



Engaging

Men and Boys

To Achieve Gender Equality:

How Can We Build on
What We Have Learned?

**WITH A GROWING GENDER EQUALITY MOVEMENT,
IT IS POSSIBLE THAT THE NEXT GENERATION OF YOUNG
MEN WILL GROW UP IN A SOCIETY WHERE MUTUAL
RESPECT, SUPPORT AND A SHARED SENSE OF RESPONSIBILITY
BETWEEN PARTNERS IS THE NORM.**

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Engaging Men and Boys To Achieve Gender Equality: How Can We Build on What We Have Learned?

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Executive Summary

The International Center for Research on Women (ICRW) and Instituto Promundo recently organized a seminar, “Engaging Men and Boys in HIV/AIDS Prevention, Sexual and Reproductive Health and Ending Gender-Based Violence: How Can We Build on What We Have Learned?” to examine the current state of work with men and boys in the field of health care, especially reproductive and sexual health.

Influential decision makers who fund, implement or study programs throughout the world on reproductive health, HIV and AIDS, and violence prevention gathered May 29, 2007, in Washington, D.C., to discuss the importance of working with men and boys to promote healthy lifestyles among women and men, learn what is happening in the field with this approach, and develop a consensus on how to move forward. The seminar was sponsored by the Bill & Melinda Gates Foundation and the World Health Organization (WHO).

“We can all think of a million examples where if we provide men with a little more information, a few more skills, and a bit of encouragement, they themselves can be far more supportive, communicative and caring for their sexual partners and family members. It’s not rocket science, and yet it isn’t happening on a significant scale. Today’s meeting is meant to address that.”

Margaret Greene, ICRW

Based on evidence presented at this seminar, it is clear that working with men to promote gender equality can be an effective way to improve health and fight disease among both women and men. The Stepping Stones project in South Africa, which uses participatory learning to build more gender-equitable relationships between men and women, found that both men and women reported increased condom use, less transactional sex, less substance abuse and greater communications among couples. Program H in Brazil successfully has used group education, community-based media and male-friendly health services to promote

gender-equitable attitudes and improve reproductive and sexual health practices. In the United States, a Coaching Boys Into Men program, which uses mentoring approaches and media campaigns to address gender-based violence, resulted in two of three participating fathers reporting that they had talked to their sons – and 63 percent to their daughters – about the importance of healthy, violence-free relationships.

Despite these and other success stories, such interventions to date are limited in their scale and reach. A review of existing programs demonstrates that most programs which target men and boys for health care interventions use one of three approaches, or a combination of these. They: (1) serve men as clients, (2) involve men in improving women’s health, or (3) work directly with men and boys to promote a positive shift in gender norms, away from attitudes and behaviors that undermine women’s and their own health and well-being. Seminar participants reported that the third approach has had the farthest reach, and shows promise for scaling up.

Throughout the day’s discussions, participants underscored that success in health interventions for both women and men depends on changing social norms around masculinity that undermine men’s and women’s health. This message emerged as a key recommendation for moving forward in program and funding efforts.

That said, participants agreed that changing harmful gender norms – while important – is not sufficient to bring about the necessary changes in health care to curb rising HIV and gender-violence rates or otherwise improve reproductive and sexual health. Stakeholders also need to build partnerships across organizations working with women or men, and establish links with other social justice movements. Advocates of the men-and-boys approach should be judicious with how they promote gender equality, eschewing polarizing or divisive language that can pit

men against women, and they should promote technologies, such as microbicides, that can contribute to greater gender equality. Finally, donors should support the development of professionals who can take the men-and-boys approach forward, the dissemination of the best models, and the development of policies supporting gender equality. Moreover, donors should support programs and researchers to identify, evaluate and prioritize a wide range of program models.

As a first step, seminar participants agreed to advance the dialogue between groups working with women and those working with men toward realizing gender equality in reproductive health. To that end, in the months since the seminar, several participating organizations and donors have discussed bringing together representatives from these two groups for high-level talks to strategize about joining forces and planning specific joint actions.

WHY MEN AND BOYS?

The past 15 years have witnessed a significant increase in the number of programs seeking to engage men and boys in efforts to improve women's and men's health and, more broadly, contribute to greater gender equality. This response largely is the result of people's better understanding of men's central roles in determining women's health and well-being, and their realization that many health development efforts for women and girls do not address gender-based values and norms. For instance, men often dominate reproductive health-related decisions, whereas women often have no say regardless of how these decisions directly affect them. On the other hand, men generally have little access to information and resources for communicating with and supporting their sexual partners.

RECOMMENDATIONS

The following recommendations, loosely grouped according to key audience, emerged over the course of the seminar in panel presentations and discussion.

Program Designers and Managers

1. *Change social norms around masculinity that undermine men's and women's health.*

The WHO review and research presented at the meeting showed that programs which address social norms and change behaviors can have the greatest impact. By helping men to question gender-related attitudes that put them at risk and potentially harm their sexual partners, programs can affect a wide range of health behaviors, which in turn result in improved health outcomes. A man who questions the need to prove his sexual prowess as fundamental to being a man, for example, may have fewer sexual partners and increase his use of condoms, reducing his risk of sexually transmitted infections (STIs) and protecting his sexual partners. Programs that fail to address social norms limit themselves to treating symptoms without addressing some of the underlying causes of poor health.

2. *Seek out and build partnerships among organizations that work primarily with women and girls, and organizations working with men and boys.*

Organizations working with women and girls and groups working to promote gender-equitable attitudes among men and boys should seek each other out and work collaboratively toward the common goal of greater gender equality. These groups have much in common, but have found themselves in competition for scarce resources and tend to articulate their vision in divisive ways. Yet they are two sides of the same coin, and neither can advance its agenda fully without the others' contributions. To help cultivate these partnerships, women's organizations should be reassured that their efforts and resources will not be compromised by involving men. Efforts to involve men and boys stand a greater chance of succeeding if the different stakeholders – donors, program designers and managers, and researchers – invest time from the start to develop trust and confidence that this approach works to benefit all. Competing for resources is a reality, but donors are more willing to fund organizations that find creative ways to work together toward a common agenda. Advancing dialogue among these groups to achieve social change in tandem would be a major contribution toward realizing gender equality in reproductive health.

3. *Programs working to involve men and boys in the promotion of gender equality should establish links with concurrent social movements for social justice.*

The broader development field has been positively influenced by social movements that focus on the equitable sharing of resources across various population groups. Yet gender equality remains a marginalized dimension of efforts to promote economic equity. Though gender equality is fundamental to social justice, it is not well integrated into other social justice efforts. Broader social movements provide an essential voice and momentum to help gender-equality programs go to scale.

Advocates

1. *Develop thoughtful and clear language to promote gender equality between men and women, boys and girls.*

Programs that question male gender norms and advocate for gender equality can frame the issue of gender equality in a divisive way, pitting women against men rather than considering ways that everyone can work together toward a common goal. This tends to distract from the significance of what these programs are trying to bring about. Finding more creative and unifying language for this work will be key to building partnerships among various programs and stakeholders. A new, more positive and compelling way to talk about social change is needed.

2. *Identify and promote specific technologies that help expand men's and women's options for protecting themselves and relating to their sexual partners.*

Specific technical or clinical innovations can help men and women protect their health while potentially altering the way they relate in sexual relationships. For example, microbicides and circumcision offer promise for improving health while shifting men's and women's interactions with each other in concrete ways that can improve gender inequality. Microbicides could, for the first time, shift control of contraceptive and STI prevention decision making to women. Meanwhile, male circumcision reduces the likelihood that men will become infected with HIV once exposed, which could affect their sexual behavior and the health of their partners. Advocacy efforts need to be strategic in promoting promising technologies, and be mindful of avoiding the negative associations that can be made with contraception, such as the common association of condoms and promiscuity.

Few initiatives examine men's roles in the context of policy change. The Men and Gender Equality Policy Project (see page 17) is conducting in-depth analyses in five countries to identify ways policies can engage men and boys to support gender equality. The long-term goal is to use the findings to guide the development of future policy.

Donors

1. *Support expansion of the professional cadre of workers who are able to take this approach forward.*

Promoting gender equality while working on other health objectives is a new and challenging way of doing business. Only a small cadre of health and outreach workers and program managers has the capacity to implement this kind of work. To increase the number of professionals who can take on designing, implementing and managing programs that adopt this approach, experienced professionals need support to develop and disseminate educational and training materials among graduate school curricula and development programs on the ground.

2. *Provide support for dissemination of the best models to organizations, which have the capacity to scale them up, and to governments for policy development.*

Ample evidence from a rich set of evaluated programs suggests that involving men and boys has positive outcomes for the health of women, men, boys and girls. Yet this evidence serves no purpose if the models are not promoted and replicated through targeted funding, institutional advocacy, and user-friendly publications and presentations. These models represent a resource that everyone in the development field can build on; they are not limited to reproductive health, HIV and violence arenas.

More thinking is needed, however, about the appropriate division of roles between government and civil society. Initiatives to ensure gender equality through policies and legislation are primarily the responsibility of government, while work to promote gender equality among men may be more appropriate for civil society. Civil society also plays a role in influencing policy-makers to support men as agents of change toward the goal of gender equality. To do this

effectively, they will need more precisely defined policy targets: What policies are we talking about? What change do we want to bring about? How much change is enough to make a fundamental difference? What are the costs and savings of working to reduce gender inequalities? Donors can play an important role in supporting research in these areas.

3. Support programs and researchers to continuously identify, evaluate and prioritize viable and diverse programmatic models.

The diversity of the challenges to health and well-being around the world calls for a large and diverse number of program models on which to draw. Many existing interventions are enough to get started, but few are expanded and replicated for wider reach. Donor support for varied programs with strong gender equality components, which can be evaluated for impact on health and behavior change, is key to knowing where and how to replicate and scale up programs. Donors also can support researchers and program designers to develop and evaluate pilot programs and tweak existing models to make them stronger.

As a first step toward moving the men-and-boys approach forward, seminar participants agreed to advance the dialogue between groups working with women and those working with men toward realizing gender equality. To that end, in the months since the seminar, several participating organizations and donors have discussed bringing together representatives from these two groups for high-level talks to strategize about joining forces and planning specific joint actions.



WITH A GROWING GENDER EQUALITY MOVEMENT, IT IS POSSIBLE THAT THE NEXT GENERATION OF YOUNG MEN WILL GROW UP IN A SOCIETY WHERE MUTUAL RESPECT, SUPPORT AND A SHARED SENSE OF RESPONSIBILITY BETWEEN PARTNERS IS THE NORM.

The timing is right to move ahead with the concept of engaging men and boys in larger efforts promoting improved health and, ultimately, greater gender equality. At all levels, a wide range of players is interested in making investments and expanding effort for the mutual benefit of men and women. The recommendations that emerged from the conference should help build on the momentum for moving this work forward.

For more information about this seminar and the actions to which it has given rise, please contact organizers Margaret Greene of the International Center for Research on Women (ICRW) mgreene@icrw.org and Gary Barker of Instituto Promundo g.barker@promundo.org.br.

The “Engaging Men and Boys” Seminar

In organizing the “Engaging Men and Boys” seminar, the International Center for Research on Women (ICRW) and Instituto Promundo sought to clarify an emerging consensus on the importance of working with men and boys to promote healthy lifestyles among men and women, change prevailing inequitable gender norms, and develop some shared perspectives on how to move forward. With this in mind, ICRW and Promundo invited individuals and institutions whom they saw as key players: donor agencies and foundations committed to supporting work on the linkages between gender equity and health, multilateral and U.N. bodies with broad influence in the international arena, and select implementing and research organizations that have conducted important work in this area.

The first session provided an overview of how thinking about involving men and boys to address gender inequality and improve health has evolved in recent years. The session laid out a framework for categorizing programs that work with men in this way, and included a presentation of a WHO-supported review of studies that demonstrate the impact of addressing the social context of reproductive health.

The next session, “Promising Interventions,” looked at evaluations of programs that emphasize behavioral interventions for social change and improvements in health. Though programs that address gender inequalities are few in number and difficult to evaluate, some good ones do exist. Research from settings as diverse as Brazil, India, South Africa and the United States demonstrates that working with men and boys can reduce men’s and women’s risk of contracting sexually transmitted infections (STIs) and HIV and decrease violence against women.

During lunch, the conference agenda addressed the ways in which two reproductive health-related technologies could contribute to shifting gender relations and improving health. One presentation described studies of the impact of male circumcision on preventing HIV, and the eventual decision of WHO and UNAIDS to recommend that the procedure be part of a comprehensive HIV-prevention package. The

second presentation focused on microbicides, emphasizing their potential contribution to HIV and STI prevention for women, particularly when women have limited control over sex circumstances.

None of this work can be taken to a larger scale unless donors are excited about it and support these programs at more than the experimental level. Donor representatives on the next panel supported scaling up successful programs; however, they also cautioned that supporting work with men and boys should not shift resources away from women and girls.

During the afternoon, participants heard about four exciting initiatives already underway to expand work with men and boys. While none of these approaches is the “be all and end all” way to overcome gender inequality and improve health, it is clear that engaging men and boys in these types of programs does improve sexual and reproductive health and generates support for gender equality, and should be brought to a larger scale.

The day ended with a focused brainstorming on specific recommendations for advancing this agenda in the coming months and years. The discussion focused on the challenges facing scale-up, the steps currently underway to take this field to the next level and the key ingredients for developing a consensus on what needs to happen next.

Seminar Overview

Representatives of the Bill & Melinda Gates Foundation, the World Health Organization (WHO), ICRW and Instituto Promundo opened the seminar with several key messages and questions:

- The meeting was structured to address the ways in which men's experience of life events is shaped and constrained by the same cultural norms that also disempower women. We care about these gender-related norms not only because they deprive women – and sometimes men – of their rights, but also because they can impede health care access, service and delivery.
- The international commitment to gender mainstreaming has not reached its potential in international institutions, including WHO. Gender equality and health equity are key to achieving the Millennium Development Goals (MDGs). Yet what does it mean to integrate gender into health? We need to provide governments with evidence-based research on successful programs working with men and boys that can become integral to the work of national institutions.
- How do we try to change expectations that are based on one's gender? What are social norms? How do we measure them? And how do we measure the impact of programs that work to alter these norms?
- In considering men's potential roles in reproductive health and violence prevention, it is important to remember the significant role of technology to enhance people's lives. For example, men have been somewhat left behind by the advances in contraceptive technology, which rarely address men's reproductive biology and roles.
- Organizations working to promote gender equitable attitudes among men and boys must remember the importance of creating partnerships with organizations that focus on women and girls. The field must move away from viewing gender relations as a zero-sum game. How can we work together?



DIFFERENT CULTURES DEFINE MEN AND MASCULINITY IN DISTINCT WAYS. IN THE AKA TRIBE OF THE DEMOCRATIC REPUBLIC OF CONGO, FATHERS ARE WITHIN REACH OF THEIR INFANTS ALMOST 50 PERCENT OF THE TIME, AND WOMEN AND MEN SHARE THE ROLES OF CHILD-REARING, HUNTING, COOKING, AND SETTING UP CAMP.

PHOTO CREDIT: BARRY HEWLETT, PH.D., WASHINGTON STATE UNIVERSITY.

Seminar Proceedings

ENGAGING MEN FROM CAIRO ONWARD

MARGARET GREENE, ICRW

The Role of Men in Shaping Reproductive Health

Family planning programs of the past have assumed that reproduction and contraceptive use were women's responsibility. As a result, men were sidelined in the field of reproductive health. The 1994 International Conference on Population and Development (ICPD) in Cairo introduced the idea of "enabling factors": the social and economic factors underlying behavior that make the realization of rights possible. This broader interpretation allowed for more engagement with men in development work. Since Cairo, international agreements have continued to support gender equitable work with men.

International Agreements Support Gender Equitable Work with Men

- 1994 International Conference on Population and Development, Cairo
- Beijing Platform for Action
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Millennium Development Goals
- Commission on the Status of Women, 48th Session

A solid consensus exists today on the need to involve men. However, large gaps remain between the vision laid out in international agreements and the way programs are implemented. For programs designed to engage men to work together more coherently, we need to work from a shared and more systematic understanding of gender inequalities. Programs can and must contribute to changing the gender attitudes and norms that undermine health. If they do not take up the challenge of working as change agents in this way, they resign themselves to treating the symptoms and never addressing the causes of poor health.

A number of creative strategies exist for engaging men and boys, and these include creating opportunities for men to examine and challenge gender socialization; giving positive reinforcement to boys who support gender equality; and

mobilizing communities to counter harmful practices. These strategies require attention to the broader societal context in addressing reproductive health issues and educating young men and women about the human rights of others.

GARY BARKER, INSTITUTO PROMUNDO

The State of the Research: Evidence from Program Interventions with Men and Boys

WHO and Instituto Promundo together conducted a review and ranking of interventions seeking to engage men and boys. The review examined how many interventions discussed the social bases of male behavior, how gender issues were discussed, and whether the programs were gender neutral, gender sensitive or gender transformative. The review also analyzed how programs were evaluated and ranked them for their design and evidence of effectiveness in achieving gender equality in health.

Two-thirds of the 58 programs reviewed showed that the interventions had changed men's attitudes and/or behaviors. The gender transformative approach seemed to be particularly effective in evoking this change. Despite what we have learned from these programs, we still do not know much about the effectiveness of interventions, how they work over time, or how much they cost. The most successful programs seem to include a few general criteria, such as engaging local men and boys in constructing program messages and promoting a gender-equitable "lifestyle" or alternative male identity.

The research analyzing social and gender norms and men's and boys' attitudes and behaviors shows that gender norms, which define masculinity and manhood and are internalized by men and boys, affect men's and boys' health and that of their partners. We should therefore now focus on how to expand efforts to improve the ways men and women relate to each other and seize opportunities to question the constructions of masculinity and femininity that express themselves in health.

[The full review is available at http://www.who.int/gender/documents/Engaging_men_boys.pdf.]

Key Actions for Future Programs

- Empower men and boys to question harmful and traditional norms regarding manhood.
- Enable men to be able to see what they gain from changing.
- Address multiple areas of health by integrating activities across multiple intervention levels.

Audience Discussion:

Throughout the meeting, participants engaged with speakers in far-ranging discussions, confirming interest in the field, sharing perspectives of successful programs and policies in different countries, voicing challenges they see in scaling up, and suggesting ways to move forward. Each discussion section summarizes the main points discussed and is meant to provide an overview of the ideas circulated during the seminar. The conversations were informal and comments therefore are not attributed to specific participants.

The discussion was launched by remarks from Adepeju Olukoya, WHO. She noted that a central challenge for WHO is: How do we take this work to the policy level? And how do we move from policy to programs? Other observations included the following:

- The effectiveness of engaging men and boys depends on their attendance and participation. The best way to ensure participation is to create male-friendly spaces and to pair interventions with vocational and other programs. An additional entry point for men has been

to invite them to maternal checkups that include trainings which establish the expectation of active fatherhood.

- It is important to find a way to address the need to work with men and boys at the policy level. How can we engage men and boys in the implementation of policies, and what policies do we need?
- A weakness of the research so far is that it has focused on male participants in interventions, not men in the broader society.



PHOTO CREDIT: ADIJANA HUSIC



PHOTO CREDIT: ANNE ECKMAN

ICRW, CARE BALKANS AND INSTITUTO PROMUNDO ARE WORKING TO PREVENT VIOLENCE AMONG YOUNG MEN IN THE BALKANS BY ENCOURAGING THEM TO REFLECT ON MASCULINITY NORMS AND HOW THESE AFFECT THEIR ATTITUDES TOWARD WOMEN AND VIOLENT BEHAVIORS. TECHNIQUES TO EXPLORE MASCULINITY INCLUDE CREATING CARTOONS, VENN DIAGRAMS AND “CLAYMATION” ART, AS SHOWN IN PHOTOGRAPHS AT LEFT.

Seminar Proceedings

PROMISING INTERVENTIONS

RACHEL JEWKES, MEDICAL RESEARCH COUNCIL OF SOUTH AFRICA

The Effectiveness of Stepping Stones in Changing Men and Masculinities in Rural South African Youth: Findings of a Cluster Random Control Trial & Qualitative Research

Stepping Stones is an intervention for HIV prevention that aims to improve sexual health by building stronger, more gender-equitable relationships. Based on a participatory learning approach, it seeks to build on the existing knowledge of participants. Stepping Stones consists of 13 three-hour sessions in which single-sex groups participate for six to eight weeks. The groups of men and women also come together in three group meetings. In total, there are roughly 50 hours of intervention.

A cluster randomized controlled trial of Stepping Stones in rural Eastern Cape, South Africa, showed that the intervention resulted in behavior change among men and women, including fewer sexual partners, increased condom use, less transactional sex, less substance use and increased couple communication. Even though the program focused largely on gender issues, it had positive effects on other areas of life, such as crime, violence and risk taking. Stepping Stones is an example of a gender transformative HIV prevention program that is successful in creating gender-equitable relationships and improving health.

JULIE PULERWITZ, POPULATION COUNCIL AND PATH

Promoting Gender Equity among Men to Reduce HIV/STI Risk

Through the partnership of the Horizons Program, Instituto Promundo and CORO/VSKM of Mumbai, two programs were evaluated for their effectiveness in promoting more equitable gender norms: Program H in Brazil and the Yaari-Dosti, literally “bonding among men,” a version of Program H adapted for the Indian context. The evaluations found that efforts to promote more gender equitable attitudes succeeded in altering reproductive health-related behaviors in both settings.

- Program H in Brazil used an ecological model, understanding men within their social context. The program’s focus – critical reflection around gender norms – integrated three interventions: group education, community-based mass media and male-friendly health services. The assessment of the program looked at combinations of the different interventions (group education with and without mass media in settings where services for men were available), using the Gender Equitable Men (GEM) scale. The combined approach was most effective, but young men in both intervention arms were more likely to support equitable gender norms, significantly less likely to report sexually transmitted infection (STI) symptoms over time and were more likely to use a condom at last sex.



PROMOTIONAL MATERIAL FOR A BEHAVIOR CHANGE COMMUNICATION PROGRAM, CALLED YARI-DOSTI (WHICH MEANS FRIENDSHIP OR BONDING BETWEEN MEN), DESIGNED TO PROMOTE GENDER EQUITY AMONG YOUNG MEN IN LOW-INCOME COMMUNITIES IN MUMBAI, INDIA.

- The Yari-Dosti program in India used an adapted GEM scale, which was more appropriate to the context but maintained the two-arm intervention approach. Like Program H in Brazil, the Yaari-Dosti program contributed to improved scores on the GEM scale and improved behaviors such as increased condom use and decreased partner violence.

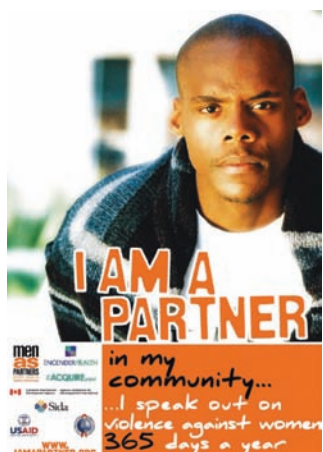
[For more information, please see <http://www.popcouncil.org/pdfs/horizons/brgendernorms.pdf> and <http://www.popcouncil.org/pdfs/horizons/ingndrnrm-sum.pdf>.]

ANDREW LEVACK, ENGENDERHEALTH

Men As Partners

EngenderHealth's Men As Partners (MAP) program works with men to play constructive roles in promoting gender equality and health in their families and communities. MAP programs integrate three key approaches: men as clients, men as partners and men as agents of change. MAP has three basic aims:

- (1) Increase men's access to and use of comprehensive reproductive health services;
- (2) Enhance men's awareness of and support for their partners' reproductive health choices; and
- (3) Mobilize men to take an active stand for gender equality and against gender-based violence.



POSTER USED IN ENGENDERHEALTH'S MEN AS PARTNERS PROGRAM IN SOUTH AFRICA. THE POSTER IS PART OF A CAMPAIGN TO ENCOURAGE MEN'S INVOLVEMENT IN RESPONDING TO GENDER-BASED VIOLENCE AND THE AIDS EPIDEMIC.

A program in Punjab Province, Pakistan, is an example of the men as clients approach and focuses on male-friendly services.

This approach resulted in an increase in vasectomies and use of STI services. The men as supportive partners approach was used in Nepal in a program designed to promote men's role in safer motherhood. The program led to an increase in both women's and men's use of reproductive health services. In South Africa, the men as agents of change approach was implemented to establish new gender norms among workshop participants with the idea they would disseminate the new norms outside the workshop as well.

[For more information, go to <http://www.engenderhealth.org/ia/www/index.html>.]

RAVI VERMA, POPULATION COUNCIL AND ICRW

Engaging Men in STI Prevention and HIV-Risk Reduction in Low-Income Communities in Mumbai: A Cultural Approach

The Research and Intervention in Sexual Health: Theory to Action (RISHTA) program in India looked at sexual health from a relationship and masculinity perspective. The program reached out to men by focusing on gupt rog, ("secret illness" in Hindi), as the entrée for attracting men to seek HIV/STI prevention and treatment services. The program sought to establish a partnership between the allopathic and AYUSH (including the range of alternative Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy) health systems while challenging gender and sexual cultural norms in group and community settings. Intervention activities included establishing male health clinics in urban health centers, training allopaths and AYUSH providers in Narrative Prevention Counseling, organizing community and group education, and establishing referral linkages. Narrative Prevention Counseling guides health providers' approach to history taking, diagnosis and treatment to identify

factors such as the patient's beliefs, lifestyle, marital relationship and behavior that increase the potential for risky sexual behavior. This approach also provides an entrée for health education and risk reduction.

Preliminary findings from the program indicate that working on men's sexual health concerns, or gupt rog, was an effective way of engaging men in STI prevention and reducing their HIV risk. Men who visited providers trained in Narrative Prevention Counseling showed a reduction in violent behaviors toward their spouses.

JUAN CARLOS AREÁN, FAMILY VIOLENCE PREVENTION FUND

Engaging Men to End Gender-Based Violence in the United States: Coaching Boys Into Men

The Family Violence Prevention Fund implemented a "Coaching Boys Into Men" program after conducting research on men's impressions of domestic violence, their familiarity with it and their willingness to get involved in efforts to stop it. The formative research, which consisted of a national survey and focus groups, showed that the majority of men think domestic violence is a problem and that more than 50 percent have had domestic violence touch their lives in some way. The focus groups also indicated men's willingness to get involved in efforts to stop domestic violence, especially if efforts involved mentoring boys.

The insights gained through the preliminary research led the Family Violence Prevention Fund to take public action using a social and ecological model of engaging men and boys through prevention rather than just intervention. The prevention program consisted of public service announcements, a U.S. and international coach's playbook to be used for wide-ranging talks with the boys whom men coach in sports, and tips for men on how to talk to boys about

The presentations in the “Promising Interventions” session raised a key question:

We seem to be able to bring about individual or personal change, but can we catalyze societal change?

domestic violence. Analysis of the mass media prevention activity showed that men who saw the PSAs were more likely than those who did not to say that violence against women was an important problem.

Recent national survey data associated with the Coaching Boys Into Men Campaign indicate that 56 percent of men – and 60 percent of those age 18 to 34 – have reason to believe a member of their immediate or extended family, a close friend or acquaintance has been in a domestic violence or sexual assault situation. Findings also indicate that men are taking action. Two of three fathers (68 percent) have talked to their sons, 63 percent have talked to their

daughters, and 55 percent of the men surveyed have talked to other boys who are not their sons about the importance of healthy, violence-free relationships.

[For more information go to <http://www.endabuse.org>.]

ABHIJIT DAS, CENTER FOR HEALTH AND SOCIAL JUSTICE

Working with Men and Boys in India on Gender Equality and Violence against Women and Remarks on the Limits and Challenges of Working with Men

Two organizations in India, SAHAYOG (A Resource Center on Working with Men and Boys on Gender Equality) and MASVAW (A Men’s Movement Against Violence against Women and For Gender Equality) have been working to counter gender inequities and decrease violence against women. Their activities include media advocacy; developing a resource pool of gender equity trainers; developing training modules on gender, masculinity, sexuality and reproductive health; organizing youth groups to encourage young men to discuss issues of masculinity and gender equality; and conducting research on the various

interventions. These programs and their evaluations have provided many insights into working with men and boys to achieve gender equality and decrease violence against women.

They have identified a number of imperatives:

- Move the debate beyond development and poverty and address the gender inequities present at all levels of development and wealth;
- Relate to women’s groups and the women’s movement, acknowledging that women’s groups can see programs addressing men as a threat;
- Understand gender-power relationships holistically and in terms of privilege and subordination;
- Understand the responsible use of power: from power over someone, to power to act on one’s own behalf, to power to act with others on behalf of all;
- Link work with men and gender equality to other social change efforts; and
- Incorporate violence prevention into all interventions.

Seminar Proceedings

MALE CIRCUMCISION AND FEMALE MICROBICIDES: IMPLICATIONS FOR ENGAGING MEN

Although the emphasis of the Engaging Men and Boys meeting was on behavioral interventions, ICRW and Instituto Promundo recognized the need to acknowledge the significant impact that technologies can have on risk and negotiation among couples. Two speakers were invited, each of whom is a global expert on a reproductive health technology that has recently been developed, discussed or promoted.

ROBERT BAILEY, UNIVERSITY OF ILLINOIS AT CHICAGO, SCHOOL OF PUBLIC HEALTH

Male Circumcision: A New and Effective Intervention for Prevention of HIV/AIDS

Three randomized controlled trials were conducted in Kenya, South Africa and Uganda to study the association between male circumcision and HIV risk. Previous ecological, cross-sectional and prospective studies had been done but were not sufficient to determine the utility of circumcision as an HIV preventive measure. The clinical trials were conducted in rural, urban and semi-urban areas and focused on men ages 15-49 and 18-24. Men were followed for 24 months and received HIV testing and counseling, STI diagnosis and treatment, and intensive behavioral risk reduction counseling at three, six, 12, 18 and 24 months post-enrollment. All three trials were stopped earlier than planned because the protective effect of circumcision was strong and highly significant, making it unethical to continue to withhold circumcision from the control (uncircumcised) group. The risk ratios for the three

trials varied between 0.40 and 0.49, i.e., the risk of contracting HIV was 51 percent to 60 percent lower among circumcised men than among uncircumcised men. The overall protective effect for men across the three trials of circumcision against HIV acquisition was 57 percent.

Simulations have shown that significant uptake of male circumcision would result in dramatic reductions in HIV infection rates and prevalence. The cost-effectiveness of male circumcision is being estimated. The fact that it is a lifetime intervention reduces its overall cost. A review on the acceptability of circumcision found that the biggest obstacle was cost, along with fear of pain and concern for safety, particularly among non-circumcising communities. An assessment of the safety of the procedure found that adverse effects were lowest in public facilities and highest with traditional providers (more than 30 percent). Circumcision services need to involve safe sex training, gender sensitivity training and couple counseling. Before circumcision can be made widely available, staff must be trained, equipment and supplies need to be obtained, and services need to be fully integrated into existing HIV prevention and reproductive health programs.

LORI HEISE, GLOBAL CAMPAIGN FOR MICROBICIDES, PATH

Reaching Men to Advance Woman-Controlled Prevention

Microbicides are a group of substances that reduce transmission of HIV or other STIs when applied vaginally or rectally. Researchers are currently working on various microbicide types such as gels, applicators, sponges and rings. If one of the four microbicide products currently being tested in Phase III trials proves to be efficacious, it will be made available in a limited range of countries in 2008-2009.

The circumcision trials in Uganda, Kenya and South Africa provide consistent and compelling evidence of the protective effects of circumcision in reducing HIV infection. As a result, on March 28, 2007, the World Health Organization and UNAIDS formally recommended that male circumcision be considered as part of a comprehensive HIV/AIDS prevention package.

The challenges surrounding microbicides exist not only in getting them approved, produced and distributed, but in overcoming the gender inequalities that have led to the need for them. Microbicides need to be understood in the larger context of women's protection strategies: social power, economic opportunities and technology. They can be viewed as an intermediate method of preventing infection, which allows women to feel protected and experience a greater

sense of intimacy with a partner than a condom allows.

It will be important to prevent the "stigmatization" of microbicides the way condoms have too often been stigmatized as a sign of promiscuity. Condoms bear many associations with non-primary partners and commercial sex, and trust is a factor influencing their use. Microbicides, in contrast, do not seem to raise questions about trust between sexual partners.

Currently free of negative associations, they can be marketed as a way to increase sexual comfort and pleasure, decreasing the likelihood of male disapproval. How can we encourage the positive aspects of this? We need to emphasize pleasure and comfort, avoid an initial association with commercial sex, and avoid the development of negative gender-based scripts surrounding microbicide use, for example, that it is only men who initiate sex.

Seminar Proceedings

TAKING PROGRAMS TO SCALE: DONORS AND IMPLEMENTING AGENCIES REFLECT

AMINATA TOURÉ, UNITED NATIONS POPULATION FUND

Scaling up interventions with men and boys requires us to keep several things in mind:

- We need to understand the cultural, social and religious context;
- We need to engage men with positive messages, and not treat them as disease vectors and little else;
- We need to focus on the formative years by working through the educational system and other influential entities; and
- We need to identify and select effective messengers and role models.

Possible mechanisms for scale-up include:

- Mainstream initiatives between ministries (Ministry of Justice, Ministry of Education, etc.);
- Gender budgeting;
- Position the work within broad development frameworks that have existing funds;
- Work with existing mechanisms such as the United Nations Human Rights Commission;
- Use existing regional entities to develop regional policies (for example, the Caribbean Community or CARICOM); and
- Integrate gender equitable interventions into new, unrelated programs such as rural development or employment programs.

MAYRA BUVINIC, WORLD BANK

First, a caveat: These comments do not reflect the official position of the World Bank, but individual reflections.

Two challenges face us: one practical and one conceptual. The practical challenge is to ascertain whether work with men detracts from work with women. In the long run, work with men helps women. In the short run, focusing on a number of very important male issues – dropout rates, incarceration – could detract from work with women, especially if, under the rubric of “gender,” they compete for the same funding. The exception to this more general argument arises in areas such as sexual and reproductive health, where men’s choices directly constrain women’s. In these areas, investing in men translates into measurable benefits for women.

Conceptually, the challenge is to identify appropriate frameworks for working with men. The gender inequality framework is usually thought of in terms of improving the position of women relative to men. However, our focus should be on inequality of opportunities rather than of outcomes. The different inequalities – in voice, resources and rights – reinforce each other, creating inequality traps. Redressing gender inequality has short-term costs, but also long-term benefits.

Which frameworks can we use in working with men? Three possibilities include:

(1) Where the main interest is changing outcomes for women, the gender inequality framework works well. Men’s behavior is seen through the women’s lens/ choices.

(2) Where the main interest is to affect the outcomes for men, choosing a framework is more difficult. Which conceptual framework “fits” the increasingly common paradox of men having the upper hand in terms of opportunities but experiencing poorer outcomes than women (male mortality in Russia, male school dropouts in Latin America)? Here, the gender equality framework doesn’t work well, and we don’t have a great substitute.

Challenges Raised by Panelists on How to Scale Up Programs:

- Should efforts to engage men and boys run parallel to women’s initiatives or should they share resources?
- Gender-sensitive men often face stigmatization. How will having a few feminist men in a world of violence work?
- This work requires long-term investment.

(3) A variant of number two above is where the interest is affecting outcomes for men, and where there is substantial accumulated evidence – in fact, whole bodies of knowledge – explaining male behavior. In this case, gender is only one of the many, and perhaps not the most important, variables explaining male behavior. An example is violence – plenty of research examines why men are perpetrators and victims of violence. Here, limiting the understanding of male violence to a gender-based approach can severely restrict the policy options available to reduce men’s violent behavior, in general, and toward women, in particular.

To strengthen the mainstreaming of gender equality concerns in World Bank operations, the Bank has recently launched a four-year Gender Action Plan, “Gender Equality as Smart Economics.” The plan’s objective is to empower women economically. [You may read the Gender Action Plan at <http://siteresources.worldbank.org/INTGENDER/Resources/GAPNov2.pdf>.]



PHOTO CREDIT: SARAH CRAVEN

SUPPORT FROM NATIONAL GOVERNMENTS CAN BOLSTER EFFORTS TO ENGAGE MEN AND BOYS IN THE PROMOTION OF GENDER EQUALITY.

MICHAL AVNI, INTER-AGENCY GENDER WORKING GROUP, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

The involvement of men in USAID’s reproductive health programs has followed the evolutionary pathway presented in the morning session, moving from the omission of men, to their inclusion playing an instrumental role facilitating women’s use of services, to engaging men in promoting gender equality as part of health-related activities. The Agency’s current work on the “constructive engagement of men” focuses on social norms. The President’s Emergency Plan for HIV/AIDS Relief (PEPFAR) also has tried to address male norms and behaviors quite comprehensively.

To take work forward, donors should:

- Work more closely with academic teaching institutions to ensure that constructive engagement of men becomes a standard part of public health and international development training, including reproductive health;
- Contribute to a concerted effort – that includes researchers and programmers – to destigmatize men who discard traditional masculine norms and support work to engage men and boys in women’s sexual and reproductive health;
- Invest actively to overcome policy barriers to involving men;
- Invest routinely in programs that help promote normative change via communications (media, etc); and
- Invest in family planning, a key substantive area of central importance within reproductive health that has been neglected in recent years.

“We would be shooting ourselves in the foot if we were expecting NGOs to scale up [to the extent needed].... Governments are the ones that have the responsibility and resources to make this a sustainable endeavor.”

Adepeju Olukoya,
World Health Organization

Audience Discussion

Each section summarizes the main points discussed and is meant to provide an overview of the ideas circulating during the seminar. The conversations were informal and comments therefore are not attributed to specific participants.

COMMENT: It seems that some of the areas pointed out as problems specific to men (higher mortality) are due to prevailing norms related to masculinity. In this way, male involvement in reducing violence easily fits into the gender equity framework. This involves formally bringing the idea of masculinity explicitly into the discussion of these issues.

RESPONSE: Masculinity is important, but changing it is a long-term proposition and is very intensive. The point is that by always looking at this via the lens of masculinity/ femininity or gender socialization, you can overlook important policy interventions that don’t have much to do with gender directly yet may have implications for gender equality.

COMMENT: It seems that we have many examples of how small group change processes (people getting together to discuss/think about things) can catalyze a lot of change. But how do you move from 15 men in a room to a big program? Donors have created fields of work before – can a big donor create a field/career path doing this kind of work? It is a huge challenge to cultivate and position professionals who are “fluent” or trained and experienced in this area of work.

RESPONSE: Research shows that the intervention may not be as important as the degree of accountability that men feel. In South Africa, the Treatment Action Campaign (TAC) also does work on violence. Community mobilization can be key to generating accountability and contributing to the realization of rights. This work can be tied in to efforts in criminal justice and other areas.

COMMENT: In Latin America and the Caribbean, with a strong women’s movement, how do we work along with the feminists and ask them as allies to invite men to join them in addressing issues of masculinity?

Additional experiences of working with men

Dara Carr, consultant with the Nike Foundation: The Nike Foundation has recognized that women-focused organizations can embrace working with men to achieve women-focused goals. The Nike Foundation has recently committed funds to several initiatives that support “gender equitable” males. In Kenya, for example, Nike is working with PATH to develop a “gender equity” badge in the Scouts program, and anticipates significant opportunities for scaling up this work.

Eva Nordfjell, Save the Children-Sweden: Finding that there was demand from women to work with men and that fatherhood was an important issue, Save-Sweden started working in Southeast Asia in women’s grassroots organizations and in partnership with civil society. Save developed networks of organizations throughout Southeast Asia that work with men to share ideas and best practices. They have learned the importance of working with younger boys.

Directions for the Future

Speakers in this next seminar panel presented four large new initiatives with great promise for increasing involvement of men and boys in efforts to promote gender equality.

1. The Men and Gender Equality Policy Project

GARY BARKER, *Instituto Promundo*

We are at the start of a three-year research and advocacy initiative jointly coordinated by Instituto Promundo and ICRW. Working initially in Brazil, India, Mexico and South Africa, and expanding to include Chile, England and perhaps other countries as well, the study welcomes more countries and researchers who are interested in joining and becoming part of the effort.

This initiative has several components:

- A scan of policies that promote gender equality; policies that should but do not; and those that do not explicitly address gender but have an effect on male attitudes and behaviors nonetheless.
- A qualitative study involving a set of interviews with men and boys who have taken on nontraditional care-giving roles.
- Implementation of the International Men and Gender Equality Survey (IMAGES), adapted in part from Norway's Men and Gender Equality Survey, and including a standard set of questions that addresses men's behaviors as they relate to gender equality. Both men and women will answer these questions about men.
- A documentary film that captures images and ideas about men and change.
- National consultations on the research findings to develop a comparative policy analysis and toolkit for country governments to engage men and boys.

This project is just at the start of a three-year process. The work is not yet fully funded, and the partners welcome ideas about sources for additional support. Check www.promundo.org.br and www.icrw.org for more information.

2. MenEngage: Boys and Men for Gender Equality

ANDREW LEVACK, *EngenderHealth*

MenEngage (www.menengage.org) is a global alliance of a wide range of organizations working to promote gender equitable male involvement and advance this work in the policy and program arenas. The founders recognized the

lack of cohesiveness within the field, and the need to take this work to scale by putting our shoulders to one joint effort. MenEngage's goal is to build a global network with increased commitment and capacity to implement and document effective interventions and to take the issue into the public sector and influence policy. The main areas through which the network accomplishes its mission are advocacy and policy, a learning and leadership network, and resource sharing. MenEngage's work in South Asia, supported by UNDP and Save the Children-Sweden, is a model for its broader efforts. MenEngage currently is developing networks in East and Southern Africa, Europe, Latin America and the Caribbean, North America, and Southeast Asia.

3. International Violence Against Women Act: Engaging Men to End Gender-Based Violence – Turning Research into Policy

KIERSTEN STEWART, *Family Violence Prevention Fund*

This legislative initiative has been three-to-four years in the making and will be introduced in the U.S. Congress in September 2007, with support from Sens. Biden and Lugar. Congressman Lantos is the bill's primary sponsor in the House. Some 140 organizations have consulted on the effort, and its initial outline has been translated into multiple languages to obtain as many opinions as possible. The bill represents a financial and diplomatic effort to address gender-based violence and how it relates to health, education and other sectors. It stipulates that to obtain funding, a given program must integrate work in multiple sectors. For example, working with men and boys to change social norms and gender equitable attitudes will be integrated into women's economic empowerment, health and child survival, and police force, peacekeeper and humanitarian aid worker programs. Work on women's empowerment should be integrated with efforts to involve men.

4. 2008 GLOBAL SYMPOSIUM – Going to Scale: Engaging Men and Boys in Achieving Gender Equality, to be held Nov. 10-14, 2008, in Rio de Janeiro

TODD MINERSON, *White Ribbon Campaign*

The overarching goal of the conference is explore how to build on and increase current work that is engaging men

and boys as a means to promote gender equality. The evidence that improved health outcomes from programs that work to challenge gender norms exists, but communities need to mobilize on a large scale. The conference will focus on skills-building, capacity-building and resource sharing among organizations committed to working with men and boys. It also will be an opportunity to share and display best practices of policies and interventions, and to strengthen the growing networks among organizations committed to working with men and boys to achieve gender equality.

[To learn more, go to www.engaging-men2008.org (to be active soon).]

Audience Discussion:

This discussion took as its point of departure the presentations on “future directions,” but also referred to larger themes raised throughout the day. Each discussion section summarizes the main points discussed and is meant to provide an overview of the ideas circulating during the seminar. The conversations were informal and comments therefore are not attributed to specific participants.

COMMENT: How do we gain the confidence of the broader women’s movement when we are all faced with the challenge of vying for the same resources?

RESPONSE: Listen to women! Create forums in which women can voice what they want and think. This will demonstrate the commitment of feminist organizations working with men to keeping those voices central as this work evolves. Dealing with this challenge should be incorporated into the Conference in 2008. Note: ICRW and InterCambios are the only two women’s organizations currently listed as members of the host committees. It is important to include organizations from the women’s movement from the beginning so that the dialogue and partnership are real.

COMMENT: Many plans for gender equality exist at the national level. But

where precisely does work to promote gender equitable attitudes among men and boys fit?

RESPONSE: It is important to work with all government agencies/structures that address gender so that we are on the same page and have the same goals. In South Africa, for example, the bilaterals’ work does not coordinate with or follow the national action plans on gender equality. When going from “boutique level” to large-scale, donors and nongovernmental organizations (NGOs) need to consider these action plans and operate to complement them.

COMMENT: It is also important to distinguish between what is appropriately in the realm of government and what is the domain of civil society. Initiatives to ensure gender equality and cessation of violence through policies and legislation clearly fall into the first category, while the movement to promote gender equity among men more appropriately falls into the second. There is space for both. Not all work needs to be coordinated with the government.

COMMENT: We should not depend solely on NGOs for scale-up. The lessons learned need to be passed on to those working in government agencies. We’ve learned a lot around ICPD (the Cairo conference) and how NGOs and governments can partner. For example, the planning process at the government level is a strategic time to incorporate gender equality. NGOs can help sell this content to the Ministry of Health and others, and demonstrate how they can incorporate this throughout the country. This is how you scale up. Government ministries, including “Women’s Affairs” agencies, have the national reach, no matter how corrupt they may be.

COMMENT: The title of this conference did not refer explicitly to gender equality, but we need to keep our focus on that link because programs that address men and boys can support patriarchy and be harmful to women’s interests. We are dealing with a cross-cutting theme: We should be putting gender equality into every single program that is funded. We need to build the case

for this and be bold. There is unlikely to be much disagreement from women’s groups, as they know what is needed and will be supportive.

COMMENT: What is the correct language? “Male feminists working toward gender equality?” Can’t we just say “feminist movement”? Aren’t we all a part of this? Referring to a “men’s movement” is dangerous, and there is general consensus we shouldn’t use that language. Nor are we all either men’s or women’s organizations. We represent organizations working on men’s and women’s approaches to gender equality and we should not divide. However, using the feminist movement and male involvement as a basis of achieving gender equality may backfire in some cultures (e.g., in Muslim countries it may be counter-productive to refer to the “feminist movement” to describe this work). We need to be more tolerant, and to be creative in coming up with compelling language to describe the issues we care about and the kind of work we do.

COMMENT: We need to acknowledge that the branch of the feminist movement represented by those of us working to promote gender equitable attitudes among men and boys is new and different from a more established feminism focused on women. Women’s organizations are often not fully open and feel reluctant to yield power since they have worked hard to achieve what they have. We need to acknowledge this and take it into account in our strategizing. We need a paradigm shift. If we want to work with men to promote gender equality, we need to reassure women’s organizations that this can happen without taking anything away from them. If we take the time to develop this trust and confidence, we stand a better chance of success. Competing for resources is a reality, but donors are more willing to fund people who work together. Advancing the dialogue between women’s groups and groups working with men to achieve similar social change would be a major contribution.

Synthesis and Summary Remarks

JOHN TOWNSEND, POPULATION COUNCIL

A Strategy for Expanding Work with Men

VISION: Our difficulty is that we are coming up with a plan with a time horizon of 5–10 years from now, and that far out, the vision is not always clear. But the timing is appropriate. At all levels, a consensus is developing among a wide range of players that investments are needed to challenge gender inequalities and expand this work for the mutual benefit of men and women.

CONCEPTUAL FRAMEWORK: We need to articulate a clear conceptual framework that will guide our work going forward. For example, we are all discussing rights issues, but we make little explicit reference to rights.

PROGRAMS: We have been clear about some of the desired outcomes of this work, including health benefits and reduction of gender inequalities. Our challenge is that existing interventions are enough to get started on and raise interesting ideas, but are not enough to go big and mainstream. What we need are:

- Projects – these are currently small but promising. Are we ready to scale up? We are willing to take this on, but we don't have the models we are confident can be taken to really large scale, and have limited capacity to implement them.
- Social movements – to help us go to scale.
- Technologies – to infuse this work with some new tools that might help alter gender dynamics (e.g., male contraceptive methods, microbicides, etc.)
- Priorities – to help us decide how to invest.

NORMS: What we are learning about how to change gender norms and the effect of doing so is very interesting, and we need to keep this work on our radar.

Policy change:

- Our policy targets need to be clearer, and we need to resolve these in the near future. What policies are we talking about? What do we want to happen? We need to start the policy discussion at a large scale. Fortunately the Men and Gender Equality Policy Project is underway.

- What is missing for taking this work to the policy level? We have measurement scales, we have evidence in the power of the stories recounted here, but what are the costs and savings of working to reduce gender inequalities? No doubt they will be substantial. We need to disseminate any economic research done on addressing gender equality. What are cost-efficient programs that promote gender equality?
- How much change is enough to make a fundamental difference? Is the policy work, programming, defining a model/framework enough? Who benefits and when? Who pays and when?
- Dialogue with women's groups is fundamental and needs to be an explicit goal of this broad effort to expand work with men and boys. Who needs to be invited to the table?

The people working to promote gender equitable attitudes among men and boys are passionate, and that passion will take this work far as it is shared with others. However, the language we use to talk about engaging men and boys in this way is a major obstacle and does not reflect the significance of the social transformation that is being attempted in this work. We need to come up with a new way of talking about our hopes and aspirations for gender equality that is clear to all of us and to our allies and our societies.

It is crucial to link with other people and groups in bringing about gender equality. We need to think about larger platforms, both political and nonpolitical, if we want to see these changes in our lifetime. Resources are unlikely to be a problem; we will need focus and hard work.

[All presentations from this seminar are posted on ICRW's Web site: <http://www.icrw.org/html/workinaction/menandboys-conference.htm>.]

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Engaging Men and Boys To Achieve Gender Equality: How Can We Build on What We Have Learned?

Agenda

- 9:00-9:30 **Overview of the Day**
MARGARET E. GREENE, *International Center for Research on Women (ICRW)*
GARY BARKER, *Instituto Promundo*
SUSAN RICH, *The Bill and Melinda Gates Foundation*
ADEPEJU OLUKOYA, *World Health Organization (WHO)*
- 9:30 – 10:30 **Engaging Men from Cairo Onward**
MARGARET E. GREENE, *International Center for Research on Women (ICRW)*
GARY BARKER, *Instituto Promundoh*
COMMENTS: ADEPEJU OLUKOYA, (*WHO*)
- 10:30 – 12:30 **Promising Interventions Panel**
RACHEL JEWKES, *Medical Research Council*, on cluster random control trial to evaluate Stepping Stones
JULIE PULERWITZ, *Population Council/PATH*, on Horizons data from Brazil, India and Mexico
ANDREW LEVACK, *EngenderHealth*, on the Men as Partners program
RAVI VERMA, *Population Council/ICRW*, on Rishta data
JUAN CARLOS AREÁN, *Family Violence Prevention Fund*, on their work
COMMENTS: Limitations and Challenges, ABHIJIT DAS, *Center for Health and Social Justice*
- 12:30 – 2:00 **Male Circumcision and Female Microbicides: Implications for Engaging Men**
ROBERT BAILEY, *University of Illinois*, on male circumcision
LORI HEISE, *Global Campaign for Microbicides at PATH*, on microbicides and implications for engaging men
MODERATOR: ANJU MALHOTRA, *ICRW*

WASHINGTON, D.C. MAY 29, 2007

Agenda

- 2:00 – 3:30 **Taking to Scale: Donors and Implementing Agencies Reflect**
AMINATA TOURÉ, *UNFPA*
MAYRA BUVINIC, *The World Bank*
MICHAL AVNI, *Inter-Agency Gender Working Group, U.S. Agency for International Development (USAID)*
MODERATOR: MARGARET GREENE, *ICRW*
- 3:30 – 3:45 BREAK
- 3:45 – 4:15 **Directions for the Future**
The Men and Gender Equality Policy Project – GARY BARKER, *Instituto Promundo*
MenEngage: A Global Network – ANDREW LEVACK, *EngenderHealth*
International Violence against Women Act – KIERSTEN STEWART, *Family Violence Prevention Fund*
2008 International Conference – TODD MINERSON, *White Ribbon Campaign*
- 4:15 – 5:45 **Synthesis and summary remarks**
JOHN TOWNSEND, *Population Council*
- 5:45 – 7:00 RECEPTION/LAUNCHING OF WHO-SPONSORED EVALUATION REVIEW

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