

**Abstracts Approved for Presentation  
At the Global Conference on  
Reaching Men to Improve Reproductive Health for All  
September 2003\***

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\*This is a preliminary compilation of the abstracts that have been approved for presentation at the Conference; the final list is still subject to change. The abstracts are reproduced here in the form in which they have been submitted to the IGWG Men & Reproductive Health Subcommittee and represent the work

and views of the presenters.

## Abstract Data 24June 03

**Presenter:** Francisco Aguayo Fuenzalida

**Region:** Latin America & Caribbean

**Theme:** Adolescent Socialization

**Authors:** Aguayo Fuenzalida, F; José Pérez, J

**Organization:** Pan American Health Organization Centro de Investigación y Desarrollo de la Educación

**Address:** Erasmo Escala 1825

**City:** Santiago

**State:**

**Country:** Chile

**Email:** [faguayo@cide.cl](mailto:faguayo@cide.cl)

**Abstract Title:** Adolescents and soccer – promoting health and emerging masculinities

**Abstract Text:**

Abstract Introduction:

Based on adolescent male studies and literature review, PAHO/CIDE developed an innovative approach to improving the lives of adolescent girls and boys by involving adolescent males in an activity they enjoy--soccer. By developing, testing and validating a training curriculum for soccer coaches, PAHO/CIDE expect to promote positive health behaviors and gender equity with pre-adolescent boys (8-12 years).

Methods and Procedures:

“Adolescents and soccer – promoting health and emerging masculinities” training curriculum targets pre-adolescents (8 – 12) through their soccer coach. The project intervention is based on several focus groups made up of soccer coaches and pre-adolescents; and in specific competencies soccer coaches need to develop in order to work with pre-adolescents and promote health and gender equity.

Results:

The training curriculum has nine different sessions addressing gender training, sexual and reproductive health, health promotion, nutrition, mental health and violence prevention, and rights and responsibilities of pre-adolescent males. It considers physical and psychological aspects of adolescent development, and specific competencies coaches need for implementing the training curriculum successfully.

Conclusions:

1) Soccer is a key area where masculinity is socialized. 2) Characteristics of a gender-equitable masculinity can be promoted in soccer. 3) Soccer coaches are role models and critical adults involved in pre-adolescent socialization. Thus, soccer coaches can inhibit or promote gender equity. 4) In order for soccer coaches to have a positive effect on pre-adolescents masculinity, they need to be trained, and the training needs to consider participatory sessions based on soccer symbols and language. 5) The training curriculum needs to be based on adolescent development

**Presenter** Venu Arora

**Region:** Asia

**Theme:** Adolescent Socialization

**Authors** Arora, V; Ramakrishnan, N

**Organization** Ideosync Media Combine

**Address:** No.177, Ashoka Enclave III, Sector 35

**City** Faridabad

**State:** Haryana

**Country** India

**Email:** [ideosync@mantraonline.com](mailto:ideosync@mantraonline.com)

**Abstract Title:** Growing Up – A new road towards gender sensitization and RSH for young people in South Asia

**Abstract Text:**

Abstract introduction:

Most South Asian societies tend to be extremely conservative where discussion of sex and sexuality is concerned: Young people in these societies routinely grow up with distorted gender stereotypes, and are cruelly misinformed on elementary facts regarding their bodies, sex, reproduction, and their sexual identities. The Growing Up project is an innovative video tool-based initiative on RSH for young people in India and South Asia. Designed as a long term initiative that addresses the entire age band from 9 – 21 years, the initiative is oriented towards creating an open discussion on sexuality, safe sex, reproductive health, gender, STI's, HIV and family planning within facilitator-led groups – and towards involving men in the RSH process from their formative years onwards.

Methods & procedures:

The core concept of the Growing Up initiative is that RSH and gender sensitization have to begin at a point where young people are yet to develop firm and unshakeable ideas on gender roles, and their perceived levels of involvement in the RSH process. With this in mind, the Growing Up tools and initiative are being evolved through an intensive series of workshops with young people in Indian schools, where a special module on gender sensitization forms an important part of the orientation process. This includes sessions where young boys and girls discuss the process of growing up, and the psychosexual changes of puberty and adolescence in joint sessions. The joint sessions help to debunk a lot of confusion and misinformation surrounding concepts of what members of each sex find attractive; what behavior is appropriate and welcome in terms of social interaction between the sexes; and what the process of sexual interaction is all about. The process of developing the media tools itself, as a result, becomes a tool to empower young boys to be confident about understanding the RSH needs of their partners as they grow older. Additionally it empowers young men and women to actively participate in the creation of the media tools that will eventually be directed at them, democratizing the process of content derivation.

Results:

As an ongoing – and path breaking – project to create an RSH training tool that can be adapted to the needs of different user groups, the Growing Up films have already begun to reach large numbers of schools in India, and are in use by NGOs working with adolescents across several countries in South Asia. The foundation series in English (for 9 – 13 year olds) is now complete and in distribution, and the Hindi adaptation of the foundation series will be available to user groups shortly. The second series in English (for 14 – 18 year olds) is currently in formative research, and will enter a production phase towards the end of this year.

Conclusions:

The demand in terms of the number of schools and NGOs now designing their own interventions around the Growing Up films supports the view that RSH interventions in the region are suffering principally for lack of relevant backup and support materials. While it is too early in the life of a long-duration project like the Growing Up initiative for there to be a meaningful collation of KAP changes in the user population, we are in the process of collating feedback from the initial core users.

**Presenter** Gary Barker

**Region:** Latin America & Caribbean

**Theme:** Adolescent Socialization

**Authors** Barker, G; Nascimento, M; Pulerwitz, J; Segundo, M; Cordova ,D

**Organization** Instituto PROMUNDO

**Address:** Rua Mexico, 31, Bloco D, Sala 1502

**City** Rio de Janeiro, RJ

**State:**

**Country** Brazil

**Email:** [g.barker@promundo.org.br](mailto:g.barker@promundo.org.br)

**Abstract Title:** The Program H: Promoting Condom Use, Health-Seeking Behavior, and Changes in Gender Norms Among Young Men

**Abstract Text:**

Abstract Introduction:

Program H is a five-pronged initiative to promote change in gender norms and behavior among young men. The project includes field-tested interventions and an evaluation tool.

Methods and Procedures:

Baseline research by Barker (2001) identified factors that promote more gender-equitable attitudes in young men: more gender-equitable peer groups, reflecting about the costs of traditional versions of masculinity and having alternative role models. Additional baseline research found that 10% of young men (ages 15-24) had had an STI at least once, 52% used condoms with a stable partner in most recent sexual experience and 68% seek health services only when accompanied. Subsequently, the collaborating organizations designed a five-pronged intervention: (1) educational manuals and video (the Project H manuals); (2) community norm change communication strategies; (3) promoting access to clinic services; (4) lifestyle social marketing of condoms; and (5) impact evaluation using the GEM Scale.

Results:

Field-testing of the materials in Latin America and the Caribbean confirmed attitude change related to gender-based violence, fatherhood and gender equity. Other components of Program H are being implemented in Rio de Janeiro (with expansion planned for other parts of Latin America and South Asia). Quantitative impact evaluation is currently underway; initial results will be available by the time of the conference.

Conclusions:

Multi-faceted interventions are required to change gender norms, working at the individual and community level. Gender-related attitudes are highly correlated with behavior, thus addressing these values and community norms is the key to promoting behavior change.

**Presenter** Gary Barker

**Region:** Latin America &

**Theme:** Adolescent Socialization

**Authors** Barker, G; Nascimento, M; Lyra, J; Medrado, B; Keijzer, B; Ayala, G; Aguillar, O; Reyes,E; Casavin, S

**Organization** Instituto PROMUNDO

**Address:** Rua Mexico, 31, Bloco D, Sala 1502

**City** Janeiro, 20031-144

**State:** RJ

**Country:** Brazil

**Email:** [g.barker@promundo.org.br](mailto:g.barker@promundo.org.br)

**Abstract Title:** The Program H Initiative: Engaging Young Men in the Promotion of Health and Gender Equity

**Abstract Text:**

Introduction:

Program H is a field-tested set of educational materials for working with young men to promote health and gender equity. The materials consist of an educational video and group activities for promoting attitude and behavior change. The authors propose this session as a training session for the last day of the conference; see attached training plan.

Methods and Procedures:

Based on a literature review and consultations with programs worldwide, the collaborating organizations designed a five-part manual with group educational activities to engage young men in health promotion and gender equity. The manuals include: (1) sexuality and reproductive health; (2) violence prevention, including gender-based violence; (3) mental health (including substance use and suicide); (4) fatherhood and care-giving; and (5) HIV/AIDS prevention and care. Each section contains participatory group activities to reflect with young men about negative consequences to themselves and their partners of traditional versions of manhood. The manuals are accompanied by a no-words, animated video that presents the socialization of a young man from childhood through his first sexual experience, and fatherhood.

Results:

Field-testing of the materials in 6 countries in Latin America and the Caribbean confirmed attitude change related to gender-based violence, fatherhood and gender equity. The collaborating organizations offer training in Latin America and worldwide in the use of the manuals (which are printed in English, Spanish and Portuguese).

Conclusions:

Participatory group activities that seek to “deconstruct” traditional versions of masculinity are an effective tool to promote attitude change among young men.

**Presenter** Martha Brady  
**Authors** Zibani, N; Brady, M  
**Organization** Population Council  
**Address:** One Dag Hammarskjold Plaza  
**City** New York, 10017  
**State:** NY  
**Country** USA  
**Email:** [mbrady@popcouncil.org](mailto:mbrady@popcouncil.org)

**Region:** Arab/Muslim

**Theme:** Adolescent Socialization

**Abstract Title** Adolescent Boys' Response to Gender Equitable Programming in Upper Egypt

**Abstract Text:**

**Introduction:**

Globalization is altering the conditions under which young people prepare for adult roles. In patriarchal systems, as boys age they begin to enjoy status and privileges afforded to adult men; they gain more autonomy, mobility, and opportunity for engagement in public life – than girls. With those expanding privileges goes a taken-for-granted assumption that men have authority over women and children. We posit that these gender norms are increasingly dysfunctional for young men, given new social and economic realities in Arab and Muslim societies. As development organizations increase their attention to girls, offering them awareness-raising, empowerment, and opportunities to engage outside their homes, how do young men react? And how do they respond to more gender equitable programming? An experimental social development program aimed at improving life choices for adolescent girls in Upper Egypt provides an opportunity to explore these questions. The “ISHRAQ” program, based in four rural villages, has piloted an intervention for brothers and male neighbors and is measuring change for both young men and young women in the study communities.

**Methods:**

Using focus group discussions we sought to understand boys' perceptions of girls' roles in community and home life. We explored what boys think about a program that helps to redress gender inequity. 22 FGDs in 6 villages were held among boys aged 13-19. Trained facilitators conducted FGDs which were audio-recorded, transcribed, coded, and analyzed using standard techniques.

**Results:**

Young men receive contradictory messages about masculine roles and their ability to fulfill them. Boys expect to be future breadwinners, yet recognize the difficulty in achieving that. Most believe that boys should be better educated than girls should, yet recognize that an educated girl could be an asset to the family. While many boys acknowledge gender inequities in education, mobility, paid work, etc they do not express interest in changing these practices. Boys express concern and empathy for girls, alongside patronizing attitudes.

**Conclusions:**

The fissures and contradictions of social change are particularly acute among adolescent males, who are grappling with received wisdom from elders, personal insecurities of the teen years, and a growing awareness that gender relations are changing around them. Programs that incorporate these insights and enable boys to actively engage in dialogue and debate can serve a useful role for both sexes.

**Presenter** Nick Danforth

**Region:** North

**Theme:** Adolescent Socialization

**Authors** Danforth, N

**Organization** Brandeis University

**Address:** 500 Wellesley St

**City** Weston, 02493

**State:** MA

**Country** USA

**Email:** [nickd@aol.com](mailto:nickd@aol.com)

**Abstract Title** Reaching Fathers: Lessons Learned for Developing Countries from American Fatherhood Programs and Policies

**Abstract Text:**

Introduction

The purpose of this groundbreaking review of fatherhood programs in the USA and developing countries is to guide health planners from developing countries in reaching young fathers with gender-equitable programs so that they will play positive roles in promoting the health of their children and their sexual partners, as well as themselves.

Methods and Procedures:

This is an original comparative review of evaluations of at least six American programs promoting responsible fatherhood: Center for Fathers, Families, and Workforce Development, Baltimore; Children's Rights Council, DC; Fatherhood Project, New York; Great Dads, Fairfax, VA; Institute for Responsible Fatherhood and Family Revitalization, DC; National Center on Fathers and Families, Philadelphia; National Practitioners Network for Fathers and Families, DC. It will also look at the results of about six programs involving fathers in maternal and child health in developing countries, most sponsored by USAID. This study does not involve original data collection, but it is the first time that qualitative and quantitative data measuring the effectiveness of fatherhood programs, from both North and South, have been compared and analyzed for policy and planning purposes.

Results:

Initial findings indicate important lessons have been learned from US fatherhood activities. These indicate to designers of fatherhood programs both what to do and what not to do (see annex).

Conclusions:

Program designers and policy advocates from developing countries and international agencies will benefit from comparing what has been done in the US to promote fatherhood. Lessons show what should be avoided as well as what should be tested.

**Presenter** Elizabeth Grant

**Region:** Africa

**Theme:** Adolescent Socialization

**Authors** Grant, E; Brown, J; Micheni, K; Grant, A

**Organization** University of Edinburgh

**Address:** University of Edinburgh, 20 West Richmond Street ,

**City** Edinburgh,

**State:**

**Country** Scotland

**Email:** [Liz.grant@ed.ac.uk](mailto:Liz.grant@ed.ac.uk)

**Abstract Title** Seizing the Day – Right time, right place and right message for adolescent RSH

**Abstract Text:**

Breaking the sweeping AIDS pandemic of sub Saharan Africa requires multi-faceted, targeted work, with especial emphasis on the emerging youth prior to their becoming sexually active. But adolescent boys/men are often difficult to reach, and influence with health and sexual education. In the past many African societies, including the Meru of Central Kenya, provided such education during initiation ceremonies of circumcision. The teaching about the “ways of men” was provided in a time and space rich with the expectation of change, and newness . This study sought to determine whether traditional circumcision teaching could be adapted to today’s needs.

**Methods and Procedures:**

We conducted semi structured interviews with 117 adult Meru men, ( 55 guardians of boys being circumcised, two traditional circumcisers traditionally circumcised , local men, and male nurses performing circumcision within the health clinic and hospital setting) regarding past and present circumcision. We interviewed 140 adolescent boys before and after their circumcision.

**Results:**

Age and place of circumcision have changed during recent decades, but traditional elements remain. Prior to circumcision young boys are still forbidden by cultural pressure to have sexual relationships. After circumcision and the transition from child to man, sexual engagement is permitted. Boys and their families still desire teaching on sexual matters and life skills. They also expect that circumcision and the teaching will bring about a profound life change.

**Conclusions:**

Circumcision provides the right time, and the right place for giving life changing health messages. The results have been incorporated into an educational programme for Meru boys undergoing circumcision.

“Seizing the Day” – right time, right place and right message for adolescent male reproductive sexual health. Lessons from the Meru of Eastern Province, Kenya. .

#### Introduction:

Worldwide the highest rate of new cases of HIV transmission occurs among young people, an estimated 184 million of whom live in sub-Saharan Africa today. There is an urgency to deliver effective prevention and protection messages especially to the emerging youth prior to their becoming sexually active. But adolescent boys/men are often difficult to reach, and influence with health and sex education. Even more difficult is helping them establish healthy habits or change unhealthy ones.

In the past many African societies, including the Meru of Central Kenya, provided such education during initiation ceremonies of circumcision. This rite of passage, with its defined moment of separation, segregation, and re-entry into society, brought about a profound change of the initiate. The liminal period in which the initiate was outside the space, the time and the strata of their society was a powerful time encouraging change. The symbolic experience of dying, moving into another world, then being reborn as new people with new personalities and new knowledge was not only a key moment in the rhythm of individual life, but in the rhythm of the corporate group of which the individual is part. The whole community prepared the initiates for entry into this special period of change, and waited expectantly to receive the initiate back as a new person.

#### Purpose:

This study explored traditional Meru circumcision and asked if the traditional moments of education within the male circumcision rite are still important moments for today's youth in zones where adolescent circumcision is still practiced.

#### Setting:

Chogoria Hospital, Eastern Province Kenya. Chogoria Hospital offers circumcision within the hospital as an alternative to traditional circumcision. The fear of HIV/AIDS, exacerbated by the risk of infection through shared, unsterile circumcision knives has encouraged many more families to choose the hospital for the boys' circumcision. Boys stay an average of 7 days in a secluded ward.

Data was collected through:

- a) Structured interviews with 140 adolescent boys before and after their circumcision.
- b) Semi structured interviews with 117 adult Meru men, ( 55 guardians of boys being circumcised, two traditional circumcisers traditionally circumcised , local men, and male nurses performing circumcision within the health clinic and hospital setting)
- c) hospital records, local newspaper reports, literature published on the area.

Interviews with boys explored their reason for being circumcised, their practices before coming to be circumcised, their understanding and expectations during their circumcision period, and their perceptions of how their future would change once they returned to the community. Interviews with adult Meru men explored their memories of their own, and their age set's circumcision, and their analysis of present day circumcision in Meru. The role of the guardian, (family appointed men who accompanied the youth to hospital for circumcision) and their expectations of the circumcision which their initiates were going through was also looked at.

#### Results:

Circumcision remains a powerful rite within Meru society. A male not circumcised, regardless of his age will always be regarded as a child, unable to own land, marry, or have sexual relations. Traditionally initiates were held in a seclusion hut deep in the forest during the period between the circumcision cut, and their re-entry back into society. While the cut healed initiates received significant teaching about clan business, secrets of the clan, and information about “the ways of men” – male –female relationships. They adopted a new name and learned a new language enabling them to communicate, about sexual or clan business in a secretive way. They emerged from their seclusion huts as new people with a new identity. The way of childhood was gone forever, they were now men.

While age and place of circumcision, and the time of seclusion have changed during recent decades, many traditional elements remain. Today prior to circumcision young boys are still forbidden by cultural pressure to have sexual relationships. After circumcision and the transition from child to man, sexual engagement, while not necessarily encouraged is permitted. The societal changes, and the space given to young circumcised men to become their own person, with new living area outside the family home, and new access to alcohol, men's places, and men's conversations can encourage young boys to become sexually active. Young initiates dreamed of this new freedom that circumcision gave them.

**Presenter** Stefan Laack

**Region:** Africa

**Theme:** Adolescent Socialization

**Authors** Laack, S

**Organization** The Swedish association for sexuality education, RFSU

**Address:** Drottningholmsvägen 37

**City** Stockholm, S-10224

**State:**

**Country** Sweden

**Email:** [stefan.laack@rfsu.se](mailto:stefan.laack@rfsu.se)

**Abstract Title** YMEP, Young Men as Equal Partners

**Abstract Text:**

The HIV-prevention project "Young Men as Equal Partners" is a collaboration project between the Swedish Association for Sexuality Education, RFSU, and its sister organisations UMATI in Tanzania and PPAZ in Zambia, financed by Bill and Melinda Gates Foundation. The goal is to establish sustainable male responsibility that will lead to healthier sexual behaviour and respect for women in order to build solid relationships between men and women and hereby prevent sexual transmitted infections including HIV, unwanted pregnancies and sexual abuse. The project has been running for three years January 2000 – December 2002

**Methods and Procedures:**

Targeting men within the organisations PPAZ and UMATI but also teachers, church leaders, medical staff, youth leaders and others who should, in their respective role or profession, influence and motivate young men to engage in HIV-prevention and sexual reproductive health and rights (SRHR) work in the project districts, one in Zambia and four in Tanzania. Institutional capacity building within the organisations, target and involve other sectors in the local society and to develop methods to involve men. Among the activities have been base line studies, training of trainers, Gender awareness workshops, sexuality education, producing a guidebook on methods in the project, peer education and peer counseling. Through drama performance start discussions within the local societies on sexuality and gender.

**Results:**

Before, boys were proud of making girls pregnant outside steady relations, today it is seen as an unmanly behaviour.

Before, "friendship" between boys and girls also meant that sex was involved, today not.

The girls say that there is less sexual harassment and abuse today, and if it happens they dare report the abuser.

The teachers report better contact with the pupils and that girl nowadays dare to speak out and to have a different standpoint on sexuality and gender than the boys.

There is an observed significant drop in percent of young men who felt that girls found with condoms are prostitutes, from 49,8% (baseline study) to 14,6% (post intervention study)

Current use of condoms among young men has increased from 55% to almost 78% during the project period.

Mutual decision-making between men and women regarding condom use has increased from 23% to 45%.

In all project sites incidence of pregnancies among young girls has been observed to be declining. In for instance Ruvuma Day Secondary School (Songea, Tanzania) a drop from 10 in year 2001 to 2 in 2002 has been reported

Local Islamic and Christian churches give support to the project.

Medical staff is reporting an amazing decrease in STI figures and a dramatic increase of condom use.

**Conclusions:**

One of the most important lessons learned is that the involvement of men and the possibility for men to reflect on their own attitudes and behaviours and gain knowledge about sexuality, gender and reproductive health matters is an indicator for change towards a healthier and safer environment in society with regard to STIs including HIV/AIDS and sexual assault and abuse. If one wants to change sexual behaviours among youth one also must deal with the stereotyped gender pattern that constrains us and the social and cultural norms that make them so hard to change. Patterns that, for instance, say that women are supposed to take the whole responsibility for fertility and prevention. The YMEP project has indicated that men are not only capable but also willing to share that responsibility. Lots of men in the project areas have expressed longing for the possibility to take greater responsibility as lovers, husbands and fathers. The YMEP project has offered alternatives to the stereotyped role of masculinity and supported young men to cultivate their good sides that they have identified in a participatory process. The project has actually offered training in empathy not only between men and women but, and this is of most importance, also among young men themselves.

Working with young men on sexuality and gender equality not only change their attitude and behaviour. It also makes young women to feel more secure and give them space to express their own needs and perceptions. The project has also created a good foundation for a better sexual and reproductive health within the project areas.

**Presenter** Arundhati Mishra  
**Authors** Mishra, A; Levitt-Dayal, M

**Region:** Asia

**Theme:** Adolescent Socialization

**Organization:** CEDPA/ India

**Address:** 50 M Shanti Path Gate No 3, Niti Marg, Chanakyapuri

**City** New Delhi

**State:**

**Country:** India

**Email:** [bsood@vsnl.net](mailto:bsood@vsnl.net)

**Abstract Title** Enlightening Adolescent Boys in India on Gender and RSH

**Abstract Text:**

Adolescent boys in India grow up in an environment of male dominance, poor spousal communication and violence. After 14 years of implementing the Better Life Options Program (BLP) for girls, a strong demand came from both boys and girls for a boys' program to provide information on RSH and gender equity issues. CEDPA, with NGO partners spread across eleven states, implemented a BLP for boys aged 10-19 from May 2001 to June 2002 using three models - an integrated empowerment approach, a school-based approach and an intensive camp to impart family life education, information and linkages with services for reproductive and sexual health, counseling and guidance, career planning, and life skills. In total, over 4000 boys participated.

**Methods and Procedures:**

Knowledge-based written tests, administered pre and post program, were completed by 2379 adolescent boys. Data were analyzed using SPSS and applyin a Statistical Test for Proportion to measure pre and post-intervention differences. Post-program Focus Group Discussions with the participants assessed changes in attitudes and behaviors.

**Results:**

Post program changes were statistically significant for reducing misconceptions about masturbation and increasing knowledge of menstruation, definition of sexual harassment, non-violent means of conflict resolution, gender equity, smaller desired family size, FP, condom use, HIV/AIDS transmission, and maternal health care. Boys described how the program made them more sensitive to girls and female relatives and stopped them from engaging in risky behaviors.

**Conclusions:**

BLP is effective in providing boys an opportunity to discuss and learn about RSH and gender issues and influence their attitudes and behaviors.

**Presenter** Pat Mosena

**Region:** North

**Theme:** Adolescent Socialization

**Authors** Mosena, P; Ely, J; Elder, S

**Organization** Peer Advocates for Health

**Address:** 5646 S. Kimbark Ave.

**City** Chicago, 60637

**State:** Illinois

**Country** USA

**Email:** [mosena@aol.com](mailto:mosena@aol.com)

**Abstract Title** Peer Advocates for Health: A Community-Based Program to Improve Reproductive Health and Lifestyle Choices among

**Abstract Text:**

Introduction:

This paper describes Peer Advocates for Health (PAH), a community-based program designed to improve reproductive health knowledge and increase healthy lifestyle choices among adolescent males, ages 14-18, living in disadvantaged neighborhoods on Chicago's south side.

Methods and Procedures:

The Peer Advocate Program model provides intensive training and long-term follow-up to a small group of young men (N=25 annually), who then work in their own neighborhoods talking to community groups or one-on-one with peers about issues related to men's health. Beginning with an eight week summer session, PAH training continues weekly for one year after which participants are paid to do community outreach. In 2002, 20 Peer Advocates reached 1,386 other adolescents.

Results:

Participants include 65 African American adolescent males from 15 high schools. At intake, one-third (31%) of these young men had never had sex and almost all say they would be "upset /very upset" if they got someone pregnant. However, 83% say their friends would respect them if they got someone pregnant. Significant increases in reproductive health knowledge, especially contraception, were recorded among PAH participants, and knowledge gains for males were greater than females using a similar curriculum. Peer Advocates report increased communication with partners and peers, and work with female Peer Educators to present monthly discussion sessions for middle school children.

Conclusions:

Ten years of community-based program experience have shown that to measurably impact the lives of young people, improving reproductive health knowledge is only the first step, long-term support for healthy values and lifestyle choices are also required.

**Presenter** Khaya Nkontso

**Region:** Africa

**Theme:** Adolescent Socialization

**Authors** Nkontso, K; Sidelo, P

**Organization** HIV/AIDS Learners Network

**Address:** 221 Lawrence Road

**City** Carford, Athlone, 7764

**State:** Capetown

**Country** South Africa

**Email:** [hiv\\_learners@hotmail.com](mailto:hiv_learners@hotmail.com)

**Abstract Title** Young Men taking Responsibility and Leadership in the Fight Against HIV/AIDS

**Abstract Text:**

Introduction:

The presentation will highlight the empowerment process that has been undertaken with young men in the HIV/AIDS Learners' Network , how this has impacted on their own attitudes and consequently behaviour, and lastly how they have used both the former to do prevention and peer education within their schools and their communities.

Methods and Procedures:

The Network conducts leadership training for members to build their capacity for prevention and education around HIV/AIDS in their schools and communities. At the center of the leadership training is gender training . It is the Network's belief that in order to effectively change behaviour around HIV/AIDS, young people should be more aware of the gender dimensions of the pandemic. Part of the recording process has been questionnaires at the beginning and end of sessions, focus groups, diaries by participants, and facilitator reflections.

Results:

It is important that beyond the leadership training, opportunities are created to utilize those skills;  
A gender-awareness approach allows youth to become more aware of their own behaviour and this impacts on their interventions within their communities;  
Lastly, when youth see young people in leadership positions, they become interested in the process that has made this possible;

Conclusions:

A critical element of the success of this process has been the gender deconstruction that happened at the beginning of the empowerment process and provided the impetus for attitudinal and behaviour change, but also the provision of space for young people to start creating their own interventions around

**Presenter** José Olavarría

**Region:** Latin America &

**Theme:** Adolescent Socialization

**Authors** Olavarría, J.

**Organization**

**Address:** Dag Hammarskjöld 3269, Vitacura

**City** Santiago de Chile

**State:**

**Country** Chile

**Email:** [jolavarr@flacso.cl](mailto:jolavarr@flacso.cl)

**Abstract Title** Workshops for adolescent males on gender identities, sexuality, reproductive health and fatherhood

**Abstract Text:**

**Abstract Introduction:**

Researches in Latin America and Chile showed that the way men are socialized and the gendered ways they define their identity can have ill fated consequences for their health, and the health of their intimate partners (Olavarría 2001). These workshops correspond to the last phase of a research/action project on adolescent males which aims to elaborate a methodology that helps adolescent boys to develop alternative male gender equitable role models and identities. It works with boys in secondary school from middle and low income sectors in Santiago, and from a rural town on the following issues: gender identities, sexuality, reproductive health, fatherhood, their rights and responsibilities.

**The methodology considers:**

1) Discussion groups based on previous research results that help adolescent boys to:

-realize the negative consequences that traditional/hegemonic masculine practices carry out for their own lives, the one of their partners –permanent or occasional - and their eventual children.

-recognize alternative behaviours for their identity that can provide them a better life quality and more gender-equitable relations with women

2) Workshops with professionals (teachers, counselors, psychologists, physicians, nurses, gynaecologists, among others) working in counseling activities or programs with adolescent males.

**Methods and Procedures:**

Workshops with secondary school students (12 participants max.) where a facilitator indicates the procedures to follow, promotes the discussion and provides the information required. Each workshop has 3 sections:

- problematization: Based on a given situation –taken from one of the stories of the boys interviewed during the field work- the participants have to identify which are the cultural mandates behind the example.

- information: about those cultural mandates. It is the facilitator who provides the new elements for the discussion

- appropriation: the participants are asked to imagine alternative or different answers, more gender-equitable, respectful and with recognition of rights.

Sessions: 3 to 10 sessions of 1 ½ hour long, according to the case.

**Results:**

The workshops are being tested with students and teachers of secondary schools)

**Conclusions:**

So far, conclusions are positive, although some adjustments will be made based on the tests' results

**Presenter** Rahul Roy

**Region:** Asia

**Theme:** Adolescent Socialization

**Authors** Roy, R

**Organization** Aakar

**Address:** A-19, Gulmohar Park, New Delhi 110049

**City** New Delhi

**State:**

**Country** India

**Email:** [aakar@del3.vsnl.net.in](mailto:aakar@del3.vsnl.net.in)

**Abstract Title** Families In Transition: Towards Gender Equity?

**Abstract Text:**

The paper will attempt to present a methodology for working with working class young-men in India to develop interventions on influencing gender norms and countering gender based violence. The paper will be based on my experience in the last five years of making films and working with groups of men and women on the theme of masculinities.

The paper will explore gender processes within working class family situations against the backdrop of globalisation and structural adjustments. Families in South Asia are going through dramatic changes because of several factors, the two most important being economic changes and women's empowerment but we know very little of how these changes are being absorbed within families. Are conflicts becoming sharper? Are men and women looking differently at these changing times? Do the changes affect men and women differently? What kind of gender re-negotiations are happening and are new masculinities emerging from this churning?

As part of my presentation I would like to show a documentary I am currently editing which explores the issues mentioned above. The documentary is set in a working class neighbourhood on the outskirts of Delhi and the families I have been shooting with belong to a community of weavers.

**Presenter** Diana Santillán

**Region:** North

**Theme:** Adolescent Socialization

**Authors** Santillán, D; Schuler, S; Luke, N; Hung Minh, T; Tu Anh, H; Song Ha, V; Thi Thanh Mai, B; Trang, Q

**Organization** The Academy for Educational Development's Center for Applied Behavioral and Evaluation Research (CABER)

**Address:** 1825 Connecticut Ave., NW

**City** Washington

**State:** Dc

**Country** USA

**Email:** [dsantill@aed.org](mailto:dsantill@aed.org)

**Abstract Title** Impact of a Peer Education Intervention on Gender and Reproductive Health Among Vietnamese Youth

**Abstract Text:**

Abstract Introduction:

This paper will present evaluation results of a gender-sensitive, peer education intervention designed to prevent unwanted pregnancy and HIV/AIDS transmission among Vietnamese youth, which was implemented in 2002 by the Vietnam Youth Union, with support from Population and Development International and Family Planning Australia. The six-month training integrates information on gender, sexual relationships, contraception, STD/HIV/AIDS, marriage, alcohol use, and employment. After the training, participants implement educational activities for young people in their communities.

Methods and Procedures:

The evaluation combines quantitative and qualitative methods to measure changes in gender attitudes and health-protective behaviors. The study tests indicators from the Youth Survey Question Bank, compiled by the Frontiers and Horizons projects, as well as new gender indicators developed for this study. Pre- and post- intervention surveys were conducted among the intervention group (483 unmarried male and female training participants, ages 14-24) and a similar comparison group. Survey data analysis will be completed by June 2003 and will be supplemented by qualitative data from in-depth interviews and focus groups.

Results:

This pilot intervention has received enthusiastic support in Vietnam, and the training program is now being implemented at a larger scale. The evaluation results will provide feedback to program implementers regarding the extent to which intervention goals have been achieved and areas in the training program that need strengthening.

Conclusions:

Peer education is becoming a popular youth intervention, but little evidence exists regarding its effectiveness. This study will generate recommendations to policymakers and program implementers for promoting gender equity and overcoming gender-related barriers to reproductive health among youth.

**Presenter** Valerie Smith

**Region:** North

**Theme:** Adolescent Socialization

**Authors** Smith, V

**Organization** University of Toronto: Ontario Institute for Studies in Education/Youth Challenge International

**Address:** 25 Salem Avenue

**City** Toronto

**State:** Ontario

**Country** Canada

**Email:** [programenrichment@yci.org](mailto:programenrichment@yci.org)

**Abstract Title** Getting Men Talking: Youth Volunteerism in the US AID HIV/AIDS youth preventative program

**Abstract Text:**

Abstract Introduction:

Guyana is one of five countries in the Latin America/Caribbean region with an HIV/AIDS epidemic that has spread beyond specific high-risk groups into the general population. Next to Haiti, it has the second highest HIV rate in the region. Youth Challenge Guyana (YCG) is one of 8 NGO's participating in the USAID funded Guyana HIV/AIDS Youth Project.

These eight indigenous NGO's work collaboratively in developing HIV/AIDS awareness, knowledge and prevention strategies. The participatory project emphasizes self-risk assessment, awareness, education, quality services, and responsible choices. NGO's use a variety of innovative means to raise awareness, such as peer education, life skills camps, music, street theatre and marches.

Methods and Procedures:

In June 2003 I will be going to Guyana to conduct thesis research my Masters degree in Comparative, International and Development Education. Professor Joseph Farrell, University of Toronto and the Executive Director at YCG are supervising my work. I am going to work with YCG volunteers and participants in the HIV program who are involved in the peer education component. I will primarily be conducting focus groups and delivering surveys, but will also be reviewing prior reports and evaluations conducted by Youth Challenge Guyana. My main interest is in assessing gender sensitivity and intervention strategies in its peer education program (means of presentations and curriculum). I will be examining different socio-cultural implications of gender in the Guyanese context and how both men and women respond differently to the peer education program.

As a youth development organisation first and foremost YCG promotes the active participation of youth in many types of volunteer projects in Guyana concentrating on local issues and priorities. The peer educator program is considered by YCG as key to achieving its objectives. Peer educators are drawn from organized groups involved in the Guyana HIV/AIDS Youth Project, and the YCG High School Challenge. The target group is "limers", out of school youth, and mini bus drivers and conductors, which are a primarily male group.

Results:

The first set of data YCG has collected proves the program has been very successful in delivering HIV/AIDS education to hundreds of Guyanese nation wide; male and female. I am currently reviewing this material and the curriculum (both USAID and YCG reports), and have so far found the program assertive and open in its approach to male and female behaviours. I also worked within the YCG/ USAID HIV program in January 2001 and have based preliminary research on this experience. The quantitative and qualitative data results regarding gender appropriateness and gender behavioural strategies will be analyzed in May/June 2003.

Conclusions:

Patriarchal dominance in Guyanese society increases sexual risk for both women and men. Social norms and values encourage men to be "machoistic" and impose their will on women, mentally and physically. There is a strong need for programs, especially those aimed at young people, to address these gender implications, and examine ways in which approaches need to differ in acknowledging behavioural norms. YCG's success at delivering preventative information is strong, as is its collaboration with other NGO's under the USAID umbrella. Thus there is a need to move beyond the quantity of material being disseminated to the quality. I believe there will be strong lessons to be learned from the youth driven YCG program.

**Presenter** Johathan Stillerman  
**Authors** Stillerman, J' Rider, D  
**Organization** Men Can Stop Rape  
**Address:** PO Box 57144  
**City** Washington, D.C. 20037

**Region:** North

**Theme:** Adolescent Socialization

**State:**

**Country** USA

**Email:** [jstillerman@mencanstoprape.org](mailto:jstillerman@mencanstoprape.org)

**Abstract Title** Men Can Stop Rape: The Strength Campaign

**Abstract Text:**

The Strength Campaign, MCSR's original media education and organizing effort, seeks to empower young men to prevent dating abuse and other forms of gender violence.

Methods and Procedures:

Launched in 2001 throughout Washington, DC public high schools, the Campaign reached 13,000 students and 1000 youth-serving professionals with posters, bus and bus shelter ads, an original magazine, a guidebook for faculty and staff, and "Safe and Strong" workshops. Pre-and post-test surveys with students and staff assessed the power of the Campaign to raise awareness, shape attitudes, and promote behavior change.

Results:

Hailed by the Superintendent of DC Public Schools as "instrumental", 85% of students described the Campaign's messages as important, and more than 80% reported that the Campaign increased their confidence in preventing dating violence and taught them new ways to have healthy relationships. Despite the local scope of the Campaign's first run, MCSR has since distributed more than 12,000 posters and 1,000 REP magazines across 47 states and 5 countries. More than 215 organizations, including over 100 colleges and universities, are now using Campaign materials to educate and inspire the young men they serve.

Conclusions:

Given the impact of the Strength Campaign on youth and the depth of demand for the Campaign across the country, MCSR has developed a multi-year plan for creating a national Strength Campaign designed to:

- 1) Increase young men's involvement in efforts to prevent men's violence against women
- 2) Build the strength of young men to embrace a healthier vision of self and engage in healthier relationships with others.

**Presenter** Alice Welbourn

**Region:** North

**Theme:** Adolescent Socialization

**Authors** Gordon, G; Welbourn, A

**Organization** Independent Consultants

**Address:** 'Upperton', Drewsteignton

**City** Exeter

**State:**

**Country** UK

**Email:** [padbourn@aol.com](mailto:padbourn@aol.com)

**Abstract Title** Stepping Stones: Involving men in a gender and HIV/AIDS training package

**Abstract Text:**

The paper presents the findings from a desk review of male involvement in a gender and HIV/AIDS training package entitled Stepping Stones. The review aimed to gather available evidence for the effectiveness of the package and highlight strategies that changed the gender, relationship and sexual and reproductive health attitudes of men.

**Methods and Procedures:**

The report draws on experience of using Stepping Stones in nine countries in Africa and South East Asia. The methodology used included analysis of reports and publications, focus group discussions and interviews, workshop discussions with facilitators and participants and review of research carried out in the Gambia.

**Results:**

In all countries, respondents reported that Stepping Stones has resulted in improved gender, inter-generational and peer relationships, increased knowledge of sexual and reproductive health issues, enhanced decision-making and communication skills and ability to discuss sexual issues. These changes have resulted in changes in behaviour, including reduction in conflict, gender violence and alcohol consumption; increased practice of safer sex, including dual protection; and redistribution of household resources and increased income-generating activities.

**Conclusions:**

The effectiveness of Stepping Stones is based on the process, approach and activities employed. The process involves working with peer groups divided by age and sex, bringing the groups together and presenting requests for change from each peer group. The review looked at the factors that appear to be of particular importance in changing the reproductive and sexual attitudes and behaviours of men. It identified a number of challenges to implementation as well as strategies for overcoming them and sustaining the changes.

**Presenter** Corinne Whitaker

**Region:** Africa

**Theme:** Adolescent Socialization

**Authors** Whitaker, C; Girard, F; Ekah, A

**Organization** International Women's Health Coalition

**Address:** 24 East 21st Street

**City** New York City, 10010

**State:** New York

**Country** USA

**Email:** [cwhitaker@iwhc.org](mailto:cwhitaker@iwhc.org)

**Abstract Title** Challenging Inequities: the Story of an Anti-sexist and Rights-based program for Nigerian Adolescent Males

**Abstract Text:**

Introduction:

The Conscientizing Nigerian Male Adolescents (CMA) Project was launched in 1994 to engage Nigerian adolescent boys ages 14 to 20 in ongoing, long-term dialogue about sexism. The goal is for boys to develop critical thinking skills and awareness about gender discrimination, and to actively protect their sexual and reproductive rights and health and those of their partners.

Methods and Procedures:

CMA meets with boys regularly in their schools and CIINSTRID's center for a minimum of one year. The program uses Socratic dialogue to teach critical thinking and analysis skills, and a rights framework to challenge sexism. It rests on the assumption that economic and cultural oppression form the basis of sexism. The first-year curriculum focuses on topics such as discrimination in the family and society; gender-based violence; sexual relations, love, and marriage; and conditions for healthy reproduction. The second year extends skill building to verbal expression and logic, and content to democracy, feminism, adolescence, and human rights. Participants are taught leadership skills for creating new norms and challenging traditional behaviors in their schools and communities. Participants tend to be motivated high-performing student leaders; to date, over 2,000 boys from two states in Nigeria have graduated.

Results:

CMA and IWHC have collaborated on qualitative assessment, involving direct observation of discussions, and semistructured interviews with participants, girls, staff, educators, and parents. Findings indicate participation contributes to changes in language, attitudes, and behavior in the relationships of the young men. Participants use their new knowledge to intervene in local cases of violence against women including FGM and rape.

Conclusions:

Providing boys with skills in critical thinking and knowledge about power and sexism may be more effective than a health focus in bringing about behavior change – including behaviors affecting sexual health. In addition, for programs trying to reach particularly bright and motivated young leaders, academic enhancement opportunities may be at least as appealing as more typical program offerings such as sports.

**Presenter** Anthony Chaima

**Region:** Africa

**Theme:** Dual Protection

**Authors** Chaima, A

**Organization** National Association for people living with HIV/AIDS in Malawi

**Address:** P/Bag 355

**City** Lilongwe 3

**State:**

**Country** Malawi

**Email:** [napham@malawi.net](mailto:napham@malawi.net)

**Abstract Title** Rights Based Interventions are Crucial to Change the Attitudes Towards Reproductive and Sexual Health Issues

**Abstract Text:**

Most of the members of support organizations for PLWHAs in Malawi are women. A lot of men are not interested to discuss sex with their infected partners. Men continue to possess considerable power over their female counterparts in demands for sex. Men's desire to have control over sexual and reproductive health can conflict with the rights of their partners; a deeper needs to have a more equal relationship in protection against infections and pregnancy.

#### METHODS AND PROCEDURES.

The National Association For People Living With HIV/AIDS in Malawi (NAPHAM) was established in 1993. Over 70% are women, most of who come to NAPHAM without their spouses/partner. The following concerns by women who come to NAPHAM without their husbands were noted:

- Women being chased away from homes for disclosing their status.
- 50% of the women were being forced to have unprotected sex.
- Women getting pregnant despite their being infected.
- Reported cases of Sexually Transmitted Infections.

#### ACTIONS.

25 volunteers were trained with skills to manage group therapy sessions. The volunteers were oriented on Human Rights Based Approach to HIV/AIDS interventions.

Sex discussion and negotiation skills continue to be discussed.

#### RESULTS

- More partners have now joined their counterparts in NAPHAM.
- Volunteers are able to identify and assess their sexual rights.
- There is a 'reported' increase in the use of condoms.
- Reported STI incidences have gone down.

#### CONCLUSION

Changes in men's attitudes and sexual behaviors can have a significant impact on the epidemic. Lack of dual protection standards tends to have harmful effects on both women and men, preventing husbands and wives from discussing their sexual needs. This affects the rights of each to protection from infection. NAPHAM shall continue to campaign for full involvement of men in sex and sexuality issues.

**Presenter** Mohamad Khan

**Region:** Asia

**Theme:** Dual Protection

**Authors** Khan, M; Patel, B' Kumar, N; Barge, S

**Organization** Population Council-Bangladesh

**Address:** House 21, Road 118, Gulshan

**City** Dhaka

**State:**

**Country** Bangladesh

**Email:** [urob@pcdhaka.org](mailto:urob@pcdhaka.org)

**Abstract Title** Preventing Truck Drivers from Risk Behavior

**Abstract Text:**

Introduction:

A study by the authors indicated that a large proportion of truck drivers were regularly visiting CSWs. In one trip of 7 to 10 days, they were visiting 3-4 different CSWs (range 2-8) and they were contacting them on average 5 times in one week. Most did not use condom.

Methods and Procedures:

An operations research was undertaken to educate the truck drivers about the risk behavior and promote safe sex practices. The interventions included

- Counseling and provision of educational materials on STD/HIV prevention.
- Provision of medical services for skin diseases and STD
- Making condom widely available on high way from petrol pumps

Results:

Initially the truck drivers were hesitant to attend the clinic because of the stigma attached to STD. To overcome this, ophthalmic services were added in the clinic. This made the clinic popular as many started using clinic for eye testing. This gave an easy excuse to the truck drivers who wanted to avail STD services to enter into the clinic without any fear of getting stigmatize. Educational posters were kept in the waiting room. The truck drivers were keen to know about the protections against STD/ AIDS. Many availed the services and in six months the truck drivers took 37,500 condoms from the petrol pumps.

Conclusions:

- Provision of STD services alone may not be availed because of the stigma attached with STD. A mix of other common health services could be useful in attracting STD patients
- Counseling on safe sex and easy accessibility to condom could bring about change in risk taking behavior.

**Presenter** Margaret Mlingo

**Region:** Africa

**Theme:** Dual Protection

**Authors** Mlingo M; Mutevedzi, T; Chirenje, Z; Steiner, M; McNeil L; Brown J; Padian, N

**Organization** Univ. of Zimbabwe/UCSF

**Address:** 15 Phillips Avenue, Belgravia

**City** Harare

**State:**

**Country** Zimbabwe

**Email:** [margaret@uz-ucsf.co.zw](mailto:margaret@uz-ucsf.co.zw) [zwmargaret@uz-ucsf.co.zw](mailto:zwmargaret@uz-ucsf.co.zw)

**Abstract Title** Couple counselling vs. group counselling with males – A randomised controlled trial of male involvement

**Abstract Text:**

**Objective:**

To determine whether men with regular female sexual partners were more likely to attend a condom counselling promotion directed at a group of men compared to a promotion directed at individual couples. The study's primary outcome was the proportion of men who attended their assigned session.

**Methods and Procedures:**

Female participants enrolled in an ongoing NIH Condom Promotion and Counselling cohort study chose to participate in this ancillary study. The women were randomised to invite their regular partner to attend either one couple or one male-only group counselling session. Data on socio-demographic characteristics, contraception, pregnancy, sexual behaviours, STD history, and condom use were collected from both women and men prior to the counselling session through a short interviewer-administered questionnaire.

**Results:**

344 women were randomised to invite their regular partner to attend one couple counselling session (N=172) or one group counselling session with other males (N=172). The women in the two groups were similar in age (mean age 30.2 vs. 30.5 yrs, respectively) and education (mean years of education 9.9 vs. 9.7). The men in the two groups were also similar in age (mean age 36 vs. 35 yrs, respectively) and education (mean years of education 10 for both groups). A similar proportion of men attended the two different types of sessions (40% couple counselling vs. 42% group counselling)  $p = 0.7$ .

**Conclusions:**

The level of male involvement is much higher than expected and is encouraging in terms of getting males involved in family planning programmes and clinical trials. Group assignment did not influence male participation.

**Presenter** Nizam Ahmed

**Region:** Asia

**Theme:** Family Planning and Reproductive Health

**Authors** Ahmed, N; Afzal, H; Habib, M; Khatoon, F

**Organization** Save the Children USA

**Address:** Road # 9A, House # 35A, Dhanmondi R/A

**City** Dhaka

**State:**

**Country** Bangladesh

**Email:** [nizama@savechildren.org](mailto:nizama@savechildren.org)

**Abstract Title** Family planning workshop with Male traditional and opinion leaders - a way to create support in low performing areas of

**Abstract Text:**

Abstract Introduction:

FP performance in Chittagong division of Bangladesh was continuing very low due to relative conservatism in respect of religion and status of women, social taboos and religious superstition, relative inaccessibility and inconvenience for conducting FP performance. Innovative IEC activities were being considered to make a breakthrough in accelerating the process of ideational changes. Save the Children (USA) undertook a project to motivate the community opinion leaders to create a favorable environment for FP through bringing them into a workshop setting and openly discussing the issues and conducted two types of workshops (basic for two days and a follow up for one day) with over 4,200 male traditional and opinion leaders in Brahminbaria district of Chittagong division. Evaluation study pointed towards a positive impact of workshops on the attitude of the opinion leaders about FP, on increasing contraceptive use and overall improvement of Reproductive and Sexual Health issues. It also fostered significant improvement in raising mobility of women in the village for their own health needs.

Methods and Procedures:

A research organization (URC-University Research Corporation) was contracted to evaluate the effectiveness of the FP workshops with traditional and opinion leaders in promoting FP and RSH issues in project area. Field level data were collected through pre-tested questionnaire from a sample of 502 participants distributed using PPS and the resource persons engaged in the workshops. The content of the materials produced and the process were also analyzed. Six teams with a total of 23 field staff undertook Field data collection work. Data was entered into computer and SPSS package were used for the analysis of the data

Results:

As a result of the project workshops both attitudinal and behavioral changes occurred within the participants. According to the FP workers- proportion of the leaders who were antagonistic to FP reduced to 5% after workshop from 42% before the workshop. 93% of the field workers perceived that workshops eased their work and 58% said that opinion leaders do special favor to them after the workshop. Change has been reflected in the contraceptive use status among the participants. The post workshop contraceptive use rate among the participating leaders increased by 18%, relative change was much higher among religious leaders -29% points. The workshop gave a strong impetus in increasing contraceptive use in the project area. Estimate shows that 64.5% of the increment within a year period in the overall CAR in the area was due to the workshops. In addition, there was a positive change that occurred in the community for reducing barriers and involvement on women in decision making for own health.

Conclusions:

Workshops of these types are quite helpful in disseminating knowledge about various dimensions of FP and enhancing FP and RSH performances through informed -choices in the project area. Involving the men and opinion leaders in the process through workshops can be one of the most effective vehicles for promoting sensitive issues like RSH. It also steamed to facilitate the overall positive changes in the community for promoting awareness and leading to

**Presenter** Susan Aradeon

**Region:** Africa

**Theme:** Family Planning and Reproductive Health

**Authors** Aradeon, S; Wood, S; Meba, M; Karimou, M; Tankoano, A

**Organization** Program for Appropriate Technology in Health

**Address:** 1800 K Street NW, Suite 800

**City** Washington, D.C., 20006

**State:**

**Country** USA

**Email:** susan@prosaf.org; [saradeon@yahoo.com](mailto:saradeon@yahoo.com)

**Abstract Title** Theatre Focusing on Men Influences Women Too

**Abstract Text:**

Abstract

R&SH consciousness-raising from a male perspective is a valuable approach to achieving reproductive and sexual health for all. In the northern Benin villages that are characterized by male hegemony and low contraceptive prevalence, focusing on male concerns has proved both expedient and theoretically sound. Participatory monitoring by a largely male traveling theatre group has demonstrated that their play and sex-segregated post performance discussions have substantially changed attitudinal norms towards family planning. Focus group research established that men are the decision-makers and were adamantly opposed to contraception for fear of spousal infidelity. The advisors accepted the play's focus on men's perceived self-interest in accordance with behavioral change communication (BCC) principles: select audience segments whose changes in behavior contribute most to program objectives; build on people's current thoughts, feelings and needs and do not disregard or contradict them; and, avoid multiple themes that distract the audience.

To obtain pre-and post-performance data in 74 villages, five actors administered a one page questionnaire to a convenience sample of spectators. Each actor interviewed five spectators in a sex and age-based target group. Initially, 84% of the respondents expressed a desire for five or more children. After the play and discussions, more men (73%) intended to use a modern method, excluding the condom, than women (57%). However, more women (77%) than men (56%) desired small families with four or less children. This experience suggests that applying BCC principles while responding to the male perspective can significantly influence social norms.

**Presenter** Humberto Arango

**Region:** Latin America & Caribbean

**Theme:** Family Planning and Reproductive Health

**Authors** Arango, H; Aguilar, J; Liendo

**Organization** International Planned Parenthood Federation/Western Hemisphere Region, Inc.

**Address:** 120 Wall St. 9th floor

**City** New York, 10005

**State:** New York

**Country** USA

**Email:** [dkohn@ippfwhr.org](mailto:dkohn@ippfwhr.org)

**Abstract Title** Reaching Men to Improve Reproductive and Sexual Health for All

**Abstract Text:**

To increase male involvement in SRH and identify best practices, a project coordinated by the IPPF/WRH affiliate MEXFAM and CORIAC, a Mexican NGO conducted a needs assessment and created a network of groups that facilitate the development of SRH male involvement projects in Mexico.

**Methods and Procedures:**

A central coordinating team designed standards to document and evaluate experiences of local groups. Local groups were set up that included a coordinator and documentation specialist assisted by the central coordination team. Local groups identified needs, discussed current literature and trends, identified relevant models (with the assistance of local and national coordinators), and encouraged the development and implementation projects. MEXFAM facilitated the participation of young men.

**Results:**

The project reached numerous participants in five states. Representatives from Government, NGOs, academia and other sectors worked together to consider men and RSH with a gender perspective and its implications in developing and implementing projects. The groups agreed to explore homophobia and constructions of masculinities with assistance from the central coordinating group.

**Conclusions:**

Important lessons were learned on how inter-institutional groups with different perspectives can work successfully together and about effective strategies for providing services in diverse cultural and political situations.

Key lessons include the following: (1) local leader's commitment and leadership abilities were critical; (2) local conditions and organizational idiosyncrasies affect the shaping of such programs; (3) sources that provide theoretical and methodological supports are essential for institutionalizing these programs; (4) buy-in from key stakeholders has to be obtained at the outset. Results of this project can inform project design in male involvement as well as the broader issue of effective strategies in establishing partnerships.

**Presenter** Teresita Chua

**Region:** Asia

**Theme:** Family Planning and Reproductive Health

**Authors** David, F

**Organization** Save the Children/USA

**Address:** 3rd Floor John B. Lacson Colleges Foundation Compound, M. H. del Pilar Street, Molo

**City** Iloilo City

**State:** Iloilo Province

**Country** Philippines

**Email:** [babes\\_chua@yahoo.com](mailto:babes_chua@yahoo.com)

**Abstract Title** An Evaluation of A Family Planning Intervention: Male Peer Counselors Versus Volunteer Health Workers as Educators and

**Abstract Text:**

Family Planning interventions in the Philippines have been carried out for several decades already, however, the Contraceptive Prevalence Rate (CPR) for more effective methods still remains to be low at approximately 25 percent (NDS:1993). Our hypothesis is that FP interventions will significantly improve CPR, knowledge about family planning and attitudes towards family planning of the target MCRA/MWRAs and that improvements in these indicators are expected to better in the experimental areas than in the control areas.

The objective of the FP intervention study was to test and evaluate the effectiveness of two approaches, namely, the use of male peer counselors and VHWs as educators and motivators of family planning. The project's long term objective was to increase the number of couples/individuals practicing responsible sexuality, parenthood and FP in order to contribute to the improvement of women's health and child health.

**METHODS AND PROCEDURES**

An experimental, non-equivalent control group design was employed. Non-equivalent control group design is used as it is well recognized that randomized allocation (study group = 3) is not especially meaningful. A small qualitative investigation was conducted to gain a deeper understanding of male roles in family decision making for contraceptive use. This has been used to guide the development of the male peer-counseling component. The study included a pre and post survey to establish CPR and a small number of other variables of interest. A mid-term evaluation qualitative assessment was carried out in order to refine intervention activities, note constraints and deal with any major programming issues. A qualitative investigation also occurred at the end of the project to gauge acceptance and perceptions of the project from both implementing groups and target clients perspective. In addition, the final evaluation looked at replicability in terms of cost (human and financial resources) and sustainability.

**RESULTS:**

Contraceptive prevalence rate (CPR) significantly improved in the two experimental areas than in the control area after the implementation of the FP intervention.

Trained VHWs and male motivators' knowledge on FP and other related topics taken in training improved and maintained.

Their attitudes towards FP and role of men in FP changed favorably.

MWRAs knowledge on FP remained high.

MWRA's attitudes towards FP remained favorable. They favor FP practice to limit number of children and space pregnancy.

**CONCLUSION (S)**

**Recommendations:**

FP programs should involve men not only as FP targets, but also as motivators and communicators. The fact that the active male motivators performed as well as the active VHWs indicate that interested and committed male motivators can be effective FP educators. Only interested and committed men in the community must be recruited, trained and mobilized. This suggests the need for a clear selection criteria and a strict adherence to the requirements. The fact that most men work for living, strategies requiring their involvement must not displace them from their place of work. Motivation should really be done in informal settings; such as the work and recreation/relaxation places. Since recording of their accomplishments was found to be an additional burden to the male motivators, this should be further simplified, or other strategy that does not require paper work should be devised. One possibility is making them work in tandem with the VHWs who can help them record their accomplishments. Supervision is a very important component in project implementation. Inadequate supervision greatly affects the quality of performance of the motivators.

**Presenter** Daniela Colombo

**Region:** Asia

**Theme:** Family Planning and Reproductive Health

**Authors** Colombo, D; Pradhan, B; Confalone, N

**Organization** The Italian Association for Women in Development

**Address:** Via dei Giubbonari, 30

**City** Rome, 00186

**State:**

**Country** Italy

**Email:** [d.colombo@aidos.it](mailto:d.colombo@aidos.it)

**Abstract Title** A Training Program - Reproductive Health for All: Taking Account of Power Dynamics between Men and Women

**Abstract Text:**

introduction:

The hypothesis of the training program was that if you want projects/programs dealing with reproductive and sexual health and rights to take into account the power relations between men and women and involve men in foreseen activities. It is necessary first to train the senior planners and managers in governmental agencies and NGOs (generally men) who are responsible for improving the reproductive and sexual health of the people they serve.

Methods and Procedures:

An innovative prototype training manual was developed by AIDOS and WHP (the Women's Health Project of the University of Witwatersrand) for a five days training course. The manual, which is intended for skilled trainers, uses a very participatory methodology and describes a set of methods and processes that allows participants to draw from their own experience. The content itself is therefore generated by participants., and the examples are simply a guide to facilitators to illustrate to them how a session can be developed. It is made of four modules each of them with various activities: Module 1 - Gender and health, Module 2 - From meeting population targets to human rights and health, Module 3 - Sexual and Reproductive rights, empowerment, Module 4 - Promoting equity in programming. The focus on the necessity to involve men in reproductive and sexual health is included in all the various activities.

Two Trainers from NGOs specialized in SRH in six Asian countries (Vietnam, Cambodia, Bangladesh, Pakistan, Sri Lanka and Nepal) were trained by WHP and AIDOS trainers on the use of the manual and its adaptation to local needs. Each NGO then adapted the manual and translated it into local languages and gave training to planners, managers of other local NGOs that deal with SRH and rights. The manual has recently been adapted by AIDOS for use in Iran for high level staff of the ministry of Health and the Schools of Medicine

Results:

An evaluation was carried out in the six countries so far covered by the training program. The findings reveal a significant impact of the program. Most of the persons who were trained under the program have applied the knowledge gained and the skills acquired in project planning and implementation. Also the evaluation of the training conducted in Iran by the authors has been very positive.

**Presenter** Kaniz Gausia

**Region:** Asia

**Theme:** Family Planning and Reproductive Health

**Authors** Gausia, K; Killewo, J; Ahmed, F; Alam, N; Saha, P; Chakraborty, J

**Organization** Centre for Health and Population Research; ICDDRDB

**Address:** Reproductive Health Unit, PHSD, ICDDRDB

**City** Mohakhali, 1212

**State:** Dhaka

**Country** Bangladesh

**Email:** [kaniz@icddr.org](mailto:kaniz@icddr.org), [kgausia@yahoo.org](mailto:kgausia@yahoo.org)

**Abstract Title** The role of male peer promoters in family planning and in the prevention and control of STI/HIV in rural Bangladesh

**Abstract Text:**

Introduction:

Bangladesh is one of the countries where attempts are being made to explore ways to increase male involvement in reproductive health. To that end, a study was conducted in rural Bangladesh to assess the extent to which male voluntary peer promoters had involved fellow men in reproductive health, particularly family planning and prevention and control of STI/HIV/AIDS.

Methods and Procedures:

The study established male clinics to provide clinical and counselling services to men in need of diagnostic and treatment services for STIs. A total of 260 local male volunteers were identified and sensitized to basic knowledge about reproductive health physiology, family planning methods and STI/HIV/AIDS which they would use to target their peers in the community about the services of the clinics. After one year, the peer promoters were interviewed using a semi-structured questionnaire during April-May 2001.

Results:

All responding peer promoters except one had made contacts with at least one peer in the community either individually or in a group while 92.7% of them reported to have made contacts with individuals requiring services of the male clinics. Ninety seven percent reported to have talked to their peers about vasectomy, STI/HIV/AIDS and condom use. Although 27.7% reported having experienced health problems requiring the services of the clinic, 73.9% of them reported having actually visited the clinics for advice or services. When routine clinic data covering the same time period were analysed they showed that 49.3% and 13.3% of the attendees had been informed about the clinic services by the volunteers and salaried female community health workers (CHWs) respectively. Moreover, 36.4% of the clinic attendees had reported symptoms suggestive of reproductive health problems of which 24.3% were suggestive of STIs.

Conclusions:

The volunteers' specific role was peer promotion and their yield in clinic attendance was higher compared to that of female CHWs whose main responsibility was different. Hence, voluntary male peer promoters are a great potential for attracting men to use male clinic services. They are also a great potential for STI/HIV prevention and control as well as in family planning activities in places without CHWs.

**Presenter** Mohamed Isa

**Region:** Arab/Muslim

**Theme:** Family Planning and Reproductive Health

**Authors** Isa, M; Krieger, L; Favin, M

**Organization** The Asia Foundation

**Address:** 38 Khayaban-e-Iqbal

**City** Islamabad

**State:**

**Country** Pakistan

**Email:** [misa@pk.asiafound.org](mailto:misa@pk.asiafound.org)

**Abstract Title** Encouraging Inter-spousal Communication and Male Involvement in Family Planning

**Abstract Text:**

Abstract Introduction:

Three Pakistani NGOs conducted a three-phase study to design family planning programs including men. The study assumed genderstatus/roles help determine inter-spousal communication (IC) and hypothesized: IC may be improved; improved IC will increase modern birth spacing (BS) method use.

Methods and Procedures:

First phase: literature review. Second phase: qualitative study with 200+ quota sample, individual in-depth interviews with husbands and wives, religious leaders, and focus group discussions with mothers-in-law. A research committee coordinated the study over three sites in Lahore, Karachi, and Quetta. The third phase, Trials of Improved Practices©, based on the finding of poor inter-spousal communication in all sites, included 34 married couples from the areas. Half were contacted through the husband, half through the wife. Interview #1, the contacted spouse was asked to discuss birth spacing benefits with spouse; interview #2, s/he was asked to discuss BS methods with spouse; interview #3, couple was asked to choose BS method jointly; interview #4 checked outcome.

Results:

Inter-spousal communication improved with length of marriage. Either spouse could initiate birth spacing benefits discussion; response was better with husband-initiated discussion. Twenty-four couples adopted temporary modern methods: 14 were initial husband contacts, 10 initial wife contacts. Almost all decisions were joint. A low-literacy informational booklet from researchers facilitated spouses' discussion.

Conclusions:

IC may be improved. IC can lead to joint family planning decisions. Since husbands traditionally control the couples' decision-making, joint BS decisions constitute a gender role change. Giving couples a booklet on methods is key. Results covered multiple ethnic groups and are possibly generalizable to a larger area.

**Presenter** Uche C. Isiugo-Abanihe

**Region:** Africa

**Theme:** Family Planning and Reproductive Health

**Authors** Isiugo-Abanihe, U

**Organization** Department of Sociology

**Address:** University of Ibadan

**City**

**State:** Oyo State

**Country** Nigeria

**Email:** [uchebanihe@yahoo.com](mailto:uchebanihe@yahoo.com)

**Abstract Title** Men Really Matter: Improving Family Planning and Reproductive Health in Nigeria

**Abstract Text:**

The objective of the Project was to promote positive male involvement in family planning and reproductive health decision making for the general well-being of the family, particularly women, who bear the main brunt of male ignorance and insensitivity in these matters. Although Nigerian men are the primary decision makers in the home, their roles or responsibility in safeguarding RH for themselves, their spouses and their children have not received attention, a factor that has also militated against a speedy fertility transition.

The study utilized the focus group methodology to gain understanding of male roles and responsibilities in family life in five Nigerian cities, selected to represent the major geo-ethnic diversity of the country. Forty FGDs, equally divided between males and females, were conducted to provide qualitative insights into men's reproductive motivation, their attitudes to RH issues and views concerning how best they can be integrated into the global effort to achieve gender equity and sound RH for all.

Results of the study were utilized to design IEC and strategies for advocacy and behavioral change communication among selected male leaders who were enlisted as role models and peer educators within their organizations or communities. The project evaluation indicated that the sensitization and intervention workshops engendered the desired behavioral change, and that men could be effective disseminator of FP and RH information among men

The study shows that the use of appropriate intervention strategies could establish household and community level dialogue with both men and women, and facilitate attitudinal and behavioral change and a sustainable shared sense of responsibility in safeguarding health.

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**Presenter** Naveeda Khawaja

**Region:** Arab/Muslim

**Theme:** Family Planning and Reproductive Health

**Authors** Khawaja , N; Khilji, T

**Organization** Advisor Technical Alliance for Social Change

**Address:** 70, Affandi Colony, Satellite Town

**City** Rawalpindi, 463000

**State:**

**Country** Pakistan

**Email:** [nk2000\\_pk@yahoo.co.uk](mailto:nk2000_pk@yahoo.co.uk)

**Abstract Title** Gender Sensitization and Empowerment of Individuals and NGOS Through Qualitative Research

**Abstract Text:**

In 1998, The Asia Foundation Pakistan tested an approach of using a model to empower NGOS with testing an innovative approach aimed to promote the well-being of families and to advocate for smaller families by strengthening the role of men in family planning and women's reproductive healthcare. Family Planning NGOS have been working in Pakistan since the last forty years mostly with the CBD approach of distributing condoms through female motivators. The role of NGOS has been confined to collecting monthly and quarterly data on door-to-door family planning service delivery. They seldom utilize their own program evaluation results and are not taught how to use it for program planning and assessment. Donor and government as funding agencies do not expect them to provide assess service delivery problems nor encourage them to find solutions to such problems. The project was implemented in two phases. Phase 1 used qualitative tools to understand the gender dynamics and issues related to reproductive health decision-making between husbands and wives as well as other community members. The second phase was used to test a counseling intervention model using qualitative tools. The results showed a remarkable empowerment of NGOS during the first phase and showed that qualitative tools are an excellent way to build program capacity to involve men aimed at using counseling as an intervention to increase inter-spousal communication between husbands and wives.

**Methods and Procedures:**

The methods in Phase 1 included Capacity Building of NGOS through training them in methods of In-depth interviewing, focus group discussions, and direct observations, and continuous reflection and analysis of data collected as major tools that ended in promoting team spirit as well as increased social responsibility amongst NGO Program Managers. Five NGOs were selected as partners along with a four-member core research team of Pakistani Professionals Phase 11 used the Trials for Improved practices, which aims at testing counseling approach in which trials are implemented by NGO field teams including males and females. TIPS helps to evaluate behaviors, motivations, instructional information, and approaches to overcome barriers to a proposed change. The information thus gained was used to develop strategies to improve practices. These improved practices are then introduced to a group of subjects to test their feasibility, acceptability and impact. The purpose is to avoid wastage of large resources for testing an intervention. The TIPS in this case presents the results of introducing three practices for involving men for effective use of modern family planning methods.

**Results:**

Empowerment started from the beginning of the research. The key elements of empowerment were a rigorous and closely supervised participatory training process, peer exchanges and collaborative support, as well as understanding gender relationships and power dynamics understanding of inter-spousal communication dynamics within their marriages and especially on reproductive health issues between husbands and wives in the communities. The results of the first qualitative phase showed:

- Existing powerful strongly embedded gender roles are a barrier for open and consultative communication on family planning and reproductive health issues between spouses. IEC messages and strategies need to promote consultations as all matters.
- A starting point for deconstruction of these roles could be use of IEC messages targeted at both husband and wives to encourage consultation and sharing of information and joint decision making on all issues related to reproductive health.
  - MIL's role is critical and program interventions should muster their support.
  - In order to increase and empower the status of women and make them equal partners in decision making in the household may not be a big barrier as meeting economic as well as fulfilling all kinds of needs of wives is being accepted by both the genders. However, one large barrier for open communication could be domestic violence, which can inhibit communication between couples and affect the process of decision making on child spacing.
- Program strategies should target to address issues related to domestic violence. In order to increase and empower the status of women and make them equal partners in decision making in the household may not be a big barrier as meeting economic as well as fulfilling all kinds of needs of wives is being accepted by both the genders. However one large barrier for open communication could be domestic violence which can inhibit communication between couples and affect the process of decision making on child spacing

The three practices tested in TIPS were a) Initiating discussion on benefits of three years of spacing with spouse B) sharing of information and joint selection of a modern temporary method of family planning C) Use of the method. Approximately 200 men and women were screened to achieve a pre-selected sample of 36 men and 36 women. From each of the study sites 12 men and 12 women were interviewed for their experiences regarding birth spacing, knowledge and attitudes towards various methods of family planning, and communication with spouse regarding spacing. One of the main purpose for initiating with both the genders was to identify whether initiating inter spousal communication was more effective if the initiated the discussion or husband. With each interview, a behavioral practice was introduced to the indexed subjects and they were asked to discuss and or practice with their spouse. Only 34 out of 72 couples 19 where husbands initiated and 15 where wives initiated reported discussing spacing with the spouses as first practice. The couples who were successful in having a discussion were counseled on modern methods of family planning along with an information booklet in order to discuss and chose a method. Two weeks later, these couples were approached again to know about the selection of their method. 28 couples chose a method. There were six-drop outs. 24 couples accepted the practice and actually adopted modern methods.

**Conclusions:**

The major limitations of the TIPS are the generalizability for the results and a large number of dropouts from the study at the introduction of the first practice. Nonetheless the study was able to confirm the important role of men to initiate successful inter-spousal communication in matters related to child spacing.

**Presenter** Elah M. Matshediso

**Region:** Africa

**Theme:** Family Planning and Reproductive Health

**Authors** Matshediso, M

**Organization** United Nations Population Fund

**Address:** P.O. Box 54 Gaborone, Botswana, Southern Africa

**City** Gaborone

**State:**

**Country** Botswana

**Email:** [elahma@yahoo.com](mailto:elahma@yahoo.com)

**Abstract Title** Reproductive Health For Youth at the Work Places including Uniformed Forces

**Abstract Text:**

The purpose of the project is to improve access to information on reproductive health, rights, services, gender issues and HIV/AIDS/STIs by youth at the workplace, including the uniformed forces. The strategy of reaching men at their work was found to be the most appropriate after the realization that men have limited channels of accessing health information. It is rare for men to go to the health facilities, due to the culture that men have to be strong. This has led to men being reluctant to seek health services even if they are sick. The uniformed forces have a very large population of youthful men.

**Methods and Procedures:**

The project aimed at designing a strategy on provision of SRH information and services to youth at the workplace; orient both senior and middle level managers; review and redesign the Work/Educator Family Planning Distributor manuals; training of trainers from the workplace including uniformed forces, in the use of policy guidelines and training modules in adolescent sexual and reproductive health; train youth worker / educator (peer educators) in participatory modules to disseminate information on ASRH issues and services; train workplace including the disciplined forces to plan, organize and provide SRH including HIV/AIDS/STI prevention services, do referral system and record keeping.

**Results:**

The project conducted a rapid audience Analysis in 1999 and sensitization workshops for senior and middle level managers. The trainings built positive environment for implementation, garner support for peer educators and influence the issues of gender relations.

**Conclusions:**

The project address pertinent issues. Targeting male groups and gender needs strengthening

**Presenter** Martin Musoke

**Region:** Africa

**Theme:** Family Planning and Reproductive Health

**Authors** Musoke, M

**Organization** Uganda Women's Network

**Address:** P.O Box 27991, Plot 15 Kanjokya street

**City** Kampala

**State:**

**Country** Uganda

**Email:** [martinezm24@yahoo.co.uk](mailto:martinezm24@yahoo.co.uk)

**Abstract Title** HIV/AIDS/STD's prevention and family planning

**Abstract Text:**

#### INTRODUCTION

Uganda currently has one of the highest rates of HIV transmission and fertility rate in the world; In order to address these often closely related issues, the Ministry of Health(MOH) launched a program 3 years ago to provide outreach education to men on gender matters, and other reproductive health concerns, particularly HIV infection and family planning. At the start of the project, the Ministry of Health commissioned the Reproductive Health Research Unit to conduct a study on men's knowledge, attitudes and practices regarding reproductive health issues. The existing women-focused family planning service delivery system offers little scope for addressing the reproductive health problems of men in Uganda. The power of decision making is vested in men. The program is facing a major challenge how to integrate health services for men in the existing women-focused service delivery system.

#### METHODS AND PROCEDURES

A total of 2,141 men between the ages of 16 and 60, from urban and rural settings, in all 5 regions were interviewed, a quasi-experimental nonequivalent control group operations research study to increase the utilization of health care facilities by men was used. The interventions included the development of behavioral change communication (BCC) materials for men, improvements of RTI/STI services, training of field staff, special hours for men

#### RESULTS

Interventions such as rearrangement in the physical lay out of the facility, contacting males through their wives, interaction with male health workers can significantly increase the number male clients seeking services from these health facilities. Results provided insight into key issues of concern, particularly a low condom usage rate, confirmed programmatic interventions which included addressing men's attitudinal and behavioral issues to safeguard their partners' and their own reproductive health status, Preliminary evidence suggests that men, especially young men, are both willing and motivated to change the gender scripts that put both their partners and themselves at risk for HIV/AIDS.

#### CONCLUSION

It is observed that training of female service providers on male reproductive health issues increased their knowledge and eagerness to provide services to male clients. Recognize the role that gender plays in scripting sexual behavior between men and women, programmatic intervention that shows promise in terms of changing men's behavior to safeguard their partners' and their own reproductive health status. Men need to become full partners in the response to HIV. Interventions that address gender relations and behaviors are urgently needed to reduce the risk of HIV sexual transmission and family planning.

**Presenter** Amjad Nawwas

**Region:** Arab/Muslim

**Theme:** Family Planning and Reproductive Health

**Authors** Nawwas, A; Farah, S

**Organization** Idea International Center.

**Address:** P.O. Box 230267

**City** Amman 11123

**State:**

**Country** Jordan

**Email:** [info@smart-idea.net](mailto:info@smart-idea.net)

**Abstract Title:** "Men Win with Contests" Reaching men through Entertainment Education Approach.

**Abstract Text:**

introduction:

"Together for a Happy Family Campaign" is a Behavior Change Communication Program designed to encourage men's participation in RH issues in Jordan. According to the qualitative and quantitative studies done, men proved to be the decision makers about these issues in households. At the same time they were reluctant neither to participate in nor to encourage their wives taking the right decisions regarding different RH issue.

Methods and procedures:

A multi-channel campaign was designed on regional and national levels in Jordan using mass media, community mobilization and entertainment education. In addition to the TV, radio spots and community mobilization sessions; the National RH men's contest was designed to convey the specific messages to the community in entertaining way such as gender equity, medical and religious information about modern contraceptive methods, spousal communication and quality of life. The contest created and established social norm regarding these issues. The contest was conducted over two months in year 2000.

The contest which was endorsed by the Royal Family in Jordan, religious leaders and policy makers; leveraged the private sector participation, and involved different GOs and NGOs. Different channels were used to disseminate the contest such as; sending it to mailing boxes, newspapers, TV spots, within popular TV and radio programs.

Results:

- 2% of Jordan population participated in the contest
- 60% of participants were male.
- 92% correct answers.

Conclusions:

- Entertainment Education approach, if designed properly could be:
  1. an innovative effective approach in conveying social and health messages within conservative cultures
  2. a tool to create positive social norm towards sensitive non addressed issues
  3. a tool to leverage private sector and NGOs participation

**Presenter** Stephen Schensul

**Region:** North

**Theme:** Family Planning and Reproductive Health

**Authors** Schensul, S; Sharma,S; Maitra,S; Pinto,C

**Organization** Center for International Community Health Studies, University of Connecticut School of Medicine

**Address:** 263 Farmington Ave

**City** Farmington

**State:** Connecticut

**Country** USA

**Email:** [schensul@nso2.uhc.edu](mailto:schensul@nso2.uhc.edu)

**Abstract Title** Gender Concepts, Marital Relationships and Sexual Risk Behavior in Mumbai

**Abstract Text:**

Abstract Introduction:

This paper examines the interrelationships among male concepts of gender, gender roles and masculinity, its impact on the marital relationship, and their influence on risky extramarital sexual behavior.

Methods and Procedures:

The paper is based on qualitative and quantitative data collected over the last four years in three slum communities in the northeastern portion of Mumbai, India, including: 50 in-depth interviews each with men and women, a survey of 1344 men and 553 women in one of the communities and a baseline survey of 2400 men in three communities.

Results:

There is a close association between men's sexual dysfunctions (gupt rog or "secret illnesses") and negative concepts of their masculinity, affecting men's ability to fully carry out their perception of the culturally defined gender roles in the marital relationship. Central to the concepts of masculinity and gender roles is the perceived inability of men to "dominate" their wives sexually. The significant relationship between reports of gupt rog and domestic violence substitute by dominating physically. Further, men who report a more negative view of their masculinity are more likely to be involved in risky sexual behavior outside marriage with women who do not challenge men's performance issues.

Conclusions:

These results indicate that married men's risky sexual behavior affects, and is affected by, both individual cognitive/psychological factors and the nature of the marital relationship. While an emphasis on safe sexual behaviors is an important component of any intervention program, these results indicate that it is necessary to add the marital relationship as a unit of intervention in the prevention of HIV/STD.

**Presenter** Sharada Sharma

**Region:** Asia

**Theme:** Family Planning and Reproductive Health

**Authors** Bista, N; Sharma, S

**Organization** Family Planning Association of Nepal

**Address:** GPO Box 486

**City**

**State:** Harihar Bhawan, Pulchowk, Lalitpur

**Country** Nepal

**Email:** [fpan@mail.com.np](mailto:fpan@mail.com.np)

**Abstract Title** Mainstreaming Gender within the Institution of Family Planning Association with maximum involvement and support of Men

**Abstract Text:**

Introduction

FPAN, at the moment is in the process of mainstreaming gender in its overall policies and programs. It is realized that unless men are involved in this process women's sexual and reproductive health can never be improved as desired. Men's role in Nepalese society is mainly that of decision maker and decisions with regard to women's sexual and reproductive health are also usually taken by men themselves, although, almost all reproductive health problems and its ill consequences are faced by women. So it is necessary that men should be convinced on their roles and responsibilities for improving women's sexual and reproductive health. On the other hand, Sexual and reproductive needs of men are usually neglected which also needs to be properly addressed. IPPF, the umbrella Association of FPAN has always given emphasis on bringing about power balance between man and woman for mental, physical and social health and wellbeing of families and societies. It has not only focussed on improving SRH of women and children, but also called upon men to undertake their responsibility in these matters. Thus gender mainstreaming at FPAN is basically targeted for equality, equity and empowerment of women to make them capable enough to exercise their sexual and reproductive rights and men are supposed to be the inevitable partners in this regard.

**Actions Undertaken/ Methodology** Workshops at the Central Level

In this context, a series of orientation workshops were organized by FPAN in the year 2001 for the purpose of internalizing concept of gender mainstreaming within the Association. Men's roles, responsibilities and their involvement was incorporated as one of the vital components for improving women's sexual and reproductive health and was covered with considerable importance in all training and orientations. Mobilizing influential male members to bring more women in the decision making bodies was also an important theme of the orientations. Starting from top level policy planners, orientations were organized for clinical and non-clinical service providers of the central office, managers of all FPAN branch offices together with all women members of branch executive committee in five phases. More than hundred people participated in these workshops. The first two workshops organized for top level policy planners and managers were technically assisted by IPPF, South Asia Regional Office. The workshop methodologies applied in the first two orientations were replicated in the later three workshops with necessary modification.

A comprehensive report with overall recommendation derived from above five workshops was disseminated to the senior policy makers and managers at the headquarters. The overall recommendation of the group exercises emphasized on important changes and improvements in Policies and Programs of the organization at all levels.

**Workshops at Branches / Projects**

The women executive members and branch managers of all branches / projects who had participated in the above workshops, categorically organized similar orientations in their respective districts in the year 2001. A total of 315 people including clinical staff, village workers and supervisors participated in the orientations. Similarly the Branch/Project officers oriented a total of 955 female Reproductive Health Volunteers (FRHV) working at the grass root level in 34 districts of the country in the year 2001. Besides these workshops, some major activities organized by FPAN for male involvement are as follows- With an intention of providing uniform / correct information and guidelines to all branches and projects so that gender mainstreaming could be properly understood and implemented, the Women's Section produced a guideline on Gender Mainstreaming and translated Gender Equity Policy of IPPF into Nepali language. This policy strongly advocates for the need to involve men to improve women's sexual and reproductive health. A Directory of Organizations working to protect women's sexual, reproductive health and rights was also developed and distributed to all Branches and Projects so that they could establish network with others to co-ordinate programs.

A Research was conducted to study Gender sensitivity of the Organization in which one component includes study in involvement of men in SRH matters affecting their female partners.

Poster/Photo Competition (national level)/Essay Competitions (in each of the 28 branches) were organized on the title 'Role of Men in improving SRH of Women'. A prize winning poster in this regard has been very popular.

A comprehensive and practical book was drafted on role of men in various capacities to improve women's sexual and reproductive health and was disseminated to a large group of partner organizations and was published with incorporating suggestions from all. The book is widely circulated and very much demanded. Regular group discussions are organized in 34 project districts among a wide cross section of people including women's groups, religious leaders, in-laws, local influential, husbands etc. on the role of men to improve women's sexual and reproductive health.

**Results**

- Around 1500 staff and volunteers of FPAN have already been trained on gender mainstreaming.

- Since such workshops were the first of its kind at FPAN and the concept was really challenging within a system of people governed by strong patriarchal values, it is felt and observed that, policy makers and managers are motivated to some extent at the central office. It reflected in some of their gender sensitive decisions in setting recruitment targets for the strategic plan, sending participants for training, workshops, making waiting area of the clinic suitable for children, developing women friendly programs and projects etc.

- IPPF's gender equity policy has been known to all volunteers and staff of FPAN.

- Considerable change is observed in the behavior of service providers towards female Clients and they are found to encourage men to take up their responsibility in improving SRH of their female partners. Most important of all, an Action Plan on Gender Mainstreaming has been developed by FPAN which is in the process of being adopted by FPAN's topmost authority of Policy makers. This action plan has incorporated programs to address specific SRH of men as well as has sought their help to improve overall sexual and reproductive health of couples.

**Presenter** Bonnie Shepard

**Region:** Latin America &

**Theme:** Family Planning and Reproductive Health

**Authors** Shepard, B; Bagnoud, F

**Organization** International Health and Human Rights Program

**Address:**

**City:** Cambridge

**State:** MA

**Country** USA

**Email:**

**Abstract Title** Addressing Gender Issues with Men and Couples: Involving Men in Sexual and Reproductive Health Services in Aprove,

**Abstract Text:**

**Presenter** Ashoke Shrestha

**Region:** Asia

**Theme:** Family Planning and Reproductive Health

**Authors:** Bernal, L; Diallo, M; Levack, A; Lorencikova, M; Mehta, M; Raj, D; Shrestha, A

**Organization** EngenderHealth

**Address:** 440 9th Avenue

**City** New York

**State:** NY

**Country** USA

**Email:** [jmpile@engenderhealth.org](mailto:jmpile@engenderhealth.org)

**Abstract Title** Working with Men in the Clinic and Community: MAP Experiences from Four Countries

**Abstract Text:**

Introduction:

To constructively engage men in reproductive health (RH), it is essential to increase men's use and support of their partners' use of health services. This requires working with sites to increase men's involvement within facilities and creating community and service delivery linkages. To increase service use by men, EngenderHealth's Men As Partners (MAP) program has developed and implemented a comprehensive model, which includes the use of a unique men's RH curriculum, to strengthen the capacity of providers to deliver quality RH services and to reach out to men.

This model addresses the organizational, managerial and attitudinal issues of providing men's services in a female-centered setting, and identifies strategies for communicating with and counseling male clients and managing men's RH problems. The model also involves creating linkages between communities and sites by developing strategic alliances with communities to garner support and create demand for men's RH services.

Methods and Procedures:

EngenderHealth will share results from introducing a holistic service delivery model for men's RH services in Bolivia, Guinea, Nepal, and Pakistan. Results are based on evaluations that included site and KAP assessments, service statistics, and client and provider interviews.

Results:

Results suggest that implementation of this model has increased staff comfort; interest and commitment to meeting men's needs and increased use of services by male clients and their partners.

Conclusions:

Increasing access to services for men is integral to increasing constructive male involvement in RH. To have the greatest impact, it is necessary to address site and provider level issues and collaborate with communities to increase involvement and knowledge around men's involvement in RH.

**Presenter** Leila Varkey

**Region:** Asia

**Theme:** Family Planning and Reproductive Health

**Authors** Varkey, L; Ottolenghi, E

**Organization** Population Council, South and East Asia Regional Office

**Address:** 53 Lodi Estate,

**City** New Delhi, 1100 03

**State:**

**Country** India

**Email:** [lvarkey@pcindia.org](mailto:lvarkey@pcindia.org)

**Abstract Title** Men's Involvement Improves Postpartum Family Planning: Evidence from the MiM India Project

**Abstract Text:**

A clinic based operations research study attempted to improve family planning use by improving provider, client and spousal communication on family planning in the antenatal and postpartum periods by counseling men, women and couples together.

Methods and Procedures:

Using a quasi-experimental non-equivalent control group design, the impact of the intervention was tested at 6 ESIC dispensaries in Delhi. Counseling on maternity care, family planning and STI prevention was integrated into existing antenatal and infant immunization clinic services. Pregnant women were encouraged to invite their husbands to accompany them to the clinic.

Results:

The study found that family planning use improved. Both men and women reported higher current use at six months postpartum than did a similar cohort in non-intervention clinics. The increase was significant across parities and shows that the greatest increase was in condom use. Spousal communication was significantly higher among couples using a family planning method. Although causality cannot be established this finding is clearly related to the inputs that the clients reported receiving: meeting with a provider who discussed family planning(41% men), receiving materials about care and family planning (70% women) and having observed a condom demonstration (21% men).

Conclusions:

The success of the intervention was apparent before the completion of the follow-up survey from the increase in client satisfaction that providers noticed and reported in focus group interviews, as well as the ease with which men's involvement in their wives' antenatal and postnatal clinic visits was established. One indicator of success is that ESIC is now scaling up the MiM interventions.

**Presenter** Ravi Verma

**Region:** Asia

**Theme:** Family Planning and Reproductive Health

**Authors** Verma, R; Rao, R; Niranjana, S

**Organization** Population Council, New Delhi

**Address:** 53, Lodi Estate

**City** New Delhi

**State:**

**Country** India

**Email:** [raviverma@pcindia.org](mailto:raviverma@pcindia.org)

**Abstract Title** Men's Sexual Dysfunctions (Gupt Rog or "Secret Illnesses") and their Relationship to Sexual Risk Behavior in India

**Abstract Text:**

Introduction:

It is proposed that men who report symptoms of a cultural syndrome of gupt rog ("secret illnesses" in Hindi) involving sexual dysfunction show significantly higher levels of risky sexual behavior and STIs. The cultural concepts of gupt rog have been identified throughout South Asia, but rarely assessed from the perspective of designing appropriate interventions for reduction of risk of HIV/STD.

Methods and Procedures

The research on gupt rog began with 21 in-depth interviews with men who sought treatment for sexual health problems followed by a community based survey of 1344 men in a slum community in northeastern Mumbai. The current research and intervention project has expanded the data gathering to include in-depth interviews with an additional 30 men and a baseline survey of 2400 men in three slum communities.

Results

Results indicate that 43.7% of men reported having at least one symptom of sexual dysfunction. Both preliminary and current qualitative and quantitative data show a strong triangular relationship among men's reports of sexual dysfunctions, reports of STI-like symptoms and results of STI testing, and risky sexual behavior.

Conclusion

The triangular relationship has major implications for interventions to improve men's reproductive health. It suggests that gupt rog problems can serve as a marker for STIs, as an indicator of risky behavior, and as a means of outreach to that sub-sector of men most at risk. The current project utilizes this model as a means of intervention at the community, provider and individual level.

**Presenter** Ricardo Vernon

**Region:** Latin America &

**Theme:** Family Planning and Reproductive Health

**Authors** Vernon, R; Gonzales, F; Palenque, E; Montaña, L

**Organization** Frontiers in Reproductive Health Program, Population Council

**Address:** One Dag Hammarskjold Plaza – 9th Floor

**City** New York

**State:** NY

**Country** USA

**Email:** [rvernon@popcouncil.org.mx](mailto:rvernon@popcouncil.org.mx)

**Abstract Title** Effects of Introducing a Gender Perspective in Bolivia on Male Involvement and Partner Dynamics

**Abstract Text:**

Abstract:

PROCOSI is implementing a program to incorporate a gender perspective in reproductive health service delivery. To evaluate the impact of this program, 1,100 female clients in nine rural clinics were interviewed after receiving services, and three months later at their homes (August 2001). In this follow-up, one-half of male partners were also interviewed. An endline survey using the same questionnaires and sample frames is currently being conducted (March-April 2003).

By comparing baseline and endline surveys, we will determine the degree to which clinics were able to motivate greater male involvement in terms of attending the clinic with partner, interacting with service providers, receiving IEC materials, talking with partner about these materials, using reproductive health services, and making joint decisions regarding reproductive health. We will also assess the degree to which perceptions and behaviors related to partner dynamics were affected, including decision-making at home, autonomy of partner in social life, and degree to which men support their partners' sexual and reproductive rights

No results are available yet. In 2001, results showed that more than 10% of women felt it would be difficult to talk about topics such as how many children to have, and 25% felt talking with partner about STIs would be difficult. Most women did not believe they were entitled to use a method without their partner's permission. In contrast, 80% considered they could refuse to have sex when they don't want it.

**Presenter** Carmen Yon

**Region:** Latin America &

**Theme:** Family Planning and Reproductive Health

**Authors** Yon, C

**Organization** Movimiento Manuela Ramos

**Address:** Juan Pablo Fernandini 1550, Pueblo Libre

**City** Lima

**State:**

**Country** Perú

**Email:** [cyon@manuela.org.pe](mailto:cyon@manuela.org.pe)

**Abstract Title** Involving men in a project based on women's empowerment

**Abstract Text:**

Abstract Introduction:

ReproSalud is a project aimed at improving women's reproductive health and promoting gender equity in hard-to-reach rural and peri-urban Peruvian communities. Being one of the project's basic principles women's empowerment, ReproSalud started to work with men in response to the decision of local women's to involve them in order to change their attitudes and behavior, which were identified as one of the major barriers to improving women's reproductive health. The work with men aims to raise men's awareness about gender equity and women's rights and increasing their knowledge about reproductive health in order to help prevent and deal with reproductive health problems.

Methods and Procedures:

Project staff trains male community promoters, elected by their communities, to set up educational programs for interested men. Training is based on the processes of self-reflection and building of integrated knowledge, combining men's knowledge and experiences and biomedical knowledge. Thematic areas include gender equity, violence against women, human rights, male and female anatomy and physiology, and reproductive and sexual health problems. An average of 30 hours of education is programmed for groups of males in each community. From 1997 to 2002 ReproSalud trained 2,844 community promoters and supported them in providing education experiences for 64,580 young and adult men from rural and peri-urban areas in 8 of the 24 departments in Perú. In 2003, a new strategy, a radio based communications program, is being implemented in many of these communities to reinforce the education program.

Results:

Information about project results is derived from both an external evaluation completed in 2002 and periodical information collected by the project since its inception. More men accept women's wishes to participate in decisions about sexual relations, the number of children they will have, and contraceptive methods. Men have gradually become partners of women in reproductive health care. Male opposition to using contraceptive methods or using reproductive health services has diminished. They have assumed a more effective role in dealing with reproductive health problems, as in the case of getting professional help for women with pregnancy complications or at high risk for complications. There has been an increase in communication about issues that many males had never before shared with their partners, such as sexually transmitted infections and domestic violence. In addition, men have talked to their peers for the first time about their bodies and sexual health problems. Men are more aware of negative consequences for women, children and themselves of being chauvinists ("machistas") and are seeking new ways to express their masculinity, ways that do not negatively affect women.

Conclusions:

Empowering women and involving men simultaneously in the context of marked gender inequities and female subordination is highly advantageous, and could be even indispensable, in achieving gender equity. Because gender is constructed locally, grass roots women are more able to determine their needs as women and the best strategies to work with men than are program managers. Respecting local women's assessments and recommendations avoids reinforcing oppressive gender relations and results in effective strategies. A long-term challenge is to contribute to the creation of new values and new ways of expressing male and female identity.

**Presenter** Lesley Gene Agams

**Region:** Africa

**Theme:** Gender Based Violence

**Authors** Agams, L

**Organization** Women's Crisis Center

**Address:** # 14 Azoro Osuji St. Federal Housing Estate, MCC/Uratta Rd. P.O.Box 2046

**City** Owerri, Imo State

**State:**

**Country** Nigeria

**Email:** [lesleyagams@yahoo.com](mailto:lesleyagams@yahoo.com)

**Abstract Title** A Community Approach to Eliminating Violence Against Women

**Abstract Text:**

Introduction:

Recent research data from Imo State shows that 85% and 74% of urban and rural women respectively have experienced intimate partner abuse. Over 50% were beaten regularly(1 or more times a year). Uneducated men appear more likely to abuse a spouse. Acting as mediator the investigator/presenter will work with traditional gender segregated forums to develop a sustainable community participatory intervention strategy.

Methods and Procedures:

Reach men for suggestions on how to reduce the incidence and prevalence rates at the Town Development Union (TDU) meeting. The TDU exists in every town and village in Ibo-Nigeria. Membership is automatic by birth. It grew out of the ancient village assembly that used to rule Ibo communities. A popular entertainer versed in Ibo idiom and oratory will address the men and ask them to debate and decide on possible interventions. Decisions are reached by consensus. Deadlocks are referred to the King and his council. Suggestions made will be mediated with the women's forums and we will assist in implementation and capacity building.

Results:

Male involvement in addressing gender based violence

Conclusions:

Program is ongoing. Conclusions, recommendations and results will be ready at conclusion in May 2003. Presentation will be ready by August 1, 2003.

**Presenter** Adia Benton

**Region:** Africa

**Theme:** Gender Based Violence

**Authors** Benton, A; Goparaju, L

**Organization** CEDPA HQ

**Address:** 1400 16th St NW, Suite 100

**City** : Washington, DC

**State:** 20036

**Country** USA

**Email:** [abenton@cedpa.org](mailto:abenton@cedpa.org)

**Abstract Title** Linkages between Democracy and Governance, Reproductive Health and Gender-based Violence

**Abstract Text:**

Introduction:

In 1999, the Centre for Development and Population Activities (CEDPA/Nigeria) and Church of Christ in Nigeria (COCIN) drew an explicit link between democratic behaviors (transparency and accountability, or *fila fila*), reproductive health outcomes and gender-based violence. Together, CEDPA and COCIN devised a democracy and governance (D&G) program that combined reproductive health (RH) education and service delivery with a church-led movement (which targeted both men and women) against gender violence and for increased *fila fila* at the community and household levels.

Methods and Procedures

CEDPA/Nigeria conducted a quasi-experimental study to examine linkages between RH and D&G in four local government areas (LGAs) in Plateau State, where the intervention took place. The study design had four cells: one LGA had RH activities, one had D&G activities; one had both RH and D&G activities; and the fourth LGA served as a control. To assess the outcome, in December 2002-January 2003 a random sample of 2,000 ever-married women of reproductive age were surveyed about reproductive health KAPB, levels of civic participation, “empowerment,” and attitudes about violence against women.

Results

Data are currently being analyzed to determine the impact of “linked programs” on family planning (FP) services use, reproductive health knowledge, and attitudes regarding gender roles with respect to gender-based violence.

Conclusion(s)

Based upon preliminary analysis, there appears to be a relationship between women’s exposure to D&G program activities, FP use, reproductive health knowledge and attitudes toward gender-based violence.

**Presenter** Alan Bronz

**Region:** Latin America & Caribbean

**Theme:** Gender Based Violence

**Authors** Bronz, A; Filho, A; Acosta, F

**Organization** Instituto Noos de Pesquisas Sistêmicas e Desenvolvimento de Redes Sociais – Instituto Noos

**Address:** Rua Martins Ferreira, 28 - Botafogo

**City** Rio de Janeiro

**State:** RJ

**Country** Brazil

**Email:** [noos@noos.org.br](mailto:noos@noos.org.br)

**Abstract Title** Man to man Conversations. Reflexive groups with men author of domestic and gender-based violence

**Abstract Text:**

Abstract Introduction:

Since 1999 Instituto Noos has been working with men who have committed domestic and gender violence in reflexive groups of gender. This work is a result of a partnership with Justice, Special Departments of Police to attention to women, the National Central of Penalties and Measures of Justice Ministry and Centers of attention to women. The main proposal of this project is to create an approach that links the application of alternative penalties and measures to the reflection about relationship and gender violence.

Methods and Procedures:

In this work workshops are carried out once a week with duration of two hours and a half, for a period of 5 months, summarizing 20 meetings, with 12 participants at most. Each crew is compound by 2 facilitators technicians, 1 trainee and a reflexive staff.

Results:

Since 1999 Instituto Noos received around 260 men, and from this total 60 took part in reflexive groups, where there were only 3 cases of relapse. This work supported the formulation of public policies in the means of gender, health, justice and public security. Moreover, that contributed for the formulation of specific legislation to the area and for qualification and professional recycling.

Conclusions:

This work has been presented as an alternative to imprisonment, and a complement to penalties commonly used. So, it has been promoting the interruption of violence cycle, more equitable relationships of gender, hegemonic masculinity transformation and, above all, has been enforcing the formation of a network based on solidarity between men and women.

**Presenter** Benno de Keijzer

**Region:** Latin America & Caribbean

**Theme:** Gender Based Violence

**Authors** de Keijzer, B; Reyes, E

**Organization** Salud y Género (also teacher at the Veracruz University)

**Address:** Carlos M. Palacios no. 59 / Col. Venustiano Carranza

**City** Xalapa, 91170

**State:** Veracruz

**Country** Mexico

**Email:** [salygen@infosel.net.mx](mailto:salygen@infosel.net.mx)

**Abstract Title** Working with men from a gender and mental health perspective: the experience of Salud y Genero in Mexico

**Abstract Text:**

Introduction:

The mission of Salud y Genero is to contribute to better health and quality of life through gender-related educational activities in the area of mental, sexual and reproductive health.

Methods and Procedures:

The educational projects created by our team are based on Paulo Freire's popular education theory and draw from our mental health experience where people examine their personal context and situations in order to identify and solve problems. Our mixed team of women and men develops activities in 26 states of Mexico, as well as Central America and Peru. We train staff members of government and civil organizations (ranging from directors to field workers) working in health, education, population and development having influence on their beneficiaries and staff they will train in the future. A major step in this phase is the creation of a Diploma Course in Gender and Health that focuses on a more systematic training process (6 workshops over 14 months).

Results:

Demand for our services has been on the rise: around 1000 people per year over the past four years, 40 percent of male participants and 30 percent of them youths. The scale and intensity of the projects trained varies: going from local to national level and from a short workshop to long-term processes. With youth we have sought a multiplier effect by training young professionals and university students both as young men and women and as future professionals. As part of this process we participate in the Program H strategy with 3 Brazilian partners.

With the assistance of EngenderHealth, IPPF/WHO and USAID, we have advanced in our evaluation capacity producing instruments and products to evaluate the influence on their personal and family care, as well as in their work. Some of this information will be ready to be presented in September with a special focus on men's psychosocial process of change.

Conclusions:

Experience has shown that many men do respond to this initiative, at least partially, overcoming all kinds of resistance. Gender perspective has to affect lives deeply — participants, trainers we train, and ourselves as trainers — to be meaningful, otherwise it will be nothing more than political correctness. Our methodology is applicable to both sexes, different age groups, settings, classes and even countries. It is based on three elementary educational tools: dialogue, experience sharing and reflection.

**Presenter** Rus Ervin Funk

**Region:** North

**Theme:** Gender Based Violence

**Authors** Funk, R

**Organization** Rus Funk

**Address:** 1640 Jaeger Ave,

**City** Louisville, 40205

**State:** KY

**Country** USA

**Email:** [rusfunk@starpower.net](mailto:rusfunk@starpower.net)

**Abstract Title** "Reaching Men: Educating, Mobilizing and Organizing Men to Confront Sexist Violence"

**Abstract Text:**

Introduction:

"Reaching men" is a community-based model of training women and men to work effectively to engage men cross-culturally in working to combat rape, domestic violence, stalking, sexual harassment, pornography and prostitution.

Methods and Procedures:

"Reaching men" initially trained a multi-cultural group of men in Louisville, KY, USA to become peer educators and activists to address gender-based violence. The training consisted of 25-hours which provided an overview of each form of sexist violence, (including legal definitions, victim-centered definitions, dynamics and impact; followed by skills-based training on educating and organizing men. The initial participants were 10 adult men from throughout the community including 3 students from a local university. Of those 10 initial men, 1 was 1st generation Saudi, 2 were African American, 2 were Latino (1 of whom is first generation) and 5 were European American.

Results:

Of the 10 men who participated in this training, all of them have committed to ongoing efforts to work to end sexist violence (resulting in the launching of a men's organization in Louisville). In addition, all of them reported higher levels of empathy for women, greater knowledge about various forms of sexist violence, increased support for feminism, and greater comfort and competence in addressing these issues with men.

Conclusions:

This training module depicts an effective tool to educate men to talk to, mobilize and organize other men to address gender-based violence. The model effectively works with men from a variety of cultures and backgrounds and creates a format for men to work together across these cultural differences.

**Presenter** Umati Kibondo

**Region:** Africa

**Theme:** Gender Based Violence

**Authors** Gwamagove, B (Was-Kibondo, U)

**Organization** Unknown

**Address:**

**City**

**State:**

**Country**

**Email:**

**Abstract Title** Retrospective Study on Involving Men to Against Sexual and Gender Based Violence

**Abstract Text:**

In 1996 the International Rescue Committee (IRC) initiated a program of Sexual and Gender Based Violence (SGBV). It was started by carrying a survey then creating awareness and sensitization on the program to the people who were already SGBV either in Burundian country or in the camp. Two years later, 210 individual reported already faced raped cases, 188 experienced domestic violence and 16 sexual harassment. Since women and girls appeared to be the ones most often subjected to sexual and gender violence, the program focused mainly on women and girls. Women representatives from each block in the camp were selected by the women to be as the focal people of the program in the community. Also four refugee women were identified to be program staff, who most of the time handled SGV referrals and reported cases. Regular meetings were held between program staff, women representatives and women in the community to discuss sexual and gender based violence that affects them. The number of women forums were established where women could spend much of their time discussing their matters affecting their daily lives. From the program view, women were recognized as the main survivors of violence and men as perpetrators. This approach eventually faced with much criticism from both women and men. On one hand women complained the approach to facilitate gender-based violence especially when put in practice what they gained from their forums and meetings. On other hand men blamed the program that it was targeted to suppress them and to eliminate their positions at their family level.

After program evaluation, The problem were addressed by Chama cha Malezi Bora Tanzania (UMATI) after taking over the program from IRC in 2000 with the connection of the policy of building capacity of national NGOs by International NGOs. Later in 2001, UMATI mainstreamed the program in other aspects of gender and development in the plan to involve fully men in fighting against Sexual gender based violence. Men were therefore viewed as potential tool to the fight against gender based violence in the camp and that the success of the program could only be achieved though incorporating men and women in the program in partnership. Therefore the program was restructured to suit men involvement in fight of violence and in any aspect gender balance was encouraged.

**Presenter** Romeo Lee

**Region:** Asia

**Theme:** Gender Based Violence

**Authors** Lee, R;

**Organization** Behavioral Sciences, Dwe La Salle University

**Address:** 2401 Taft Ave.

**City** Manila

**State:**

**Country** Philippines

**Email:** [leer@dlsu.edu.ph](mailto:leer@dlsu.edu.ph)

**Abstract Title** Piloting a men-centered domestic violence research-intervention in the Philippines: Strategies and effects

**Abstract Text:**

Introduction:

In response to the need to foster gender equity in family and gender-based violence, a community-based pilot research-intervention in the Philippines was implemented. It was argued that if men are the major sources of physical violence, then they must be assisted in changing their violent predisposition beyond systematic arrest and incarceration.

Methods and Procedures:

The research involved the gathering of men for eight group discussions/workshops, each for half a day, to discuss topics on familial roles and violence. The activity was interspersed with fun and “non-male-centered” icebreakers. The research findings were used in crafting the strategies and contents of the ensuing intervention.

The intervention involved three monthly workshops of half to full day: on improving knowledge, on modifying values and beliefs, and on providing skills. In between workshops, the project’s personnel visited the participants in communities. Each workshop had 10 to 12 participants enlisted for three workshops. Pre and post-test quantitative and qualitative evaluations were conducted. Evaluation of the workshop was also administered. An affirmation meeting – where men brought their wives, the latter asked to testify to changes in the former’s behavior – was held. Participants were in low to middle income occupations.

Results:

Positive, male-friendly and enabling strategies built a research and intervention environment conducive to men’s participation in a socially sensitive intervention. The intervention effected clear and positive changes in men’s knowledge and values and beliefs. Insofar as changes in skill and violent behavior were concerned, gains were initial and formative. The testimonies offered by wives confirmed the varied changes that occurred among participants.

Conclusions:

Men were willing to participate and to change their violent behavior under a socially and culturally sensitive environment. Changing men’s behavior must begin with gender sensitization. Scaling up is desired but hampered by financial constraints, though in one study site, the project is continuing with

**Presenter** Lori Michau

**Region:** Africa

**Theme:** Gender Based Violence

**Authors** Michau, L; Naker, D

**Organization** Raising Voices

**Address:** PO Box 6770, Plot 186 Upper Mawanda Road, Kamwokya

**City** Kampala

**State:**

**Country** Uganda

**Email:** [lori.michau@raisingvoices.org](mailto:lori.michau@raisingvoices.org)

**Abstract Title** Mobilising Communities to Prevent Domestic Violence

**Abstract Text:**

Introduction:

This is a model program that uses BCC strategies to facilitate change in the attitudes and behaviors that perpetuate domestic violence.

Methods and Procedures:

The project began in 2000 in four parishes of Kawempe Division (Uganda), a densely populated, low-income, peri-urban area with extremely limited infrastructure. The work is based on Mobilising Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa. This program tool describes a systematic and participatory approach to DV prevention. Men are highly active in the project including 26 community volunteers, 30 resource people (i.e., police, teachers, social welfare officials, religious leaders, etc.) and over 200 participants of various men's groups. Violence is constructed as the community's problem with the focus on creating healthy relationships and families by deconstructing traditional gender roles, women's low status, masculinity, etc.

Results:

Mid-term internal evaluation results include: increased recognition that DV is a problem, establishment of committed men's groups leading efforts to prevent DV, increased reporting of DV to local authorities, etc. The project is being scaled up to 22 parishes in Kawempe Division and 3 districts by 2005. Many NGOs in the region are using the Resource Guide to develop GBV programs.

Conclusions:

1. Men can be powerful allies and advocates in GBV prevention.
2. It is important to highlight the value of non-violent relationships/families and avoid blaming men.
3. Activities guided by men for other men enhance commitment and ownership.
4. Long-term programs that aim to facilitate individual and collective change are effective and sustainable.

**Presenter** Djingri Ouoba

**Region:** Africa

**Theme:** Gender Based Violence

**Authors** Ouoba, D

**Organization** Mwangaza Action

**Address:** 06 BP 9277 Ouagadougou 06

**City**

**State:**

**Country** Burkina Faso

**Email:** [mwangaz@fasonet.bf](mailto:mwangaz@fasonet.bf) [ouoba@yahoo.com](mailto:ouoba@yahoo.com)

**Abstract Title** Community based education : a strategy for engaging men to fight female genital cutting (FGC).

**Abstract Text:**

Introduction :

The Burkina Faso 1998/1999 Demography and Health Survey reported that 72% of women aged 15 to 49 had been cut. Mwangaza Action with financial support from USAID and GTZ adapted and implemented a community-based education program to end FGC that had been successfully established in Senegal (TOSTAN). The program uses an integrated approach to redress women's status and involve the entire community in a process which often leads to a public declaration to abandon FGC and early marriage. Mwangaza rolled the program in 23 villages in a rural province from December 2000 to March 2002.

Methods and Procedures :

A social mobilization process oriented included :

Baseline survey, community orientation, training of trainers (TOT), self-organization, participatory classes, inter-villages meetings, two post surveys (after the training and 12 months post-training), public inter-villages declaration to end FGC.

Results :

Baseline results showed men playing a big role in the decision to cut a girl: 31% of men and 36% of women said that the father was responsible for the decision to cut the daughter. Eight months later, local leaders were involved in the fight against FGC, more and more women were involved in decision-making, and 23 villages publicly committed to ending FGC.

Conclusion:

Involving men in all steps of the program allowed men to understand how cutting violates women. This approach motivated men to fight along side women to end FGC. The community-based program showed a peaceful change.

**Presenter** Dean Peacock

**Region:** Africa

**Theme:** Gender Based Violence

**Authors** Peacock, D; Lesetedi, B; Mehta, M

**Organization** EngenderHealth

**Address:** 440 9th Avenue

**City** New York

**State:** NY

**Country** USA

**Email:** [jmpile@engenderhealth.org](mailto:jmpile@engenderhealth.org)

**Abstract Title** The Men as Partners Program in South Africa: Lessons learned Over Five Years

**Abstract Text:**

Introduction:

In South Africa, the Men As Partners (MAP) program has two principle goals:

- Working with men to challenge gender roles that compromise the sexual and reproductive health of women and children and of men themselves.
- Encouraging men to become actively involved in preventing gender based violence and in HIV/AIDS related prevention, care and support.

Methods and Procedures:

EngenderHealth currently provides technical assistance to 5 national organizations with the capacity to reach millions of South African men. Our partner organizations are: Planned Parenthood Association of South Africa, the Solidarity Centre, the AIDS Consortium; the South African National Defense Force and Hope Worldwide.

The MAP program provides a series of sequenced workshops run over three to five days. Workshop participants incorporate the MAP methodology into their existing work and run workshops with men in a variety of community settings. Workshops are experiential and focus on gender and sexual and reproductive health, and challenge participants to become actively involved in HIV/AIDS prevention, care and support and in promoting gender equity.

Results:

EngenderHealth recently conducted a longitudinal evaluation of MAP that included interviews with 200 men pre and post workshop participation as well as at 3 months. In addition, a subset of 50 female partners were interviewed. Results will be analyzed by the end of April, 2003.

Conclusions:

Based on the results to date, EngenderHealth has identified a need to work with program staff on conducting needs assessments, advocacy and strategies that promote community based efforts to mobilize men.

**Presenter** Bruce N. Ragas

**Region:** Asia

**Theme:** Gender Based Violence

**Authors** Ragas, B

**Organization** Philippine Partnership for the Development of Human Resources in Rural Areas- Visayas

**Address:** No. 16, Queen's Road

**City** Cebu City, 6000

**State:**

**Country** Philippines

**Email:** [bruceragas@yahoo.com](mailto:bruceragas@yahoo.com)

**Abstract Title** Men Opposed to Violence Against Women ad Children: Paving the Way for Men's Involvement in Cebu City, Philippines

**Abstract Text:** bruceragas@yahoo.com

**Presenter** Radhika Ramasubban

**Region:** Asia

**Theme:** Gender Based Violence

**Authors** Ramasubban, R

**Organization** CENTRE FOR SOCIAL AND TECHNOLOGICAL CHANGE

**Address:** BANDSTAND APTS, B.J. ROAD, BANDRA (W)

**City** MUMBAI

**State:** MAHARASHTRA

**Country** India

**Email:** [socotec@vsnl.com](mailto:socotec@vsnl.com)

**Abstract Title:** Understanding Men's Sexuality, Rights and Personhood as a Basis For Designing Interventions That Involve Men in Improving

**Abstract Text:**

Abstract Introduction:

This community-based, qualitative-research project contends that given men's entrenched power over women across cultures, of which physical and sexual violence and domination tends to be one of the expressions, it is imperative to carefully understand the meaning of 'reproductive rights' for women and for men, the particular contextual factors, as well as changing attitudes and perceptions, in order that greater male involvement in sexual health decisions will truly advance women's equality and well-being, and not diminish their resources and control .

Methods and Procedures:

in each country (brazil, malaysia, mexico, nigeria, philippines), 180 men and women in three age-groups, in two urban and one rural low-income site, have been interviewed (individually and in groups). analysis of this micro-level data is related to economic-developmental-social-cultural currents and changes in the individual countries, and compared by gender, age and location across six analytical domains.

Results:

despite powerful socialization into notions of masculinity and femininity, changes in gender-relations are emerging, due to a combination of planned/unplanned social-economic-political changes, and conscious negotiations by, variously, men or women. these changes are both positive and negative; and do not always constitute clear and strong patterns.

Conclusions:

these tentative changes nevertheless provide the basis for designing advocacy and service based interventions that can carry forward men's self questioning and their willingness to initiate changes in their own behaviour. the wide range of variations in perceptions, behavior and attitudes, across countries and urban/rural sites, highlights the importance of nuanced empirical approaches to interventions, calling for a departure from tendency to universalize strategies.

**Presenter** Maria Rashid

**Region:** Arab/Muslim

**Theme:** Gender Based Violence

**Authors** Rashid, M

**Organization** ROZAN

**Address:** House 4-A, St: 34, F-8/1,

**City** Islamabad

**State:**

**Country** Pakistan

**Email:** [rozan@comsats.net.pk](mailto:rozan@comsats.net.pk)

**Abstract Title** Giving Men Choices

**Abstract Text:**

Introduction:

'Men' have always been considered essential partners in Rozan's work on violence, gender and emotional health. Rozan has developed an innovative training project in collaboration with the predominantly male police department.

Methods and Procedures:

The project offers attitudinal change workshops to groups of 20-25 policemen, with the premise that sensitizing men to their own emotions and needs enables them to connect better with the needs of others, ultimately leading to a more humane society. The project has so far worked with over 900 men with a focus on self-awareness, communication skills, attitudes and tolerance (power, anger management, prejudice etc.), coping techniques for stress and sensitization to gender issues and violence against women and children.

Results:

Generally, the workshops have been well received and the response from the participants and the community has been positive. The results of the small-scale evaluation study conducted at the end of the First Phase reveals that there is a change for the positive with regards to many life skills and attitudes especially with reference to enhanced awareness of themselves especially their feelings as well as a deeper understanding and sensitivity to gender based violence.

Conclusions:

Our work with the policemen has reaffirmed our faith in the belief that allowing men the space to express their own feelings, fears, deconstruct their social conditioning and 'tell their stories' is critical. The methodology of the project with reference to setting up an atmosphere of genuine respect, in small groups emphasizing participation and working through a self-growth component before the introduction of gender and violence was key to its success.

**Presenter** Harish Sadani

**Region:** Asia

**Theme:** Gender Based Violence

**Authors** Sadani, H

**Organization** Men Against Violence & Abuse (registered charitable trust)

**Address:** 12A, Parishram Building, 1st Floor, Bhandar Lane, Lady Jamshedji Road

**City** Mahim, Mumbai - 400 016

**State:**

**Country** India

**Email:** [harsh267@rediffmail.com](mailto:harsh267@rediffmail.com)

**Abstract Title** MAVA's effort towards Changing Men's Attitudes

**Abstract Text:**

Introduction:

The root cause of increasing violence and abuse of women in India has been the traditional, male-dominated attitudes--- perpetuated and systematically reinforced by educational, legal and other subsystems of society, including the media. To tackle the situation, it calls for working with 2 groups of men-one at a curative level with men who are perpetrators of crimes against women. The second group is at preventive level with men who feel disturbed and angered by reported or witnessed incidents of violence and exploitation of women, but do not know how to contribute to mitigate the situation.

Methods and Procedures:

Men Against Violence and Abuse (MAVA) is India's only organization of sensitive, concerned men working with both the above groups since 1993. For the first group, MAVA provides face-to face and telephonic counselling and guidance (free) to men and women, facing marital conflict and other gender-based violence, through a team of trained, experienced professionals.

At a preventive level, on-going gender-sensitisation programmes in different parts of the city for different target groups like school and college youth, voluntary bodies, residential colonies and employees of business organisations are being organised by MAVA. This is done by using innovative media like street-plays, wall newspapers, posters, radio-plays, talks and symposia, competitions for youth, poetry-reading sessions involving men, networking with grassroots women's groups. Themes of contemporary gender issues like misuse of sex-determination tests to abort female foetuses, laws relating to domestic violence, functioning of family courts and child sexual abuse are covered in these programmes. Occasions like 8th March -- International Women's Day are being used to create gender sensitivity among men. For the last 2 yrs., MAVA has been also organising pre-marital guidance workshops for boys & girls desirous of marriage and needing basic inputs on various aspects of marriage including sexuality education and conflict-management. In collaboration with Purush Uvach (Men Speak), a like-minded organisation, MAVA brings out Purush Spandana (meaning 'Male Vibrations')- an annual magazine in Marathi. This is published since 1996 and is the first and only of its kind in the country voicing expressions, views, aspirations and sentiments of independent- thinking, progressive men (exclusively) from various walks of life, on gender issues. The magazine contains short stories, first-person accounts, interviews, poems, analytical articles and media-trends that voice sentiments of men. The said magazine is the first systematic effort by Indian men to articulate and publish their views on gender issues.

The organization also addresses specific burning issues related to current events e.g. in 1995, when a 19 year old girl's face was badly burnt in an acid attack, MAVA raised over Rs. 75,000/- by appealing to well-wishers and members of the public to contribute towards Dipti's medical treatment expenses. The underlying cause behind the attack-- the perpetrator's non-acceptance of a woman's negative response, was discussed by MAVA activists at various levels. Similarly, the issues of jilted love resulting in heinous forms of violence on girls in various parts of Maharashtra state and the public's apathy to these incidents have been raised in a big way by MAVA in the last 3-4 yrs.

Results :

In the last 10 years, MAVA has been able to reach out, counsel and guide more than 2000 men and women facing various gender problems. A heartening note is that a large number of distressed women approach the organization with a hope that the male perpetrator would speak up and attempt to change his behaviour. Through the use of varied media, the organization has been able to effectively run an on-going campaign against violence and abuse of girls and women. Special communication module focusing on young boys and men has generated a very good response. More and more such men who want to question traditional attitudes have been freely approaching the organization. Through strong communication and networking skills, the organisation's team of self-motivated activists have been able to address fundamental issues of gender equality. There has been a prolific coverage of all unique activities of the organisation by media-- newspapers and journals, television channels, websites and information directories in the city.

Conclusion:

The Social Marketing Strategy adopted by India's unique organisation need to be shared at various platforms, national and international

**Presenter** Viviane Manso Branco

**Region:** Latin America & Caribbean

**Theme:** Involving Men MCH

**Authors** Branco, V

**Organization** Municipal Secretary of Health of Rio de Janeiro

**Address:** Rua Afonso Cavalcanti 455/823

**City** Rua Afonso Cavalcanti 455/823, 20211-110

**State:** Rio de Janeiro

**Country** Brazil

**Email:** [vcbranco@pcrj.rj.gov.br](mailto:vcbranco@pcrj.rj.gov.br)

**Abstract Title** Masculinities, Reproductive Rights and Public Policies

**Abstract Text:**

This paper aims to present the work developed by a committee created by the Municipal government of Rio de Janeiro, coordinated by the Secretary of Health, in order to implement public policies related to reproductive rights and gender equity. Different governmental departments take part in this group: health, education, social development, sports, culture, communication, housing, work, and others. NGOs and universities support this team. Due to the importance of men in gender equity, responsible paternity, family planning and violence prevention, this group decided to prioritize discussions and projects over masculinities.

The priorities and strategies were discussed in a seminar that occurred in the first semester of 2002. In the second semester, the work concentrated on two broad activities: in August, when Brazil celebrates Fathers Day, the group created officially in the city "The Paternity Week", emphasizing men's role in care. In November the group supported a campaign against violence against women.

As a result of these initiatives, several activities happened all over the city, involving health centers, schools, sports centers, universities and other institutions: seminars, workshops, plays, activities to integrate fathers and children, surveys, newsletters, TV programs, etc. The activities developed by this committee have been successful in sensitizing different institutions for the discussion over men and reproductive rights, leading to the development of strategies to implement long term projects

**Presenter** Rakesh Chander

**Region:** Asia

**Theme:** Involving Men MCH

**Authors** Chander,R;Caleb-Varkey,L;Mishra,A;Das,A;Ottolenghi,E;Adamchak,S;Townsend,J;Huntington,D;Khan,ME

**Organization** Employees State Insurance Corporation of India

**Address:** ESIC Delhi Directorate, ESIC Hospital Complex, Basai Darapur, Ring Road,

**City** New Delhi.1100 15

**State:**

**Country** India

**Email:** [lvarkey@pcindia.org](mailto:lvarkey@pcindia.org)

**Abstract Title** Successfully Involving Men in Maternity Care: The MiM Project in India

**Abstract Text:**

Introduction:

The “Men in Maternity”(MiM) study tested an integrated service model designed to increase husbands’ involvement in their wives’ maternity care. It aimed to improve pregnancy outcomes and reproductive health by increasing STI/HIV protective behaviors and postpartum family planning use.

Methods and Procedures:

Using a quasi-experimental design, the impact of the new model was tested in 6 ESIC clinics in Delhi. New components included:

1. Inviting husbands, to accompany pregnant women to prenatal clinics for individual and couple counseling.
2. Universal syphilis screening for women.
3. Introducing integrated couple postpartum visits.
4. Promoting exclusive breastfeeding and dual protection/condom demonstrations

The impact of the intervention was evaluated with pre-intervention interviews of 900 women and 450 husbands in clinics, with a follow-up interview at home by six-months postpartum.

Results:

We will present intervention implementation challenges and achievements and changes in reproductive health knowledge, postpartum family planning use, breastfeeding and STI protective behaviors, and care-seeking when faced with danger signs. Providers and clients were satisfied with the new service model and the intervention was deemed affordable to ESIC; it has initiated expansion to additional Delhi clinics.

Conclusions:

The Men in Maternity project demonstrated success evidenced by both process and outcome indicators. Results show that including men and integrating STI/HIV prevention into maternity services is possible in busy ESIC clinic settings. In contrast to the commonly held belief, men are willing to contribute to safe motherhood and basic health care providers can be trained to give key preventive messages for family planning and STIs in busy ESIC clinic settings.

**Presenter** Pawan Gupta

**Region:** Asia

**Theme:** Involving Men MCH

**Authors** Gupta , P; Joshi, A; Crook, B

**Organization** Society for Integrated Development of Himalayas

**Address:** SIDH

**City** Hazelwook, Landour Cantt, P.B. No. 19, Mussoorie

**State:**

**Country** India

**Email:** [sidhsri@nde.vsnl.net.in](mailto:sidhsri@nde.vsnl.net.in)

**Abstract Title** Gender and Social Justice: Nurturing Young Men's Partnership with Women to Improve Reproductive Health Project

**Abstract Text:**

Introduction:

From 1996-98, SIDH implemented the Nurturing Young Men's Partnership with Women to Improve Reproductive Health Project in 40 villages in Uttaranchal, Northern India. The purpose was to design a comprehensive, gender sensitive, non-formal educational curriculum to provide primary education to village adolescents and young adults.

Methods and Procedures:

- With data from qualitative research, developed training modules and educational curricula including:
- A four-day training module to explore gender equity issues role in women's reproductive health;
- A five-day training of trainers (TOT) module based on the original training module; and
- An integrated educational curriculum used in non-formal courses for young adults.

- SIDH completed:

- Workshops involving 261 village youth leaders in 42 villages,
- TOT workshops with staff of 13 local NGOs serving 632 villages
  - Two refresher courses with over 250 youth leaders to determine immediate and long-term attitude and behavior change.
  - Establishment of non-formal courses using new curriculum.

- Evaluation:

- Youth's Personal Work Plan detailed how to apply workshop experience to behavior change in villages.
- Youth supervisors visited the villages to monitor and support youth.
- SIDH conducted a survey of 35 NGO staff trained as trainers.

Results:

- Village youth leaders practiced new skills initially, decreased over time.
- NGO staff felt training had changed some behaviors.
- SIDH master trainers made profound changes –served as role models.

Conclusions:

- Youth need ongoing support from a "critical mass" of peers in village – need to conduct ongoing workshops.
- Ongoing candid discussions within NGO staff meetings are critical to support staff behavior change.

**Presenter** Ezzeldin Hassan

**Region:** Arab/Muslim

**Theme:** Involving Men MCH

**Authors** Hassan, E; Youssef, H; Abel-Tawaab, N

**Organization** The Egyptian Fertility Care Society

**Address:** 2 ( A) El – Mahrooky Street , Mohandeseen POB 126 Orman – Giza

**City** Cairo

**State:**

**Country** Egypt

**Email:** [efcs@Link.com](mailto:efcs@Link.com)

**Abstract Title** Counseling Husbands of Post-abortion patients in Egypt

**Abstract Text:**

Abstract Introduction:

A study was designed to test hypotheses that (a) Husband involvement in post – abortion recovery will be higher if they receive counseling (2) Better physical and psychological recovery and more contraceptive use among women whose husbands were counseled.

Methods and Procedures:

An experimental post – test only control group design was used to measure the effect of the intervention. Husbands of Post – abortion patients were counseled emphasizing.(1) That patients need rest and adequate nutrition (2) Post-abortion warning signs (3) Return to fertility after abortion (4) The need to use a family planning method to avoid an unwanted or a poorly timed pregnancy (5) The Cause of the miscarriage and source of referral care. Composite indices were constructed to measure those issues.

Results:

Results indicate that providing counseling to husbands of post – abortion patients is feasible , acceptable and results in better emotional and health status of women

Conclusions:

Administrative changes are needed to enhance the effect of counseling and to encourage husband involvement. The physical set – up at the OB & Gyn . Wards need to be changed to allow for a more acceptable presence of husbands. Family planning services should be offered on the post – abortion ward to save trouble to patients and husbands.

**Presenter** Surinder Jaswal

**Region:** Asia

**Theme:** Involving Men MCH

**Authors** Jaswal, S; Garda, L; Nene, U

**Organization** Tata Institute of Social Sciences

**Address:** P.O. Box 8313, Sion-Trombay Road

**City** Mumbai

**State:** Maharashtra

**Country** India

**Email:** [surijas@tiss.edu](mailto:surijas@tiss.edu)

**Abstract Title** Promotion of Male Involvement in Adolescent Married Women's Reproductive Health through Reproductive Health Education

**Abstract Text:**

#### INTRODUCTION :

In India, culturally discussion of reproductive health (RH) morbidities is almost non-existent especially in rural areas. A 'culture of silence' surrounds the topic. It is considered a taboo issue especially amongst adolescents – both married and unmarried. Further, research in the area of RH has shown that due to ignorance and lack of knowledge, myths and misconceptions are rampant in this field. This puts individuals in the reproductive age group at a two fold risk, first with regard to their sexual behaviour and secondly treatment seeking behaviour with respect to reproductive morbidities.

#### METHODS AND PROCEDURES :

This paper presents insights into an intervention research which addressed RH issues in married adolescents and young adults. The intervention comprised of a three pronged comprehensive strategy of Reproductive Health Education (RHE), Counselling and Strengthening of existing Referral System. The intervention was provided through community level peer educators (CLEs) from the same community/village. The CLEs were carefully selected and systematically trained to conduct the RH intervention.

A total of 240 married couples were selected from a population of 5000 from a village in Shirur Taluka in the state of Maharashtra. The target population was provided RH education in two Intervention phases by the CLEs. Each intervention phase comprised several 'saptahs' (cultural seven day program). During each saptah, a total of ten topics related to RH were covered through innovative and culturally acceptable methods.

#### RESULTS :

The findings of the study clearly indicate an increased involvement of rural men in RH in general and of better couple interaction and communication on this previously 'taboo' topic. There is also an increase in treatment seeking behaviour of married male and female rural adolescents. This is clearly visible through an increased attendance (45%) of female patients in the rural clinic, for gynaecological morbidities. 61% of the target population also sought counseling services for RH indicating readiness to seek information and treatment on topics previously perceived to be stigmatized.

#### CONCLUSIONS :

A comprehensive intervention strategy addressing RH issues in rural areas using CLEs would be effective in involving males as partners in reproductive and health issues. The use of local CLEs (both male and female) helps to address myths and misconceptions thus reducing reproductive health risk behaviour.

**Presenter** Busisiwe Kunene

**Region:** Africa

**Theme:** Involving Men MCH

**Authors** Kunene, B; Beksinska, M; Zondi, S; Kleinschmidt, I; Mullick, S; Askew, I; Ottolenghi, E; Adamchak, S

**Organization** Reproductive Health Research Unit, Department of Obstetrics & Gynecology; University of Witwatersrand, Durban Office

**Address:** Suite 1301 Maritime House, 143 Salmon Grove

**City** Durban, 4000

**State:**

**Country** South Africa

**Email:** [b.kunene@rhu.co.za](mailto:b.kunene@rhu.co.za)

**Abstract Title** Involving men in antenatal and postnatal care: The MIM (Men in Maternity) Project in South Africa

**Abstract Text:**

Introduction:

The goals of the Men in Maternity project conducted in KwaZulu Natal, South Africa were: 1) design and test an expanded antenatal and postpartum programme to improve women's and men's reproductive health and pregnancy outcomes; and 2) assess the impact of exposing couples to health information and couple counselling pre-and post-delivery.

Methods and Procedures:

A cluster randomized matched pair design was used with 6 pairs of intervention and control clinics. 2077 females and 584 male partners of intervention women were interviewed at baseline using a structured questionnaire. Women and men in both groups are being interviewed at 6 months postpartum. .

Results:

Baseline data showed that most pregnancies (78%) were not planned and that many women (69%) were not living with partners. The mean age of women was 24 years. Men and women thought it was good idea to have male partners involved in maternity care. Almost all (98%) participants knew the mode of HIV transmission, however, knowledge of sexually transmitted infections was low. Condoms were ever used by 37% of women. Sixty-seven percent of women and 57% of men had communicated with their partners on action to take in case of a pregnancy related emergency. Ten percent of women and 20% of men could not identify any pregnancy danger signs. Endline survey results will be presented.

Conclusions:

It is feasible and acceptable to clients and providers to implement an expanded antenatal and postnatal care package that includes men. There are cultural, structural and programmatic challenges that must be addressed for optimal implementation of this package.

**Presenter** Rebecka Lundgren

**Region:** North

**Theme:** Involving Men MCH

**Authors** Lundgren, R, Montano, G, Gribble, J,

**Organization** Institute for Reproductive Health, Georgetown

**Address:** 4301 Connecticut Ave, NW, Suite 310

**City** Washington D.C

**State:**

**Country** USA

**Email:** [lundgrer@georgetown.edu](mailto:lundgrer@georgetown.edu)

**Abstract Title** "Planning Together": Consequences of Involving Men in Family Planning through Water and Sanitation Programs

**Abstract Text:**

Abstract Introduction:

Project Concern International/El Salvador is promoting gender equity by including men in FP activities. This paper presents results of a study testing the feasibility and effectiveness of integrating FP into water and sanitation programs.

Methods and Procedures:

A pre-post test design was utilized. Household interviews were conducted with men and women at baseline (341) and endline (364) in 19 rural communities. Interviews were also conducted with women and men using the SDM.

PCI's strategy ("Planning Together") included integration of FP messages into water and sanitation education; community-based provision of condoms and the SDM; and referrals for other methods. Key messages included the relationship between natural resources and family health; and gender equity in making decisions about family and community resources.

Results:

FP prevalence increased from 45% to 58%, through use of the SDM and other couple-directed methods. Most couples made FP decisions together; however the percentage of men deciding which method to use increased, perhaps due to increased use of methods involving men. Significant increases in couple communication regarding FP and STI risk were also observed.

Conclusions:

It is feasible and effective to reach men with FP information and services through a community-based initiative, but it requires significant effort. The "Planning Together" strategy increased male participation in FP decisions and use. Introduction of the SDM offered an effective way for men to participate in FP use. Increasing male involvement may enable women to achieve their reproductive desires; however it may shift FP decision-making into the domain of the couple or even the man.

**Presenter** Ravai Marindo

**Region:** Africa

**Theme:** Involving Men MCH

**Authors** Marindo, R; Pearson, S; Pulerwitz, J; Weiss, E

**Organization** University of Zimbabwe

**Address:** 1 Dag Hammarskjold Plaza

**City** New York

**State:**

**Country** USA

**Email:** [marindo@popcouncil.org](mailto:marindo@popcouncil.org)

**Abstract Title** Are intervention activities targeted at male involvement in pregnancy also beneficial to other aspects of male and female

**Abstract Text:**

Abstract Introduction:

Increasing interest exists in involving men in pregnancy to improve the health of the mother and their babies. However, do interventions that encourage men to learn about pregnancy and take more active roles at ANC, lead to reduced partner violence, more equitable relationship power, more knowledge of HIV/STIs and greater adoption of risk reduction strategies among couples?

Methods and Procedures:

Based in a commercial farming community in Zimbabwe, researchers designed and implemented an intervention package of community outreach, enhanced information, education and communication (IEC) materials designed for men, and clinic-based counseling on male involvement and reproductive health.

Surveys were administered at approximately four months into pregnancy (baseline) and again at approximately four months post-partum (follow-up) to pregnant women and their partners. Pregnant women and their partners who were exposed to different intervention activities, ranging from no exposure to the full package (community outreach, enhanced IEC and counseling), were separated by intensity group in the analysis. Statistical tests compared the change in reproductive health-related outcomes by intervention group between baseline and follow-up.

Results:

Results showed that men and women exposed to more of the intervention reported less partner violence, more equitable relationship power and better knowledge of STI/HIV. Results relating to adoption of risk reduction strategies were mixed, and highlighted the difficulties in promoting condom use in marriage.

Conclusions:

Activities targeted at involving men in pregnancy seemed to produce positive reproductive health-related outcomes. A more intensive combination package was associated with more favorable outcomes than simple community education.

**Presenter** Peg Marshall

**Region:** Africa

**Theme:** Involving Men MCH

**Authors** Marshall, P; Payne, A

**Organization** Center for Development and Population Activities

**Address:** 1400 16th Street, NW, Suite 100

**City** Washington

**State:** DC

**Country** USA

**Email:** [alatour@cedpa.org](mailto:alatour@cedpa.org)

**Abstract Title** The Community's Role in Reducing Barriers to Safe Motherhood

**Abstract Text:**

Abstract Introduction:

This abstract covers initial results from Ghana; results from India will be available by September.

The baseline study for the Safe Motherhood Initiative in Ghana identified cultural, socio-economic, and gender-related influences that hinder use of safe motherhood practices. Traditional beliefs and lack of infrastructure compounded these problems. CEDPA therefore designed a project to involve the entire community, with a special focus on men and traditional leaders, in developing safe motherhood SM practices.

Methods and Procedures:

The baseline study consisted of discussion groups among six groups: magijidas, community leaders, pregnant women, men, SM Volunteers and SM Advocates. A mid-term analysis to monitor progress used group discussions and individual interviews. The full endline study will be completed in June.

Results:

The mid-term study found that remarkable changes had occurred, not only at the family and community levels, but also at the government and health system levels. The chief, elders, and the entire community have worked cohesively with the SM volunteers and advocates establish emergency systems, including a plan for transportation, blood donation, and an emergency fund. In one community, the paramount chief drives women needing emergency care to the district's best-equipped referral center, located 20 kilometers away.

Conclusions:

Communities with a modest level of training are able to find solutions to local health problems by reducing barriers to care and thus increasing the safety of childbearing.

**Presenter** Tandiar Mossaad

**Region:** Arab/Muslim

**Theme:** Involving Men MCH

**Authors** Mossaad, T; Beshara, A; Marcos: S

**Organization** Center for Development Services – Cairo, Egypt

**Address:** 4 Ahmed Pasha st., Citibank bldg. 6th floor

**City** Cairo

**State:**

**Country** Egypt

**Email:** [tandiar@hotmail.com](mailto:tandiar@hotmail.com)

**Abstract Title:** Mobilizing Men against Female Genital Mutilation (FGM).

**Abstract Text:**

Introduction:

FGM is a deeply rooted public health issue in Egypt (around 97% of married women are circumcised ). FGM is common in Upper Egypt, rural, semi-urban and slum areas. Men are proved to be the persons who take this decision within the household.

Methods, Procedures:

SMA conducted a community based base line studies to assess the main RH issues in the served community. Among the many RH issues identified; FGM ranked number one.

The SMA designed a community outreach awareness program to sensitize the community towards this issue and promote positive health practices among men towards FGM. The program started by getting allies from the Muslim and Christian Religious Leaders, well known physician and many other informal community leaders. This was done through a series of consensus building community meetings.

Series of community mobilization sessions were designed and conducted by the community leaders and specialized staff for men in churches, mosques and other social gathering places in the community. Peer education approach was used making some men exposed to these sessions to play an active role in conveying the messages to their peers in work, entertainment and religious places. The program reached around 150 men directly and more than 1,500 indirectly over one year,

Results:

Another qualitative study was done to assess the impact of these sessions on men's knowledge. It was very encouraging to find that the spousal communication regarding this issue has been increased, the women started to express their objections to do this operation for their daughters and the men become more knowledgeable of the harmful implications of FGM.

Conclusions:

- Providing the accurate right information by a credible source should be the first step in dealing with misconceptions
- Men should be a partner in any RH intervention and should be addressed by tailored programs for them
- Building community consensus and involvement of the religious leaders, community leaders are crucial factor for the success of men community based programs.

**Presenter** Anne Palmer  
**Authors** Palmer, A; Sood, S

**Region:** Asia

**Theme:** Involving Men MCH

**Organization** Johns Hopkins University Center for Communication Programs

**Address:** 111 Market Place

**City** Baltimore

**State:** MD

**Country** USA

**Email:** [jschoema@jhucp.org](mailto:jschoema@jhucp.org)

**Abstract Title** Involving Husbands in Safe Motherhood: The “Suami Siaga” (Alert Husband) Campaign in Indonesia.

**Abstract Text:**

Most maternal mortality prevention programs have been directed toward the pregnant woman and what she should do to have a safe and healthy delivery. This approach ignores the fact that many women are not in a position to make decisions about seeking care during and after a delivery, the period when most maternal emergencies occur, and often must rely on people around them to make those decisions. The Ministry for the Empowerment of Women, with technical assistance from Johns Hopkins University/Center for Communication Programs, developed a project to reduce maternal mortality in Indonesia with funding from UNFPA. The key intervention was an integrated multi-media campaign “Suami Siaga,” with complementary community-level activities that aimed at changing individual and community attitudes and behavior on safe delivery. This presentation will cover three aspects of the “Suami Siaga” campaign. First, project activities will be described; second the impact of the project on intended audiences will be presented and finally, the current campaign that is being conducted under the USAID funded Maternal and Neonatal Health program will be discussed.

The integrated campaign includes a nationally broadcast TV and radio spot, public relations events, community mobilization activities, and interpersonal communication and counseling (IPC/C) training for providers. The “Suami Siaga” campaign encouraged husbands to participate actively in their wives’ delivery. The objective of the campaign was multifold – increase in women who have a trained provider attending their delivery, encourage husbands to attend the delivery, have couples prepare for the delivery by saving money, securing transportation for potential emergencies, and identifying potential blood donors. An alert husband is a husband who undertakes these behaviors.

The impact evaluation of the “Suami Siaga” campaign was conducted through a post-only survey among a representative sample of husbands, their wives, selected bidans (health workers) and community influentials in South Sumatra, East Java and South Sulawesi. The evaluation revealed spontaneous awareness of the campaign was 67% while prompted awareness was 75%. Three out of four married people surveyed remembered seeing the TV spot. More than 80% of the male and female respondents indicated that the “Suami Siaga” campaign taught them something new. The “Suami Siaga” campaign is clearly having a strong behavioral impact with over 59% of the Bidans observing a significant increase in husbands accompanying their wives for check-ups as well as during delivery of the baby (68%). Comparison of past and intended behaviors indicated by husbands show that those exposed to the “Suami Siaga” campaign are almost 15 percentage points more likely to practice Siaga behaviors promoted in the campaign in contrast to their past behavior. Cost-analysis of the media component of the campaign revealed the cost-effectiveness of an integrated multi-media approach in bringing about positive behavior change.

Based on the success of the “Suami Siaga” campaign, the MNH Program has expanded the scope and extension of the concept. MNH is applying the concept of SIAGA (Alert) for other audiences, such as the midwives, the community as a whole, and citizens. MNH has also undertake IPC/C training and a variety of promotional activities for bidans. Results from the final evaluation should be available in 2003.

**Presenter** Julie Pulerwitz

**Region:** Africa

**Theme:** Involving Men MCH

**Authors** Ottolenghi, E; Pulerwitz, J; Adamchak, S

**Organization** Horizons Program/Programs for Appropriate Technology in Health

**Address:** 4301 Connecticut Avenue, NW, Suite 280

**City** Washington

**State:** DC

**Country** USA

**Email:** [jpulerwitz@pcdc.org](mailto:jpulerwitz@pcdc.org)

**Abstract Title** Setting the Stage for Three Studies on Men's Involvement in Their Partners' Maternity Care

**Abstract Text:**

Introduction:

Pregnancy is a time when both parents have similar interests in the survival and health of their babies. The Horizons and FRONTIERS Programs of the Population Council, in collaboration with local partners in India, South Africa and Zimbabwe, conducted three operations research studies to involve men in their partners' maternity care and to document the process for, successes of, and barriers to men's involvement as well as outcomes of these efforts.

Methods and Procedures:

The projects, focus on women and their partners in interventions to improve communication and equitable decision-making as well as HIV/STI knowledge and protective behaviors. The sites differ in characteristics of the study populations, social contexts in which they live, and male involvement intervention strategies that were tested. This presentation will outline the research and describe similarities and differences among the populations, settings and specific objectives.

Results:

The rest of the panel presentations will focus on country-specific reports of male and female participants' perspectives on male involvement, challenges and strategies utilized to involve men, and outcomes on extent of participation, and other key outcomes such as changes in decision-making power, family planning use and STI/HIV knowledge and risk behaviors.

Conclusions:

Different cultural contexts necessitate different strategies to involve men in their partners' reproductive health. Findings from South Africa, India, and Zimbabwe demonstrate that, although the intervention strategies were different, men can be motivated to become more involved, and varied positive outcomes can result from this involvement.

**Presenter** Ubaidur Rob

**Region:** Asia

**Theme:** Involving Men MCH

**Authors** Rob, U; Hossain, S

**Organization** Population Council - Bangladesh

**Address:** House 21, Road 118, Gulshan

**City** Dhaka

**State:**

**Country** Bangladesh

**Email:** [urob@pcdhaka.org](mailto:urob@pcdhaka.org)

**Abstract Title** Integration of Reproductive Health Services for Men: Experience from Bangladesh

**Abstract Text:**

Abstract

Men in Bangladesh continue to have important unmet reproductive health needs. The government of Bangladesh (GOB) presently provides female-focused family planning and maternal and child health services through facilities primarily at the sub-district and union administrative levels. Over the years, males are excluded from the routine service delivery system and their reproductive health needs were ignored by the service providers. An OR study was conducted to examine the acceptability and utilization of reproductive health services by men at female focused service delivery points in rural Bangladesh. The study used a quasi-experimental non-equivalent control group design. Service providers were trained to provide syndromic management of RTIs/STDS and referral system was introduced for further care. Female clients were encouraged to bring their husbands to the service delivery centers. Qualitative and quantitative information was collected from service providers, male and female clients. Findings suggest that training was able to increase service providers' knowledge about RTIs/STIs and their ability to identify the sign and symptoms consistent with STI/RTI. Number of male clients seeking services from clinics increased substantially in the experimental areas. Men are willing to come to clinics for treatment of general health problems and women did not mind taking services with them. The most frequently treated STD symptoms among men were urethral discharge. It is observed that group discussions and distribution of BCC materials were the two most effective channels for raising awareness on their own problems. The positive findings encouraged the implementers to consider the replication of the activities in to other areas.

**Presenter** Yasmeen Sabeeh Qazi

**Region:** Arab/Muslim

**Theme:** Involving Men MCH

**Authors** Sabeeh Qazi, Y

**Organization** Pakistan Voluntary Health & Nutrition Association

**Address:** 9C, 18th Commercial Street

**City** Karachi-75500

**State:**

**Country** Pakistan

**Email:** [pavhna@super.net.pk](mailto:pavhna@super.net.pk) or [pavhna@cyber.net.pk](mailto:pavhna@cyber.net.pk)

**Abstract Title** How to reach men in gender perspective of South-East Asia, Pakistan

**Abstract Text:**

Introduction:

In Pakistan's experience reaching men and women has remained a major barrier to the success of National Family Planning Program. Since women are at the centre of reproductive implications, hence it is important that they should be reached by Reproductive Health advocates and service providers. Pakistan is perhaps a country where women's access to public space, their mobility, their visibility, and their participation in public life are the most restricted.

PAVHNA initiated a program in 1991 with a CBD model, which facilitated this access by community field workers to reach women in their households. The strategy was to hire women from the same community to train them as field workers. The training involved focused on art and skill of communication, advocacy, knowledge about contraception, human reproduction RH and primary health care issues. The model in the pilot phase proved its success when the CPR in areas were raised from 9% to 40% and with a continuation rate of more than 75% in 36 months. At that point the program was largely focusing on family planning and primary health care. After 1995 ICPD conference, the paradigm shift was made to Reproductive Health with consensus of global community. Pakistan though was slow in implementation of this new agenda, the NGOs took the lead in adopting to new model.

The CBD model continued to be effective in the new scenario, though it was acutely realized that if programs need to see any change in women's health status, the men needs to be involved in RH programs.

The successful CBD program of NGOs lead to the "Lady Health Workers" LHWs model in Ministry of Health and "village based family planning workers" VBFPW in Ministry of Population Welfare, which implies to the same methodology of door to door, women to women contact in their households. Women residing in rural and peri-urban settlements, [which constitutes almost 60% of total population] especially benefit from this approach. This model also bridges the gap between "unmet" demand for family planning which is quiet high in Pakistani-e 54%.

In the recent CBD model, which PAVHNA is implementing, the focus is to promote Reproductive Health behaviors among community to ensure sustainable development. In doing so, organization has found out that in order to make these programs effective and sustainable, men needs to be involved.

How to Reach Men:

In Pakistani society where men enjoy supremacy in nearly all spheres of everyday life, this also pertains to FP. However, the killer assumption of women's primacy in fertility and contraceptive use has led to a general downplaying and often neglect of men's role in studies of FP & fertility.

Husband's opposition to FP is an often-cited reason for non-use of contraceptives. Pakistani men are customarily considered to be more pro natalist than Pakistani women are. However, the husband's opposition to FP was reported to be 12% in Pakistani Contraceptive Prevalence Survey [PCPS] of 1995 by the never-users MWRA. This figure declined to 6% in PFFPS 1996-7. The magnitude of husband's opposition seems very small. However, a closer analysis reveals that other major causes of non-use of contraceptives are actually included within husband's opposition. It is not justified to analyze husband's opposition to FP or perceived opposition to the use of FP in isolation with the contextual and service-related factors. What efforts are done in Pakistan to explore and address men's Reproductive Health [RH] and PF needs?

Men are interested in FP. They definitely have a deciding role to play in this key area of RH. Male involvement in FP by virtue of their supporting role and acceptance of responsibility in parenthood should be taken positively. Male participation in FP should be encouraged and equated as a facilitating factor for women empowerment.

The rhetoric of male role and involvement in RH including FP should be efficiently translated into policy, program and projects. So far gender, as an issue has not been in practical focus. Issues like gender equality, equity and sensitivity are not reflected in the programs although promises are documented on papers. When we talk about involving men, then it means accessing them in different roles. As husbands, they are found to be concerned with their wives health in general, yet fail to see what role they can play in ensuring their good health. Awareness needs to be created for their roles to be enhanced.

In PAVHNA's experience, men can be reached through community leaders or social places. Health educators are trained to communicate with men regarding their role and responsibilities in reproductive cycle of women. Because of the recent global HIV/AIDS epidemics it is imperative that men understands and practices safe sexual life and protect their wives as well. These information are culturally sensitive but media has played a very important role in creating information on these subjects. Although creating awareness does not necessary ensure correct information, yet it creates the required baseline stimulus to initiate dialogue on these subjects:

- Community meetings are usually organized in volunteer's house and is attended by men of reproductive age
- Another important segment of men which, needs sensitization are religious leaders and influential in villages. They play an important role in promotion of any health message and their concurrence on these subjects are necessary pre-requisite. At this place, the advocacy skills of field staff and local is extremely important and are advised to concentrate on this group prior to any program initiation in the communities.
- Another channel to access men is the private service providers, which are largely paramedics or quacks in villages. Yet their importance in relation to access to men's group cannot be ignored
  - Reaching men in barbers shop, cafes, etc. are also tried and has relative success in some cases Factories and offices are also approached to reach men for RH information and it has only been successful in cases where employers supports this kind of program
  - Targeted ICE proves to be effective in sensitizing men for these messages especially electronic media has been found very effective to create awareness for both men and women. Yet the state controlled media still has a restrictive policy on these programs but the new private channels are doing their due role in this context

#### How to Reach Young Boys:

The latest demographic situation has shown the “young people boom” in Pakistan, as 54% of population lies below the age of 21 years. Yet they are largely ignored and sidelined by policy makers and is treated only as research subject.

Adolescents/youths can be reached through following channel [PAVHNA experience]

- Schools/colleges
- Youth clubs
- Internet cafes
- Vocational centres
- Through registered households in CBD program
- Religious schools/places

The most difficult group to reach young people who are in a vulnerable position like refugees, street children and working children. The barriers are that they exist in controlled environment and have restrictive mobility PAVHNA has experienced with a model of youth projects in communities, which are one stop centre for these young people, where recreation is provided with skill classes. Health talks and counseling session on Reproductive Health are organized within these centres. The centres are well attended and is proving to be successful in creating awareness on these issues for this group.

Peers have proved to be the best resource for contacting young people in the recently conducted study by PAVHNA “Adolescent Reproductive and Sexual Health – an Exploration of Trends in Pakistan”. Following this, PAVHNA has trained peer leaders in all their sites, who are attached to the project and is in contact with their peers. They are talking informally on RH issues and are considered effective in establishing the initial rapport with young people.

#### Methods and Procedures:

Program has been evaluated by external team of consultants. Both community based Reproductive Health program [supported by DFID] and ARH program by Packard Foundation have been evaluated through OPR and MTR in year 2002. The results have suggested a successful gender based approach to the program have been a crucial factor for achieving desired outputs.

#### Results:

Men approaching CBD clinics are increasing in number and there is also a substantial increase in men attending group meetings and couple counseling.

**Presenter** KG Santhya

**Region:** Asia

**Theme:** Involving Men MCH

**Authors** Santhya, K; Haberland, N; McGrory, E

**Organization** Population Council, South and East Asia Regional Office

**Address:** India Habitat Centre, Zone 5A, Ground Floor, Lodi Road

**City** New Delhi, 110003

**State:**

**Country** India

**Email:** [santhya@pcindia.org](mailto:santhya@pcindia.org)

**Abstract Title** Supporting Married Adolescent Girls: Encouraging Positive Partner Involvement

**Abstract Text:**

The reproductive and sexual health needs of, and social challenges to married adolescent girls in India are enormous, but profoundly neglected. Through a focus on first birth, the first-time parents project aims to develop and test an integrated package of health and social interventions to improve young females' reproductive and sexual health knowledge and practices, and increase their ability to act in their own interests. Any such effort requires positively engaging the girls' husbands and other gatekeepers. The project derives from the hypothesis that the first birth, as a period of greater vulnerability, offers a powerful entry point into improving the prospects of young mothers.

**Methods and Procedures:**

The interventions, informed by a qualitative study and developed together with local partners, are underway in Gujarat and West Bengal. The project focuses on newly married young women, first-time pregnant women and first-time mothers, the husbands of these women, senior family members, and health care providers. Initiated in February 2003, the interventions will last two years.

**Results:**

Findings from the qualitative study reiterated the power disparities between women and their husbands but also revealed that husbands were indeed interested in developing a more caring relationship with their wives. How the interventions are aiming to affect men's knowledge and behaviour in support of their wives' reproductive health, and insights from the implementation experience to date will be presented.

**Conclusions:**

Tentative findings suggest that efforts to positively affect the agency and reproductive health of young married women must be multi-faceted; they must incorporate programs that go beyond the health sector and those intended for those who wield power in the family, particularly husbands.

**Presenter** Tunga Tuzer

**Region:** Arab/Muslim

**Theme:** Involving Men MCH

**Authors:** Tuzer T, Pabuccu R, Gungor S

**Organization** United Nations Population Fund – Turkey

**Address:** Birlik mahallesi 2.cadde No 11, Cankaya

**City** Ankara

**State:**

**Country** Turkey

**Email:** [tunga.tuzer@un.org.tr](mailto:tunga.tuzer@un.org.tr)

**Abstract Title** ESTABLISHING REPRODUCTIVE HEALTH COUNSELLING IN MILITARY SERVICES: THE TURKISH MODEL

**Abstract Text:**

The military services in Turkey is among the largest in the world, with almost 450.000 new conscripts every year. As military duty is obligatory, every male in Turkey completes his 18-months military duty between the ages of 18 and 35. Therefore, a perfect window of opportunity emerges for reaching men, to increase male involvement in reproductive health. UNFPA Turkey has initiated a program to cover this need, in collaboration with Ministry of Health and Gulhane Military Medical College (GMMC).

**Methods and Procedures:**

A reproductive health services and training center was established in GMMC with UNFPA support. The master trainers of Ministry of Health trained 48 clinicians (physicians and nurses) as reproductive health trainers. These trainers formed teams of three to conduct courses for 450 newly graduated military doctors, nurses and health attendants in comprehensive reproductive health counselling including safe motherhood, contraception, STDs and HIV/AIDS, violence against women and sexuality. Training curriculum and materials for these service providers were prepared by a team of national experts.

**Results:**

The trained military service providers will use their newly acquired knowledge and skills to provide group training and counselling to soldiers in military training centers. IEC materials specifically prepared for military such as brochures and video tapes will be used and condoms will be distributed to soldiers after training sessions. After this pilot phase is completed, an evaluation will be performed and expansion of the model to include up to 2.000 service providers will be planned.

**Conclusions:**

The authors believe that this will be the single most important intervention for male involvement in reproductive health in Turkey. If the model proves as successful as planned, it will be a useful tool for replication in other countries and UNFPA-supported projects.

**Presenter** Mark Black

**Region:** Africa

**Theme:** Male Groups- Gender Equity

**Authors** Black, M

**Organization** National Association for people living with HIV/AIDS in Malawi

**Address:** P/Bag 355

**City** Lilongwe 3

**State:**

**Country** Malawi

**Email:** [napham@malawi.net](mailto:napham@malawi.net)

**Abstract Title** Youth participation in HIV/AIDS and Reproductive health activities

**Abstract Text:**

NAPHAM introduced HIV/AIDS/STI/RH campaign targeting out of school youth in the city of Lilongwe. These youth had full of misconception that kept on misguiding them on issues surrounding HIV and sex.

#### METHODS AND PROCEDURES

20 communities were mobilized and 6200 youth were identified, and were oriented on the importance of participating in HIV/AIDS activities. 40 football teams and 30 netball teams were formed and balls were purchased and provided to the youth. 100 peer educators were trained in HIV/AIDS and sexual health education. Every Saturday before sport, the youth were having discussions surrounding HIV/AIDS and sexuality issues, places where they could access reproductive health information. Factors that influence sexuality such as ethical, spiritual, cultural, and moral factors were covered. NAPHAM health educators were monitoring and conducting follow up visits to see progress of the implementation of activities. At the end of 3 months, HIV/AIDS/STI/RH quiz and sport competition was conducted. Prizes were given to the winning team especially those who scored in the quiz. Marching around locations with car floats and singing was done once in 3 months carrying placards and banners during sensitization day.

#### RESULTS:

22 out of school youth clubs were formed. NAPHAM participatory evaluation indicated that youths were able to go for VCT services. 14 post-test clubs were formed composed of youth who went for the HIV test. 38,531 youth were reached with HIV/AIDS/STI/RH messages within 12 months period.

#### CONCLUSION

One of the best strategies to involve the youth in HIV/AIDS/RH activities is through sport. There is need to educate the youth in HIV/AIDS /RH prevention strategies.

**Presenter** Ariel Castro

**Region:** Asia

**Theme:** Male Groups- Gender Equity

**Authors** Castro, A; Mapalo, R

**Organization** Trade Union Congress of the Philippines

**Address:** TUCP-PGEA Compound, Maharlika cor Masaya Sts., Diliman

**City** Quezon City, 1101

**State:**

**Country** Philippines

**Email:** [castroab@info.com.ph](mailto:castroab@info.com.ph)

**Abstract Title** Male Participation in RH: The Trade Union Way

**Abstract Text:**

Trade unions today are exerting extra efforts to respond to the growing concerns, needs and problems of workers, particularly the reproductive health of men, women and children. Since 1975, the Trade Union Congress of the Philippines (TUCP), has continuously provided comprehensive legal, social, medical and recreational services for its worker-members. In 1985, it embarked on a Family Planning program to provide services to its members. The program has since made a shift to embrace the reproductive health paradigm as called for under the ICPD Program of Action. One of the pioneering efforts undertaken under the TUCP RH program was a focus on involving men and providing them with appropriate RH care, services and information.

Methods and Procedures:

Using the TUCP network of Family Welfare Clinics (FWC), gender-responsive quality RH care services and IEC/counseling were provided to men, women and adolescents. Greater male participation in RH care among trade unions was promoted through the training of male RH peer educators/motivators and launch an information, education and communication campaign targeting the men. To sustain the program, provision of financial support to RH care as part of welfare and services package was integrated in collective bargaining agreements. The project was implemented from 1998-2000.

Results:

1. Trained a network of 93 Male Peer educators who are responsible for workplace related activities on RH, including RH/FP counseling and motivation.
2. Developed a training module on Men's Involvement in RH using the life process approach with the following components healthy lifestyle, maternal and child health, sexuality, prevention and management of abortion and its complications, menopause/andropause, preventing violence against women, HIV/AIDS, FP and adolescent reproductive health (ARH).
3. Peer Educators conducting workplace level IEC activities following the modules described in (2).
4. Developed and distributed posters, stickers and other materials with key messages focusing on "Men are Partners in RH", promotion of shared responsibility and active involvement of men, respect for reproductive rights of both men and women by resolving conflicts through non-violent means, raise awareness on the practice of safe sex and promote the use of FP methods in men.
5. Adopted male-only clinic schedules in 10 TUCP FWCs.
6. Introduced the provision of digital rectal exams (DRE) and self-testicular exams (STE).
7. Seven (7) collective bargaining agreements negotiated with expanded provisions on RH.

Conclusions:

- Trade unions are effective networks and partners in providing information, education and services on population, RH and sustainable development.
- Union officers and members can and will demand for RH care and services once they are made to recognize its importance.
- Peer educators/motivators are important mechanisms to ensure that men understand and seek information on RH rather than the health system.
- Men opinion maker (particularly union leaders) need to be engaged to speak favorably on RH.
- Men's RH services and issues need to be addressed in a collaborative manner involving their partners and even their children.
- Company management support for RH needs to be raised.

**Presenter** Sylvie Cohen

**Region:** North

**Theme:** Male Groups- Gender Equity

**Authors** Cohen, S; Arilha, M; Burger, M; Dairo, A; Garzon, P; Jackson, H; Mora , L

**Organization** UNFPA Technical Support Division

**Address:** 220 East 42nd street

**City** New York

**State:** NY

**Country** USA

**Email:** [cohen@unfpa.org](mailto:cohen@unfpa.org)

**Abstract Title** Strengthening Partnership with Men in the Armed Forces on Sexual and Reproductive Health and Rights: Lessons learned from

**Abstract Text:**

UNFPA conducted nine country-based case studies of sexual and reproductive health programmes run in partnership with the national Armed Forces in Africa, Asia, Eastern Europe, and Latin America in times of peace. This process documentation provide invaluable insights into historical experiences and range of strategies chosen to reach men through the military, to provide SRH, including HIV/AIDS education and services with a gender perspective. Recommendations for future work with this key national partner to enhance its commitment and capacity to integrate sexual and reproductive health, gender and rights issues into health, training and communication infrastructure, are drawn.

Methods and Procedures:

UNFPA's Technical Support Division, regional advisors, local and international consultants used a protocol of rapid assessment techniques, which included:

1. A global review of policy and programme issues;
2. Desk reviews of project documentation and country contexts;
3. In-depth interviews and focus groups with national and local stakeholders such as military bases, NGOs and donors.

Results:

Key lessons include: strategically choosing lead departments and target groups; overcoming challenges related to a hierarchical and compartmentalized institution; engendering training, health services and codes of conduct; monitoring RH/HIV quality of care; maintaining condom supplies; among others.

Conclusions:

Findings confirm that the military is most willing to reach men and women to prevent unwanted pregnancy, STIs/HIV/AIDS and gender-based violence. However, for gender, human rights, HIV prevention and RH perspectives to be fully integrated in the military, capacity development programmes must be supplemented with policy dialogue; and resource allocation be more systematically organized.

**Presenter** Ney Costa

**Region:** Latin America & Caribbean

**Theme:** Male Groups- Gender Equity

**Authors** Costa, N; Almeida, M; Castro, P; Arango, H

**Organization** SOCIEDADE CIVIL BEM ESTAR FAMILIAR NO BRASIL - BEMFAM

**Address:** AV. REPÚBLICA DO CHILE, 230 – 17º ANDAR

**City** RIO DE JANEIRO

**State:**

**Country** Brazil

**Email:** [ncosta@bemfam.org.br](mailto:ncosta@bemfam.org.br)

**Abstract Title** Reducing reproductive health vulnerabilities of male adolescents involved with Justice conflicts in Brazil.

**Abstract Text:**

Abstract Introduction:

Male adolescents, specially those involved with Justice conflicts, are in high vulnerability to reproductive health issues. This study analyses the results of an educational and clinical assistance program in reproductive health under gender perspective, targeted to male adolescents who committed infractions and have been sent by Justice to educational and social programs in Brazil.

Methods and Procedures:

From August to December 2002, 75 adolescents (12 to 18 years old) in Paraíba State had access to talks, informative materials and counselling in reproductive health. Youth friendly services were provided to 60 adolescents. The evaluation strategies included a knowledge, attitudes and practice (KAP) survey to 57 adolescents, in the beginning and at the end of the intervention, and a focus group discussion with 10 adolescents.

Results:

Adolescents increased their knowledge about sexually transmitted infections symptoms, mode of transmission and prevention strategies; increased the report of condom use to 70%. Before intervention, 40% of the adolescents didn't recognize the same reproductive rights for men and women; after intervention this number dropped to 6%. Before project implementation, only 11% could talk about sexuality with their partners; after the intervention 40% reported a better dialogue with partners. Focus group demonstrated a better understanding about gender norms and equity, and that adolescents recognized their own vulnerability to reproductive health issues.

Conclusions:

Adolescents increased knowledge, demonstrated positive attitudes related to reproductive health, and reported increase in condom use; adolescents increased awareness about gender norms and equity. The provision of youth friendly services associated with educational activities constituted a unique opportunity to health promotion for those highly vulnerable adolescents.

**Presenter** Kanchan Mathur

**Region:** Asia

**Theme:** Male Groups- Gender Equity

**Authors** Mathur, K

**Organization** HCM Rajasthan Institute of Public Administration

**Address:** Patel Bhavan, Jawaharlal Nehru Marg

**City** Jaipur

**State:** Rajasthan

**Country** India

**Email:** [wrc@datainfosys.net](mailto:wrc@datainfosys.net) and kanchanmathur@

**Abstract Title** Training Male Healthcare Providers for Gender Sensitivity in Reproductive Health programs

**Abstract Text:**

The training programs aim to sensitise male health providers towards issues of gender equity and reproductive health.

Methods and Procedures:

Saturation training of one district of Western Rajasthan covering all the 715 healthcare providers. A three-day training program. The participatory methods include gender mapping, simulation games, case studies and discussion, film shows and content analysis, role-plays, quiz, analysis of experiences and development of theoretical frameworks based on experience. A number of topics are covered ranging from division of labour and role assignment in society, power and vulnerability, gender based violence, sex and sexuality, gender and health etc.

Results:

The evaluations conducted on the last day of the training revealed that the participants were:

- Highly appreciative of both the course contents and methodology of the training
- Expressed that they had never thought of many of the issues raised during the training
- Made a commitment to change women's position at the personal and professional level

However, a preliminary evaluation conducted six months after the training revealed that most of them:

- Continued to express a strong resistance to changing the existing gender norms
- Could remember only part content of the training
- Could not remember their post training commitments

Conclusions:

Need for continuous follow-up trainings and reinforcement. These are being planned. A more scientific and rigorous Impact Assessment of the trainings. Indicators for the same are being developed. The latter is scheduled to take place between April-June 2003.

**Presenter** Gladys Pozo

**Region:** Latin America & Caribbean

**Theme:** Male Groups- Gender Equity

**Authors** Pozo, G; Argandoña, A

**Organization** Catalyst/Pathfinder Bolivia

**Address:** Fernando Guachalla No. 342 Edificio Victor 3° piso

**City** La Paz

**State:**

**Country** Bolivia

**Email:** [gpozo@pathfind.org](mailto:gpozo@pathfind.org)

**Abstract Title** Responsible decision making among young pre-Enlisted army recruits in Bolivia

**Abstract Text:**

Catalyst/Pathfinder in Bolivia is working with the armed forces in La Paz in order to introduce gender, violence and sexuality issues in the pre-military training curricula for 17-18 years old male adolescents who attend to their military training each Saturday, winter and summer vacations during the senior high school year. Catalyst will train military instructors in these issues and will support them during the training sessions to pre-enlisted boys.

**Methods and Procedures:**

The initiative is being implemented in La Paz, Bolivia at the three armed forces: Army, Navy and Air Force. A baseline analysis through focus groups to pre-enlisted boys and military instructors was conducted in order to learn about their attitudes and practices regarding sexuality, gender and violence. Based on these results, the training curricula and training material is being developed. The primary audience of the project is the military instructors who will receive training on gender, violence and sexuality issues. The secondary audience are the pre-enlisted boys who will be trained in these issues by their military instructors supported by the project technical team. A post evaluation will be conducted in order to measure the impact of the initiative.

**Results:**

Introduction of gender, violence and sexuality issues into the pre-military training curricula. Military instructors trained in gender, violence and sexuality issues providing training to approximately 5,000 pre-enlisted boys will receive training on sexuality, gender and violence during their pre-military instruction.

**Conclusions:**

Based on the lessons learned of this experience, the armed forces will expand the initiative to the rest of the country.

**Presenter** Ernesto Ramírez

**Region:** Latin America & Caribbean

**Theme:** Male Groups- Gender Equity

**Authors** Ramírez, E; Madrigal, J; Blanca, L

**Organization** Project Concern México, Tijuana office

**Address:** Chula Vista 12727 Fracc. Las Palmas

**City** Tijuana, Baja California, 22440

**State:** Tijuana

**Country** México

**Email:** [ernesmsc@telnor.net](mailto:ernesmsc@telnor.net)

**Abstract Title** Changing Male Attitudes on gender and Reproductive Health Issues in a Tijuana Prison

**Abstract Text:**

**Introduction:**

Male Participation in women's reproductive health is one of the recommendations of the 1994 Cairo Plan Action. To be meaningful for both (men and women) male participation needs to go beyond a woman-centered approach and analyze the way gender roles affect men's health. This project in Tijuana approaches men's health from a man-centered, gender perspective approach that leads participants through a group reflection process, analyzing how men are affected by male cultural stereotypes and how those affect women's health. Group discussions were utilized to implement this project.

**Methods and Procedures:**

A series of ten group discussions, with a semi-closed format, were conducted in a prison in Tijuana, Mexico. Each session consisted of a brief group presentation followed by group interaction and conclusions. Each session was facilitated by one of two facilitators from the project. A variety of support educational materials were utilized. The sessions were connected but not linked, meaning a participant didn't need to attend the previous ones in order to understand a particular session/topic. Throughout the series, facilitators posed questions about change in behaviors and attitudes, as appropriate, with questions like 'how are these (attitudes, behaviors, health problems) related to the way men behave?' 'How can one go about changing that?' 'What would be the benefits of changing those?' Gender issues were an integral part of the design of the sessions, presentation and learning exercises. The prison series helped us to complete a manual entitled 'how to build a man?' (como se hace un hombre?) a facilitators guide that will be used in future projects.

**Results:**

A total of 18 men, inmates of a Tijuana Prison, participated in the program. According an external evaluation, men's attitudes and behavior changed after their participation in the program. Participants' awareness about gender issues was increased, communication with partners (during visits) improved and their understanding of parenting and respect, and decision making also changed. Compared to other similar series outside prison, inmates showed greater changes, perhaps due to the fact they were going through a life-changing event.

**Conclusions:**

A man-centered approach is necessary to create meaningful change in men's attitudes and behavior toward gender role issues, including those that affect women's health. Group discussion provide and appropriate means for reflection and learning, especially for those men who are receptive and prone to change. Attitudinal change through self-discovery, in-depth analysis and group discussion led by skillful facilitators is possible, even in a tense correctional facility setting. Men, who have spent a lifetime learning that macho behavior means being violent, abusive and domineering, can learn how to communicate their feelings and to respect their partners, and that being strong isn't related to violence.

**Presenter** Jean Schensul

**Region:** North

**Theme:** Male Groups- Gender Equity

**Authors** Schensul, J; Gupta,K

**Organization** Institute for Community Research

**Address:** 2 Hartford Square West, Ste. 100

**City** Hartford

**State:** Connecticut

**Country** USA

**Email:** [jschensu@aol.com](mailto:jschensu@aol.com)

**Abstract Title** A Research and Training Program on Alcohol Use and Sexual Risk Behavior among Male Migrants to Mumbai

**Abstract Text:**

**Introduction:** Migration to cities exposes vulnerable migrants to situations that increase risk for STDs and HIV. This paper describes pilot research to test the hypothesis that alcohol and drug use are associated with increased sexual risk taking among rural-urban male migrants, within the context of a training program to increase qualitative and quantitative data collection skills for faculty and graduate students.

**Methods and Procedures:**

Faculty and graduate students were trained in a three week interactive topical and research methods workshop. Teams mapped two communities in Mumbai and Navi Mumbai, conducted key informant interviews on community level drinking, in-depth interviews on alcohol use and sexuality with male migrants, and administered a survey. A final workshop provided training in triangulation of qualitative and quantitative data.

**Results:**

Men who drink have access to commercial sexual exchanges after drinking, and alcohol is associated with physical abuse and forced sex. Men believe alcohol and opiate use enhances sexual performance and alcohol justifies the need for immediate sexual satisfaction. Survey results show 32% of men using alcohol or other drugs. Married men living with their wives had higher alcohol and drug risk scores (Anova F=9.350 Sig.>.001), married "bachelors" (distant wives) had higher sex risk scores compared to single men and married men living with wives (Anova F=92.381 Sig.>.001) and there was a high correlation between drug and sexual risk.

**Conclusions:**

This research and intervention project demonstrates the important role of alcohol and drug use in sexual risk taking among male migrants to Mumbai and shows the potential of short-term training program for increasing research and community skills of faculty and students on male health matters.

**Presenter** Sunita Kishor

**Region:** North

**Theme:** Program models of M/M/E

**Authors** Kishor, S

**Organization** Unknown

**Address:**

**City**

**State:**

**Country**

**Email:**

**Abstract Title** COLLECTING REPRODUCTIVE HEALTH DATA FROM MEN: A VIEW FROM THE DEMOGRAPHIC AND HEALTH

**Abstract Text:**

With the increasing emphasis on involving men in reproductive health has come the challenge of collecting meaningful data from men. I do not say this lightly. Since its inception, the Demographic and Health Surveys (DHS) program has collected data from men. However, not till recently was it even conceived that perhaps the type of reproductive health information we need from men is not identical to that which we need from women. Given that women have traditionally been the target of the majority of reproductive health programs, the design of questionnaires and the definition of indicators to be used for monitoring and evaluation tended to be done with women in mind, and then the same questionnaires and indicators were used with not much further thought for men too. How valid has this approach been? What is it that we need to know from men that we do not necessarily need to know from women and vice versa? In other words, what data will allow us to not only understand women's and men's roles in meeting their own reproductive health goals but also to measure men's roles in supporting women and children's health goals? How do these issues translate to data collection at the project level?

This presentation will share some of the lessons learned from over 20 years of data collection from men and women by DHS. The presentation will range from answering some basic questions such as what data can be collected from women and men in the same household to more conceptual questions of how you go from defining an indicator to collecting data that actually measures that indicator. Data from the DHS will be used to illustrate these challenges. Depending on the time available, a brief introduction to data available for men in the DHS can be made part of the presentation. This information may be useful to partners who are working with men in countries where DHS data for men are available as well as those who hope to use tools already available in the DHS.

**Presenter** Camilo Aurelio B. Naraval

**Region:** Asia

**Theme:** Program models of M/M/E

**Authors** Naraval, C; Lantion, V; Cadayona, E

**Organization** Health Management and Research Group Foundation

**Address:** Door 1 Diokno Bldg., Gempesaw St.,

**City** Davao City

**State:**

**Country** Philippines

**Email:** [hmrq@dv.webling.com](mailto:hmrq@dv.webling.com)

**Abstract Title** The Experiences of the Health Management and Research Group Foundation in Implementing Men's Responsibilities in Gender

**Abstract Text:**

Introduction:

The high prevalence of violence against women, sexually transmitted infections and unplanned pregnancies are cogent reasons for men's positive involvement and responsibilities in gender and reproductive health of women, children and men.

Methods and Procedures:

MR GAD or Men's Responsibilities in Gender and Development is a grassroots intervention that provides training, counseling and advocacy project on reproductive health addressing primarily men with the end in view to reduce gender-based violence and sexually transmitted infections and a more egalitarian relationship at home and the community. It involves inter and intra-agency collaboration of those working with and for the victims of gender-based violence. A qualitative evaluation was done.

Results:

Consultation and owning process was done with male stakeholders and gatekeepers and discussed Violence Against Women. This resulted to the signing of the Declaration of Tibungco that articulated the extent of violence, those affected and doers of violence and what needs to be done to reduce violence.

Participatory Action Research by male researchers from the community was done to interview married men to determine the extent of violence, their knowledge and attitudes and the utilization of counseling services. The results were disseminated that led to the formation of a Task Force on Gender and RH. A resolution was passed to release budget from the Local Government to support gender and RH initiatives.

Training of Peer Counselor: A total of 15 men and 3 women were trained on basic counseling and inter-personal communication. This training spurred the formal provision of counseling services to victims and the doers of violence.

Referral Network: The City Health Office, Philippine National Police, City Social Services and Development, the church and other organizations formed a referral network to those victims and doers of violence.

Conclusions:

The strategy on men's involvement and responsibilities increased their awareness on VAW, improved relations in their homes and spurred discussions on VAW with other men. At the community level, the intervention sped up release of budget from the Local Government and strengthened referral network. No doubt that this strategy improved the well-being of women and children including men.

**Presenter** Julie Pulerwitz

**Region:** North

**Theme:** Program models of M/M/E

**Authors:** Pulerwitz, J; Barker, G; Segundo, M; Nascimento, M;

**Organization** Horizons Program/Programs for Appropriate Technology in Health

**Address:** 4301 Connecticut Avenue, NW, Suite 280

**City** Washington

**State:** DC

**Country** USA

**Email:** [jpulerwitz@pcdc.org](mailto:jpulerwitz@pcdc.org)

**Abstract Title** Measuring Gender-Equitable Norms: Applications of the GEM Scale

**Abstract Text:**

Abstract Introduction:

Few empirical studies have used validated gender norm measures to explore the relationship between gender-equitable norms, partner violence and HIV/STI risk. This abstract compares the application and validation of a scale to measure gender-equitable norms among male youth and adult men.

Methods and Procedures:

Gender-equitable norms were operationalized based on qualitative research with the study population. Scale items were then administered as part of a household community survey with 15 – 59 year old men in Rio de Janeiro, Brazil. Scale analyses, including factor analyses and reliability tests, were conducted separately with youth aged 15 – 24 (n = 224) and adult men aged 25 – 59 (n = 525). Construct validation was further explored through the relationship between the scale, and partner violence and HIV risk behaviors.

Results:

The 24-item Gender Equitable Men Scale (GEMS) possesses good internal reliability for both younger and older groups. Factor analyses support two subscales: Traditional Gender Norms – e.g., men are always ready to have sex - and Egalitarian Gender Norms – e.g., a couple should decide together what type of contraceptive to use. Factor analyses were quite similar for both age groups. As hypothesized, higher scores on the GEM Scale were negatively associated with violence and HIV risk behaviors.

Conclusions:

The GEM Scale appears to be a useful gender norms measure for both male youth and adult men in Brazil. Implications for evaluating the impact of programs will be discussed.

**Presenter** Mona Selim

**Region:** Arab/Muslim

**Theme:** Program models of M/M/E

**Authors** Selim, M; Ayoub, M; McCloud, P

**Organization** CEDPA/Egypt

**Address:** 53 Manial St. Suite 500, Manial El Rodah

**City** Cairo

**State:**

**Country** Egypt

**Email:** [mselem@cedpa.org.eg](mailto:mselem@cedpa.org.eg)

**Abstract Title** Preliminary Findings from the New Visions Program Pilot Evaluation in Egypt Nonformal FLE for Boys in Egypt

**Abstract Text:**

The New Visions Program for Boys and Young Men, a non-formal education program of basic life skills and reproductive health implemented by local NGOs, was developed in recognition of not only the male influence on the enabling environment for the empowerment of girls, but also of the distinct needs and rights of adolescent boys themselves.

A major focus of NV has been gender norms, RH from a gender equity perspective and gender-based violence. Based on the curriculum and stated objectives, a program model was developed to quantitatively measure changes in attitudes on gender norms and gender violence following the implementation of the NV Program.

Methods and Procedures:

A KAP survey of class participants aged 11-20 in rural Upper Egypt is used to evaluate program effectiveness. The KAP survey is administered to class participants at baseline, after completing the classes, and one year after course completion. A comparable neighboring village where NV is not yet being implemented acts as a control site.

Results:

Preliminary baseline and time 2 findings from the intervention group indicate that awareness has increased and attitudes regarding gender roles and gender violence have become more positive.

Conclusions:

The New Visions program is changing boys' attitudes regarding gender roles. As the NV program expands to more communities throughout Egypt, qualitative research will be conducted to assess how and if implementation of the NV program and individual change in KAP have affected community norms and strengthened community institutions to foster a more enabling environment.