The Other Half of Gender:
Working with boys and men for gender equality

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EngenderHealth

men as PARTNERS
gender equality. healthy relationships.

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Outline

- The importance of working with men and boys
- Programmatic examples, issues, and challenges
- The evidence-base of programs working with men and boys

Wide recognition of the need to work with men to achieve gender equality

- ICPD Platform of Action (1994)
- Fourth World Conference on Women (1995)
- Special Session of the General Assembly on HIV/AIDS (2001)
- 2004 Commission on the Status of Women

Focusing on the socialization of boys and men

- Increasing awareness that gender role socialization puts men and their partners at risk of negative health outcomes
- Understanding that it is possible to question this socialization

“Act Like a Man”

- Don’t cry
- Be strong
- Don’t ask for help
- Have many sexual partners
- Take risks
- Use alcohol and drugs
- Violence is an acceptable way to solve conflict
- Don’t act like a woman / don’t be gay

Age hierarchies

Social norms re roles and status of women and girls

Social exclusion, poverty, demographic pressures, migration

Masculinities

Militarization, conflict, war, ethnic tensions

Fundamentalism

Weakness / Strength of the State and Civil Society Organizations

Traditional Views of Manhood as a Risk Factor

In numerous sample survey studies, gender-related attitudes correlated with men's and boys' …

- Self-reported physical violence toward female partners
- Self-reported acts of delinquency
- Number of sexual partners
- Rates of self-reported STI symptoms
- Condom use
- Substance/alcohol use

How can health programs address gender issues with men?

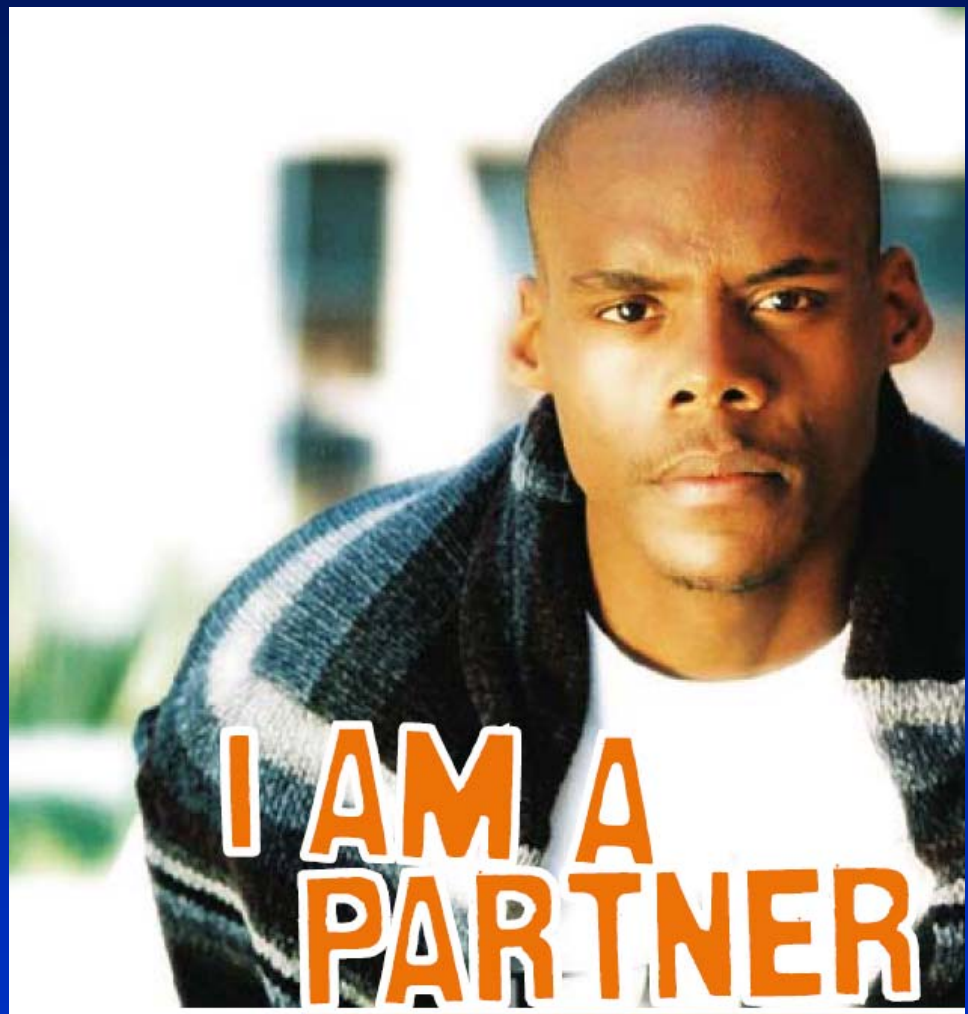
“Transformative Programs” – Challenging Male Gender Norms

- Approaches that reinforce negative messages about gender
- Gender-neutral programming
- Gender-sensitive programming
- Transformative programs

Adapted from - Gupta, SIECUS Report, Vol. 26, No. 5, 2001

Areas of Emphasis for Transformative Programs

- Gender-Based Violence
- HIV/AIDS
- Sexual and Reproductive Health
- Family Planning
- Maternal Health
- Fatherhood
- Violence Prevention



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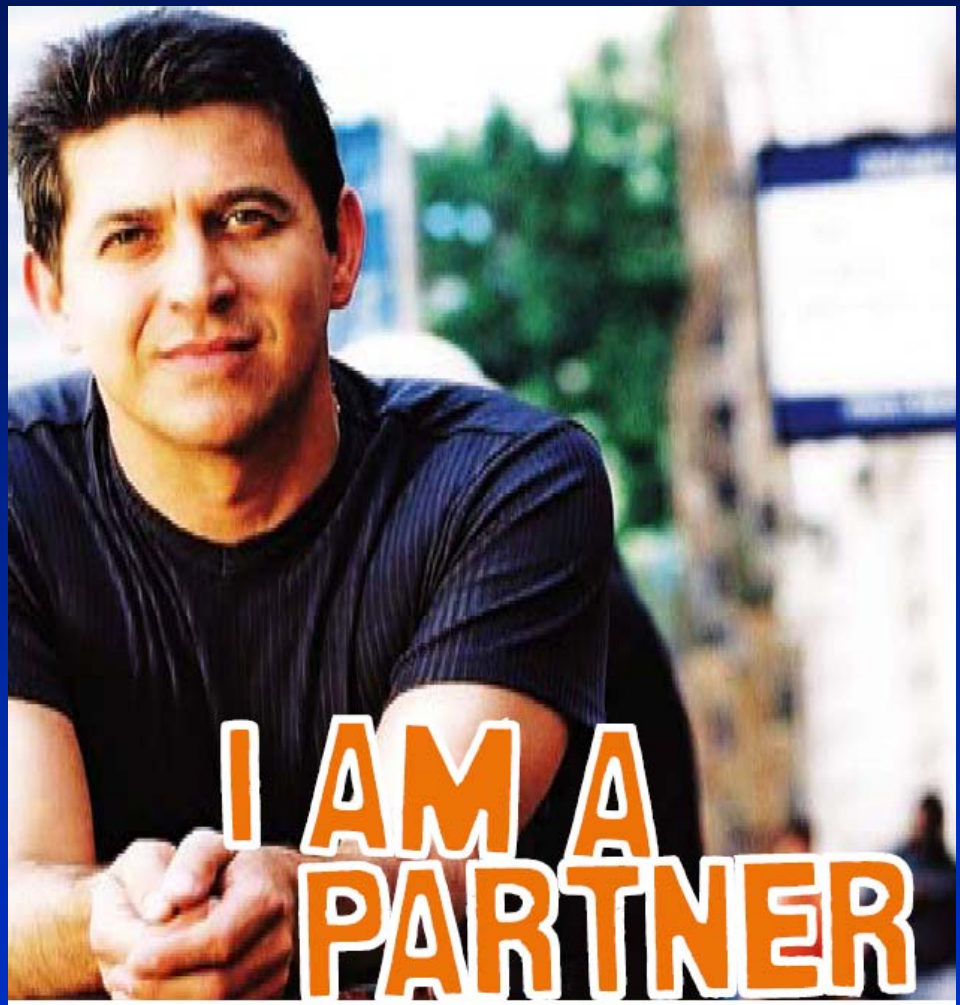
in my community...
...I speak out on violence against women 365 days a year



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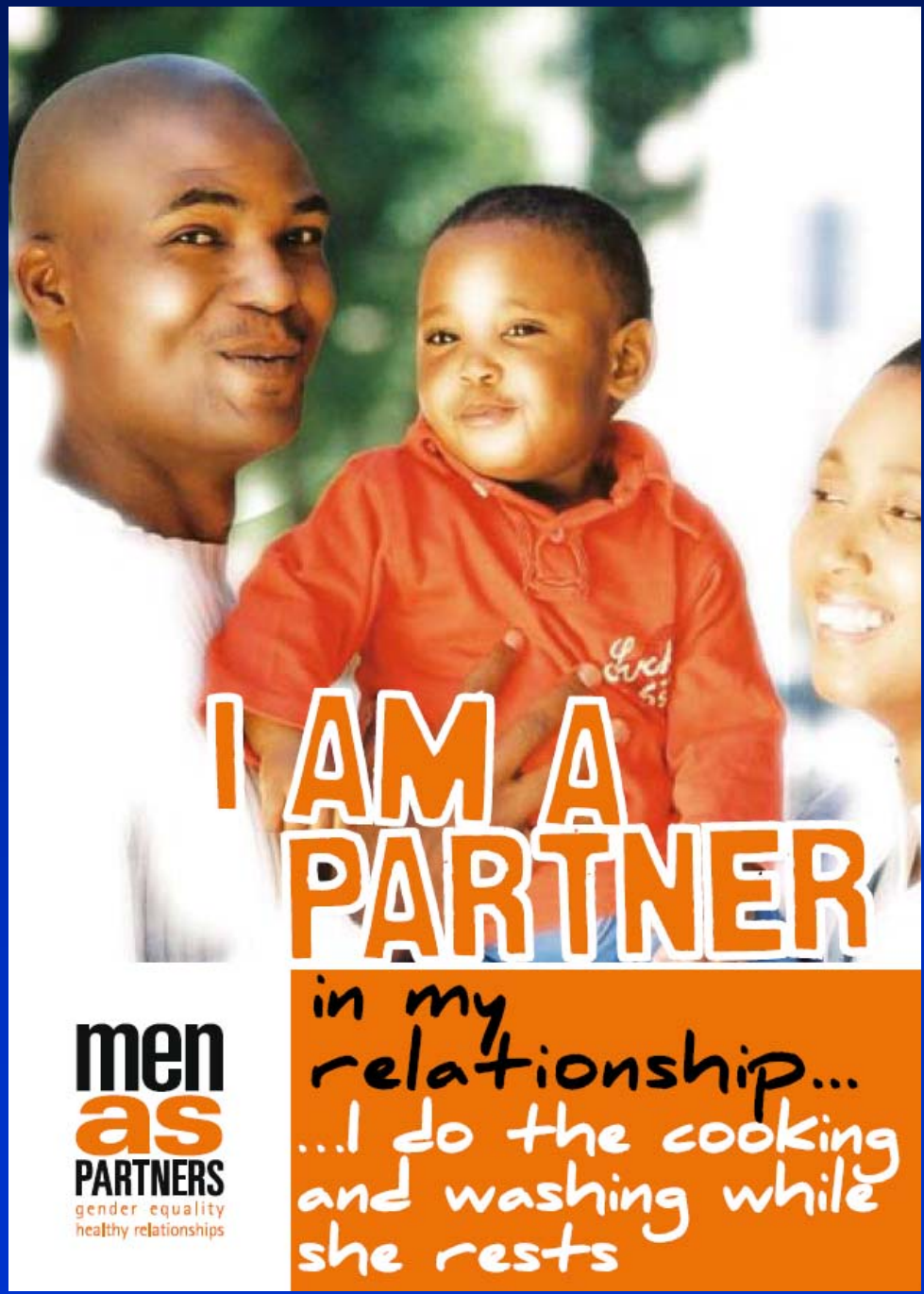
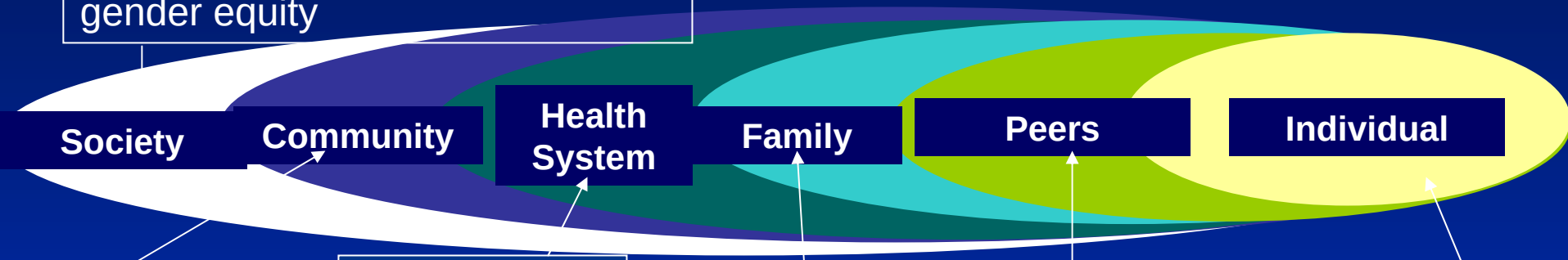
in my community...
...I always use condoms


I AM A PARTNER
men as PARTNERS
gender equality
healthy relationships
in my relationship...
...I do the cooking and washing while she rests

OUR STRENGTH
IS NOT FOR HURTING.
So we
GET TESTED
for our partners, our communities,
and ourselves.
Show your strength. Know your HIV status.
men as PARTNERS
ENGENDERHEALTH
For more information please call the Office on the Status of Women at 021. 483-2533 or EngenderHealth at 021. 448-8126 or 011. 833-0504 or visit www.engenderhealth.org

Ecological Model to Create Social Change

Developing advocacy strategies to influence policies and programs that can contribute to gender equity



- Engaging leaders, community outreach, and mobilization
- Addressing social norms
- Providing community groups with information and education

- Training providers to understand gender & RH
- Working with providers and systems to offer male-friendly services

- Creating a family environment that supports changed gender and social norms

- Changing group norms through educational activities
- Increasing peer support for positive gender norms

- Changing individual knowledge, attitudes and skills

Implementing an Ecological Model

- Small group workshops
- Community Action Teams
- Community Events and Marches
- Supporting Local Institutions
- Fostering Coalitions and Networks
- Improving Health Services
- Campaigns
- Media Coverage
- Policies and legislation

Program Challenges

- Transformative programming requires significant time, effort, and support.
- Few examples of this work being taken to scale within the public sector.
- Very little work with men addresses broader socio-economic conditions.
- How can policies support men’s role in achieving gender equality?
- We have demonstrated individual change, but can we demonstrate societal change?

Questions of Evidence

- World Health Organization study on evidence-base of health programs targeting men and boys
  - Meta-analysis of 59 evaluated health programs targeting boys and men
  - Will be officially disseminated in May 2007

Ranking Criteria 1: Evaluation Design

RIGOROUS

Quantitative data with:

- pre and post test elements.
- control group or regression (or time series data).
- analysis of significance.

AND/OR

- Systematic qualitative data, with clear analytical discussion and indications of validity.

MODERATE

- Weaker evaluation design, which may be more descriptive than analytic.
- Quantitative data lacking one of the elements listed above
- May include unsystematic qualitative data.

LIMITED

- Limited quantitative lacking more than one of the elements listed above.

AND/OR

- Qualitative data with description only or process evaluation data only.

Ranking Criteria 2: Level of Impact

High

- Self-reported *behavior change* (with or without knowledge and attitude change) *with some confirmation, triangulation or corroboration* by multiple actors or stakeholders consulted (including community leaders, health professionals, women/partners).

Medium

- Self-reported *attitude* (with or without knowledge change) change among men (but no behavior change). May include some consultation with stakeholders or multiple actors.

Low

- *Knowledge change only* or unclear or confusing results regarding attitude and behavior change.

Ongoing

Overall Effectiveness Ranking

Effective

Design	*Impact*
• Rigorous	+ High
• Rigorous	+ Medium
• Moderate	+ High

Promising

Design	*Impact*
• Moderate	+ Medium
• Moderate	+ Low
• Rigorous	+ Low

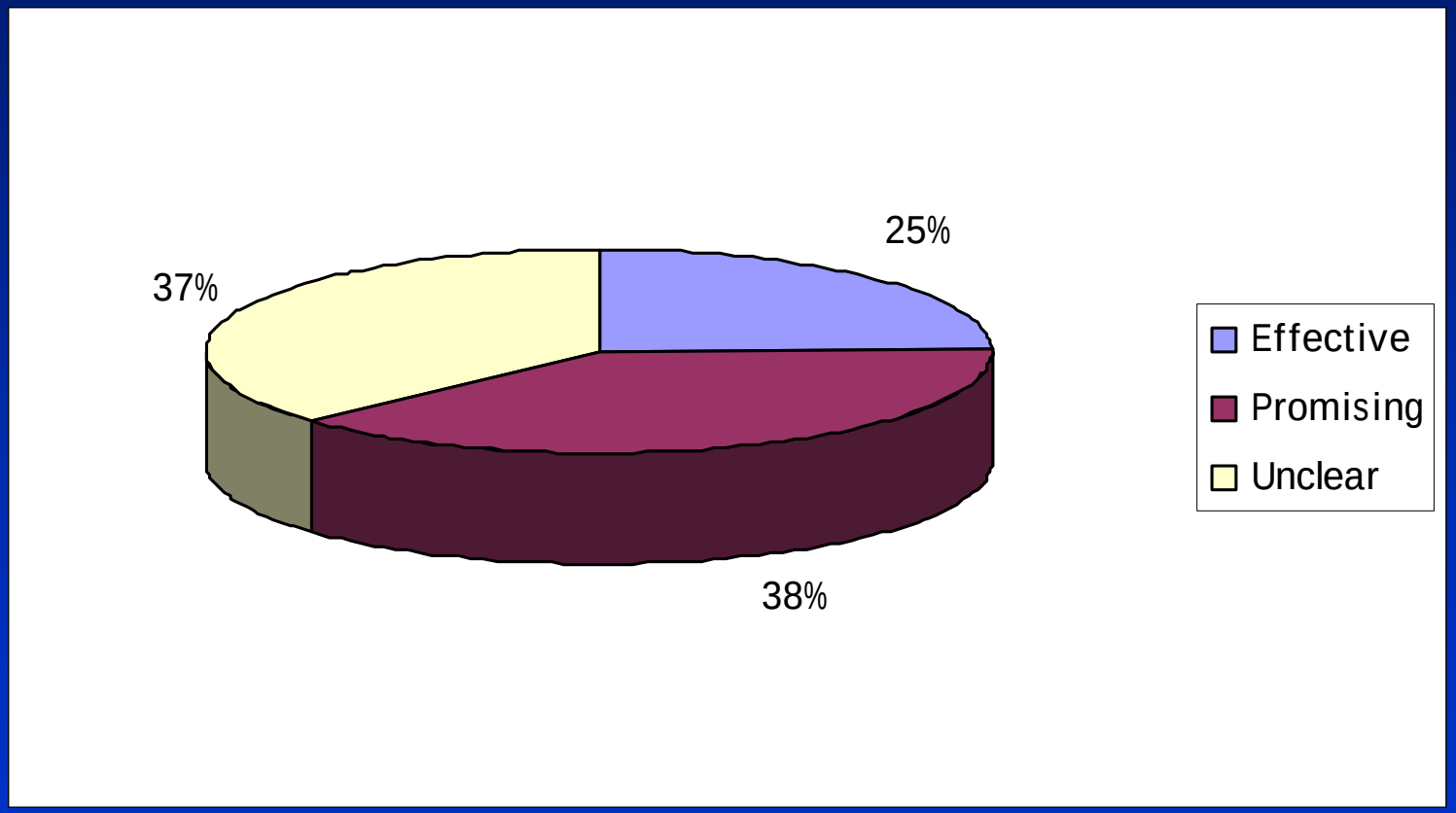
Unclear

Design	*Impact*
• Limited	+ Low;
• Very Low Impact	
• NB: Cannot score above “Unclear” if research design is limited	

OVERALL Effectiveness (all themes combined)				
Type of Intervention	***n***	***Effective***	***Promis-ing***	***Unclear***
Group Education	20	-	11	9
Services-Based	8	2	4	2
Community Outreach/Mobilization	8	6	2	-
Integrated (includes more than 1 of the above)	21	6	5	10
TOTAL	**57**	**14 (24.5%)**	**22 (38.5%)**	**21 (36.8%)**

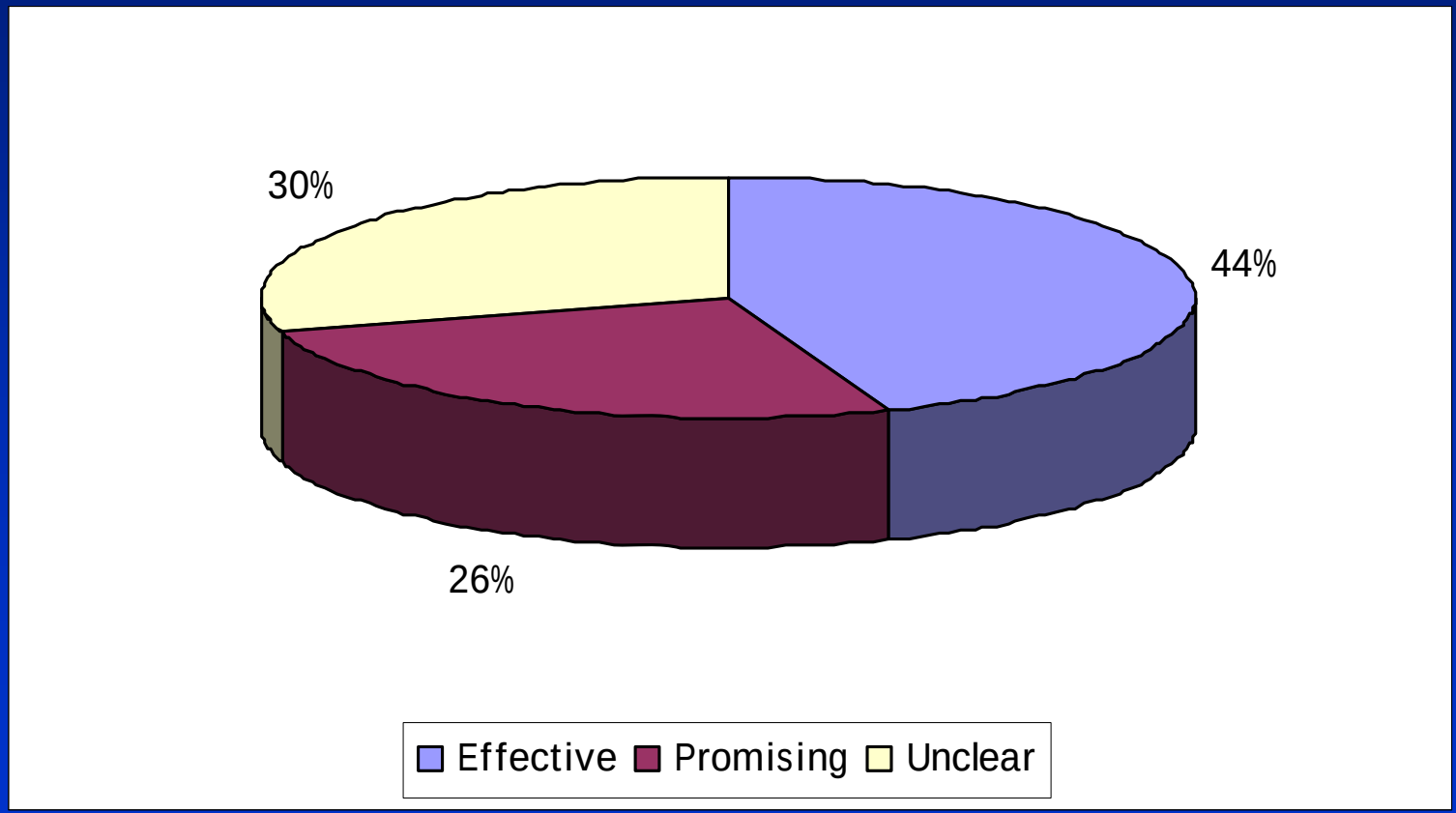
Conclusion 1:

Majority of Programs Confirmed Attitude or Behavior Change with Men



Conclusion 2:

Gender Transformative Programs Were Even More Were Effective in Achieving Attitude or Behavior Change (n=27 programs)



Thank You

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EngenderHealth: www.engenderhealth.org

MenEngage: www.menengage.org