

Review of Programmes, Projects and Interventions

To

Engage Men and Boys in the Fight Against

Gender Based Violence

By

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Section I - Introduction: A Shift in Theory Followed by a Shift in Practice

The idea of involving men and boys in interventions aimed at achieving more equal relationships between men and women is part of a relatively new conceptual framework. The population and family planning field began paying attention to “male involvement” in the 1980s, because men were often the decision-makers in matters of family size and contraceptive use. Gradually, a theoretical shift from Women in Development (WID) to Gender and Development (GAD) has been verified in almost every development program conceived to empower women, contain the HIV epidemic, ensure children’s rights to live free from violence, and advocate for change in the political arena in order to guarantee gender equality at the institutional level. GAD promises a new approach, born out of recognition of the many inadequacies of focusing on women alone. Instead, new efforts in research are based on an in-depth analysis of the socially and historically constructed relations between men and women, thus allowing a better understanding of the relational nature of gendered power, gender-based violence and inequality.

This shift in theory, however, was not immediately followed by a shift in practice. National and international institutions, NGO’s, foundations and policymakers had to become familiarized with the ideas that emerged from innovative research, in order to conform to a new conceptual framework and develop interventions capable of engaging men and boys in the fight against gender inequality. This process was accelerated by the tragic outcomes of the HIV epidemic and the many failures encountered by those programs and interventions that only focused on empowering women to negotiate safer sex,

specially in societies where it is men who decide when and with whom to have sex, and when and if to use condoms. By 1994, delegates from 180 countries met in Cairo at the International Conference on Population and Development and affirmed that men must be included in efforts to improve not only the reproductive health of women but also the social and legal status of women and girls worldwide (United Nations 1995). In 1999, the United Nations’ five-year review of progress since the Cairo conference (ICPD+5) said that action should: “Promote men’s understanding of their roles and responsibilities with regard to respecting the human rights of women; protecting women’s health, including supporting their partners’ access to sexual and reproductive health services; preventing unwanted pregnancy; sexually transmitted diseases (STDs), including HIV/AIDS; sharing household and child-rearing responsibilities; and promoting the elimination of harmful practices, such as female genital mutilation and sexual and other gender-based violence ensuring that girls and women are free from coercion and violence”.

The purpose of the present work is to provide a broad review of the actions taken by NGO’s, policymakers, international institutions and private foundations to engage men and boys in the prevention of gender-based violence worldwide. Notice that the concept of gender-based violence has been considered in its larger meaning, as “any form of violence used to establish, enforce or perpetuate gender inequalities and keep gender hierarchies in place” (Lang, 2003:4). It mostly takes the form of men’s corporal and psychological violence towards women and girls, but also includes violence

towards men and boys, violence suffered by children as a result of specific gender norms that undermine men's ability to exercise their roles as fathers and carers, and gender inequalities in the access to sexual and reproductive health and rights. Some of the efforts described here are programmes, some are projects and some are interventions. Programmes refer to long-term efforts with multiple components. In contrast, interventions refer to short-term (usually a few weeks and less than three months) efforts that often have just one component. In between programmes and interventions are projects, which are generally time-bound efforts to carry out a specific set of activities to achieve a particular change or impact. The actions have been organized according to the specific form of gender-based violence that they aim to eliminate, and a brief analysis of the results obtained is given whenever the necessary data has been provided by the organization. Please note that this review does not mention all the programs, projects and interventions carried out on this field;

however, the efforts mentioned here are exemplary of the strategies that can be adopted to engage men and boys in the fight against gender-based violence and gender inequality.

Some methodological limitations to the present work also have to be recognized. First, all programmes, projects and interventions mentioned here have been analyzed based on information provided by the organizations themselves or larger international institutions that fund such efforts, and therefore the analysis may not be completely accurate. Second, many of these efforts have had effects and consequences difficult to assess; even when a study has been carried on to evaluate the impact of the activities, some of the results may not have been understood correctly. And third, since new information is given and new efforts are launched everyday, this study is potentially bound not to correspond to the reality of programmes, projects and interventions on the field in a short period of time.

Section II- Strategies: how to engage men

A- Basic Working Principles and Communication Strategies

In order to figure in this review, all analyzed programmes, projects and interventions had to follow some basic principles that show their commitment to achieving gender equality through their work with boys and men. Such working principles are the basis of any effective and ethical approach to this enormous challenge. As a result, the communication strategies implemented by the organizations carrying out such efforts are all embedded in the same ideals, though they are adapted to different cultural, political and social contexts.

All analyzed programmes, projects and interventions follow the same Human Rights Framework. Framing gender equality issues in the language of human rights and social justice enables men to see their engagement in gender issues as an action that helps improve human rights of all, as opposed to diminishing their own privileges. The human rights framework also provides with a strong instrument to fight for the equality and social justice of non-heterosexual men and women. Furthermore, an Integrated Social Vision has to be present, which implies the recognition of the need to move from 'adversarial' roles to partnership between men and women in achieving the goal of gender equality. We will see that putting this idea into practice remains an important challenge faced by most of the organizations; nevertheless, all of them acknowledge the importance of carrying out efforts in that direction.

In addition, it is clear that all interventions follow a Life-cycle Approach.

Because gender stereotypes are pervasive and they operate throughout lifetime, a life-cycle based approach is needed to affect the socialization of men and boys in relation to the whole range of social arenas: home, education, workplace, economy, sexuality, sexual orientation, health, work/life balance, etc. Lifecycle based strategies start with early childhood education and care. Moving through various phases of adolescence and adulthood, the strategy takes into account age specific psychosocial needs: self-esteem, school to work transition, single hood to parenthood, and so on. The difficult task of adopting such an approach would not have been possible if all organizations had not sought to build Multi-Sectoral Partnerships. This requires involving a whole range of stakeholders in the process: governments, multilaterals, private sector, trade unions, civil society, religious organizations, non-governmental organizations, army and the police, research institutes, community agencies and the media.

Finally, although all programmes, projects and interventions ultimately aim at achieving deep and permanent change in men's and women's behavior regarding gender norms, they all recognize the importance of adopting a strategy based on Pragmatic Incrementalism. Since values and social norms do not change overnight, a pragmatic and incremental approach is imperative. Often men might be enlisted for some other concern, perhaps for supporting the suffering of other men, but they might eventually see the underlying issue of gender inequality as the root cause and join in that fight. When doing that, men have to accomplish the difficult task of holding themselves partly responsible for the

different kinds of gender-based violence still present in our societies. This means that Accountability is in the centre of strategies to engage men: “Accountability confronts the danger of men simply excusing their attitudes and behaviors as products of gender pressures and norms, rather than examining their attitudes and behaviors in light of gender pressures and norms” (Greig, 2005:6).

As far as the communication strategies adopted by the organizations are concerned, it is also clear that many of them have followed very similar paths. Like in any social campaign, allies are identified using the existing forms of Social Network: churches, mosques, microfinance agencies, school principals, government officers, community elders and so on. Strategies are also Context Specific, and responsive to local cultural measures. Furthermore, In order to accelerate the process of change and to ensure that the message reaches the public they focus on, many of the programmes, projects and interventions have created Male Peer Groups. If peer groups are instrumental in constructing negative traditional versions of manhood, they can also be part of deconstructing these harmful aspects of gender. Indeed, given the opportunity, boys are able to identify the costs of trying to succeed in or live up to traditional masculine roles. Moreover, several studies have found that, for some young men, reflecting on their exposure to negative forms of male behavior such as their fathers’ use of violence becomes a powerful pathway to change (Barker 2001). If boys learn to be respectful of their partners and to practice safer sexual activity, they often continue this behavior into adulthood. In order to multiply the effort and therefore engage more boys in this process of change, organizations often invest in Training and Creating Leadership amongst those men and

boys who show a particular interest for the cause of putting an end to gender-based violence. These leaders can sensitize other men and boys, even after the end of the organization’s own work.

B- Men Fighting Corporal and Psychological Violence Against Women

Generally, the discourse for fighting corporal and psychological violence against women has focused on girls’ enrollment in public education, reducing or prohibiting early marriage, sensitization of women and girls so as to make them aware of their own rights, and economic empowerment. Nonetheless, even when these important goals have been achieved, girls and women are still too often vulnerable. In Latin America and Caribbean on the whole, for example, we see girls enrolled at nearly universal rates at the primary level (in some countries at rates higher than boys), but this enrollment does not leave girls immune to harassment and unwanted sexual advances. In a recent population-based survey in the Caribbean, where girls’ rates of enrollment in primary school approach 100 percent, nearly 50 per cent of young women ages 10-18 reported that their first sexual experience was “forced” or “somewhat forced” (UN Millennium Project, 2005). Similarly, in parts of sub-Saharan Africa and much of South Asia, girls studying in mixed sex schools report harassment and sexual violence at the hands of male students and male teachers (Barker & Ricardo, 2005). Girls in Nepal describe being harassed by boys on their way to school, and unable to report of this harassment out of fear of being punished and withdrawn from school (Mathur et al 2001). Thus, even if empowered to be in public spaces (such as workplaces, schools or universities), girls and women are too often subject to corporal and psychological abuse.

This reinforces the need both to change how social institutions treat girls, but also to change the underlying gender norms that continue to encourage boys and men to treat women and girls as objects for their sexual gratification.

If boys are socialized in much of the world to believe they have sexual rights over girls, we also know that girls are frequently socialized to accept male control of sexual decision-making, as has been confirmed on numerous studies on sexual violence (Jeejeebhoy and Bott, 2003). A study in South Africa found that young women identified their ideal relationship as one in which the male made the decisions, including the use of condoms and the timing of sex (Harrison et al., 2001). Among 11 to 15 year-old school-going young people in Jamaica, 69 per cent of boys and 32 per cent of girls agreed with the statement that “if you really love your [partner], you should have sex with them” and more than half (58 per cent) of boys and 30 per cent of girls said that if a boy “spends a lot of money on a girl” she should have sex with him (Eggleston and Hardee, 1999).

In analyzing these findings about the socialization of boys and girls, it becomes clear that any program, project or intervention that aims to engage men and boys in the fight against corporal and psychological violence is somewhat forced to adopt an ecological model, one that takes into account all the multiple factors that lead to the existence of gender inequality. For that reason, the efforts reported here have been directed at changing the underlying gender norms that lead to corporal and psychological abuse, rather than limiting their work to the issues of sexual and domestic violence alone.

The White Ribbon Campaign is the largest effort in the world of men working to end violence against women. In over fifty-five countries, campaigns are led by both men and women, even though the focus is on educating men and boys. In some countries it is a general public education effort focused on ending violence against women. The campaign was created in 1991, when a handful of men in Canada decided they had a responsibility to urge men to speak out about violence against women. Wearing a white ribbon would be a symbol of men's opposition to violence against women. With only six weeks of preparation, 100,000 men across Canada wore a white ribbon, while many others were drawn into discussion and debate.

Nowadays, the campaign's scope of work is global, aiming to engage men from very different social and cultural backgrounds all over the world. The main goal of WRC is ending violence against women in all its forms. In order to accomplish this, the campaign relies on five different kinds of activities, or input: (1) challenging everyone to speak out, and think about their own beliefs, language and actions; (2) educating young people, especially young men and boys, on the issue through the educational resources they produce; (3) raising public awareness of the issue; (4) working in partnership with women's organizations, the corporate sector, the media and other partners to create a future with no violence against women; and (5) supporting White Ribbon Campaigns in different countries. So far, the results or output obtained by the campaign in most of the countries where it is present have been unclear. While the campaign's growth, strength and global approach to the issue can be considered as very positive results in themselves, there's a lack of concrete data to measure the change in men's and

women's behavior and the real influence of this project in fighting corporal and psychological violence against women.

Also operating at a multinational level, EngenderHealth's Men As Partners (MAP) program began in 1996. Through its groundbreaking work, this program's goal is to deal with men to play constructive roles in promoting gender equity and health in their families and communities. The MAP program uses many approaches, or input, to address gender inequalities, including: (1) holding interactive, skills-building workshops that confront harmful stereotypes of what it means to be a man; (2) enhancing health care facilities' capacity to provide men with quality care by training health care professionals to offer male-friendly services; (3) leading local and national public education campaigns, using murals, street theater, rallies, and media, which explore the theme of partnership; and (4) building national and international advocacy networks to create a global movement. To date, EngenderHealth has developed Men As Partners programs in over 15 countries in Africa, Asia, Latin America, and the United States, so their scope of work is global, aiming to engage men from different social and cultural backgrounds.

In South Africa, the Men As Partners initiative engages men via the police force, the military, trade unions, universities and schools to carry out activities in these settings to reach men with messages about gender equality. The output of this work is promising. A study by the World Health Organization (WHO) has found that before the activities, 54% of the men disagreed with the statement that they are the ones who must make the decisions in a relationship; three months after, 75% disagreed. Before the activities, 43% disagreed with the statement that when a woman says no to

sex, she does not really mean it; three months after, 61% disagreed. Nevertheless, no change in behavior has been measured.

Another promising program, FEMNET's Men to Men Initiative was launched in 2001, to mark the Sixteen Days of Activism Against Violence on Women. The FEMNET contribution to the campaign targeted men, and marked the beginning of a partnership whose goal is to promote and increase male involvement and action to combat gender based violence, with a scope of work defined within the Africa regional level. FEMNET's input included the organisation of a regional Men to Men Consultation, which brought together 27 men from four countries, namely Kenya, Malawi, Namibia and South Africa. The Consultation's output consisted in the creation of a Regional Network of Men Against Gender Based Violence. Now, the design of a media outreach programme to disseminate men to men messages and discuss critical manhood and masculinity issues to change male behavior and promote gender equality is underway. FEMNET has visited the four countries in September 2002 to identify other collaborating partners and ideas for media outreach, existing male initiatives, and materials for male sensitization and other useful data for improving the programme, which has the form of a multimedia kit directed at men against gender-based violence. The kit includes a television and radio public service announcement, a video documentary, a booklet, posters and stickers.

As a result of the sharing of the experiences from the Regional Network of Men Against Gender Based Violence with global networks, including the INSTRAW and UNIFEM networks, FEMNET has received support from UNIFEM, the United Nations High Commissioner for Refugees (UNHCR

Offices in Geneva, Nairobi, Freetown, Conakry and Monrovia). Requests for information and expressions of interest in the programme have also been received from male groups in other countries including Ethiopia, Ghana and Zambia. Past networking activities have been primarily through the Internet, and newsletters.

FEMNET's initiative is not the only effort engaged by an international organization to strengthen regional networks and spread the message of gender equality amongst men. In 2002, Oxfam (GB) established a project on Gender Equality and Men (GEM), whose goal is to highlight the fact that gender equality is liberating and beneficial for both women and men and that gender equality means moving beyond the notion of masculinity and femininity and opens up a broader and richer set of options for how women and men work, behave, think, feel and relate to one another. GEM's scope of work is multinational, aiming at engaging men and boys from disadvantaged backgrounds in different countries around the globe. As elaborated by the project team, the project will promote building partnership among women and men for gender equality, poverty reduction and better lives for all. GEM is not simply looking at the exclusion or unique circumstances of men in the development process (although that is part of it). The project has been assisting Oxfam to explore how it can advance gender equality and poverty reduction by incorporating men and boys more fully in the organizations' gender work. GEM's input consists of activities such as: (1) regional workshops on men and masculinities in the UK, East Asia and South Africa; (2) an internal course ("the Gender Journey") that has trained a number of key male advocates of gender equality in our organisation; (3) piloting new approaches to work with men in Azerbaijan, Georgia, Albania, and the Negev

Desert (Israel); (4) policy and practice change at different levels of government (Yemen and the UK).

In Yemen, national studies revealed that violence against women is a wide spread phenomena manifested in wife battering, forced early marriage, honor crimes, deprivation of girls from education, prohibiting women inheritance, and women's limited access to claim divorce or alimony. In May 2002, Oxfam in Yemen in collaboration with GEM project held a workshop with partners. The objective of the workshop was to explore potential role of women and men to work in partnership for ending violence against women and to encourage participants to include men in their analysis and actions on gender equality, to use the results of the workshop in exploring further actions to integrate the GEM approach in Oxfam's Yemen program on Ending Violence Against Women. The basic strategies used to achieve this goal at the national level included: (1) working with men and boys as recipients for awareness raising sessions on VAW; (2) working with men as allies to combat violence against women in particular key government officials and key actors in the society such as academicians and religious leaders. The output of this work hasn't yet been measured through concrete data.

Projects like Oxfam's GEM are usually built around partnerships with local organizations, but their design is always conceived by the international institution seeking their implementation. Following a different logic, that is one of a consortium between local NGOs, the Program H initiative -- "H" for homens (men in Portuguese) and hombres (men in Spanish) -- was created by a network of Latin American NGOs whose goal was to encourage the voices of resistance, referring to young men who

question traditional norms, and gaining from listening to the voices of those young men who openly question gender injustice. While born in Latin America, the program has been implemented, tested, adapted to local cultures and built on by project partners in India, and in parts of sub-Saharan Africa, thus acquiring a global scope of work. Program H's input consist of two components: (1) a validated curriculum that includes a manual series and educational video for promoting attitude and behavior change among men; and (2) a lifestyle social marketing campaign for promoting changes in community or social norms related to what it means to be a man. Additionally, a culturally relevant validated evaluation model (the GEM Scale - Gender Equitable Attitudes in Men Scale) for measuring changes in attitudes and social norms around manhood has been developed to measure the output of the initiative. It has been found that after six months of exposure to the program, there have been significant positive changes in 10 of 17 gender attitude items (using Gender-Equitable Men Scale) amongst a group of men in one Brazilian low-income community, while no changes were verified in the control group.

At a regional level, the Coalition Against Trafficking in Women – Asia Pacific (CATW-AP) has been created with the goal to change the sexual attitudes and practices of young men who purchase or are potential buyers of women in prostitution, through popular education. Their input has been designed to serve three specific objectives: (1) to critique gender roles and facilitate self-reflection on the male construction of sexuality as it relates to the male demand for prostitution, which promotes trafficking; (2) to deepen young men's understanding of the harm of trafficking and prostitution to the women, to themselves and to society; and (3) to provide young men with a critical

understanding of violence against women, particularly trafficking, towards a change of attitude and treatment to women. Their activities have included focus group discussions in four schools, two communities and the Transport Union. They have also created Young Men's Camps, where they have assembled young men from 16 to 20 years of age from schools and communities with a talent for leadership. During these camps, there has been production of Teaching Materials. The outputs have not been measured through concrete data, but 8 young men have been interviewed in a local radio program, an e-group has been created in order to discuss pornography, prostitution and other issues and forums were conducted in schools and communities where the young men came from. Although this specific campaign's scope of work has been limited to countries from Asia Pacific, similar interventions have been held by the CATW in other regions.

Many other initiatives can be found at the local level. CANTERA, an NGO in Nicaragua, works with men in rural communities. Their goal is to end gender based violence through popular education workshops. In Pakistan, an NGO called Rozan works to change the way the police responds to gender-based violence. One of Rozan's principal goals is to stop police officers from ignoring domestic violence and 'honour' killings on the basis that they are 'private issues' to be dealt with within families and communities (UNESCAP, 2003).

As part of its gender training work, NGO Ghamkhori in Tajikistan, Central Asia, works to achieve the goal of changing male attitudes towards domestic violence – that is, violence against both women and children. Their input consists of a set of activities that use newspaper stories, or examples from neighboring villages where men describe

their violence and its consequences, as the impetus for focus on group discussions. In their village project, this method has had around a sixty per cent success rate in significantly reducing violence, as reported by wives and children, who also receive gender training in separate groups, indicating very promising outputs. This success is partly due to specific work on violence and partly to a holistic approach to encouraging social change, whereby the organisation spends between six and twelve months in each village, with each group of participants receiving weekly educational sessions based on a curriculum established by the members of the group. Besides their village project, Ghamkhori's scope of work includes the police, the army, and the KGB – organizations whose membership is almost entirely male – to sensitize them on the issue of domestic violence. To the first of these they also teach skills for dealing sensitively with women who report their husbands to the police. This has considerably diminished the abuse of women who come to the police seeking support to restrain violent husbands.

In the U.S., the organization Men Can Stop Rape has developed a campaign called My Strength is Not for Hurting, whose goal was to engage local sports figures to speak out against violence toward women. Their scope of work was limited to the national level, and they targeted young men (average age of 16 years). Other input consisted in creating educational groups of men who attended 16 weekly sessions and received information and training on fighting sexual violence against women and girls. Impact evaluation found that the outputs of this program are promising: young men who participated in the activities reported a greater willingness to question or act on incidents of gender-based violence that they witnessed.

Also in the U.S., the Family Violence Prevention Fund implemented a Coaching Boys Into Men program after conducting research on men's impressions of domestic violence, their familiarity with it and their willingness to get involved in efforts to stop it. The formative research, which consisted of a national survey and focus groups, showed that the majority of men think domestic violence is a problem and that more than 50 percent have had domestic violence touch their lives in some way. The focus groups also indicated men's willingness to get involved in efforts to stop domestic violence, especially if efforts involved mentoring boys. The insights gained through the preliminary research led the Family Violence Prevention Fund to take public action using a social and ecological model of engaging men and boys through prevention rather than just intervention. Ultimately, the goal of the program was to affect boys and young men's socialization as to reduce gender-based violence.

The prevention program's inputs consisted of public service announcements, a U.S. and international coach's playbook to be used for wide-ranging talks with the boys whom men coach in sports, and tips for men on how to talk to boys about domestic violence. Analysis of the mass media prevention activity showed positive output: men who saw the announcements were more likely than those who did not to say that violence against women was an important problem. Recent national survey data associated with the Coaching Boys Into Men Campaign indicate that 56 percent of men – and 60 percent of those age 18 to 34 – have reason to believe a member of their immediate or extended family, a close friend or acquaintance has been in a domestic violence or sexual assault situation. Findings also indicate that men are taking action. Two of three fathers (68 percent) have talked to

their sons, 63 percent have talked to their daughters, and 55 percent of the men surveyed have talked to other boys who are not their sons about the importance of healthy, violence-free relationships. In spite of such inspiring results, the program's scope of work remains limited to the national level.

In the UK, a NGO called CHANGE works to end domestic violence and to meet the recognised need for a means to challenge and change men who are violent towards women. Working within the criminal justice system, a men's programme was developed and evaluated. Training other agencies to implement this work now forms the main task of the organisation. CHANGE was the first project in Europe to set up a programme of re-education for violent men that aims to take full account of the interests of women and children.

In Africa, more specifically in Burkina Faso, the prevention female genital cutting has been the object of many interventions with men and boys. The Mwangaza Action is the result of a partnership between the Population Council, TOSTAN, GTZ, USAID, the National Committee for the Fight against FGC and the University of Ouagadougou. The intervention's inputs are based on social mobilization and in an approach centered on education on human rights and reproductive health, with single-sex classes and a system of mentorship. The goal is to sensitize men against female genital cutting. The outputs of the campaign have not been measured by objective data, but the fact that it had reached 1674 participants total, including 767 men, who helped organize 46 village meetings held totaling about 13,000 participants and 7 inter-villages meetings totaling about 9,000 participants, is already a positive sign. The campaign also organized a public ceremony of abandonment of FGC

with about 5,000 participants. Although female genital cutting is a form of corporal violence against women that is not restricted to Burkina Faso, the action's scope of work has also remained limited to the national level.

In India, Men's Action to Stop Violence Against Women (MASVAW) has adopted a very innovative way of engaging men and boys in the fight against gender-based violence. Conceived as a social movement rather than an organization, MASVAW has a great potential of going to scale and actually attaining larger groups of men, while it also ensures its belonging to the men themselves – and not to some NGO or institution that would design the interventions and then encourage men to take part in them.

MASVAW is a network of over 175 individuals and 100 organizations. These men have decided to pursue the goal of bringing about a change within themselves and in other men to raise their voice against traditional patriarchal values and challenge stereotypical notions of what it means to be a man. MASVAW's activities or input consist in public action, at the core of which is self change. Boys and men raise their voices against violence against women and gender inequality through agitations, campaigns, media reactions, public debates, discussions, workshops and seminars. MASVAW also works with the police, doctors, lawyers, boys and men in universities, schools and the media, supporting them to form groups to intervene in instances of violence within the community, provide support to survivors and ensure that local schools and colleges become violence-free zones. The issues raised by MASVAW are often sensitive, requiring the use of appropriate tools targeting different age groups. Therefore

MASVAW invests many resources in developing and adapting tools for change. The most popular among them is the traditional snakes and ladders game, used to sensitize boys and men on gender and violence. As a matter of fact, finding points of entry to reach out to a wide target group is an important aspect MASVAW's work.

Until now, MASVAW's scope of work has been limited to the regional level, engaging men at the Indian State of Uttar Pradesh. But MASVAW members continually

seek to stimulate the creation of other networks in other parts of the nation. In addition, these men are taking an active part in the creation of a national alliance for working with men and boys to stop gender-based violence, called FEM (Forum to Engage Men). A case study suggests that MASVAW members do bring about change in their own relationships with their wives and children and their perception of gender roles and norms. However, no large-scale evaluation has been implemented to analyze the exact outputs of MASVAW's work.

Toolbox: How to engage men and boys in the fight against corporal and psychological violence against women at the local level?

- Spreading the message: holding interactive, skill-building workshops that confront harmful stereotypes and underlying gender norms at the roots of violence against women.
- Promoting local campaigns: getting men and boys that believe in gender equality to speak up, approaching other men and boys on the roads, schools and local gathering areas.
- Making them listen: using techniques that make it easier to reach out to men and boys: games, workbooks, music, theatre and art.
- Getting them while they are young: affecting boys socialization by working at local schools and giving training or asking public authorities to provide training for teachers and carers as to ensure that the message of gender equality is passed on to children and adolescents.
- Taking responsibility: creating local councils that function as watchdogs, monitoring cases of domestic violence within the community, getting the local authorities to intervene, encouraging media coverage and generating peer pressure as to avoid the occurrence of such violence.
- Joining efforts: creating networks of organizations and individuals committed to putting an end to gender-based violence so that the knowledge is shared and common problems can be addressed together.
- Building partnerships: engaging state and non-state actors, the police force and the health-care providers, local political and religious leaders and role models in the fight against gender-based violence.

C- Encouraging Men's Positive Engagement as Fathers and Carers

Studies have shown that fathers who are positively engaged in the lives of their children are less likely to be depressed, to commit suicide, or to be violent towards their wives. They are more likely to be involved in

community work, to be supportive of their partners, and to be involved in school activities (Morrell, 2003). Nevertheless, around the globe, fathers contribute about one-third to one-fourth of the time that mothers do to direct childcare (Population Council, 2001). Furthermore, many qualitative studies suggest that even when men carry out domestic chores, they gain little or no

identity or social recognition for it. Some men even try to carry out domestic work in clandestine ways so they do not “ruin their reputation” (Olavarría, 2000). In addition, according to the Global Coalition on Women and AIDS, up to 90 percent of the caregiving that is required due to HIV-related illness is provided in the home by women and girls.

Another important aspect and benefit of men’s involvement as fathers is the importance of such involvement as a way to promote gender equality among children. Studies from Western Europe and North America have shown that positive father involvement increases the chance that sons will be more gender- equitable, and that daughters will have more flexible views about gender norms (Levine, 1993; Russell & Radojevic, 1992). Boys who observe fathers and other men being violent towards women or treating women as sex objects often believe that this is normal male behavior. In observing their families, boys may believe that domestic tasks and taking care of others are “women’s work”. Boys who lack positive male role models in their families may base what they think is required of them as men based on often erroneous and exaggerated images from the media. Responsible fatherhood is therefore extremely important in changing the underlying gender norms that lead to the occurrence of violence against women. The efforts analyzed here are directed at promoting such healthy models of fatherhood as to affect the socialization of boys and girls and the way they view gender issues when they grow up.

Acknowledging the importance of fostering constructive male involvement in the lives of children to the achievement of gender equality has led many organizations that initially concentrated their efforts on violence prevention to adopt programmes specially directed at fathers. The Program H,

analyzed above, has incorporated these messages to many of its activities with men and boys, with special focus on early fatherhood and adolescent fathers. The NGO responsible for the coordination of this program in Brazil, Promundo, also created a Network on Early Childhood Development, which has developed a national policy for ECD which includes recommendations on engaging more men in child care work and seeking ways to engage fathers and men more directly in ECD. This is part of one specific dimension of programmes, projects and interventions with men and boys, namely the construction of a political agenda and advocacy, which we will discuss later.

Also in Brazil, the PAPAI Institute founded in 1996 the first Brazilian Adolescent Father’s Support Programme, which provides information to help young men take on responsibility for their own sexuality and its consequences, and supports teenagers who are already parents. Their initiative’s goal is to combat prejudice and misconceptions at their roots in healthcare institutions and community attitudes, in order to solve the problems of absentee fatherhood and stimulate male participation in family development. Their input includes a special marketing campaign, which uses various media formats to introduce new, more positive images of fatherhood and encourage community members to support young fathers and recommend sexually active adolescents for prevention programs. Instituto Papai works in partnership with community based health services, as well as hospital based adolescent health programs covering topics as reproduction and responsible parenting. Services for expecting and current fathers include training in childbirth and childcare, in addition to an orientation to the available health, education, advocacy, and employment assistance for new parents. The outputs of such efforts are

extremely promising. The Institute has managed to insert the theme "men and care", focusing in the adolescent fathers, in the Adolescent Reproductive and Sexual Rights national public policy agenda; it has become a national reference point in defending the Federal Law that ensures that women are able to choose their birth partner and this partner is able to remain with them throughout the birth of their child. They also work to encourage fathers to exercise their right to be present during the birth of their child within the public health system. The number of individuals served since the beginning of the project is around 1000 young men, and 4000 health professionals and community agents.

Instituto Papai's scope of work is mainly restricted to the communities in which the project has been implemented, but the Institute also aims to change society at large: in discussing and questioning traditional gender roles, they are encouraging society to reconsider these roles, thus allowing adolescent and young men to be recognized as potential care-givers and responsible fathers. In doing so, they expect to contribute to the deconstruction of machismo and gender-based violence in Brazil, and allow increased involvement of men and youth in the fields of health, sexuality and reproduction.

Other fatherhood preparation courses and information campaigns focusing on men's roles in the lives of children can be found in the Latin America and the Caribbean (LAC) region. To give an example of these programs, in rural Haiti the Haitian Health Foundation has supported the creation of about 40 father's clubs that focus on helping fathers care for child health problems such as diarrhea. The reported participation of fathers is high, about 700 fathers participate, but no evaluation has been done to ascertain

why the involvement is high and what the impact of the fathers clubs has been (Sloand & Gebrian, 2006). In Trinidad and Tobago, an organization called SERVOL has incorporated a module specially design for adolescent fathers to their Adolescent Development Program. The young men who take part on the project are exposed to an adolescent parenting programme designed to make them aware of the responsibilities involved in bringing children into the world and caring for them, in an enlightened fashion. During this period, they are helped to develop emotionally through a relationship-training programme in which they are guided to form relationships with small children (through spending time in the day nursery, working, feeding and playing with babies and toddlers), as well as with adult males and females who are members of the SERVOL staff and who take the place of parents.

While Promundo, Papai Institute, the Haitian Health Foundation and SERVOL have developed projects aimed at fathers, some other efforts in the region have been carried out by the fathers themselves. It is the case of Fathers Incorporated, a community-based parenting group established by Jamaican men in 1991 to address negative stereotypes of Jamaican fathers. Workshops and awards are offered to support men in their efforts to become caring, committed, and responsible parents as part of a goal to change images of fathers as merely uninvolved providers of material goods. Both fathers and men who are anticipating becoming fathers are incorporated into the organizations' activities. Their scope of work is restricted to Jamaican communities, and their input includes workshops, seminars, and conferences are offered that address various aspects of fatherhood. These sessions are designed to provide information about parenting skills, as well as to encourage men

to play a more active role in the lives of their children. Men who are not yet fathers are encouraged to learn from other participants about how to anticipate and prepare for the challenges they may encounter in that role. Fathers Incorporated has also developed a special training module to address the needs of men from the country's deprived inner-city communities. This module goes beyond parenting skills to address contraception. Future topics for this module may include broader topics on the issue of male sexuality such as gender development, socialization, and cultural norms. In addition, workshops in 2001 focused on the single father. The organisation also instituted a Fathers' Day concert under the patronage of the Governor-General and the Prime Minister. Since 1997, a yearly presentation of the 'Model Father' award has been made in an effort to recognize fathers who love, nurture, and provide for their families. The outputs of this work, however, have not yet been measured.

In Mexico, an NGO called Salud y Genero has found that talking about fatherhood is a good entry point for men who might feel threatened by topics such as violence, sexuality or alcohol. Fatherhood is seen as a socially desirable role for men in Mexico and it is central to male self-esteem. It is also a good point of intervention for strengthening equitable relationships through sharing in childcare. The How Daddy Looks to Me campaign was conducted at national level in 2000 with support from local, state and national government, and produced nearly a quarter of a million pictures from primary and pre-school children across the country which were displayed widely.

In Spain, an NGO called AHIGE has developed a wide range of activities that seek to promote more equal relationships

between men and women within the household. These activities also encourage men to take responsibility as fathers and carers. AHIGE's projects use all the resources available to a majority of men in a developed country like Spain. For instance, they include a virtual training for young men interested by the cause of gender equality.

Other than working with men who are already fathers, interventions aimed at fostering responsible fatherhood also seek to positively engage men in the decision-making process concerning when to have children, while encouraging them to listen and accept women's views on that process. Indeed, in family planning programs in developing countries, men have long been an underserved audience. Over the past decade, however, increasing recognition of men's influence on reproductive decisions and family planning practices has given rise to new communication projects promoting male involvement in family planning.

For example, the Zimbabwe National Family Planning Council (ZNFPC), a parastatal organization under the Ministry of Health and Child Welfare, successfully implemented a Male Motivation Campaign in 1988-1989. In September 1993, ZNFPC launched a second male motivation campaign with technical assistance from the Johns Hopkins Population Communication Services (JHU/PCS). Their input include a mix of radio and television programming, print materials, and community events. The campaign's goal was to encourage couples to use long-term and permanent contraceptive methods, and to promote male participation in family planning decision making. Their scope of work was limited to the national level, and the outputs of their work have not yet been measured.

Similarly, getting men involved in family planning decisions can be difficult in a Muslim country like Jordan, where many people are unaware that Islam permits modern family planning methods. Together for a Happy Family, an integrated behavior change communication program, effectively addressed this issue by enlisting religious leaders and Jordan's royal family to help men and women increase their knowledge and change their behavior regarding the use of modern methods. Together for a Happy Family ran from March 1998 to March 2000 and was the first-ever national multimedia campaign in Jordan to involve men in family planning. The goal of the campaign was to enlist men's support in making informed decisions with their wives toward using family planning. The Jordanian National Population Committee (NPC), with technical assistance from the Johns Hopkins Bloomberg School of Public Health Center for Communication Program's Population Communication Services project in Baltimore, designed a campaign whose inputs were aimed at reinforcing the following five messages: (1) men should discuss family planning with their wives; (2) using family planning is consistent with Islam; (3) modern family planning methods are safe, effective, and reversible; (4) male and female children are of equal value; and (5) using modern family planning methods enhances quality of life for the entire family. The scope of the campaign was national, but its outputs have not been measured.

In India, men are often the primary decisionmakers regarding women's health care, but they remain poorly informed about women's health. Between 2000 and 2003, FRONTIERS and the Employees' State Insurance Corporation (ESIC), a government-affiliated insurance agency for low-income workers, conducted an intervention called Study on the Effect of Men's Involvement in

their Partner's Pregnancy. The study's goal was to assess the effect of men's involvement during antenatal and postnatal care on the couple's use of family planning and STI prevention. The intervention's scope of work was limited to six ESIC clinics in New Delhi, with three clinics serving as experimental sites and three as control sites. The inputs included 12 auxiliary nurse-midwives (ANMs) and 12 doctors being trained to provide couple and individual counseling. At the experimental clinics, a total of 2,836 consenting women and 1,897 of their husbands received couple, individual, or same-sex group counseling on pregnancy care and danger signs, family planning, postpartum infant care, breastfeeding and lactational amenorrhea method (LAM), the symptoms and prevention of STIs, and correct condom use. They also received antenatal testing and, if necessary, treatment for syphilis. Couples were seen during the pregnancy and at six weeks postpartum. At control clinics, pregnant women received standard care, which normally included weight checks, information on nutrition, and a tetanus vaccination, but very little counseling on pregnancy danger signs, family planning, or other reproductive health issues.

This intervention's outputs were extremely promising. First of all, men were interested in participating in maternity care. Husbands were significantly more likely to attend the informational consultations at experimental clinics than at control clinics (28% versus 13%, respectively). Couples in the experimental sites reported more communication on family planning than control couples (84% versus 64%, respectively) and more joint decision-making on the issue (91% versus 71%). Secondly, family planning use increased significantly at intervention sites compared to control sites. Use of family planning by women six months

postpartum was 14 percentage points higher in the intervention sites as compared to the control sites. The corresponding figure for men was 17 percentage points greater. Condoms were the most frequently used method, used by 66 percent of women and 71 percent of men among the subset using any method in experimental clinics. The proportion of men and women who intended to use a method in the future was also higher in the experimental sites.

The role of the father has been identified as one of the strongest influences on the initiation and duration of breastfeeding by mothers in the United States. Keeping that in mind, since 1990, a full-time on-site lactation program has been offered to male employees at the Los Angeles Department of Water and Power, a public utility company. The male program participants are from diverse backgrounds. Participation in the Fathering Program has grown since 1990 based on word of mouth, fathers' interest in the benefits of breastfeeding for the infant, and the female partners' interest in getting a free pump rental. The success of that project illustrates the viability of a breastfeeding support program that targets male employees, offered in a corporate setting.

Acknowledging the importance of all the different kinds of interventions described above – those who foster male involvement as fathers, those who seek to involve men in family planning and those who address particular issues related to fatherhood, like breastfeeding – has led UNICEF to develop a global initiative, whose goal is to encourage positive models of fatherhood. The initiative has taken different shapes according to the country of its implementation. In Peru, the project was called *Iniciativa Papa*, and it has been implemented through pre-school programmes by the Ministry of Education.

Iniciativa Papa's input is designed to reinforce the important roles men play in raising children. In small groups led by trained facilitators, fathers discuss the benefits of sound nutrition, clean water, immunizations and cognitive stimulation. Like other countries, such as Jordan and Namibia, Peru's commitment to its smallest citizens advocates the giant role of fathers in childcare. Men throughout the world are learning first-hand how to positively contribute to their children's lives. The outputs of the work in Peru have not been evaluated through concrete data, but sample studies have found that the initiative has a potentially beneficial impact in fostering responsible fatherhood. Besides learning concrete facts about child development, the men also confront the values that have been passed down from generation to generation.

In Namibia, community liaison officers working with UNICEF captured the attention of villagers by calling for "fathers' meetings." Tapping into the men's competitive spirit, they developed a board game, *For Fathers Only — Fathers Involved in ECD*. The board has a series of blocks with various sketches of men playing with and caring for children. The object of the game is to move from the start to the finish box by drawing a card and answering a question, such as "What do children gain from playing?" After one father answers, the group evaluates his explanation. If they agree that he gave a thoughtful and correct response, he moves his piece forward.

In Jordan, fathers involved in UNICEF's *Better Parenting Programme* meet in small groups during the evening at community centres or the homes of village leaders. They learn how to construct play environments with material found around their homes. They talk about how men's affectionate care — playing, dancing,

bathing, and feeding— helps children develop. This project inputs are designed to provide parents and caregivers of very young children with the necessary knowledge, skills and social services concerning child rearing, specifically in the area of health, nutrition and social-emotional development. Local facilitators are trained to deliver courses about: (1) better parenting content; (2) socialization and the roles of family, school, religion, peers and the media;

(3) communication skills within families; (4) relationship between family and school; and (5) gender roles in the family. They use appropriately-adapted and translated materials such as videos, parent booklets and facilitator guides. They are also trained to build more effective relations between and among parents, health centres, schools and teachers. Once more, however, the exact outputs of the initiative have not been properly evaluated.

Toolbox: how to encourage men's positive engagement as fathers and carers at the local level?

- Combating prejudice: creating local campaigns to sensitize men and boys as of the importance of responsible fatherhood.
- Getting them to talk: building spaces of dialogue that enable fathers to share their experiences, emotions and concerns.
- Stimulating participation in family planning: training or asking public authorities to offer training to public health professionals in order to enable them to use techniques that might encourage men's participation in family planning.
- Encouraging male involvement in all aspects of childcare: showing fathers that they can and should participate in all aspects of childcare, including breastfeeding, playing, and disciplining.
- Building partnerships: engaging state and non-state actors, local political and religious leaders and role models into building active and positive models of fatherhood within the community.

D- Fostering Constructive Male Involvement in Sexual and Reproductive Health and Rights

There are many reasons why it is important to work with men in order to improve the sexual and reproductive health of both men and women, especially in the case of the HIV epidemic. First of all, men face problems that are different from those handled by women. These problems include being pressured by gender norms and roles into thinking and behaving in ways that increase their vulnerability to HIV/AIDS; lacking the skills and information to cope in a world where HIV/AIDS threatens their lives and livelihoods; being at increased risk of

HIV infection; and lacking the choices and abilities to deal with that risk because of the social and economic injustice that some men face, linked to their ethnicity, caste or class position, sexuality, and age. In addition, men continue to be the leaders and decisionmakers in their households and communities in most societies. Working with men thus has an impact not only on the men themselves but much more widely as well.

Most societies and their institutions are based on a model of male power that denies dominated groups their human rights and equal access to, and control over, resources (economic, political, and cultural). Such inequality worsens the spread and

impact of HIV/AIDS. Challenging systems of male power must be an important part of any HIV/AIDS strategy, which means working with men because most men both benefit and suffer from such systems. Men's power also means that they usually have more control over sex than women, and therefore working with only the female partner in a couple can be ineffective and may expose women to suspicion and violence. Educating men about sexual and reproductive health issues might increase their respect for their partner's wishes and promote joint decision-making on safer sex and family planning. Keeping those reasons in mind, the efforts described here have been directed at changing underlying gender norms as to allow and encourage men to avoid risk-taking behavior that might threaten their health as well as the health of their partners.

Working with men to foster constructive male involvement in sexual and reproductive health and rights has proved to be so important that many powerful international foundations and institutions have put a tremendous amount of technical effort and financial resources into encouraging these efforts. Within the United Nations system, the United Nations Population Fund (UNFPA) has been responsible for most of the resources in that area. The interventions' scope of work is usually national; the inputs vary according to the different contexts. UNFPA's goal is to promote healthy sexual behavior amongst men, but the output of the activities hasn't been properly assessed yet.

With UNFPA's support, three schools in Thailand began teaching life skills such as critical thinking, self-awareness, problem-solving and social responsibility. Teachers and nurses empowered students as young as eleven years old with skills required to make safer choices about behavior.

Participatory learning methods replaced top-down approaches, and teachers once reluctant to discuss sexual issues found it was possible to break barriers with their students and communicate openly. Similarly, sponsored by UNFPA, youth-friendly clinics in Haiti have provided reproductive health services to more than 15,000 young people aged 15 to 25, trained more than 3,000 young people in family life education and reproductive health, and trained more than 2,000 youth peer educators. Community activities have reached another 125,000 young people with messages about preventing pregnancy and STDs including HIV/AIDS. UNFPA has also supported Remedios AIDS Foundation, an NGO, in the implementation of the Youth Zone, an "adolescent-friendly" reproductive health care centre at a shopping mall in the Philippines. The group has won awards for its telephone hotline, which answers questions about sexually transmitted infections, HIV/AIDS, pregnancy and other issues of concern to young Filipinos for more than eight years.

A peer education project supported by UNFPA in Botswana is countering dangerous myths and helping young people to find the correct information they need to avoid teenage pregnancy and sexually transmitted infections, including HIV. The Peer Approach to Counselling by Teens (PACT) is a preventive programme that helps teens counsel each other. In participating schools, students and teachers are chosen to attend a workshop as well as weekly meetings to help them address typical teenage troubles. The training covers team building, communication skills, value identification, human growth and development, facts and myths about human sexuality, decision-making and problem solving, relationships, the prevention of STDs and HIV/AIDS education.

UNFPA also recognizes the importance of engaging boys in other settings apart from their schools. For instance, with the organization's financial support, boy scouts in the Arab States region are learning how to prevent HIV infection, other STDs and pregnancy. Training in interpersonal and counseling skills and sensitivity to gender and culture are an important part of the project. For boys attending the recent 19th World Jamboree in Chile, workshops were held to raise awareness of these issues and related topics such as adolescent health and growth, marriage and family issues, ethics and values, and the roles of women and men.

Also with UNFPA's support, army staff in Nicaragua is being trained to promote sexual and reproductive health as part of an information, education and communication project for rural areas with high levels of maternal mortality and widespread poverty. By training military medical personnel, the project is also reaching large numbers of men. Doctors, nurses and health workers have been trained to integrate reproductive health and family planning services into their regular care in military health units and surrounding communities. One thousand soldiers and officers have been trained to carry out information and sensitization activities on reproductive and sexual rights. A similar project was started with the armed forces and national police in Ecuador.

UNFPA has encouraged barbershops in the Dominican Republic to provide an added service for clients: advice on how to prevent HIV infection, condoms for sale, and referrals to STD clinics. The barbers, who receive training in interpersonal communication and how to demonstrate condom use, have already reached half a million men with their prevention messages. At the other side of the globe, in Hong Kong,

China, radio and television spots have featured strong male figures to promote condom use and vasectomy. A soccer star, a television celebrity, a kung fu master and a cartoon character have delivered messages that men respond to. Hong Kong has one of the highest rates of condom use in Asia. The campaign has also included press conferences, posters, pamphlets, T-shirts, soccer and snooker tournaments, a newspaper cartoon series, quiz competitions and distribution of condoms by celebrities to office and factory workers.

In Burkina Faso, a film festival awarded the UNFPA special prize to an entry in which a condom that a young man believed would steal his virility actually gives it back to him. The film, "Le truc de Konate" (Konate's Knack), focused on HIV/AIDS, polygamy and women's rights. The main character, Konate, is asked by one of his wives to use a condom, but he refuses, fearing it will take away his virility. When impotence drives him to a traditional medicine man, he is told to seek a magic tree bearing a strange rubber fruit (the condom). On his search, Konate meets an AIDS-awareness team. He learns about sexually transmitted diseases and finds the tree. He returns to his village proudly brandishing condoms and precious information, which he shares with his relatives. In his absence, however, HIV/AIDS has decimated the village population and left many widows and orphans.

In Carletonville, Namibia, a town near a gold mine, two out of every three women under the age of 25 have HIV and will die before they are 30. Prostitution is rampant. Often, when a migrant worker goes home he takes the virus with him. UNFPA is a member of the UNAIDS theme group in Namibia, where reproductive health programmes address HIV/AIDS through gender-

sensitization workshops, information, condom distribution and training in counselling and communication skills aimed at increasing men's involvement in their sexual and reproductive health.

In Zimbabwe, UNFPA has supported Padare/Enkundleni Men's Forum on Gender, an organization that seeks to encourage men to reexamine notions of masculinity in order to initiate change in their sexual behavior and in their relationships with women. Padare argues that prevailing notions of male roles and behavior can be changed, both through open dialogue with women and through critical self-examination by men themselves. The organisation holds education programmes in schools and at sports events, and convenes groups of men to discuss and challenge prevailing sexual attitudes and behavior which perpetuate sexual behavior that contributes to the spread of HIV/AIDS. The goal is to prevent HIV/AIDS, improve sexual health, and prevent violence against women. Padare's input involves getting men together to talk in formal workshops or in more informal spaces in schools, pubs, sports clubs, and churches. Here boys and men are encouraged to talk about the way they have been raised and the disadvantages of patriarchy. They examine assumptions about women and men that have made men oppressive and which prevent meaningful relationships between men and women. The organisers believe that men suffer because of "pressure to project an image that is not naturally theirs and that is not sustainable".

Padare also uses "social soccer" to sensitize the community on the importance of male involvement in the prevention of gender-based violence, child abuse, and HIV/AIDS. Soccer games are organised for amateur local teams and Padare uses the matches as an opportunity to educate and change attitudes through drama, pamphlets,

and testimonies. Padare also runs a school programme for youth offering them information on how to avoid contracting or spreading HIV. According to the organization, the programme reaches youth at a time of life when ideas about gender are still in the formative stages. In addition, Padare trains young men to share in a task that is typically assigned to women: caring for community members with AIDS. In the Chitungwiza and Mabvuku neighborhoods of Harare, young men involved in Padare's Out-of-School Programme are providing voluntary home-based care for people living with AIDS. This helps break down gender stereotypes and gives men a chance to experience a nurturing role. According to the organization, this carework by men has another benefit: It gives a break to the women and girls who have long shouldered this workload, often at the expense of their own opportunities for gainful employment or education. Nevertheless, the real outputs of Padare's work haven't been evaluated.

UNFPA is not the only well-known international institution that has developed innovative and broad interventions with men and boys in the field of sexual and reproductive health and rights. The Population Council also supports these efforts, through a program called Frontiers in Reproductive Health. The approaches include use of simplified STI diagnosis and treatment protocols and promotion of male and female condoms. One aspect of condom promotion that is receiving increased attention is the idea of adding men to community based distribution (CBD) programs in order to increase the use of condoms as dual protection against STIs and pregnancy. In general, the Population Council's projects are design to serve the goal of eliminating gender inequality in health and risk-taking behavior amongst men. Their scope of work is usually limited to the

national level, their inputs contain a strong research component, and the outputs of such efforts have generally been measured by sample studies, with positive results.

In a 1991-93 quasi experimental study, the Population Council supported the Ministry of Public Health in Cameroon in training 69 male opinion leaders in a conservative rural community as CBD agents. Their duties included: education on FP; sale of condoms, spermicides, and oral rehydration solution; and referral to FP clinics. A survey of 1,360 men and women one year after the intervention found that knowledge of modern contraceptive methods increased significantly. Four in five villagers surveyed said that they approved of the male CBD agents. The reasons cited by the small proportion of villagers who expressed disapproval (6% of women and 4% of men) were: "women can do it better" and "both men and women should do it" (Awasum et al. 1993, p. 48).

In Kenya, the Population Council supported the African Medical and Research Foundation (AMREF) in the training of 50 male herbalists and 50 female traditional birth attendants (TBAs) to provide FP services in two rural districts to test the feasibility of using traditional health practitioners in rural villages. Villagers of both genders accepted the herbalists as well as the TBAs (Nyamwaya et al. 1993). In some settings the introduction of male agents may initially cause controversy because of cultural views on gender roles and other factors. Nonetheless, similar programs have been implemented in Congo, Ghana, Mali, Pakistan, Paraguay and Peru.

In Brazil, the government has sought to meet the challenge of providing effective prevention and care to the country's hard-to-reach and mobile populations. In 2001 the

Ministry of Health asked the Brazil office of the Population Council to perform an HIV/AIDS-related assessment in six border towns to inform policymaking and identify appropriate interventions for disadvantaged border and mobile populations. Interviews were conducted in towns bordering Bolivia, Colombia, Peru, Argentina, Uruguay, and Paraguay; study findings identified truckers in southern Brazil as a key population to target with HIV/AIDS activities. The assessment provided the framework for a new Population Council and Horizons collaborative intervention study focused on truckers, which was designed and implemented in collaboration with the Municipal STI/AIDS Program of Foz do Iguaçu, in southern Brazil.

The formative research revealed that truck drivers view their trucks as both their life investment and their home away from home, and thus do not like to venture far from them. Since trucks may remain parked at border checkpoints for anywhere from one day to several weeks waiting for documents and for cargo to clear customs, setting up mobile prevention and care services in the customs area was a logical choice for reaching as many truck drivers as possible. Truckers also expressed substantial concerns about HIV-related stigma and discrimination during the formative research. They were highly sensitive about being labeled as rootless vectors of disease and felt that targeting truckers with an HIV/AIDS program would only reinforce negative stereotypes.

Alerted to these concerns, the study team developed a holistic intervention to provide HIV and STI services. Rather than focusing solely on HIV and STIs, the Saude Na Estrada ("Health on the Road") Project provides additional services, including blood pressure measurement, glucose testing, and

educational activities focusing on common health issues for truckers. The project has also implemented health activities in partnership with other municipal health programs, such as the nutrition and vaccination program, and has sought out sponsoring organizations, including Goodyear Tires.

The mobile health unit, located inside the customs area of Foz do Iguaçu, serves the dual purposes of allowing truckers to feel less stigmatized for seeking health services while also recognizing their mobility and catering to their unique needs. More than 800 Brazilian and foreign truckers received services during the first months of activities in 2004, including a behavior change message campaign that uses brochures and radio spots, condom distribution, and voluntary HIV counseling and testing, as well as testing and treatment for other STIs. Educators provide outreach to the truckers in the customs station, leading discussions about truckers' health and HIV/STI risk. Truckers who test positive for HIV are referred to a specialized network within the Brazilian health system for treatment and care and are followed by the project for one year to document their experience and ensure that they receive the care they require.

Other projects aimed at highly mobile populations of men can be found around the world. In India, the Halting Aids on the Highway initiative has been designed by the Public Welfare Trust, whose goal was to prevent risk-taking behaviors by truck drivers. Four drop-in centres run by the organization at strategic halt points between state and country borders make it easy for drivers to visit the centres, where comfortable seating, fans and televisions enhance the welcoming atmosphere. Their scope of work is mainly confined to the national level, but foreign drivers passing through the country's borders have also been touched by the initiative. The inputs have been carefully thought of as to provide the drivers with as much technical and medical support as they might need. Each centre has a medical officer, male and female social workers, counsellors and outreach workers who facilitate the prevention and management of STDs including HIV/AIDS. According to a 1993 study by the Trust, 94 per cent of the truck drivers had visited sex workers on the highway or in city brothels; 85 per cent were married and had one or more children; and 41 per cent said their wives had no knowledge of their other sexual partners. The outputs of the work, however, have not been evaluated.

**Working with Mobile Populations
By International HIV/AIDS Alliance**

Mongla is the second largest seaport in Bangladesh. The seaport is also linked to a network of rivers, on which the goods to and from the port are moved. About 10,000 dock labourers work at the port on a permanent or temporary basis. All of them are male.

They come to work in Mongla from all over the country. Most of the dock labourers live alone without their family, either in dormitories or rented houses. Typically, many men share a tiny room, and sometimes there is a need to share beds. These sleeping arrangements help to make sex between labourers quite common. Dock labourers earn little, sending some of this income back to their families. But they also tend to enjoy spending their cash, partly to show their 'manliness'.

The freedom which comes with being away from their families, combined with peer group pressure, means that many labourers go to brothels for sex. In the workplace, the position of dock labourers is very low. But when they return home to visit their families, they like to show their authority over their wives and children. Wives have little decision-making power when it comes to sex. This increases their vulnerability to problems of sexual and reproductive health. Dock labourers' unsafe sexual behaviour, together with their domination of their wives, takes place in the context of poverty. Such poverty limits people's control and choices over their lives and their health.

The Community Development Centre (CDC) started work in the early 1990s. Its main objective was to develop the socio-economic condition of poor people in the coastal areas of Bangladesh. It focused on non-formal education, sanitation, maternal and child health and family planning, as well as running a credit programme for poor women to start small businesses.

Through this work, it became clear that sexual health issues were a major concern for the large number of dock labourers working in coastal areas. In 1997, CDC began an HIV/AIDS- and STI-prevention programme for dock labourers and their families in the port of Mongla. The goal of the project is to prevent STIs and HIV/AIDS through providing support services for the dock labourers and their families in Mongla.

In providing such services, CDC's objective is to help the dock labourers take more care of their sexual health and act more responsibly in their family roles as husbands and fathers.

Still in Asia, more specifically in Thailand, a campaign by Buddhist monks called Sangha Metta is having a significant impact on raising awareness on HIV/AIDS among men and women. The Sangha Metta Project teaches monks, nuns and novices about HIV/AIDS. It then equips them with modern participatory social management skills and tools. The goal is to encourage monks to work effectively in their communities both to prevent further HIV transmission and to help people living with HIV/AIDS and their families. A crucial part of the campaign's input is the close contact between monks and sufferers, which includes monks having to accept and eat alms food prepared by people with HIV/AIDS. Sensitized in such basic ways, the hope is that they will be able to work freely with affected people. Other activities/input include (1) seminars, training programmes and workshops for monks, nuns, novices and Buddhist laity; (2) education on HIV/AIDS and

narcotics awareness, prevention and care through youth camps and other youth activities; (3) home visits to provide moral support to AIDS patients and their families; (4) vocational training; (5) temple activities such as daily/weekly meditation retreats, care and/or ordination for boys orphaned by HIV/AIDS, coordination with nuns to care for girls and women affected by HIV/AIDS; (6) production of printed/audio-visual materials, brochures, posters and speakers; (7) an education Fund for children orphaned or affected by HIV/AIDS; (8) a milk bank for children orphaned or affected by HIV/AIDS; (9) a medicine bank - for people living with HIV/AIDS; and (9) a funeral robes bank for families of people who have died of AIDS.

The Sangha Metta Project is unique in that it was initiated by monks themselves in response to the need for Buddhist monks to have a more active role in HIV/AIDS prevention and care. Taking the Buddha's

teachings as their inspiration, monks concluded that a core aspect of HIV/AIDS was ignorance about the condition among both the sufferers and the general public. In Strong contrast with their formal roles, project-trained monks have become active in community work. Using Buddhist ethics as their guideline, they now teach villagers how to avoid high-risk behavior, help to set up support groups, train people with HIV/AIDS in handicrafts, donate their alms and take care of AIDS orphans. Because local people are accustomed to telling monks their troubles, the latter have become a conduit for identifying many secret HIV-positive people who, once identified, can be referred to support groups and public assistance programmes. "HIV-friendly" temples encourage these people to participate in community activities. They also provide training in meditation as well as grow and dispense herbal medicines in collaboration with local hospitals. This more active role among monks is strengthening trust between them and the people. It is also developing community potential and encouraging greater grass roots participation in solving problem at the local level. Because the project has given monks a way to become actively involved in their communities, it is spreading into other regions of Thailand, as well as neighboring countries such as Laos, Myanmar, Cambodia, Southern China, Vietnam, Mongolia, and Bhutan.

Sangha Metta has now crossed religious borders and is being used as a model for other faiths as well. Training has been conducted for Christian, Hindu, and Islamic religious leaders from Sri Lanka. Members of the organisation also served as resource people at an interfaith congress in Nepal attended by religious leaders from Afghanistan, Pakistan, Maldives, Nepal, Sri Lanka, Bangladesh, and Bhutan. All sat together alongside Buddhist monks to

brainstorm on how they can work together to prevent the impacts of HIV and AIDS on their communities, and help to develop their communities to withstand the impacts of modernization. Therefore, the campaign's scope of work is no longer national or defined within specific villages and communities, but regional and transnational. Although the campaign's outputs have not been evaluated, Sangha Metta attracted the attention of UNICEF, and the organization is now funding part of the project's activities.

Although UNFPA and UNICEF have consistently shown an interest in initiatives that aim at engaging men in the promotion of sexual and reproductive health and rights, the Joint United Nations Program on HIV/AIDS (UNAIDS) is responsible for a great part of the projects in that field. In March 2000, UNAIDS launched a campaign called Men Make a Difference, whose goal was to engage men in HIV prevention activities. The campaign's input was designed to motivate men and women to (1) talk openly about sex, sexuality, drug use and HIV/AIDS; (2) encourage men to take care of themselves, their partners and their families; and (3) promote programmes that respond to the needs of men and women.

Still at the international institutions' level, many campaigns have been implemented to address the HIV epidemic issues though the work with men, especially in Africa. For instance, EngenderHealth's Men as Partners, described above, also works on reproductive health, in addition to its interventions on corporal and psychological violence. The programme focuses on promoting the constructive role that men can play in the prevention of HIV and sexually transmitted infections (STIs). EngenderHealth's work in South Africa has been particularly successful. In the same country, an intervention called Stepping

Stones aims to improve sexual health by building stronger, more gender-equitable relationships. Based on a participatory learning approach, it seeks to build on the existing knowledge of participants. Its scope of work is defined within the national level, and its goal is to achieve long-lasting, deep social changes within communities, through an incrementalist approach.

Stepping Stones' input consists of 13 three hour sessions in which single-sex groups participate for six to eight weeks. The groups of men and women also come together in three group meetings. In total, there are roughly 50 hours of intervention. A cluster randomized controlled trial of Stepping Stones in rural Eastern Cape, South Africa, showed promising outputs: the intervention resulted in behavior change among men and women, including fewer sexual partners, increased condom use, less transactional sex, less substance use and increased couple communication. Even though the program focused largely on gender issues, it had positive effects on other areas of life, such as crime, violence and risk taking. Stepping Stones is an example of a gender transformative HIV prevention program that is successful in creating gender-equitable relationships and improving health.

Also in South Africa, and NGO called Targeted AIDS Interventions (TAI) implemented a project in 1998, the Shosholoza AIDS Project, which uses football (South Africa's most popular sport) to achieve the goal of mobilising men to become involved in the fight against HIV/AIDS. The programs inputs were especially designed to engage boys and adolescents: the South African Football Association (SAFA) was asked to select eight teams for a three-day training workshop which focused on issues like sexuality,

puberty, STIs, HIV/AIDS and communication skills. The teams then held training workshops for neighboring football teams; organized HIV-oriented football events; and distributed condoms at matches (le Grange, in Ruxton, 2004). The program's outputs were interesting: an estimated 2000 men were trained in basic HIV information and prevention. But there is no study to evaluate the actual change in men's behavior as a result of such intervention.

Although the Shosholoza AIDS project had a national scope to it, similar interventions can be found in different settings. For example, more than 200 soccer coaches and health professionals from six Latin American countries have been trained in the PAHO/WHO/Johan Cruyff Foundation project Football, Health and Gender, whose goal is to improve the health and development of adolescent boys through soccer. Since its inception in early 2004, the project has focused on the constructs of masculinity and its impact on young boys' health and their subsequent relationships. The project's inputs include a curriculum involving soccer coaches, who transmit concepts of health promotion and healthy, equitable relationships with girls to adolescent boys in so-called "soccer clinics". By the end of 2005, Argentina, Brazil, Chile, Mexico, Venezuela and Paraguay had trained up to 20 soccer coaches each in the use of the curriculum. Close to 1200 boys ages 8 to 14 had benefited from the curriculum, and ministries of health and soccer associations had become involved in at least three of the six countries participating. The project has generated much interest at the local level. In Brazil and Mexico, local authorities have requested its replication or sought to be involved in the project. Additional neighborhoods were added in Ceará, Brazil and in Mexico, the Ministry of Health decided

to provide all participants with a full medical check-up, as well as national health insurance for coaches, adolescent participants and their families beginning in January 2005. In all, the projects outputs were very promising: it is estimated that more than 4000 adolescents, including girls, have been reached by the end of the field test, surpassing expectations the project had set for itself.

Projects aimed at engaging boys and adolescents usually seek to prevent risk-taking behavior and HIV. Nevertheless, other types of programmes have been designed to address the issues of those men who have already been infected with the HIV virus. For instance, Positive Men's Union (POMU) in Uganda organizes community groups made up of HIV positive men to create awareness about testing, and sets up support groups to enable HIV positive men to share experiences (Barker and Ricardo, 2005). The goal is to create a concerted and organized effort in order to uplift the health and social economic status of men infected with HIV. Presently the group's input includes sensitization meetings in communities. A number of manufacturing firms around Kampala have been given talks on causes of AIDS, prevention and care of AIDS patients. The group has formed a drama group to sensitize the communities through music and drama. Testimonies are given during these talks and the overall objective is to create a change of behavior. Positive Men's Union has also set up self-reliance activities to support its members, their children, wives and other dependents. In spite of the limited scope of the group's work, its outputs are promising: the Union reports that in the beginning it was not easy to convince HIV positive men to come out in the open, but with continuous sensitizing many have joined. A sample indicates that more and more men are reportedly using condoms.

This experience shows that HIV positive men's organisation targeting fellow men can greatly influence men's behavior both anonymous and HIV positive men. In general, however, the sexual health concerns of men living with HIV/AIDS are frequently neglected in research and programme efforts, and they often lack information on how to lead a healthy sex life (IPPF, 2005).

In Morocco, Afoulki Association for Women, an NGO based in Tahanaout, a village about 20 km from Marrakech, works to improve the quality of life for women in rural areas and to ensure a long-lasting programme of development for them. They have set up literacy programmes for women and children, as well as a programme against child labour. Through its programmes, Afoulki came to realise that it was important to work with men because of the threat posed by men's sexual behavior – and men's power over women more generally – to women's health and development. Afoulki therefore decided to target men in Tahanaout. The village has close economic and cultural links with Marrakech, and there is a regular and large scale migration of young men from the village to work and study in the city. The project began in 2001.

The overall goal of this project is to decrease high-risk behaviors and change attitudes of young male workers from Tahanaout. The organization's input is based on group work: project staff facilitate weekly group discussions for both groups, for up to 24 weeks. The curriculum for these group sessions includes general topics such as unemployment and rural depopulation, as well as discussion of growing up, adolescence, and relations between men and women (marriage, raising a family, divorce). The curriculum also focuses more specifically on HIV/AIDS and sexual health (perceptions of STIs, most common STIs in

Morocco, perceptions of HIV/AIDS, HIV modes of transmission, modes of prevention) as well as sexuality (the male and female bodies, masturbation, homosexuality, adultery). The group facilitators use participatory methods to encourage sharing and learning. These include brainstorming, small group activities, role-playing and case study discussions. Many of the exercises are adapted from or inspired by the above mentioned "Stepping Stones" manual. The outputs are promising: a process evaluation of the project found that 80% of the target group regularly attended discussion sessions, and the vast majority of the young men were assessed as actively participating in these sessions. Young men's understanding of information on, and topics related to, HIV/AIDS and STIs has improved. Some men have reported that they have passed on new information from the sessions to other men, although this multiplier effect was not an objective of the project. Some men also report that families and couples are more willing now to talk about sexual matters and relations between women and men – before this work was done, these topics were taboo.

Still in Africa, the Young Men as Equal Partners (YMEP) program was originally developed by the Swedish Association for Sexuality Education (RFSU), in collaboration with International Planned Parenthood Federation (IPPF) member associations in Zambia and Tanzania. The goal was to contribute to the improvement of sexual and reproductive health rights of young people. The inputs included: (1) training and commissioning peer education (in and out of school) with about 70% being young men; (2) training of teachers and school-based education and counseling; (3) training youth on advocacy and leadership skills; (4) creation of youth friendly corners in SRH clinics; (5) training of health service

providers; (6) setting up male-only SRH clinics; (7) sensitization of district-level decision makers; (8) advocacy and lobbying for resource allocation to scale-up and sustain YMEP established services; (9) implementing a system for training that included regional "trainers of trainers"; and (10) exchange visits between YMEP non-YMEP implementing partners.

The mid-term review (MTR) of YMEP carried out externally in November 2007, noted indications and illustrations of impact brought by the increasing access to information and education on sexuality, gender and reproductive health by young men and young women. The outputs of the campaign are very positive: the study reports increased understanding of methods of safer sex amongst men and boys; increased practice of safer sex; earlier detection and treatment of STIs; greater openness about condom use among young people pre-marriage; reduced substance use/abuse (alcohol and marijuana); and improved attitudes of boys and young men about girls/young women. Ever since, the program has broadened its scope of work as to implement similar activities in Kenya and Uganda, with good results.

The rationale behind YMEP's work, that is one of making health services more attractive to young men and investing in training, is present in many other projects around the world. For instance, the Research and Intervention in Sexual Health: Theory to Action (RISHTA) program in India looked at sexual health from a relationship and masculinity perspective. The program reached out to men by focusing on gupt rog, ("secret illness" in Hindi), as the entrée for attracting men to seek HIV/STI prevention and treatment services. The program's goal was to establish a partnership between the allopathic and AYUSH (including the range of

alternative Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy) health systems while challenging gender and sexual cultural norms in group and community settings.

The intervention's inputs included establishing male health clinics in urban health centers, training allopaths and AYUSH providers in Narrative Prevention Counseling, organizing community and group education, and establishing referral linkages. Narrative Prevention Counseling guides health providers' approach to history taking, diagnosis and treatment to identify factors such as the patient's beliefs, lifestyle, marital

relationship and behavior that increase the potential for risky sexual behavior. This approach also provides an entrée for health education and risk reduction. Preliminary findings from the program indicate that working on men's sexual health concerns, or *gupt rog*, was an effective way of engaging men in STI prevention and reducing their HIV risk. Indeed, the obtained outputs are promising: men who visited providers trained in Narrative Prevention Counseling showed a reduction in violent behaviors toward their spouses. Nevertheless, the program's scope of work remains limited to a few clinics in India's largest cities.

Toolbox: how to foster male involvement in sexual and reproductive health and rights at the local level?

- Breaking the taboo: getting men to talk about sex, thorough campaigns and interventions at schools and public places that inevitably bring up this issue and generates discussion around sexual and reproductive health.
- Getting them involved in prevention: creating male-friendly clinics and informing men about risk-taking behavior and ways to avoid it.
- Going to them: developing interventions that target men in their "natural environment": churches, community centers, barbershops, highways.
- Joining efforts: getting preeminent members of the community, religious leaders and role models involved in efforts to advance sexual and reproductive health and rights for both men and women.

E- Building a Political Agenda and Advocating Change in Public Policy

Most of the programs, projects and interventions analyzed above include a strong advocacy component. Indeed, even though NGOs, foundations and international organizations play an irreplaceable role in advancing causes such as the defense of women's Human Rights, the engagement of boys and men in responsible fatherhood and fostering male involvement in advancing sexual and reproductive rights, governments still occupy a position that allow them to bring about change in a much broader scale.

Recognizing the importance of implementing innovative public policies and influencing the political agenda has led organizations working in different settings to seek global alliances that may make them stronger and therefore more likely to be heard by governments at the decision-making level. MenEngage, a global alliance of NGOs that are involved in an array of initiatives seeking to engage men and boys to reduce gender inequalities, is currently being built around the purpose of becoming a learning and leadership network, a resource center and a strong advocate for change at the political level.

At the national level, some initiatives have already given very encouraging results. For instance, in three cities in Brazil, the non-governmental organization, Instituto Papai and partner organizations are working to engage health professionals and raise awareness among men and women about the Brazilian law that gives women the right to have someone (including their male partner) accompany them during childbirth. Few public hospitals (where the vast majority of births take place in Brazil) make this option available to women, often believing that men do not belong in the delivery room. The campaign, called Pai Não É Visita (translation: The Father is not a Visitor), seeks to encourage hospitals to guarantee that this option is available and encourage women to include the fathers of the child in the birthing process. Another campaign, Da Licença, Sou Pai (translation: Give me leave, I am a father) is striving to change the laws about paternal leave in order to allow fathers

to spend more time with their children and partners after the birth of their babies.

Other examples of success include the change in Botswana rape laws in 1998 after lobbying by women's groups and human rights groups. The minimum prison sentence rose significantly, with an added penalty if the rapist knew he was HIV-infected. In Pakistan, NGOs have established urban centres for victims of rape, incest and other forms of violence, and the Ministry of Women's Development is acknowledging the need to expand these services to rural areas. Model projects addressing gender and violence issues, including sexual abuse and domestic violence, are being executed in Cambodia, Colombia, Ecuador and the Philippines. These projects involve link-ups between government agencies and law enforcement bodies, NGOs and specialized women's groups, with funding and technical support provided by UNFPA.

**Working in a Country with no Public Policy to Protect Women
By the International HIV/AIDS Alliance**

Bulgaria is a country with deeply rooted social norms that support men's power over women (patriarchal power). Violence against women is still easily tolerated and rarely discussed openly. The culture of male dominance is reinforced by women's lack of economic power, which has been made worse by the economic crisis during the transition from communist rule.

There are no appropriate legal mechanisms, such as protection orders, to tackle violence against women, and no state-sponsored shelters for female survivors of male violence. Nor are there any counselling services working directly with men who have been violent. Above all, there are no education programmes challenging harmful gender stereotypes and the patriarchal culture. There is little gender and sexual education for young people in schools. Reproductive and sexual rights are not covered in the school curricula. Young people are not taught about the concepts of responsible and informed choice, or the links between violence and reproductive and sexual rights.

The Bulgarian Gender Research Foundation (BGRF) has played a critical role in raising people's awareness of the problem of violence against women in the country. BGRF drafted the first comprehensive education programme to teach non-violence. This has been well received by the Ministry of Education and the State Agency for Child Protection.

The role played by governments is particularly important when the interventions require a change in the national health care services. In Mexico, the Instituto Mexicano del Seguro Social (IMSS), the country's largest provider of health and family planning services, with the technical support of AVSC International, launched a long-range strategy to increase the number of vasectomies performed nationwide. The immediate results were that within two years, the number of vasectomies performed in IMSS facilities more than doubled, and the number has continued to increase. IMSS now provides more vasectomies than any other institution in Latin America. Similarly, in Ghana, AVSC organized a national workshop on vasectomy and male involvement in November 1990. The workshop, which took place in Nairobi, brought together personnel involved in vasectomy and male involvement in family planning; representatives from the MOH, FPAK, CHAK, the National Council for Population and Development, and the University of Nairobi; service providers and vasectomy acceptors. Each group made recommendations, which the plenary group ratified and accepted as future standards. The major recommendations were similar to those that emerged from the 1982 Sri Lanka international vasectomy conference (Atkins

and Jezowski, 1983). The growing national program is now being implemented with these recommendations.

F- Promoting More Gender-Equitable Institutional Cultures and Practices within Development Organizations

Development organizations, foundations and NGOs have their part to play in promoting positive policy and practice. In particular, they must ensure that all staff, especially men, is committed to gender equality. In spite of this being a concern for all of the organizations mentioned above, only one of them, namely Oxfam GB, has really included an internal advocacy component to its programmes, designed to encourage men inside the organisation to think about their personal commitment to gender equality and about what that meant in practice for their day -to-day work. The GEM project aimed to highlight the fact that gender equality is not just an issue for the international programme, but should be a concern of everyone at Oxfam GB. To encourage men's personal commitment to gender equality, an internal training session was created – "The Gender Journey".

Section III – Remaining questions and challenges

A- Establishing Long-Term Efforts to Promote Gender Equality Through Programmes, Projects and Interventions with Men and boys

There is a need to articulate a clear conceptual framework that will guide the work with men and boys to go forward. For example, although all of the above mentioned organizations are discussing rights issues, they make little explicit reference to rights. Furthermore, although they have been clear about some of the desired outcomes of their work, including health benefits and reduction of gender inequalities, NGOs, foundations and development organizations still have to face the fact that existing interventions with men and boys are enough to get started on and raise interesting ideas, but are not enough to go big and mainstream. Projects are currently promising, but generally small, and there are no models that can attain a really large scope, especially because the organizations have limited capacity to implement them. Social movements like MASVAW may help these initiatives to go to scale and have a broader, deeper impact. New technologies (e.g., male contraceptive methods, microbicides, etc.) may also infuse this work with some innovative tools that might help alter gender dynamics. At the international level, there is also a need for the definition of clear priorities, which may help grant-makers decide how to invest.

B- Evaluating the Changes in Men's Behavior

What kinds of structural changes and policies have or could lead to large scale change in terms of men and masculinities? It is interesting to observe that despite the

rhetoric around men's involvement in the fight against all forms of gender-based violence, the reality is that there have been few published evaluations of interventions. From the information from these interventions, it is possible to show that men's involvement may lead, for example, to increased uptake of contraception, but is this necessarily empowering for women? For instance, in a newsletter report, Cornwall cited evidence from Middle Eastern family planning programs that men's involvement had actually increased men's power over the fertility of women, rather than resulting in women having more choice (Cornwall, 1998).

A theme of many of the few evaluations that appear in the literature are the interventions' abilities to reach men and engage them in their programs. It is possible to identify certain strategies that work effectively: peer education programs, large-scale media campaigns, workplace health programs and community outreach through religious leaders and agricultural extension workers. Most of the studies cited above report that men have responded positively to being involved in interventions and that they do in fact care about the welfare of their families.

Critics of men's involvement have argued that persuading men to view sexual and reproductive health as important and not just women's responsibility will be very difficult. Some fear that resources earmarked for projects targeting women will be reallocated into projects that target men (Berer, 1996; Helzner, 1996). These fears however, seem unfounded for two reasons. First, the evidence from interventions is that many men approve, care about issues like family planning and the prevention of

domestic violence and are interested in the welfare of their families. Secondly, the evidence from interventions is that men do actually want to be involved and that any respond positively to efforts to involve them. However, the lack of more concrete data to support these findings make it harder for the organizations that have chosen to work with men to defend the pertinence of such a choice. Worldwide funds remain dedicated to programs that directly support women and children's health. As Sonfield points out, where funding decisions have to be made, it is normally at the expense of men's programs for the very reason that men are seen as a difficult group to target (Sonfield, 2002). All of these problems need to be addressed if projects, programs and interventions with men and boys are to go big and mainstream.

C- Analyzing the Cost of Implementing Large-Scale Interventions

Another important lack in documentation around interventions with men and boys is the analysis of what it costs to implement such projects. In order to be able to define strategies that would allow the expansion of the work with men, it is imperative that the involved organizations address this aspect of their activities in a more systematic manner.

D- Engaging Men, Boys, Girls and Women in a Comprehensive Approach to Gender- Based Violence

Gender is a social construction that only makes sense if viewed as relational. Therefore, there is a need to involve men and women, boys and girls, in interventions that aim to put an end to gender-based violence. Abandoning the antagonism between men

and women and recognizing that gender norms can be oppressive to all people – regardless of their own gender – is the first step in the elaboration of a more comprehensive approach to this issue.

E- Strengthening Men's Resistance to Violence and Conflict

Underlying gender norms can result in many forms of gender based violence. Nevertheless, the men – and especially the young men – involved in such issues are also in the frontlines of international conflicts, civil unrest and urban violence, which are all ultimately related to the same social and economic pressures that may lead to abuse of women and children. Addressing all types of violence when working with men and boys can help advance women's rights while contributing to the construction of more peaceful and harmonious societies.

F- Working with Men who Have Sex with Men

The term “men who have sex with men” - frequently shortened to MSM - describes a behavior rather than a specific group of people. It includes self-identified gay, bisexual, or heterosexual men. MSM are often married, particularly where discriminatory laws or social stigma of male sexual relations exist. Largely because of the taboo, the female partners of men who have sex with men are often unaware of their partner's other relations, and may therefore be exposed to additional HIV risks. Forced sex among men is not uncommon, especially in men-only environments such as prison settings.

There is the potential for rapid HIV transmission within populations of men who have sex with men, especially if the rate of unprotected anal intercourse is high. There is

also high potential of prevention benefit of the programmes among men who have sex with men. However the coverage of the prevention has been low: where countries report on coverage, only around 40% of men who have sex with men have access to the HIV prevention and care services they need. Many factors contribute to this situation including denial by society and communities, stigma and discrimination, and human rights abuse. Also where prevention programmes are in place, potential increase in risk

behaviors due to prevention fatigue should be taken into consideration on the programming. Keeping those issues in mind, some organizations have already begun to work with MSM. Nevertheless, these interventions are still limited to some specific geographic areas and, although many studies have been conducted to assess MSM's sexual and risk-taking behavior, there are still few projects actually designed to address these concerns.

Working with Men Who Have Sex With Men: an example from South Asia
By the Naz Foundation International

Naz Foundation International, working with networks and groups of males who have sex with males in a number of cities in South Asia has developed a process for enabling such males to form their own HIV/AIDS prevention service agencies. A process of community-building and mobilising empowering males who have sex with males towards providing and managing their own sexual health services.

This is part of a parallel process of ensuring that male to male sexual behaviors are acknowledge in any sexual health promotion programme.

- a. Community building and ownership by males who have sex with males for others who share similar frameworks, where the process utilizes the already existent emergent community networks amongst some males who have sex with males, though accessing the shared sense of self, gender identity, and behaviors. This would also be true for gay-identified men.
- b. Encouraging all reproductive and sexual health programmes, STD treatment centres, and HIV/AIDS prevention programmes, incorporate the issues of anal sex behaviors (between males as well as between males and females) into their education, treatment, and service provision. This enables access to those males who penetrate other males but do not belong to any behavioral community, as well as those males involved in discharge or maasti sex with other males, but who also do not belong to any behavioral community.

Specific policy measures are crucial for making prevention, care and support available to men who have sex with men. First and foremost, they must be included in national HIV programming and funding priorities. Gay, lesbian, bisexual and transgender communities must be empowered to participate equally in the social and political life of their communities.

Therefore, interventions are needed to improve awareness of HIV transmission and prevention among MSM and to increase use of STI/HIV services, as well as to reduce stigma and discrimination towards sex between men (International HIV/AIDS Alliance, 2003). Male sex workers are also rarely targeted by HIV or sexual health interventions.

Section IV – Conclusion: Male Identities and Masculinities

Engaging men in the fight against gender-based violence is not an easy task. In developed and developing countries, regardless of their social class, caste, or sexual orientation, men have traditionally been both perpetrators and victims of violence as a result of oppressive gender norms that define what is and what is not considered acceptable “male behavior”. Although we have analyzed efforts that seek to put an end to such violence through a thematic framework, approaching each aspect of this issue separately, the truth is that it is not possible to really fight gender-based violence without a comprehensive approach to the problem. Men are not born violent, nor are women, so gender-based violence is necessarily the product of complex and deep-rooted social constructions that involve all aspects of social institutions.

The common factor behind all these very different social constructs that lead to gender-based violence is the way men perceive themselves and the roles society expects them to play. Therefore, whenever an organization designs a project, programme or intervention that aims at putting an end to corporal and psychological violence against women, encouraging men’s involvement as fathers and carers or fostering male involvement in sexual health, the underlying problem they are trying to

eliminate is an oppressive, hegemonic concept of masculinity that can be extremely dangerous for both women and men. Working with male identities and masculinities is the only way of truly addressing the causes of gender-based violence, and also provides a powerful tool to diminish all types of violence and conflict within societies.

The first step that must be taken in order to deconstruct dangerous ideas of “what it means to be a man” is to recognize that there is not such a thing as a single male identity or expression of masculinity, even within small communities and very traditional societies. Masculinities are as plural and diverse as men themselves, each of them an individual with unique dreams, aspirations, problems and concerns, trying to cope with all kinds of social and economic pressures. The perpetuation of a single and closed concept of male identity is potentially oppressive for people from both sexes, as men too can suffer from gender-based violence or see their beloved ones (wives, mothers, daughters, sisters) become victims of it. Therefore, engaging men and boys in the fight against gender-based violence means not only sensitizing these populations for the problems faced by women everywhere, but also acknowledging the fact that a more equitable and harmonious society is a desirable goal for all people.

Section V – Networking and Contact Details

❖ GLOBAL:

Organization's name and contact details	Organization's work with men and boys	Organization's main areas of interest
<p>EngenderHealth 440 Ninth Avenue New York, NY 10001 USA Tel: +1 212 561 8000 Fax: +1 212 561 8067 E-mail: info@engenderhealth.org http://www.engenderhealth.org/index.html</p>	<p>Engender Health works internationally to support and strengthen reproductive health services for women and men, making them safe, available and sustainable. It provides technical assistance, training, and information, with a focus on practical solutions that improve services where resources are scarce.</p>	<p>Fighting corporal and psychological violence against women; fostering men's involvement in sexual and reproductive health and rights.</p>
<p>MenEngage Rua México, 31 / 1502 Centro Rio de Janeiro - RJ Cep. 20031-144 Brasil Tel/Fax: +55 21 2544 3114 E-mail: promundo@promundo.org.br www.promundo.org.br</p>	<p>MenEngage is a new global alliance of non-governmental organizations working to engage men and boys in gender equality. The network aims to influence public policies and stimulate joint initiatives among different international organizations. MenEngage members are: Save the Children Sweden, Family Violence Prevention Fund, Promundo, Engender Health, Sahoyog and International Planned Parenthood Foundation, London.</p>	<p>Fighting corporal and psychological violence against women; encouraging men's positive engagement as fathers and carers; fostering constructive male involvement in sexual and reproductive health and rights; building a political agenda and advocating for change in public policy.</p>
<p>The Naz Foundation International UK Office Kim Mulji, Executive Director Palingswick House, 241 King Street London W6 9LP, United Kingdom Tel: +44 (0) 20 8563 0191 Fax: +44 (0) 20 8741 9841 E-mail: kim@nfi.net</p>	<p>The Naz Foundation International (NFI) is an international non-governmental organisation, whose primary aim is to improve the sexual health and human rights of marginalized males who have sex with males (MSM), their partners and families in South Asia.</p>	<p>Working with MSM; fostering constructive male involvement in sexual and reproductive health and rights.</p>
<p>OXFAM's Gender Equality and Men (GEM) Project c/o Oxfam UK Oxfam House John Smith Drive</p>	<p>The Gender Equality and Men (GEM) project started in 2002. GEM undertakes various activities including regional workshops on men and masculinities in the UK, East Asia and South Africa; an internal course ("the Gender Journey");</p>	<p>Fighting corporal and psychological violence against women; promoting more gender-equitable institutional cultures and practices within the</p>

<p>Oxford OX4 2JY http://www.oxfam.org.uk/what_we_do/issue_s/gender/gem/index.htm</p>	<p>piloting new approaches to work with men in Azerbaijan, Georgia, Albania, and the Negev Desert (Israel) and policy and practice change at different levels of government (Yemen and the UK).</p>	<p>organization.</p>
<p>Population Council FRONTIERS and Horizons Programmes 4301 Connecticut Avenue, NW, Suite 280 Washington, DC 20008 USA Tel: + 1 202 237 9400 Fax: +1 202 237 8410 E-mail: popcouncil@popcouncil.org</p>	<p>Frontiers in Reproductive Health (FRONTIERS) seeks to improve people's lives by enhancing services in family planning, safe motherhood, and other reproductive health areas.</p>	<p>Fostering constructive male involvement in sexual and reproductive health and rights; encouraging men's positive engagement as fathers and carers.</p>
<p>Stepping Stones E-mail: info@steppingstonesfeedback.org www.steppingstonesfeedback.org</p>	<p>Stepping Stones is a life-skills, communication, and relationships training package.</p>	<p>Fostering constructive male involvement in sexual and reproductive health and rights</p>
<p>UNICEF Contact: Ruth Hayward, Senior Adviser, Ending Violence Against Women and Girls Gender, Participation and Partnerships Programme Division 3 UN Plaza New York, NY 10017 United States Tel: +1 212 824 6650 Fax:+1 212 824 6486 E-mail: rhayward@unicef.org www.unicef.org</p>	<p>UNICEF, dedicated to the fulfillment of children's human rights, emphasizes the need to end discrimination and violence throughout the life cycle.</p>	<p>Encouraging men's positive engagement as fathers and carers.</p>
<p>UNFPA 220 East 42nd St. New York, NY 10017 U.S.A. Tel: + 1 212-297-5000 www.unfpa.org/</p>	<p>UNFPA programmes seek to increase men's sense of ownership over new initiatives that promote gender equity, equality and women's empowerment. They aim to increase men's comfort with seeing themselves as responsible, caring, and non-violent partners. They also recognize the diversity of men's reproductive and sexual health needs, including those of young men, and</p>	<p>Fighting corporal and psychological violence against women; fostering men's involvement in reproductive health and rights.</p>

	those who are economically deprived or displaced.	
The White Ribbon Campaign 365 Bloor St. East, Suite 203 Toronto, Ontario Canada M4W 3L4 Tel: +1 416 920 6684 Fax: +1 416 920 1678 E-mail: info@whiteribbon.ca www.whiteribbon.ca/	The WRC is an educational organisation and advocacy campaign working to end men's silence about men's violence against women. It focuses on educational work in schools, workplaces and communities, and provides support to local women's groups.	Fighting corporal and psychological violence against women; building a political agenda and advocating for change in public policy.

❖ AFRICA :

Organization's name and contact details	Organization's work with men and boys	Organization's main areas of interest
African Women's Development & Communication Network FEMNET, Men to Men Initiative KUSCCO Center Kilimaniaro Road off Mara Road in Upper Hill P. O. Box 54562, 00200 Nairobi, Kenya Tel: +254 20 3741301/20 Tel2: +254 20 2341516/7 Cell: +254 725 766932/733 697390 Fax: +254 20 3742927 E-mail: admin@femnet.or.ke www.femnet.or.ke	In 2001, FEMNET initiated a regional program aimed at achieving greater involvement of men in the fight for gender equality, and against Gender-based violence (GBV). The main objective was to create a core of male supporters for the long-term campaign to eliminate GBV and the spread of HIV/AIDS in Africa, building on the goals of the Dakar and Beijing Platforms for Action (PFAs). Since then, FEMNET has been coordinating a regional network of Men Against Gender-based Violence, with members in Ethiopia, Kenya, Malawi, Namibia, South Africa and Zambia.	Fighting corporal and psychological violence against women; fostering constructive male involvement in sexual and reproductive health and rights.
The Alliance for African Youth Employment Contact at IYF: Karen Diakun c/o International Youth Foundation 32 South Street, Suite 500 Baltimore MD 21202 USA Tel: +1 410 951 2328 Fax: +1 410 347 1188 Email: kdiakun@iyfnet.org www.iyfnet.org	Launched in 2004 by the International Youth Federation with USAID, Nokia and the Lions Club, the Alliance aims to promote employability and employment for more than 35,000 youths. Young people receive not only job training, but also career counseling, direct placement in internships and jobs, and the skills to create their own businesses. It also provides information on sexual and reproductive health and equitable relationships.	Fostering male involvement in sexual and reproductive health and rights.

<p>The Fatherhood Project South Africa c/o Human Sciences Research Council Private Bag X07 Dalbridge South Africa 4014 Tel: +27 31 242 5400 Fax: +27 31 242 5401</p>	<p>This project strives to promote positive images and expectations of men as fathers and to create a programmatic and policy environment for supporting men's greater involvement with children.</p>	<p>Encouraging men's positive engagement as fathers and carers.</p>
<p>Positive Men's Union (POMU) – TASO The AIDS Support Organisation (Uganda) c/o TASO Uganda Limited The Executive Director Old Mulago Complex P. O. Box 10443, Kampala Uganda Tel: +256 41 532580/1, Fax: +256 41 541288 E-mail: mail@tasouganda.org</p>	<p>POMU encourages HIV positive men to be involved in prevention efforts and in providing care for themselves their families and communities.</p>	<p>Fostering male involvement in sexual and reproductive health and rights; encouraging men's positive engagement as fathers and carers.</p>
<p>Targeted Aids Intervention (TAI) Contact: Gaetane le Grange, Senior Administrator 162 Oribo Road, Bisley, Pietermaritzburg, 3201 Kwazulu Natal, South Africa Tel: +27 33 3863475 / 3460212 Fax: +27 33 3863475 / 3460212 E-mail: admin@targeteddaids.co.za taige@wandata.com</p>	<p>Targeted AIDS Interventions (TAI) works with young men to influence their attitudes and behaviour in relation to sexual practices and the treatment of women. TAI works with soccer programmes to train young men as 'peer educators' to educate their friends about a whole range of issues around HIV/AIDS and sexuality.</p>	<p>Fostering male involvement in sexual and health and rights.</p>
<p>Young Men as Equal Partners Programme c/o RFSU (the Swedish Association for Sexuality Education)</p>	<p>The goal of this programme is to establish possibilities for sustainable male responsibility that will lead to responsible sexual behaviour and respect for women in order to build solid relationships between men and</p>	<p>Fighting corporal and psychological violence against women; fostering constructive male involvement in sexual and reproductive health and</p>

P.O. Box 12128 SE-102 24 Stockholm Sweden Tel: +46 (0)8 692 07 00 Fax: +46 (0)8 653 08 23 E-mail: info@rfsu.se	women in order to prevent sexually transmitted infections including HIV, unwanted pregnancies and sexual abuse. The programme has been implemented in Zambia and Tanzania.	rights.
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❖ ASIA AND THE PACIFIC :

Organization's name and contact details	Organization's work with men and boys	Organization's main areas of interest
Aakar Contact: Rahul Roy A-19, Gulmohar Park New Delhi 110049 India Tel: +91 11 6515161 Fax: +91 11 6960947 E-mail: aakar@del3.vsnl.net.in	Aakar produces documentaries and holds theatre workshops to initiate a dialogue between men and women in order to generate action on issues like violence against women.	Fighting corporal and psychological violence against women; encouraging men's positive engagement as fathers and carers; fostering constructive male involvement in sexual and reproductive health and rights; building a political agenda and advocating for change in public policy.
Cambodian Men's Network (CMN) Contact: Chay Kim Sore, Coordinator C/o- Gender and Development for Cambodia House # 4, Street 294 Sangkat Tonle Bassac Khan Chamkarmon Phnom Penh Kingdom of Cambodia P.O. Box 2684 Phnom Penh 3, or Mail Box at CCC: 128 Tel/Fax: +855 23 215137 E-mail: gad@bigpond.com.kh or gad@forum.org.kh	Organized by the male staff of Gender and Development Cambodia, CMN is an NGO promoting gender equity in social, economic and political processes. The network provides training support and capacity-building to NGOs. It is active in advocacy and lobbying to eliminate violence against women in Cambodia and combating the social trends of accepting violence.	Fighting corporal and psychological violence against women; building a political agenda and advocating for change in public policy.
Ghamkhori Tajikistan, Central Asia For further information about Ghamkhori, or about carrying out gender	The NGO Ghamkhori in Tajikistan, Central Asia, works to change male attitudes towards domestic violence. Ghamkhori carries out gender training at the village level, using newspaper	Fighting corporal and psychological violence against women.

<p>training with men, contact Colette Harris C.Harris@ids.ac.uk</p>	<p>stories or examples from neighboring villages where men describe their violence and its consequences, as the impetus for focus group discussions. Besides their village project, Ghamkhori works with the police, the army, and the KGB to sensitise them on the issue of domestic violence.</p>	
<p>Man's Action for Stopping Violence against Women (MASVAW) Contact: Satish Kumar Singh, Programme Coordinator Kriti Resource Centre and SAHAYOG C-2015, Indira Nagar Lucknow Uttar Pradesh, 226 016 India Tel: +91 522 2387010 E-mail: pua_satish@sify.com or kritirc@satyam.net.in</p>	<p>The MASVAW network was developed by male members of SAHAYOG (an NGO working on women's rights and violence against women). MASVAW focuses on male roles in ending violence against women (VAW), awareness-raising and advocacy among youth, local government officials, universities, media, government offices and networking with NGOs working on VAW. Masculinity, Mental Health and Violence.</p>	<p>Fighting corporal and psychological violence against women.</p>
<p>Men against Violence and Abuse (MAVA) Contact: Harish Sadani, Honorary Secretary 12A, Parishram Building Bhandar Lane Lady Jamshedji Road Mahim Mumbai , 400 016 India Tel: +91 22 2436063 E-mail: harsh267@rediffmail.com</p>	<p>MAVA is a voluntary organisation run by men with the objective of initiating male attitude changes and providing a forum for men to oppose violence against women. MAVA organizes preventive programmes, public discussions on violence against women (VAW), gender sensitization programmes, as well as awareness programmes on VAW using media, street plays, posters and radio. They provide counseling and guidance to couples facing marital conflict, organize self-defense workshops for women, and publish a men's magazine that addresses gender issues.</p>	<p>Fighting corporal and psychological violence against women.</p>
<p>Rozan Contact: Maria Rashid House 4-b, St: 34 F-8/1 Islamabad Pakistan Tel: +92 51 2851886/7 Fax: +92 51 2856730</p>	<p>Rozan is an NGO working on violence against women (VAW). It conducts training and sensitization workshops on VAW for the general public as well as community workers, doctors, NGOs, and Government officials. Rozan has a police training programme (RABTA) to</p>	<p>Fighting corporal and psychological violence against women.</p>

E-mail: rozan@comsats.net.pk	sensitise and train police on gender-based violence, gender and power relations, and anger management.	
Sangha Metta Project Laurie Maund (Project manager) 47/30 Mu Baan Daen Tawan Nua Suthep Road, Tambon Suthep Muang District Chiang Mai THAILAND Tel/Fax: (66 53) 328137 Mobile: (66) 871873212 Email: lauriejm@gmail.com	Sangha Metta provides training and support to a growing body of Thai monks and nuns. Sangha Metta training covers awareness-raising; prevention education; participatory social management skills and tools; encouraging tolerance and compassion for people affected HIV/AIDS in the community; and providing direct spiritual and economic support to people and families affected by HIV/AIDS.	Fostering constructive male involvement in sexual and reproductive health and rights.

❖ EUROPE :

Organization's name and contact details	Organization's work with men and boys	Organization's main areas of interest
Association of Men for Gender Equality (Asociación de hombres por la igualdad de género – AHIGE.) Pasaje Tomás Escalonilla, 7. 29010 Málaga Spain Tel/Fax: +34 95 209 51 05 E-mail: ahige@ahige.org http://www.ahige.org/index.php	This is an association based in Malaga, Spain, formed by men who are promoting a new model of masculinity which contributes to the achievement of gender equality in society and in the household.	Fighting corporal and psychological violence against women; encouraging men's positive engagement as fathers and carers.
CHANGE 4–6 South Lumley Street Grangemouth FK3 8BT UK Tel:+44 1324 485595 Fax:+44 1324 486344 E-mail: monica@changeweb.org.uk http://www.changeweb.org.uk/index.htm	CHANGE works to end domestic violence and to meet the recognised need for a means to challenge and change men who are violent towards women. Working within the criminal justice system, a men's programme was developed and evaluated. Training other agencies to implement this work now forms the main task of the organisation. CHANGE was the first project in Europe to set up a programme of re-education for violent men that aims to take full	Fighting corporal and psychological violence against women.

	account of the interests of women and children.	
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❖ **LATIN AMERICA AND THE CARIBBEAN :**

Organization's name and contact details	Organization's work with men and boys	Organization's main areas of interest
<p>CANTERA Apdo. A-52 Managua Nicaragua Tel: +505 2775329 / 2780103 E-mail: cantera@ibw.com.ni http://www.canteranicaragua.org/</p>	<p>CANTERA works with men in rural communities to end gender based violence through popular education workshops.</p>	<p>Fighting corporal and psychological violence against women.</p>
<p>Colectivo de Hombres por Relaciones Iguatarias, A.C. (CORIAC) Diego Arenas Guzmán N° 189 Col. Iztaccihuatl, a una cuadra del metro Villa de Cortés C.P. 03520, México D.F. Tel/Fax: +52 5 696 3498 E-mail: colectivo@coriac.org.mx www.coriac.org.mx</p>	<p>CORIAC, the Mexican Collective of Men for Equal Relations, encourages equal relationships between women and men together with an end to domestic violence.</p>	<p>Fighting corporal and psychological violence against women.</p>
<p>Fathers Incorporated Professor Barry Chevannes Fathers Incorporated Department of Sociology and Social Work University of West Indies, Mona Kingston, Jamaica bchvnnnes@uwimona.edu.jm</p>	<p>Fathers Incorporated is a community-based parenting group established by Jamaican men in 1991 to address negative stereotypes of Jamaican fathers.</p>	<p>Encouraging men's positive engagement as fathers and carers.</p>
<p>Instituto PROMUNDO Rua México 31 Bloco D, Sala 1502 - Centro CEP 20031-144 Rio de Janeiro Brazil Tel/Fax: +55 21 2544 3114/3115</p>	<p>Promundo is a Brazilian NGO that works internationally to promote gender equality and child and youth development.</p>	<p>Fighting corporal and psychological violence against women; encouraging men's positive engagement as fathers and carers; fostering constructive male involvement in sexual and</p>

<p>E-mail: promundo@promundo.org.br r http://www.promundo.org.br/english/index.asp</p>		<p>reproductive health and rights; building a political agenda and advocating for change in public policy.</p>
<p>PAPAI Institute Rua Mardônio Nascimento 119 Várzea Recife-PE CEP 50.741-380 Tel/Fax: +55 81 3271 4804 E-mail: papai@papai.org.br http://www.papai.org.br/</p>	<p>In 1997, the PAPAI Institute founded the first Brazilian Adolescent Father's Support Programme which provides information to help young men take on responsibility for their own sexuality and its consequences, and supports teenagers who are already parents. Weekly workshops are held in hospitals and public health centres with young fathers and the partners of pregnant adolescents, focusing on issues relating to pregnancy, childbirth, childcare, and paternal responsibilities.</p>	<p>Fighting corporal and psychological violence against women; encouraging men's positive engagement as fathers and carers; fostering constructive male involvement in sexual and reproductive health and rights; building a political agenda and advocating for change in public policy.</p>
<p>Salud y Género Carlos M. Palacios No. 59 Col. Venustiano Carranza Xalapa, Veracruz Mexico CP 91070 Tel/Fax: +52 228 8189324 E-mail: salygen@infosel.net.mx http://www.saludygenero.org.mx/</p>	<p>The Mexican non-government organisation (NGO) Salud y Género has been working since 1995 to reduce gender-based violence and improve men's support for women's reproductive health.</p>	<p>Fighting corporal and psychological violence against women; fostering constructive male involvement in sexual and reproductive health and rights.</p>

❖ NORTH AMERICA :

Organization's name and contact details	Organization's work with men and boys	Organization's main areas of interest
<p>Men Against Domestic Violence (MADV) 32 W. Anapamu Street, #348 Santa Barbara CA 93101 USA Tel: +1 805 563 2651 http://www.silcom.com/~paladin/madv/</p>	<p>Men Against Domestic Violence is a coalition of men working to address the issue of domestic violence. They seek to educate and advocate against physical, mental, emotional and sexual violence against women.</p>	<p>Fighting corporal and psychological violence against women.</p>
<p>Men Can Stop Rape P.O. Box 57144</p>	<p>Men Can Stop Rape empowers youth and the institutions that serve them to</p>	<p>Fighting corporal and psychological violence</p>

<p>Washington DC 20037 USA Tel: +1 202 265 6530 Fax:+1 202 265 4362 E-mail: info@mencanstoprape.org http://www.mencanstoprape.org/index.htm</p>	<p>work as allies with women in preventing rape and other forms of gender based violence. Through awareness-to-action education and community organizing, Men Can Stop Rape promotes gender equity and builds men's capacity to be strong without being violent.</p>	<p>against women.</p>
<p>UCLA Center for Healthier Children, Families and Communities - Breastfeeding Resource Program 10990 Wilshire Blvd., Suite 900 Los Angeles, California 90024-3913 Tel: (310) 794-2583 / fax: (310) 312-9210 / chcfc@ucla.edu</p>	<p>The UCLA Breastfeeding Resource Program was established in 1996 and supports CHCFC's mission of fostering interdisciplinary, collaborative research and service programs focusing on children and family health services and systems, and providing technical assistance to policymakers, community-based health and related service organizations and researchers. The program also fosters male involvement in breastfeeding</p>	<p>Encouraging men's positive engagement as fathers and carers; building a political agenda and advocating for change in public policy.</p>