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in achieving gender equality and health equity

World Health Organization

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July 2010

World Health Organization

WHO Library Cataloguing-in-Publication Data

Policy approaches to engaging men and boys in achieving gender equality and health equity.

1. Gender identity. 2. Sex factors. 3. Men. 4. Adolescent. 5. Child. 6. Health policy. 7. Women's health. 8. Men's health. 9. Health promotion. I. World Health Organization.

ISBN 978 92 4 150012 8 (NLM classification: WA 306)

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Printed in France.

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Acknowledgements

This document was developed by the Department of Gender, Women and Health (GWH) of the World Health Organization (WHO) under the overall guidance of 'Peju Olukoya. Special thanks are due to members of the MenEngage Alliance and the many other individuals who contributed to the development of this document. It was coordinated by the Sonke Gender Justice Network and prepared by: Gary Barker of the International Centre for Research on Women; Michael Flood of the University of Wollongong; Alan Greig, consultant; Dean Peacock of Sonke Gender Justice Network; the UCLA Program in Global Health and the Gender, Violence and Health Centre of the London School of Hygiene and Tropical Medicine; and Orly Stern of the Sonke Gender Justice Network.

The comments and suggestions of the following WHO colleagues are also gratefully acknowledged: Paul Bloem, the Department of Child and Adolescent Health; Mike Mbizvo and Kirsten Vogelson, the Department of Reproductive Health and Research; and Shelly Abdool and Elena Villalobos, the Department of Gender, Women and Health. Other contributors and reviewers include Robert Bailey, University of Illinois, Chicago; Emily Esplen, Institute of Development Studies; Daniel Halperin, Harvard University School of Public Health; Andrew Levack, EngenderHealth; Lyn Messner, International Women's Health Coalition; Alex Scott-Samuel, University of Liverpool; and Tim Shand, International Planned Parenthood Federation. We would also like to thank Diana Hopkins for editing and proofreading the document, and Monika Gehner, Melissa Kaminker and Milly Nsekalije of the Department of Gender, Women and Health, WHO, for their technical assistance in the finalization of the document.

We acknowledge the financial support of the United Nations Population Fund (UNFPA) to the production of the document.

Abbreviations

AIDS	acquired immune deficiency syndrome
HIV	human immunodeficiency virus
MMC	medical male circumcision
NGO	nongovernmental organization
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

1 Introduction

Work with men has demonstrated significant potential in contributing to building gender equality and improving the health of women and men[1,2]. However, most work with men has tended to be local in scale and limited in scope. To be more widely effective – that is to transform the pervasive gender inequalities that characterize many societies globally – efforts to transform men's behaviour need to be significantly scaled up. Policy processes and mechanisms are key elements in any effort to engage men and boys in achieving gender equality.

A volunteer with the Red Cross checks the blood pressure of an elderly couple as part of a regular health service in the Baganuur district of Mongolia.

This policy brief:

- outlines the rationale for using policy approaches to engage men in achieving gender equality, reducing health inequities, and improving women's and men's health;
- offers a framework for integrating men into policies that aim to reduce gender inequality and health inequities;
- highlights some successful policy initiatives addressing men that have advanced gender equality and reduced health inequities by generating positive changes in men's behaviours and relations with women and with other men.

The rationale: policy approaches are needed to build men's support for gender equality and promote health

The need for policy approaches to build men's meaningful engagement to achieve gender equality and promote health is based on four interwoven points.

a) Work with men is key to advancing gender equality, reducing health inequities and improving the health of women and men

In order to remedy gender inequalities and health inequities, we must address the role of men. We must transform many aspects of men's behaviour, attitudes and social relations, as well as wider structural forces and relations that create and sustain harmful or oppressive forms of masculinity.

Men are as implicated in and affected by gender roles and relations as women. Like women's roles, men's roles and responsibilities are defined and shaped by society and culture. Thus, while the term 'gender' often has been a code for women, its use needs also to recognize men as gendered.

Gender: a brief overview

Sex and gender

Sex refers to biological, anatomical and physiological characteristics that define males and females.

- *Gender* refers to the roles, behaviours, activities and attributes, which society considers appropriate and expected for men and women. It includes the social organization of women's and men's lives and relations.
- *Masculinity* refers to the meanings and expressions given to being male and the social organization of men's lives and relations, while *femininity* refers to those of women.

Gender is socially constructed

Patterns of gender – of women's and men's lives and relations – are the outcome of social forces and relations. In other words, they are constructed in and through society. Gender is constructed by a wide range of social forces and dynamics, including children's relations with peers and adults, the media, schooling, sociocultural norms, and the workings of organizations and governments.

Gender is both personal and collective

- *Gender exists at multiple levels*, from personal identity and personality, to social and intimate relationships, to norms, values and culture, to organizations and social institutions, and to policy frameworks.
- *Gender has both personal and collective dimensions.* At the personal level, men and women 'do' or 'perform' gender through their identities, behaviour and relations. Individuals construct, enact and negotiate a gendered sense of self over time in different social contexts and relations. However, women's and men's conduct is shaped by wider social constraints and power relations. At the collective level, gender is defined and sustained in communities, institutions and culture through such collective forces as policies and laws, and through local and global economic, military and cultural dynamics.

Gender involves power and inequality

- *Gender relations in many contexts are relations of inequality and injustice.* There is a widespread pattern of male privilege and female disadvantage. They exist in which men, as a group, enjoy institutional privileges at the expense of women, as a group.
- *Gender inequalities are interpersonal.* They exist in men's and women's daily interactions and relations in households, workplaces and public places. Gender inequalities also are *institutional*, shaping women's and men's access to political, economic and cultural power.
- Gendered power relations are dynamic (they can change over time) and contested (they are challenged – and defended – by individuals, movements, organizations and governments).

There is diversity and hierarchy

- *There are multiple femininities and masculinities.* They exist across different cultures, periods of history, and communities and settings within any one society. However, some constructions of gender are dominant while others are subordinate. Some forms of masculinity and femininity are given social status and legitimacy – praised by others, celebrated in the media, and granted more rights – while others are marginalized, punished and, sometimes, criminalized.
- Gender interacts with other social divisions and forms of diversity, such as those associated with race and ethnicity, class, sexuality, age, nationality and disability.

Changing men's harmful attitudes and roles is a crucial element in reconstructing gender relations.[3] Men and masculinities are directly involved in the maintenance of gender inequalities. Some men play a crucial role as 'gatekeepers' of the current gender order through their responsibilities as decision-makers and leaders within their families and communities. They may participate in sexist practices and maintain unjust gender relations by perpetrating violence against women (and subordinate men), controlling women's reproductive and familial decision-making, limiting women's access to and control over family and community resources and political power, or espousing patriarchal beliefs and norms that allow other men to engage in such actions. More broadly, patterns of gender injustice are tied to social constructions of masculinity – to the meanings given in any particular society to being a 'man', the identities and social relations associated with these, and the social organization of men's lives and relations.

Focusing on health, social constructions of manhood play a central role in shaping patterns of women's and men's health. Social constructions of manhood have an impact on women's health, for example, by shaping men's attitudes to and involvement in gender-based violence,[4] sexual and reproductive health, maternal health[5] and HIV/AIDS.

Gender norms also impair men's health. For example, men who adhere to rigid notions of manhood and who equate masculinity with risk-taking, dominance and sexual conquest tend to have more negative attitudes towards condoms and use condoms less consistently – putting themselves and their partners at greater risk of contracting HIV and other sexually transmitted infections (STIs).[6] Constructions of masculinity – such as the notion that 'real men' do not get sick – are implicated in men's reckless driving and death in car accidents,[7] and in health seeking, for example, their lesser use of HIV counselling and testing services and antiretroviral therapy in relation to HIV,[8] and their general underutilization of health services.[9] At the institutional level, men's health is impaired by gendered divisions of labour, which shape men's participation in dangerous industries and occupations, and may obligate men to migrate or spend significant amounts of time away from home.[10] On the other hand, *lack* of conformity to dominant constructions of masculinity – for example, among same-sex-attracted men – can be harmful to men's health because of social and legal sanctions, interpersonal and institutional violence, and poor access to health services and information.

While men and masculinities are implicated in gender inequalities and poor health, men also have a positive role to play in fostering gender equality and good health. Some men already live in 'gender-just' ways: they respect and care for the women and girls in their lives, and they reject sexist and harmful norms of manhood. Some men already play public roles in building gender equality. Individual men in civil society and governmental organizations have been important advocates for women's rights. Other men are engaged in public efforts in support of gender equality in such fields as violence prevention, HIV/AIDS prevention and education.[11]

In order to remedy gender inequalities and health inequities, it is also important to address wider structural forces and relations. It is undeniable that there are pervasive patterns of gender inequality, such that men as a group are privileged relative to women as a group. At the same time, among men (and women), some groups have different access to and control over power and resources, as a result of inequality and social exclusion based, for example, on ethnicity, migration status, economic exploitation and homophobia. Men who experience social exclusion show greater rates of both the use of and victimization by certain forms of violence,[12] and have less access to health insurance.[13] Gender, on another level, is thus one of several 'structural' determinants of health that interact to produce health inequities in the lives of women and men.

It can be argued that the key focus for structural policy action should be the factors that produce and sustain patriarchy on a global scale. This is because the impacts of patriarchy include not only its well-recognized, gendered effects on the behaviour and experience of girls and women, boys and men, but also its less apparent but equally important effects on politics and public policy.[14,15] In short, the globally prevalent socialization of boys and men towards a dominant masculinity characterized by toughness, competitiveness, excessive risk-taking and emotional illiteracy, produces politicians and public policies that share those characteristics. It is known, for example, that more male-dominated national parliaments are more likely to support wars and other conflicts.[16]

b) *Programme and policy interventions have been shown to bring about positive changes to men's gender-related attitudes and behaviours*

Emerging evidence indicates that carefully designed policies and interventions can bring about changes that improve women's and men's health or men's gender-related attitudes and behaviours.

In Brazil, for example, Instituto Promundo's intervention with young men promoting healthy relationships and HIV/STI prevention showed significant positive shifts in gender norms at both six months and 12 months.[17] Similarly, a study of nearly 150 Nicaraguan men who participated in workshops on masculinity and gender equity revealed significant positive attitudinal and behavioural changes according to both partner reports and self evaluations in a wide range of indicators including: use of psychological and physical violence, sexual relations, shared decision-making, paternal responsibility and domestic activities.[18] In the Stepping Stones initiative in South Africa, male participants reported having fewer partners, higher condom use, less transactional sex, less substance abuse and less perpetration of intimate partner violence.[19]

A 2007 WHO review of interventions with men in the areas of sexual and reproductive health, maternal and child health, gender-based violence, fatherhood and HIV/AIDS documents that such programmes, while generally of short duration and limited research, have brought about important changes in men's attitudes and behaviours.[20] Of the 57 studies included in the analysis: 24.5% were assessed as *effective* in leading to attitude or behaviour change; 38.5% were assessed as *promising*; and 36.8% were assessed as *unclear*. Programmes that were 'gender-transformative' – those that sought to transform gender roles and promote more gender-equitable relationships between men and women – were more likely to be effective than programmes that were merely 'gender-sensitive' or 'gender-neutral'.

This report identifies the key features of successful interventions as follows:[21]

- use positive and affirmative messages;
- encourage men to reflect on the costs of hegemonic masculinity to men and women;
- evidence-based – use formative research, ongoing monitoring and evaluation;
- recognize that men are not homogenous and develop interventions that reflect men's different life experiences;
- use an ecological approach that recognizes the range of factors shaping gender roles and relations;
- use a range of social change strategies – community education, community mobilization, media, policy development and advocacy for implementation.

These studies confirm that men can change their gender-related attitudes and relations in relatively short periods of time, and they offer an understanding of what strategies and types of intervention are most effective. As new programmes engaging men and boys have been implemented, a body of effective evidence-based programming has emerged. This confirms that men and boys are able and often willing to change their attitudes and practices and, sometimes, to take a stand for gender equality.[22]

c) *There is an international mandate for policy approaches on engaging men and boys in achieving gender equality and health equity*

Policy-makers have a compelling mandate to develop, implement and evaluate policy approaches to working with men. Many countries have ratified their commitment to work with men for gender equality in a number of international commitments. Relevant international commitments are embodied in the International Conference on Population and Development (1994),[23] the Programme of Action of the World Summit on Social Development (1995) and its review held in 2000,[24] the Beijing Platform for Action (1995),[25] the twenty-sixth special session of the General Assembly on HIV/AIDS (2001),[26] the Commission on the Status of Women (CSW) (2004 and 2009), the Global Symposium on Engaging Men and Boys on Achieving Gender Equality (2009),[27] the Joint United Nations Programme on HIV/AIDS (UNAIDS) Action Framework on Women, Girls, Gender Equality and HIV (2009), and the UNAIDS Operational Plan for Action Framework (2009).

The language of more recent international commitments is noteworthy for its recognition of the role men and boys can play in bringing about gender equality and health eq-

uity. The 2009 CSW recognized "the capacity of men and boys in bringing about change in attitudes, relationships, and access to resources and decision-making which are critical for the promotion of gender equality and the full enjoyment of all human rights by women", and called for action to "ensure that men and boys, whose role is critical in achieving gender equality, are actively involved in policies and programmes that aim to involve the equal sharing of responsibilities…".

These international commitments both require policy-makers in signatory countries to develop policies and programmes and provide civil society with leverage to demand implementation.

d) Policy efforts must be comprehensive and large scale

So far, most programmes have aimed at engaging men and boys in achieving gender equality and health equity, and have been small in scale, have had limited if any sustainability and have not, with a few notable exceptions, been taken up or scaled up at the policy level.[28] There are few examples of the systematic integration of gender-related work with men in either government policies or in the programming of large scale institutions.

While this is not surprising, few programme coordinators and staff engaged in such programmes have been able to move beyond small-scale public health interventions to the large scale of policy levers and initiatives that have better potential to lead to larger scale, faster and broader changes in men's behaviour related to gender and health. To truly transform gender inequalities, it is necessary to go beyond scattered, small-scale interventions and efforts (no matter how effective), towards systematic, large scale and coordinated efforts. Moreover, an appropriate framework must guide such efforts. This policy brief addresses this issue in the next section.

2 Guiding principles

As work to engage men and boys in achieving gender equality and health equity gains visibility and traction, many governments across the world are beginning to develop 'male involvement' initiatives. Often these efforts are hampered by inadequate clarity about the goals and by the lack of a clear framework to inform such work. As a result, valuable resources, opportunities and goodwill are often lost.[29]

This policy brief offers some guiding principles for integrating men into gender policy. These principles are intended to be adapted in a wide variety of policy contexts and by a wide range of policy-makers:

A young man displays a poster with a message about birth spacing at the Isbenna clinic near Beni Souef, Egypt.

a) Frame policy and programming with men within an agenda that promotes human rights, including women's rights

Policy on men and gender must:

1) promote human rights, including the rights of women and girls;
2) enhance boys' and men's lives;
3) be inclusive of and responsive to diversities among men;
4) promote health equity.

These four interrelated commitments should guide the positive engagement of men in gender equality and health equity work.[30] This brief provides a short account of them, while more detailed frameworks for addressing men and gender equality can be found elsewhere.[31]

First, Policy approaches to engaging men in achieving gender equality, including those relating to health equity, must be framed within a human and women's rights agenda and be intended to further women's and men's full access to and enjoyment of their human rights. They must be guided by the primary goal of furthering gender equality.

Policies regarding men and gender equality therefore should seek to challenge those aspects of men's behaviour, constructions of masculinity, and gender relations that harm women. They should encourage men to develop respectful, trusting and egalitarian relations with women and with other men, and to promote positive constructions of masculinity or selfhood. They should be developed and implemented in consultation with groups working to promote and protect women's rights (see Section 3).

Second, policy approaches must also be committed to enhancing boys' and men's lives. They should embody support for men's efforts to change positively and affirmation of positive and health-promoting formations of manhood.

Third, approaches to engaging men in gender equality work must be sensitive to diversities among men. Men have differing needs that must be taken into account in policy design. Factors such as class and caste, ethnicity, sexuality, religion, literacy and age shape expressions of manhood, and produce differing experiences of power and marginalization for different groups of men.

Fourth, policy approaches to engaging men should review health systems to ensure that quality health services are available to men. All too often health systems and services focus narrowly on women's health needs and pay insufficient attention to increasing men's use of health services, including as a potentially supportive partner to a female client. Health policy, then, should aim to increase men's demand for health services whilst increasing and improving the supply of those services. Health policy should also draw attention to and address the multiple ways in which stereotypes about manhood are used to encourage men to compromise their health – whether by appealing to notions of masculinity to market products such as tobacco and alcohol or by using gender stereotypes to encourage men to perform dangerous work.

b) Address the social and structural determinants of gender inequalities and health inequities

Changing the attitudes of individual men is not enough; policy and programming targeting men must also include an understanding of the social, economic and political forces constraining the health and well-being of many women and girls and men and boys – from migration and changing labour markets to climate-related social crises. On this basis, the policy framework must draw attention to the need for a more just economic and social order. This second principle builds on the need articulated above to be inclusive of diversities among women and men.

The effort to secure gender justice cannot be isolated from work towards other social justice goals. Work with men to change the gender relations that adversely affect health also implies work on the other social relations of power that shape men's and women's lives. This necessitates policy action on other structural determinants of health and, in this context, a particular focus on some men's experience of social exclusion and its impact on their vulnerability to ill-health and access to health services.

3 Integrating men's issues into gender and health policy

There are several different components/approaches to the integration of men's issues into gender and health policy.

a) Contribute to the establishment or consolidation of policies and programmes promoting gender equality

Policies involving men and boys in achieving gender equality and health equity will be most effective if they are integrated within a country's gender equality and health policies more generally, rather than existing as separate, parallel policies. Therefore, if existing policies and programmes promoting women's rights and gender equality and health equity do not exist, are weak or poorly implemented, the first priority for health policy-makers must be to establish or strengthen policies that focus on gender and health. This is necessary to help create the enabling environment in which appropriate policy frameworks on men, gender equality and health equity can be adopted and used,[32] and should be carried out in consultation with women's organizations and other civil society groups.

b) 'Mainstream' men into gender and health policy

'Mainstreaming' men into gender policy involves six interlocking elements.

(i) Integrate policies on men and masculinities into policy on gender equality and health equity

Policy focused on engaging men for gender equality and health equity should be integrated into existing policy-making on gender and health, both in terms of its location and organization within policy-making institutions and in terms of its content. It should not be constructed as separate from and equivalent to policy-making on gender equality or women's rights.[33] This does not preclude the development of policies and programmes focused on boys or men or particular male populations. But it does mean that such initiatives must be located within, and framed by the broader agenda of gender equality. Highlighting and challenging the vulnerabilities of certain groups of men does not and should not come at the cost of ignoring gender inequalities and women's health, especially given the real differences in power experienced by women and men on the basis of their gender.

A harvester working with the Flower Valley Conservation Trust harvests wild fynbos, a native shrubland vegetation, in the Cape Floristic Region of South Africa.

(ii) Maintain dedicated women's units and measures

Mainstreaming men into gender policy should complement rather than replace women-specific measures

and mechanisms, such as women's units or women's ministries.[34] Such measures and mechanisms must be maintained. The health sector should devise appropriate and effective mechanisms to coordinate with such units where they exist.

In policy arenas throughout the world, there has been a growing emphasis on 'gender mainstreaming', which is the integration of gender across all policies and programmes. While gender mainstreaming has had important achievements,[35] in some contexts it has led to the dismantling of women's units and women-specific policies and programmes, attacks on measures focused on promoting gender equality, and the co-option of more feminist and structurally focused agendas.[36] Including men in gender policies and programming involves some of the same risks and should not work against existing mainstreaming efforts to address historic inequalities faced by women.[37] Therefore, policy-making on men and gender equality must include support for dedicated women's units, resources and programming.

(iii) Work with gender and health experts and women's rights groups

Policy-makers should engage local women's groups and gender and health experts to assist them in integrating men into gender and health policies and programmes. Such stakeholders bring invaluable knowledge of the interconnected considerations that need to be considered when dealing with gender roles and relations.

(iv) Integrate policies on men into national gender and health-related plans, policies and legislation

Gender equality policies – including those engaging men – should be integrated into national plans. For example, policies engaging men and addressing their issues should be incorporated into a country's existing national gender plan. They should also, where relevant, be incorporated into other national plans for addressing specific health issues, along with other gender-focused policies, including national reproductive health, HIV/AIDS, and national plans to combat gender-based violence, to name a few. Where existing policies are proving ineffective, efforts should be made to identify and address the reasons for such failures. This integration must go beyond simply including language; many policy-makers have included such language in their national gender plans but have not enacted them. Including men in the discussion cannot simply be about putting the words on the pages of policy documents, as sometimes happens with those paying attention to women and women's disadvantages.

(v) Find homes for such policies in national departments

Policies engaging men aimed at improving health are best launched from within national health departments, and should be designed and implemented in consultation and collaboration with women's national machineries and mechanisms. As the following section explains, programmes aimed at changing men's gender roles and norms need to be scaled up in order for significant change to occur. This can best be done from within national departments of health and other relevant sectors.

(vi) Ensure that personnel creating and implementing these policies have sufficient authority and resources to achieve desired goals

Personnel that are creating, implementing and evaluating policies intended to foster gender equality and health equity, including policies addressing men, should be given sufficient institutional authority, power and resources to do this effectively. Policies will be of limited effect if those responsible for them are not empowered to implement them properly. It is crucial that policies, programmes and units promoting women's rights and gender equality be supported and strengthened.

c) Examine the gendered character and impacts of policies and policy-making

Policy-makers should recognize that *all policy and policy-making is gendered*. While much policy-making has not been consciously about men, men have often been the targets of policy, as citizens, soldiers, workers, husbands, fathers, criminals, prisoners, and so on, although they have often been treated in gender-neutral ways.[38] In fact, policies aimed at particular populations often target all-male or largely male groups, such as clients of prostitutes, perpetrators of civil and military violence, community leaders, etc.

Policies also have *gendered impacts* – effects that are different for women compared to men – whether or not this is intended. Given this, policies not only respond to existing gender norms and biases but can also reproduce and intensify them.[39] Policy-makers, policy-making processes, and policy institutions and structures are gendered, involving particular gender identities, relations, norms and cultures.[40]

This recognition has practical implications. Using policy to build gender equality and health equity must include assessment of the gendered character of all policies and their differential impacts on women and men using tools for 'gender analysis' or 'gender audits'.[41] Gender-sensitive needs and impact assessments should include examination of the extent to which policies already target or influence men, in what ways, and with what impact. To be most effective, gender-sensitive impact assessments should be integrated into law and policy-making frameworks and adopted as a systematic element in policy assessment. These should be guided by explicit objectives, supported by capacity building, involve consultation with expert bodies, and be based on adequate understanding of impact.[42]

d) Learn lessons from policies developed to promote women's rights

One of the obvious steps that policy-makers should take in developing policies to transform masculinities is to learn from existing experiences of adopting and implementing policy on women's rights and empowerment. Real achievements in gender policy have been made around the world in the last two decades. At the same time, there have also been significant limitations to existing policy processes regarding gender equality.[43]

There is a growing body of knowledge reflecting on the successes and challenges of gender mainstreaming efforts, with valuable lessons in developing policy on men and gender equality.[44] For example, an Australian study of the necessary conditions for advancing gender equality and women's interests in policy-making processes finds that no *one* condition is sufficient. Rather, a *combination* is required. In this case, the combination was characterized by:

- approximate parity in women's and men's participation at all levels;
- an integrated approach to policy-making so that mainstream policy is developed co-extensively with gender-specific policy and vice-versa;
- participation by community-based, women-focused advocacy groups throughout the process;
- engagement throughout – gender equity or women-focused policy machinery in both generic and gender-specific policy processes;
- active and unequivocal support for the advancement of gender equality and women's interests in policy-making by high level functionaries in elected and appointed positions;
- adoption of up-to-date women focused understanding of the problem of gender focused in the formulation of policy – both mainstream and gender-specific.[45]

e) Scale up initiatives already being run by nongovernmental organizations (NGOs) and other players into national policies

Where NGOs and other private bodies are running successful interventions engaging men and boys in achieving gender equality and health equity, policy-makers are in a position to take these programmes to scale and incorporate them, as appropriate, into government policies and programmes, which will ensure that they reach a greater audience. To achieve this, policy-makers need to examine programmes being run within their countries as these may suggest relevant and culturally appropriate ways in which such policies could work.

Useful capacity building materials, methods and approaches being used by NGOs in programmes engaging men could contribute to national efforts on school and adult education curricula, while effective or promising HIV prevention methods, for example, could be included in national HIV prevention strategies. The following section examines some ways in which the scaling up of programmes into policies can occur. Policy-makers need to prioritize interventions with evidence of impact in reducing gender inequalities, reducing health inequities and promoting health.

4 Strengthening policy approaches: suggested ways to build capacity and sustain momentum

Many of the programmes that have engaged men around the world have been relatively small and carried out by NGOs. Several have yielded successful results, for the small number of participants that have taken part in them. However, in order to create significant social change, these approaches need to be scaled up, and reflected in policies and programme guidance at national and sub-national levels. There is a distinct need to ensure approaches that foster sustainability and have a long-term vision.

The following discusses the steps necessary to build momentum and sustainability among policies aimed at men's roles in building gender equality.

In India, a group of men work together to lift a box of vegetables to sell inside the marketplace.

a) Encourage men to take responsibility for advocating agendas of gender equality, including policy initiatives for women's rights

As previously mentioned, existing policy platforms and processes in support of gender equality were established largely due to a determined process of advocacy and organization by women-focused activists, groups and organizations. Men do not have an equivalent movement in support of gender equality. While there is an international network of pro-feminist men's groups and organizations,[46] it simply does not have the same degree of organizational weight and collective participation as the women's movements. Thus, one of the key tasks for policy-makers involved in developing policies to engage men in the promotion of gender equality is to encourage them to take some responsibility for gender equality agendas and help them identify their collective stake and interest in achieving gender equality.

b) Inspire and maintain political will

Political will and government support are crucial to fostering gender equality and health equity. Such support has

been central, for example, to successful efforts to prevent HIV transmission.[47] Leadership and support from senior policy-makers and decision-makers (many of whom are men) is vital to generating good outcomes from gender equality policies. Leaders need to model egalitarian gender policies and publicly endorse gender equality in their workplaces and in their public roles. Examples of actions that demonstrate commitment to gender equality include holding men accountable for sexist comments and behaviour and for voting against gender-progressive legislation.

c) *Involve affected communities and be responsive to their demands*

Appropriate and effective policy-making depends in many instances on collaboration with and the direct and meaningful participation of the beneficiaries – women and men most affected by the particular health, gender or rights issues under consideration at the time. This is in line with human rights principles of participation and non-discrimination. This involvement is facilitated, for example, by consultations and participatory approaches to needs assessments. The example below of gay men's adoption of safe sex practices is a good case study of this lesson in policy-making. Participation of beneficiaries, especially by women, often comes at their own cost. Opportunity costs especially for poor women can be considerable and should not be taken for granted. Examples of ways to ameliorate this include the provision of subsidized child care. Context specific approaches need to be adopted.

d) *Use existing structures for the implementation of policies*

Where possible, policy-makers should use existing structures as mechanisms to implement such policies. For example, governments may use the education system to promote equitable gender relations. An approach could be to ensure that textbooks and other educational materials promote positive roles for girls and boys, rather than reinforcing gender bias and stereotyping. Community health programmes can also be used to disseminate messages supporting gender equality via more equitable depictions of norms and roles and avoidance of language and content that perpetuate gender stereotypes and discrimination. The training materials (pre- and post-service) of community and social workers should also include relevant content in this regard.

e) *Work collaboratively and build partnerships*

Addressing pervasive problems of gender inequality and health inequities also requires institutional strength, networking and collaboration. Policy-making on engaging men in gender equality is more likely to be effective and appropriate if it is developed and implemented in collaboration and consultation with civil society organizations, particularly women's organizations. In Brazil, for example, NGOs have been involved in direct dialogue with the Ministry of Health to develop protocols for men's health, and with Brazil's National Congress about the possibility of increasing policies relating to paternity leave.

Collaboration with civil society organizations increase the ability of government agencies and policy-makers to:

- improve the effectiveness, sustainability and enhanced coverage of capacity building and other education and community development programmes, through technical support;
- make use of the expertise of researchers, educators and advocates who are more likely to have locally relevant data on making the case for policy formulation, and on programme initiatives and their effects;
- disseminate information regarding policy initiatives to stakeholders of various types and at various levels;
- increase support for and take-up of their initiatives by civil society organizations; and
- increase support for and positive responses to their initiatives among communities.

f) *Build institutional capacity and expertise*

Policy-makers can play a vital role in increasing the capacity and expertise of both governmental structures and civil society organizations to address issues of men, gender inequality and health. In order to enhance the quality, coverage and sustainability of work to engage men in gender equality and health inequity, the capacity of the relevant players needs to be built, through training and support to programme planning, organizational development and management. Furthermore, governments can generate more expertise on men, masculinities and gender equality by ensuring the creation of appropri-

ate institutional mechanisms and structures and requisite financial support.[48]

g) Strengthen civil society capacity to monitor policy compliance and implementation

Because they often reflect commitments, policies create opportunities to strengthen accountability mechanisms by ensuring that civil society organizations and other interested parties have a tangible focus for their obligations. For example, progress in domestic violence policy in India was generated in part by civil society organizations' efforts to encourage the implementation of policy commitments.[49] The ability of civil society to observe efforts, monitor and strengthen advocacy supportive of implementation requires clear time-bound targets as well as costed plans. Men's Action to Stop Violence Against Women (MASVAW) based in Lucknow, India, provides a useful example. The 2005 Protection of Women from Domestic Violence Act (DVA) provides "protection against physical, verbal and sexual abuse and the right to shelter and economic freedom".[50] In collaboration with women's rights organizations, MASVAW coordinated the 2007 *Ab To Jaago!* (Wake Up Now!) Campaign in 41 districts across the State. It provided rights-based education about the provisions of the DVA and held tribunals to maintain pressure on the government for full implementation.[51]

A couple who survived the tsunami in Aceh, Indonesia are soon to have a child.

In line with existing human rights principles and practice, civil society agents are rights holders with a well-recognized watchdog role with regards to the implementation of policies. This is a positive role that needs to be acknowledged and supported.

The following are examples of policy initiatives that have produced positive change among men towards greater gender equality and health equity.

5 Policy examples

There are still only a few systematic initiatives involving men in the achievement of gender equality and health equity.[52] However, there are examples in various countries of policy initiatives that have produced positive changes among men.

Health workers in Uganda conduct HIV testing as the community mobilizers look on.

Policies in this regard are more likely to be effective in building gender equality and health equity if they are consciously oriented towards the transformation of harmful gender roles and unequal gender power relations and the promotion of gender-equitable relationships between and among men and women. 'Gender-transformative' policy initiatives include those designed to increase men's involvement in caring for children and lessen their participation in perpetrating violence against women and children. However, other policy initiatives that have produced positive changes in men's behaviour have been 'gender-neutral' or even 'gender-blind'. Even though they have not been informed by an awareness of the gendered character of the behaviour in question, and their effectiveness is lessened as a result, they have still had positive consequences. Examples below include policy initiatives addressing gun violence and alcohol abuse.

Some related existing policy initiatives show some valuable or innovative elements which could inform future policy efforts. While it is beyond the scope of this paper to provide a systematic mapping of these elements or of the ongoing debates, some of them are briefly highlighted here.

First, some policy initiatives centre on *providing benefits or incentives* to men or couples to foster positive changes by men. The most prominent example of this is parental leave which includes a component reserved for fathers. This leave is forfeited when the father does not take it up (see (a) below). Another example is to reduce families' fees for health services if men accompany their children and wives on visits to the clinics.

Second, other policy initiatives centre on *criminalizing violent or exploitative behaviour*, with a view to holding offenders accountable, and developing coordinated responses to violence and exploitation. A good example of this concerns domestic violence (see (b) below). Another example is the development of laws and policies that criminalize the purchase of sexual services (see (c) below).

Third, other policy initiatives seek to *mobilize men as supporters of gender equality* through their roles as fathers and husbands, whether by positive measures or by sanctioning their involvement in the perpetuation of gender violence.

There is international evidence that policy initiatives by governments and other bodies can make substantial and systematic differences to men's behaviour. Seven examples of these policy successes are highlighted below.

a) Example 1: increasing men's involvement in caring for children

Perhaps the best-known example of a successful policy initiative by government to change male behaviour concerns efforts in Scandinavian countries to encourage men's engagement in and responsibility for parenting. Norwegian family policies since the early 1990s have aimed explicitly at encouraging fathers' involvement with young children, above all through the use-or-lose 'daddy month' introduced into the parental leave scheme in 1993. This initiative prompted a substantial increase in the rates of fathers' up-take of parental leave, from 4% in 1993, to 45% in 1994, to 85% by 1998.[53]

More widely, there is strong evidence from countries in the European Union that policies related to parental leave have a direct impact on fathers' involvement in caring for children.[54] In research across Scandinavian countries, northern Europe, southern Europe and the British Isles, men in countries with more father-friendly policy regimes spend more time caring for their children. While the time men spend caring for children is shaped by other factors as well, it is clear that the parental leave policy does have a major effect on male parenting behaviour.[55] Research suggests that men with greater involvement in parenting early in the children's lives are also more likely to be involved at later ages.[56] Greater involvement by men as fathers – measured both in terms of caregiving and financial support – is generally positive for children (in terms of health and development), for women (who benefit from more equitable divisions of domestic labour) and for men themselves (who generally report better mental health and well-being).[57]

In the last few years, lower income countries have begun to debate these issues as well. In Brazil, several states now offer one month of paid leave for fathers at the time of birth (in some states for all men with full-time employment and in others only for civil servants). A national law is currently being debated in Brazil that would make 30 days of paternity leave available to all fathers of neonates. There are considerable challenges for resource-poor countries to implement fatherhood leave programmes on the scope of those in western Europe, but even in these countries the issue is gaining attention.

b) Example 2: interventions for men who use violence against women

Since the late 1970s, sustained efforts have been made to ensure the safety of battered women by holding perpetrators of domestic violence to account and, where possible, by rehabilitating them through participation in batterer intervention programmes, and closely supervising them in a coordinated community response to domestic violence. In the intervening years, important lessons have been learned about the kinds of programmes and policies that best achieve the twin goals of survivor safety, and perpetrator accountability and rehabilitation.

Thirty years of experience and rigorous research suggests that any intervention, whether group programmes for men who perpetrate violence, or mandatory arrest and prosecution policies, or any other strategy, is most effective in reducing recidivism when it is part of a coordinated community and criminal justice system response that monitors perpetrator compliance with terms of probation and batterer intervention programme attendance.[58] Components of such coordinated response include:

- pro-arrest or mandatory arrest policies;
- follow-up support and advocacy for victims;
- aggressive and prompt prosecution;
- active monitoring of offender compliance with probation conditions;
- court-mandated and closely supervised participation in batterer intervention programmes;
- strengthening of civil remedies, and monitoring of the system-wide response to domestic violence cases.

Further desirable improvements to perpetrator programmes include intensive programming for high-risk men, the ongoing monitoring of risk, and greater system

coordination.[59] Such multilevel cooperation is being advocated by WHO as an essential part of the development of the batterer intervention field.[60] Studies in the USA have found that coordinated community responses, in which a host of agencies cooperate to protect victims and hold offenders accountable, can lead to lower rates of violence.[61] Batterer intervention programmes have at least a small effect on the occurrence of further violence. In other words, programmes are at least moderately successful at preventing further violence by abusers.[62]

While batterer intervention programmes are well established in high-income countries in North America, the United Kingdom and elsewhere, a few have also been developed in middle- and low-income nations.[63] Challenges of implementation and evaluation are compounded in such contexts. Nonetheless, some developing countries are facing these challenges. For example, Brazil and Mexico are both providing public resources for batterer intervention programmes, as a component of multisectoral and integrated responses to gender-based violence overall. Other components include national campaigns, shelter and legal protection for women, and public funding for school- and community-based campaigns.

c) *Example 3: increasing gay men's practice of safer sex*

Another example of systematic and intended change in men's behaviour concerns the widespread adoption of safer sex by gay men. In this case, it was grassroots activism by gay men themselves, which helped to produce effective policy-making and widespread behavioural change. Government adoption of appropriate policy-making on safer sex and HIV/AIDS has been driven by the gay communities' sustained advocacy and involvement. Thus, in some countries, policy initiatives producing positive changes among men have come from the ground up with the direct engagement and leadership of the beneficiaries, rather than from the top down.

In the 1980s and early 1990s, sexually active men in countries such as Australia, England and elsewhere adopted safer sex measures particularly relating to condom use, *en masse*, in order to prevent transmission of HIV. Studies in the mid-1990s documented that condom use had become the norm among gay-identified men, as part of a newly established 'safe sex culture'.[64] This represented "one of the most profound changes of practice ever found in the social science and public health literature".[65]

This transformation depended on distinctive forms of policy engagement and community mobilization. In Australia, for example, a central aspect of the response was the large scale mobilization of the gay communities, including the setting up of community organizations and the substantial involvement of government bureaucracies and advisory groups. Several conditions assisted this development: the existence of organized gay communities, a pre-existing cohort of gay activists, an Australian tradition of NGOs' contributions to and engagement in policy-making, and a sympathetic national government. The Australian federal government adopted strategies associated with health promotion and 'the new public health', emphasizing community prevention and community education, and providing funds for groups working with affected communities.[66] In other developed countries, effective responses to HIV/AIDS have been less successful and sometimes hampered by social conservatism and homophobia.

d) *Example 4: male circumcision*

Medical Male Circumcision (MMC) is now widely accepted as a key HIV prevention intervention, to be included as part of a comprehensive package comprising HIV testing and counselling; STI treatment; education and promotion of safer sex practices, including the reduction of multiple concurrent partners; and the provision of male and female condoms, and education about correct and consistent use. The implementation of this comprehensive package is recommended in contexts of generalized HIV epidemics with low prevalence of male circumcision.

It has been estimated that large scale implementation of male circumcision has the potential to avert about two million new HIV infections and 300 000 deaths over the next 10 years in southern Africa. A WHO/UNAIDS Technical Consultation concluded that, "[e]vidence is compelling. Promoting male circumcision should be recognised as an additional, important strategy for the prevention of heterosexually acquired HIV infection in men".[67]

With two decades of observational studies and meta-analyses suggesting a link between male circumcision

and increased protection against HIV transmission,[68,69] and a number of studies indicating high levels of acceptability,[70,71,72,73] three clinical trials on male circumcision were undertaken in Orange Farm, South Africa, Rakai, Uganda, and Kisumu, Kenya.[74,75] The results from all three trials offer conclusive evidence that male circumcision provides partial but significant protection against HIV infection: those men who were circumcised were between 55% and 76% less likely to become HIV positive than the men who did not receive medical circumcision. With fewer men infected with HIV, women, too, will gain from the protection provided by medical circumcision, in addition to fewer infections of some other sexually transmitted diseases, including cervical cancer amongst women.[76]

In March 2007, WHO and UNAIDS jointly issued a set of recommendations on male circumcision stating that, "the efficacy of male circumcision in reducing female to male transmission of HIV has been proven beyond reasonable doubt. This is an important landmark in the history of HIV prevention…. Male circumcision should now be recognized as an efficacious intervention for HIV prevention." It included guidance on how best to integrate male circumcision into other HIV services. The relevant section reads:

> Male circumcision should never replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package, which includes: promoting delay in the onset of sexual relations, abstinence from penetrative sex and reduction in the number of sexual partners; providing and promoting correct and consistent use of male and female condoms; providing HIV testing and counselling services; and providing services for the treatment of sexually transmitted infections.[77]

However, the challenges associated with translating these experimental studies into policies and programmes in the 'real world' have generated much debate, and have led to both very real excitement about the dramatic reductions in new HIV infections made possible by MMC and also concerns about potential unintended consequences. Concerns have focused on the possibility of 'disinhibition' or 'risk compensation', the idea that some men might conclude that the partial protection offered by MMC allows them to engage in more risky sexual behaviour – such as having more concurrent partners, resuming sex before the circumcision wound has fully healed, and being less willing to use condoms. With concerns about infection reduced, they may also be more likely to pressure women into having unsafe and unwanted sex. Additional concerns have been raised that funding might be diverted from prevention and treatment programmes that work for women to circumcision roll-out.

To date, studies have not found evidence of risk compensation. One study found that there was a greater increase in condom use among the non-circumcised group, but it also revealed that both the circumcised and uncircumcised groups used condoms more than at baseline. Another reported that sexual behavioural risks (inconsistent condom use, casual and multiple sex partners) decreased over time, in both study arms.[78,79] Importantly, men who believed that circumcision reduced their risk of contracting HIV neither increased sexual activity nor had higher risk scores.

There are grounds for concern that men resume sex before their circumcision wounds have fully healed and, thereby, place women at increased risk of infection: in the three experimental trials, about 10% of men reported doing so.[80]

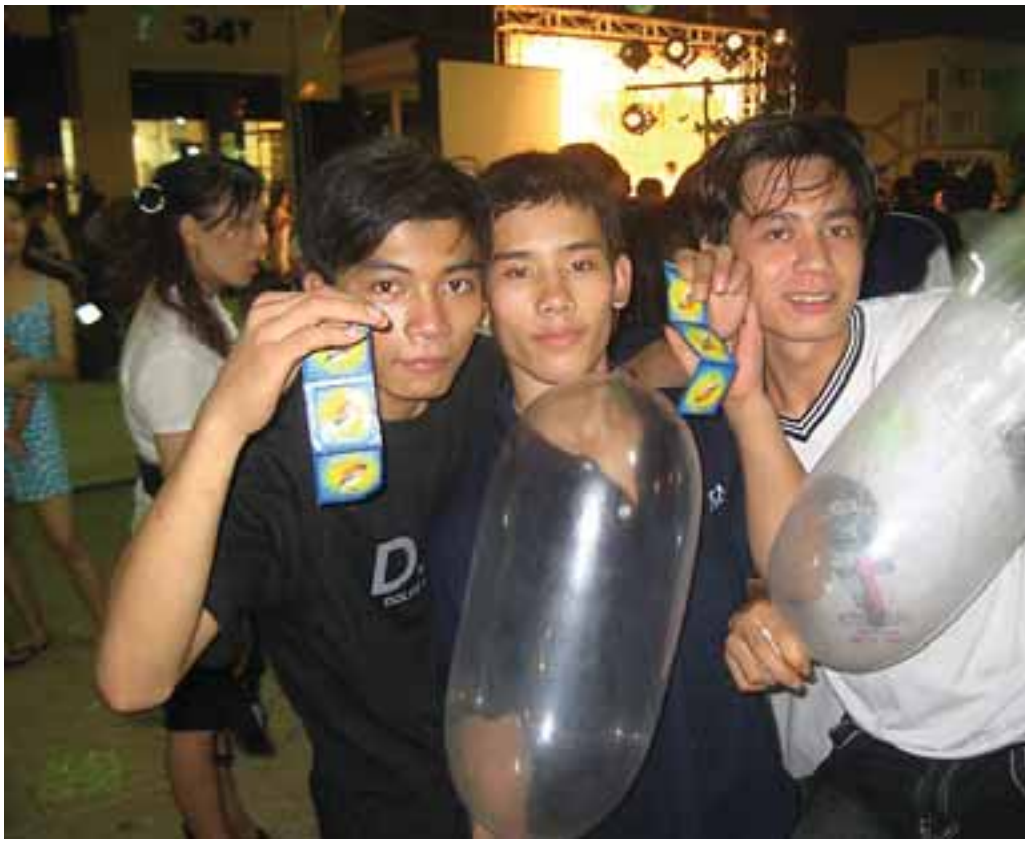
It is important to note that MMC creates important opportunities to engage men, raise awareness of gender equality and offer them and their partners comprehensive HIV prevention, treatment and support services, including education about condoms and the importance of reducing the number of sexual partners, HIV testing and counselling, and, where necessary, antiretroviral therapy (ART) and medication for opportunistic infections. Experience to date suggests that scaling up MMC is associated with the provision of new funding rather than the diversion of existing funds, and contributes to the strengthening of health-care infrastructure and the funding of new human resources, in ways that mirror the strengthening of health capacity brought about by funding of ART.

A number of countries have now developed, or are in the process of developing, national MMC guidelines, including Botswana, Kenya (where 85 000 men have been circumcised), Namibia, Rwanda, South Africa, Swaziland, Zambia and Zimbabwe. Lessons learned from these experiences

should be monitored closely and shared widely.

e) *Example 5: reducing men's excessive consumption of alcohol*

Another domain of behaviour in which policy initiatives have made a positive difference to men's behaviour concerns alcohol consumption. As with the case study of gun violence below, while the behaviour itself is highly gendered, policy efforts thus far have been largely gender-blind.



Adolescent males display condoms they received in a condom inflating contest at a Save the Children event for HIV prevention among young men in Viet Nam.

Drinking behaviour is gendered in various ways. Across the world, men are likely to drink more heavily than women and more likely to be habitually heavy drinkers.[81] Drinking, particularly heavy drinking, has often been socially acceptable primarily for men, and alcohol may be used to mark gender difference and maintain gendered social reputations. Men have long used alcohol comsumption as a way to express masculinity.[82] Alcohol consumption and over-consumption are associated with harmful behaviours including domestic violence, unsafe sex and road traffic accidents.[83]

While alcohol consumption and over-consumption are masculinized, policy strategies addressing them have been largely gender-blind. Nevertheless, they have shown some important successes in moderating alcohol consumption. Efforts to reduce alcohol consumption have included behavioural and structural approaches. In general, structural approaches have proven more effective. These include those related directly to alcohol and those aimed at changing people's environment so that drinking is a less attractive option. Strategies with evidence of effectiveness include alcohol taxes;[84] legal measures (such as raising the minimum legal drinking age);[85] reducing legal blood alcohol concentration limits for drivers; installing breath-testing checkpoints; banning alcohol advertising;[86] reducing the availability of alcohol;[87] training those who serve alcoholic drinks to detect and manage excessive alcohol use;[88] and community mobilization to educate the broader community about the health consequences of alcohol, and to demand that local authorities and government implement liquor laws and policies.[89] Broad interventions to alter people's decision-making environment can also have major impacts on alcohol consumption, such as those involving job creation, developing leisure opportunities, and work to shift gender norms that encourage men in particular to take risks with their health.[90]

In contrast, behavioural approaches have achieved less success. A large body of evidence suggests that school-based education about alcohol has had little effect on later consumption.[91] Nor is there evidence that mass media campaigns are effective.[92] Among the few behavioural measures that have proved effective are 'brief interventions', whereby those identified as having alcohol problems have a small number of counselling sessions with health workers.[93]

f) Example 6: reducing men's gun violence

Another important example of efforts to change men's violent behaviour concerns guns. Internationally, small arms and light weapons play significant roles in maintaining and reinforcing gender-specific imbalances of violence and power between women and men.[94] Gun use is dominated by men, and men's gun violence in a wide variety of contexts is sustained by widespread cultural constructions of masculinity as aggressive, cultures in which guns are symbols of male status and the means to manhood, and male-dominated nation states and militarism.[95] Across the world, guns dramatically increase the lethality of men's violence against both women and other men.[96]

There are powerful examples of successful efforts by national governments to reduce gun violence. In Australia, following the world's largest peacetime massacre by a single gunman in 1996, state and national governments enacted sweeping gun control measures, including a large scale programme of gun collection (through buy-back) and destruction.[97] As a result, over the period 1996–2001, the gun homicide rate dropped by 65% among women and by 54% among men.[98] At least in the Australian case, removing large numbers of firearms from civilians was effective in reducing overall gun deaths, mass shootings, homicides and suicides.[99] There is international evidence too that community-based approaches, involving local governments, can reduce young men's involvement in gun-related violence.[100]

Gun interventions are an example of where largely gender-blind policy-making had gendered consequences, in influencing changes in behaviours that were typically the prerogative of men. However, gendered approaches are essential to effective efforts to address small arms violence around the world.[101] As part of this, strategies for gun control and disarmament must 'demobilize' the militarized and violent conceptions of masculinity that sustain arms violence and undermine weapons collection processes.[102]

6 Conclusion

There is a clear international mandate to work with men and boys for gender equality, a clear understanding of what constitute the key features of successful programmes, and strong evidence that primary prevention interventions with men and boys make a positive difference – that is, they reduce domestic and sexual violence, improve sexual and reproductive health, including reducing risk factors for HIV and AIDS, and encourage men to foster gender equality in their homes and communities. Governments should now integrate these policies and programmes into existing national plans and platforms and rapidly take them to scale.

A young albino girl places a stethoscope on the chest of a medical doctor during a community service provision.

Policy approaches are central to engaging large numbers of men and boys in promoting gender equality and improving the health of women and men. Examples in this brief have demonstrated that policy approaches can have an enormous impact. They can accelerate shifts towards gender equality in the home, decrease levels of violence and sexual exploitation, support emerging safer sex practices, and reduce men's excessive consumption of alcohol. It is clear that it is possible to enable positive changes in men's attitudes, behaviours, and relations among themselves and with women. However, it is also clear that substantial progress towards gender equality and health will only come with a significant acceleration of policy support and resourcing. Policy approaches represent a potentially important strategy for dramatically increasing the reach and impact of initiatives aimed at improving men's and women's health, gender equality and health equity.

To address men's and women's health and increase men's support for gender equality, systematic and substantial interventions, organizational and institutional changes, and local, national and international policies, laws and commitments are required. Policy commitments, processes and mechanisms are necessary to:

- scale up the scope of work of evidence-based approaches with men in this regard;
- guide the conceptual and political agendas of such work;
- integrate policies on men, gender and health into gender policy and address gender in policy-making in general;
- establish partnerships between policy-making bodies and other actors and constituencies; and

- build institutional capacity both within policy-making institutions and outside them.

The most effective Policy approaches to engaging men and boys in achieving gender equality will rest on the strong foundations of well-established policies and programmes promoting gender equality. Policies aimed at promoting men's roles in gender equality should be integrated into the processes and structures of policy-making on gender equality and women's rights. They should be informed by consultation among women's rights groups and organizations, be incorporated into national gender- and health-related plans and policies, involve assessments of impact, and prioritize evidence-based strategies and interventions.

There is good evidence that programming and policies addressing men can produce positive changes in men's behaviours and roles. Yet, it is only when systematic and large scale policy efforts are undertaken that significant change in pervasive gender inequalities can be effectively achieved.

A young man receives an eye exam from a one-day clinic.

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Work with men has demonstrated significant potential in contributing to building gender equality and improving the health of women and men.

This policy brief:

- outlines the rationale for using policy approaches to engage men in achieving gender equality, reducing health inequities, and improving women's and men's health;
- offers a framework for integrating men into policies that aim to reduce gender inequality and health inequities;
- highlights some successful policy initiatives addressing men that have advanced gender equality and reduced health inequities by generating positive changes in men's behaviours and relations with women and with other men.

ISBN 978 92 4 150012 8