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Program H and Program M: Engaging young men and empowering young women to promote gender equality and health



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Photo: Naomi Onaga



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Summary

Program H and Program M were developed to engage youth in critical reflections on gender and help them build skills to act in more empowered and equitable ways. The complementary interventions use educational workshops, community outreach strategies and a multi-media campaign to empower young women to feel a sense of agency and control over their lives and to sensitize young men to some of the harmful ways they are socialized and introduces ways to take on more gender-equitable attitudes and behaviours.

Program H and Program M have been carried out in diverse contexts in Latin America and the Caribbean, as well as in Asia, sub-Saharan Africa and the Balkans. Beneficiaries have included youth living in urban centers and youth living in rural areas, in-school and out-of-school youth, single youth and married youth, and youth of various sexual orientations. The curricula have also been used to train health and education professionals on how to incorporate a gender perspective in their work with youth.

The multi-media campaign - *Entre Nós* - which translates into “Between Us,” seeks to engage young people in critical reflections on rigid ideas about gender and the ways in which they influence their lives and relationships. The flagship of *Entre Nós* is a radio-based soap opera which tells the story of a young couple, Beto and Jessica, and their circle of friends. The storyline addresses first sexual experiences, condom use, unplanned pregnancy and adolescent parenthood through the lenses of women’s empowerment and gender-equity. The soap opera is also accompanied by a set of comic books and a soundtrack with songs set to popular music styles, from samba to rap, and lyrics inspired by the campaign themes.

The positive results from Programs H and M have provided important leverage for advocacy efforts to incorporate a gender perspective in health programming for youth, including the scale-up of the methodologies in school settings in Brazil and India.

To learn more see <http://www.promundo.org.br/en/activities/programs>.

Foreword

Within the framework of the celebration of International Women's Day, the Office of Gender, Diversity and Human Rights (GDR), and the Area of Family and Community Health (FCH) of the Pan American Health Organization/World Health Organization (PAHO/WHO), organized the III Best Practices in Gender and Health Contest for practices that incorporate a gender equality perspective in health of adolescents and youth.

This competition aimed to identify the experiences that best address the differing needs and opportunities of adolescent men and women in order to improve their opportunities to enjoy optimal health.

This year, a total of 71 submissions were received from 19 countries. **“Programs H and M: Involving young men and empowering young women in the promotion of gender equality and health”** were selected among of the best practices of 2010.

This experience was presented by Promundo of Brazil, and aims to benefit low-income young people, engaging them in critical reflections on gender norms and roles and their relation to sexual and reproductive health, gender-based violence and other health issues.

The programs use group-education and a multi-media campaign (a radio soap opera) for youth to address condom use, unplanned pregnancy, and adolescent parenthood. Impact evaluation studies show that after participating in the program, young men showed greater acceptance of domestic work, higher rates of condom use, and lower rates of violence against women.

The experience proves to be a best practice by using the information and communication technologies to change the attitudes of men, women and health care providers, in order to improve their health.

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Program H and Program M: Engaging young men and empowering young women to promote gender equity and health¹

Christine Ricardo, Marcos Nascimento, Vanessa Fonseca
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Why did we do it?

Youth is a period in which attitudes, behaviors, and power dynamics in intimate and sexual relationships are rehearsed, thus making it an opportune time to promote reflection and skills among youth for promoting healthy lifestyles and more equitable relationships. Although there has been an increasing consensus on the need to integrate gender into health programming for young people, gender is a complex concept, and this complexity is seldom taken into account during program planning and implementation. Or, if it is acknowledged as an important cross-cutting issue, it is not addressed explicitly or directly. Furthermore, discussions of gender have often focused exclusively on the challenges facing young women, too often ignoring the gender-specific vulnerabilities of young men.

In many settings in Latin America and elsewhere, strict socio-cultural norms surround young women's sexuality, particularly in terms of virginity before marriage (Weiss and Gupta, 1998). Puberty may increase attention to a young women's reproductive capacity, and their movements outside the home and result in more protection from men and boys (Mensch et al., 1998). When they do become sexually active, young women are often expected to be sexually coy and passive with their partners, often restricting their ability to negotiate if, when, and how sex happens and if and when protection is used. As a result of these sexual scripts, young women worldwide are now 1.6 times more likely than men to be HIV positive

(UNFPA, 2005). Young women in Latin America are also at particularly high risk of unplanned pregnancy and unsafe abortion (Gutmacher, 2009).

Although young men's sexual experiences are, in general, more self-determined than those of women, it is important to acknowledge the extent to which gender norms and social pressures influence how they act in intimate relationships. For many young men worldwide, sexual experience is frequently associated with initiation into a socially recognised manhood. Sexual experiences may be viewed among peers as displays of sexual competence or accomplishment, rather than acts of intimacy (Marsiglio, 1988; Nzioka, 2001). Moreover, boys or young men who display their emotions or who show interest in caring or domestic roles may be ridiculed by peers and others in the community as being 'sissies' or not 'real men'; in this way, societal expectations may restrict their ability to see themselves as caring, non-violent and responsible partners (UNFPA, 2000). These same norms may lead to risk-taking behavior - young men often suffer higher morbidity and mortality rates than young women (due to external factors such as violence and traffic accidents), and are disproportionately perpetrators and victims of violence, with the exception of sexual violence (WHO, 2000). In Latin America, most victims of homicide are young men (Briceño-León et al. 2008). Research in Venezuela found that a common means for young men to "earn" respect of other young men was through acts of violence

¹- Parts of this text have been previously published in Barker et al. 2004, Ricardo et al. 2005, and Ricardo and Fonseca 2008.

(Marquez 1999 and Zubillaga et al. 2001 in Briceño-León et al. 2008).

Gender affects sexuality and vulnerabilities not just for heterosexual men and women, but also for same-sex or bi-sexually attracted men and women, and it is clearly linked to homophobia. For boys and young men in much of the world, homophobia is often a part of gender socialization and sexual roles. Often, boys are enjoined to act in certain ways, or risk being stigmatized by being labelled homosexual or gay (Rivers and Aggleton, 1999). For young men who are gay, or who have sex with men, this stigmatization can lead them to practice their sexuality clandestinely, and inhibit them from seeking out sexual health information and services, thus creating situations of extreme vulnerability to STIs and HIV.

What did we look for?

Program H and Program M (H for *hombres* or *homens* and M for *mujeres* or *mulheres*, the Spanish and Portuguese words for men and women) were developed:

a) to engage youth in critical reflections on gender and help them build the skills necessary to act in more empowered and equitable ways.

b) to empower young women to feel a sense of agency and control over their lives and to sensitize young men to some of the harmful ways they are socialized and to take on more gender-equitable attitudes.

Together, Programs M and H constitute a set of tools for incorporating a *relational notion of gender* into youth programming. This signifies that gender social norms affect both men and women, making them vulnerable to various health issues.

The educational workshops draw on an experiential learning model in which participants are encouraged to question and analyze their own experiences and lives. The objective of the workshops is to initiate a process of critical thinking about gender and rights and about possibilities for promoting more equitable relationships between women and men. It allows participants to understand how gender can perpetuate unequal power in relationships and make both young women and young men vulnerable to health problems. To complement this process, community activities, such as awareness raising campaigns, are put into place to reach broader peer groups. These community activities, developed by

and for youth utilize cultural and social marketing strategies to foster enabling environments for attitude and behavior changes related to gender and health.

The Program H and Program M workshops and community activities have been carried out in diverse contexts in Latin America and the Caribbean, where they were originally developed, as well as in Asia, sub-Saharan Africa and the Balkans.

How did we do it?

The multi-media campaign was inspired by Programs H and M, complementary interventions, which use education workshops and other community outreach strategies to engage the youth in critical reflections on gender and help them build the skills necessary to act in more empowered and equitable ways.

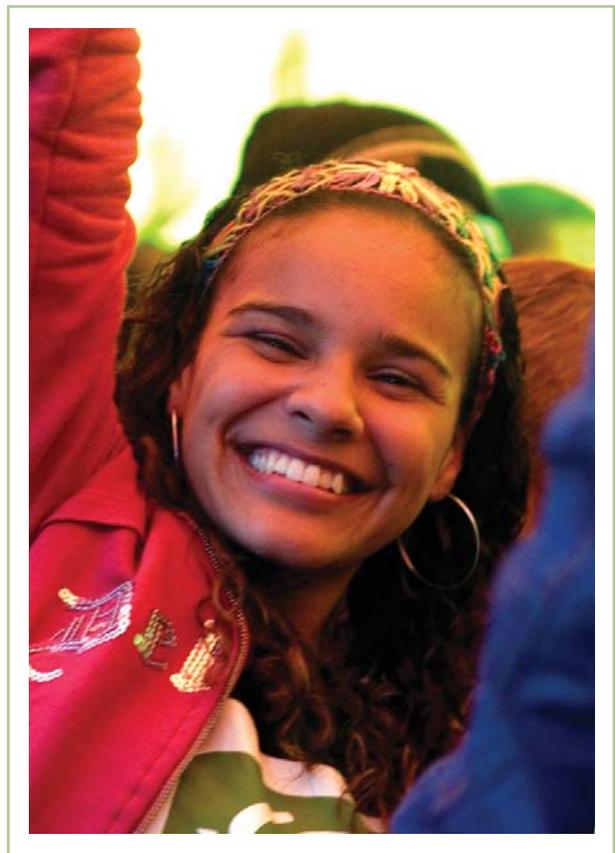


Photo: Naomi Onaga

Program H

In 1999, four Latin American NGOs launched Program H, an initiative to engage young men in the promotion of gender-equality and health. At the time, there was already a growing consensus in the health and development community, particularly among those involved in family planning and HIV prevention, about the need to work with men and boys. An increasing number of practitioners and activists were recognizing that due to the relational and power dynamics of gender, men and boys were necessary partners in effectively reducing women's and girls' vulnerabilities. Furthermore, there was an increasing understanding that men and boys also suffered from gender-specific vulnerabilities that affected their own health and that were rarely addressed in health programming.

The formative research

The Program H components were grounded in formative research carried out with young men in a low-income setting in Brazil who questioned traditional views of what it meant to be a man. Life histories with these young men, who were identified by community leaders and residents, found similar factors associated with their support for gender equality:

- being part of an alternative male peer group that supported more gender-equitable attitudes;
- having personally reacted on or experienced pain or negative consequences as a result of traditional aspects of manhood (for example, having a father who used violence against the mother, or a father who abandoned the family); and
- having a family member or meaningful male role model (or female role model) who presented alternative gender roles (Barker, 2000).

These findings had important implications for programming: first, they addressed the need to offer young men opportunities to interact with gender-equitable role models in their own community setting. Second, they demonstrated the need to intervene at the level of individual attitude and behaviour change (e.g. via small group discussions) and at the level of social or community norms (e.g. via campaigns), including among parents, service providers and others who influence young people's attitudes and behaviours.

The group educational activities

The cornerstone of Program H is a set of group educational activities designed to be carried out in same-sex group settings, and generally with male facilitators who can serve as gender-equitable role models. The activities are based on a manual and include role-playing, brainstorming, and other participatory exercises to help young men reflect on how boys and men are socialised, to consider positive and negative aspects of this socialisation, and to weigh the benefits of changing certain behaviours. The manual includes activities on sexual and reproductive health, violence prevention, fatherhood and caregiving and HIV and AIDS, among other related issues.

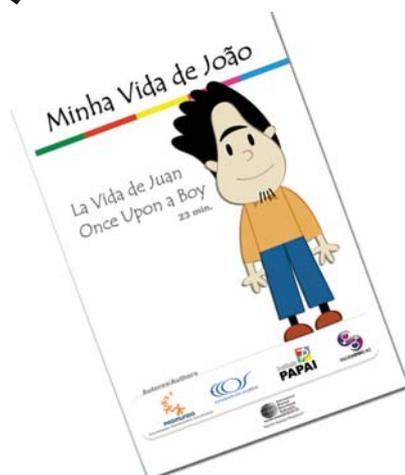
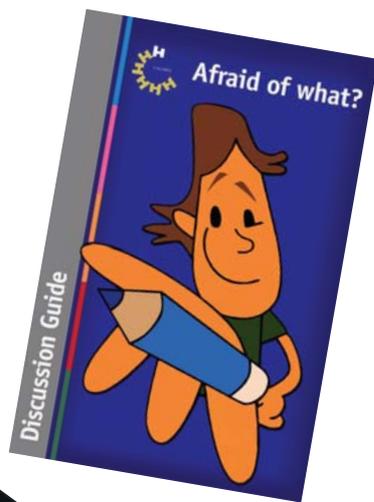
The Program H manual is accompanied by a no-words cartoon video, called *Once Upon a Boy*, which presents the story of a young man from early childhood through adolescence and early adulthood. Scenes include the young man witnessing violence in his home; interacting with his male peer group; experiencing social pressures to behave in certain ways in order to be seen as a 'real man'; the young man's first unprotected sexual experience; having a sexually transmitted infection (STI); and facing an unplanned pregnancy. Being a cartoon, the video quickly engages young men, and easily transfers across cultures. Because it has no words, facilitators can work with young men to create dialogue and to project their personal stories onto the video's storyline. The video uses a pencil as a metaphor for gender socialisation, erasing certain kinds of behavior or thoughts that society does not deem "appropriate" for young men. After viewing the video, young men discuss how they were socialised or raised to act as men, and ways in which they can question some negative aspects of that socialisation.

The manuals and the video were field-tested with 271 young men between 15 and 24 years old

in six countries in Latin America and the Caribbean (Bolivia, Brazil, Colombia, Mexico, Peru, and Jamaica). Qualitative results of the field-testing found that participation in the activities led to increased feelings of empathy, reduced conflict among participants, and critical reflections about how participants treated their female partners. One young man who participated in the field-testing in Peru said, 'After the activities, we came to see the ways we are chauvinistic ... you know, treat women unfairly.' Another young man said, 'I realised how I sometimes became violent, because that's the way I was treated. I saw the connection.'

Afraid of What?: Challenging young people's homophobic attitudes

In an impact evaluation of Program H in Brazil, homophobia was the attitude or topic that showed the least amount of attitude change on the part of young men who participated. While many young men apparently changed their attitudes toward women – moving toward seeing women as being subjects of rights – they often held steadfast to homophobic views even after the intervention. Thus, in 2005, Promundo, ECOS, Salud y Género, Papai and the other Program H partners, with support from the Brazilian National AIDS Programme, developed a cartoon video – named “Afraid of What?” as a complementary educational tool focusing specifically on the issue of homophobia (and targeting mostly heterosexual youth). The video presents the story of a young gay man and the challenges and discrimination he faces. It is designed to engage youth, educators, and health professionals in discussions on homophobia and the promotion of respect for sexual diversity.



The community campaign

Program H also includes a community component to reinforce and support the messages promoted in the workshops. The original implementation of Program H in Rio de Janeiro included a campaign called 'Hora H', or 'In the Heat of the Moment'. The campaign encouraged young men to reflect on how they act as men, to respect their partners, not to use violence against women, and to practice safer sex. Hora H campaign messages describe a "real" man as one who demonstrates more gender-equitable attitudes in his relationships, particularly in the more challenging moments. The campaign included an associated condom brand and although the campaign messages promoted condom use as an important behaviour in and of itself, the main emphasis of the campaign was on the lifestyle, which was symbolized by condom use. The link between the Hora H condom, a "product", and a lifestyle drew from principles of commercial marketing in which advertisements for cars, shoes and other products focus on the lifestyle associated with ownership of the product, rather than the qualities of the product itself. In the case of Hora H, this strategy was used to market healthy and equitable behaviours, such as condom use, as part of a cool and hip lifestyle for young men. The phrase was developed by young men themselves, who frequently heard their peers say, 'Everybody knows you shouldn't hit your girlfriend, but in the heat of the moment you lose control', or, 'Everybody knows that you should use a condom, but in the heat of the moment...'. Campaign slogans used language from the community and images of young men from the same communities, acting in ways that support gender equality.

The impact evaluation

From the onset, the Program H partners sought to develop tools to be able to measure the impact of activities on young men's attitudes and behaviors. From the same formative research mentioned above, the partners identified four characteristics of more 'gender-equitable' young men:

1 – they seek relationships with women based on equality and intimacy, rather than sexual conquest. This includes believing that men and women have equal rights, and that women have as much sexual desire and 'right' to sexual agency as men;

2 – those who are fathers seek to be involved fathers, or they support substantial father involvement, believing that men should take both nancial



Translation, first: Man with a capital M. He takes responsibility. He shares. He cares. In the heat of the moment the attitude makes the difference.

Translation, middle: Man with a capital M. He converses. He respects. He cares. In the heat of the moment the attitude makes the difference.

Translation, last: Man with a capital M. He listens. He accepts. He cares. In the heat of the moment the attitude makes the difference.

and at least some caring responsibility for their children;

3 - they assume some responsibility for reproductive health and disease-prevention issues. This includes taking the initiative to discuss reproductive-health concerns with their partner, using condoms, or assisting their partner in acquiring or using a contraceptive method;

4 - they oppose violence against women.

These four characteristics inspired the development of the Gender-equitable Men (GEM) Scale – 35 attitude questions related to gender roles in the home, including childcare; gender roles in sexual relationships; shared responsibility for reproductive health and disease-prevention; intimate-partner violence; and homosexuality and close relationships with other men (Pulerwitz and Barker, 2008). Attitude questions or statements include affirmations of non-equitable gender norms, such as: ‘Men are always ready to have sex’, ‘A woman’s most important role is to take care of her home and cook for her family’, and ‘There are times when a woman deserves to be beaten’. The scale also includes affirmations of more gender-equitable views, such as, ‘A man and a woman should decide together what type of contraceptive to use’, and ‘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 was tested in a household survey with a total of 749 men between 15 and 60 years old in three communities in Rio de Janeiro, two of which were low-income communities and one of which was a middle-income neighbourhood. For each item, three answer choices were provided: I agree; I partially agree; and I do not agree. In addition to the GEM scale, the survey included questions relating to a number of variables that were theoretically linked to gender-equitable norms, including socio-demographic status, relationship history, history of physical violence, and current safer-sex behaviours. Example items include “Women who carry condoms on them are “easy” and “A woman should tolerate violence to keep her family together.”

The research confirmed the coherence of the attitude questions, that is, the young men answered in fairly internally consistent ways. For example, a young man who said he tolerated or even supported violence against women was also likely to show non-equitable or male-dominant views on other questions, such as believing that taking care of children is exclusively a woman’s responsibility. Moreover, there were significant associations between the GEM

Scale and behaviors such as using violence against a partner and using a condom. For example, young men who demonstrated more inequitable attitudes as measured by the scale were also more likely to report using violence against a partner, or less likely to report condom use. These associations indicate that support for gender-equitable norms and behaviour is an important aspect of reproductive and sexual-health decision making, and that gender-related norms should be explicitly addressed when designing and implementing effective prevention programmes for HIV and STIs, as well as unplanned pregnancy and violence.

It is important to emphasize that the scale is only part of the evaluation methodology used for Program H. Impact evaluations of Program H also measured changes in young men’s knowledge and behaviors, often seeking to corroborate self-reported changes through interviews with workshop facilitators, with the young men’s partners, and with health services staff and other professionals working with young people.



Photo: Jon Spaul

Program M

Building on the experiences of Program H, the four Latin American NGO partners, together with an international NGO, began an initiative in 2003 to promote the empowerment of young women, called Program M. Like Program H, Program M is research-based, drawing from the experiences and discourses of young women in low income communities in Brazil and Mexico, their attitudes about gender norms and roles, and their perceived capacity to achieve agency in their lives and relationships. The Program M manual includes activities on sexual and reproductive health, violence prevention, motherhood and care-giving, HIV/AIDS, among other related topics.

One of the key elements of the activities in the Program M manual is that they engage young women in the questioning of rigid and non-equitable stereotypes about masculinity and how they affect both women's and men's lives and relationships. It is frequently said that mothers who raise sons and the wives and girlfriends who tolerate and obey men are responsible for machismo. However, we have to recognize that gender norms are constructed and reinforced by both women and men and that women often have limited power and access to the necessary resources to change their social, economic and cultural contexts. Even so, through an educational and reflective process, women can become more aware of oppressive beliefs and expectations within their relationships and strive not to reinforce or reproduce them. In this context, the Program M educational activities encourage women to help construct and reinforce positive ideals of masculinity among men in their lives and communities and to engage them as allies in the promotion of women's empowerment and gender-equality.

The Program M educational curriculum also includes a video, *Once upon a girl*, which tells the

story of a girl who begins to question the “do’s and don’ts” of the world around her and how they influence the way she thinks and acts. Touching on everything from children’s play and household roles to sexuality and intimate relationships, the video is an educational tool intended to promote discussions about the challenges girls and young women face as they grow up. It serves as a good introduction to the themes and activities in the manual, and when used in one of the first sessions can provide a useful insight to the young women’s baseline attitudes and understanding of the themes.



Cover of the Program M manual . The cartoon character on the cover is the female protagonist from the Once upon a Girl and Once upon a Boy videos.

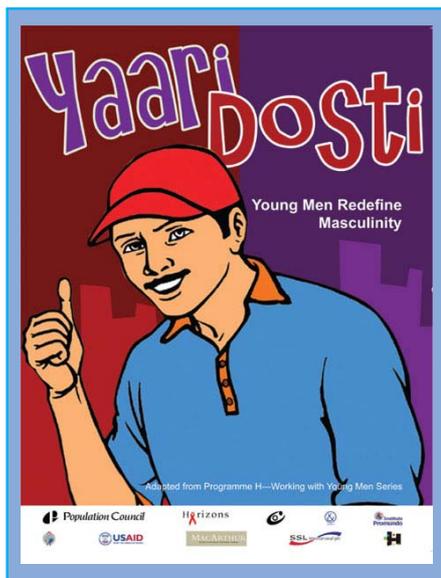


The Program M educational activities were tested with 176 young women ages 15-24 in four countries in Latin America and the Caribbean (Brazil, Jamaica, Mexico and Nicaragua). Some of the most notable changes seen in the young women included an increase in their knowledge of issues related to prevention and sexual and reproductive health. For example, in the post-test, most of them disagreed with statements like “Emergency contraception should be taken within 72 hours of having unprotected sex”.

They changed their understanding that gender stereotypes are social, not biological constructions. Most of participants disagreed with statements such as “Men and women think and act differently because of biological reasons”. And, most of them disagreed with “If my partner was upset and used violence against me, I should forgive him”, showing changes in their belief that communication and ne-

gotiation are important aspects of an intimate relationship.

In order to measure the impact of the Program M activities, the partners adapted the GEM scale for use with young women (also known as the Gender-Equitable Women Scale, or GEW scale), maintaining many of the same items used with young men as well as adding new items based on qualitative research with young women on gender roles in intimate and family relationships. The partners also developed an index to measure young women’s perceived self-efficacy in terms of violence prevention and response, condom use, peer pressure and enlisting social/community resources. Example items include “I feel capable of expressing my opinions even when I know that other people disagree with them” and “If my friend is beaten by her husband, I would not be able to help her find help”.



Program H and Program M in the world

The Program H and Program M partners have trained youth, health services staff, teachers, and community outreach workers in more than 30 countries in the use of these methodologies. The curricula have also undergone adaptations for specific settings in different countries including India, Tanzania and rural Peru. These adaptation processes have confirmed that the workshops and their core principles of promoting critical reflection are effective across diverse contexts. Additionally, Hora H has also inspired the development of campaigns for young men in India and the Balkans, implemented in conjunction with the adaptations of the Program H manual.



First image, Cover of Yaari Dosti, the Indian adaptation of the Program H Manual.

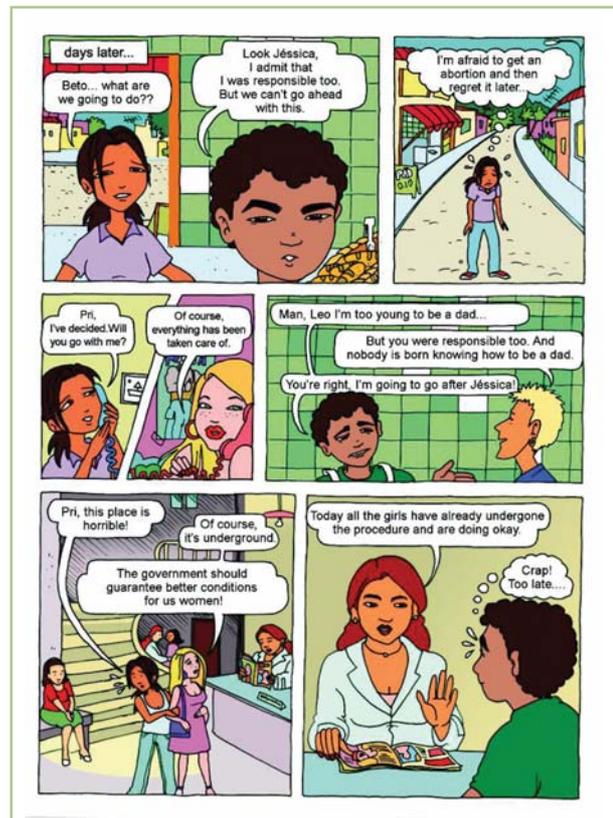
Left, Two posters from the Yaari Dosti campaign which address the issue of domestic violence and suggest that it is men’s responsibility to prevent it.

Bringing it all together: Between Us



Entre Nós: An overview

The experiences from Program H and Program M in Brazil and elsewhere inspired the development of Entre Nós, a multi-media campaign to engage young women and young men and communities in critical reflections on rigid ideas about gender and the ways in which they influence youth's lives and relationships. Developed in 2006 by a group of youth living in Rio de Janeiro, the flagship of Entre Nós is a radio-based soap opera about a young couple, Beto and Jessica, and their friends. The storyline is inspired by the *Once upon a boy* and *Once upon a girl* videos and addresses first sexual experiences, condom use, unplanned pregnancy and adolescent parenthood through the lenses of women's empowerment and gender equity. The choice of soap opera for the campaign was strategic – soap operas are a big part of popular culture in Brazil and have a wide appeal across different social groups. The radio provided a low-cost alternative medium, both for production and dissemination (as opposed to television, or street theatre, for example). The soap opera can be played on local radio stations and in diverse settings where young people hang out – schools, community centres, beauty salons, cyber cafes, snack bars, mobile sound trucks and at large community events. Following the airing of episodes, peer educators facilitate discussion groups in which youth talk about the storyline and its link to their lives and relationships. The soap opera is also accompanied by a set of comic books and a soundtrack with songs set to popular music styles, from samba to rap, and lyrics inspired by the campaign themes.



Page from the Entre Nos comic book depicting the part of the novela storyline where the young couple is dealing with an unplanned pregnancy.

Implementation

The campaign was originally implemented in three low-income communities in Rio de Janeiro in collaboration with the same youth who had participated in its development. The campaign reached approximately 9,000 youth, as well as parents, teachers and other community members, with messages about gender-equity and health. One of the peer educators involved said: "Many people... questioned: 'Why can a man do this and I can't?' 'Why do women get beaten so much?' 'Why are men so much more violent than women?' 'Why don't men take care of the house?' I think that the (campaign) was able to make people think...put in their heads 'look, this is our reality but does it have to keep being this way? ...men hitting women, does it have to keep being this way?' We (were able) to put these (questions) forward for people...we can see that people are starting to think about the issues..."

Innovation aspects

An innovative aspect of the campaign is that it brought together young women and young men to advocate for women's empowerment and gender

equity. While there are numerous projects involving young women and young men, rarely do they engage these young people in reflections, dialogue and action on specific issues related to women's empowerment and gender equity. Moreover, although the number of programs that engage young and adult men in the promotion of gender equity continues to increase, very few of them involve structured dialogue or collaboration with girls and women or specifically work with men to be advocates for women's empowerment and gender equity. While many young male peer educators — and even some of the young women — initially had doubts about if and how young men could take on this role, the consensus was that the “mixed” group was fundamental in ensuring the campaign was accepted among youth in general and that its content was relevant and engaging to both women and men.

Scale-Up

Program H and Program M, like many other successful interventions with youth, have been mostly NGO-led, limited in duration, and generally only able to reach several hundred, and at most, a few thousand participants. As important as these interventions are, they cannot by themselves achieve the kind of large-scale and sustained reach necessary to change existing gender norms and power dynamics and broaden the opportunities which influence youth's lives and health.

In this context, Program H and Program M partners in Brazil and India launched an initiative in 2008 to integrate and scale-up the implementation of the educational curricula and campaign strategies in the public education sectors in the two countries. The process has reached thousands of youth on a sustained basis with messages about more equitable ways of living together. In Brazil, we are developing an on-line capacity-building portal in Brazil for teachers and other education professionals interested in developing a better understanding of the links between gender and health and sexuality and learning how to carry out Program H and M in school settings. The portal will include modules on how to work with adolescents and youth on various themes, including gender and sexuality, HIV prevention, gender-based violence, among others. Upon completion of the Brazilian version of the portal, we plan to translate it into English to make it adaptable for international audiences.

With whom did we do it?

Program H was originally developed by four Latin American NGOs with significant experience of working with young men in their local communities: Promundo (coordinator of the initiative), ECOS (São Paulo, Brazil), Instituto PAPAÍ (Recife, Brazil) and Salud y Género (Mexico). The entire process has been developed with young men from several low income in Brazil and Mexico, who helped us to define objectives, test and develop the materials. With support from the International Planned Parenthood Federation (IPPF, Western Hemisphere Region) and the Pan American Health Organization (PAHO), the field-testing of the Program H curriculum was carried out by INPPARES (Peru), PROFAMILIA (Colombia), Save the Children US (Bolivia), Bemfam (Brazil) YouthNow (Jamaica), and MEXFAM (Mexico). The Hora H campaign was developed in collaboration with John Snow Brazil (an international consulting firm with significant experience on social marketing projects) and SSL International (makers of Durex condoms). The development of the GEM scale and the subsequent impact evaluation of Program H in Rio de Janeiro were a partnership between Promundo and Horizons. Adaptations of Program H were carried out in collaboration with CARE International NW Balkans, Population Council and CORO (India), UNFPA (Peru), Family Health International (Tanzania), and Save the Children US (Vietnam).

Program M was developed by the Program H partners together with World Education, an international NGO with experience on working with girls' empowerment. The field-testing of the manual in Jamaica was carried out by the Jamaica Family Planning Association (JFPA) and in Nicaragua by the Asociación de Municipalidades de Nicaragua (AMUNIC) and the Centro de Estudios y Promoción Social (CEPS). Adaptations were carried out in collaboration with Population Council and CORO (India) and Family Health International (Tanzania).

The Entre Nós campaign was developed by a group of youth leaders in Rio de Janeiro, Brazil in collaboration with Promundo and Estudio Metara, a communications agency, also based in Rio de Janeiro. The beneficiaries have included youth living in urban centers as well as rural areas, in-school and out-of-school youth, single youth and married youth, and youth of various sexual orientations. The Program H and Program M curricula have also been used to

train health services staff, teachers, and other health and education professionals on how to incorporate a gender perspective into their work with young men and women.

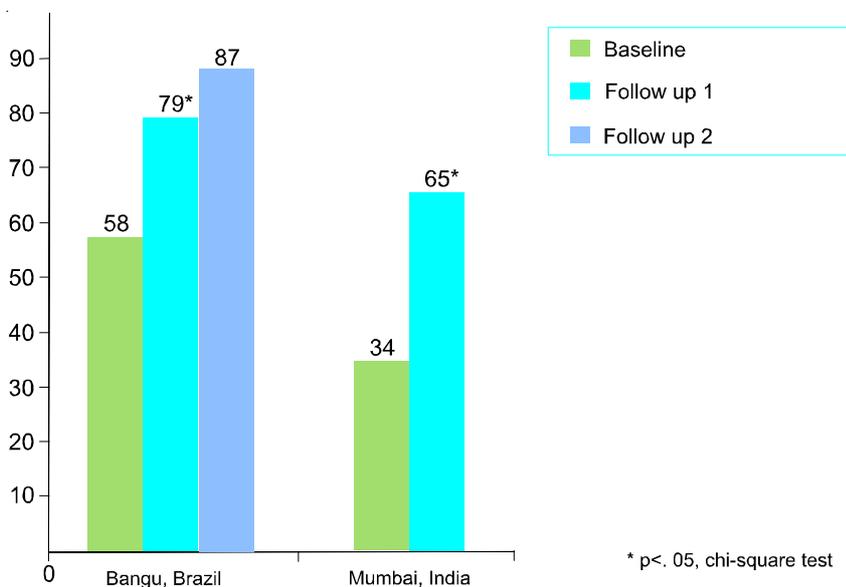
What have we achieved?

Program H and Program M (including the Entre Nós Campaign) engage youth in reflections about the importance of communication and negotiation in intimate relationships. The workshops in particular help them build the necessary skills to talk to partners about prevention, and seek services and information to protect their health. Impact evaluation studies in Brazil and India have found that after participating in Program H activities, young men have reported greater acceptance of domestic work as men’s responsibility, improved relationships with their friends and sexual or intimate partners, higher rates of condom use and lower rates of sexual harassment and violence against women (Pulerwitz et al. 2006; Verma et al. 2007). Likewise, impact evaluation studies of Program M in Brazil and India have

found that after participating in activities, young women reported increased knowledge and communication with partners about sexual health, increased self-efficacy in interpersonal relationships, decreased drug use and increased condom use.

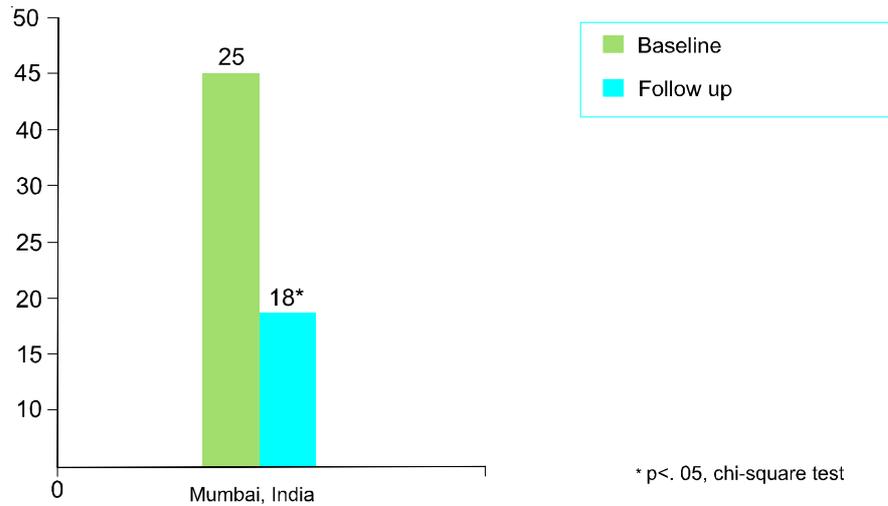
The evidence of Program H’s impact has helped to reinforce the benefits of working with young men and, in particular, the effectiveness of addressing gender and masculinities within health programming. Program H has been endorsed by the Brazilian, Mexican and Indian governments, and was mentioned in the 2007 World Development Report (World Bank, 2007), the 2007 UNICEF State of the World’s Children and the 2005 UNFPA State of the World’s Population as an effective, innovative, and adaptable intervention for engaging boys and young men in achieving gender equality. The Program H manual has also been officially adopted by the ministries of health and education in Brazil, Costa Rica, Mexico, and Nicaragua and is used to varying extents both in health education with young people via the education and public health systems and with community-based partner organisations.

Significant increase in condom use among young men in Brazil and India (%)



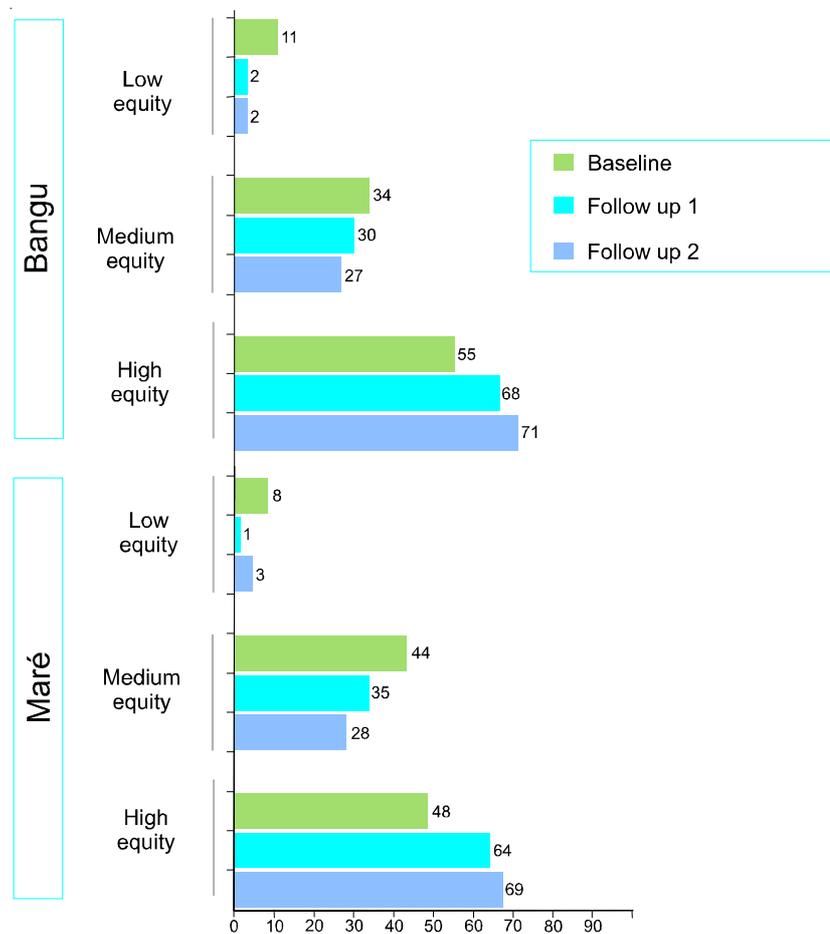
NOTE:
 Bangu: Baseline n=258; Follow up 1 n=230; Follow up 2 n=217;
 Mumbai: Baseline n=73; Follow up 1 n=68;

Significant reduction in use of violence against partner in India (%)



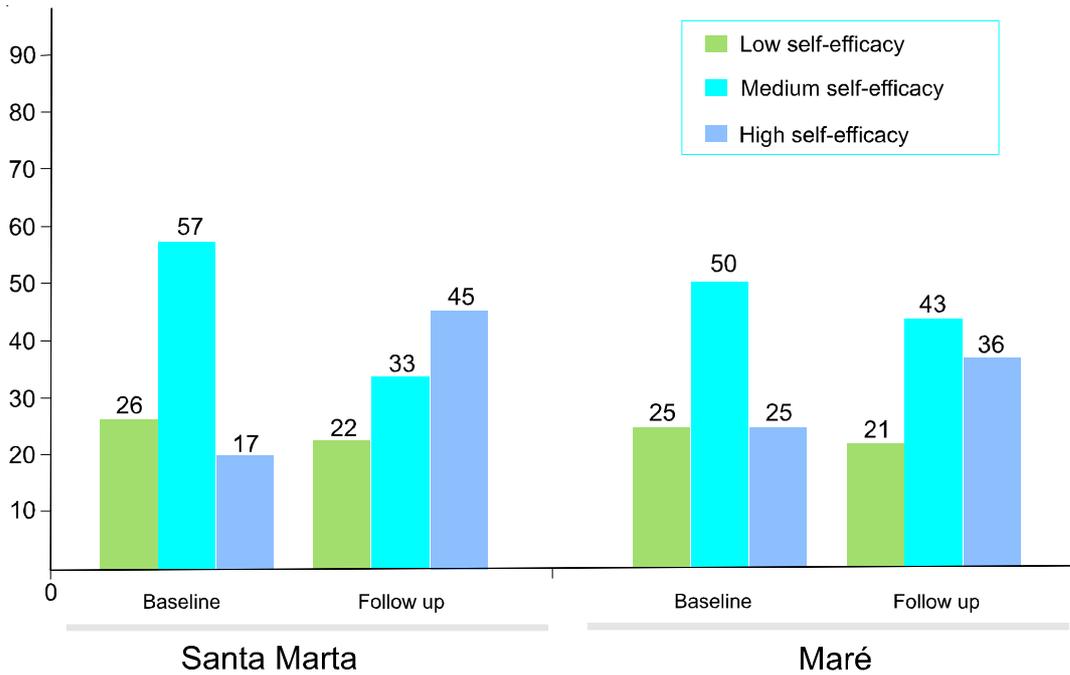
NOTE:
Mumbai: Baseline n=129; Follow up n=100;

Significant change in gender attitudes among young men in Brazil

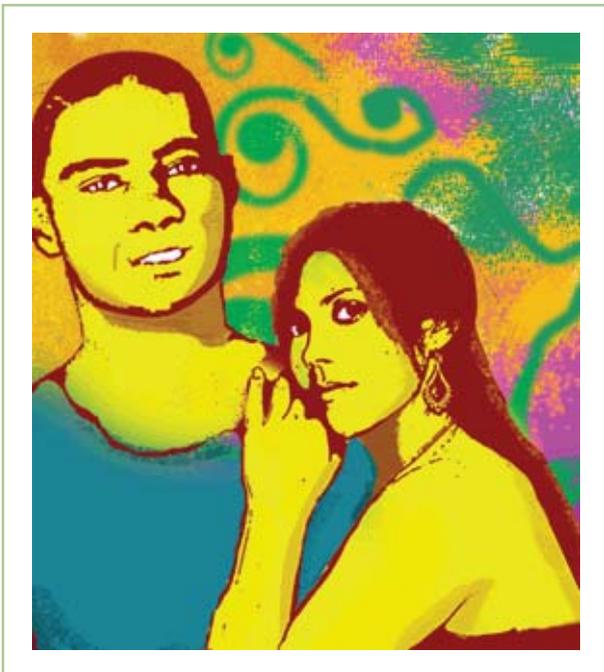


NOTE:
Bangu: Baseline n=258; Follow up 1 n=230; Follow up 2 n=217;
Maré: Baseline n=250; Follow up 1 n=212; Follow up 2 n=190;

Significant increase in self-efficacy among young women



NOTE:
 Santa Marta: Baseline and Follow up n=114.
 Maré: Baseline and Follow up n =254.



The positive results from Programs H and M have also provided important leverage for advocacy efforts in Brazil and internationally to incorporate a gender perspective in health programming for young men and young women and to scale-up the reach of such efforts. In Brazil, for example, Promundo has been invited to participate in an advisory group for sexuality and prevention education in the Rio de Janeiro school system and to provide trainings for teachers in the Bahia school system.

Current scale-up efforts in Brazil are being evaluated in order to understand the impact of the activities when implemented in school-based settings. In addition to measuring changes among youth, we are also assessing changes in the capacity of the schools and staff to engage youth in discussions about gender and health.



Photo: Naomi Onaga

Reflections from Program H and Program M Participants

“...I learned to talk more with my girlfriend. Now I worry more about her... it’s important to know what the other person wants, listen to them. Before (the workshops), I just worried about myself.”

—Young Man, Rio de Janeiro, Brazil, after participating in group education workshops.

Yes, my family used to restrict my sister but that was because she is not well-educated. Also being an elder brother, I feel that nothing should go wrong with my sister and that is why I take care of her. But now I understand that restrictions should be reduced and girls or women should be given an opportunity to build their confidence for doing outside work alone, otherwise she will not be able to do it and will always feel insecure without accompanied persons. I am now giving my sister freedom and don’t always stop her from going out with her friends.”

—Young Man, Mumbai, India, after participating in group education workshops

“Used to be when I went out with a girl, if we didn’t have sex within two weeks of going out, I would leave her. But now (after the workshops), I think differently. I want to construct something (a relationship) with her.”

—Young Man, Rio de Janeiro, Brazil, after participating in group education workshops.

“...after the workshops he started to inform himself more about health, take better care of himself.... He even talked about getting a blood test [HIV test] and he said: ‘You should get one too’ and I said: ‘Okay, I’ll do it, we’ll do it together.’”

—Young Woman, Rio de Janeiro, Brazil, speaking about her boyfriend who had participated in group education workshops.

“Now I know that a woman isn’t obligated to do certain things. She can talk to her boyfriend, she can share things, discuss the relationship. A woman today doesn’t have to stay at home taking care of the kids, the husband... She can study, have her own career...She can have kids, if she wants to have kids and if she wants a husband she can have one. I mean to say that these days, I see women as independent. I changed. Today I fight against violence...even in my own family there is a lot of violence – men, husbands hitting their wives, and I work on this with them. Thank God, I have seen results...within my own family. Some (things have changed), not (everything), but for me that is a positive thing.”

—Young Woman, Rio de Janeiro, Brazil, after participating in group education workshops.

How did we sustain it?

The Program H and Program M partners have been able to secure sustainability through a focus on advocacy and capacity-building in the region and internationally. We have worked with NGOs, government entities and UN agencies in diverse contexts to build their capacity to mainstream a gender perspective in their programming and to integrate the Programs H and M activities into their on-going initiatives.

A good example is the initiative in Brazil and India. In Brazil, scale-up efforts are being carried out by Promundo, in collaboration with the State Education Secretariats and schools in the states of Bahia and Rio de Janeiro. In India, the scale-up efforts are being led by the International Center for Research on Women (ICRW), CORO, and TISS. Generally, the work in schools includes training workshops on gender and sexuality for teachers and other key stakeholders (NGO and government projects working in school settings), technical assistance to design plans of action for activities with students, and bi-weekly monitoring of activities in order to integrate the gender perspective into their educational curricula.

Another strategy is the adaptation process for specific contexts around the globe. As we said before, Program H and M have been adapted and used in diverse contexts by health and educational sectors as well as NGO programming. Adaptations in India, Peru, Vietnam and the Balkans have confirmed that the workshops and their core principles of promoting critical reflection are effective across diverse contexts.

What did we learn?

— Experiences with Program H and Program M have shown that, if convinced to participate, most youth find group educational sessions to be personally rewarding and engaging. The challenge, however, can be recruiting them initially. Most young people are studying, working, or looking for work, often making it difficult to recruit them as promoters or participants for social projects. In general, it is more difficult to recruit older youth, principally those aged 20–24 years, since they are often already working or searching for work, and because they may prioritize participation in professional training courses. Incentives such as opportunities to participate in sports or vocational training can therefore

be helpful in motivating youth to participate in workshop and campaign activities.

—Skilled facilitators are the key to effective group education workshops. Their role is to create an open and respectful environment in which youth can feel comfortable enough to share and learn from their own experiences and question deeply held views about gender without being censured or ridiculed by peers. As part of his/her training, the facilitator should have a basic grounding in the concept of ‘gender’ and also undergo a process of self-reflection regarding his/her own experiences and struggles around gender, sexuality, health, and violence, so as to be prepared to discuss these topics in a relaxed and open manner with young men or young women.

— The tone and approach of workshops, campaigns, and other activities with youth should seek to “enable and inspire” them, rather than focus on guilt and shame – which can provoke defensiveness or hopelessness. For example, activities and messages for boys and men should focus on what they can do, not on what they should not do – program experience shows that appealing to a sense of empathy and to men’s potential to treat women as equals and with respect seem to be more effective in inspiring them to change than simply telling men not to use sexual aggression or sexual violence.

—Most implementations of Program H and Program M have ranged between 10 to 15 sessions, although there is no set number of group educational sessions that is guaranteed to promote changes among a particular group. Program assessments have found, however, that having some amount of time (a week or a few days) between sessions seems to be important for reflecting about the content. The selection of the activities themselves should be based on where the participants are – that is, some might need more work in terms of building awareness and empathy whereas others are already aware and need skills to change their personal behavior or to influence the behavior of their peers.

—In educational workshops across diverse settings, young people’s homophobic discourses point to the need for more in-depth reflections about sexual diversity and sexual rights. The prejudices that surround homophobia are deeply rooted in rigid ideas about masculinity and sexuality – for example, being gay is often seen as “not being a real man.” Programs need to provide opportunities for youth to unpack these prejudices and learn how to respect

sexual diversity.

—Working together with stakeholders in all stages of program development and implementation is key to ensuring the relevance, acceptability, and success of activities as well as sustainability. In the cases of Program H and Program M, we collaborated with youth from target settings to define key topics and to create the curricula and campaigns. The adaptation processes also entailed close collaborations with local youth to identify necessary changes and/or additions to the curricula. Another key group of stakeholders that we have engaged since the onset is government, from local entities such as schools and health posts to state and federal entities responsible for education and health policy-making. As we work toward the scaling-up of Program H and Program M in Brazil and other settings, these pre-established partnerships with government have served as an important foundation.

—Evaluations of work with men and boys should seek to corroborate men’s and boys’ self-reported changes through interviews with partners, family members and peers. Moreover, changes take time and relationships evolve. Ideally, the impact of programs, particularly those that work with youth, should be evaluated over longer periods in order to

learn more about the gender dynamics involved in the period of transition from youth to adulthood.

—Gender inequalities are constructed from the earliest moments of life and throughout the lifecycle. These inequalities can be reinforced or questioned in early care-giving environments. For example, children who grow up in families where men and women have equal power and an equitable share of domestic tasks are more likely to believe in and act on more gender equitable norms. On the other hand, boys and girls who live in settings or families where men’s use of violence against women is accepted and considered “normal” and where women and girls have primary responsibility for child care and other domestic tasks are more likely to repeat these patterns in their adolescent and adult years. Given what we know about how gender-related attitudes and norms drive the HIV epidemic, men’s use of violence against women and girls and other key health and development issues, there is an urgent need for efforts to engage children – and in particular their caregivers and the social institutions where they are cared for – in efforts to promote gender equality and to ensure that the equality perspective is present from the earliest years of children’s lives.



Photo: Jon Spaul

References

- Barker, G.** (2000) Gender Equitable Boys in a Gender Inequitable World: Reflections from Qualitative Research and Program Development in Rio de Janeiro, *Sexual and Relationship Therapy*, 15(3), 263-282.
- Barker, G., Nascimento, M., Segundo, M., and Pulerwitz, J.** (2004) How do we know if men have changed? Promoting and measuring attitude change with young men: lessons from Program H in Latin America, in S. Ruxton (ed.) *Gender Equality and Men: Learning from practice*, Oxford: Oxfam GB, 147-61.
- Briceño-León, R., Villaveces, A., and Concha-Eastman, A.** (2008) Understanding the uneven distribution of the incidence of homicide in Latin America, *International Journal of Epidemiology* 37(4):751-757.
- Guttmacher** (2009) Facts on Abortion and Unintended Pregnancy in Latin America and the Caribbean. Guttmacher Institute, New York and Washington, DC.
- Márquez, PC.** (1999) The Street is my Home: Youth and Violence in Caracas (1999) Stanford, CA: Stanford University Press.
- Marsiglio, W.** (1998) Adolescent male sexuality and heterosexual masculinity: a conceptual model and review, *Journal of Adolescent Research*, 3(3-4), 285-303.
- Nzioka, C.** (2001) Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya, *Reproductive Health Matters*, 9, 108-117.
- Pulerwitz, J. and Barker, G.** (2004) 'Measuring Equitable Gender Norms for HIV/STI and Violence Prevention with Young Men: Development of the GEM Scale', *Men and Masculinities* 10: 322-338.
- Pulerwitz, J., Barker, G., Segundo, M., and Nascimento, M.** (2006) 'Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy', *Horizons Final Report*. Washington, DC: Population Council.
- Ricardo, C. and Fonseca, V.** (2008) Young people work to promote gender equality in Brazil, *Exchange on HIV/AIDS, Sexuality and Gender* no. 4, , p. 13-15, KIT - Royal Tropical Institute, The Netherlands.
- Ricardo, C., Barker, G., Pulerwitz, J., and Rocha, V.** (2008) Gender, sexual behaviour and vulnerability among young people In R. Ingham & P. Aggleton (Eds.) *Promoting Young People's Sexual Health: International Perspectives*. (pp. 61-78). New York: Routledge.
- Rivers, K. and Aggleton, P.** (1999) Adolescent Sexuality, Gender and the HIV Epidemic, New York: United Nations Development Programme.
- UNFPA** (2000) *Partnering: A New Approach to Sexual and Reproductive Health*, Technical Paper. No.3. New York: UNFPA.
- UNFPA** (2005) Youth and HIV/AIDS Fact Sheet, available at http://www.unfpa.org/swp/2005/presskit/factsheets/facts_youth.htm, accessed on July 5th, 2010.
- Verma, R.K., Pulerwitz, J., Mahendra, V.S., Khandekar, S., Singh, A.k., Das, S.S., Mehra, S., Nura, A., and Barker, G.** (2007) Promoting Gender Equity as a Strategy to Reduce HIV Risk and Gender-based Violence among Young Men in India. *Horizons Final Report*. Washington, DC: Population Council.
- WHO** (2000) What About Boys? A Literature Review on the Health and Development of Adolescent Boys, Geneva: World Health Organization and Pan American Health Organization.
- Zubillaga V, Briceño-León R.** (2001) Exclusión, masculinidad y respeto: Algunas claves para entender la violencia entre adolescentes en barrios. *Nueva Sociedad* 173:34-78.