

YouthLens

on Reproductive Health and HIV/AIDS

Boys and Changing Gender Roles

Emerging program approaches hold promise in changing gender norms and behaviors among boys and young men.

Projects that address issues related to gender equity have focused primarily on the needs of women and young girls. However, a growing number of projects are beginning to recognize the importance of working with boys and young men (these terms are used interchangeably in this paper). As discussed below, various types of interventions have shown success in changing the views of boys on gender roles. Some have also found that addressing gender norms among young men can lead to longer term behavior changes related to reproductive health and HIV/AIDS.

Gender norms are assumptions and expectations about being male or female. They are learned at an early age and continue evolving through the influences of family, peers, community institutions, the media, globalization, and other forces. Norms for men are generally built around power, control, and independence, and embody such behaviors as not showing emotions, taking risks, using violence to resolve conflict, beginning sexual activity early in life, and having multiple sexual partners. Interventions to change gender norms need to occur early in the socialization process.

During adolescence boys begin to establish patterns of sexual behavior, usually based on expected gender roles. In some cases, sexual experience is viewed as a rite of passage for boys. In many cultures, boys learn to consider women as sexual objects and to use coercion to obtain sex. Social norms can reinforce the notion that controlling women is a sign of masculinity, contributing to

acts of sexual violence and transactional sex.¹ These attitudes have direct implications for risks of pregnancy and HIV infection. Research has shown a correlation between HIV infection among young women and the degree of reported physical violence by their partner.²

In the last decade, programs have tried to help boys reflect on issues related to masculinity and gender norms. A World Health Organization (WHO) review found 77 efforts to reach young men with health information and services in schools, communities, workplaces, military facilities, and juvenile justice centers.³ A recent literature review identified protective factors that promote gender equity, including self-reflection, places to rehearse new behaviors, family models for equitable and nonviolent behaviors, and drawing on men's sense of responsibility and of being good fathers.⁴

Group Workshops: Boys Talk about Manhood

The Program H Alliance (“H” refers to “hombre” or “homens,” men in Spanish and Portuguese) is working in multiple countries to help young men reflect on their behaviors and to change broader gender norms. Small groups of young men attend weekly workshops that use a participatory curriculum focused on gender, sexuality, reproductive health, fatherhood, violence, and other topics. Instituto Promundo, a nongovernmental organization (NGO) in Brazil, developed the curriculum in 1999 in collaboration with Ecos and Instituto PAPAI in





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Brazil, Salud y Genero in Mexico, the International Planned Parenthood Federation/Western Hemisphere Region, and the Pan American Health Organization (PAHO).^{*} Several years later, Program H launched a social marketing campaign that promotes gender equity through radio spots, billboards, and posters using phrases such as, “Real men talk, respect, and care. The attitude makes a difference.”

An evaluation involving 780 men ages 14 to 25 (average age 17) found improvements in attitudes about gender and sexual behaviors in two Program H intervention sites, compared to a control site. The study by Horizons/Population Council and Promundo included one site with both the workshops and social marketing campaign and a second site with only the workshops. Using a scale called Gender Equitable Men (GEM) (see box, next page), young men in both intervention sites had improved attitudes after six months on such issues as male violence against women, women’s role in a household, and condom use at the request of a partner. No significant changes occurred in the control site. As an indicator of changed sexual behaviors, reported symptoms of sexually transmitted infections decreased significantly in both intervention sites. Condom use at last sex with a primary partner increased over a one-year period in the combined intervention site, while it decreased slightly in the control group. The workshops were the first time that many of the young men had ever reflected about gender inequalities. “I learned to talk more with my girlfriend,” said one. “Now I worry more about her.”⁵

Program H is now being used in other Latin American and Caribbean countries, the United States, Canada, and India. In Bombay, the Indian NGO Committee for Resource Organization and Horizons/Population Council with input from Promundo have worked with more than 100 young men to adapt the curriculum and the GEM scale.

A larger operations research project now under way includes a social marketing campaign. Adaptations are also being planned for several African countries.

In the Men as Partners (MAP) project in South Africa, workshops with young men and adults use participatory methods that focus on such issues as reproductive health, parenting, and men’s responsibilities in ending gender-based violence and creating healthy communities. A 2003 evaluation with 200 male and 50 female participants and a control group showed significant changes in knowledge and attitudes. For example, more people reported believing that women and men should have the same rights, that it was unacceptable to rape sex workers, and that it was not right for men to beat their wives. Adolescent boys in the project were found to be accepting of views that challenged traditional constructions of masculinity. The MAP project, which also supports community mobilization, is implemented by EngenderHealth, a U.S.-based organization, with NGOs in South Africa, Kenya, and Nepal.⁶

A project in Nigeria, Conscientizing Male Adolescents (CMA), has worked with more than 3,000 boys ages 14 to 20 since 1996. A local NGO trains adults to use a two-level curriculum with boys in schools and communities, covering men’s responsibilities regarding violence against women, sexual and reproductive rights and health, anti-sexist ideas about society, feminism, and other topics. CMA has grown to include counseling services, women’s rights activities, and community work. Anecdotal evidence reported by the International Women’s Health Coalition, the Population Council, and others indicates dramatic changes in attitudes among participants.⁷

^{*} Other organizations involved in the Program H Alliance include CORO for Literacy, John Snow Brazil, Population Council, Program for Appropriate Technology in Health (PATH), SSL International, and World Education.

Other Interventions Offer Entry Point

Projects focusing on health, education, and sports provide important entry points to include gender issues in the interventions. In Tanzania, when research found that young HIV-positive women were 10 times more likely to report experiencing physical violence with a current partner than a young HIV-negative woman, agencies developed an intervention to raise community awareness of gender norms and violence. Formative research by Muhimbili University and Horizons/Population Council with more than 100 youth found that distrust, lack of communication, and violence were linked to multiple sexual partners and infidelity. A theater program at the University of Dar es Salaam developed skits on these themes and perform them in markets and other youth-gathering places. A peer education component works with young men who attend monthly sessions over a one-year period. An evaluation is planned a year after implementation.⁸

In India, the Better Life Options Program for Boys was implemented by the U.S.-based Centre for Development and Population Activities (CEDPA) through local NGOs. The program has worked with 60,000 boys ages 10 to 19, seeking to increase male involvement in reproductive health and improve gender sensitivities, among other goals. It has been used in schools, vocational training classes, tutoring classes, gyms, clubs, and camps, implemented for various lengths of time and intensity. An evaluation involving 2,379 alumni boys showed dramatic changes in their lives, including increased gender awareness, communication abilities, and decision-making skills. For example, boys' understanding of what constitutes sexual harassment and of nonviolent resolutions to conflict increased by 29 percent and 12 percent, respectively.

A project with similar goals in Egypt, called New Visions, and also supported by CEDPA, uses primarily non-formal education programs. Implemented by 216 NGOs and youth centers in many sections of the country, the project has reached nearly 16,000 young males with a curriculum of 64 sessions

delivered over a six-month period. The course focuses on developing skills related to anger management, life planning, communication, and decision-making. A 2004 evaluation involving 1,477 boys found that those who completed the course expressed more favorable views on shared responsibility in family decision-making, household duties, equitable treatment for boys and girls (e.g., attire, work, and marriage age), male-female interaction, and gender-based violence. Participants' knowledge of family planning and HIV transmission also increased.⁹

Several projects are using sports to reach boys with information on reproductive health and HIV prevention. In Argentina, Brazil, Chile, Mexico, Paraguay, and Venezuela, PAHO is promoting a more gender-equitable model of masculinity through soccer. By late 2005, the project will have trained over 100 coaches to promote adolescent health and introduce gender equity in relationships to 1,200 boys ages 8 to 12. Coaches act as role models using interpersonal communication and

THE GENDER EQUITABLE MEN (GEM) SCALE

The GEM Scale uses a series of questions to find out men's views on the roles and behaviors of men and women. Horizons/Population Council and Instituto Promundo developed the scale using findings from research with men in Brazil and a literature review. The instrument includes 24 items that measure traditional and egalitarian norms and behaviors. In the scale, respondents are asked if they agree, partially agree, or disagree with statements such as:

Traditional Norms and Behaviors

- "There are times when a woman deserves to be beaten."
- "I would be outraged if my partner asked me to use a condom."
- "A woman's most important role is to take care of her home and cook for her family."

Egalitarian Norms and Behaviors

- "A man and woman should decide together what type of contraceptive to use."
- "A man should know what his partner likes during sex."
- "It is important that a father is present in the lives of his children, even if he is no longer with the mother."

The GEM Scale measures quantitative changes in gender norms that relate to home and child care, sexual relationships, health and disease prevention, violence, homophobia, and relations with other men. For more information, see www.promundo.org.br or contact horizons@pcdc.org, putting "GEM Scale" in the subject line.

printed materials, including a curriculum, "Soccer School: Playing for Health." An effort is under way to strengthen the intervention and scale it up in other Latin American countries.

Lessons Learned

Research reveals an underlying link between gender norms and reproductive health, HIV/AIDS, and violence. Projects have shown that a focus on gender norms with boys is feasible and can serve as an important intervention for better reproductive health and HIV/AIDS outcomes. Some projects have reached sizeable numbers, and a few have included campaigns to influence social norms on gender roles.

Projects have shown the positive effects of male peer groups working together to encourage gender equity. Creating situations where boys can talk openly about their manhood has been valuable. Many types of activities have promise, from small workshops in schools to community-based interventions, often focusing on multiple themes. In addition, efforts to engage adults who have influence over youth have begun to change underlying gender inequities in traditional norms about manhood. All of these lessons should point toward greater program resources to work with boys and young men in moving toward more gender-equitable norms.

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