iT TAKES 2

PARTNERING WITH MEN IN reproductive & sexual health

UNFPA programme advisory note

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contents

list of selected acronyms

BCC	Behaviour change communication (formerly IEC)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DRR	Demobilization, reinsertion and reintegration
DHS	Demographic and Health Survey
FGC	Female genital cutting
GBV	Gender-based violence
HMO	Health management organization
ICPD	International Conference on Population and Development
IEC	Information, education and communication
NGO	Non-governmental organization
RH	Reproductive health
RSH	Reproductive and sexual health
RTI	Reproductive track infection
STD	Sexually transmitted disease
STI	Sexually transmitted infection
VAW	Violence against women
VCT	Voluntary counselling and testing
WID	Women in development

acknowledgements

The document is based on frameworks and evidence-based programming findings described in UNFPA Technical Paper No. 3, "Partnering: A New Approach to Sexual and Reproductive Health" (2000) and recent research.

It was prepared by Sylvie I. Cohen, UNFPA Technical Support Division and Michèle Burger, consultant, in collaboration with Akinyele E. Dairo and Wariara Mbugua of UNFPA, New York. It was edited by Janet Jensen and designed by Mary Zehngut.

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For full text versions of "Partnering," please see:

- http://www.unfpa.org/tpd/partnering/docs/partnering.pdf for English
- http://www.unfpa.org/tpd/partnering/docs/partnering_fre.pdf for French
- http://www.unfpa.org/publications/techpaper03_spa.pdf for Spanish.

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summary checklist

for programming partnering with men in reproductive and sexual health

results

does your programme expect to:

INCREASE THE LIKELIHOOD that both men and women will make informed, safe and consensual decisions regarding sexuality and reproduction?

IMPROVE MEN'S ATTITUDES, BELIEFS AND PRACTICES regarding risk-taking?

INCREASE RESPECT FOR HUMAN RIGHTS ENTITLEMENTS that relate to reproductive and sexual health?

ENCOURAGE gender equity and promote freedom from gender-based violence?

ENLIST young men as allies in gender equity and reproductive and sexual health?

ENHANCE the perceived value of the girl child?

MEASUREABLY IMPROVE reproductive health, as evidenced by:

- fewer sexually transmitted infections, including HIV/AIDS?
- greater choice of family planning methods?
- fewer unwanted pregnancies?
- preparedness for safer motherhood?
- a reduction in harmful practices, such as female genital cutting, early marriage and sex-selected abortions?
- less violence, especially violence against women and other intimate partners?

summary checklist

for programming partnering with men in reproductive and sexual health

principles

does your programme:

ADOPT a human rights-based approach in relation to gender inequity and to the current power imbalances in sexual relations?

VIEW men as part of the solution and work to increase their sense of ownership of new initiatives that promote gender equity and women's empowerment?

ASSURE WOMEN THE CHOICE as to whether to include their partners in reproductive and sexual health counselling, service delivery and treatment?

INCREASE MEN'S COMFORT LEVEL with a role as responsible, caring, safe and non-violent partners?

ENCOURAGE PARTNERSHIPS between men and women based on mutual trust, respect, ownership of decisions and their outcomes, shared benefits and equal opportunities?

summary checklist

for programming partnering with men in reproductive and sexual health

approach

does your programme take an integrated, multi-pronged sustained approach that addresses the following levels:

ADVOCACY FOR POLICIES to increase gender perspectives in health and education systems, family and labour laws, to complement what is happening at the programme level?

PARTNERSHIPS with key influential stakeholders—including faith-based organizations—to build support and reduce resistance to change in gender relations?

ANALYSIS OF GENDER DYNAMICS including: how decisions are made and implemented; who has access to strategic resources; the changing needs of both genders; and how they interact?

HEALTH CARE PROVIDERS AND HEALTH SYSTEM, to ensure they have the ongoing training and supplies to deal with men, both as reproductive health service clients and as equitable partners?

EDUCATORS who need training to understand how boys are socialized and to educate boys and young men to be respectful towards women and to seek relationships based on equality and intimacy rather than sexual conquest?

PARENTS AND EXTENDED FAMILY MEMBERS who may need encouragement and education to raise gender sensitive children and to communicate openly about sexuality?

behaviour change

does your programme take advantage of the full range of communication modalities and entry points to influence individuals, including:

PEER EDUCATION programmes to train men to reach their peers with convincing information, distribution of commodities such as condoms and educational materials, and referrals for services?

MENTORING by nurturing family members, positive male role models and peers who challenge traditional gender roles and can be instrumental in the formation of progressive and caring attitudes in young men?

SCHOOL-BASED PROGRAMMES on health, family life and/or HIV prevention programmes, common in many countries, which can include elements on life skills, gender, sexuality and reproductive health?

ENTERTAINMENT-EDUCATION PROGRAMMES, which can effectively promote gender equity in entertainment formats that portray new role models?

SUPPORT GROUPS AND PEER NETWORKS IN WORKPLACES AND COMMUNITIES, which offer useful settings for discussing and raising consciousness about the negative consequences of predominant models of masculinity and give men the space to explore the possibilities and gains of adopting less domineering gender roles?

do the communicators understand:

MEN'S SENSE OF WHAT IT IS TO BE A MAN, including insecurities related to sexuality, fatherhood and other social expectations; the exercise of power in sexual relations; initiation rites, risk-taking behaviours and the use of violence against intimate partners?

MEN'S PERCEPTIONS OF THEIR OWN SEXUALITY; their health-seeking behaviour and preferences; and the changing perspectives throughout the life cycle?

THE DYNAMICS OF COUPLE'S NEGOTIATION AND DECISION-MAKING, including strategies for resolving disagreement; and how men relate to women's reproductive health issues and make decisions in this domain?

summary checklist

for programming partnering with men in reproductive and sexual health

strategies

does your programme incorporate the following dimensions of social change:

THE SOCIOCULTURAL DIMENSION?

This dimension promotes an understanding of the cultural, religious and political inclinations of men and women in their various networks, settings and affiliations. It involves communities in dialogue and consciousness-raising throughout the planning and implementation process and, in defining ways to deal with cultural values and social practices, aims to increase their ownership of the strategies employed.

THE EDUCATIONAL DIMENSION?

This dimension integrates a gender perspective into family life education, peer education and sexual health education.

THE HUMAN RIGHTS DIMENSION?

This dimension promotes zero tolerance for gender-based violence, protects against vulnerabilities and harmful practices as violations of individual well-being, facilitates and fulfils women's and men's access to reproductive rights.

THE LIFE-CYCLE DIMENSION?

This dimension focuses on the particular developmental needs of men and women at different ages.

does it build on these lessons learned:

WORK with men where they are?
UNDERSTAND the socio-political context and its consequences through the lens of gender?
USE a holistic, multi-pronged approach?
TRAIN health service providers to become more gender sensitive?
DETECT unintended gender biases or negative consequences of messages in mass media campaigns?
PROTECT women's rights?
USE evidence-based programming to choose among a variety of service delivery options such as:

- Choice of gender of service providers?
- Stand-alone clinics for men versus services that are integrated into existing clinics?
- Outreach: bringing services to where men and adolescent boys are?

examples of what UNFPA can do

- **ADVOCATE FOR** an integrated, gender-sensitive approach to reproductive and sexual health programmes through coalitions and collaboration with different ministries, HIV/AIDS and violence against women programmes, national institutions dealing with human rights and gender issues, faith-based organizations, and women's and men's NGOs;
- **PROVIDE ONGOING TRAINING** to UNFPA field staff, government officials and UNFPA-supported project managers on issues such as gender (including masculinity), human rights, gender sensitivity, condom programming, and other frameworks, so that reproductive and sexual health programmes better serve men and women;
- **SUPPORT CONDOM PROGRAMMING** for dual protection against unwanted pregnancies and sexually transmitted diseases, through male and female condoms;
- **SUPPORT OPERATIONAL/SOCIOCULTURAL RESEARCH** on issues related to: men's knowledge, beliefs, attitudes and practices in reproductive and sexual health and their effects on women's reproductive and sexual health status; consequences of gender dynamics on reproductive health and rights and the implications of current power imbalances in sexual relations on reproductive and sexual health outcomes; social contexts that affect gender roles and relations, including the consequences of masculinity; the diversity of men's reproductive and sexual health needs, including those who are economically deprived or displaced; and determinants of men's sexuality and health-seeking behaviour;
- **SHARE, TRANSLATE AND DISSEMINATE CURRENT LITERATURE** and behaviour change communication materials on issues relevant to gender-sensitive reproductive and sexual health at regional and international levels, to keep officials and leaders informed about current studies and research;
- Ensure that gender issues, including partnering with men, are **INTEGRATED IN OTHER PROGRAMMES.**

purpose of the programme advisory note

> Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood; sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution of family income; children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children.
>
> —International Conference on Population and Development Programme of Action, para. 4.27.

This document is intended to help UNFPA country staff plan national programmes, develop strategies and projects, review progress made, and assess the soundness of their strategies. It illustrates how one can increase men's involvement in reproductive health issues through research, advocacy, behaviour change communication and education, policy dialogues and well-tailored and innovative reproductive health services.

It starts by defining partnering with men and providing a rationale for this approach from the standpoint of the International Conference on Population and Development (ICPD). A framework for selecting essential elements of such a programme is then described. Examples are provided of ways in which UNFPA has supported a partnering approach, followed by a summary of lessons learned.

A matrix of sample outputs and their indicators provides options for defining and measuring results. Additional resources are also provided for information on gender, masculinities, adolescent boys, education, services, working with special populations, and research on partnering with men.

what is partnering with men in reproductive and sexual health?

Partnering with men in reproductive and sexual health is a systematic way to improve reproductive and sexual health outcomes through a gender-sensitive programmatic approach. It is based on the Cairo principles of reproductive health, gender equality and women's empowerment. Such an approach:

- **HIGHLIGHTS** the consequences of gender dynamics on reproductive health and rights, and the implications of current power imbalances in sexual relations on reproductive and sexual health outcomes;
- **SEEKS** to increase men's sense of ownership over new initiatives that promote gender equity and women's empowerment;
- **AIMS** to increase men's comfort with seeing themselves as responsible, caring, and non-violent partners;
- **RECOGNIZES** that gender roles and relations are also dependent on social contexts in which cultural, religious, economic, political and social circumstances are intertwined;
- **ASSUMES** that gender relations are not static and thus can be changed;
- **ADOPTS** a rights-based approach in relation to gender inequity;
- **RECOGNIZES** the diversity of men's reproductive and sexual health needs, including those of young men, and those who are economically deprived or displaced.

The pillars that support this paradigm are: mutual respect for one's entitlements; supportive relationships built on trust, mutual support, shared benefits, and negotiation; and women and men both taking ownership of problems and being part of the solution.

Partnering aims at getting men's active acceptance of—and support for—their female partners' needs, choices and rights in reproductive and sexual health. Yet partnering also promotes improved understanding of men's own identity, behaviour and reproductive and sexual health needs. As leaders, male partners would support gender equity, education for girls, women's empowerment, safer sex practices, and the elimination of violence against women within their families, communities, educational systems and places of work. In their homes, men would agree to negotiate reproductive decision-making, support their partners' choices and reproductive and sexual health needs, protect their partners and themselves against unwanted pregnancies, sexually transmitted infections and HIV/AIDS, reject the use of violence against women, and share family responsibilities. For young men, partnering would mean being respectful of women and seeking relationships based on equality with their partner and intimacy rather than sexual conquest.[1]

why focus on partnering?

Partnership with men in reproductive and sexual health can produce a variety of positive effects. These can be grouped into six categories[2] that correspond to levels of programming and outputs. [Please note that the value-added of partnering presented below uses the ICPD language and principles; they do not constitute ready-made messages as such. Further participatory message design and pre-testing is needed to find personalized approaches that resonate within specific social and individual contexts.]

SOCIETAL BENEFITS: the possibility of achieving equitable relationships between men and women; a more valued girl child so that there are fewer sex-specific abortions; reduced risks and vulnerabilities for spreading HIV and other sexually transmitted infections; fewer early marriages and a reduction in gender-based violence and harmful practices, such as female genital cutting, which hurt women and powerless adolescents; and the promotion of reproductive rights, which are respected when every individual is empowered to make informed and safe decisions about sexuality and reproduction.

COMMUNITY BENEFITS: those mentioned above, in addition to: better understanding of, consensus on, and community organization around maternal health and survival, domestic violence, and adolescent needs for information, education and services; and increased understanding of how changing gender roles might benefit everyone.

BENEFITS TO COUPLES: the possibility to negotiate sexual safety; joint decision-making in sexuality, procreation and parenthood; and more intimate and sexually satisfying sexual relationships.

BENEFITS TO WOMEN: increased sense of entitlement and empowerment in reproductive health and rights; consensual and more pleasurable sexual relations; a lighter burden in terms of contraception, pregnancy, child-rearing and domestic chores; and fewer risks of HIV/AIDS, sexually transmitted diseases and domestic violence.

BENEFITS TO MEN: an increased sense of comfort with their own identity; an increased understanding of their entitlements and obligations; acknowledgement of multiple sexual relations; increased ability to negotiate rather than impose decisions on women regarding sexuality, contraception, procreation and child-rearing; increased contraceptive use; and higher rates of diagnosis and treatment of HIV, sexually transmitted infections, cancers, infertility, sexual dysfunctions and other psycho-sexual problems.

BENEFITS TO YOUNG MEN: accessible, relevant and accurate information about reproductive and sexual health; exposure to messages and role models that reinforce more gender-equitable norms; opportunities to discuss their doubts without being criticized by their male peers; greater comfort in dealing with emotions and feelings; and greater access to low or no-cost condoms.[3]

BENEFITS TO CHILDREN: positive role models of fathers in the context of reproductive and sexual health, including opportunities for fathers to become involved in preventing the spread of HIV/AIDS to mothers and children; better care and nurturing from both parents; and the reduction of sexual abuse and domestic violence.

adopting a sociocultural perspective to build ownership

Sociocultural factors have long been recognized by UNFPA in its programming. This is especially true since the ICPD, which drew attention to sensitive issues that until recently were relegated to the private sphere, and thus were well guarded by taboos, values and socially regulated behaviours.[4] Successful partnering programmes have adopted a sociocultural perspective, one in which communities are involved throughout the planning and implementation process—not only by determining local needs, but also in defining ways to deal with cultural values and social practices.

For instance in **Ghana**, community leaders and local groups used *durbars*, or public meetings through which leaders communicate with local people, mainly men, to inform them about the programme and establish open discussion on health-related topics with the community. This helped legitimize a partnering programme.[5]

It is important to remember that men, like women, are not homogeneous but diverse, both in their roles and in their socio-demographic characteristics such as age, urban or rural orientation, marital and employment status, and ability to read and write.[6]

In addition to socio-demographic and psychographic variables, men's social roles vary and often overlap. Though men have been type-cast as having power and wealth, many are poor and powerless. By viewing men's and women's attitudes and behaviours from a sociocultural perspective, one that considers cultural traditions and social norms, religious beliefs and socio-economic status as determinants of prevailing attitudes and roles, strategies can be adapted to reach men and women in their diversity. For instance, reaching poor, illiterate and rural men and women will require very different approaches from those aimed at the urban elite. Such roles and positions include:

Men as political and community leaders

The majority of political leaders are men. Men are often called "gatekeepers" because of the many powerful roles they play in society—as husbands, fathers, religious leaders, media owners, policy makers, health service providers, and local and national leaders. They can control key decisions and access to reproductive health information and services, finances, transportation and other resources.[7] Some men who are national and community leaders may be reluctant to promote policies that will enhance the status of women because such policies are perceived to threaten the status of men.[8]

However, current research and operational experience indicate that male leaders who are provided with relevant data and alternative models of behaviour can become allies in resolving problems, including the prevention of maternal mortality and morbidity, sexually transmitted infections, HIV/AIDS, unwanted pregnancies and violence against women. Men in leadership positions can use their power to promote male involvement in gender equality, women's empowerment and reproductive and sexual health.

SEGMENTATION OF MEN'S CHARACTERISTICS BY AGE[9]		
AGE 20–35 YEARS	**AGE 36–45 YEARS**	**AGE 46+ YEARS**
Unmet need for family planning, especially temporary methods, and for birth spacing	Unmet need for family planning, especially long-term or permanent methods, for limiting births	Unmet need for permanent contraception information and services
High desire for children	Married, usually with desired number of children	Married, usually with desired number of children
May have little communication with partner	May have little communication with partner	May have little communication with partner
Concerns about unsafe abortion, need for abortion counselling with partner	Potential polygamist, frequently with prostitutes (high risk of HIV/AIDS and sexually transmitted diseases)	
Needs work, income and housing	Economically established	Economically established
Highly mobile, may do migrant labour		
Has ambitions, looks to the future	More conservative than younger age groups	Traditional values
Can be reached through peer groups, workplace education, clinics, mass media, and role models	Can be reached through peer groups, workplaces, clinics (accompanying wife and children), media, and men's clubs	Can be reached through peer groups, workplaces, clinics, media, and men's clubs
Media conscious		

Men as religious leaders

Men continue to dominate the leadership positions in most of the world's religions. Religious leaders are capable of mobilizing and empowering communities to demand attention and seek solutions from government and other powers-that-be on issues ranging from gender-based violence and maternal deaths to family planning. Working closely with these spiritual leaders to find common ground for implementing the ICPD agenda can be achieved through dialogue, networking, advocacy on gender issues, and provision of reproductive health services.

For instance, in **Senegal**, UNFPA helped create a network of religious leaders who interpreted the Koran and its precepts regarding sexuality, family planning and reproductive health. The work included visits to the **Islamic Republic of Iran**, **Indonesia** and **Egypt**. As a result, imams address family planning and sexuality in their Friday sermons, particularly with men who have previously been left out of the discussion, although they are the decision-makers in the family. Other examples of initiatives with religious-based institutions can be found in "Creating Common Space: Diverse Religions, Shared Values."[10]

Men as service providers

Some aspects of service delivery reinforce the gender inequalities that are part of the health system itself. For instance, societal biases are often reflected in staffing patterns within health-care organizations. Men tend to be over-represented in decision-making positions. They are the physicians, directors and high-level administrators, whereas women comprise the lower levels, as nurses, aides, counsellors and community-based workers. Furthermore, unequal relations are implicitly reinforced in the training of health professionals, leading to a clear sexual division of labour with respect to medical specialties, some of which are promoted as "female" and others as "male." [11]

The goal of building partnerships between men and women extends to all health-care professionals with the aim of equalizing relations between clients and providers and among health care staff.

Men as sexual partners and clients of reproductive health services

Men tend to be decision makers regarding sexual relations, sometimes through coercion or violence. It is usually men who decide on the number and variety of sexual relationships, timing and frequency of sexual activity, use of contraceptives and/or other safer sex methods. Yet, the proportion of contraceptive use attributed to men (including condoms, withdrawal, periodic abstinence and vasectomy) has been falling in recent years.[12] Men may feel uncomfortable in health settings and are often not welcomed in family planning and reproductive health clinics. More data is needed to understand the motivations and constraints of men who seek to change their behaviour.

The AIDS pandemic has improved understanding of the connection between sexual practices, risks and gender roles of men as sexual partners. For instance, predominant views in many cultures of the mythic "real man" promote the idea that men cannot control their sexual desire. Many cultures associate high levels of male sexuality with positive male identity, dismissing risks, vulnerabilities, affection and intimacy.

Moreover, there is increasing evidence linking violence against women to negative reproductive health outcomes.[13] Evidence shows that unequal power in sexual relationships can adversely impact maternal morbidity and mortality and lead to an increase in unwanted pregnancies, including those that lead to unsafe termination procedures, and HIV, reproductive tract and sexually transmitted infections. It can also create obstacles to mental health and health-seeking behaviour among both women and men.

Men as fathers

Fathers have a fundamental role in initiating their sons into the masculine world. Those who question traditional gender roles are more likely to raise progressive and caring sons.[14] Furthermore, initial research indicates that fathers who are close to and have high expectations of their daughters may be contributing to gender-equitable societies.[15]

Fathers, Inc. in **Jamaica** and *Papai* in **Brazil** are examples of successful initiatives that have emerged to enhance men's roles as fathers. Through peer educators, these programmes provide young men with alternative fathering roles, encourage them to become more emotionally involved with their children and expand their idea of what it means to be a husband or father.

Men as traffickers

Although reliable data on adult and child pornography, forced prostitution and trafficking of women and children for sex remains elusive, anecdotal evidence suggests that such criminal activity, along with sex tourism, is a growing problem, particularly in parts of Asia, Eastern and Central Europe. The trafficked women tend to come from poor families who sell their daughters to men who control these illegal enterprises.

The trafficking of women and children, which has serious repercussions on reproductive and sexual health, is a clear example of the link between violence, poverty and social inequity. Evidence increasingly suggests that violence—or the fear of violence—affects women's ability to negotiate the use of condoms and contraception, and thus compromises their ability to practise safer sex.[16]

Young men as allies

The importance of working with men between the ages of 10 and 24 is a priority for many reasons. Most important, this is the life-cycle stage that is "critical for gender role formation and a time during which notions of appropriate sexual comportment and even awareness and understanding of such issues are shaped and influenced."[17] Moreover, girls' roles are expanding, while boys' roles remain the same. Boys are being socialized to produce, achieve and perform, without being made aware of their own health needs. Studies indicate that young men:

- Lack knowledge about their own and their partners' sexuality;
- Hardly communicate with their partners about sexual issues;
- Have misconceptions regarding sexuality and condom use;
- Do not think about family planning;[18]
- Have more time to participate in health education than adult men;
- Have specific reproductive and sexual health needs of their own, including issues of abuse and violence;
- Are often more open to considering alternative views than their older counterparts;
- Rehearse gender roles during adolescence.

Working with young men can have important benefits for the young women they associate with. Boys tend to have sex earlier than girls and often gain status by having sex. They sometimes have first encounters with sex workers, and may say they are informed about sexual issues but are frequently misinformed.[19]

Women as men's partners and family caretakers

Partnering with men also involves changing women's attitudes, expectations, beliefs and practices regarding stereotypical gender roles. Providers and educators should: inform women about consequences of harmful practices such as female genital cutting and early marriage; work with influential women such as mothers-in-law about alternative ways to approach violence against women and young men's socialization; build women's confidence and teach them negotiating skills that can help them practise safer, consensual sex.

For instance, in **India**, the Family Welfare Education and Services organizes mothers-in-law clubs to support reproductive health. Mothers-in-law in that country exercise a good deal of influence. The project therefore encourages them to promote proper nutrition and childcare and to motivate their sons to treat their wives better.

gender equity: a recommended framework for programming

Not all of the various frameworks for developing reproductive and sexual health programmes for men are gender sensitive. As the paradigm of population programmes evolved to reflect a stronger gender perspective, different approaches have been used to translate these broad goals into action. Specifically regarding men's participation, there have been four frameworks to guide implementation. These frameworks are located on a continuum from the absence of a gender perspective to a more comprehensive gender perspective[20]

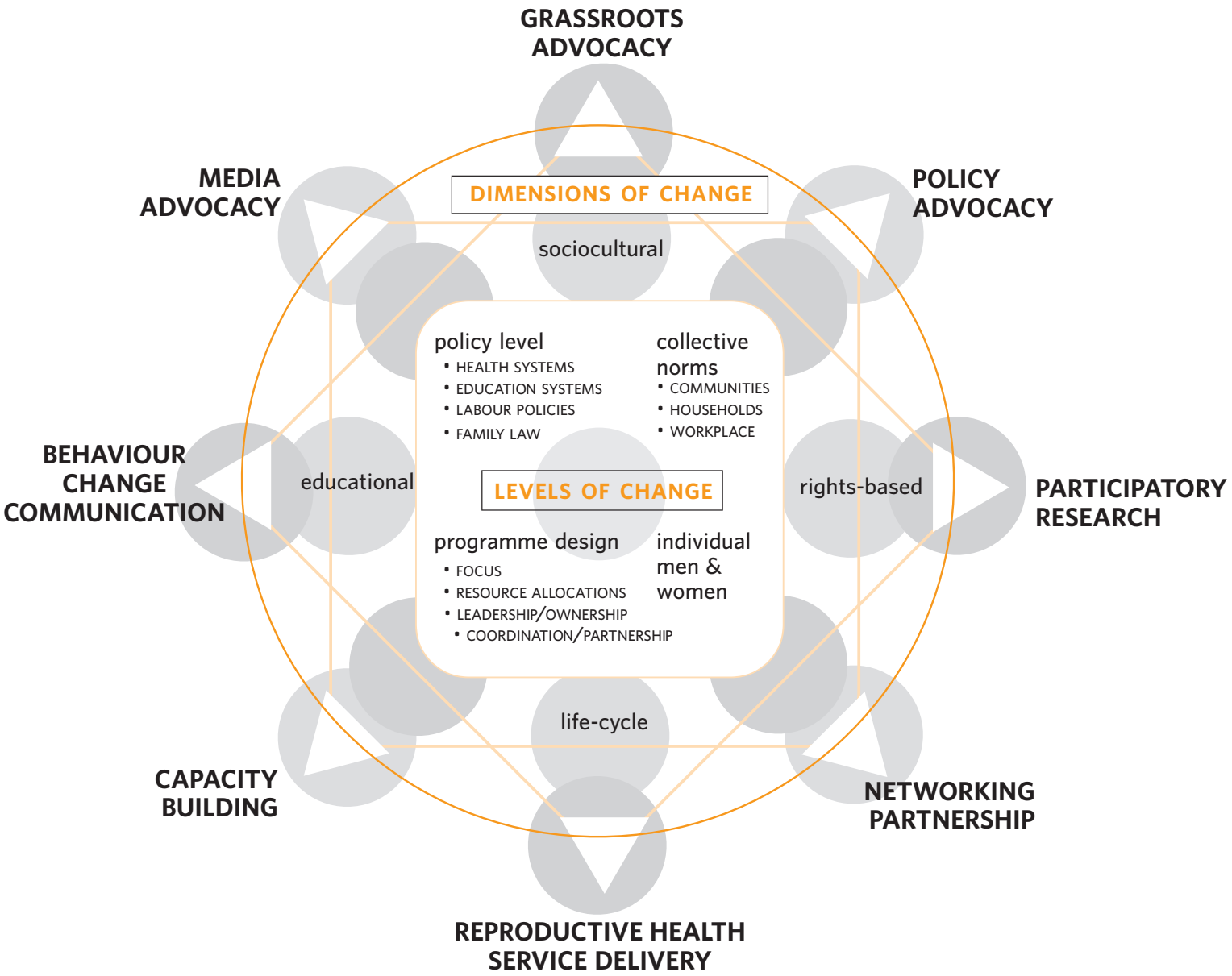
- First, the conventional *family planning model* predates Cairo but continues to inspire some strategies, including the research agenda.
- Second, the *men and family planning mode* in vogue immediately after Cairo views men mostly as "contraceptors" and decision makers in reproductive health.
- Third, the *male equality model* aims at men as reproductive health clients.
- Finally, the most recent model can be called the *gender equity in reproductive and sexual health* framework, and integrates a gender perspective in line with the ICPD spirit. This is the one that we recommend adopting.

FRAMEWORKS AND CORRESPONDING APPROACHES OF "PARTNERING" [21]

FRAMEWORKS	APPROACHES	PURPOSE/EMPHASIS	PROGRAMME IMPLICATIONS
	PRE-CAIRO		
■ Family planning	■ Women only	■ Increases contraceptive prevalence ■ Reduces fertility	■ Contraceptive delivery to women only ■ Absence of men
INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD), CAIRO, 1994			
■ Men and family planning	■ Solidarity ■ Responsibility	■ Increases contraceptive prevalence ■ Reduces fertility	■ Contraceptive delivery to women and men ■ Views men as actors in fertility decisions ■ Downplays gender implications
■ Male equality	■ Health marketing on meeting men's reproductive health needs	■ Addresses men's reproductive health needs as much as women's reproductive health needs have been addressed	■ Men as clients ■ Appeals to men's self-interest ■ Downplays gender implications
■ Gender equity in reproductive health	■ Educational ■ Human rights	■ Promotes gender equity ■ Promotes women's and men's reproductive health through substantial male involvement	■ Men as partners ■ Integrates a gender perspective ■ Reaches out to young men and male adolescents ■ Protects reproductive rights, gender equality and child rights

The gender equity framework goes beyond the measurement of fertility and the provision of medical reproductive health services for men by recognizing that gender inequity influences not only fertility, but also reproductive health and rights in general. This framework connects reproduction to sexuality, and views sexuality as an expression of gender and power relations between men and women. It also questions the formation of gender identity, sexual practices and violence, and explores the possibilities of access to a satisfactory reproductive and sexual life from both individual and social points of view.

GENDER EQUITY FRAMEWORK FOR PROGRAMMING PARTNERING WITH MEN



keys to long-term success: systematic programming

Successful programming in the partnership area involves the integration of multi-pronged and multisectoral components—from health and education policies to labour and family law to strategies that affect behaviour in the household and community. The various components are described below:

Policy level. Shifting policies to increase gender perspectives in health and education systems and family law can complement what is happening at the programme level. Policies supportive of the partnering approach include ratifying the Convention on the Elimination of All Forms of Discrimination Against Women and enforcing compliance with it, as well as developing and enforcing other laws and policies supportive of gender equality and women's empowerment.

For instance, in **Morocco**, UNFPA initiated a collaborative pilot project with the Ministry of Justice to collect and analyse data on violence against women in the city of Casablanca. Information collected on such cases and their conditions are analysed. Results will be used to sensitize decision makers, magistrates, judges, the police, health professionals and researchers and to foster concerted action to stop violence against women.

Programme design level. Partnering programmes should carefully incorporate an updated understanding of gender dynamics, which includes how decisions are made and implemented, who has access to strategic resources, the changing needs of both genders, and how they interact. Programmes should also define expected success in clear behavioural terms.

Health system level. Health care providers should be trained on an ongoing basis on how to deal with men as clients and as women's partners. Health care providers need an understanding of gender issues, couple's communication, and power dynamics in sexual relations to assure that women's rights and safety are maintained. Women should always be given a choice about the extent of their partner's involvement in counselling sessions, contact tracing and presence in delivery rooms. Providers need to be sensitive to the needs of women and to respect their privacy at all times.

Education system level. An understanding of how boys are socialized can help educate them to be respectful in their relationships with women. This includes seeking relationships based on equality and intimacy rather than sexual conquest. Providing boys with models of what respectful and caring male/female relationships look like can be helpful in this regard.[22]

Workplace and community level. Workplaces and communities can provide a useful setting for raising awareness about the negative implications of a predominant male identity and providing men with alternative models of masculinity.

Family level. Working toward gender equitable partnerships also requires examining and

changing the way girls are socialized. For example, girls and young women should have the same educational opportunities as boys. Moreover, as long as women continue to be the primary caretakers of boys and girls it is important to target women and teachers with behaviour change communication and educational programmes that expose them to gender equitable role models that they themselves can adopt and pass on to children.

Individual level. Finding entry points to address men in a non-threatening way on issues of gender, sexuality and reproductive health is important. Men's vulnerabilities to and concerns with reproductive tract infections, sexual performance, sexual dysfunctions or psychosexual problems provide opportunities to encourage health-seeking behaviour and the adoption of healthier lifestyles. Programmes for behaviour change communication can help men see the benefits in adopting less hierarchical relationships with women and help them redefine more equitable roles.

Multi-level programming is also illustrated in the matrix on expected outputs, indicators and activities described in the section on monitoring and evaluation.

The programme in **Thailand** provides an interesting example of a multisectoral and multi-pronged approach using advocacy, behaviour change communication and service delivery in reproductive health to reach adolescents and men. In a Muslim community where women and adolescents faced constraints in learning about sexual health, UNFPA funded a project to promote adolescent health and reproductive rights with the cooperation of the Provincial Islamic Council, the local *ulamas* and peer educators. The project also provided reproductive health and family planning services to young married couples through adolescent reproductive health centres and community health volunteers. Issues of reproductive health and male responsibility from the Islamic perspective were discussed.

how to get there: selected strategies

The proposed gender equity framework blends various dimensions as follows:

■ The **sociocultural dimension** requires an understanding of the cultural, religious and political inclinations of men and women in their various networks, settings and affiliations. To ensure successful outcomes, partnering programmes need to be guided by assessments of men's and women's needs in a given community, prevailing social norms and perceptions of masculinity and expected roles, a general knowledge of the extent to which the community is receptive to gender equality and social change, and existing structures, capacities and skills. Such knowledge is helpful in identifying sources of resistance to change and ways to address them, finding common ground and building on positive aspects of culture that provide entry points for advocacy and behaviour change communication.

■ The **educational dimension** integrates a gender perspective into family life education, peer education and sex education. It aims to sensitize boys and male adolescents about men's and women's reproductive and sexual health, gender inequalities, and the implications of traditional gender roles. Expected outcomes are individuals who are knowledgeable about gender inequalities and reproductive health, willing to resist peer pressure and seek help, and committed to new roles and behaviours that empower women and allow them to achieve fulfilling relationships.[23] The educational programmes should also cover gender-sensitive parenting.

■ The **human rights** dimension promotes zero tolerance for gender-based violence and views harmful practices as human rights violations. Customs that are considered harmful include female genital cutting, early or forced marriage, son preference, and restrictions on women's mobility. Other harmful practices are extreme age differentials within couples, older men marrying adolescent girls, and "sugar daddies"—older men who have sex with young, usually poor girls, in exchange for materials goods. The rights-based approach draws attention to other inequities as well, for instance in the area of inheritance law and access to land and income. It also provides men with gender role options. Services designed within this framework meet the needs of both men and women and give men access to information, knowledge and understanding about themselves and their partners.[24]

■ The **life-cycle dimension** focuses on the particular life-cycle needs of men and women. For instance, a male adolescent is more likely to need a contraceptive method that prevents pregnancy and sexually transmitted infections because he tends to be in casual, short-term relationships, while an older man who has the number of children he desires is more likely to consider sterilization.[25]

A coordinated approach to addressing all these dimensions is best. Several reinforcing strategies of advocacy, provision of reproductive health services and behaviour change communication are needed to ground an effective programme in partnering. For instance, a sound referral system between behaviour change communication and outreach

and clinic-based interventions is fundamental. However, advocacy for behaviour or policy changes is also an integral part of all programmes, since it is key to building alliances with leaders who have the power to mobilize political and community support.

Advocacy strategies

ADVOCATING FOR POLICIES THAT ARE CONDUCIVE TO PARTNERING PROGRAMMES

Advocacy means reaching out and building partnerships with key stakeholders. It is taking the time to inform and educate stakeholders about how a partnership approach in reproductive and sexual health can help them achieve *their* agendas. A Minister of Health grappling with such macro issues as controlling the spread of AIDS or reducing maternal mortality may welcome a new approach to addressing such problems. This also applies to community and religious leaders, who may be searching for innovative ways to reduce unwanted pregnancies, and to health providers, who may be turning away men simply because counsellors and nurses are not trained to work with them. Similarly, work with the media to encourage portrayals of non-stereotypical gender roles, such as caring men, competent women and men and women supporting each other in radio dramas, videos, films or testimonials can help promote the vision of partnership and gender equality.

ADVOCACY FOR BEHAVIOUR CHANGE

Gatekeepers such as teachers and parents should also be considered as targets for advocacy initiatives. Studies show that adolescent reproductive and sexual health programmes that inform parents about what their children are learning in family life classes and through

USING SATISFIED MEN AS FAMILY PLANNING ADVOCATES[26]

The vasectomy project supported by UNFPA in Kiribati aimed to improve the health of mothers, fathers, children and families and to increase male involvement in family planning. The project enlisted men from the community who were satisfied with their vasectomies as family planning promoters and health personnel. Satisfied clients became community advocates, who promoted vasectomy by testifying to its simplicity, safety and efficacy. Visiting family planning teams offered family planning services, including vasectomy, to all outer islands and rural areas.

In addition to behaviour change communication materials (pamphlets, posters, videos and calendars), which provided excellent support, the government's primary health clinic programme mobilized vasectomized men to share their experiences with peers in meetings, seminars, radio and video programmes, and through one-to-one communication. Today the number of vasectomized men exceeds the number of sterilized women, and the use of condoms has also increased—indicators of the success of this 10-year programme.

LESSONS LEARNED: Satisfied customers, who become advocates and community-based promoters, are an effective means to promoting partnering programmes.

peer and sexuality education improve the acceptance of such programmes. Moreover, it eases communication between adolescents and their parents on reproductive and sexual health issues. It is essential to advocate for behaviour change with a view to equipping individuals with the confidence and social skills to make choices that will contribute to their own and their partners' reproductive health.

ADVOCACY TO PREVENT GENDER-BASED VIOLENCE

Preventing violence against women requires synergistic actions within different sectors. Violence-prevention programmes are one intervention. These can raise men's awareness about the factors that contribute to gender-based violence,[27] reveal the detrimental effects it has on both men and women, and offer alternative gender roles that allow men to express their insecurities, fears and emotions.[28] These ideas can be powerfully reinforced by legislation that criminalizes gender-based violence and recognizes rape within marriage as illegal and harmful and by laws that enforce policies and hold men accountable for acts of violence they commit. Other strategies that merit support are education and mass media programmes that inform men and women about men's responsibilities as husbands and fathers; and efforts to familiarize all leaders (political, religious, community, traditional, media) about initiatives like the White Ribbon Campaign in which men work to end violence against women.[29]

ADDRESSING HARMFUL PRACTICES, INCLUDING EARLY MARRIAGES AND OBSTETRIC FISTULA

Obstetric fistula, a perforation between the vagina and either the bladder or the rectum, is one of the most severe pregnancy-related disabilities. It leaves women incontinent, and usually stigmatized, ostracized and left to struggle for survival. Early marriage, in which an adolescent woman bears children before her body is fully mature, is often a contributing factor to obstructed labour, which can result in the formation of fistulas. Poverty and lack of access to obstetric care can prevent young women from receiving the emergency medical attention that could help them avoid the syndrome. Addressing the issue of obstetric fistula includes raising awareness about the problem among men and advocating for a combination of actions to protect young girls and to help those women and girls already scarred by fistula. Informing men about the risks of early childbearing, and involving them in supporting wider access to skilled birth attendants and to emergency obstetric care, is key. Advocacy is also required to assure that women living with fistulas have access to high-quality services for their repair.[30] Similarly, advocacy can address the health implications of other harmful practices, such as female genital cutting.

PROMOTING A RIGHTS-BASED APPROACH

Improving the reproductive and sexual health of women and men requires a comprehensive approach based on human rights principles. At the country level, this means advocating for a review and adjustment of legislation and policies governing all sectors of society, so that:

- *Labour laws* ensure equal gender opportunity, protect against sexual abuse, and provide options for paternity leave;
- Education policies integrate gender training

and sexuality and reproductive health education into curricula; and

- Social policies encourage new gender norms, like men participating in family planning and protecting their sexual health, along with that of their partner.

Similarly, legal systems and economic policies should discourage discrimination against women. Advocacy efforts should familiarize all members of society with the Convention on the Elimination of All Forms of Discrimination Against Women.

The media can also play an important role. Media portrayals of confident men taking on more of the childrearing and domestic responsibilities can encourage new ideas about masculinity. Positive role models can show men encouraging their partners and girl children to be assertive and stand up for their rights and their sons to respect women.

ADDRESSING RESISTANCE

Convincing men that they should not subject their daughters or sisters to forced marriage or female genital cutting or that they should share with their wives the decision on child spacing, implies that men are willing to give away some of their established power. Yet, in most societies, including Western societies, they may be unwilling to do so. As in all power politics, resistance would most likely occur, at least initially. "Conflict resolution" is an umbrella term for different approaches that recognize that conflict is normal and need not be destructive. It takes a positive approach to addressing disagreements. At its best, conflict resolution is a way of turning thorny situations into learning opportunities. It is a way of building self-awareness, teaching practical skills, creating trust and building a safe environment, while solving specific problems.[31] Current literature[32] refers to the role leaders can play in reducing resistance by buying into partnering programmes. Another approach is to seek out men who are receptive to change, who believe in gender equality and are already sharing reproductive responsibilities with their partner. Much of the field experience and literature on family planning and men indicate that men are supportive of family planning and care about protecting their health, along with the health of their partner and children.

In **Mali,** UNFPA undertook a study of men's perception of female genital cutting and sensitized decision makers and religious leaders about gender equality and women's rights.

Promotion of reproductive and sexual health through the mass media can also be problematic. After the **Kenya** Broadcasting Corporation refused to air their advertisements, a vasectomy-promotion project in Kenya had to find creative ways of airing radio and television spots promoting clinics that offer family planning information and services for men. The project succeeded in getting information out about vasectomies through advertisements placed in newspapers and a magazine.

Using reproductive health services as an entry point

The Cairo mandate to involve men stimulated various activities, including research and pilot projects, to increase knowledge on what determines men's reproductive health and their health-seeking behaviours. A primary consideration of male involvement, however,

is to meet women's reproductive and sexual health needs and to assure that women are given the choice as to whether or not they want to include their respective partners in service settings. With this in mind, the intent of partnering programmes is not just to cater to women's health needs, but rather to enhance the reproductive and sexual health of both men and women. A wide range of services for men is emerging, many of which include behaviour change communication as a major component.

Services for men fall into three categories: screening; clinical diagnosis and treatment; and information, education and counselling. A detailed table listing the types of services under each category and identifying those that can be provided within the clinic and those that require referrals can be found in *Partnering: A New Approach to Sexual and Reproductive Health* (chapter 6).

Men can also be influenced by services at the primary health care level that benefit both partners. These include voluntary counselling and testing for HIV/AIDS, detection and treatment of sexually transmitted infections, promotion of condom use, and counselling on psychosexual problems, among others. Such services should not, however, undermine the quality of reproductive health services for women. They should also be sensitive to the needs of women so that their autonomy and rights are protected.

EMPLOYMENT-BASED STRATEGIES

Some employers provide their own health system, such as the military and certain large companies, including those in countries that require companies with several hundred employees to provide family planning and clinical services. There are also cases in which companies contract out services and hire health care workers to provide education and counselling to their employees and refer them to nearby clinics. In some instances, unions or small cooperatives have organized themselves and developed their own gender-sensitive reproductive and sexual health programmes for women and men.

In **Madagascar**, a local NGO joined forces with a health maintenance organization (HMO) to promote reproductive health. The project covered the cost of training, contraceptives, technical assistance and behaviour change communication materials, while employers' and employees' contributions to the insurance scheme paid for personnel, infrastructure and service provisions. Trained family planning agents provided counselling, distributed condoms, spermicide ovules and oral contraceptives. Paramedics provided injectable contraceptives and referred clients desiring longer-term methods to two HMO medical centres. The programme succeeded in raising contraceptive prevalence tenfold in the 11 pilot sites and has been adopted by nine HMOs in five large cities.

THE ARMED FORCES. Military culture tends to accept sexual risk-taking, which leads, in turn, to sexually transmitted infections, including HIV, and unwanted pregnancies. However, the military service also presents a unique opportunity in which HIV/AIDS prevention, reproductive health education and gender training can be delivered to a large captive audience in a highly organized environment.

Preliminary findings from UNFPA-funded experimental reproductive and sexual health

projects with the military in Africa (**Benin**, **Botswana**, **Namibia** and **Madagascar**), Latin America (**Ecuador**, **Nicaragua** and **Paraguay**), Asia (**Mongolia**) and Eastern Europe (**Ukraine**), indicate that the armed forces are quite receptive to including behaviour change communication in their training, and to providing reproductive and sexual health into their health delivery system. These services also extend to military families and civilians in neighbouring communities.

SOCIAL MARKETING. Promoting contraceptives and other health-related products at subsidized prices through commercial networks and commercial advertising techniques is known as social marketing. Commercial firms and non-profit agencies, with limited government involvement, run most contraceptive social marketing programmes by applying marketing research and other advertising methods to encourage behaviour change. Subsidized sales are a cost-effective way of providing condoms to large numbers of men.

By using mass media over many channels (print, radio, TV, magazines), marketing can be a powerful means of reaching far more men than clinic-based education programmes. Marketing campaigns are also useful tools for bringing men to clinics and promoting vasectomies.

COMMUNITY-BASED DISTRIBUTION. Community-based distribution is another successful way to distribute contraceptives in remote areas. This approach has been successful in reaching women, and can be easily adapted to serve men and women by including condoms and information on vasectomy.

In the **Dominican Republic**, almost half a million men were reached by barbers trained to spread messages about the prevention of sexually transmitted infections and HIV/AIDS, distribute condoms, counsel men on reproductive and sexual health issues, and refer men with sexually transmitted infections to clinics for treatment. Similarly, in **India**, more than 250,000 barbers have been trained as community health workers to talk about condoms and to distribute them.

Options for behaviour change communication strategies—in and outside health systems

Initially, behaviour change communication focused largely on women and family planning. But as reproductive health evolved to embrace more complex issues, such as HIV/AIDS prevention, and more diverse populations (men and adolescents), behaviour change communication programmes require a broader scope. For instance, communicators who work with men need to understand:

- Men's sexual fears and insecurities, their exercise of power in gender and sexual relationships, initiation rites, risk-taking behaviours and the use of violence against women;
- Men's perceptions of their own sexuality, health-seeking behaviour and changing perspectives through different life-cycle stages; and
- The dynamics of couples' negotiation and decision-making, including strategies for resolving disagreement; and how men relate to women's reproductive health issues and make decisions in this domain.

Effective communication also requires that programme planners and health care providers

are aware of their own and their clients' assumptions about gender.

In the **Philippines**, the Male Call project improved the health status of women by providing men with information on reproductive health. The project succeeded in linking gender concerns to reproductive and sexual health by giving men the opportunity to discuss sexual behaviours and to talk more openly about reproductive and sexual health issues with their partners. Evaluations show that men's relationships with their wives improved as men became aware of gender issues, women's rights and men's responsibilities in the family.

INTERPERSONAL COMMUNICATION AND COUNSELLING. Men and women learn about their reproductive health, including family planning options, contraception, and prevention of sexually transmitted infections and HIV/AIDS, by talking with providers and in counselling sessions. Recent studies indicate that a combination of individual and couple counselling might achieve the best results.

A study in **Kenya** found significant differences in sessions where men and women were counselled individually from those that they attended together. Providers and clients interacted differently in couple's sessions than in individual ones. For instance, providers encouraged couples to discuss family planning more often when they met together than in individual sessions. In couple's sessions, the likelihood of discussing the benefits of family planning for men and of male responsibility for family planning also increased. However, men asked for more detailed information on a broader range of issues than women and tended to ask more about sexually transmitted infections and HIV/AIDS prevention when they were not with their partner.[33]

MASS MEDIA CAMPAIGNS. The mass media are powerful conveyors of messages about gender identity and societal norms. A study in **Uganda** found that men identified the radio, local newspapers and television as their main sources of information on reproductive health matters. Working with the media to promote gender equality and partnership can encourage non-stereotypical gender roles, such as caring men, competent women, and men and women supporting each other, in radio dramas, videos, films or testimonials.[34] Other approaches include sensitizing media specialists and orchestrating mass media collaboration in promoting men's roles in reproductive health. Research findings can be packaged to promote convincing arguments in favour of male involvement in reproductive health throughout the life cycle. Partnerships can be developed or strengthened with key stakeholders, national and community leaders and role models, and national and local interest groups.

Programmes can also support the selection of key spokespersons from all walks of life to promote male involvement in reproductive health in many different settings and through different interest groups.[35] A strategy used for a soap opera in **Brazil** involved famous personalities who made statements that support gender equity, safer sex, or rebuke violence against women. Working with the media to promote such points of view requires establishing contacts with television producers and screenwriters.

INTERNET, HOTLINES AND RADIO CALL-IN PROGRAMMES.[36] Information technology is also being used to increase access to information and counselling while assuring confidentiality. Some providers use Internet programmes to relay information to clients; others have developed CD-ROM programmes that are available in clinics and/or Internet cafes. Hotlines and radio call-in programmes are other means through which men and women can receive reproductive and sexual health information. These have been successful in reaching youth in countries including **Kenya** (the Youth Variety Show); **Mexico** (the Joven-a-Joven hotline); and **India** (Talking about Reproductive and Sexual Health Information).

Strategies that focus on young men

Those working with young men should be aware that they are not likely to seek health services, may see reproductive health as a women's concern, and are frequently misinformed. Outreach has emerged as a successful strategy to reach young people, especially out-of-school adolescents and difficult-to-reach youth. In many developing countries, young men drop out of school at an early age, and are often concentrated in specific industries such as transportation, agriculture and fisheries, and construction, where they can be targeted with programmes through approaches such as:

PEER EDUCATION. Peer education programmes train young men to reach their peers with information, referrals for services and distribution of commodities. Peer educators receive special training in decision-making skills, making client referrals, and providing commodities or counselling services. These programmes are successful in gaining access to hard-to-reach populations such as out-of-school youth, street children and commercial sex workers, because they often recruit and train educators/counsellors with the same characteristics as the targeted population. Peer education can provide young men with opportunities to examine the myths that have shaped their attitudes about themselves and about women. Young men generally respond well to peer educators and welcome the opportunity to talk about their feelings and their roles as men; they find the peer educators credible, approachable and helpful.[37]

SCHOOL-BASED PROGRAMMES. With the number of children enrolled in developing country primary schools jumping by almost 50 million in the past five years, schools are increasingly efficient ways to reach young people and their families. Pre-existing school-based health or population education programmes, common in many countries, can be adjusted by adding components on gender, sexuality and reproductive health. School-based programmes usually address such issues as prevention of early pregnancy, HIV/AIDS and sexually transmitted diseases.

ENTERTAINMENT-EDUCATION PROGRAMMES. The term "entertainment-education" describes any communication that delivers a pro-social educational message in an entertainment format. This is a very popular and effective approach for reaching young men. The purpose of such programming is to contribute to social change—the process of altering the social behavioural system in a certain society.

These changes can be on the individual, community or societal level. In **French-speaking African countries**, the entertainment-education approach is successfully used to address the problem of HIV/AIDS through a musical programme called Wake-Up-Africa that makes people aware of how to prevent the disease.

Focusing on special male groups

MENTORING PROGRAMMES. Such an approach may be especially suited to vulnerable young men who are hard to reach. Nurturing family members, positive male role models and peers who challenge traditional gender roles seem to be the common threads in the formation of progressive and caring attitudes in young men, according to emerging research. Seeing the "costs" of traditional views of manhood (such as ill health due to risky behaviours, including alcohol and substance abuse), and having the opportunity to be with peers who endorse male involvement are other factors that encourage positive attitudes toward gender equity.

VICTIMS OF HUMANITARIAN CRISES, REFUGEES, INTERNALLY DISPLACED PERSONS. Victims of humanitarian crises resulting from natural disasters or armed conflict, refugees and internally displaced persons all have sexual and reproductive needs. Adolescents are one of the most vulnerable groups in emergency situations since their lives may be falling apart. Furthermore, youth traumatized by violence or other catastrophic events tend to engage in higher-risk behaviours.[38] Psychological trauma resulting from refugee experiences may leave young people reluctant to seek services related to their sexual health. But they do need to know that these services are available to them, that they will receive care and support if they want it, and that they will not be judged or punished in any way for health-seeking behaviour. Information about the services could be displayed in places where young people gather or provided through other activities or social services.[39]

In the **Democratic Republic of Congo**, UNFPA is working with the Ministry of Health to establish multi-purpose centres for young people in Kinshasa who have been displaced or otherwise affected by war. Youths will be able to obtain health information, counselling and services, along with vocational training and to participate in recreational activities. Providing wholesome activities for those who have lost family members and social support during conflicts can help young people adjust and make positive contributions to rebuilding their societies.

INDIGENOUS POPULATIONS. Reports indicate that the standard of general health care available to indigenous peoples, including reproductive health and related information, is poor. To address this and to ensure that indigenous men and women are included in partnering initiatives, their full participation should be sought in developing culturally sensitive reproductive health information, education and services that respond to their needs.

UNFPA has supported bi-literacy programmes, which are excellent vehicles for transmitting information on reproduc-

tive health and gender to mostly illiterate indigenous peoples through training in both the native language of participants and Spanish. In **Peru**, UNFPA funded a prize-winning documentary film on the bi-literacy programme in that country, *"Así es esta historia"* (This story is like this).

YOUNG DEMOBILIZED ARMY RECRUITS. Another vulnerable group that is important to work with are men and boys in post-conflict situations who are participating in demobilization, reinsertion and reintegration programmes, such as those in **Ethiopia** and **Eritrea**, and programmes for non-state combatants, as in **Sierra Leone**, **Democratic Republic of Congo** and other countries. These young men, who may have been in the field for years, are likely to have had no access to health education or information. Generally they are uneducated and often without knowledge on basic health issues. They may have engaged in sexual and gender violence as part of the "combat" culture. This group often includes very young people (boys and girls) who were separated from their families and desperately need help in "resocialization."

Working with men and boys in demobilization programmes is an important aspect of post-conflict reproductive health programming. Demobilization, reinsertion and reintegration programmes work with demobilized men and women in camp settings. Young people receive vocational and other skills training before they are sent back to their communities. In countries undertaking such programmes, it is important to include basic information on reproductive health, HIV prevention and gender-based violence to those who are being demobilized (and who often have very high rates of sexually transmitted infections). This information, as well as accompanying services, can be included in the "package" of benefits being provided to demobilized soldiers. Demobilized troops (who are considered heroes in their communities) can also become empowered as promoters of behaviour change.

lessons learned from partnering programmes

Below are selected lessons learned from past programmes regarding what needs most attention at the planning and implementation phases.

Work with men where they are

Knowing where men congregate is important in programme planning. Programmes that are most successful are those offered where men and young men gather, such as the workplace, sports arenas, taxi stands and markets.

Understand the socio-political context and its consequences through the lens of gender

One needs to understand the norms, resources and power in the reproductive sphere and how these play out in a given institution in different geographical and cultural contexts. This includes unraveling a complex web of influences, including laws that oppose sexuality education for adolescents or policies that require a husband's authorization for a wife to receive health care, and seeing how these factors affect sexual and reproductive behaviours.

Use a holistic, multi-pronged approach

Partnering with men from a gender perspective is a multi-dimensional concept, which requires a holistic, multi-pronged approach that combines policy and community-based advocacy, behaviour change communication, and the provision of quality services for men and women alone and as partners.

Train health service providers to become more gender sensitive

Appropriately trained staff—from managers and administrators to receptionists and guards—are crucial to partnering programmes. Training in male reproductive health and gender should be provided on an ongoing basis. The former includes topics such as male reproductive physiology, male sexuality, male contraceptive methods, sexually transmitted disease prevention and treatment, HIV prevention, causes and diagnosis of male infertility, the importance of joint decision-making regarding reproduction, and techniques for counselling, outreach and communication with men. Providers should also be familiar with gender concepts (such as masculinity) and male perspectives, attitudes and behaviours.[40] Training should include values clarification regarding gender roles of staff members, volunteers, and clients and awareness-raising about the consequences of partnering with men on women's needs.

Detect unintended gender biases or negative consequences of messages in mass media campaigns

Mass media messages should not reinforce stereotypical gender roles. This was one of the earliest lessons learned from a campaign to promote men's use of family planning in **Zimbabwe**. The campaign, which relied on prominent sports players to tell men about the importance of family planning, succeeded in reaching men and encouraging their participation. Many of the messages used the sports motif to emphasize teamwork, for

instance: *"To win the family planning game by reaching the goal of a small family with the help of their team-mates (spouses/partners) and coaches (service providers)."* Other messages, however, may have reinforced men's willingness to take control alone, such as *"Play the game right; once you're in control, it's easy to be a winner,"* and *"It's your choice."* As an unintended consequence, some men exposed to the campaign were more likely to believe that they alone should make family planning decisions. [41]

Be vigilant that programmes that involve men also protect women

Achieving effective partnerships with men poses challenging ethical issues for providers since they are responsible for protecting women's reproductive health, rights and autonomy while addressing the health needs of men as equal partners of women and/or other men.

Given current gender power imbalances and the fact that women are the ones who die in childbirth, careful monitoring must be integrated into programmes to make sure that services for men do not reduce the quality of services women receive. Nor should they undermine women's autonomy or the gains they have made in achieving reproductive rights.

Use evidence to choose among a variety of service delivery options

GENDER OF MEN'S PROVIDERS

Are men willing to be treated by a female doctor? Will they listen to a female promoter or talk with a female counsellor? Current knowledge indicates that such decisions are influenced by gender norms in the local setting. In more traditional contexts, men's preference for male health care workers is higher. There are settings, however, where the sex of the provider is secondary to their ability to put men at ease and address their concerns. Experience with programmes that work with adolescent boys indicates that it is important to have male staff who are role models and understand boys' needs, but it is also important to have female staff so that boys can observe men and women working together.[42]

STAND-ALONE CLINICS FOR MEN VERSUS INTEGRATING SERVICES INTO EXISTING CLINICS

So far, stand-alone clinics for men and integrating services for men into existing clinics are two models that have been used for providing reproductive and sexual health services to men. Stand-alone clinics have had limited success and are not sustainable. Experience to date indicates that integrating services for men into existing sexual and reproductive programmes, where feasible and acceptable, is more cost-effective and sustainable than starting up stand-alone clinics.

OUTREACH: BRINGING SERVICES TO WHERE MEN AND ADOLESCENT BOYS ARE

Men tend not to come to clinics for reasons linked to their socialization and perceptions of masculinity. Boys are brought up to believe that men are infallible and are encouraged to take care of themselves. Thus, as they become men, they tend to self-medicate or get help from a local pharmacist, rather than seek medical assistance. They come to a clinic as a last resort. Furthermore, they perceive reproductive and sexual health clinics as places for women. One approach that has been very successful in reaching men is to integrate reproductive

FACTORS THAT CONTRIBUTE TO THE SUCCESSFUL INTEGRATION OF REPRODUCTIVE HEALTH SERVICES FOR MEN [43]

- Using a name for the programme/facility that welcomes men and women;
- Decorating the facility in a way that appeals to men and women;
- Designating a male restroom;
- Including reading materials that interest men in waiting areas;
- Making information, education and communication materials readily available to men;
- Making condoms easily available;
- Creating an individual medical chart for each male rather than keeping his medical information in his female partner's file;
- Providing facility space and time for seeing couples so that men and women can receive counselling together, if desired;
- Creating awareness of men's reproductive health in the community. The availability of men's reproductive health services should be advertised; and
- Adapting clinic hours to meet men's needs.

and sexual health into employment-based programmes as outlined under service option strategies and described in greater detail in *Partnering: A New Approach to Sexual and Reproductive Health* (chapter 6). Employers can also enforce labour policies that promote gender equitable relationships and equal opportunities among their workers.

Training male community-based distribution workers, carefully targeting men in social marketing programmes and increasing the accessibility of condoms in the workplace, bars, hotels, school-based clinics and wherever men tend to congregate are other successful ways of reaching men using this approach.

Setting realistic time frames and time-bound measurable indicators

Achieving multiple objectives inherent in partnering programmes can take a long time. Thus, project leaders, including donors, should set realistic time frames, agree on interim indicators (short-, mid- and long-term) to measure impacts, and consider a multi-year commitment.

Monitoring and feedback help ensure programme success

Programme designs should include monitoring as on ongoing activity, and staff should have assessment tools that are user-friendly, informative and are used to make adjustments based on feedback received from clients and providers.

Monitoring and evaluation should be an integral part of every programme. The log-frame below shows examples of indicators that could be used in monitoring programme achievements. These indicators can also be helpful in developing sub-programmes. The outputs, output indicators, activities and activity indicators in this log-frame are organized hierarchically, moving from the macro or social level to the micro or individual level.

outputs and output indicators for programming

societal level: collective norms

LEVELS OF CHANGE AND OUTPUTS	OUTPUT INDICATORS	SUGGESTED ACTIVITIES
Societal level: collective norms **Current imbalances—linked to patriarchy and men's own discomfort with their gender identity, or that hinder women's attainment of sexual and reproductive rights—are influenced favourably**	Increased media coverage that applauds women in leadership positions, shows men and women, boys and girls performing jobs and roles that are not gender typical, and condemns violence against women Extent of change in community non-acceptance of violence against women Extent of change in men's attitudes towards traditional practices, such as female genital cutting, son preference, inheritance, forced marriages, multiplicity of sexual partners, and harmful practices such as trafficking of women and girls Degree of change in the way men and women are portrayed in the media and in schoolbooks Extent of change in equal opportunities offered to women in education, labour and leadership positions	Partnership with the media to create awareness of current policies Behaviour change communication and community mobilization to promote adoption of gender equality and reproductive rights and norms, including education for girls Reaching out to religious institutions to find commonalities, shared goals and commitments in promoting gender equality and reproductive health Anti-violence activities and campaigns, work with hospitals/police/courts to identify survivors/victims and perpetrators and work on rehabilitation and safety nets Mobilization campaigns against early and forced marriage using a human rights context Life-skills education for young people that discourages gender stereotypes and promotes gender equity

government level and public system norms

LEVELS OF CHANGE AND OUTPUTS	OUTPUT INDICATORS	SUGGESTED ACTIVITIES
Government level and public system norms **A policy environment that promotes gender equality, women's empowerment, and male involvement is facilitated**	Extent of change in national policy makers' attitudes and in public policy statements about gender equity and reproductive rights More resources available for gender equality and male involvement campaigns Extent of change in policies and laws, in labour, education and health Extent of enforcement of anti-domestic violence laws, including family codes and the way police, and how courts and hospitals handle survivors and victims of violence	Develop/revise social policies to reflect gender equality Sensitization seminars/workshops for law enforcement agents, judiciary, labour and business leaders (including media), and health-care and education providers on policies concerning gender equality and gender-based violence Lobbying/policy dialogue with policy makers (the majority of whom are assumed to be male) to promote the health benefits of reproductive rights and gender equity Working with the media to encourage non-stereotypical gender roles and promote partnering in reproductive health Adoption of "100% condom policy" in places of commercial sex

health system level: a gender perspective

LEVELS OF CHANGE AND OUTPUTS	OUTPUT INDICATORS	SUGGESTED ACTIVITIES
Health system level: a gender perspective **Increased capacity of health system to protect women's autonomy and rights and welcome men as clients and in their support role in reproductive and sexual health**	Change in providers' knowledge and attitudes about gender and the roles men can play either as clients or in support of women's reproductive health Changes in provider skills and attitudes in counselling men and women Changes in clinic hours to make it easier for couples to come in together or men to come alone Proportion (%) of men attending counselling sessions, either with partner or alone Proportion (%) of men reached through behaviour change communication Changes in knowledge, attitudes and skills among male and female peer educators on gender, men's and women's reproductive health and rights	Couples and individual counselling Pre and in-service training for providers on gender, the importance of including men, and communication with individuals and couples Pre and in-service training for providers for building women's self-esteem and skills to negotiate safe and consensual sex Community-based education, specifically for men about family planning, the danger signs of pregnancy and delivery and how to address them, for example, in the development of emergency transportation plans, post-abortion care and counselling

household level: rights-based practices

LEVELS OF CHANGE AND OUTPUTS	OUTPUT INDICATORS	SUGGESTED ACTIVITIES
Household level: rights-based practices **Gender equity concerning access to reproductive rights in the area of decision-making and well-being is favourably influenced**	The extent to which sexual relations are initiated with mutual consent The extent to which both partners are able to negotiate and practice safe sex. The extent to which partners communicate and agree on family size and plan pregnancy together The extent to which contraception is negotiated, dual protection is considered and partners support each other in using contraceptives The extent to which more equitable communication about and sharing of household and child-rearing tasks take place Extent to which children are raised to adopt gender equitable role models Extent to which men organize themselves against harmful practices such as female genital cutting, early marriage and childbearing, trafficking of women and girls and gender-based violence	Operational sociocultural research to assess community-based activities with opinion and religious leaders Community mobilization to influence values concerning masculinity, human rights and gender roles School-based activities and special events to examine and modify gender roles, focusing on what it means to be a man In-school and out-of-school outreach to girls and young women to teach them life-skills and how to negotiate Outreach to young men through peer education and mentoring Parenting and adult education programmes that raise awareness about gender and promote gender equitable role models Participation in or development of men's groups and local campaigns, such as the White Ribbon Campaign, AIDS Awareness Day, International Women's Day and Father's Day

household level: men in their support role

LEVELS OF CHANGE AND OUTPUTS	OUTPUT INDICATORS	SUGGESTED ACTIVITIES
Household level: men in their support role **Increased men's support for women's sexual and reproductive health needs**	Extent of change in men's knowledge regarding women's reproductive health needs in term of access to care, family planning, post-abortion care, danger signs and required actions before and during pregnancy and after delivery Proportion (%) of men organizing themselves for safe motherhood Extent of change in male attitudes towards risky sexual practices, such as multiple sexual partners and inconsistent condom use Changes (in %) of men who use family planning methods and know where to obtain reproductive health services Changes (in %) of young and adult men and women consistently using condoms	Individual and couples' counselling Community-based education, specifically for men about family planning, the danger signs of pregnancy and delivery and how to address them, for example, in the development of emergency transportation plans, post-abortion care and counselling Youth peer counselling and education programmes for males on their reproductive health and rights and those of women Behaviour change communication based on sports, the media or the workplace to help men understand the benefits of reproductive health and their supporting role Behaviour change communication programmes on sexually transmitted infections and HIV/AIDS to help men understand gender and their role in keeping women healthy Behaviour change communication and new fathers programmes on breastfeeding to help men understand the benefits of breastfeeding and what they can do to support their wives Behaviour change communication programmes or community meetings with men on female genital cutting to adapt rites of passage

individual level: men and youth

LEVELS OF CHANGE AND OUTPUTS	OUTPUT INDICATORS	SUGGESTED ACTIVITIES
Individual level: men and youth **Reproductive and sexual health needs of men are better understood and are increasingly provided**	Proportion (%) of men using reproductive health services, including those that address sexually transmitted infections, sexual dysfunction, infertility and cancer Extent of changes in the way young men are socialized and trained about: rights and violence; gender roles; reproductive health behaviours; age at first sexual experience or marriage; good parenting Extent of change in knowledge among young men about their own sexual health vulnerabilities throughout the life cycle Extent of change in attitudes related to homophobia and discrimination, such as reduction in stigmatization of men who have sex with men, people who are HIV positive or have AIDS Proportion (%) of condom use for dual protection Proportion (%) of boys familiar with reproductive health services Availability of accessible, relevant and accurate information about reproductive and sexual health tailored to young men Extent of change in infection rates and prevalence of sexually transmitted diseases and HIV/AIDS among men in specific time frame.	Participatory community diagnosis of men's reproductive health problems and services needs from the perspective of men Community-based reproductive health education and services, including workplace-based gender and reproductive health information programmes and commodities distribution aimed at men Mass media activities that highlight information on men's reproductive health and where to obtain services Sexuality education programmes that include gender for boys and male adolescents in and out of school Provider training to include or improve services for men and to reduce bias that discourages men Offering high quality reproductive and sexual health services, including services for sexually transmitted diseases and HIV at sites and times well suited to male clients Spaces for boys to discuss concerns and be exposed to positive role models Social marketing for condoms Conduct research on male methods of contraception Well-segmented behaviour change communication activities targeted at special groups of men such as internally displaced persons and migrants

what UNFPA can do

UNFPA has a comparative advantage in key areas required to launch successful partnering programmes. These include:

- Access to policy and decision makers at the highest level of governments;
- A wide knowledge base about current research findings, behaviour change communication materials on relevant issues, and various programmatic models;
- Experience with adolescent health programmes;
- Experience with employment-based programmes;
- A gender focus and a clear mandate in reproductive and sexual health.

Thus, UNFPA should use the combination of accessibility to high ranking government officials and its broad knowledge base to advocate for partnering programmes that work, provide financial and technical assistance to such programmes and share state-of-the-art information on issues relevant to gender-sensitive reproductive and sexual health programmes with field staff, project leaders and government officials. Examples of activities UNFPA can undertake:

- Advocate for an integrated and gender-sensitive approach to reproductive and sexual health programmes through coalitions among ministries of health, education and defence, programmes on HIV/AIDS and violence against women, national institutions dealing with gender issues, and women's and men's NGOs.
- Provide ongoing training to UNFPA field staff, officials dealing with women in development or working in ministries of health, education or defence, and to leaders of UNFPA-supported projects involved in issues such as gender (including masculinities), human rights, gender sensitivity, the life cycle and other frameworks for designing reproductive and sexual health programmes that serve men and women.
- Support condom programming for dual protection against unwanted pregnancies and sexually transmitted diseases, through male and female condoms.
- Keep the above-mentioned officials and leaders informed about current studies and research.
- Support operational and sociocultural research on issues related to men's knowledge, beliefs, attitudes and practices in reproductive health and their effect on women's reproductive and sexual health; support studies on the impact of masculinity on putting men at risk.[44]
- Share, translate and disseminate current literature and behaviour change communication materials on issues relevant to gender-sensitive reproductive and sexual health at regional and international levels.
- Ensure gender issues, including male involvement, are integrated in other programmes.

useful web-based resources

- http://www.engenderhealth.org
- http://www.emory.edu/WHSC/MED/FAMPLAN/choices.html
  [This website features descriptions of contraceptive choices written by Dr. Robert A. Hatcher. One-page discussions, on the advantages and disadvantages of both male and female condoms, vasectomy, fertility awareness methods, withdrawal and abstinence are available for downloading.]
- http://www.fhi.org
- http://www.ippf.org
- http://www.ippfwhr.org
- http://www.jhuccp.org
- http:www.pathfind.org/focus.htm
- http:www.popcouncil.org
- http:www.RHO.org
- http://www.rolstad.no/iasom/
- http://www.undp.org/gender/programmes/men/men_ge.html
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notes

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additional resources

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Technical Services Division
220 East 42nd Street, 23rd Flr.
New York, NY 10017 USA
www.unfpa.org

ISBN 0-89714-656-5

partnering with men in reproductive and sexual health

a summary checklist for programming

results

does your programme expect to:

INCREASE THE LIKELIHOOD that both men and women will make informed, safe and consensual decisions regarding sexuality and reproduction?

IMPROVE MEN'S ATTITUDES, BELIEFS AND PRACTICES regarding risk-taking?

INCREASE RESPECT FOR HUMAN RIGHTS ENTITLEMENTS that relate to reproductive and sexual health?

ENCOURAGE gender equity and promote freedom from gender-based violence?

ENLIST young men as allies in gender equity and reproductive and sexual health?

ENHANCE the perceived value of the girl child?

MEASUREABLY IMPROVE reproductive health, as evidenced by:

- fewer sexually transmitted infections, including HIV/AIDS?
- greater choice of family planning methods?
- fewer unwanted pregnancies?
- preparedness for safer motherhood?
- a reduction in harmful practices, such as female genital cutting, early marriage and sex-selected abortions?
- less violence, especially violence against women and other intimate partners?

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partnering with men in reproductive and sexual health

a summary checklist for programming

principles

does your programme:

ADOPT a human rights-based approach in relation to gender inequity and to the current power imbalances in sexual relations?

VIEW men as part of the solution and work to increase their sense of ownership of new initiatives that promote gender equity and women's empowerment?

ASSURE WOMEN THE CHOICE as to whether to include their partners in reproductive and sexual health counselling, service delivery and treatment?

INCREASE MEN'S COMFORT LEVEL with a role as responsible, caring, safe and non-violent partners?

ENCOURAGE PARTNERSHIPS between men and women based on mutual trust, respect, ownership of decisions and their outcomes, shared benefits and equal opportunities?

partnering with men in reproductive and sexual health

a summary checklist for programming

approach

does your programme take an integrated, multi-pronged sustained approach that addresses the following levels:

ADVOCACY FOR POLICIES to increase gender perspectives in health and education systems, family and labour laws, to complement what is happening at the programme level?

PARTNERSHIPS with key influential stakeholders—including faith-based organizations—to build support and reduce resistance to change in gender relations?

ANALYSIS OF GENDER DYNAMICS including: how decisions are made and implemented; who has access to strategic resources; the changing needs of both genders; and how they interact?

HEALTH CARE PROVIDERS AND HEALTH SYSTEM, to ensure they have the ongoing training and supplies to deal with men, both as reproductive health service clients and as equitable partners?

EDUCATORS who need training to understand how boys are socialized and to educate boys and young men to be respectful towards women and to seek relationships based on equality and intimacy rather than sexual conquest?

PARENTS AND EXTENDED FAMILY MEMBERS who may need encouragement and education to raise gender sensitive children and to communicate openly about sexuality?

partnering with men in reproductive and sexual health

a summary checklist for programming

behaviour change

does your programme take advantage of the full range of communication modalities and entry points to influence individuals, including:

PEER EDUCATION programmes to train men to reach their peers with convincing information, distribution of commodities such as condoms and educational materials, and referrals for services?

MENTORING by nurturing family members, positive male role models and peers who challenge traditional gender roles and can be instrumental in the formation of progressive and caring attitudes in young men?

SCHOOL-BASED PROGRAMMES on health, family life and/or HIV prevention programmes, common in many countries, which can include elements on life skills, gender, sexuality and reproductive health?

ENTERTAINMENT-EDUCATION PROGRAMMES, which can effectively promote gender equity in entertainment formats that portray new role models?

SUPPORT GROUPS AND PEER NETWORKS IN WORKPLACES AND COMMUNITIES, which offer useful settings for discussing and raising consciousness about the negative consequences of predominant models of masculinity and give men the space to explore the possibilities and gains of adopting less domineering gender roles?

do the communicators understand:

MEN'S SENSE OF WHAT IT IS TO BE A MAN, including insecurities related to sexuality, fatherhood and other social expectations; the exercise of power in sexual relations; initiation rites, risk-taking behaviours and the use of violence against intimate partners?

MEN'S PERCEPTIONS OF THEIR OWN SEXUALITY; their health-seeking behaviour and preferences; and the changing perspectives throughout the life cycle?

THE DYNAMICS OF COUPLE'S NEGOTIATION AND DECISION-MAKING, including strategies for resolving disagreement; and how men relate to women's reproductive health issues and make decisions in this domain?

strategies

does your programme incorporate the following dimensions of social change:

THE SOCIOCULTURAL DIMENSION?

This dimension promotes an understanding of the cultural, religious and political inclinations of men and women in their various networks, settings and affiliations. It involves communities in dialogue and consciousness-raising throughout the planning and implementation process and, in defining ways to deal with cultural values and social practices, aims to increase their ownership of the strategies employed.

THE EDUCATIONAL DIMENSION?

This dimension integrates a gender perspective into family life education, peer education and sexual health education.

THE HUMAN RIGHTS DIMENSION?

This dimension promotes zero tolerance for gender-based violence, protects against vulnerabilities and harmful practices as violations of individual well-being, facilitates and fulfils women's and men's access to reproductive rights.

THE LIFE-CYCLE DIMENSION?

This dimension focuses on the particular developmental needs of men and women at different ages.

does it build on these lessons learned:

WORK with men where they are?
UNDERSTAND the socio-political context and its consequences through the lens of gender?
USE a holistic, multi-pronged approach?
TRAIN health service providers to become more gender sensitive?
DETECT unintended gender biases or negative consequences of messages in mass media campaigns?
PROTECT women's rights?
USE evidence-based programming to choose among a variety of service delivery options such as:

- Choice of gender of service providers?
- Stand-alone clinics for men versus services that are integrated into existing clinics?
- Outreach: bringing services to where men and adolescent boys are?

partnering with men in reproductive and sexual health

a summary checklist for programming

examples of what UNFPA can do

- **ADVOCATE FOR** an integrated, gender-sensitive approach to reproductive and sexual health programmes through coalitions and collaboration with different ministries, HIV/AIDS and violence against women programmes, national institutions dealing with human rights and gender issues, faith-based organizations, and women's and men's NGOs;
- **PROVIDE ONGOING TRAINING** to UNFPA field staff, government officials and UNFPA-supported project managers on issues such as gender (including masculinity), human rights, gender sensitivity, condom programming, and other frameworks, so that reproductive and sexual health programmes better serve men and women;
- **SUPPORT CONDOM PROGRAMMING** for dual protection against unwanted pregnancies and sexually transmitted diseases, through male and female condoms;
- **SUPPORT OPERATIONAL/SOCIOCULTURAL RESEARCH** on issues related to: men's knowledge, beliefs, attitudes and practices in reproductive and sexual health and their effects on women's reproductive and sexual health status; consequences of gender dynamics on reproductive health and rights and the implications of current power imbalances in sexual relations on reproductive and sexual health outcomes; social contexts that affect gender roles and relations, including the consequences of masculinity; the diversity of men's reproductive and sexual health needs, including those who are economically deprived or displaced; and determinants of men's sexuality and health-seeking behaviour;
- **SHARE, TRANSLATE AND DISSEMINATE CURRENT LITERATURE** and behaviour change communication materials on issues relevant to gender-sensitive reproductive and sexual health at regional and international levels, to keep officials and leaders informed about current studies and research;
- Ensure that gender issues, including partnering with men, are **INTEGRATED IN OTHER PROGRAMMES.**