CHSJ PRAXIS
Engaging Men and Boys for Gender Justice

- Campaigns Mobilization
- Leadership Building
- Strategic Interventions with Communities
- Alliance Building
- Policy Engagement
- Capacity Building
- Research Documentation

Centre for Health and Social Justice
Men’s Action for Stopping Violence Against Women (MASVAW) is an alliance of men and organizations working on gender issues, committed to reacting to and reducing incidents of violence against women. Through cultural and advocacy campaigns, MASVAW raises awareness and recruits new network members who will work for institutional changes in gender relations. MASVAW is primarily active in the state of Uttar Pradesh (India).

MASVAW started in 2001 when activist-men involved in supporting a state wide campaign on violence against women realized that this issue was not just a women’s issue but an issue that involved society at large. In order to focus men’s attention on this issue, and to build a larger coalition of concerned and active men, a series of meetings were held and the MASVAW campaign was launched. Male workers and activists in these social development organizations have been the backbone of MASVAW, and starting from these nuclei, the message of MASVAW has now spread to schools and universities, to villages and to urban communities. Farmers and businessmen, students and teachers, journalists and their readers from segments of society are all associated with MASVAW.

**Perspective and Objectives**

MASVAW understands that violence against women is not only a women’s issue but an issue of concern for society at large. We also hold that it is the responsibility of all members of society, men and women to ensure a violence-free society for women. Men are culpable not only as those who most often inflict the violence, but also as those who endorse it through their silence. Therefore, men’s role in preventing and eradicating this pervasive form of social injustice has to be more pro-active. Starting from this belief MASVAW works towards gender justice and seeking gender equality in society with the twin objectives of:

- Increasing awareness among men about the different forms of VAW and that VAW is a larger social issue
- Motivating men to shun violence, protest against violence, support survivors and provide new role models

**Processes and Campaigns**

MASVAW has grown from a thought and a resolve to a state wide campaign. This became possible since some men from different walks of life have been ready to change, to reflect and work towards a better world for themselves and future generations. The catalyst for this change has been a series of workshops on gender, men and masculinity; training programmes for creating a cadre of facilitators who have reached out to tens of thousands of youth and men in hundreds of villages. Youth groups and men’s groups have been formed in rural communities, in colleges and universities, where men discuss events in the daily newspapers, issues from their own communities, reflect on their own lives and then decide to take action.

**Youth Mobilisation**

MASVAW has initiated activities with male youth in schools, colleges and universities in the cities of Varanasi, Faizabad, Chitrakoot and Lucknow. These include workshops, debates and poster competitions, film-shows, taking a pledge and road-shows. The road-shows are an innovative mechanism to reach school and college going youth in public places and engaging them in topical discussions on violence against women. Youth who become interested and involved become organizers of future activities. These youth also become involved in casework, providing support to survivors, supporting sexual harassment committees in their institutions and so on.

**Sensitising school students on violence reduction**

**Awareness campaign with youth**
Campaign Against Sati

‘Sati’ or widow immolation is an ancient Indian custom of compelling the widow to join her husband in his funeral pyre. This practice was outlawed over a hundred and fifty years ago, but it is still glorified as a form of idealized woman-hood. There have been sporadic reports of Sati from the Bundelkhand region of UP in the last few years. MASVAW groups in the four districts of Banda, Chitrakoot, Mahoba and Hamirpur have started a campaign against Sati through identifying cases, stimulating public discussion on the glorification of Sati in collaboration with other social groups in the region.

University Youth Meet

Violence Prevention Watch Groups– Over a hundred watch groups have been organized in villages across UP and Uttaranchal. These groups intervene in cases of violence within the village, provide support to survivors and ensure that local schools and colleges are violence free zones. These groups observe the International Women’s Day (8th March) and Montreal Massacre Day (6th December) through meetings and cultural programmes and taking a pledge.

“AB TO JAAGO” (Wakeup Now) Campaign

MASVAW as a network has taken the initiative to organize and participate in several campaigns primarily intended to ensure the involvement of the stakeholders and the youth of rural India. "AB TO JAAGO" is one such campaign which aims at targeting the issue of domestic violence and raising the voices of the general public against it. Several women all over India are subjected to domestic violence, yet are unable to take any action against it either due to the lack of knowledge that they possess about their rights or because of other causes which prevents them from raising their voices against the male dominated society. To shatter such false beliefs and to empower women against domestic violence the campaign AB TO JAAGO looks to involve people to work relentlessly for this cause. Many different activities have been organized by this campaign which includes rallies, candle marches, stakeholders’ meetings, organizing meetings for youth groups, poster competitions, essay competitions and cycle rallies. The campaign lasted from the 25th of November to the 10th of December. We celebrated important days such as International Day to Eliminate Violence Against Women on the 25th of November, World Aids Day on the 1st of December and International Human Rights Day on the 10th of December.

Winds of change- some examples (Uttar Pradesh, in India)

- When a female student was harassed by a teacher in a university in Varanasi in UP, a group of male students support her to file a police complaint against the teacher.
- A woman was burnt for dowry and the incident was reported as suicide in a village in Eastern UP. A delegation of men from three neighboring districts met the district administration repeatedly and ensured that a case of homicide was registered and the culprits were arrested.
- A man regularly beat his wife at home and the rest of the village would silently watch her cries. Having raised the issue with the villagers, now he has been asked by the youth in his village to stop beating his wife or to leave the village.
- A father-in-law pushed his daughter-in-law off the roof when she objected to his sexual advances. Both her legs has to be amputated to save her life. A citizen’s group from Gorakhpur, supported her with hospitalization, helped her register a case and have even arranged for prosthetics to help her regain her life and confidence.
Fathers Care - a Campaign for Promoting Men’s Involvement in Securing Rights of Children in India

Fathers Care is a campaign that is currently spread over 4 states of India- Jharkhand, Madhya Pradesh, Maharashtra and Uttar Pradesh, covering more than 1500 villages in 50 districts with the support of OAK Foundation. More than 280 organizations and 1000 volunteers are associated with this campaign. The Campaign is being conducted by members of Forum to Engage Men (FEM), a nationwide network on men for gender equality headquartered at Centre for Health and Social Justice (CHSJ), in New Delhi.

The campaign revisits child rights as a promise of fathers for the nurture, safety and development of their own children through men’s involvement as fathers:

- From pregnancy through child birth;
- Share the ‘care’ work – domestic care roles and child care roles;
- Raise children without violence; and
- Recognise discrimination against daughters, child sex abuse and son preference;
- Give daughters equal opportunities for growth and development;
- Support and respect their wife and recognise and respond to domestic violence;
- Promote caring fathers – respect and give recognition to each other;

At a practical level the intervention focuses on reinforcing the varied roles of a man as father: teacher, role model, a guide, a mentor, a nurturer, care giver, a friend, a supporter, a provider and protector.

The idea of this intervention has evolved from CHSJ and its partners’ experience over the last decade on how men have found that they have gained immensely in the depth of their relationships with their spouse and children when they get involved in efforts and campaigns on violence against women and gender equality.

The objective of this initiative in a way the campaign seeks to re-conceptualise the role of the father in the context of children’s caring, development and well being, creating an onus and responsibility on fathers. It is also to change the way the role of the father and protection of child rights is visualized by community, activists like women’s groups and children’s groups along with working for community level changes where men start taking active roles in their families and communities for securing women and children’s rights bringing equity.

Influences and impacts: The campaign has been underway for about three years now and influenced the thoughts and discourses at the national, state and community levels.

NATIONAL LEVEL:
- This intervention has generated a lot of interest because it is the first time child rights issue is also being seen within

“Fathers influence their sons greatly. Sons tend to imitate their fathers and adopt their view points. Our aim is to gender sensitise fathers and train them to become more caring. This would ensure that sons understand that a caring personality is also a quality a real man possesses,”

- Anand Pawar, Samyak (NGO), Maharashtra

My Father is the Best
Showcasing positive role models
Youth participation in group meeting
family; which is very pertinent as children are vulnerable to sexual abuse and violence.

- Work on child rights have most been on issues in the public sphere like street children, child labour, corporal punishment, right to education and strengthening of juvenile justice system; this intervention has created an awareness and made space in debate and discussion about role of fathers around norms and practices which are normative but harmful.

- The initiative has allowed a coordination between child rights and women’s right organisations as the issue of violence and vulnerability to sexual abuse against women and children is being addressed together, bringing out the additional and gendered vulnerabilities of the girl child (beyond the issue of declining sex ratio).

STATE LEVEL

- Each of the four states made innovative plans to take forward the campaign. Maharashtra groups have established, Bapanchi Shala’ (school for fathers). The primary emphasis of these ‘Bapanchi Shalas’ is to highlight the need for men to learn and be more responsible not only as a provider but as a nurturer and protector of children.

- In each state CBOs working on child rights, dalit rights and women’s rights have together on this common issue realizing that there was a need to mainstream the work around the rights of child within their larger programme intervention. This has led to many more groups joining this campaign, increasing its spread.

- The campaign has involved and generated media attention leading to increased reporting of the campaign and more stories from the ground around child rights and abuse; as a result state level coverage is given by the local media on the success stories of the fathers contributing for child caring.

- All those stakeholders who have been associated with the campaign have started reflecting on their own behaviour and their role and responsibility within family towards their child. These have been captured through stories, case studies in which fathers have talked about their behaviour and the discrimination that they themselves perpetrate between their sons and their daughters. This has helped them to change their own mindset and devote equally to bother their son as well as their daughter’s welfare.

- The campaign which also covered schools in these 50 districts saw children writing down their expectations from their father and the support they required from their father. This was very emotional and saw many fathers reacting positively and emotionally;

- In Madhya Pradesh the partners have partnered with other networks and alliances working on maternal health, to start a joint campaign on quality of care of maternal and child health.

COMMUNITY LEVEL: It has become a rallying point for the community and community level institutions like the school teachers, Gram Panchayat (village council) to come together and collectively discuss the importance of the rights of the child, and the vulnerability they face, and the role of fathers to protect their rights.

Forum to Engage (FEM): Fem is a network of individual organisations, launched on an all India basis in 2007 with the primary objective of working with boys and men to usher in a just and peaceful society free from violence.

For further information please contact:

Centre for Health and Social Justice (CHSJ)
Basement of Young Women’s Hostel, No 2, Avenue 21, Saket, New Delhi
Website: [www.chsj.org](http://www.chsj.org), [www.femindia.net](http://www.femindia.net)
Email: chsj@chsj.org, engagingmen@gmail.co, engagingmen@googlegroups.com
“Enhancing Male Participation for Improving Gender Equality - An intervention with Men in Maharashtra, India” (Samajdar Jodidar) was initiated in 2010 and has vigorously attempted to address a range of issues from gender discrimination to gender based violence by enhancing and increasing men participation for gender equality. Centre for Health and Social Justice (CHSJ) and the United Nations Population Fund (UNFPA) are jointly implementing this project in 100 villages of Maharashtra state (India) through five partner organizations in the three districts of namely Beed, Pune and Solapur.

**GOAL:** Advocate for including interventions with men and boys in violence prevention and crisis support programmes at the state levels and also in NGO interventions with government agencies.

**Objectives:**

**Mid-term**
To reduce gender discriminatory behaviors at the family level related to parenting, partner responsibilities and decision making.
To improve knowledge, attitude and behavior of men and boys on issues related to gender equality and violence against women in selected communities in Maharashtra.

**Long term**
- To increase number of women who experience the right to decision making.
- To increase male participation in reproductive health issues.
- To decrease domestic violence against women.

**Strategies and Processes:** Community mobilisation and awareness generation, interventions with villages level men groups, capacity building, supporting community actions, campaigns and advocacy are the main strategies of this project. In the 100 villages two platforms will be formed, one will be the men’s group and the other will be adolescent group and these groups will receive intensive capacity building. Animators (village level community volunteers) lead at the village level with a prime responsibly on formation of men and boy adolescents groups, strengthening community groups comprising of men, adolescents as well as community structures i.e. PRIs, Mahila Gram Sabha, SHGs, health workers and service providers. The focus is on creating an understanding on men and women’s reproductive health, patriarchy, family planning, Violence against Women, adolescent health, education and their rights, early marriage, early pregnancy, gender equality and social justice.

Currently the focus is on developing the perspectives of Adolescent Boys Group around project issues and already one group of adolescent boys has been formed in all 100

**Community process taking place:**
- The men’s groups have started raising the issue of domestic violence in the village and addressed it in many families, having campaign against sex selective abortions, for girls’ education and its relation with child/early marriages, equal property rights, violence against women (VAW) and men’s role in bringing equality.
Men have started examining issues of gender, masculinity and sexuality together which they earlier considered normal or taboo, caste and cultural sanctions and their impact on women’s position in society.

Women now have greater mobility and greater economic opportunities as many more women now have bank accounts.

In households having petty shops or small business, wives are now participating and running the shops independently.

The men’s groups have started petitioning the government for services to single women – widows and women whose husbands have left them.

5 women have been elected to the Gram Panchayat and two of them have been elected as the Sarpancha due to the persistent focus of the project on women’s participation in the political process.

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Basement of YWA Hostel No. 2, Avenue 21, G Block, Saket, New Delhi
Website: www.chsj.org, email: chsj@chsj.org
Sajhedar (Accountability for Change) is an initiative by CHSJ at the community level in 15 villages each in the districts of Morena and Sidhi in Madhya Pradesh for organizing men for enhanced accountability to their spouses and a collective accountability to engage with the public health system for increasing women’s access to maternal health entitlements. This initiative has been supported by MacArthur Foundation.

The project aims at involving men to improve maternal health status through the public and social accountability framework. Each village has a community based leader called the ‘Animator’ who is the key person for mobilizing men, forming groups of interested men and strengthen their understanding of reproductive health and gender issues especially around responsible parenting and partnership, about the health entitlements available within National Rural Health Mission (NRHM) and to take action for concerned issues. The animator has been taken through a series of capacity building sessions on gender, masculinity, social determinants that affect maternal health, health rights, accountability and the like.

The objectives

1. To increase knowledge of government health services and maternal health entitlements among men and women in the village who are associated with village level groups like Men’s Groups and Self Help Groups.
2. To increase leadership among men from men’s groups to address and engage with platforms like the panchayat, Village Health and Sanitation Committee, Rogi Kalyan Samiti around health related entitlements.
3. To establish a cyclical system of monitoring and planning at the community level using community monitoring guidelines
4. To increase knowledge and change attitudes of men on gender discrimination and key sexual reproductive health and rights issues with a focus on maternal health with a gender equality framework.
5. To develop and disseminate messages which promote and support an alternative value system based on equity and justice relating responsible parenting and partnership.

Strategies:

- Building the leadership of the animator as a role model
- Mobilizing community with a focus on forming men’s groups in villages as catalysts of change
- Instituting village level social and public health charters as community endorsements
- Community monitoring processes for evidence based dialogue with the health system
- Formation of a larger district and state level alliance for collective feedback and pressure building on behalf of the community
- Rigorous research based approach for learning: Baseline – endline surveys, external interim reviews, end-line qualitative review
- Monitoring processes: Two Participatory Rural Appraisals (PRA) were conducted to see the status of some of the social determinants, stories of change and regular MIS data was collected every month.

Emerging results

- A platform of men has been created in every village where men in the groups share the problems, challenges and stress faced in the process of bringing changes at the personal and community level and also support each other for the same.
- Animators who have become fathers are participating in their role of responsible parenthood taking up the task of...
prenatal, perinatal and postpartum vaccination, investigation and care of their partner and child.

- Social and public health charters have been prepared and displayed in public spaces in all the villages.

- The data shows a huge decline in marriages taking place below the legal age, increased use of male contraceptives, increased accompaniment of wives by men to ante-natal care and hence increased ANC utilization.

- Animators and group members are actively taking part in the monthly health days organized in the village where they ensure maternal health service delivery and are monitoring services in primary health centres.

- Men have taken collective action to attend to emergency cases and to save lives in the villages and have engaged with the health providers for better services for women.

### Lessons learnt

- The dual accountability concept offers an effective intervention strategy to work on maternal health rights for better gains.

- Intervention with men has resulted in reported positive change - e.g. decrease in intimate partner violence, increased use of male contraceptives, age of marriage for both boys and girls, delay in first child, spacing between children.

- Increased responsiveness from health care providers due to informed and articulate men and their leadership.

- Sectors outside the health care domain influencing maternal health services such as food-nutrition, transport, and hence the need for inter-sectoral approach.

- To sustain better maternal health outcomes, accountability processes need to continue at multiple levels of the health system. An alliance formed as part of this initiative at the state level maternal health rights campaign (MHRC) provided this space for linking the community level evidence to the state level policy makers.

### For further information please contact:

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Basement of YWA Hostel No. 2, Avenue 21, G Block, Saket, New Delhi

Website: [www.chsj.org](http://www.chsj.org), email: chsj@chsj.org

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<thead>
<tr>
<th>Social Health Charter</th>
<th>Public Health Charter</th>
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<tr>
<td><strong>Young men, organised and sensitised to the issues on patriarchy and gender towards being more responsible to their spouses</strong></td>
<td><strong>Young men’s group take leadership in facilitating accountability and responsibility from the health service providers for maternal health services</strong></td>
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<td>Increase in age at marriage</td>
<td>Increase in ante-natal care &amp; post-natal care</td>
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<td>Reduction on early pregnancy</td>
<td>Increase in immunisation</td>
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<td>Increase in spacing between children</td>
<td>Increase in safe deliveries and referrals</td>
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<td>Stopping domestic violence</td>
<td>Increase use of spacing methods</td>
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<tr>
<td>Increase in couple communication</td>
<td>Increase in overall use of male contraceptive methods</td>
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**Men who accompanied their wives for ANC**

**Couples practicing 2 years of spacing between marriage and first pregnancy**
Maternal Health Rights Campaign (MHRC) is a coalition of 25 civil society organizations working in 18 districts of Madhya Pradesh for advocating for maternal health rights. Availability of and access to health services of quality have remained elusive in the state of Madhya Pradesh (India) and the situation is confounded by factors such as a weak political will to accept the reality though community participation in health governance and resistance to any community based evidence for implementation of gaps. The sources of government data such as Annual Health Survey (AHS) 2011-12 outlined the maternal mortality ratio (MMR) in MP as 277, District Level Household Survey (DLHS) -3, National Family Health Survey (NFHS) -3 and AHS showed the poor health status of the state especially in reference to maternal and child health. Gross negligence and lack of access to maternal health care resulting in serious violations of maternal health rights led to discussions amongst civil society and community based groups advocating for maternal health rights led to the coalition formation in 2013, viz. Maternal Health Rights Campaign.

**Goal:** Advocating for maternal health rights and maternal health dignity in the state of Madhya Pradesh.

**The objectives**

1. To improve health services through independent community based monitoring approach
2. To increase civil society interface with the healthcare system at different levels for improving maternal health services for evidence based dialogue
3. To strengthen civil society network for improving maternal health services by improving democratic and participatory health governance

**Strategies**

- Building a strong alliance of civil society organizations and a collective leadership to raise and address issues and advocate for maternal health rights in the state
- Mobilizing and empowering community on health rights in general and maternal health rights in specific with the involvement of men, community leaders, organized groups in the villages and health providers at the local level
- Capacity building of CSOs and community level workers on maternal health rights and human right to health
- Evidence based advocacy with health providers through the process of research, documentation and using the tool of community based enquiry
- Engaging the policy makers and health providers at various levels in the process of feedback through dialogue
- Alliance with the national and internal level networks on maternal health rights

**Processes and results**

- Alliance building meetings at the state level and regional level take place regularly
- Systematic CBM process with the participation of the community on maternal health rights in 110 villages of 13 districts
- Issues of denial of services, negligence and maternal deaths are tracked and responded to by raising them in the public forums and media

**Training and orientation for field enquiry**

**Strategies adopted for alliance building**
Informed and empowered state level civil society alliance leveraging dialogue with the health bureaucracy at various levels – public health dialogues took place in 6 districts and one state level public health dialogue with the health bureaucrats. State level as well as local level officials appreciated the evidence based feedback offered to them through public health dialogues. The local level resistance gradually gave way for a collaborative attitude.

Evidence generation through surveys, collation of report cards, oral testimonies supported by a strong documentation of cases of denial of care, visuals and video documentation of stories offered strong and clinching evidence for communities to dialogue with health providers.

Media is engaged critically in visualising the issues of the communities.

Health Action Groups among Dalit Communities in 200 villages of Chhindwada, Raisen and Betul districts have become part of the campaign and have raised issues of discrimination and denial among Dalit women.

The tribal (adivasi) communities in Anupur, Sidhi districts have effectively articulated issues of gross negligence of tribal areas and the hardships that women go through during routing maternal service delivery and emergencies. The documented evidence in Sidhi district shows 60 percent home deliveries consistently during 2013-14. Campaign for safe and dignified delivery, instead of only institutional deliveries with indignity, is emerging as a policy advocacy issue in MP.

Learnings and future directions

- Maternal Health Rights Campaign has created a strong civil society platform to engage with the health providers from the community to the state level and policy makers
- Evidence based advocacy through community based monitoring has helped in strengthen MHRC and to bring out issues which were ignored so far
- Various leadings have started articulating the issues of denial and violations of maternal rights issues in different regions and districts.
- Maternal Health Rights Campaign has filled the void in the state for a civil society platform to raise critical and rights violations issue
- Alliance with the Dalit Health rights groups in the state and adivasi communities locally (in MP) and with national networks such as National Alliance for Maternal Health and Human Rights (NAMHHR), Jan Swasthya Abhiyan (JSA) has strengthened the community voice through the alliance.
- The financial resource constraint has been a limitation. However, this has lead to various organizations to pitch in with their resources and hence a greater ownership of the process
- Innovative ideas of using social media and mainstream media in networking and strengthening MHRC have taken shape in MHRC which will be critical in the future for strengthening alliance, evidence generation and for further advocacy.

For further information please contact:

Secretariat - Maternal Health Rights Campaign
C/o Centre for Health and Social Justice (CHSJ), Gandhi Bhavan, Shyamili Hills, Bhopal, Madhya Pradesh

Email: mp.mhrc@gmail.com