



## Case Study: Engaging Adolescent Males in Nigeria



In Nigeria, an activist started a long-term program focusing on sexism and critical thinking skills. Boys meet for weekly discussions about such topics as gender-based oppression, sexual rights, violence, power within the family, intimate relationships, sexual health, human rights, and democracy. To help the boys develop as critical thinkers, the teachers rely heavily on Socratic dialogue and teach logic and verbal skills. Rather than target the out-of-school young people at highest risk, the program recruits participants who are in school and who are particularly bright social leaders.

The program focuses on boys and young men ages 14-20 because its founder believes that males in this age group are impressionable and typically “absorb the most backward social prejudices against women.” He also believes that, because boys are “the beneficiaries” of a system characterized by inequality and oppression, they cannot be reached effectively until they are at least 14 or 15 — an age when they can engage in intellectual debate and see parallels between patriarchy (a social system characterized by male dominance) and other forms of oppressive power, such as the oppression of ethnic minorities and the exploitation of the poor.

The principal objective of the program is to engage adolescent males in ongoing discussion groups to increase their awareness of gender-based oppression. A second and equally important objective would be to foster participants’ skills in critical thinking and analysis, teaching them “to question information and reality before bowing before them.” In this way, boys could arrive at a new set of values on their own, internalize them, and hone their ability to analyze what they discerned of the world around them. In addition to the discussion groups, the program provides counseling services and carries out community advocacy work. **(Men as Agents of Change)**

**Source:** Population Council. *‘My Father Didn’t Think This Way’: Nigerian Boys Contemplate Gender Equality*. New York: Population Council; 2003.

In India, a national organization that provides medical care and insurance to enrolled populations implemented a program to engage men in maternal health. Providers at the organization specifically encouraged couples to attend antenatal care counseling, during which they focused on:

- care and nutrition during maternity, including the importance of planning for the birth, recognizing and acting on the presence of any danger signs during pregnancy/birth/postpartum, and making arrangements for transportation to the hospital;
- the importance of exclusive breastfeeding to six months and complementary feeding thereafter and its benefits for mother and baby;
- return to fertility and postpartum family planning and the choice of contraceptive methods available, including the lactational amenorrhoea method (LAM); and
- encouraging mother-baby postnatal checkup at six weeks and complete immunizations of infants.

They also provided universal syphilis testing for all pregnant women and appropriate management for those who tested positive, including partner counseling and treatment and behavior change communication (BCC) for risk reduction, as well as condom information, demonstration, and supply.

Additionally, husbands attending counseling sessions were to be informed of and asked about their own possible signs and symptoms of urethral discharge and genital ulcer disease. If they presented symptoms, they were encouraged to report them to the male doctor who was trained in syndromic management of sexually transmitted infections (STIs) according to national guidelines, which include partner's presumptive treatment.

Couples were encouraged to attend a clinic at six weeks postpartum, where the mother and baby would receive a postnatal checkup and couples would be offered a full range of appropriate postpartum contraceptives, including both modern and traditional methods (appropriateness refers to breastfeeding and STI risk status). **(Men as Clients and Men as Partners)**

**Source:** Varkey, Leila Caleb, Anurag Mishra, Anjana Das, Emma Ottolenghi, Dale Huntington, Susan Adamchak, M.E. Khan, and Frederick Homan. *Involving Men in Maternity Care in India*. New Delhi, India: Population Council; 2004.



## Case Study: Training-of-Trainers Workshops for Men in Peru



In Peru, an organization's mission was based entirely on working with women. However, the women they worked with questioned this plan early-on because they wanted to involve their husbands in the educational workshops in which they (the women) were already participating. In some cases, women were attempting to erode male opposition. But more often, women were going home excited about what they were learning and experiencing, and their husbands wanted to know more about the workshops.

Initially, there was concern about shifting resources away from women's activities, but the project modified the project's design in response to the women's requests. Project staff hired an expert in the area of men and gender to head this effort but soon realized they would have to recruit and orient men who knew the local culture and language to serve as trainers. They also needed to develop separate materials for the men's sessions. Men from various regions were selected to attend a national training-of-trainers workshop. The key objective of the workshop was to create an opportunity for participants to reflect about their masculinity so that they could help other men think about sexual and reproductive health. As with the women's workshops, it was the reflective process that allowed the material to influence participants' lives. These trainers then trained male peer educators/promoters from the villages.

Following the project's model working with women, local male promoters offered the workshop (with support from trainers) to the men in their communities. The workshops were an enormous success. Men valued the opportunity to learn about their bodies and about sexuality, and they were also eager to explore ways to promote harmony in the family. This latter objective led to intense discussions about alcoholism, violence, forced sex, and communication. Ultimately, training men to work as educators of other men in their own communities would become one of the most salient facets of the project's work. **(Men as Agents of Change and Men as Partners)**

**Source:** Movimiento Manuela Ramos. *Opening Our Eyes: A Work Experience With Men on Gender Issues and Sexual and Reproductive Health*. Lima, Peru: Movimiento Manuela Ramos; 2003.



## Case Study: Reproductive Health Services for Men in Pakistan



In Pakistan, a program conducted discussion groups to assess the participants' knowledge of men's reproductive health and to explore their perceptions about these issues. Participants included men, women, and service providers.

The facilitators discovered that while the men had some knowledge about various forms of contraception, misconceptions still abounded. For example, some men mistakenly believed that vasectomy causes impotence. Both men and women expressed serious concern about contracting sexually transmitted infections (STIs) and AIDS, yet they had limited knowledge about these infections or how to prevent them. The participants also voiced concern about infertility and the stigma attached to it. The group discussions also revealed that many men sought advice about and treatment for reproductive health issues from traditional healthcare providers, who are commonly referred to as *hakeems*. Generally, *hakeems* work at street markets and are popular for several reasons. First, their services are not as costly and are easier to access than formal health clinics. In addition, the men said that in comparison with clinical providers, *hakeems* have better interpersonal skills and provide a more comfortable atmosphere for discussing sensitive issues.

To address some of the issues raised in the discussions, an international reproductive health organization established a partnership with several hospitals and organizations in Pakistan to create men's reproductive health services. These sites provided, for example, family planning counseling, no-scalpel vasectomy services, condom distribution, STI treatment, sexual dysfunction counseling, infertility services, reproductive health education, and community outreach activities. The international organization worked closely with the sites' staff and oriented them to men's reproductive health issues and devised strategies to educate men, such as developing informative materials for male clients. In addition, they trained providers in clinical men's reproductive health services.

Each site developed its own activities to promote services to men. Some sites asked religious leaders to pass on information about their services. Other sites used advertisements near their entrances and on the back of rickshaws that promoted the services they offered. Still other sites provided reproductive health education in workplace settings to engage men.

The project saw a substantial increase in the number of men seeking family planning services. For example, at one clinic, there was an 89 percent jump in vasectomy clients after just the first year of the program. This project was successful on several other levels, too. The sites introduced new men's reproductive health services, including STI screening, diagnosis, and treatment. The program also garnered support for addressing men's reproductive health concerns within Pakistan, created various resources that local agencies and institutions can use, and identified successful strategies for attracting male clients that can be replicated throughout the country. **(Men as Clients)**

**Source:** Shrestha, Ashoke, Lissette C. Bernal, Moustapha Diallo, Andrew Levack, Manisha Mehta, Dirgha Raj and Maria Lorencikova. *Working with Men in Clinics and Communities: Experiences from Four Countries*. Washington: IGWG Men and Reproductive Health Taskforce; 2003.



## Case Study: Media Campaign and Workshops for Inner-City Boys in the United States



In the United States, an organization working with inner-city youth has established a program with the following components: mobilize male youth to end violence against women; challenge traditional masculinity and celebrate alternative models of strength; and empower young men as allies with women and girls to foster equitable and safe relationships and communities. One programmatic tool the organization used was a media campaign called a Strength Campaign to target 13,000 male youth (ages 13-18) in high schools.

The goal of the campaign was to educate male youth about their role in preventing dating violence, highlight nonviolent models of male strength, and mobilize young men as allies with women in fostering relationships based on respect, equity, and compassion. The Strength Campaign put posters on bus stands and other public spaces, highlighting non-violent messages of masculinity, and trained teachers and faculty on how to provide these messages to their students. In addition, the program also held Strong and Safe Workshops for young boys. These workshops focused on exploring masculinity in popular culture, building empathy with gender-based violence survivors, and teaching nonviolent strategies for challenging attitudes and behaviors that support rape.

One young man who participated in the workshop said, “To think after all these years, we thought we were in the real world, but we were in our own little dream world. I knew what a real man was. I was wrong, my father was wrong, my uncle was wrong, and the world is wrong. I am starting to understand what it means to be a real man. What I knew all my life was a lie.” (**Men as Agents of Change**)

**Source:** Men Can Stop Rape. Strength campaign [Web page]. Retrieved Dec. 16, 2009 from <http://www.mencanstoprape.org/info-url2696/info-url.htm>.



## Case Study: Preventing Mother-to-Child Transmission of HIV in Cameroon



In Cameroon, a national faith-based organization was implementing a successful prevention of mother-to-child transmission (PMTCT) of HIV program. All the women coming for antenatal care (ANC) were given comprehensive pre- and post-test counseling. Most of the women volunteered to participate in the program. Unfortunately, few men volunteered to participate in the voluntary counseling and testing (VCT) program, even though the sites tried to reach out to them.

To increase men's involvement in PMTCT, the sites embarked on a comprehensive male involvement program. They trained providers on how to encourage men to participate in reproductive health services and set up special hours for men to come in for counseling – either alone or with their partners. Additionally, they also reached out to men through their partners. When women came in for ANC, they were given a letter to give to their partners to come to talk to the provider about the health of the mother and baby. The sites have also trained community-based peer educators to reach out to men on issues related to ANC, PMTCT, and VCT. These community-based peer educators talk to men about different issues, including getting tested for their own health and the health of their partner and baby. Additionally, they encourage men to talk to other men to encourage them to participate in maternal healthcare with their partners, including in PMTCT. **(Men as Partners, Clients, and Agents of Change)**

**Source:** EngenderHealth, unpublished.