

Towards an effective approach for designing and implementing programs and interventions aimed at fostering freedom from unhealthy masculine stereotypes among men and boys

## *Promising Principles of Practice*

Research by Monash University for the Victorian Health Promotion Foundation (VicHealth)



# The purpose of this tool



**In efforts aimed at greater gender equality, there is a growing emphasis on promoting positive or healthier masculinities. Aiming for healthier masculinities that embrace equality, respect, non-violence and care means encouraging boys and men to be more conscious of how enactments of masculinity and traditional norms of masculinity can be harmful to women and girls, to gender diverse people, and to boys and men themselves. It is clear that conforming to traditional masculine norms is associated with poorer mental health outcomes and lower help-seeking behaviours among men, as well as a higher likelihood of violence perpetration.**

A variety of organisations, communities, local councils and other bodies are putting increasing amounts of time and energy towards fostering healthier masculinities. While this often involves engaging an existing provider to run a healthy masculinities program, some stakeholders want to set out to design and implement their own programs. Such stakeholders are the intended audience of this tool. Drawing on recent evidence reviews and evaluations of healthier masculinities programs in Australia<sup>1</sup>, the tool lays out some promising principles of good practice that can help in the effective design and implementation of healthier masculinities programs. The tool does not describe specific details of curricula or course content for healthier masculinities programs. Rather, it provides guidelines around core fundamentals such as underpinning philosophical foundations to guide the initial planning of programs, some key practicalities to consider in program delivery, and considerations for integrating and conducting program evaluation.

<sup>1</sup> Funded by VicHealth and conducted by Monash University, these include 'Masculinities and Health Scoping review', by Ralph et al 2020; 'Gendered stereotypes and norms: A systematic review of interventions designed to shift attitudes and behaviour' by Stewart et al. (2021); and 'Evaluating programs aimed at gender transformative work with men and boys: a multi-cohort, cross-sector investigation' by Elliott et al (2022). The detail in these documents can support stakeholders who want further detail alongside the present tool.

# A. Foundations to guide initial planning

**Crucial to the success of healthier masculinities programs are foundations built on four core understandings:**

## 1. Programs start from the understanding that masculinity is not a natural, fixed essence or a product of male bodies

While predominantly discussed with reference to men and boys and male bodies, masculinity should not be considered as reducible to a natural or inherent trait. Rather, masculinity is best understood as a collection of social practices and norms that are socially distinguished from practices of femininity that are linked to women and gender diverse people. Because there are many ways of being a man and many ways of practicing masculinity, it is better to think of masculinity as plural – i.e. masculinities. Masculinities are relational and hierarchical: some

practices of masculinity reflect cultural ideals of what ‘being a man’ should look like, while others are marginalised or subordinated. Masculinities can be different depending on historical, geographical, and socio-political contexts, both in terms of practice and the forms of masculinity that are valorised.

## 2. Programs should embed a gender transformative and intersectional approach

Building upon the above understanding of masculinity, programs should be designed with an aim to being gender transformative and intersectional. Gender transformative approaches “seek to challenge the causes of gender inequality and strengthen actions that support gender equality within a given context” (Varley & Rich 2019). Intersectionality is understanding that “inequalities are never the result of any single or distinct factor such as race, class or gender. Rather, ‘they are the outcome of different social locations, power relations and experiences’” (Chen 2017; Hankivsky 2014). Adopting a gender transformative and intersectional approach will involve helping to transform harmful culturally idealised forms of masculinity through critical discussions of masculinity, gender and sexuality. It will also require acknowledging that programs targeting individual boys and men will need to be supplemented by community outreach

and mobilisation and mass media campaigns. Program designers could consider the guidelines set out by Varley and Rich (2019) in terms of gender transformative approaches, and by Chen (2017) in terms of ensuring approaches are intersectional. Although these guidelines are related to gender and family violence prevention, they are instructive on how to implement gender transformative and intersectional practices and lenses in broader work on healthier masculinities too.

### 3. Programs should be aimed at a wide spectrum of men and boys

There is sometimes a tendency to think that boys and men from poor or marginalised backgrounds are those most in need of transformation, but this is not evidence based. Harmful practices and unequal relations exist across all echelons of society, whether that is educational settings, workplaces or in politics.

Gender transformative and intersectional work should be targeted at a wide spectrum of men and boys.

### 4. Programs should be designed with a view to longer-term behaviour change, not just increased knowledge

Education-based approaches are very popular. These can be effective. However, the objective of raising awareness and understanding should be accompanied by activities that equip participants with practical tools that can help them to enact the knowledge and skills they learn from healthy masculinities programs.



# B. Practicalities to consider in program delivery

## 1. Longer, multi-session programs are more effective

Short, one-off healthy masculinities programs might seem to make sense in the context of resource constraints and/or concerns about engaging leaders and other relevant stakeholders. However, multiple session, longer-term programs are valuable for sustained success. Longer and multiple sessions appear to provide the space for in-depth discussions and knowledge-building that promotes attitudinal shifts. They also provide time for activities that can equip participants with practical skills that could enhance their confidence to act and may lead to behavioural shifts.

Introductory sessions can create useful entry-points to the issues surrounding masculinities, but only where there is visible leadership and demonstrated commitment to investing in further efforts in the future. Effective change is likely to be brought about by repeated exposure to ideas over a longer period of time, and delivered in a range of settings, including but not limited to settings linked to sports, education, workplaces, health, and wider community projects.

## 2. Program design should account for different levels of existing knowledge and should prioritise active engagement

Healthier masculinities programs should be able to establish the level of participants' pre-existing knowledge before delving into the program content. Flexible workshop content that can cater to a range of levels of pre-existing knowledge is beneficial. Ideally, programs would be flexible enough to deliver to a range of knowledge levels in any one session or program,-as not all participants in a group will necessarily have the same pre-existing knowledge.

If a group already holds attitudes that align with the program's messaging, this may create space to focus more on building the practical skills required to effect behaviour change, such as how to be an effective and supportive listener, and how to intervene in harmful or inequitable attitudes and behaviours in a range of contexts.

## 3. Program facilitators don't need to be men, but they do need to be well trained

Programs should resist the temptation to use only men as facilitators. While it might seem intuitive that boys and men will respond better to men as facilitators of healthy masculinities programs, this is not evidence based. Men, women, people of diverse genders and mixed gender facilitation teams can all be effective.

Regardless of gender, effective facilitators must be well-trained. Training is particularly important to ensure facilitators do not inadvertently reproduce harmful norms of masculinity when trying to bond with participants. Refresher training can also help ensure the continued use of inclusive language and techniques of connection and help facilitators consistently model healthy forms of masculinity. In particular, this might reduce the chance of the inadvertent use of stereotypical, casually sexist or

homophobic jokes and language, which ultimately reinforce the norms of masculinity that programs are attempting to change. Well trained facilitators will likely be empathetic, able to create a safe space for open dialogue, and able to use story-telling to underpin effective rapport building. Well trained facilitators will also prioritise including participants as active collaborators in the program, rather than as passive recipients of the information being conveyed.

# C. Considerations for Evaluation as a central component of creating change

Evaluation is key to refining program delivery and improving outcomes in programs aiming to challenge and transform harmful gendered attitudes and norms. Evaluation should be thought of as an essential part of the program, rather than an add-on or desirable aspect of program design (Ralph et al. 2020). As the program work in promoting healthier masculinities is still developing, sharing evaluation findings is also an important way to contribute to building the evidence base and guide others in what works and what doesn't.

Programs may engage external evaluators, or they may decide to conduct an internal evaluation of their program. Here are some key considerations for integrating and conducting evaluation into program design (it is recommended that program designers also consult the VicHealth tool 'Evaluating Victorian projects for the primary prevention of violence against women: a concise guide' (2015) for a how-to evaluation guide).

## 1. Costs

Organisations delivering healthier masculinities programs should aim to factor approximately 10 percent of their overall operating budget for evaluation. This will vary by size of organisation and complexity of programs, but this figure is a well-recognised 'rule of thumb'.

## 2. Stakeholder buy-in and clarification of roles and responsibilities

Programs should play a key role in leading communications with stakeholders like teachers, sports club leadership, parents and so on. Where external evaluators have been engaged, programs should help negotiate access to participants and program sessions. Buy-in and a full understanding of the purpose of and plan for the evaluation is required at all levels, from leadership to front-line staff like facilitators, other stakeholders and the

evaluation team. Expectations need to be negotiated and agreed upon with all stakeholders at the outset of evaluations. These expectations may be revisited and re-negotiated across the life of the evaluation. This will help to provide clarity about who is involved and when, time commitments, task allocation, lines of communication and contingency plans.

## 3. Stakeholder buy-in and clarification of roles and responsibilities

Mixed-methods approaches are increasingly recognised as most suitable for the evaluation of complex community programs or interventions like healthy masculinities programs. A mixed-method approach means using both quantitative data collection methods like surveys, and qualitative methods like focus groups or interviews. Surveys can help to reveal overarching patterns and outcomes of programs, interviews or focus groups can help gain insights into experiences of participants and stakeholders. Methods should be carefully tailored to ensure they are suitable for different programs. This

can also help with ensuring buy-in of stakeholders. See page X for a list of examples of useful data collection strategies (the VicHealth tool 'Evaluating Victorian projects for the primary prevention of violence against women: a concise guide' (2015) also provides examples of methods and tools for carrying out different data collection methods).

## 4. Gaining participant and/or parental consent

One challenge relates to gaining consent from program participants to be part of the evaluation data collection. Evaluators should consider whether they will use paper-based consent forms, verbal consent, or online consent forms. Online consent forms may be particularly important given the increasing prevalence of online delivery of programs. As well as participant consent, navigating parental consent for participants under 18 may be necessary in many cases. Parental consent can be difficult to acquire. One option may be embedding parental consent forms into an online platform that sends parents a link that they can click on and sign on their mobile phones. Crucial to all of this is a

clear understanding of who has responsibility for administering the consent collection process. This might vary but, for example, it can be smoother and faster at times for the organisations or groups conducting healthy masculinities programs to be involved in obtaining participant consent if it involves negotiating with schools and parents.

## 5. Who collects the data?

Primary data collection (especially when documenting participants' experiences) is sometimes optimal when undertaken or at least supported by the presence of those undertaking the evaluation. The context of each program evaluation will require a particular approach – for example, in vulnerable or marginalised communities, having a member of an external evaluation team present might not be appropriate given issues around power and the need to protect the privacy and safety for participants. In such situations, a pre-existing relationship predicated on reciprocal trust might be most helpful for the evaluator/s and participants. Alternatively, in some circumstances asking program staff/facilitators to disseminate surveys can reduce

the response rate, even when there is significant buy-in from stakeholders and leadership. For example, participants might associate internal staff with content delivery rather than data collection, and so not take the exercise of completing surveys seriously. In addition, project staff are often already busy and may not be able to make adequate time for data collection, especially if they perceive it as eating into their core task of facilitating the program.

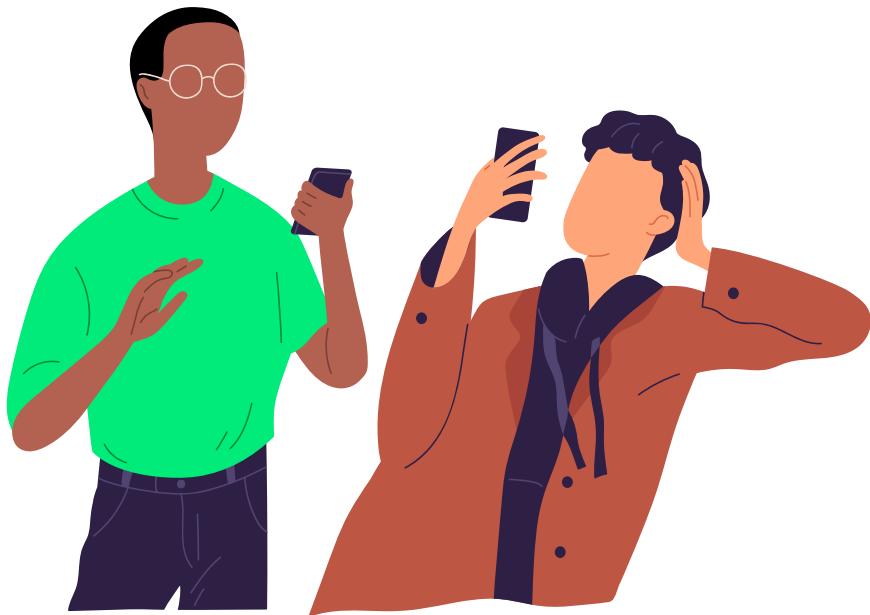
## 6. Methods – examples of useful data collection strategies

The following is a suggested series of data collection activities. The sequence and exact method will need to be devised as part of a specific strategy that fits the needs of every program. Program designers should also consult '[Evaluating Victorian projects for the primary prevention of violence against women: a concise guide](#)' (2015).

## Methods – examples of useful data collection strategies

<b>Scoping meeting</b>	A meeting with key program staff prior to the start of the evaluation is essential. Aim to gather information about the program, design, aims, evidence base, delivery and any existing theory of change or evaluation frameworks. Set out and agree division of responsibilities of all parties – from leadership to facilitators to evaluation staff.
<b>Shadowing days</b>	Evaluator/s spend time at the organisations' main offices and shadow their operations to gain deeper understandings of the programs and organisations. This also allows time for questions and rapport building between evaluation team and program stakeholders.
<b>Collection of key program documentation</b>	Key documents (e.g. mission/vision statements, theories of change, facilitation guides) are analysed to further understand program philosophies and underpinnings, and to compare theory and practice.
<b>Observations</b>	Each program is observed by evaluator/s for insights into content, delivery modes, pedagogic practices (i.e. teaching, training and delivery styles), room dynamics and to assess participant reaction and engagement in the moment.
<b>Facilitator Interviews</b>	Interviews can be conducted with facilitators of each program to gain their insights and perspectives on the triumphs and challenges of the program. Focus groups could also be considered, but bear in mind that important critical feedback might be less forthcoming in a focus group setting. This might especially be the case where members of leadership team are also facilitators; i.e. in focus groups where leadership teams are present, other facilitators might self-censor critical constructive feedback for fear of upsetting or disagreeing with their leaders.
<b>Surveys</b>	Pre-, post- and longer-term follow-up surveys given to program participants to assess changes in knowledge, attitudes and behaviours as a result of the program. Follow up surveys conducted at 3, 6 and 9 months after the session would be ideal and help understand longer term impacts. [page 9 has examples of scales that can be included in surveys]
<b>Participant focus groups/interviews</b>	Focus groups or interviews conducted with participants immediately post-program can be useful, but often capture the feelings about experience rather than the effectiveness of the content. Consider conducting interviews around a week after the program and again up to 6 or 9 months after the program to capture changes in knowledge, attitudes and behaviours and participants' perspectives on the program.
<b>Program staff/ leadership focus groups/interviews</b>	Separate to the facilitator interviews, data collection with wider program staff and leadership is useful to gain a picture of barriers and drivers of success that occur beyond the delivery setting of the program. Also provides opportunity for collective reflection through discussing the <u>'most significant change'</u> – a participatory technique that ensures all those involved in the intervention can tell their own story and be involved in analysis of key issues.

# Surveys scales – some examples



**Surveys will need to be designed to capture the relevant information specific to the intentions of each program. However, the following scales may be valuable to include in surveys evaluating the impact of healthier masculinities programs.**

## Conformity to Masculine Norms Inventory (CMNI-30)

The Conformity to Masculine Norms Inventory (CMNI-30) (Levant et al. 2020; Mahalik et al. 2003) measures conformity to common norms of masculinity. For participants under the age of 18 the subscales 'Playboy' and 'Primacy of Work' might be excluded or tweaked depending on setting appropriateness and/or relevance. Prior to using the scale, permission must be sought from the scale owner.

## Emotional Styles Questionnaire

The Emotional Styles Questionnaire (Kesebir et al. 2019) captures how people vary across six dimensions that make up a healthy emotional life: outlook, resilience, social intuition, self-awareness, sensitivity to context, and attention.

## Healthy Masculinities Scale

The Healthy Masculinities Scale (Elliott, O'Brien & Roberts 2022) designed and validated by researchers at Monash University comprises six short scales measuring: 1. Attitudes and knowledge about aggression and violence, 2. Self-efficacy in challenging aggression and violence, 3. Knowledge about sexism, 4. Self-efficacy in challenging sexist behaviour, 5. Mental health and emotions, 6. Discussing masculine ideals.

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VicHealth acknowledges the Traditional  
Custodians of the land. We pay our respects  
to all Elders past, present and future.