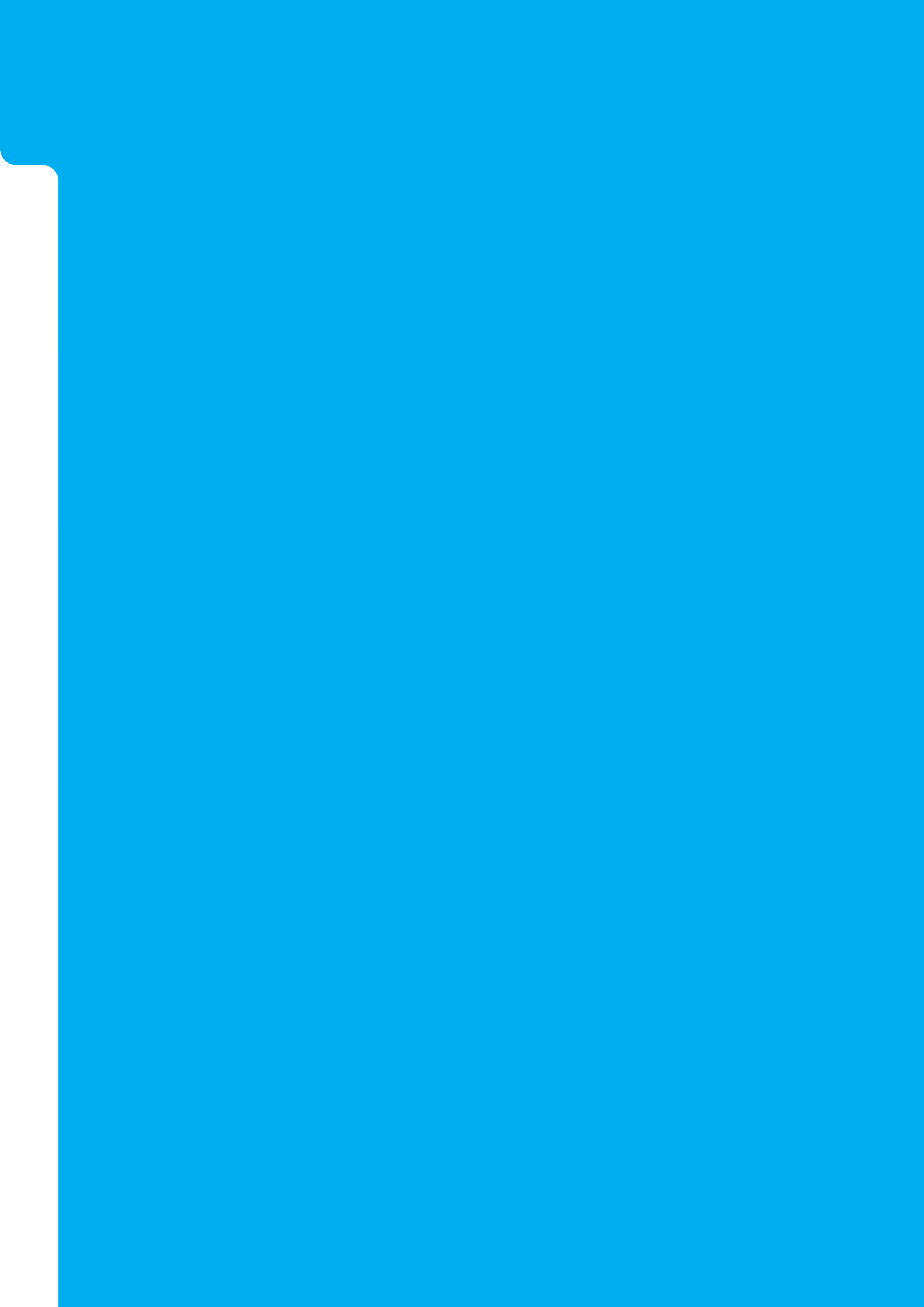


Gender Transformative Programming



Education: Understanding the Gender Continuum¹

OBJECTIVE

To understand the continuum of gender as it relates to media campaigns and programmes

TIME

60 minutes

MATERIALS

Copies Handout 1: Project Case Studies

PROCEDURE

1. Explain that we've been exploring the importance of understanding how gender can affect our project outcomes and why male involvement is critical to a successful outcome. Many people in this field use a continuum to assess how gender is addressed: on one end it is harmful and promotes gender inequity but then it gradually moves towards actively promoting equality between the genders. This continuum includes four categories. Display flipchart with the continuum and the categories:

Exploitative: Projects that exploit gender inequalities and stereotypes in pursuit of health and demographic outcomes.

Neutral (blind): The project does not attempt to address gender.

Sensitive (accommodating): Projects that accommodate gender differences in pursuit of health and demographic outcomes.

Transformative: Projects that seek to transform gender relations to promote equity as a means to reach health outcomes.

2. Briefly review the following examples to illustrate these categories:

- The goal of a social marketing campaign undertaken in Latin America and the Caribbean was designed to increase condom sales. The campaign capitalized on social and cultural values that focus on male virility, sexual conquest, and control. It depicted macho men having multiple female partners and thus reinforced gender inequality—thus it could be defined as "gender exploitative".

- A social marketing campaign in Brazil utilized images of men in caring and equitable roles with the tag line roughly translated to mean "A real man...cares, respects and takes on responsibility." Though the campaign marketed condoms it also marketed a gender equitable lifestyle to young men that would also be seen as "cool" —i.e. a "gender transformative" intervention.

Tell the participants that next they will have an opportunity to look at a project description and determine where it falls on the continuum.

3. Do the following:

- Divide the large group into an even number of pairs or triads (sets of three).
- Explain that you have four to six project examples (once again, it depends on the size of the group), with two copies of each example.
- Give each set of pairs/triads a project description.
- Tell the triads/pairs to read their project description and, as a triad/pair, determine where the project fits on the gender continuum. When they have decided, they should tape their description where they believe it belongs on the continuum: exploitative, neutral, accommodating, or transformative.
- Tell the group they have 15 minutes for this activity.

* Facilitator Note: You want to have at least one project description for each category.

4. After the triads/pairs have placed their project where they believe it belongs on the continuum, moving across the continuum, ask a representative from each triad to come up and read their project description and explain why they decided it belonged on that spot on the continuum. Ask if people agree with the placement. If not, discuss where it should go.

5. Once this has been done, explain to the groups that you are going to be discussing various media campaigns and where they fit on the continuum. Explain that you will be doing this as a group. Give them examples of other programs either in discussion, as handouts or on a powerpoint

¹ Adapted from a training curriculum developed by EngenderHealth

presentation and discuss where they would fit on the continuum. If any of them are examples of a gender transformative approaches, ask the participants how they could have been made more gender transformative.

DISCUSSION QUESTIONS

Debrief the activity by asking the following questions:

- Was this exercise easy? Difficult? Why?
- What helped you determine where it needed to be placed?
- Could the project descriptions or campaigns fit in more than one place on the continuum?
- Were there any surprises?
- What is the "take home" message from this exercise? (It's a missed opportunity if we do not build gender into our projects. If we do not build it in, it can have a negative effect or unintended consequences.)

CLOSING

End the discussion by reminding the participants that we should always be working towards developing gender transformative projects. It may not always be possible right away, but we should aim for it. Additionally, it is important to ensure that programmes and campaigns are never gender exploitative even if they can assist you to reach your programme goals.

Handout 1

FEMALE CONDOM PROMOTION IN PROJECT CASE STUDIES

A pilot programme was designed to increase the acceptability and use of the female condom in South Africa. Historically, female condoms have been promoted to women. After acknowledging that in the African context men dictate the terms of heterosexual encounters, the programme decided to try an innovative approach: Promoting the female condom to men via male peer promoters. This involved:

1. Male promoters demonstrating to men the use of the female condom;
2. Explaining to them that self-protection and sexual pleasure are completely compatible with the use of the female condom—especially when compared to currently available barrier alternatives, and
3. Giving men female condoms to use with their female partners.

CAMPAIGN TO INCREASE MALE INVOLVEMENT IN ZIMBABWE

In an effort to increase contraceptive use and male involvement in Zimbabwe, a family planning project initiated a communication campaign promoting the importance of men's participation in family planning decision-making.

Messages relied on sports images and metaphors, such as, "play the game right, once you are in control, it's easy to be a winner" and "It is your choice". When evaluating impact, the project asked male respondents whether ideally they, their partners, or both members of the couple should be responsible for making family planning decisions.

The evaluation found that although the campaign did indeed correspond to increased contraceptive use it resulted in some unintended consequences. To wit: "whereas men were far more likely to believe that they should take an active role in family planning matters after the campaign, they did not necessarily accept the concepts of joint decision-making. Men apparently misinterpreted the campaign messages to mean that family planning decisions should be made by men alone."

YOUTH OUTREACH IN THE DOMINICAN REPUBLIC

A health project in the Dominican Republic was concerned about rising STI and pregnancy rates among youth. Unable to convince the public school system to incorporate a reproductive health curriculum in the high schools, the programme decided to instead recruit volunteer peer educators to conduct charlas, or informal discussion groups. In order to do so peer educators held after-school neighbourhood youth charlas in mixed-sex groups, to discuss issues related to dating, relationships, reproductive health, and contraception (including condoms). They also provided information on where contraceptives could be obtained.

FGM/C PREVENTION PROGRAMME IN KENYA

A Female Genital Mutilation Cutting (FGM/C) intervention in Kenya sought to reduce the incidence of harmful cutting. Project staff realized that creating a law that would prohibit the practice would not be sufficient on its own for addressing the cultural and social motivations of the community, and would likely result in driving the practice “underground”.

Instead, the project hired a medical anthropologist to work with the community. Through qualitative interviews with groups of women, men, and religious leaders, the project sought to understand the meaning and functions that the ritual provides to the community. Together with community members, the project staff adapted the FGM/C ritual by eliminating the harmful cutting but keeping the positive values: Dance, story-telling, gift-giving, health and hygiene education, etc. As a result, a new right-of-passage ritual has been created for girls called “circumcision with words”, which has become accepted by the entire community.

CULTURAL RESOURCES AND MATERNAL/CHILD HEALTH IN MALI

A child survival project in Mali, aiming to reduce morbidity and mortality rates among children and women of reproductive age, focused on using indigenous knowledge and cultural resources to increase and improve communication and health-seeking behaviour during pregnancy. Research showed that one of the most important obstacles to maternal health care-seeking behaviours was the absence of discussion about pregnancy between husbands and wives, as well as with other members of the household.

Local women felt that they could not take advantage of maternal services because they could neither initiate conversations with their husbands nor solicit their consent and financial support as the heads of the household. The project staff asked a griot, (traditional story teller) to compose a song that educated people about maternal health care, along with promoting the *pendelu*—a traditional article of women’s clothing—as a symbol of pregnancy and couple communication.

This campaign dramatically increased the level of communication between wives and husbands concerning maternal health. Additionally, it also resulted in more positive attitudes and behaviours related to pregnancy at the household level. More husbands reported supporting their wives by helping them to reduce their workload, helping them to improve their nutrition, and urging them to seek medical attention and maternal health services.

HAND WASHING FOR DIARRHEAL DISEASE PREVENTION IN CENTRAL AMERICA

The Central American Hand washing Initiative aimed to reduce morbidity and mortality among children under the age of five through a communication campaign promoting proper hand washing with soap to prevent diarrheal disease. Four soap companies launched hand washing promotion campaigns; radio and television advertisements; posters and flyers; school, municipal and health centre programmes; distribution of soap samples; promotional events; and print advertisements. The basic approach was to present a mother as caretaker of the family and to describe or illustrate the three critical times for hand washing: before cooking or preparing food; before feeding a child or eating; and after defaecation, cleaning a baby, or changing a diaper. They also emphasized essential aspects of hand washing technique: use water and soap, rub one’s hands together at least three times, and dry them hygienically.

YOUTH ROLES IN CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS (PLWHA)

In Zambia, one project has sought to involve young people in the care and support of People Living with HIV and AIDS. This project carried out formative research to assess young people’s interest and to explore the gender dimensions of care. The assessment explored what care-giving tasks male and female youth felt more comfortable about undertaking, as well as what tasks People Living with HIV and AIDS themselves would prefer having a male or female youth carry out. Based on this research, the project adopted an approach that incorporates preferred tasks for young women and young men in order to develop youth care and support activities for People Living with HIV and AIDS.

Education: Learning About Gender²

OBJECTIVES

1. To understand the difference between the terms "sex" and "gender"
2. To understand the terms "gender equity" and "gender equality"

TIME

45 to 60 minutes

MATERIALS

- Flipchart
- Marker
- Tape
- Enough copies of Handout 2: The Gender Game for all participants

PROCEDURE

1. Explain that this session will help clarify some of the terminology that we will be using in the workshop. It will also help us to understand what these terms mean in our own lives.
2. Ask participants if they can explain the difference between "sex" and "gender." After soliciting feedback, provide the following definitions:
 - Sex refers to physiological attributes that identify a person as male or female.
 - Gender refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities in addition to commonly shared expectations about how women and men should behave in various situations.
3. Distribute the handout and ask the participants to indicate if the statements are referring to "sex" or "gender." After giving the participants a chance to read and answer the statements on their own, discuss each of the answers with the entire group.
4. Explain that there are several terms related to the word "gender", that also need to be explained. Ask the group if they have ever heard the term

"gender equality". Ask them what they think it means. Allow plenty of time for discussion.

5. After getting their feedback provide the following definition:

Gender Equality means that men and women enjoy the same status. They share the same opportunities to realize their human rights and the potential to contribute and benefit from all spheres of society (economic, political, social, cultural).

6. Ask the group if the definition makes sense. Allow them to ask questions.

7. Ask the group to discuss whether or not gender equality actually exists in their country.

As the group discusses this, write down any statements that explain why women do not share equal status with men. Be sure to include some of the following points if they are not mentioned by the group:

- Women in many countries are more likely than men to experience sexual and domestic violence.
 - Men are paid more than women for the same work (in most cases).
 - Men occupy more positions of power within the business sector.
 - Women bear the brunt of the AIDS epidemic, both in terms of total infections, but also with respect to caring and supporting those living with HIV.
8. Ask the group if they have ever heard the term "gender equity." Ask them what they think it means and how it is different from gender equality. Allow plenty of time for discussion. After collecting their feedback provide the following definition:

Gender Equity is the process of being fair to men and women. Gender equity leads to gender equality. For example, an affirmative action policy that increases support to female-owned businesses may be gender equitable because it contributes to equal rights between men and women.

² Adapted from "Engaging Men and Boys in Gender Transformation: The Group Education Manual", developed by EngenderHealth and Promundo for USAID

DISCUSSION QUESTIONS

After clarifying the definitions of gender equality and gender equity, ask the group the following questions:

- Why should men work towards achieving gender equality?
 - What benefits does gender equality bring to men's lives?
 - How does gender inequity contribute to HIV infection?
 - How can gender equity contribute to preventing HIV?
 - Ask the group to identify gender-equitable actions that men can take to help create gender equality.
5. Many women do not make decisions with freedom, especially regarding sexuality and couple relationships.
 6. The number of women with HIV (human immunodeficiency virus) infection and AIDS (acquired immunodeficiency syndrome) has increased steadily worldwide.
 7. Four-fifths of the world's injecting drug users are men.
 8. Women get paid less than men for doing the same work.

CLOSING

A major goal of promoting gender equality is to encourage communities to be more gender-sensitive and to prevent HIV infection so that men and women can live healthier and happier lives.

To achieve this, we must encourage gender-equitable behaviours. These include joint decision-making about health issues that affect both men and women, respect for the right of a woman to refuse sex, settling differences without violence, and shared responsibility with respect to parenting and taking care of others.

Handout 2

THE GENDER GAME

Identify if the statement refers to gender or sex:

1. Women give birth to babies, men don't.
2. Girls should be gentle: boys should be tough.
3. Women or girls are the primary caregivers for those sick with AIDS-related illnesses in more than two-thirds of households worldwide.
4. Women can breastfeed babies, men can bottle feed babies.

ANSWERS:

1. Sex
2. Gender
3. Gender
4. Sex
5. Gender
6. Sex and Gender
7. Gender
8. Gender

Education:

Act like a man, Act like a woman³

OBJECTIVE

To recognize the challenges men and women face in trying to fulfill societal expectations about gender roles, understand the costs and convey that it is possible to change.

MATERIALS

Flipchart paper, markers, and tape

TIME

45 minutes

PROCEDURE

1. Ask the participants if they have ever been told to "act like a man" or "act like a woman" based on their gender. Ask them to share some experiences in which someone has either made the same remark or said something similar to them. Why did the individual say this? How did it make the participant feel?

2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.

In large letters, print out on a piece of flipchart paper the phrase: "Act Like a Man." Ask the participants to share their ideas about what this means. These are society's expectations of who men should be, how men should act, and what men should feel and say. Draw a box and write what it means to "act like a man" inside this box. Some responses might include the following:

- Be tough.
- Do not cry.
- Show no emotions.
- Take care of other people.

3. Now in large letters, print the phrase: "Act Like a Woman." Ask the participants to share their ideas about what this means. These are society's expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the piece of paper, and write the meanings of "act like a woman" inside this box. Some responses may include the following:

- Be passive.
- Be the caretaker.
- Act sexy, but not too sexy.
- Be the homemaker.

4. Next, draw another table that includes columns representing men and women. Label it: "Transformed Men/Women." Ask the participants to list characteristics of men who are "living outside the box." Record their answers. Once you get seven or so responses, ask the same about women who are, "living outside the box." Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually similar.

5. Once you have brainstormed your list, initiate a discussion by asking the questions below.

DISCUSSION QUESTIONS

- Can it be limiting for a man or woman to be expected to behave in this manner? Why?
- What emotions are women not allowed to express?
- How can "acting like a woman" affect a woman's relationship with her partner and children?
- How can social norms and expectations to, "act like a woman" have a negative impact on a woman's sexual and reproductive health?
- Can women actually live outside the box? Is it possible for women to challenge and change existing gender roles?
- Can it be limiting for a man to be expected to behave in this manner? Why?
- What emotions are men not allowed to express?
- How can "acting like a man" affect a man's relationship with his partner and children?
- How can social norms and expectations to, "act like a man" have a negative impact on a man's sexual and reproductive health?

³ Adapted from "Men as Partners: A Programme for Supplementing the Training of Life Skills Educators" developed by Engender Health and The Planned Parenthood Association of South Africa. For more information visit the Engender Health website: www.EngenderHealth.org/ia/www/wmo.html

- Can men actually live outside the box? Is it possible for men to challenge and change existing gender roles?
- What would make it easier for men and women to live outside of these boxes?

CLOSING

The roles of men and women are changing and it is becoming easier to step outside of the box. Still, it is hard for men and women to live outside. We need to be aware of the vulnerabilities we face when we live in these boxes and the benefits to be gained from living outside of them.

Education: Persons and Things⁴

OBJECTIVE

To increase awareness about the existence of power in relationships and reflect on how we communicate about and demonstrate power in relationships.

MATERIALS

None

TIME

1 hour and 30 minutes

PROCEDURE

1. Divide the participants into two groups with an imaginary line. Each side should have the same number of participants.

2. Tell the participants that the name of this activity is Persons and Things. Choose at random one group to be the "things" and one group to be the "persons".

3. Read the following directions to the group:

a) THINGS: You cannot think, feel, or make decisions. You have to do what the "persons" tell you to do. If you want to move or do something, you have to ask the person for permission.

b) PERSONS: You can think, feel, and make decisions. Furthermore, you can tell the things what to do.

NOTE: It might be helpful to ask for two volunteers to first act out for the group how a "person" might treat a "thing".

4. Ask the "persons" to take the "things" and do what they want with them. They can order them to do any kind of activity.

5. Give the groups five minutes for the "things" to carry out the designated roles.

6. Finally, ask the participants to go back to their places in the room and use the questions below to facilitate a discussion.

DISCUSSION QUESTIONS

- For the "things": How did your "persons" treat you? What did you feel? Why? Would you have liked to be treated differently?
- For the "persons": How did you treat your "things?" How did it feel to treat someone as an object?
- Why did the "things" obey the instructions given by the "persons?"
- Were there "things" or "persons" who resisted the exercise?
- In your daily life, do others treat you like "things?" Who? Why?
- In your daily life, do you treat others like "things?" Who? Why?
- Why do people treat each other like this?
- What are the consequences for a relationship when one person treats another as a "thing"?
- How does society/culture perpetuate or support the kinds of relationships where some people have more power over other people?
- How can this activity help you think about and perhaps make changes in your own relationships?

CLOSING

There are many different types of relationships in which one person might have more power over another person. The unequal power balances between men and women in intimate relationships can increase the risk of STIs, HIV/AIDS, and unplanned pregnancy. For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used, because of longstanding beliefs that men should be active in sexual matters and women should be passive (or that women "owe" sex to men). In other cases, a woman who is dependent on a male partner for financial support might feel

⁴ Adapted from the Programme H manual developed by four Latin American NGO's: Promundo (Rio de Janeiro, Brazil - coordination), ECOS (São Paulo, Brazil), Instituto PAPA (Recife, Brazil), and Salud y Género (Mexico). For more information about Programme H see www.promundo.org.br

that she does not have the power to say "no". In cases of cross-generational sex, age, economic and class differences can further create unequal power relations between men and women that can lead to risk situations.

Think other examples of power relationships in your lives and communities: between youth and adults, students and teachers, employees and bosses. Sometimes power imbalances in these relationships can lead one person to treat another like an object. As you discuss gender and relationships between men and women, it is important to remember how in other relationships you might feel oppressed, or treated like an "object" and how you in turn might treat others, including women, as "objects." Examining about these similarities can help motivate you to construct more equitable relationships with women both at home and in the community.

Education: Tips for Facilitators⁵

- Establish ground rules around listening, respect for others, confidentiality, and participation.
 - It is important to have a suitable physical space where activities can be carried out without any restriction of movement. Avoid classroom-style sitting arrangements. Instead, have the participants sit in a circle to promote more exchange during discussions. The space should also be private in the sense that men and/or boys should feel comfortable discussing sensitive topics and airing personal opinions.
 - Encourage as much physical movement as possible to keep the participants alert and interested.
 - Be friendly and create rapport with your participants.
 - Be sure to dress appropriately. You should look approachable, but also professional.
 - Remember that information should be provided in non-authoritarian, non-judgmental, and neutral way. You should never impose your feelings on the participants.
 - Be conscientious of the language and messages which are presented to young men.
 - Remember that, although young men often act as if they are sexually knowledgeable they often have concerns about relationships and sexual health.
 - Involve the men in choosing discussion themes but encourage them to be personally meaningful. Remember to always reflect on activities and ask the participants how they can apply what they have learned in their own lives.
 - Young men respond well to participatory style activities that are entertaining and educational. For example, role-playing allows young men to explore problems they might not feel comfortable discussing in other settings. It also helps young men practice various skills, such as negotiation, refusal, and decision-making as well as how to use a condom correctly. Remember that some men may not be comfortable with physical contact during role-playing or with taking on the role of female characters. An alternative to role-play is to initiate a debate where participants will need to argue from a perspective they might not normally entertain.
- Do not aim to instil fear. Men or boys will often "switch off" or feel paralyzed.
 - Encourage participants to be honest and open: They should not be afraid to discuss sensitive issues. Encourage the participants to honestly express what they think and feel, rather than only say what they think the facilitator wants to hear.
 - If a participant makes an exaggerated statement or disseminates misinformation and/or myths during a discussion, request clarification and be sure to provide accurate facts and information. You can also ask if another participant has a different opinion, or if no one provides one, you can offer your own along with facts to support your view.
 - Check your own assumptions. Be aware of whether participants from particular social, cultural, or religious backgrounds seem to trigger strong emotions in you. Use your reaction as an opportunity to reflect and reach past your own assumptions or prejudices.
 - Have regular check-ins. These can usually occur at the beginning of each session and could involve the following questions:
 1. How have you been since we last met?
 2. Has anything new happened?
 3. Have you talked to anyone about the issues we discussed in our last session?
- If important issues come up during the check-in, do not be too rigid about the planned agenda. Allow some space to deal with the young men's issues.
- Provide further resources so that participants can obtain more information or support about the issues discussed in the workshop. For example, you may need to tell participants where to obtain condoms or go for voluntary counselling and testing.

⁵ Adapted from "Engaging Men and Boys in Gender Transformation: The Group Education Manual", developed by EngenderHealth and Promundo for USAID.

Services:

Checklist for Gender Friendly Health Services⁶

This checklist is designed to help assess whether a health service is friendly to both men and women and to identify gaps that need to be addressed.

- It is easy for a man or boy to schedule an appointment.
- Staff who interact with men and boys (e.g. health care providers, lab technicians, health educators, social workers, and receptionists) should be trained to listen to, and counsel men and boys in a non-judgmental and culturally appropriate manner.
- During each consultation/visit, clients are provided with comprehensive information and services that respect differences in social class, family values, maturity, race and/or ethnicity.
- Men and boys are treated in a holistic manner during each visit—that is, both their medical and social needs are evaluated. Should access to a social worker or referral to a specialist be necessary, this process should be made as simple as possible for the young man. (This includes identifying specialists and social workers that are accustomed to working with men — and in particular young men.)
- The facility is open during hours that do not conflict with school or work. (This often requires evening and weekend hours.)
- It is easy for men, especially young men, to acquire condoms or required medications.
- Men and boys are informed that their right to privacy and confidentiality will be respected and that all staff will uphold these policies.
- Doctors and nurses feel comfortable speaking with men and boys about sexual behaviours and HIV and STI prevention.
- Educational activities are conducted where peer educators can discuss the importance of sexual and reproductive health care. When targeting youth these activities should be conducted in separate, youth-only spaces. However, waiting rooms are also okay.
- When educational activities are not being conducted, some form of entertainment should be made available, e.g., magazines or a TV featuring sports or other entertainment shows.
- The facility décor is attractive to men and boys and includes pictures of men engaging in health-promoting behaviours, e.g. holding and/or feeding babies.
- The services provided for men and boys are well advertised in the community. For example, clinic staff regularly attend community events popular with men and boys, such as school dances or sporting events to distribute information regarding clinic services.
- Referral relationships have been established with organizations and clinics that specialize in male health issues.
- The service provider recognizes that many men have fears and anxieties about seeking health care services. Community-specific promotional materials, such as videos or pamphlets must be developed to address these issues.

⁶ Adapted from McIntyre (2002) and Armstrong (2003)

Campaigns: Creating a Campaign - Step by Step⁷

Below are the steps necessary to develop a campaign that incorporates a gender perspective. The length of time necessary for these will vary depending on available resources and can range from weeks to months. It is important that young men be involved in aspects of the development process—the 'steps'. Often young men are only involved as needs-assessment respondents or as focus group participants to 'test' campaign images and messages. However, campaigns are more likely to be engaging and effective when youth are involved during every stage of the process.

UNDERTAKE A NEEDS-ASSESSMENT

This should include gathering information about the gender-related attitudes of men and boys, and their knowledge, behaviours and practices related to the health issue to be addressed. It should also include a mapping of media and social networks, which could be tapped as part of the campaign strategy.

DEVELOP A PROFILE OF A 'TYPICAL' YOUNG MAN FOR EACH OF THE CAMPAIGN TARGET AREAS OR POPULATIONS

A useful technique for laying out the characteristics of the target group is to create a character profile. This involves developing a profile of a 'typical' man or boy from the target group; thinking about various characteristics including: socio-demographics, hobbies, attitudes about gender roles, sexual behaviours including condom-use and the number and type of partners, access to and use of social services and programmes, health knowledge and general aspirations. It can also be helpful to name this man and to create a physical appearance.

Although this technique requires a degree of generalization about the target group, it is not intended to diminish the diversity that exists among men, but rather, to assist in the process of developing messages and strategies which would be attractive to, and appropriate for, the target group as a whole.

DEFINE SUB-THEMES FOR THE CAMPAIGN

Within the themes of gender-equity and health, it is necessary to identify sub-themes—such as communication with partners about sex and condom use; speaking out against violence or in support of care-giving and fatherhood—which will form the basis for the campaign. These sub-themes should be defined based on what the needs-assessment identifies as necessary and/or appropriate for the target group.

DEVELOP BASIC MESSAGES FOR EACH OF THE CAMPAIGN THEMES

This is the step that often requires the most creativity and time. As discussed in the module, campaign messages which are positive and action-oriented are often more attractive and inspiring than those which demean men and/or focus only on negative consequences. Constructive examples include the Hora H campaign in Brazil, which promotes a "cool" and hip lifestyle based on caring and equitable attitudes. Another is the USA Strength Campaign, which emphasizes that a man's real strength is demonstrated through respect and compassion—and not through force or dominance.

MAP SOURCES OF INFLUENCE AND INFORMATION

This involves identifying and understanding the different sources of influence and information that shape male attitudes and behaviours related to gender, relationships and health. These can be groups of people such as peers and families; institutions such as schools, workplaces and health services; or media vehicles such as newspapers or TV. Again, this should come from information collected during the needs-assessment in addition to the input from men, boys and other stakeholders involved in the process.

DEFINE STRATEGIC MEDIA AND SOCIAL CHANNELS

Building on the profile and the mapping of the influences/information, the next step is to define which media (e.g. radio, magazines, billboards)

⁷ Taken from "Engaging Men at the Community Level", The ACQUIRE Project/EngenderHealth and Promundo, 2008.

and social (e.g. peer educators, local celebrities) channels would be the most strategic when it comes to reaching men and boys and/or secondary audiences with messages extolling positive models of masculinity and HIV prevention. It is important to also keep in mind how easy it will be for men and boys to access these different channels and the technical and financial feasibility of utilizing them for the campaign.

PRE-TEST WITH MEN AND BOYS AND SECONDARY AUDIENCES

This is the process by which campaign messages are confirmed as being clear, relevant ones that inform and/or mobilize men and boys as intended. Involving men and secondary audiences in the campaign development process helps to ensure the relevance and impact of those messages. Nevertheless it is still necessary to undertake extensive pre-testing to ensure that messages are widely understood. Pre-testing can be done through one-on-one interviews and/or focus groups with selected men from the target group itself. It is also important to pre-test messages with secondary stakeholders to ensure that they are acceptable and appropriate and will not generate backlash.

Campaigns: Community Campaign Do's and Don'ts

DO

- Have convenient public spaces available for community discussions, men's education courses, or fundraisers.
- Guard the confidentiality of participants and contributors.
- Create a welcome and comfortable space with music, food, and magazines.
- Invite local leaders to attend.
- Involve men from the community in the creation, implementation, and evaluation of the campaign.
- Use images and short messages to target a lower-literacy audience.
- Attend regional and national conferences to support your campaign
- Conduct evaluation.

DON'T

- Require attendance.
- Assume men have or haven't heard the information before.
- Encourage participation by reinforcing traditional gender norms just to attract a larger group. Quality is above quantity.
- Produce expensive materials without conducting a needs assessment of what is needed and how to use them.
- Assume you know what the effects of the campaign will be.

Campaigns: Door to Door Visits⁸

OBJECTIVE

To provide participants with the skills to make door-to-door visits in their communities

TIME

60 minutes

MATERIALS

Flipchart and markers

PROCEDURE

1. Ask if anyone in the group has experience making door-to-door visits (to sell a product, collect signatures, etc.). Ask them what that experience was like and how they prepared for it.

2. Ask participants to discuss the strengths and challenges of door to door visits. If the following hasn't been mentioned after five minutes, add it to the list:

BENEFITS

- Comfortable and familiar environment for the participant
- Convenient for the participant
- An opportunity to talk to a man and his partner

CHALLENGES

- Participants may be distracted by others at home (i.e. children, telephone, television)
- Participants may be wary of inviting someone into their home
- Peer educators must have some training before going out into the community

3. Door-to-door visits can be a low-cost way of reaching people in the community. Discuss the positive effects of interpersonal communication on behaviour change and how talking about gender or HIV prevention with someone visiting the home may provide community members with information they might otherwise be unable to access. Also, some community members may feel more comfortable talking about these issues in their homes than in a public setting.

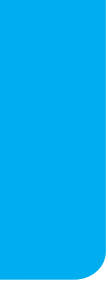
4. It is important for group and peer educators to determine what areas and people in their communities would be most receptive to the information delivered in a door-to-door visit. It is also important to consider the best time of day for the visits. For example, if targeting young men, a peer educator must identify when young men are most likely to be at home. The educator needs to also think about whether the door-to-door visits are best made alone or with a partner. Finally, educators should discuss strategies for dealing with hostile community members who do not want to listen or who disagree with the messages; it is best to address a possibly negative situation before encountering it.

5. Ask for two pairs of volunteers and two groups of four to five volunteers. Take the two pairs out of the room and tell them that they will each role-play a door-to-door visit. The two groups of four to five volunteers will play the families: one group will be a friendly family that will listen and the other will be an unfriendly family with little time. One pair will be assigned to the friendly family and another to the unfriendly family. Ask the volunteers to make it as realistic as possible. Give the two groups of 4-5 volunteers, and the two pairs, 10 minutes to prepare and five minutes for each role play.

6. After both groups have completed the role-plays, ask them what it was like to conduct the door-to-door visits. What were the opportunities and the challenges?

7. Come back together as a large group. Ask the group for ideas on dealing with households that are receptive and unreceptive. Go over what they think they need to do to prepare for a door-to-door visit and list their ideas on a flipchart. If no one mentions it, be sure to suggest creating door-to-door visit scripts with ideas for dealing with receptive and unreceptive households. Stress the importance of practicing for both scenarios. Other strategies include: rescheduling another time for a visit and asking for a commitment to attend an event linked to your organization.

⁸ Adapted from "Engaging Men and Boys in Gender Transformation: The Group Education Manual", developed by EngenderHealth and Promundo for USAID



Sexual and Reproductive Health

Education: Checklist for positive gender-equitable sex education for boys and men⁹

- ✓ Sex education should begin early and continue throughout men's lives; be offered in different venues and focus on boys and men as their interests and needs evolve.
- ✓ Positive images of "sexy" men as loving, tender, and communicative need to be established and developed according to particular cultural settings: Media images of violent, dominant, exploitative male sexuality should be challenged and boys/men should be helped to critique these.
- ✓ Sexual wellness or sexual empowerment should be central to sex education. Girls/women and boys/men need to not only learn about their own bodies and sexuality, but also those of the opposite sex. They need to have the skills to act on that knowledge (including deciding not to have intercourse); and have sufficient agency to act on their values and to make sure their rights are respected.
- ✓ Support should be built into programmes to help boys and young men overcome fear of ridicule and rejection if they assume non-aggressive sexual attitudes and behaviours.
- ✓ Ways to enjoy the use of contraceptives should be emphasized; as well as the normative acceptance of their use within the wider community.
- ✓ Sex education should help boys and men analyze their values and to respect the values and rights of others.
- ✓ Promote care-giving and parenting skills and non-violent communication and negotiation skills among men and boys.

⁹ Adapted from "Engaging Men and Boys in Gender Transformation: The Group Education Manual", developed by EngenderHealth and Promundo for USAID

Education: Understanding Sexuality ¹⁴

OBJECTIVES

1. To discuss human sexuality in a holistic and comprehensive way
2. To provide a framework for further discussions on sexuality and HIV

TIME

60 minutes

MATERIALS

- Flipchart
- Markers
- Tape
- Enough copies of Handouts 3: Definitions and Questions for Small Group Discussions about Sexuality and Handout 4: Definitions for Circles of Sexuality for all participants
- Resource Sheet 5: The Circles of Sexuality

ADVANCE PREPARATION

Prepare a flipchart with the circles of sexuality as illustrated in Resource Sheet 5: The Circles of Sexuality.

PROCEDURE

1. Explain that this session will explore the concept of "sexuality." Ask participants to share what they think sexuality means to them.
2. Explain that there are many long and complicated definitions of sexuality, but that they are often confusing. Tell them we like to simplify the definition, by thinking of sexuality as comprising several circles (see Resource Sheet 5: The Circles of Sexuality).
3. Draw the diagram by referring to Resource Sheet 5: The Circles of Sexuality. When drawing the circles, label each, but do not add the information shaded in grey in Resource Sheet 5. Each circle represents one of the elements of sexuality. When all of the circles are placed together, they encompass the total definition of sexuality. Explain that one of the circles is in a different color and is not linked to the others (Sexuality to Control Others) because it is a

negative element of sexuality, even if it exists in many situations.

4. Divide the participants into four groups. Explain that each will take on a sexuality circle and explore what they think it means (the Sexual Identity circle will be explained by the facilitator). Assign a circle to each group and ask them to describe what the circle entails using flipchart paper and markers. Pass out Handout 3: Definitions and Questions for Small Group Discussions about Sexuality and tell them to refer to the guiding questions related to their circle to help them with this activity.

5. Ask each group to present their four circles then explain the Circle of Sexual Identity. Once this has been done, pass out Handout 4: Definitions for Circles of Sexuality.

Make sure the key points of each circle are covered by referring to Handout 4.

6. After all of the circles are presented, conclude the activity with the following discussion questions:

- Is it easy to talk about sexuality? Why or why not?
- Are the challenges of talking about sexuality different for men and women? Why?
- What makes it hard for men to talk about this? What makes it hard for women?
- What would make it easier for men and women to talk about sexuality?
- Where is "sexual intercourse" included within the definition of sexuality? Does the term play a large or small role in the definition of sexuality?
- What are some similarities in how men and women experience sexuality?
- What are some differences? Why do you think these differences exist?
- What have you learned from this exercise? How can you apply this in your own lives and relationships?

¹⁰ Adapted from "Engaging Men and Boys in Gender Transformation: The Group Education Manual", developed by EngenderHealth and Promundo for USAID.

CLOSING

Sexuality is an important component of human life and while the sexual act for reproduction is similar for nearly all living creatures, only humans attribute values, customs, and meanings to sexuality that go beyond procreation. Sexuality also includes how we feel about our bodies, how we give and receive pleasure, and how we express romantic feelings, among other things. Unfortunately, in many cultures, men and women receive different messages about sexuality. Male sexuality is seen as impulsive and uncontrollable while women's sexuality is seen as passive and controllable. These contrasting messages often have negative implications for how men and women relate to each other in intimate and sexual relationships. It is therefore important that both men and women have opportunities to comfortably talk about sexuality and develop skills to communicate about sexuality with partners.

Sexuality to control others – Unfortunately, many people use sexuality to violate someone else or to get something from another person.

- How do people try to use sex to control other people?
- How do the media try to use sex to control others?

Handout 3

DEFINITIONS AND QUESTIONS FOR SMALL GROUP DISCUSSIONS ABOUT SEXUALITY

Sensuality – Sensuality is how our bodies receive and give pleasure.

- What senses do our bodies use to receive and give pleasure?
- What types of activities involve pleasure?

Intimacy/relationships – Intimacy is the part of sexuality that deals with relationships.

- What is needed for a healthy relationship?
- Where do we learn how to love and care for a person?

Sexual health – Sexual health involves our behaviour related to producing children, enjoying sexual behaviours, and maintaining our sexual and reproductive organs.

- What sexual health issues do men and women face?

Resource Sheet: The Five Circles of Sexuality



Handout 4

DEFINITIONS FOR CIRCLES OF SEXUALITY

SENSUALITY

Sensuality is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses, when enjoyed, can be sensual. Ask the participants to provide examples of how a person might enjoy each of the five senses in a sensual manner. The sexual response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure.

Our body image is part of our sensuality. Whether we feel attractive and proud of our bodies influences many aspects of our lives.

Our need to be touched and held by others in loving and caring ways is called skin hunger. Adolescents typically receive less touch from family members than do young children. Therefore, many teens satisfy their skin hunger through close physical contact with a peer. Fantasy is part of sensuality. Our brain gives us the capacity to fantasize about sexual behaviours and experiences, without having to act upon them.

INTIMACY/RELATIONSHIPS

Intimacy is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from relationships around us, particularly those within our families.

Emotional risk-taking is part of intimacy. In order to experience true intimacy with others, a person must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.

SEXUAL IDENTITY

Every individual has his or her own personal sexual identity. This can be divided into four main elements:

Biological sex is based on our physical status of being either male or female. Gender identity is how we feel about being male or female. Gender identity starts to form at around age two, when a little boy or girl realizes that he or she is different from the opposite sex. If a person

feels like he or she identifies with the opposite biological sex, he or she often considers himself or herself transgender. In the most extreme cases, a transgender person will have an operation to change his or her biological sex (often called gender "re-assignment" surgery) so that it can correspond to his or her gender identity.

Gender roles are society's expectations of us based on our biological sex. Ask the group to think about what behaviours we expect of men and what behaviours we expect of women. These expectations are gender roles. Sexual orientation is the final element of sexual identity. Sexual orientation refers to the biological sex that we are attracted to romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is feminine or a woman is masculine, people often assume that these individuals are homosexual. Actually, they are expressing different gender roles. Their masculine or feminine behaviour has nothing to do with their sexual orientation. A gay man may be feminine, masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex behaviour and not consider himself or herself homosexual. For example, men in prison may have sex with other men but may consider themselves heterosexual.

SEXUAL HEALTH

Sexual health involves our behaviour related to producing children, enjoying sexual activities, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections (STIs) are part of our sexual health. Ask the group to identify as many aspects of sexual health as possible.

After discussing the four circles of sexuality, draw a fifth circle that is disconnected from the other four. This circle is a negative aspect of sexuality and can inhibit an individual from living a sexually healthy life. You can say that the circle can "cast a shadow" on the other four circles of sexuality. It is described as follows: Sexuality to control others – This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Sexual violence is a clear example of sex being used to control somebody else. Even advertising often exploits sex in order to persuade people to buy products

Services: Men's Reproductive Health Wall¹¹

OBJECTIVES

1. To understand the range of reproductive health services that can be provided to men.
2. To examine the range of men's reproductive health services that would be a high priority in the participants' communities.
3. To examine the range of men's reproductive health services that can be implemented at the participants' facilities.
4. To examine ways to create linkages to men's reproductive health services that cannot be provided at the participants' facilities.

TIME

30 minutes

MATERIALS

Flipcharts, markers, and tape

ADVANCE PREPARATION

Write the question "What are men's reproductive health services?" at the top of four flipcharts, holding the flipcharts horizontally.

PROCEDURE

1. Tape the flipcharts together so that they form one long stretch of paper, and display them on a wall.
2. Distribute markers to the participants, and ask them to write whatever responses come to mind on the "graffiti wall". Encourage them to write as much as they wish and to include services that are not provided at their facilities. Allow 10 minutes for completion.
3. Conclude the activity by discussing the questions below.

DISCUSSION QUESTIONS

- Which male reproductive health services, if any, are offered at your facility, either on-site or through outreach activities? (Supplement the discussion with information you collected during your advance preparation)
- Which services does your facility provide that you had not considered to be men's reproductive health services?
- What ideas do you have about new men's reproductive health services that might be added to those already provided at your facility?
- What services seem to be particularly needed or of high priority in your community? Which seem to be of particularly low priority? Why?
- How would you facilitate access to the men's reproductive health services needed in your community that your facility does not provide?

¹¹ Adapted from "Men's Reproductive Health Curriculum" developed by Engender Health [For more information visit the Engender Health website: <http://www.engenderhealth.org/pubs/gender/mens-rh-curriculum.php>]

Services: Values Clarification Exercise for Health Professionals¹²

The following situations are based on case studies observed at clinics where males have been seen and/or served. They are intended to help you think about and discuss your beliefs and values with regards to working with young men and serving them in your family planning/reproductive health clinic.

The situations are ideal for discussion in small groups of 5-7 staff. Have each group assign a recorder who will record the group's discussion and report back to the large group. Make sure that the group identifies the different issues that emerge from the vignettes and their responses to them. Facilitation of the full group discussion might be most fruitful if conducted by an outside facilitator.

NOTE: Ideally, it would be best to recount experiences gleaned from your own country or region or adapt the ones here to better reflect your own community.

SITUATION I

A male sheepishly walks into the clinic. The receptionist is on the telephone so the male takes a seat in the waiting room. After fumbling through a couple of magazines for a few minutes he puts them down. The receptionist stays on the phone but does not acknowledge him. Other waiting female clients openly stare at him. Finally he gets up and starts to walk out. The receptionist looks up just as he is exiting.

SITUATION II

A man comes into the clinic with his girlfriend. They both come to the reception desk and the receptionist checks the woman in for her appointment. She also gives her some paperwork to complete before she will be called and asks her to take a seat. The male partner, within hearing of the receptionist stammers to his girlfriend, "ah, I guess I'll wait for you in the car." He then exits and the woman takes a seat in the waiting room.

SITUATION III

A woman comes into the clinic with her mother at the same time as a man and his female partner, both for a pre-natal exam. Both women check in and then are seated with their mother and partner respectively. When the first woman is called, her mother accompanies her to the exam room. When the next woman is called, her male partner gets up to accompany her to the exam room. Before entering the hallway, the nurse

intercepts the couple and says to the man, "oh, I am sorry, you will have to wait out here".

SITUATION IV

Over the last few days two girls have tested positive for Chlamydia. When inquiring about their partners for notification, one man's name has come up as the partner for both of the girls. As the nurse practitioner (NP) is making a phone call in the front reception area, she recognizes one of the girls who tested positive for Chlamydia approaching the front desk with a male. The NP overhears the girl say that she has brought her boyfriend "John Doe" to be tested and she recognizes his name as the one mentioned by both girls. The receptionist tells the couple to be seated and that she will call them when there is an opening. The NP motions the receptionist into the back hallway from the desk and says, "you can just go tell little missy and Mr. Doe that they can just haul his little promiscuous butt over to the County STD clinic, we don't need his business, he's given us enough already!"

SITUATION V

Your nurse practitioner has been with you for the last two years even though you are a small town clinic. Until now the longest any mid-level has stayed is six months. She is passionate about women's health and is enjoying small town life after having spent 10 years in the Title X clinic in a big Eastern city. She left there because she resented, "people trying to tell us how to do our job! We know how to serve women and do it better than anyone else!" She is a little upset because your clinic has received special initiative money to serve males, which she laments, "just takes service dollars away from the women who need us." On the other hand, she feels, "it is probably good to make males be responsible finally."

One day at the clinic, she comes to the lobby to escort a young girl back for an exam. She notices another couple seated in the lobby; the male is probably 20 or 21, while the girl appears to be 16 or 17. The NP is visibly upset and tells the girl to go on back to the exam room. She then motions to the receptionist and nodding toward the young man and girl says, "you make sure I see that young girl, maybe I can talk some sense into her. And I would really prefer that that 'perp' not sit in my waiting room."

¹² John Snow, Inc. Research and Training Institute, Denver, Colorado [303] 293-2405

Maternal, Newborn and Child Health

Education: The Baby is Crying¹³

OBJECTIVE

To promote a discussion about the difficulties and conflicts of caring for children.

MATERIAL

A doll and Resource Sheet: Essential Care for Infants

TIME

1 hour

PROCEDURE

1. Invite all the participants to sit in a circle.
 2. Give the following instruction: let us imagine that this doll is a child.
 3. Ask the group: Is it a boy or a girl? What is his/her name?
 4. Inform them that the child is crying a lot.
 5. Ask the group to imitate the sound of a baby crying.
 6. Pass the doll to one of the participants and ask him to calm the child. The rest of the group continues crying.
 7. After two minutes, if the baby (the group) is no longer crying, ask the participant to pass the baby on to the next person and proceed in the same way.
 8. Afterward, open up the discussion, exploring the comments of the group and their doubts in relation to child care (if required, use the Resource Sheet).
- Planning tips/notes: The doll can be replaced by a ball or any other available object, for example, a balloon.

DISCUSSION QUESTIONS

- What did you feel when the baby would not stop crying?
- Have you gone through a situation like this in your own life?
- What did you think was wrong with the baby?
- Why do babies cry?
- What can we do to get them to stop crying?
- Is it easy to care for a baby?
- Do women have greater skills or abilities for caring for babies? Why?

CLOSING

The facilitator should conclude by stressing that child care is a less complex activity than we usually think, but more tiring and time-consuming than we often imagine. We learn to care for babies through practice, but it is important to discuss with those that have already experienced similar situations or consult specialist books on the subject.

¹³ Taken from the Programme H manual developed by four Latin American NGO's: Promundo (Rio de Janeiro, Brazil - coordination), ECOS (São Paulo, Brazil), Instituto PAPA (Recife, Brazil), and Salud y Género (Mexico). For more information about Programme H see www.promundo.org.br

Resource Sheet:

Essential Care for Infants¹⁵

1. THE HYGIENE OF THE BABY

Daily hygiene is essential for the health and well-being of the baby, but goes far beyond that.

It provides an important opportunity for intimacy and communication, of strengthening the ties between father and child. It can be a moment of joy and pleasure for the child and for the father. Bathing will immediately become a daily routine, as, if there is no impediment to such, it should be repeated every day: a quick bath in a suitable place, with the water at the right temperature (warm) so that the child does not feel cold or hot, taking care that everything is carried out in perfect safety conditions.

2. TOUCHING

During the early stages of life, a baby's skin is one of its main sensory organs. Thus, just as it reacts with obvious displeasure to any type of skin irritation, the baby feels enormous pleasure when it is in contact with warm water, which reminds it of the security of the maternal womb, and when it recognizes the touch of its parents' hands all over its body. The baby's hygiene can become one of the most enjoyable moments of the day. It is the moment to talk with the baby, stimulate its reactions and emotive responses.

3. GIVING A BATH

Prepare all the necessary materials, placing them within easy reach. Check that the water is not too hot or too cold and that there are no drafts. Put water in the bath. The water should be warm. Check the temperature by using the elbow or the internal part of the forearm, where the skin is more sensitive. Don't test the water with the hands, which are accustomed to withstanding much higher temperatures. Cleaning the face and the head requires special care. To wash the face do not use soap, only warm water. Have everything you need within reach. Don't leave the baby alone in the bath for a second: it can drown in a few centimetres of water.

Choose a place with no wind drafts.

As a precaution, fill the bath first with cold water and then add the hot water, until you reach the ideal temperature; never put hot water with the baby in the bath.

4. CHANGING DIAPERS

Always wash your hands before and after changing diapers.

5.a DISPOSABLE DIAPERS

Open the fastener on the diaper, but do not remove it immediately as the baby frequently urinates at this very moment. Wait a few moments to see what happens.

Check if it is dirty. Lift up the baby's legs, securing them by the feet with a finger between the ankles; using a towel, wipe the faeces in the direction of the diaper.

With the legs still raised, place the paper towel used for wiping in the diaper, roll everything up under the baby's body. Remove and proceed with the task.

Clean the area covered by the diaper with cotton, wool, or a cloth moistened with warm water. Dry well, particularly in the folds of the skin, and apply a lotion or anti-chafing cream, but never apply talcum powder. Leave the baby without clothes for some minutes, so that it can kick its legs at will, while its bottom is exposed to the air and dries thoroughly. Open a clean diaper, raise the baby by the legs and slip the part with the fastener under the body as far as the waist. Separate the baby's legs and pass the front part of the diaper between them.

Stretch the diaper at waist level and check if it is positioned correctly. Take the tape on one side, stretch and fasten and then do the same with the other. When fastening, make sure it is not too tight or too loose.

5.b COTTON DIAPERS

Raise the baby's legs and place the already folded diaper under the body. The top part of the diaper should reach the baby's waist. Avoid the formation of wrinkles, folding the ends and stretching the diaper. Pass the front part of the diaper between the baby's legs and stretch as far as it will go, adjusting well between the thighs so that the urine does not leak out. With one of the hands, hold the front of the diaper securely, so that it does not become loose.

¹⁵ Source: Your Child: Caring for the Baby Manual. Vol 1, 2, 3, 4. Rio de Janeiro: Editora Globo, 1995

With the other, fold over the ends and fasten with a safety pin (or adhesive tape). Do the same with the other end and check that the diaper is not too loose or too tight.

6. CLEANING THE BOTTOM

For girls: Always wipe from the front to the back, otherwise you can take germs from the anus to the vulva and cause an infection. Do not clean inside the vulva.

For boys: Wipe with a damp cloth or paper towel the folds in the groin and the genital organs. If the baby is not circumcised, clean the penis without forcing the foreskin back. Do not forget also to wipe the scrotum which should be cleaned from the front to the back, holding the penis to one side with the fingers, if necessary.

Services:

Sample Letter to Invite Men to Pre-Natal Services

This letter can serve to alert a man to come with his wife or partner to an ante-natal check-up. It should be adapted to suit the circumstances but it is important to always include the date and time of the counselling session and to print the letter on clinic letterhead if available. This was adapted from a letter used by EngenderHealth.

Date: _____

To Mr.: _____

Our Health Centre believes that working through dialogue with the community is crucial not only to improve our integrated health care but to also increase uptake of services. It's also believed that, as a father, you can play a paramount role in the health of your partner (wife) and your children. It is therefore an honour to invite you to come with your partner (wife) to be involved in the educational and counselling session to be held in our health centre on the date of _____, 20____ at ____ o'clock.

With regards,

Dr./Sr./Ms./Mrs./Mr. _____
Head of the Health Center

Campaigns:

Promoting Men's Role in Safer Motherhood¹⁴

OBJECTIVE

To develop information, education, and communication (IEC) messages to engage men in safer motherhood

TIME

45 minutes

MATERIALS

Flipcharts, markers, and tape

ADVANCE PREPARATION

No advance preparation is needed.

PROCEDURE

1. Explain that in order to increase men's awareness of their role in preventing maternal death, many programmes create establish campaigns that reach out to male audiences. Inform the participants that they will have an opportunity to create such a campaign.
2. Divide the participants into groups of five or six participants, and give each group some flipcharts and markers. Ask the groups to develop a promotional tool for the role of men in safer motherhood. The tool could be a television commercial, a radio drama, a poster, or anything else that could be used to promote this issue. Tell them they will have 20 to 30 minutes.
3. After the groups have completed their task, ask them to present their campaigns to the larger group. Allow the participants to discuss each campaign and the messages it promotes.
4. Conclude the activity by discussing which of the campaigns would be the most appropriate for the communities served by the participants' facilities.

¹⁴ Taken from Men's Reproductive Health Curriculum developed by Engender Health.

[For more information visit the Engender Health website: <http://www.engenderhealth.org/pubs/gender/mens-rh-curriculum.php>

Fatherhood

Education: You're Going To Be A Father¹⁶

OBJECTIVE

1. To examine household duties and gender stereotypes often associated with them
2. To discuss the benefits of men sharing in household responsibilities

TIME

1 hour

MATERIALS

- Paper
- Pens
- Scissors
- A small box
- Resource Sheet 25: Messages

FACILITATOR'S NOTES

Facilitators will need to create their own stories that reflect the realities and cultural contexts of the group. It is vital for facilitators to write the messages in their own handwriting to make the activity more "realistic". Messages can be adapted according to cultural context—providing that the same line of reasoning or storyline is maintained for each:

1. Persons in a long-lasting relationship in which the pregnancy is unplanned;
2. Persons in a one-night-stand situation who have friends in common and in which the pregnancy was not expected; and
3. A couple who wants to have a child and finds out they are going to have one.

ADVANCE PREPARATION

Should the group have difficulty reading, the facilitator can read out the messages to each group. This activity can also be applied with adults.

Before beginning write three messages in your own handwriting. Cut out the three messages, fold them and place them in a small box.

PROCEDURE

1. Divide the participants in three groups.
2. Hand out messages that you developed cut earlier to each group.
3. Instruct the groups to stage a short role-play, which covers at least three items: (a) the place where the message was delivered; (b) who delivered it? And; (c) the reaction of the person that received it.
4. Each small group should present its role-play to the rest of the group.
5. Open up the discussion, exploring the similarities and differences between the scenes.

DISCUSSION QUESTIONS

- How are the three situations similar? How are they different?
- Is there any difference between pregnancy that occurs within the context of a long-lasting relationship and one that occurs following occasional sex?
- What does it mean for a man to assume paternity? Is contributing financially enough?
- To be a father, do you need to be a husband? Why or why not?
- What have you learned in this activity? Have you learned anything that could be applied in your own life and relationships?

CLOSING

Men generally experience a variety of feelings and expectations in relation to becoming a father. Existing gender norms may influence many of these. Often, men may believe that to be a father means to be a provider—that is, to assume financial responsibility. However, being a father also means being a caregiver—participating in prenatal care, changing diapers, helping with homework, etc. It is important to remember that a man can, and should still be involved in care-giving even if he is not married or romantically involved with the mother.

¹⁶ Taken from the Programme H manual developed by four Latin American NGO's: Promundo (Rio de Janeiro, Brazil - coordination), ECOS (São Paulo, Brazil), Instituto PAPA (Recife, Brazil), and Salud y Género (Mexico). For more information about Programme H see www.promundo.org.br

Education: Men, Women, and Caregiving¹⁷

OBJECTIVES

1. To increase awareness about traditional gender divisions in caregiving
2. To promote men's increased participation in caregiving in their homes, relationships, and communities

TIME

90 minutes

MATERIALS

- Two empty boxes (e.g. shoe box)
- Cut-outs
- Photos or drawings of people, animals, plants, and other things men and women care for

PROCEDURE

PART I - 45 MINUTES

1. Prior to the session, the facilitator should prepare up to 10 images (drawn or cut out from newspapers or magazines) of babies, elderly persons, large and small animals, plants, houses, cars, clothing, diapers, garden tools, and other persons/objects that men and women "care" for. If possible, the facilitator can bring some of the objects to the session themselves. It is okay to have multiple copies of certain images or objects. When working with school groups, cut-outs can be replaced with words, but the use of images, even in these groups, makes the activity richer.
2. At the beginning of the session, present the two boxes to the participants, saying that one of the boxes will be given to a man and the other to a woman.
3. Present the images and objects to the participants and ask them to place the images and objects that women know how to care for, or are better at caring for, than men.
4. In the man's box, ask the participants to put the images and objects that men know how to care for, or are better at caring for, than women.
5. After they have done this, take the images and objects out of the box, one by one, showing them to the group.

6. Then, try to explore how the men grouped the images and objects together, using the following questions:

- Why are some types of images and objects found only in the man's box?
- Why are some types of images and objects found only in the woman's box?
- Why do some images and objects appear in both boxes?
- Looking at the images and objects in the box for women, do you think that a man could properly care for these things?
- Looking at the images and objects in the box for men, do you think that a woman could properly care for these things?

PART II - 45 MINUTES

1. Write the words "female carer" and "male protector" on flipchart paper. Ask participants what the differences are between being a "carer" and being a "protector."
2. Ask participants what they know about the burden of AIDS care carried by women.
3. Make the point that AIDS makes it more important than ever that men share the burden of care.
4. Explain that you want to look at the pressures that prevent men from getting more involved in caring for others. Divide participants into three groups. Ask the first group to discuss the social pressures that make it hard for men to take on the role of "carer."

¹⁷ Taken from Engaging Men and Boys in Gender Transformation: The Group Education Manual, The ACQUIRE Project/EngenderHealth and Promundo, 2008

Education:

Division of Labor and Childcare in the Home¹⁸

OBJECTIVE

1. To examine household duties and gender stereotypes often associated with them
2. To discuss the benefits of men sharing in household responsibilities

TIME

45 minutes – 1 hour

MATERIALS

- Flipchart
- Markers
- Paper
- Pencils and pens

PROCEDURE

1. Ask participants to name typical household duties that take place on a regular basis. To assist, ask them to think about what needs to be done in a household from the first activities of the day until the last thing before going to sleep. List all of the activities on a flip chart, placing a number (beginning at 1) next to each activity as you go. The list of activities should include some of the following:

- cooking
- upkeep and maintenance including repairing household items
- shopping for food, clothes and household items
- cleaning and washing
- childcare
- eldercare
- safety
- school-related activities (transportation, homework, meetings at school etc.)
- paying the bills
- Feel free to add these to the list if participants do not mention them.

2. Distribute blank sheets of paper to the group. Ask the participants to reflect on the list, and identify whether it is the woman, man or both who undertakes the activities listed. Participants can simply write "woman", "man", or "both" next to the corresponding number on their sheet.

3. Ask the participants to tally the number of activities that women, men, and both sexes normally do. Ask each participant to share their results and list the totals on a new flip chart.

4. Facilitate a discussion using the questions below.

DISCUSSION QUESTIONS

- Did the tally of activities done by women and men in the household surprise you? Why or why not?
- Was there a lot of variation among the tallies of different participants? Why do you think that is?
- What factors contribute to men not participating in childcare?
- Do you think the division of labour between men and women in the home is changing or remains the same? Why?
- How has the need to provide additional home-based care to family members living with HIV affected the division of household labour between men and women?
- What are some of the benefits that come from men playing an active role in household duties?
- What can be done to promote more equitable distribution of labour in households?
- What have you learned in this activity? Have you learned anything that could be applied in your own life and relationships?

CLOSING

If and how a father is involved in childcare is not linked exclusively to biological characteristics, but depends more on how men and women are raised and whether they are raised to believe that men can also take care of children. Although girls and women are frequently brought up from an early age to care for children, men can also learn to care for a child—and learn to do it well. Questioning gender roles is part of the process of challenging the gender inequities, which increase vulnerability to HIV/AIDS.

¹⁸ Taken from "Engaging Men and Boys in Gender Transformation: The Group Education Manual", The ACQUIRE Project/EngenderHealth and Promundo, 2008

**HIV and AIDS
Prevention, Care and Support**

Services: Developing a Fact Sheet About Men and Boys and HIV Prevention

A fact sheet is an essential tool for any advocacy effort related to men and HIV prevention. It should include the "why" and "what" of the issue at hand and should be presented in a straightforward and easy-to-read style.

The "why" should include factual and compelling information on the role men and boys play in HIV prevention. This type of information can be gathered from local organizations working on HIV/AIDS Departments, Ministries of Health, Demographic and Health Surveys (www.measuredhs.com) and UNAIDS (www.unaids.org), among other sources.

The second component of the fact sheet, the "what" should outline concrete actions that can be taken to positively engage men and boys in HIV prevention. These should be adapted to both the target audience and the local context. It is also important to include websites and other information sources where individuals or organizations can learn more about men, boys and HIV.

Below is an example of a short fact sheet designed for health services administrators and professionals. The "why" describes how men's sexual and health-seeking behaviours put both themselves and women at risk. The "what" presents several concrete suggestions for promoting men-friendly health services.

Handout 5

FACT SHEET: MEN, HIV PREVENTION AND HEALTH SERVICES

Four compelling reasons to engage men and boys in HIV prevention activities¹⁸:

- 1. Male behaviours put women at risk**
On average, men have more sexual partners than women. Also, HIV/AIDS is more easily transmitted sexually from a man to a woman than from a woman to a man. Thus, a man who is HIV positive is likely to infect more persons than a woman who is HIV positive.
- 2. Male behaviours put men at risk**
Men are more likely than women to use alcohol and other substances, behaviours that increase their risk of HIV infection. Additionally, men and boys are often negligent about their wellbeing and are less likely than women to seek health care.
- 3. The issue of men who have sex with men (MSM) has been largely hidden.**
Surveys from various parts of the world find that between 1 to 16 per cent of all men report having had sex with another man, regardless of whether they identify themselves as gay, bisexual, or heterosexual. For men who are gay, or who have sex with men, prejudice and stigmatization can lead them to practice their sexuality clandestinely and inhibit them from seeking out sexual health information and services, thus creating situations of extreme vulnerability to HIV.
- 4. Male-friendly health services are an important part of HIV prevention**
Providing men-friendly health services is an important aspect of promoting access to and use of

HIV prevention information, methods and support. Unfortunately, many men avoid health services because they are not "gender-friendly." Below are some suggestions for making your health services more friendly and accessible to men:

- Decorate the waiting rooms in such a way as to be attractive to men. Avoid colours and decorative items that are considered specific to women and babies. Display posters of men engaging in health-promoting behaviours such as holding/feeding a baby or wearing a bike or motorcycle helmet.
- In the waiting and examination rooms display client-education materials that provide information on issues relevant to men and boys such as male genital self-examination.
- Train health workers to recognize how important it is to work with men and boys. Offer the opportunity to deconstruct their own gender beliefs and help them to understand how these beliefs affect their professional interactions with men and boys.
- Clearly announce the availability of services for men and boys in posters and promotional materials that are distributed in the community.
- Make condoms readily available. Display signs advertising "condoms available" (for sale or free) at the reception desk or another area where men are likely to view them. Stocking more than one brand of condom, if possible, helps reinforce that idea that the health services takes men's contraceptive and disease-protection seriously.
- Offer a flexible schedule of services, including evenings and weekends, to accommodate men and boys and their work and/or school schedules.

Services: Tips for Providing VCT (Voluntary Counseling and Testing)¹⁹

PRE -TEST COUNSELLING

- Discuss what HIV/AIDS are, how the HIV virus is transmitted, and what behaviours could lead to transmission.
- Explain how the HIV test is done. The man may be concerned that it will hurt or cause discomfort. Answer any questions he has about the test and its accuracy. Explain that the test's reliability depends on the last time he may have been exposed and that it can take up to three or even six months after exposure to HIV—the "window" period—for the virus to be detected by the test.
- Emphasize that the test is voluntary and confidential.
- Encourage the man to think about who he will turn to for support. Partners? Parents? Other family members? Religious leader? Trusted friends? Help him determine who would be most supportive and practice how to talk to these people about being HIV-positive.
- Encourage the man to speak with his partner(s) about counselling and testing.

IF THE RESULT IS NEGATIVE

- Acknowledge the man's feelings of relief. Explain that a negative result means that HIV was not detected but emphasize that he could still be at risk if he practices unsafe behaviours or if he has practiced unsafe behaviours in the last three months. Suggest that if he has engaged in any risky behaviours—unprotected sex, use of injecting drugs—in the last three months, he should return to confirm the results by taking another test in one to three months, depending on the date he may have been exposed to HIV.

- Reinforce any healthy behaviours he reported in the pre-test session—such as using condoms and being faithful to one partner—and help him develop a plan to change any risky behaviours and maintain his HIV-negative status.
- Refer the man, as necessary, for ongoing medical care, counselling, support, or development of life skills such as self-esteem, problem solving, and dealing with peer pressure.

IF THE RESULT IS POSITIVE

- It can be very difficult to tell a man that he has tested positive for HIV. Try to deliver the news in a caring but not overly emotional way. Give the man the hopeful message that a person with HIV can remain healthy for a long time if he practices positive living habits.
- Review what a positive test result means. Explain that he has the HIV infection, but that he probably has not yet developed AIDS — unless he appears with an opportunistic infection or other clinical signs that may suggest he has. Review the difference between HIV and AIDS.
- Allow the man to express his feelings. Give him as much time as necessary. He might be angry, depressed, or afraid. He might feel betrayed by his partner or refuse to accept the test result. Listen to him, offer empathy, and show that you care about what he is going through.
- Encourage the man to tell his status to any sexual partner(s) he has had and/or — if appropriate — to anyone with whom he shared a needle. Acknowledge his fears about doing so. Offer to role-play; try first acting as the man, so that he can learn how to explain his or her status. Then, allow the man to practice by pretending that you are the person he needs to tell.

¹⁹ SOURCE: Boswell and Baggaley 2002

Education: Living Positively – Digital Stories²⁰

OBJECTIVE

To hear stories from people living with HIV/AIDS (PLWHAs) regarding living positively with HIV

TIME

45 minutes

MATERIAL

- Flipchart
- Markers
- EngenderHealth/South Africa MAP Digital Stories DVD;
- DVD player and Sound system

FACILITATOR'S NOTES

Before facilitating this session with the digital stories, be sure and to view the stories yourself so you are familiar with the content. You also should review discussion questions, as well as key messages the storytellers are conveying.

If you do not have a copy of the digital stories, they are available on-line at www.engenderhealth.org

There are additional MAP digital stories focusing on living positively with HIV. Be sure to review Azola's, Thami's, and Msekeli's stories to see if they may be more appropriate for your audience.

PROCEDURE

1. Open this session by explaining that you would like to share two digital stories about men who are living positively with HIV. These men have chosen to disclose their status in the hopes of reducing stigma and encouraging others to get tested and cope with their infections. Explain that the stories are about 3 minutes long—and there will be short discussion after each of them.
2. Start by sharing Jason's Story. Once it has ended, conduct a discussion with the following questions, and conclude with the key points Jason is making in his story.

DISCUSSION QUESTIONS FOR JASON'S STORY

- What do you think Jason is saying in his story?
- How did Jason's story make you feel?
- Why do you think Jason felt ashamed?
- Have you ever felt isolated, alone or rejected?
- What did you do to get over those feelings?
- Why do you think people with HIV/AIDS are so often stigmatized?
- What can you do to end the stigma against people living with HIV/AIDS? What can you do to support HIV prevention?

KEY POINTS FROM JASON'S STORY (REVIEW AFTER DISCUSSION)

- People living with HIV/AIDS suffer from immense discrimination and stigmatization, as well as self-hatred, anger, and frustration.
 - This discrimination is unfounded and needs to end.
 - PLWHAs do not need to be defined by HIV; they are simply people who are living with the virus. PLWHAs have the power to define their own lives.
3. Next, share Bonile's Story. Once complete, use the following questions and key points for discussion:

DISCUSSION QUESTIONS FOR BONILE'S STORY

- What is Bonile saying in his story?
- How did it make you feel when he said he hated women? Why do you think he felt this way? Have any of you felt like this before? How did you deal with it?
- Why do you think people gossip and judge PLWHAs?

²⁰ Taken from Men as Partners: A Programme for Supplementing the Training of Life Skills Educators developed by Engender Health and The Planned Parenthood Association of South Africa. For more information visit the Engender Health website: www.engenderhealth.org/ia/www/wmo.html

- What can you do to stop the gossip and judgments?
- What do you think Bonile means when he says that he's responsible now?
- Where can you go to get more informed about HIV and AIDS?

KEY POINTS FROM BONILE'S STORY (REVIEW AFTER DISCUSSION)

- Being hurt, disappointed and angry can really hold a person back (e.g. how Bonile hated women before). You do not grow and do not lead a happy life.
- Being hurt by one person (e.g. his girlfriend) does not translate into the feelings and actions of everyone. Bonile formed the opinion that all women were not to be trusted, which is a harmful gender stereotype.
- It is important to know all you can about HIV/AIDS, including how to protect yourself. Equally, it is important to know your HIV status—so get tested if you have not done so already. Ignorance can harm and kill people.
- Simply because a person is living with HIV/AIDS, does not mean that he/she cannot have healthy loving relationships, and achieve their dreams and goals in life.

CLOSING

As these stories illustrate, many people living with HIV and/or AIDS face tremendous stigma and discrimination. This stigma and discrimination has harmful consequences both for these individuals, their families and communities and it is important for it to end. PLWHAs should not be defined by the fact that they have HIV; they are simply people who are living with the virus. PLWHAs have the power to define their own lives and like anybody else, they aspire to having healthy, loving relationships and can achieve their dreams and goals. As individuals living in communities where HIV and AIDS is present, we need to know how to support those who are living with the virus and to help reduce stigma and discrimination.

Education: Getting Tested for HIV²²

OBJECTIVE

To discuss the importance of HIV/AIDS counselling and testing and related benefits and challenges

TIME

60 minutes

MATERIALS

- Paper
- Scissors
- Markers
- Tape

ADVANCE PREPARATION

Prior to the session, gather information from local centres that specialize in voluntary counselling and testing (VCT) and, if possible, arrange for a staff person to participate in this session and/or for the men to visit the centre itself. It is also important to be aware of policies and services related to the provision of anti-retrovirals (ARV) for people living with HIV and AIDS.

PROCEDURE

1. Ask for two volunteers to do play the part of a man arriving at a health centre for an HIV test and the counsellor who will see him. Participants should decide what the scene will be like, the expression on the man's face, his behaviour, and the appearance of the counsellor. Explain that it takes a little while to obtain the results of an HIV test and that this is the man's first contact with the health centre. The counsellor should be friendly and establish a rapport with the man. When you think it is appropriate, stop the scene with a command (e.g., "Freeze!").

2. Then, discuss the following questions with the participants:

- What do you think made the man want to take the test?
- How long do you think it took him to decide to take the test?
- How do you think he will cope with the result?
- How is he feeling? Is he afraid? Confident? Why?

- Do you think his family or friends know what he has come to do?

3. After discussing these questions, ask two other pairs to role-play the same scene, but this time, they should begin just as the test result is given. Assign a positive result to one pair and a negative result to the other, and have each play the part of the counsellor giving the result and the young man reacting. Do not let the other participants know which pair will act out the positive and negative results.

4. Prompt the group with questions about the two role-plays:

- How did the man receive the news about being positive/negative?
- Who do you think the first person he talks to will be?
- Why do you think the result of the test was positive/negative?
- What is he thinking of doing now that he knows he has/does not have the virus?

5. Have the group discuss the realities of each of the role-plays.

6. Finally, ask for two more pairs to role-play what the future holds for the man who receives a positive result and for the young man who receives a negative result.

7. Afterwards, prompt group discussion with questions about the role-plays:

- What initiatives should HIV-positive/HIV-negative men take?
- What are their expectations for the future?

DISCUSSION QUESTIONS

Wrap-up the discussion with the questions below.

- Do people in your community know where they can go for HIV counselling and testing? Do they trust it will be done safely and anonymously?

²² Taken from Engaging Men and Boys in Gender Transformation: The Group Education Manual, The ACQUIRE Project/EngenderHealth and Promundo, 2008

- How do you think people are treated when they seek HIV counselling and testing?
- How do you think they should be treated?
- Do you think men are more or less likely than women to seek out HIV counselling and testing? Why?
- What do you think are the biggest factors that hinder men from seeking HIV counselling and testing?
- What can be done to address these factors?
- What should a man do if his test result is positive?
- What should a man do if his test result is negative?
- How can you encourage more men in your community to be tested?

CLOSING

Men are often less likely than women to seek health services, including counselling and testing for HIV, since they often see themselves as invulnerable to illness or risk, or may just want to "tough it out" when they are sick. However, as has been discussed, men face many risks, and HIV testing is an important part of taking care of themselves and their partners. It is important for men to know where in their community they can get these services and to seek them out, when appropriate. The participants should think together about how to support those men who test negative so that they continue to protect themselves. They should also consider how best to encourage those men who test positive to seek out appropriate services and protect themselves and their partners from re-infection.

TRAINING OPTIONS

Invite the group to develop a role-play showing the two men meeting and talking before and after they receive results.

Gender-Based Violence

Education:

Don't Stand by, Take Action²³

OBJECTIVES

1. To identify the roles that men can play as active bystanders in stopping male violence;
2. To identify the supports that will help men take on these roles as active bystanders

AUDIENCE

- Age: Youth or adults
- Sex: Men; Literacy: Medium
- Resources: Medium

TIME

75 minutes

MATERIAL

- Flipchart paper
- Markers
- Sufficient copies of Handout 6: What Men Can Do as Active Bystanders for all participants

FACILITATOR'S NOTES

Pay attention to participants' reactions to this activity. It may remind some people of experiences in their own lives—when they were a target of violence and bystanders did not do enough to stop the violence, or when they were a bystander and did not do enough to stop the violence. Remind participants that it is okay to step out of the activity to take care of themselves. Make yourself available at the end of the session if anyone needs support.

Be clear that the aim of this activity is not to make anyone feel guilty for failing to stop violence in the past. Rather, it is to look to the future and to see what more we can do to help stop the violence in our communities.

PROCEDURE

1. Introduce the idea of the "active bystander" – use Handout 6 if needed. Ask participants to share examples of people taking on the role of being an active bystander and ask:

- What did these active bystanders do?

- Why was it important that they took some form of action?

2. Ask the group why it is so important that men take more action as Active Bystanders in trying to stop men's violence.

3. Brainstorm with the group some of the things that men could do as active bystanders in their community to take action to stop the violence.

4. Explain that one of the challenges of men taking on the role of active bystander is that this role can get confused with the sexist idea that men are supposed to protect women. What problems do you see with the idea that men are supposed to protect women?

5. Brainstorm with the group some of the main reasons that men give for not being more active as a bystander in trying to stop men's violence.

6. Pass out Handout 6. Break the participants into smaller groups and assign each small group a scenario from Handout 6 to prepare as a short role-play. Each role play illustrates a conversation between a reluctant bystander and a friend who persuades them to become active and take action.

7. Run the role-plays and then debrief using these questions:

- In the role-plays, what worked well and what not so well to persuade the person to become an active bystander?
- How can we persuade more people to become active bystanders?
- What stops men from being more active as bystanders?
- What is needed to help men become more active as bystanders?

8. Ask participants to get back into their small groups and give each group one of the scenarios to discuss for 15 minutes.

9. Bring the groups back to share the highlights from their discussion and their answers to the questions.

²³ Taken from Engaging Men and Boys in Gender Transformation: The Group Education Manual, The ACQUIRE Project/EngenderHealth and Promundo, 2008

10. Summarize the discussion by highlighting the need for men to take action as Active Bystanders, the actions that men can take and the supports that men might need.

CLOSING

Violence occurs every day because many people prefer to ignore it or deny it, especially male violence against women. An active bystander is someone who chooses not to stand by and let the violence continue, but takes some form of action to help stop the violence. Reducing the level of violence in society will require many more men to step up as Active Bystanders. Men commit most violence and many men are more likely to listen to another man than they are to a woman. These two facts make it essential that more men get involved as Active Bystanders in order to intervene with other men to stop their violence. It is also important to mobilize men with power to think of themselves as Active Bystanders in the effort to end violence – government and community leaders, business leaders, and policy-makers. Taking action as an Active Bystander is often not easy, especially for men who are taking action to stop other men's violence. It is important for men to identify ways that they can support each other in their efforts to be more Active Bystanders.

Sexist gender norms expect men to be the protectors of women. One danger in the Active Bystander approach is that some men will think that their role as an Active Bystander is to protect women. But the male protector role only ends up reinforcing women's disempowerment, which is the goal of men's violence in the first place. A core principle of the Active Bystander approach is that it must strengthen rather than weaken the empowerment of those who are targeted by violence.

Handout 6*

WHAT MEN CAN DO AS ACTIVE BYSTANDERS

There are many ways that bystanders can prevent, interrupt, or intervene in abusive and violent behaviours, and the majority carry little or no risk of physical confrontation. Since these interventions are not always apparent to people,

work with men as Active Bystanders should introduce as many non-violent, non-threatening options as possible. A key element of the Active Bystander approach is facilitating a discussion of options that bystanders have in a variety of realistic scenarios.

Here are some examples of non-violent options for bystander actions:

- Talk to a friend who is verbally or physically abusive to his partner in a private, calm moment, rather than in public or directly after an abusive incident.
- Talk to a group of the perpetrator's friends and strategize a group intervention of some sort. (There is strength in numbers.)
- If you have witnessed a friend or colleague abusing a partner, talk to a group of the victim's friends and strategize a group response.
- If you are a school or college student, approach a trusted teacher, professor, social worker, or health professional. Tell them what you've observed and ask them to do something, or ask them to advise you on how you might proceed.

EXAMPLE

Reasons given for not being an Active Bystander

- "It's a private affair- it's not my business"
- "My friends will not take me seriously if I speak out against violence"
- "I may get hurt myself if I get involved"
- "That is the job of the police"

SCENARIO 1

BOYS WILL BE BOYS

You are walking down a street and see a group of male construction workers verbally harassing a woman.

Questions for group to discuss

- What can you do in this situation?
- What possible consequences may happen to you? To the woman? To the men?
- Could anything be done to prevent this situation?

SCENARIO 2

NEIGHBOURLINESS

Your neighbours are a married couple. You often hear your neighbours arguing with each other. One night, you are asleep and are woken up by the sounds of your female neighbour screaming as if she is being hurt, and her husband is shouting at her.

Questions for group to discuss

- What can you do in this situation?
- What possible consequences may happen to you? To the woman? To the man?
- Could anything be done to prevent this situation?

SCENARIO 3

PARTY

You are with some friends at a house party. One of your male friends is always talking about how he is always getting with the women. You have heard from other people that he doesn't always treat women with respect. You notice one of your female friends is very intoxicated and being sweet-talked by the same guy. You see them leaving the party and go outside.

Questions for group to discuss

- What can you do in this situation?
- What possible consequences may happen to you? To the woman? To the man?
- Could anything be done to prevent this situation?

SCENARIO 4

ACROSS THE STREET

You are at a friend's house watching television. You hear a woman's voice screaming for help. You and your friends run outside and see a man sexually assaulting a woman across the street. You are not sure if he has a weapon or not.

Questions for group to discuss

- What can you do in this situation?
- What possible consequences may happen to you? To the woman? To the man?
- Could anything be done to prevent this situation?

* Adapted from: Online Toolkit for Working with Men and Boys, Family Violence Prevention Fund, San Francisco, USA

Education: What is Violence?²⁴

OBJECTIVE

To identify different types of violence that may occur in intimate relationships and communities

TIME

1 hour and 30 minutes

MATERIALS

- Flipchart paper
- Marker pens
- Resource Sheet: Case Studies on Violence and Resource Sheet: What is Gender-Based Violence?

FACILITATOR'S NOTES

Prior to the sessions on violence, it is important to research locally relevant information concerning violence, including existing laws and social supports for those who use and/or suffer from violence. It is also important to be prepared to refer a participant to the appropriate services if he reveals that he is suffering violence or abuse

- Explaining that this is not a support group, but that you can see anyone afterwards to tell them about any support services that you know about;
- Being aware of people's reactions and body language and reminding the group of the importance of people taking care of themselves—such as, it is ok to take a break;
- Explaining that keeping full confidentiality is usually very difficult and that participants who want to talk about their own experience but who do not want others outside the group to know about it, can choose to talk about the violence that "people like them" experience; and
- Challenging participants who try to deny or reduce the significance of violence, in particular violence against women and children.

The case studies included in the Resource Sheet depict diverse types of violence. These include: physical, sexual and emotional violence by men against women in intimate relationships (case studies # 1, 2 and 3); Physical violence between

men (case study #4) and; community-level, or institutional, violence against individuals and groups of people (case study #5). If necessary, you can make adaptations to these case studies or create new ones to address other types of violence that also occur in intimate relationships, families and/or communities.

PROCEDURE

PART 1 – WHAT DOES VIOLENCE MEAN TO US? (30 MINUTES)

1. Ask the group to sit in a circle and to think silently for a few moments about what violence means to them.

2. Invite each participant to share how violence affects them and what it means. Write the responses on flipchart paper.

3. Discuss some of the common points in their responses, as well as the unique points. Review the definitions of violence below and let participants know that there is often no clear or simple definition of violence and that in the second part of the exercise you are going to read a series of case studies to help them think about the different meanings and types of violence.

Physical violence: using physical force such as hitting, slapping, or pushing.

Emotional / Psychological violence: often the most difficult form of violence to identify. It may include humiliating, threatening, insulting, pressuring, and expressions jealousy or possessiveness such as the controlling of decisions and activities.

Sexual violence: pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will or making sexual comments that make someone feel humiliated or uncomfortable. It does not matter.

PART 2 – DISCUSSION OF DIFFERENT TYPES OF VIOLENCE (1 HOUR)

4. Read each case study on violence and use the talking stick to facilitate a discussion with the questions following each case study.

5. After having read all of the cases, discuss the following questions.

²⁴ Taken from Engaging Men and Boys in Gender Transformation: The Group Education Manual, The ACQUIRE Project/EngenderHealth and Promundo, 2008

DISCUSSION QUESTIONS

- What kinds of violence most often occur in intimate relationships between men and women? What causes this violence? (Examples may include physical, emotional and/or sexual violence that men use against girlfriends or wives, as well as violence that women may use against their boyfriends or husbands.)
- What kinds of violence most often occur in families? What causes this violence? (Examples may include the parental of physical, emotional or sexual abuse of children or other types of violence between family members.)
- What kinds of violence most often occur outside relationships and families? What causes this violence? (Examples may include physical violence between men, gang or war-related violence, stranger rape and emotional violence or, stigma against certain individuals or groups in the community),
- Are there types of violence that are related to an individual's sex? What is the most common type of violence practiced against women? (See Resource Sheet 27 –What is Gender-based violence?) Against men?
- Are only men violent, or are women also violent? What is the most common type of violence that men use against others? What is the most common type of violence that women use against others?
- Does a person—man or woman—ever “deserve” to be hit or suffer some type of violence?
- What are the consequences of violence on individuals? On relationships? On communities?
- What are the consequences of violence in relation to HIV? Sexual violence and HIV transmission? Condom usage?
- What can you and other young men do to stop violence in your community?

CLOSING

At its most basic level, violence can be defined as the use of force (or the threat of force) by one individual against another. Violence is often used as a way to control another person, to have power over them. It happens all over the world and often stems from the way that individuals—especially men—are brought up to deal with anger and conflict. It is commonly assumed that violence is a “natural” or “normal” part of being a man. However, violence is a learned behaviour and in that sense, it can be unlearned and avoided. As has been discussed in other sessions, men are often socialized to repress their emotions, and anger is sometimes one of the few socially acceptable ways for men to express their feelings. Moreover, men are sometimes raised to believe that they have the “right” to expect certain things from women (domestic tasks or sex, for example), and the right to use physical or verbal abuse if women do not provide these things. Men may also resort to violence to assert their views or decisions thereby making communication among partners about condom-usage, sex, and HIV almost impossible. It is important to think about how these rigid gender roles regarding how men express their emotions and how they should interact with women are harmful to both to individual men and to our relationships. In your daily lives, it is fundamental that you, as men, think about what you can do to speak out against other men's use of violence.

LINKS

This activity can also be linked to the earlier one on “Expressing my Emotions” and a discussion about how to handle anger.

Resource Sheet:

Case Studies on Violence and Resource

Case Study 1

Mtiti and Latifa are married. Mtiti's family is coming over to their home for dinner. He is very anxious that they should have a good time, and he wants to show that his wife is a great cook. But when he gets home that night, nothing is prepared. Latifa is not feeling well, and she has not made dinner. Mtiti is very upset. He does not want his family to think that he cannot control his wife. They begin to argue and yell at each other. The fight quickly escalates, and Mtiti hits her.

- Do you think that Mtiti was right to hit Latifa?
- How should Latifa react?
- Could Mtiti have reacted differently in this situation?

Case Study 2

You are dancing with a group of friends at the disco. When you are about to leave, you see a couple (a man and woman, apparently boyfriend/girlfriend) arguing at the entrance. He curses her (calls her names) and asks her why she was flirting with another guy. She says: "I was not looking at him... and even if I was, aren't I with you?" He shouts at her again. Finally, she says: "You don't have the right to treat me like that." He calls her worthless and tells her to get out of his face—he can't stand to look at her. He then hits her, and she falls down. She screams at him, saying that he has no right to do that.

- What would you do? Would you leave? Would you say anything? Why or why not?
- Would it be different if it was a guy hitting another guy?
- What can you do in situations like this one? What are your options?
- What is our responsibility to prevent others from using violence?

Case Study 3

Michael is an older boy who comes from a wealthy family. He meets Pili one day on her way home from school and they chat a little. The next day, he meets up with her again and this continues until one day he tells Pili how much he likes her. They start to kiss and Michael starts touching Pili under her blouse. But, then Pili stops and says that she doesn't want to go anything further. Michael is furious. He tells her that he has spent lots of time with her and says: "What are my friends going to say?" He pressures her to get her to change her mind. First he tries to be seductive, then he begins yelling at her in frustration. Then he begins pulling at her forcefully, pushing her down. He even begins to violate her sexually though she keeps saying, "No, stop!"

- Is this a kind of violence? Why or why not?
- What do you think Michael should have done?
- What do you think Pili should have done?

Case Study 4

A group of friends go dancing. One of them, John, sees that some guy is staring at his girlfriend. John walks up to the guy and shoves him and a fight begins.

- Why did John react this way? Do you think that he was right to shove the other guy?
- How else could he have reacted?
- What should his friends have done?

Case Study 5

In many communities, people who are living with HIV are shunned. They are insulted. Sometimes their children are not allowed to go to school.

- Is this a type of violence?
- Do you think that this type of discrimination hurts people living with HIV/AIDS?
- What can be done to stop these types of things from happening?

Resource Sheet:

What is Gender-Based Violence?

In many settings, most laws and policies use “family violence” or “domestic violence” to indicate acts of violence against women and children by an intimate partner, usually a man. However, there has been an increasing shift toward the use of “gender-based violence” or “violence against women” to encompass the broad range acts of violence that women suffer from intimate partners, family members, and other individuals outside the family. These terms also draw focus to the fact that gender dynamics and norms are intricately tied to the use of violence against women (Velzeboer, 2003). Though gender-based violence can apply to both men and women, the UNFPA focus is on women and girls as they are overwhelmingly affected.

Below is a definition of gender-based violence and violence against women based on the United Nations General Assembly Declaration on the Elimination of Violence Against Women in 1994:

...any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women because of being

women and men because of being men, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

...shall be understood to encompass, but not be limited to the following:

a. Physical, sexual and psychological violence occurring in the family, including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation

b. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution

c. Physical, sexual and psychological violence perpetrated or condoned by the State and institutions, wherever it occurs.

Education: Snakes and Ladder Game²⁵

OBJECTIVE

Allow men to understand the role that men have in violence against women and understand the inequalities women face.

Allow men to think of actions they can take to prevent violence against women.

TIME

1 hour or more

OPTION 1

Play the game on a one x one metre board on which 4 to 8 persons can play. More or less 10 persons can be involved as an audience.

OPTION 2

Play the game on a five x five metre board. Participants can walk on this board while wearing various colours of caps to identify them as different pieces (players) on the board. Try to use dice that are proportionate to the size of the board. Fifty to sixty persons can participate (including players and audience) utilizing this option.

FACILITATOR'S NOTES

This game was developed for a South Asian context and the forms of violence included may not all be relevant for other contexts. It was originally adapted from a popular board game, Chutes (slides) and Ladders, in which participants can progress by moving up the board via ladders or slide down if they encounter Chutes—in this case Snakes. The snakes represent the actions that men take that can cause violence against women or that support violence and gender inequality. The ladders represent what men can do to prevent violence against women and support gender equality. The game can be adapted to different realities by involving youth groups or others in formulating messages related to gender based violence and/or HIV (or other issues) and incorporating them into the game.

PROCEDURE

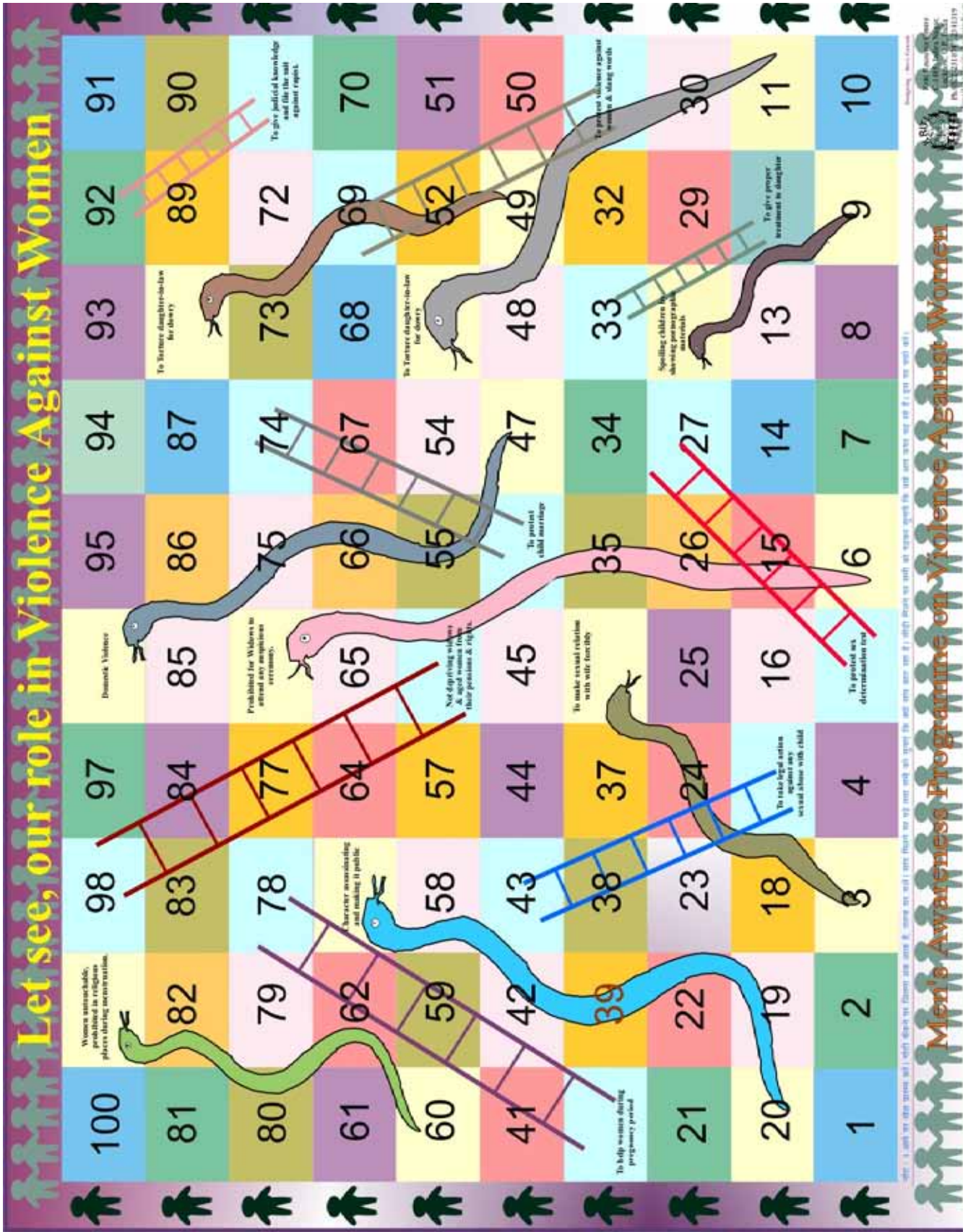
1. Participants throw the dice on the board and get the numbers.
2. The players who gets a number 6 can start the game and the rest of the order is based on the numbers participants rolled on the dice 3.
3. Each player rolls the dice when it is his turn to go. The players then move their symbols or themselves if they are walking on the board according to the number on the dice.
4. When they reach the point of a ladder or snake, the moderator requests that the audience loudly read the sentence written on the board and then to embark on a discussion utilizing the questions below.

QUESTIONS

- Who has been discriminated or violated by this particular behaviour?
 - Who is affected by this behaviour?
 - Who is responsible for this behaviour?
 - Is it common in our region/area/community?
 - Should it be continued?
 - If not, then who will take the responsibility?
 - Why should this player be demoted or promoted?
 - When the audience understands the issue and are convinced, the moderator will allow the participant to get a promotion (ladder) or demotion (snake) with permission of the audience.
5. The person who first reaches the end of the board (square 100) will win. The moderator will wait until all participants get to 100 and then declare 1st, 2nd and 3rd positions.

The moderator concludes the game with some individual development plans or pledges relating to stopping violence against women and girls. The moderator should also raise the issue of how patriarchal systems can harm men and boys

²⁵ This activity was created by MASVAW, a non-governmental organization from India - 'By Kriti Resource Centre, Uttar Pradesh, India' - NEED CORRECT REFERENCE



Education:

Violence against Women in Daily Life²⁶

OBJECTIVE

1. Better understand the many ways in which women's (and men's) lives are limited by male violence and/or the threat of men's violence, especially sexual violence.
2. Identify some actions they can take to prevent violence against women

TIME

90 minutes

MATERIALS

- Newsprint
- Markers

PROCEDURE

1. Draw a line down the middle of a flip chart paper from top to bottom. On the one side draw a picture of a man and, on the other, a picture of a woman. Let the participants know that you want them to reflect on a question in silence for a moment. Tell them that you will give them plenty of time to share their answers once they have thought it over in silence.

Ask the question:

- What do you do on a daily basis to protect yourself from sexual violence?
- What do you lack in order to be able to protect yourself?

2. Ask the men in the group to share their answers to the questions. Most likely no one will identify having to do anything to protect himself. If a man does identify something, make sure he is serious before writing it down. Leave the column blank unless his answer is convincing. Point out that the column is empty or nearly empty because men don't usually even think about taking steps to protect themselves from sexual violence.

3. If there are women in the group, ask the same questions. If there are no women, ask the men to think of their wives, girlfriends, sisters, nieces, mothers and imagine what these women do on a daily basis to protect themselves from sexual violence.

4. Once you have captured ALL the ways in which women limit their lives to protect themselves from sexual violence, break the group into pairs and tell each pair to ask each other the following question— explain that each person will have five minutes to answer the question:

- What does it feel like to see all of the ways in which women have to limit their lives because of fear and experience of male violence?

5. Bring the pairs back together after 10 minutes and ask people to share their answers and their feelings. Allow plenty of time for this discussion as it can often be emotional. Then ask each pair to find two other pairs (to form groups of 6 people) and discuss the following questions (write these out on newsprint) for 15 minutes:

- How much did you already know about the impact of male violence on women's lives?
- What does it feel like to have not known much about it before?
- How do you think you were able to avoid not noticing what an impact male violence has on women's lives?
- How does male violence damage men's lives as well?
- What do you think you can do to change this situation and to create a world in which women don't live in fear of men's violence?

After 15 minutes, bring the small groups back together and ask each to report back on its discussion. Write down the groups' answers to the last question on the Action Chart. Sum up the discussion, making sure that all the key points are covered.

FACILITATOR'S NOTES

This activity is critical for setting and establishing a clear understanding of the extent and impact of male violence against women. Be sure to allow ample time! This activity works best in mixed gender workshops where the ratio of men to women is reasonably balanced. But it can be included in any workshop.

²⁶ Taken from The One Man Can Manual developed by Sonke Gender Justice of South Africa. For more information visit the Sonke Gender Justice Website Health website: www.genderjustice.org.za

If men are defensive, make sure to look more closely at their reactions. Make it clear that you're not accusing anyone in the room of having created such a climate of fear. Remind the group that you are trying to show how common and how devastating violence against women is.

Some people have strong emotional reactions to this activity. These reactions can include anger, outrage, astonishment, shame, embarrassment, defensiveness— among others. As workshop participants show their feelings, let them know that their reaction is normal and appropriate. Many people are shocked and become angry when they learn about the extent and impact of violence against women.

Remind them that anger can be a powerful motivating force for change. Encourage them to identify ways to use their anger and outrage usefully to prevent violence and to promote gender equity and equality.

Be aware that some men may think that they need to protect women from violence.

If some men in the group say this, remind the group that it is important for each of us to be working to create a world of less violence. Men and women need to work together as allies in this effort. The danger of saying that it is up to men to protect women is that we take away women's power to protect themselves.

KEY POINTS

Sexual violence and the threat of violence is an everyday fact for women.

Sexual violence against women is a huge problem around the world and all sectors of society. This violence against women damages women's lives in many ways.

Because men do not live with the daily threat of sexual violence, they do not realize the extent to which it affects women. Men usually do not understand how actual and threatened sexual violence is such a regular feature of women's daily lives.

Men's lives are damaged too by sexual violence against women. It is men's sisters, mothers, daughters, cousins and colleagues who are targeted by this violence— women that men care about are being harmed by sexual violence everyday. Social acceptance of this violence against women gives men permission to discriminate against women and makes it harder for men to be vulnerable with their partners, wives and female friends.

Education: Coaching Boys into Men²⁷

Athletic coaches play an extremely influential and unique role in the lives of young men, often serving as a parent or mentor to the boys they coach. Because of these special relationships, coaches are poised to positively influence how young men think and behave both on, and off, the field. From speeches to the team, practice sessions, or simply casual conversation, coaches have many opportunities to impart their philosophies to athletes. The curriculum is based on the concept of teachable moments or opportunities when players demonstrate negative or positive actions and which the coach can use to speak to them and emphasize positive behaviour. The following is one example of a teachable moment.

TEACHABLE MOMENT

FAIR PLAY

Your team has just won a match. Your players are cheering and feeling a little overexcited. A couple of your players notice a girl on the sidelines. She's wearing revealing clothing, and the players start calling out to her, laughing and making lewd comments and sexual gestures.

DEFENCE

Step in as soon as the inappropriate behaviour starts and stop what your players may view as innocent fun.

OFFENCE

- Explain that taunting people is degrading and that no one should be put down because of how they look or what they choose to wear.
- Explain that most people do not welcome that type of attention and that no one is impressed by that behaviour.
- Emphasize that as members of a team, they know how important it is to respect each other. Tell them that the same holds true in other areas of life, and they must always think about how their actions affect another person.
- Finally, let them know that the men you admire don't need to insult women to get their attention.

COACH'S NOTES

Rude and suggestive comments are disrespectful

²⁷ Taken from Coaching Boys into Men (CBIM) created by Family Violence Prevention Fund. It engages athletic coaches through the Coaches Leadership Programme to help shape the attitudes and behaviours of young male athletes. For more information go to: http://www.endabuse.org/content/action_centre/detail/806

Services:

Domestic Violence Assessment Card²⁸

This card is to be used by health providers to help to screen for domestic violence among their patients.

Domestic Violence is a pattern of assaultive and coercive behaviours, including physical, sexual and psychological attacks that adults or adolescents use against their intimate partners. Without intervention, the violence usually escalates in both frequency and severity resulting in repeat visits to the healthcare system.

ASSESS ALL PATIENTS FOR DOMESTIC VIOLENCE

1. Talk to the patient alone in a safe, private environment

2. Ask simple, direct questions such as:

- Because violence is so common in many people's lives, I've begun to ask all my patients about it routinely.
- Are you in a relationship with a person who physically hurts or threatens you?
- Did someone cause these injuries? Who?

The best way to find out about domestic violence is to ask directly. But be aware of signs of domestic violence which may include:

- traumatic injury or sexual assault;
- suicide attempt, overdose;
- physical symptoms related to stress;
- vague complaints;
- problems or injuries during pregnancy;
- history inconsistent with injury;
- delay in seeking care or repeat visits.
- Evasive, reluctance to speak in front of partner;
- Overly protective or controlling partner.
- Physical injuries; unexplained multiple or old injuries.

TAKE A DOMESTIC VIOLENCE HISTORY:

- Past history of domestic violence, sexual assault;
- History of abuse to any children.

SEND IMPORTANT MESSAGES TO PATIENT (AVOID VICTIM BLAMING):

- You are not alone;
- You are not to blame;
- There is help available;
- You do not deserve to be treated this way.
- Are you afraid to go home?
- Have there been threats of homicide or suicide?

ASSESS SAFETY:

- Are there weapons present?
- Can you stay with family or friends?
- Do you need access to a shelter?
- Do you want police intervention?

MAKE REFERRALS:

- Involve social worker if available;
- Provide list of shelters, resources, and hotline numbers;
- Refer to a Domestic Violence Hotline if there is one;
- Schedule follow-up appointment.

DOCUMENT FINDINGS

- Use the patient's own words regarding injury and abuse;
- Legibly document all injuries; use a body map;
- Take instant photographs of injuries.

²⁸ This assessment card for health providers is adapted from The Family Violence Prevention Fund. For more information visit the Family Violence Prevention Fund website:

Advocacy and Policy

Building Alliances

OBJECTIVES

1. To examine the possibilities, advantages, and challenges of building new alliances
2. To increase the effectiveness and reach of efforts to engage men in HIV prevention

TIME

90 minutes

MATERIALS

- Flipchart and markers
- Resource Sheet 3: Management of Partners/Alliances

PROCEDURE

1. General Reflections on Establishing New Partnerships (20 to 25 minutes):

The questions below are designed to help groups reflect on their expectations and the perceived benefits and obstacles of new partnerships. It might be interesting for the group to consider organizations or individuals with whom they think it might be particularly challenging to work, but with whom they'd still like to establish partnerships.

It is important to keep in mind that these questions are only the first step in a longer process. They should focus only on exploring feelings about possible new partnerships. More specific discussions about potential partners and next steps will come later. After the discussion questions, review Resource Sheet—Management of Partners/Alliances quickly with the group.

- How do you feel about working with other organizations in partnerships and alliances?
- What might be the benefits? What might be the challenges?
- Imagine working closely with people you haven't previously seen as allies.

- How do you feel about working with them?
- How do other organizations perceive our organization (or its constituent parts)?
- How do these perceptions act as obstacles to collaborations?

2. Success Stories (10 minutes): The questions below invite the group to reflect on past examples of successful partnerships and how they can learn from these to build new partnerships.

- How have you worked in the past to break down barriers in building new alliances and involving men and boys? What are some of the successes you have had?
- What resources, approaches, or past successes open up possibilities for expanding alliances? What can you offer?
- What can you learn?

3. Identify Potential Partners (20 to 25 minutes): The goal of this step is to brainstorm potential partners. Prior to the session, the facilitator should create a chart featuring the column headings below on several sheets of flipchart paper and invite the group to brainstorm one column at a time. The explanation of headings can help identify what fits into each column. The group should keep in mind that this is not the time to evaluate or debate the pros and cons of potential partners. This will be done during the next step.

Column headings:

- Potential partners
- Benefits/reasons for working together
- Barriers to working together
- Resources and ideas for overcoming barriers
- How working with the partner fits (or doesn't fit) with our priorities and strengths

Potential partners:

This can include a wide range of institutions and organizations, (e.g., men's organizations and service clubs dominated by men; women's organizations and service clubs dominated by women; faith-based institutions; community groups; corporations; trade unions and professional associations; schools; scouts, sports clubs, and other youth organizations; high-profile individuals; different levels of government; and non-governmental organizations).

Reasons for/benefits of/ working together:

This includes the reasons for, and benefits of, forming a partnership with a particular organization or group. For example, you may wish to work with one organization in order to make contact with another organization with which it's affiliated. In other cases, you might want to take advantage of the organization's weight in the community; perhaps it's the largest corporation in the area, the only university, etc.

Barriers to working together:

These are the potential obstacles to building a partnership with the specific organization or group.

Resources and ideas to overcome barriers:

These include practical resources and ideas for overcoming such barriers (e.g., personal connections, physical proximity).

4. Prioritizing (15 to 30 minutes): The facilitator should review the chart developed in Step 3 and invite the group to categorize the potential partners, according to the criteria below.

The A List: High potential for partnership. An organization or institution on this list is very important, and there are many benefits to working together. Any barriers are surmountable, and a partnership would fit into your mandate and priorities.

The B List: An organization on this list has some potential, but it's not solid in as many categories, or one category may seem daunting.

The C List: Working with these organizations may offer few benefits, or perhaps there are far too many insurmountable barriers.

5. An Action Plan (25 to 60 minutes): The questions below are designed to help the group develop an action plan. Initially, the group should focus on the organizations in the A List. These same questions can then be repeated with organizations on the B List.

- Are there specific initiatives, campaigns, issues in the community, or events with which you can approach this organization?
- Do you want to start with one group or approach several groups? In the latter case, do you want to develop separate initiatives or try to form a coalition? (Keep in mind that your organization will need to meet separately with each group.)
- How can you involve some of your traditional allies and partners in this initiative and what information do you need to share with them about what you are doing?
- Who will take responsibility for drafting a proposal or making the first contact?

Resource Sheet

Management of Partners/Alliances

Building alliances are a cornerstone to effective and sustainable community engagement. The collective voices of diverse organizations and stakeholders can help to draw greater attention from government, media, and the general public to the importance of working with men and contributing to a supportive environment for changing the gender norms that increase HIV vulnerability.

Alliances can be local, national, regional, or international and can include diverse organizations—from civil society groups and religious institutions to private sector and government. The first step to building an alliance is to identify organizations which would be particularly strategic to include in programme, community, and advocacy efforts related to men and prevention, including:

- Organizations which have access to men who are generally hard to reach (e.g., out-of-school or migrants groups);
- Organizations which offer services which are particularly attractive to men (e.g., athletic associations); and
- Organizations which have reach and influence with large numbers of men (e.g., labour unions, military)

Education: Dealing with the Opposition²⁹

This activity can be done with activists, peer educators, and programme staff to prepare them to for making public presentations.

OBJECTIVE

To develop the skills necessary to deal effectively with opposition

TIME

60 minutes

MATERIALS

- Flipchart paper and markers
- Resource Sheet: Responding to Opposition and Criticism: Dealing With Disagreement
- Enough copies of Handout 7: Responding to the Opposition for all participants

ADVANCE PREPARATION

Before the session begins, write the following statements on note cards:

- The Bible says the man must be head of the household.
- In the old days, women knew their place and homes were peaceful places. I think we should return to the old days!
- Women are not as strong or intelligent as men; how can they be trusted to make decisions?
- A woman walking alone and improperly dressed is asking to be sexually harassed or violated.
- Our culture has roles for men and women – and men are supposed to be decision-makers. Why are you trying to upset our culture?
- Men and boys cannot show weakness. Men who cry are cowards. Why are you trying to turn our boys and men into sissies?
- We don't have the financial resources for such programmes.

PROCEDURE

1. Open the session by asking participants how they think people in their community

will respond to male engagement (ME) programmes—the notion that gender equality and gender norm transformation are required for better health outcomes? Then ask if they think that their community supports gender equality? Ask what kind of barriers they encounter when they work with gender or sexuality?

2. Ask them what arguments they encounter in their own work with gender and HIV prevention? Now ask them what the arguments would be against the ME programme?

Have a few participants share their thoughts with the large group, and record their responses on a flipchart.

3. Explain that, although not everyone will be supportive, it is important to gain as much support from as many community members as possible to ensure the impact and sustainability of community-engagement efforts. Explain that this session will help participants to respond to possible community opposition to the ME programme.

4. Start by emphasizing that advocacy efforts depend on convincing people to support a course of action, then review the first two paragraphs of the Resource Sheet Responding to Opposition and Criticism: Dealing With Disagreement.

- Ask the participants to identify some of the sources of opposition (i.e., why will people oppose and criticize the programme?). Make sure that the reasons on the resource sheet are included here, as you make a list on a flipchart.

- Highlight the strategies of dealing with opposition, using a PowerPoint or flipchart.

- Prepared earlier. As you mention each strategy, ask participants to explain what each one entails.

- Explain how a programme is defended, making sure to use KISS – Keep It Short and Simple.

5. Ask for nine volunteers who would like to practice defending the ME programme. Line up two rows of nine chairs across from each other. Ask for volunteers to sit in one row of chairs. Then ask for another nine volunteers to sit in the row facing them, to serve as "members

of the opposition to ME." Every member of the opposition should be facing one of the supporters, thus forming pairs. Hand out note cards with statements to the "opposition." Be sure they do not share what is written on their cards with anyone. If there are fewer than 18 people, ask for fewer volunteers for each side and distribute fewer cards.

ALTERNATIVE OPTION

If there are not so many participants, you can ask some volunteers (the ones to defend the programme) to sit in front in a row as per the number of questions you will distribute while the rest of the participants remain seated to form the opposition (the ones to ask the questions). Distribute the questions to the opposition members randomly. After each volunteer has answered their question and the question has been discussed by the audience, the volunteer should join the audience to become part of it. This continues until the last question is asked.

7. Next, explain that you will role-play a community meeting to discuss the ME programme. The object is to learn to defend the programme when community members argue against it. Each member of the "opposition" will take a turn reading a statement to his or her partner and the "supporter" will immediately respond. Review the strategies outlined on the last page of the resources section before beginning. Once the supporter in each pair has responded, ask all the participants if they can think of any other strategies or responses to help counter the statement. Once a few participants have shared their thoughts, move on to the next pair. Use the examples from Handout 7: Responding to the Opposition if they were not used in the role-play or discussion.

6. Keep moving down the row until all of the volunteer "opposition" and "supporters" have read their statements and defended the ME programme. Distribute Handout 7: Responding to the Opposition, explaining that the responses in the handout were either used by the group or introduced by the facilitator during the activity.

7. Ask all participants to return to their previous seats and close this session with the following questions:

- What did you notice happening in this session?
- How did it feel to be a "supporter" or an "opposition member"?

- What strategies are important when defending the ME programme?
- What skills, if any, did you develop from this exercise?

STRATEGIES

- Form networks with other organizations. Working as a group makes each member stronger.
- Think strategically. One influential leader can help persuade many. Before seeking to convince people who may disagree, concentrate on an opinion leader who is likely to be supportive. Use his or her support to convince others.
- Be prepared. Look ahead at who might object to the programme and what he or she may say. Consider whether past statements give a sense of what kind of information he or she may listen to. Prepare the message before meeting with the person.
- Pick a persuasive message. Different kinds of information convince different people. For example, a leader may be concerned that a new gender education programme will provide too much information about sexuality to youth, but will agree that youth need more help understanding and preventing HIV. In this case, emphasizing that the programme will prevent AIDS is more effective than giving general information. Focusing on those goals that people agree with will help build common ground.
- Speak in terms the audience understands. People working on gender and health programmes sometimes speak to the public using technical terms. Remember to use language that will be understandable to the audience.
- Know when (and when NOT) to be defensive. Sometimes, ignoring the statements of critics makes their opinions sound valid. When opponents use inaccurate information, prepare to answer them with statistics, anecdotes, and other information. Providing this information can give people a more sound basis for making their own decisions. It is equally important, however, to know when to back down. When advocates seem to be attacking a popular person or institution, the perception can seriously damage an advocacy agenda.
- Having a public "war of words" with a policy maker or a religious or traditional leader might attract attention to the cause, or it might ruin the effort. Think carefully about possible reactions before responding.

- Encourage open and respectful debate. Communication is essential in order to address the concerns of the public and the objections of the opposition. Participate in programmes where the programme or policy is being discussed. Ensure that all public meetings adhere to rules that encourage order.

- Look for other ways to reach goals. Sometimes, despite everyone's best efforts, advocates are unable to convince a policy maker whose support is critical to the success of the advocacy campaign. One influential opponent may be able to block a plan for a long time. This means that alternative strategies designed to bring the programme forward will need to be considered. For example, if a school headmaster refuses to allow a gender-focused peer education programme, advocates for the programme might ask another institution, like the local youth centre, to base the programme there instead.

DEFENDING YOUR PROGRAMME

Here are some strategies for when you are defending your programme:

1. Make your responses as short and simple as possible (Keep It Short and Simple – KISS).
2. Agree with the opposition when you can.
3. Use facts to support your statements.
4. Remain calm/neutral. You are trying to persuade others, stay in control.
5. Research, religion and culture and use them to favour your cause. Religious texts have different interpretations.

Handout 7

RESPONDING TO THE OPPOSITION

The following are possible responses to the opposition's arguments:

The Bible says the man must be head of the household.

The Bible makes several references to this subject that can be interpreted in various ways. However, it also teaches us to respect one another and defend each other's human rights. In today's society, it is necessary for both men and women to earn an income and make decisions.

In the old days, women knew their place and homes were peaceful places. I think we should return to the old days!

When everyone is treated fairly and given equal opportunity, then life will be peaceful. When one group (women, for example) is oppressed, we are all oppressed. As Martin Luther King, the African-American civil rights leader, said: "Injustice anywhere is a threat to justice everywhere." Gender equality is as good for men as it is for women because women can help men carry the burden of providing for the family.

Women are not as strong or intelligent as men. How can they be trusted to make decisions?

Men and women are equally strong and intelligent, but throughout history, men have not allowed women to make decisions. It is time we changed our ways, for the health of our communities. Educate a woman and you educate a society!

A woman walking alone and dressed improperly is asking to be sexually assaulted.

No woman asks to be sexually assaulted. Rape, for example, is when one person uses force to have sex with someone. No one asks for that. We have no idea why a woman is walking alone or wearing what she is wearing. Why do we judge people so quickly? Why do we not say the same things about men?

Our culture has roles for men and women—and men are supposed to be decision-makers. Why are you trying to upset our culture?

I am not trying to upset culture; I am just trying to make our communities and families healthier. It has been proven that gender equality will lead to better health outcomes.

Men and boys cannot show weakness. Men who cry are cowards. Why are you trying to turn our boys and men into women?

When people hold in their emotions, they can explode at some point and become violent. This is one reason there are so many passion killings. It is very unhealthy for men and boys to hold in their emotions, yet our society tells them they must do so. I am advocating for healthy men, and that means they should be able to express their emotions.

We don't have the financial resources for such programmes.

These interventions are not expensive! I am asking to integrate gender consciousness into our programming—that is all. The health of our families and communities depends on it!

How to Prepare for Lobbying or Face-to-Face Meetings²⁹

INTRODUCTION

A face-to-face meeting with a targeted decision-maker (also known as "lobbying") is one of the most frequently used advocacy methods and is often the starting point for a series of activities.

Personal contact builds relationships with decision-makers—which can prove very useful. Try to set up a channel for regular contacts. It is important to choose the right time to meet with decision-makers. For example: when your issue is already on their agenda or most likely to be taken up—just prior to an important vote—or when they are able to take action in support of your advocacy. During the budget-setting process, for example, or during an annual meeting.

Try to imagine how the issue or problem looks from the decision-maker's point of view. Why should they support your advocacy objective? How can they benefit from taking the action you are requesting? This can be answered more easily if you have fully researched the 'target person' you are meeting.

Make realistic requests. Show the decision-maker that there is widespread support for your advocacy objective. Encourage allies to also lobby the same decision-maker, giving the same message. It is difficult for officials to ignore large numbers of advocates.

Do not be satisfied with vague expressions of support. Return to two basic questions:

- Does the decision-maker agree that things need to change?
- What are they willing to do to make change happen?

ADVANTAGES

- It shows the human face of the issue or problem to decision-makers, especially if people directly affected by the issue are involved.
- No need for literacy.
- Good for involving people at community level.
- It an opportunity to express emotions and share personal experiences.
- It allows you to discuss the issue rather than just present your position.

DISADVANTAGES

- The message could fail to make an impact if the decision-maker takes a personal dislike to the messenger(s).
- A decision-maker with greater negotiating skills could make the meeting a waste of time, or could persuade you to agree to actions you later regret.

PREPARING FOR MEETINGS

STEP 1: KNOW YOUR TARGET

Analyse your target. The leader of the gender agency could be a good entry point through which to discuss integrating men and boys. Legislative actors, however, may make better contacts because they more directly effect legislative change. Heads of state institutions or ministries are the best targets for administrative or regulatory issues—for example, those relating to health care regulations or the judicial enforcement of statutes. Remember, you may not be able to arrange a meeting with the person directly responsible for policy and decision-making, but you can arrange meetings with

people who can influence that person or who assist in the policy formation.

STEP 2: FOCUS ON YOUR MESSAGE

Choose your main objective and develop a simple message that supports it:

- What you want to achieve
- Why you want to achieve it (the benefits of taking action, and/or the negative effects of doing nothing; evidence for the problem—statistics and anecdotes)
- How you propose to achieve it
- What action you want the target person to take.

Write a short position paper to hand out to the decision-maker. The purpose is to remind her/him of your points.

STEP 3: CHOOSE THE RIGHT MESSENGER

Often the messenger is as important as the message. If a friend arranged the meeting, ask them to attend the meeting with you. On the other hand, someone who is directly affected by the problem may be able to 'personalize' the issue and capture the decision-maker's attention. Make sure the messenger possesses appropriate negotiation skills and attitude. This will result in a more positive outcome.

STEP 4: PRACTICE!

Rehearse your message with colleagues or friends in a proxy meeting. Ask someone to play the role of decision-maker and request she/he to ask difficult questions.

AFTER THE MEETING

Write to the person who you met, thanking him/her for the meeting (even if that person was not helpful), briefly repeating your key points and any supporting comments made by the target person, especially any promises to take action. Tell the target person what you plan to do next, promise to keep him/her informed, and express the hope that you will be able to work together on the issue in future.

Reference: Adapted from An Introduction to Advocacy by Ritu Sharma (SARA Project).

Writing a Press Release³⁰

INTRODUCTION

NOTE: In some countries a 'press release' is a paid advertisement. This guide refers to press releases that are not paid for and that are sent to newspaper, magazine, radio and TV journalists in order to assist them to produce stories.

A press release (or news release) is the standard method of distributing a story to the media (it is also possible to telephone a journalist to suggest a story, if you are sure that it is an interesting story and that it cannot easily be distorted).

Using the mass media is also an information, education and communication (IEC) method. It only becomes an advocacy method when:

- The general public has been identified as an 'indirect target' who will go on to influence a direct target—for example, voters who will influence a minister;
- Influential people are the targets of the article or broadcast item—for example ministers reading a newspaper.

GENERAL AIMS OF A PRESS RELEASE:

- Outline an organization's response to an event/action;
- Draw attention to an issue;
- Provide background information on an issue/event or action;
- Give advance notice of an event;
- Announce new campaigns and provide progress reports;
- Provide a report of a meeting;
- Report decisions taken by organizations/groups;
- Circulate speeches in advance.

Media organizations receive hundreds of press releases each day, most of which are never 'picked up'. In order to get the attention of the media, a press release needs to be newsworthy, well written and interesting.

ADVANTAGES

- It is a very public form of advocacy which can increase pressure on decision-makers to take action.
- You can offer your selection of facts and opinions.
- You can decide when to give the information.

DISADVANTAGES

- Journalists receive too many press releases, so yours will be thrown away if it is not interesting or if a big news story 'breaks'.
- Journalists can still distort your story, even if it is clear in a press release.
- A good press release requires a good level of literacy, and some understanding of how journalists operate.

CONTENT OF THE PRESS RELEASE

Write a simple and interesting headline—this immediately helps the journalist to understand what the story is about.

The first sentence should summarise the most important facts of the story, i.e.:

- Who is involved?
- What is happening?
- Where is it happening?
- When is it happening?
- Why is this happening?

The main section of the press release should then explain these points in further detail. This helps to persuade the journalist of the facts and importance of the subject, and why it is of interest.

30 Adapted from Advocacy in Action Card 7: Writing and using a press release from Advocacy in Action: A Toolkit to Support NGOs and CBOS Responding to HIV/AIDS. Published by the International HIV/AIDS Alliance. Developed in collaboration with the International Council of AIDS Service Organizations (ICASO)

Quotes can often make a press release more interesting and appealing. This is because journalists may not have access to the relevant people, are on a tight deadline or because the event has already passed. Direct quotations from the experts or 'newsmakers' highlighted in the press release:

- Should express an opinion, fact, or be able to support the view expressed in your press release;
- Allow for strong opinions that would look like blatant 'editorializing' if included in the main body of the text;
- Offer a 'human dimension';
- Are more effective than indirect quotations.

NOTE: If quoting an individual make sure you secure her/his permission first.

STYLE

- Short sentences, maximum 20 words.
- Short paragraphs, maximum two to three sentences.
- Copy the format and story structure from a newspaper article (this will make it easier to adapt into a story).
- Use a good case study or anecdote as evidence to support your point of view.

PRESENTATION

- Use headed paper so that it looks official and professional.
- Make sure that it is well laid out and easy to read.
- Type it, using double spacing, on one side of the paper only.
- Include the date and the name of the organization.
- Provide a contact name, telephone and fax number, and e-mail address as available.
- Give an embargo time (the day/date/time when the journalists are allowed to use the information).

PHOTOGRAPHS

- Include photographs of key people, places or action mentioned in the press release if you have them.

NOTE: Once a press release has been written it should be distributed to selected journalists and press associations by fax or e-mail—you can telephone them to ask for these numbers/addresses. Once the journalists receive the press release they will consider whether to include the story in their media work. They may also contact you for further information.

How to write a letter to the editor³²

Letters to the editor are an important media tool. They are quick to write, relatively easy to get published, and are the most widely read section in the paper. Politicians and government agencies routinely clip and circulate letters to the editor as an indicator of what is important to their constituents.

Letters to the editor, while often 'reactive' to news already reported, can keep the story alive and the debate raging. Journalism is one of the rare professions in which controversy is good. Reporters get 'extra points' when their stories spark debate. A furious war on the letters-to-the-editor page warms the hearts of reporters and delights editors. Among other things, it means people are reading the paper.

Tips on Generating a Letter to the Editor — Remember Your C's

BE CURRENT

Responding to a recent article in the newspaper or to a very recent event is a great way to increase your odds of being published. Refer specifically to the article by using the name of the article and date, such as "In response to your recent article on child care "

You can do a search on the newspaper's website for recent articles, using search words such as 'gender or gender equality,' 'HIV,' 'women's rights,' 'men and health,' 'Men and HIV,' 'fatherhood or paternity,' 'violence,' and 'violence against women.' Another option besides searching a website is to collect newspapers for a few days before writing your letter, and then skim them looking for a 'hook' that you can hang your response on, even if it is a stretch

Stories that do not speak directly to engaging men or boys will still be very effective links. For example a story about crime and violence would be a great opportunity to write about male norms that support violence and the need to address these social determinants of violence. Also, important dates or holidays, such as Fathers Day can be an opportunity to write about the role of fathers and the need for them to participate more in childcare.

BE CLEAR AND CONCISE

Keep your letter short and to the point. Stick to one subject and check your grammar. After you have written your letter, read it out loud and listen to it. Have you made your point clear? Can you shorten your letter and still get your point across?

Most papers will not print letters that are more than 250 words, or two to three paragraphs in length. The shorter the letter, the better chance it will be published.

CONSTRUCT

Your letter using the EPIC format. See Box. Connect the Dots

Connect the dots between engaging men and boys and the greater world at large. Link your topic issues to other social justice issues, health care and how it affects other programmes such as those targeting women and girls. Be creative in connecting the dots to other issues in your newspaper.

BE CONTROVERSIAL

Feel free to question or challenge what others have said or done: Start your letter off with an opening sentence. Be sure to avoid personal attacks, however: An argument based on merit rather than emotion tends to sway opinion.

Coordinate Your Efforts

Encourage as many people in your group to send in letters to the editor at the same time. This will maximize your odds of getting published and emphasize the importance of the issue. Whether they print your letters or not, you are letting the paper know that the community cares about the issue you have highlighted.

BE CONTAGIOUS

Maximize your efforts by sending the letter to newspapers all over the country w. (If you are trying to get a letter published in a major newspaper, do not send it to other minor papers until you are sure they will not print it.)

CONTACT INFORMATION

Include your address, e-mail and a daytime and evening phone number. They won't print this information, but may use it to confirm that you indeed wrote that piece of art!

³² Adapted from The Activist Milestones—Developing the Skills to Become a Trained Citizen Activist by RESULTS at <http://www.results.org/website/article.asp?id=1355>

EPIC STANDS FOR:

E FOR ENGAGE YOUR AUDIENCE

Here, you want to get your listener's attention with a dramatic fact or short statement. Keep this opening statement to one sentence if possible.

P FOR STATE THE PROBLEM

Here you present causes of the problem you introduced in the first section. How widespread or serious is the problem?

I FOR INFORMING ABOUT SOLUTIONS

Here you inform the listener about a solution to the problem you just presented. Develop your solution by offering examples of how and where it has worked, why, whether it is cost-effective and how it has benefited the poorest. You could site a recent study or report or tell a first-person account of how the solution has impacted you or others you know.

C FOR THE CALL TO ACTION

Now that you've engaged your listener, presented the problem and informed them of a solution, what do you want them to do? Make the action something specific so that you will be able to follow up with them and find out whether or not they have taken it. Present the action in the form of a yes or no question.





Organizational Self-Evaluation: Men, boys and HIV programme design and Monitoring and Evaluation³³

Historically men and boys have not been recognized as important stakeholders in helping to overcome the underlying causes fuelling the HIV/AIDS epidemic. To date, the focus on men and boys has mostly been developed from a negative perception of their propensity for risk-taking behaviour, or as members of important vulnerable groups, such as men who have sex with men (MSM) or young men with limited access to life skills and services. While it is essential to focus on these groups, and justified given the specific nature of the HIV/AIDS epidemic in particular settings, it is also important to seek to reach all males in certain contexts and address their own specific needs in relation to HIV/AIDS. It is also necessary to recognize that many attitudes, values, and behaviours which

men and boys display are the results of the aforementioned socialization processes, which can undermine their ability to develop the awareness and tools to necessary to seek support and to challenge and change the sometimes negative and harmful perceptions of what it means to 'be a man'.

The questions below are designed to help assess whether your organization is able to design, monitor and evaluate HIV/AIDS programmes, which do not reinforce behaviours that put women and men at risk. These should instead address the needs of men and boys and them as key stakeholders in challenging gender inequalities, changing negative and harmful constructs of masculinity and strengthening the response to HIV/AIDS.

PROGRAMME DESIGN		Y	I	N	NR
A2.1	Does your organization have the capacity to apply a gender perspective in programme design, i.e. the ability to analyze the different situations, needs, opportunities and constraints of different groups of women and men in society?				
A2.2	Does your organization assess how gender inequalities create different types of vulnerabilities for women and men? Specifically, does your organization assess how constructs or perceptions of masculinity may increase vulnerability to HIV and AIDS among different groups of men and women?				
A2.3	Does your organization examine how constructs or perceptions of masculinity may influence power dynamics (the control and use of power) between men and women, between different groups of men, and between men and children?				
A2.4	Does your organization assess how constructs or perceptions of masculinity may restrict men and boys from developing health seeking behaviours, and may increase their vulnerability to HIV and AIDS?				
A2.5	Does your organization have the capacity to link its gender analysis to other causes that contribute to vulnerability to HIV and AIDS, such as migration, conflict, and social exclusion?				

³³ This activity was adapted from the Self-Assessment Checklist for Men, Boys, and HIV/AIDS developed by International Planned Parenthood Federation.

A2.6	Does your organization create awareness in men and boys on how gender inequality contributes to put them at risk of illness and disease, including HIV and AIDS?				
A2.7	Does your organization have the capacity to design HIV and AIDS programmes which mobilize men and boys to promote gender equality, empower women, and challenge inequitable constructs of masculinity?				
A2.8	Does your organization have the capacity to design programmes that work with men and boys to affect change at multiple levels, i.e. individual level, community, policy, and societal change as well?				
A2.9	Does your organization have the capacity to design programmes which address the specific needs of men and boys in relation to HIV and AIDS, including links with their sexual and reproductive health and rights?				
A2.10	Does your organization promote minimum standards of do no harm ³⁴ , and analyze how programmes may create unintended benefits or adverse consequences that unintentionally increase vulnerability for both women and men such as: <ul style="list-style-type: none"> • Reinforcing negative stereotypes • Exposing women and girls to potential violence • Stigma against men and women of different sexual orientations • Leaving men unequipped to deal with peer pressure and criticism, etc. 				
A2.11	Does your organization have the capacity to design programmes for men and boys that address human sexuality issues in a non-judgmental and non-stigmatizing way?				
A2.12	Does your organization actively promote linkages of its programmes with other stakeholders in the community who can support change, such as unions, sport associations, professional associations, the media, faith-based networks, etc.?				

³⁴ Interventions on HIV/AIDS with good intentions may have unwanted (often negative) consequences. As such, the 'Do no harm' principle states that before undertaking any action it is important to consider the possible harm from any intervention, and then prevent this harm

MONITORING AND EVALUATION		Y	I	N	NR
A2.13	Does your organization disaggregate (break up) data by age, sex and sub-groups in order to allow for ongoing analysis & improvements?				
A2.14	Do your organization's chosen indicators assess a range of factors and strategies contributing to mobilizing men and boys in promoting gender equality and women's empowerment, including: <ul style="list-style-type: none"> • Men's health and well-being • Understanding how gender norms and roles influence men's attitudes and values, including health seeking behaviour • Examining constructs of masculinity and power imbalances in decision-making • Men and women's sexuality and sexual rights • Masculinity and homophobia • Masculinity and violence against men, women and children • Masculinity and men's mental health (e.g. suicide) • Gender inequality, vulnerability, confidence and self-esteem • Access to services by men, women and children • Control of resources (e.g., land, labor, productive assets, homeownership) 				
A2.15	Does your organization develop the capacity and leadership of men and boys and other stakeholders, such women's groups, to monitor your programmes with men and boys?				
A2.16	Does your organization link its monitoring and evaluation indicators to relevant national goals, e.g. as those set by your national AIDS strategy?				
A2.17	Does your organization use its evaluation measures to advocate for addressing gaps or making necessary changes/adjustments in national goals, e.g. as those set by your national AIDS strategy?				

Health Facilities Staff Needs Assessment Questionnaire³⁵

CONTACT INFORMATION

NAME OF STAFF PERSON: _____

HEALTH FACILITY: _____

CONTACT: _____

POSITION: _____

E-MAIL: _____

TYPE OF HEALTH FACILITY: _____

Briefly describe the services offered by this health facility, especially the types of programmes it supports related to HIV and AIDS.

enables them to work with male reproductive health? Have staff received training to engage men in reproductive health?

OVERALL

1. In your opinion, what would HIV/AIDS services that are gender sensitive (male friendly) look like? Do you feel that the services you offer for HIV/AIDS are gender sensitive? In what way?

GENDER NORMS

1. Based on your experience at this facility and as a member of the community, what gender issues do you think are most relevant in your country in terms of HIV/AIDS?

Note: If respondent seems unclear about the definition of gender sensitive, provide the following:

"Gender-sensitive programmes or services take into account the differences between men and women. They often consider the social and cultural context of what it means to be male or female when determining how services are provided. For example, a gender-sensitive programme may use different outreach techniques to reach men."

(If respondent seems unclear about the definition of gender, provide the following definition: "Gender" refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities and commonly-shared expectations about how women and men should behave in various situations.)

2. To what extent does your facility engage in community outreach and HIV prevention?

2. What has your experience revealed about gender norms in your country regarding HIV/AIDS? (If respondent seems unclear about the definition of male gender norms, provide the following definition: "Male gender norms" are defined as behaviours, beliefs, and attitudes of each sex that are deemed appropriate by a society. For example, some common male gender norms are that men should be strong and should not cry.)

3. In what way, if any, do your HIV/AIDS services address the needs of men?

3. How do you think male gender norms impact HIV?

4. Do you have specific programmes or policies to help engage men in HIV/AIDS prevention, care, treatment and support? If yes, please describe.

4. In terms of HIV/AIDS, what male norms and behaviours do you think need to be especially addressed? Are programmes currently addressing them? To what extent? How effective are these programmes? How could they be strengthened?

5. Do you have specific programmes or policies to help address differences between men and women in terms of HIV/AIDS prevention, care, treatment and support? If yes, please describe.

5. What type of technical assistance would best enable health facilities in your country providing HIV/AIDS care to integrate male-engagement programming into their work?

6. Do you have specific hours or sections of your hospital reserved for male reproductive health? Have staff received any specialized training that

³⁵ This activity was adapted from the Needs Assessment Package for Male Engagement Programming developed by Promundo and EngenderHealth for the ACQUIRE Project.

CHALLENGES

- What are the specific limitations or obstacles that your health facility faces when trying to increase male engagement in HIV and AIDS programmes?
- How have you overcome these problems?

ACCOMPLISHMENTS

- What successes has your health facility experienced in providing gender-sensitive HIV and AIDS programmes? In increasing male engagement?

COST-EFFICIENCY AND FINANCING

- What are the human and financial resources your facility dedicates to gender programming? To male-engagement programming?

LESSONS LEARNED AND CONCLUSIONS

- Have your facility's programmes on gender and/or male engagement been evaluated? If yes, what were the results of the evaluation?

FINAL COMMENTS

- Is there anything else you would like to add?

Sample Logical Framework

A logical framework is a useful tool for planning, monitoring and evaluating projects. It presents key information about the project (e.g. goals, activities, indicators) in a clear, concise, logical and systematic way. The framework should be completed in partnership with donors, beneficiaries and other stakeholders prior to the onset of any activities. It is important to keep in mind that the framework should not be set in concrete – it should be flexible to changes or adaptations that may be deemed necessary during the monitoring process or consultations with donors, beneficiaries and others throughout the life of the project.

The parts to a logical framework are:

- **Goal:** contribution of the project to a wider problem or situation.
- **Outcome:** change that occurs if the output is achieved – the effect.
- **Output:** specifically intended results from project activities.
- **Activity:** tasks necessary to achieve the output.
- **Indicators:** qualitative and quantitative ways of measuring whether the outputs, purpose and goal have been achieved.
- **Means of Verification:** how and from what sources of information each of the indicators will be confirmed.
- **Assumptions:** external factors on which the success of the project depends and which management has little control.
- Below is a sample logical framework related.

LOGICAL FRAMEWORK RESULTS FORMAT³⁵

Overall Goal:								
Outcome 1					Budget (Budget break-downs are presented by outcome rather than output)			
Output 1.1	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total
Output 1.2	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total

Overall Goal:								
Outcome 2					Budget (Budget break-downs are presented by outcome rather than output)			
Output 2.1	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total
Output 2.2	Activities	Indicators	Means of Verification	Assumptions and risks	Yr 1	Yr 2	Yr 3	Total

The Gender-Equitable Men Scale (GEM Scale): Measuring attitudes toward gender norms³⁶

Horizons and Promundo developed the Gender-Equitable Men (GEM) Scale to measure attitudes toward manhood and gender norms. These relate to sexual and reproductive health (SRH) promotion and disease prevention, partner violence, sexual and intimate relationships—among other topics.

The original 35-item scale was validated with a representative sample of men aged 15–60 in three communities—two of which were low-income and one middle-income—in Rio de Janeiro. It was administered as part of a larger household survey which included questions addressing a number of variables that were theoretically related to gender-equitable norms, including socio-demographic status, relationship history, history of physical violence, and current safer sex behaviours.

Testing confirmed that the attitude questions held together, meaning that young men answered in fairly internally consistent ways. That is, a young man who said he tolerated or even supported violence against women was also likely to show non-equitable or male-dominant views on other questions, such as believing that taking care of children was exclusively a woman's responsibility. Moreover, young men's attitudes were highly correlated with self-reported use of violence against women, confirming that the ways young men answered the questions were correlated to how they say they act.

The GEM scale can be used both as a needs assessment tool as well as an evaluation instrument. The scale, however, is particularly useful because it can be applied to a large number of young men in a relatively short amount of time. It is, of course, not perfect and it does not capture much of the rich detail or nuances related to gender attitudes and norms, which can be explored in focus groups and in-depth individual interviews. However, when time and resources are scarce, the attitude questions can be a relatively fast way to obtain a general sense of whether the young men who participate in activities are changing in positive ways. And, by being able to apply the questions to a large number of young men, the data is quite useful with respect to influencing policymakers who are often interested in achieving large scale impact.

THE GEM SCALE

Below are the items for the GEM scale. These items must be adapted and tested to conform to the cultural context and target group with which they will be applied. Answer choices are: Agree, Partially Agree, and Do Not Agree and Do Not Know. Instructions on scoring procedures are described below.

Subscale 1: "Inequitable" Gender Norms

1. It is the man who decides what type of sex to have.
2. A woman's most important role is to take care of her home and cook for her family.
3. Men need sex more than women do.
4. You don't talk about sex, you just do it.
5. Women who carry condoms are 'easy'.
6. Changing diapers, giving the children a bath, and feeding the children are the mother's responsibility.
7. It is a woman's responsibility to avoid getting pregnant.
8. A man should have the final word about decisions in his home.
9. Men are always ready to have sex.
10. There are times when a woman deserves to be beaten.
11. A man needs other women, even if things with his wife are fine.
12. If someone insults me, I will defend my reputation, with force if I have to.
13. A woman should tolerate violence in order to keep her family together.
14. I would be outraged if my wife asked me to use a condom.
15. It is okay for a man to hit his wife if she won't have sex with him.

³⁶ Adapted from text written by Julie Pulerwitz, Barker and Pulerwitz 2008

16. I would never have a gay friend.
17. It disgusts me when I see a man acting like a woman.

SUBSCALE 2: “EQUITABLE” GENDER NORMS

18. A couple should decide together if they want to have children.
19. In my opinion, a woman can suggest using condoms just like a man can.
20. If a guy gets a woman pregnant, the child is the responsibility of both.
21. A man should know what his partner likes during sex.
22. It is important that a father is present in the lives of his children, even if he is no longer with the mother.
23. A man and a woman should decide together what type of contraceptive to use.
24. It is important to have a male friend that you can talk about your problems with.

Items that Were Dropped (But May Still be Relevant in Other Circumstances)

25. A man always deserves the respect of his wife and children.
26. If she wants, a woman can have more than one sexual partner.
27. If a woman cheats on a man, it is okay for him to hit her.
28. Men can take care of children just as well as women can.
29. Real men only have sex with women.
30. Above all, a man needs respect.
31. If a man sees another man beating a woman, he should stop it.
32. Women have the same right as men to study and to work outside of the house.
33. I think it is ridiculous for a boy to play with dolls.
34. If a man cheats on a woman, it is okay for her to hit him.

SCORING PROCEDURES FOR THE GENDER EQUITABLE MEN (GEM) SCALE

(1) High scores represent high support for gender equitable norms. For subscale 1, Agree would be scored as 1, Partially Agree as 2, and Do Not Agree as 3. A high score represents low support for non-equitable gender norms or, in other words, support for gender equitable norms. For subscale 2, the scores are reserved so that for all items a high score represents high support for gender equitable norms. Do Not Know answers are scored the same as partially agree.

(2) Scores for the Inequitable Norm and Equitable Norm subscales are calculated separately and then combined into the Gender Equitable Men Scale. Each subscale, based on the sufficient internal consistency reliability, can also be used separately, if desired. The Inequitable Norm Subscale was found to be more reliable than the Equitable subscale in certain circumstances.

The GEM Scale is calculated as follows:

(a) For Inequitable Norms, the possible minimum was 17 and the maximum was 51. For Equitable Norms, the possible minimum was 7 and the maximum was 21.

(b) Responses to each item in each subscale are summed. This gives the GEM Scale score.

(c) Respondents for whom more than one third of the scale items are not answered, if using the full scale, and one third of either subscale, if one subscale is being used, it should be dropped from the analysis. For respondents missing less than one third of the scale items, the missing items should be replaced (i.e. imputed) with the mean of the item across all respondents.

(3) The continuous GEM Scale scores can be used in analyses as is, or can be recoded into different formats for different types of analyses and interpretations. As one coding option, the continuous GEM Scale is trichotomized into 'high', 'moderate,' and 'low' support for equitable gender norms by splitting the scale into three equal parts. The range is based on thirds in the range of possible scores: for the GEM Scale, low equity is 1 – 23, moderate is 24 – 47, and high is 48 – 72. Typical analyses include testing associations between the GEM Scale and key variables such as condom use and partner violence, as well as comparisons of GEM Scale scores before and after an intervention.

Questions from WHO Violence Against Women Study on Gender Roles³⁷

In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.

A good wife obeys her husband even if she disagrees.

- Agree
- Disagree
- Don't Know
- Refused/No Answer

Family problems should only be discussed with people in the family.

- Agree
- Disagree
- Don't Know
- Refused/No Answer

It is important for a man to show his wife/partner who is the boss.

- Agree
- Disagree
- Don't Know
- Refused/No Answer

A woman should be able to choose her own friends even if her husband disapproves.

- Agree
- Disagree
- Don't Know
- Refused/No Answer

It's a wife's obligation to have sex with her husband even if she doesn't feel like it.

- Agree
- Disagree
- Don't Know
- Refused/No Answer

If a man mistreats his wife, others outside of the family should intervene

- Agree
- Disagree
- Don't Know
- Refused/No Answer

37 This activity was adapted from "Researching Violence Against Women" by WHO and PATH

Sample Focus Group Questions for Young Men

Location: _____
Date: _____
Time started: _____
Time ended: _____
Interviewer(s): _____
Number of Participants: _____ Men

INTRODUCTION

1. INTRODUCE FACILITATOR(S).

2. EXPLAIN TO THE FOCUS GROUP:

Ex: "We want help in understanding the attitudes of men and boys related to gender and violence..." "We will ask some questions and want you to feel comfortable to answer honestly..." "We are all from a non-profit organization working in this community and all your answers will be confidential. We will not give names of individuals. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer." Confirm that they are willing to participate in the group interviews.

DISCUSSION

Below are sets of sample questions that can be used to develop a focus group guide for exploring young men's attitudes and experiences related to a variety of topics in a given context. Depending on the purpose of the focus group you can mix questions from different themes. Also, many of these questions can be adapted for working with older men as well.

GENDER ROLES AND NORMS

- What does it mean to be a young man in your community? Are there certain expectations for how young men should act? Do young men have certain responsibilities?
- Do you think it is easy to be a young man? Explain.
- Who would say your role model has been of what it means to be a man? What makes that person a role model?
- When and how does a boy become a man? How does a young man acquire respect?

- What does it mean to be a man? a father? a husband?
- When you think about the guys you know at school or in your community, how would you compare yourself (in terms of how they treat women, or whether they participate in violence)?
- What does it mean to be a young woman? How are young women treated in your community? What kinds of problems do they face? How do they cope with these problems? Do you think it is easy to be a young woman?

GENERAL NEEDS OF YOUNG MEN

- What are the biggest problems you and other young men face in your community? What do you think are some solutions to these problems? Are there places where young men can find support for their problems?
- Do you feel adults/elders understand the problems of young men today? Are young men able to express their views and share problems with adults and elders?
- What can be done to increase understanding and cooperation between young men and adults/elders?

SCHOOL/EDUCATION

- How would you describe your school? Do schools today meet the needs of youth? Are young men treated differently from young women in your school? In what ways?
- What things are good about your schools? What things need to be improved? What would you do to improve your school?
- Does your school prepare you for work? In what ways?

SEXUAL NORMS AND RELATED BEHAVIOURS

- What does sex mean to young men?
- What is the average age that young men have sex for the first time?
- Do young men generally have many sexual partners? For example, how many different

partners on average do young men have in a month?

- Is it ok for a young woman to have as many partners as young men do? Why or why not?
- What does it mean for a young man to have a stable partner? What does it mean for a young man to have a casual partner? Do young men prefer stable or casual partners? Why?
- Are there young men in the community who have sex with other men? If yes, are they treated differently in anyway by other young men or adults? If no, do you think it is ok for young men to have sex with other men?
- Is it ok for a young man to ever say no to sex? If yes, in what situations? If no, why not?
- What do you think about situations where young women will date and or have sex with older men – sugar daddies – in exchange for gifts, money, etc.? Are young men also involved in these types of relationships with older women or men?
- Have you heard of ways to prevent getting pregnant? Whose responsibility is it to use these methods? Do young people use them?
- Is it ever ok for a man to force a woman to have sex with him? If yes, in what situations?

HIV/AIDS-RELATED ATTITUDES AND KNOWLEDGE

- Are young men aware of STIs and HIV/AIDS? Do young men know how to prevent it? Where do young men get this information about STIs and HIV/AIDS? Do you know where you can get tested for HIV? Where?
- Do you think the young men in your community worry about STIs or HIV/AIDS? Why or why not?
- Do young men engage in behaviours that place them at risk for HIV/AIDS? If yes, what type of behaviours? How do you think programmes and governments can encourage young men to practice safer sex?
- Do young men use condoms? If yes, where do they get condoms? If no, why do they not use condoms?
- In sexual relationships, who usually decides if the couple uses a condom?

- Do you know any adolescents or youth who have, or have died from, HIV/AIDS? Are/were these individuals treated differently by family, friends, teachers, etc? Where can they go for support with their problems?

VIOLENCE AND CONFLICT (GENERAL)

- Is violence a problem in your community? What kind of violence?
- Who causes the violence in your community? Are young people involved in this violence? Why do you think these individuals/groups cause this violence? Are there certain individuals or groups who are the target of this violence? Are young men victims of violence in your community?
- Do you feel safe in your community? If yes, what makes you feel safe? If no, what makes you feel unsafe?
- Have you ever been beaten up in school or in your neighborhood? (Have you ever been robbed, or victim of any other kind of violence? Probe. Have you ever been a victim of violence by police or soldiers, or rival groups?)
- In general, how do the police react to young men's violence?
- Are young men like yourselves involved in fights? Over what? How often?
- Have young men you know participated in riots or attacks against other persons?
- What about gangs? (Probe to see if there is a local equivalent of gangs) Are they around in your neighborhood? Have they ever approached you? How did you react? (Do you have any friends/siblings/family members who are in gangs?)
- Do young men in the community carry weapons? If yes, what type and why? Do a large number of young men carry weapons?
- Do young men in the community engage in criminal activities? If yes, what type of activities, what are the consequences?
- What do you think are some strategies to preventing violence and crime among young men?

VIOLENCE AGAINST WOMEN

- Is it ok for a young man to hit a woman? In what situations? In what way?
- Have you seen this kind of violence in your community? In what situations?
- Have you ever felt like you were so mad at a girlfriend/wife/partner that you thought you might hit her? (What happened?)
- What would you do if you saw a man using violence against a woman?

COMMUNITY PARTICIPATION/ ASPIRATIONS

- Do you feel youth have enough opportunities to participate in community decision-making? If yes, in what ways do they participate? If no, how can they increase their voices in the community?
- What are your hopes for the future? Where do you see yourself in five years? What will you be doing and what support do you need to accomplish these goals?

Nine Steps to Monitoring and Evaluation

The 'nine-step' framework on designing and executing monitoring and evaluation (M&E), by Community Development (World Bank) in partnership with Business for Social Responsibility:

1. LOGIC MODEL AND INDICATORS

After finalizing the logic model for planning and management purposes, associated indicators should be created in consultation with stakeholders to monitor achievement at every step of the project, from inputs and activities to outputs and outcomes. Indicators should be Specific, Measurable, Achievable, Relevant and Timely (SMART).

2. VALIDATE INDICATORS WITH STAKEHOLDERS

Developing indicators is a key opportunity for community participation. By providing input on the indicators, community members are not only made aware of, but more importantly provide input to, project design and objective setting. This process of vetting indicators helps build ownership and transparency.

3. CONDUCT BASELINE ASSESSMENT

An assessment of current conditions is necessary in order to create a baseline against which to measure progress over time. For example, one can only effectively gauge an increase in primary school enrolment over time if there is information on initial levels of enrolment at the beginning of the project.

4. SET TARGETS AND SCALE

After finalizing the list of indicators that will be measured to monitor progress, targets should be set for each indicator. Targets are the goals that you are aiming to achieve by a certain point in time.

5. MONITOR INPUTS, OUTPUTS AND OUTCOMES

A project's specific data collection cycle will depend on the timeline for its targets, though periodic data collection in line with a company or organisation's quarterly reporting efforts is a good way to integrate community development into business processes. Data collection should ideally be participatory. By involving the community in monitoring, stakeholders can keep abreast of progress and make suggestions for course corrections, while the project partners can benefit from increased support and buy-in as a result of such transparency.

6. CONSULT STAKEHOLDERS ON MONITORING RESULTS

By reporting performance data gathered through monitoring, a company can meet community expectations for transparency and continue the dialogue about project design, management and performance. Information that is developed from monitoring should be disclosed in a "culturally appropriate" form that is accessible to all external stakeholders (in the local language, perhaps recited on local radio or in community meetings instead of being presented exclusively in written form, etc.).

7. MAKE PROJECT ADJUSTMENTS

Engaging stakeholders through data collection and reporting will help project managers gain information on how projects should be adjusted to better ensure that goals are consistently being met. Once this information is brought to light, adjustments to the project should be made to

improve performance. This is an iterative cycle that should be repeated throughout a project's life.

8. EVALUATE PROJECT IMPACTS

Project evaluation occurs after a project has been completed. It is an analysis that helps to explain why the project did, or did not, produce particular results. Unlike monitoring, it is not used for ongoing management, but focuses on final outcomes. Evaluations can be large scale surveys executed by an external group with statistical and social science expertise, such as a university. Likewise, it can be a small-scale rapid assessment that uses participatory methods, such as group interviews and key informants as well as available data such as case studies. Evaluation can not only help clarify whether costs for a project were justified but also inform decisions on the design and management of future projects and serve as an accountability mechanism.

9. REPORT AND ENGAGE STAKEHOLDERS

A final step in M&E is to share information on project impacts with shareholders, communities and the public at large through multiple channels. Reporting should not be seen as an end in itself, but rather as an invitation to dialogue with external stakeholders. The company or organisation can use M&E to inform the public of project progress and learning, as well as to invite feedback on the company or organisation's wider community development efforts.

