

# Engendering Men

## A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality

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### Evidence Report

September 2015



Engendering Men  
Evidence on Routes to Gender Equality

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# Preface

Designed to help answer the question, ‘what works best when it comes to engaging men and boys for gender equality?’, this evidence review critically assesses trends and shifts in related social norms and structures over the past 20 years, successful policies and programmes and implications for best practice, and future directions for promoting men’s and boys’ support for gender equality across a variety of priority thematic areas.

Each of the subsequent chapters reviews the changes that have taken place in the past 20 years across one thematic area, and the roles played by formal and informal institutions and policies in these changes. This framework is used to set the broader context for the discussion, which subsequently looks at specific programmes and policies supporting changes in gender relations, including those that focus on women and girls, as well as those that are not specifically aimed at gender equality. Finally, implications, questions and priorities for learning, gaps in evidence and knowledge are highlighted. The goal is to move beyond a narrow individualistic programmatic focus and attempt to achieve a broader and more comprehensive understanding of the interplay between laws, policies and institutional practices in achieving gender equality and the most effective pathways for sustainable change that take into account individual, community and structural factors. The chapters cover themes as follows:

1. Introduction: Framing the evidence and shifting social norms
2. Poverty, work and employment
3. Fatherhood, unpaid care and the care economy
4. Education
5. Sexual health and rights
6. Health and wellbeing
7. Sexual and gender-based violence
8. Conflict, security and peace-building
9. Public and political participation

This evidence review is part of a two-year learning and evidence project, EMERGE – or ‘Engendering Men: Evidence on Routes to Gender Equality’ – being undertaken by the Institute of Development Studies, Promundo-US and Sonke Gender Justice between January 2014 and January 2016, with funding from the UK Department for International Development (DFID). The evidence review, combined with other project elements, aims to cultivate stronger leadership for working with boys and men to promote gender equality, by gathering, interrelating, analysing and strategically disseminating evidence and lessons in targeted and accessible formats for improved learning, policy and practice.

# Methodology

The process of literature review commenced with a framing of priority questions based on four key learning objectives,<sup>1</sup> and applied to nine specific themes identified as well as additional related questions identified by the project team, in consultation with the Expert Advisory Group (EAG) and with selected DFID contacts. A consortium approach was taken to the work, with IDS Research and BRIDGE staff working in partnership with key members of Sonke Gender Justice in South Africa and Promundo-US in the United States as a means to maximise thematic and country expertise and to pool resources, knowledge and capacity in the most effective way for achieving the proposed objectives. Additionally, chapters have been peer-reviewed internally as well as reviewed by experts included in the project's EAG.

The literature review process focused on identifying the most salient, relevant literature (datasets, books, articles, programme reports) published approximately over the last ten years (including some key publications from an earlier date). Since the questions under investigation go far beyond the issue of effectiveness of specific interventions, our approach looked at studies with a traditional programme focus, and mapped other policies and processes of change (labour force shifts, poverty alleviation, immigration, educational attainment and trends, democratisation and others) that have documented impacts on lives and relationships. Studies were selected by relevance to the questions and the rigour of the methodology (as appropriate to the specific topic and discipline in question), as well as by the strength of the evidence presented.

The searches began with a review of key academic websites and specialised websites on gender (Web of Science, Science Direct, Global Health, Anthrosource, PubMed, Anthropology Index Online, Eldis, AfroLib, Cochrane, IGWG, Wikigender, Popline, SAHAYOG, XY-online etc.). This was then complemented with a review of key UN and international non-governmental (NGO) websites, in particular those related to gender, health, and poverty alleviation. These were also accompanied by between one and three key informant interviews per thematic area, which served to facilitate the interpretation of existing evidence/literature and highlight key additional information.

Limitations to the methodology include a variable focus across regions (with some thematic areas focusing on low-income countries, and others highlighting programmes and policies in middle- and high-income countries, across the global South and North). Additionally, searching was primarily limited to English language publications for feasibility reasons. Portuguese, Spanish or French filters were applied in certain searches when English language abstracts for those publications were available. The specific keywords for search terms and their combinations were defined by project leads, and dependent upon the priority theme area being explored.

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<sup>1</sup> The project's learning objectives remain to increase our understanding of:

- (1) Which (and how) political, social and economic processes can bring about sustainable long-term attitudinal and behavioural change towards gender equality among boys and men (including improved understanding of obstacles to change);
- (2) The interplay between such change and formal or informal institutions (e.g. workplace, family, schools, armed services and religious institutions) and policies;
- (3) The various (positive or negative) roles of boys and men in influencing or enabling interventions aimed at girls and women; and
- (4) How development interventions and approaches (whether in economic empowerment, health, education, child welfare etc.) can effectively support long-term attitudinal and behaviour change, facilitating men's and boys' support for gender equality (and, thus also, which may hinder such support).

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# Chapter abstracts

## **Chapter 1 Introduction: Framing the evidence and shifting social norms**

What are social and gender norms and how do they change? What are some of the broad trends that drive and constrain progress towards gender equality? More than 20 years have passed since men's roles, responsibilities and potential contributions were first recognised as a critical component in the fight to achieve gender equality. While globally during this time, values in support of gender equality and women's empowerment have been trending upwards, full gender equality is still far from realised. Harmful gender norms remain entrenched in many cultures across the world. Changing the way men accept and live gender equality in their own lives is part of a broader social and political process of change. This chapter explores the broader processes that drive and constrain change across education, health, caregiving, political and economic participation and more. It explores how long-standing gender norms and expectations are informed and reinforced by social groups and institutions, and embedded in social and power relations. It provides context as to how large social, political and economic forces drive change at both the societal and individual levels, and outlines promising interventions, gaps and blind spots, and recommendations for the future of the field.

## **Chapter 2 Poverty, work and employment**

Globalisation and macroeconomic policy over the past 30 years have increased women's participation in formal and informal paid work, whilst their responsibilities in unpaid domestic work have not been significantly reduced. Many other gendered economic inequalities remain (such as in pay, land rights and inheritance) and there is a mismatch between increases in women's economic assets and other expressions of empowerment including decision-making and participation in public and political life. Evidence shows a range of roles for men in women's economic empowerment from obstructive through to supportive, and it highlights the importance of understanding contextual and cultural notions of gender and masculinity for economic change. Experiences of engaging men in programmes for women's economic empowerment, predominantly through microcredit, show positive outcomes in women's psychological wellbeing, household relations and economic empowerment. The significance of specific strategies for working with men however is less well understood. Future research should explore policy and programme responses that take into account men and gender relations at greater scale. There is also a need for more research on men and masculinities in 'power', 'at work' and 'in policy', and to unpack the relationship between gender equality and national and international models for economic development.

## **Chapter 3 Fatherhood, unpaid care and the care economy**

How have social and gender norms around fatherhood, caregiving and unpaid work shifted in the past 20 years? How do men's roles as caregivers impact gender equality more broadly? With women now representing 40 per cent of the paid workforce, men have also begun to play a larger role in care work. However, there is still much to be done. Women are still spending one to three more hours each day on housework and two to ten times as much time on caring for a child or older person than men. To advance gender equality, the burden of care work on women must be alleviated and redistributed equally between men and women. This chapter will provide an overview of some of the broad shifts in unpaid care work and men's caregiving at the international, national, local and individual levels. It will look at successful and promising policies that seek to create systemic shifts in the care work dynamic, including paid, non-transferable paternity leave, and other policies tailored to informal work economies. Finally, it will provide programmatic strategies that have been successful in engaging men to shift gender norms around fatherhood, caregiving and balancing the care divide.

## **Chapter 4 Education**

What is the transformative function of education to challenge patriarchal power relations learned and reproduced in school settings? This chapter explores recent trends and shifts in gender and education, reviews educational sector efforts, teacher trainings, curriculums and policies that have sought to or have evidence of transforming gender inequalities and harmful gender norms in schools. The chapter also considers strategies to engage parents and community members within the education system for gender-transformative efforts and pedagogical approaches that adopt a more gender-equitable teaching–learning experience. How young people and teachers construct their gendered identities in schools and how forms of school violence are deeply rooted in unequal gender relations and constraints, including heteronormativity, are explored. Limitations of the emphasis on numerical equity in schools for achieving gender transformation and justice are unpacked. There is a particular dearth of in-depth longitudinal studies to assess how educational interventions influence the gendered experiences of students, teacher and educational outcomes, and how gender equality educational work with boys influences girls' empowerment. More research is also needed on how addressing violence can keep boys and girls in schools, on boys' gendered experiences at schools including violence and bullying, and on the gender-related conditions that encourage this and/or hinder responses.

## **Chapter 5 Sexual health and rights**

What are the most effective and promising approaches to transform norms of masculinity that have been found to influence men's sexual attitudes and behaviours, including their utilisation of sexual and reproductive health (SRH) services? This chapter reviews recent trends around the promotion of men's sexual health and rights in ways that advance gender equality and support the SRH of girls and women, and how institutions, including political, religious, and health systems, have influenced these shifts. Key areas of concern for promoting men's sexual health and rights are how to promote and ensure the sustainability of long-term attitude and behaviour change regarding men's sexual health, which require more large-scale, long-term evaluations. For both men and women, there is a limited understanding of how sexuality intersects with SRH, and more grounded, ethnographic research on men's SRH is required to better understand the cultural, social, and economic drivers behind men's SRH, and the diversity of men's sexual identities, practices, and relations. Such insights are critical for related policy, programming, and structural interventions. Prioritising quality, equality, and accountability for men's sexual health to meet their own, as well as the SRH needs and rights of girls and women, is warranted.

## **Chapter 6 Health and wellbeing**

What are the most promising and effective ways to challenge dominant constructions of masculinity, such as notions of invulnerability and the promotion of risk-taking, which influence men's poor health and excess mortality? This chapter explores gendered disparities in health and wellbeing, including the complexity and diversity of men's health in relation to women and girls, and how these are influenced by relational, institutional and structural factors. A review of institutions and policies that have supported and/or hindered men's health and wellbeing including access to health care is offered, and how they can best respond to the ways that social, economic and political dynamics encourage men to compromise their health and public health more broadly. The current stock of knowledge in the area of men's health provides a limited basis for meeting men's health needs, and for comprehensively evaluating programmatic and structural interventions to improve men's health. Further evidence is needed to assess how efforts to improve men's health behaviours and gender attitudes influence women's health and wellbeing, using a gender relational approach.

## **Chapter 7 Sexual and gender-based violence**

Three reasons to focus on men in sexual and gender-based violence (SGBV) include that: perpetrators of violence are overwhelmingly men and boys; constructions of masculinity work across individual to societal levels, driving gendered violence, and; violence is also of concern to men and boys. The evidence reviewed in this chapter reveals a series of key findings, including that a focus on attitudes alone neglects the structural violence and institutional inequalities which are shaping SGBV. Programmes explicitly addressing norms, behaviours, and relations associated with ideals of manhood can indeed be gender-transformative, but with important caveats. For example, men and boys should not be treated as a homogenous group, and programming must not reinforce binaries between men and women. Strategies need to address harmful masculinities rather than merely behaviours or attitudes. This requires engaging both men and women to challenge deeply held beliefs at the personal level, and connecting specific programmes with enabling processes of wider social change. Such enabling strategies should address the underlying drivers of violence, including socio-economic inequalities and institutionalised discrimination. Future research should include exploration of gendered power differences intersecting with other inequalities, whilst context-specific longitudinal research on transitions to adulthood should be developed alongside long-term programme evaluations.

## **Chapter 8 Conflict, security and peace-building**

How do experiences of conflict and peace-building affect men and women differently? What can be done to ensure that after conflict, communities establish sustainable peace and codify gender equality? Violent conflict can have devastating emotional, physical and economic impacts on the lives of all of those involved. With the understanding that men and women face death and displacement, violence, economic failures and health in distinctly gendered ways, the ways in which individuals, groups, policymakers and governments have approached and analysed conflict over the past 20 years has evolved greatly. This has brought increased attention to women's and men's varied experiences during and post-conflict, including roles of violence perpetration, victimisation and peace-building. This chapter presents some of the broad shifts in the past 20 years with regard to trends in conflict and peace-building and their influence on gender roles and dynamics. It presents examples of policy solutions, including those to eradicate sexual violence in conflict by labelling and prosecuting it as a war crime and those promoting women's participation in peace-building. It also presents programmatic strategies to engage men thoughtfully for gender-equitable outcomes in conflict, peace-building and post-conflict through their various roles as perpetrators, victims, leaders, and agents of change.

## **Chapter 9 Public and political participation**

How can men's control and domination of political and public spaces be transformed? Quotas have improved women's numerical representation in politics in most countries, but this does not seem to radically shift patriarchal norms within institutions of power. Women's inclusion in social movements has often been instrumental or opportunistic, sometimes reproducing gendered power imbalances. Men have reacted in different ways to women's increased public and political participation. Whilst men's different material interests appear to influence their support for or resistance to women's participation, men can also gain from equality due to relational and collective interests. Evidence on effective strategies for men's engagement in gender-equal public participation is sparse, but examples include: strategies in formal political institutions; strategies for women's equal participation in wider social justice movements; and pro-feminist activism emerging from men's engagement in addressing gender-based violence in community-based initiatives. However, there is a major gap in programming with men in support of women's political empowerment, going beyond current programmes focused on interpersonal issues. There is a lack of evidence on effective approaches for increasing men's active support for and engagement in women's public participation, and we need better evidence on how institutions and their gender cultures can be reformed.

# 1 Introduction: Framing the evidence and shifting social norms

Alexa Hassink, Laura Baringer, Jerker Edström and Thea Shahrokh<sup>2</sup>

*Gender equality is first and foremost a fundamental human right. But it is also an essential means for sustainable development and poverty eradication. Progress on gender equality fuels progress across our entire agenda – from inclusive human development to good governance to durable peace. Achieving gender equality requires the engagement of women and men, girls and boys. It is everyone's responsibility.* (Ban Ki-Moon, Secretary-General of the United Nations, March 2014)<sup>3</sup>

## 1.1 Introduction

More than 20 years have passed since men's roles, responsibilities and potential contributions were first recognised as a critical component in the fight to achieve gender equality. From the 1994 Cairo International Conference on Population and Development (ICPD) and the Beijing Platform for Action – outlined 20 years ago at the 1995 Fourth World Conference on Women in Beijing – to the Declaration of Commitment of the 26th UN General Assembly Special Session on HIV/AIDS in 2001, men's roles have become increasingly defined and pursued in policy discourse and programming alike.

Globally since the mid-1990s, individual values in support of gender equality and women's empowerment have been trending upwards (United Nations 2014b). Gender equality has and must continue to be pursued as both a basic human right and as a force for the achievement of other key development tools and outcomes, such as economic growth and the advancement of health and wellbeing of nations and their citizens (World Bank 2012).

However, much work remains to be done. The empowerment of women and girls and full gender equality are still far from realised. Women still have fewer opportunities, rights and freedoms than men do. Women continue to be paid less than their male counterparts for the same work, spend two to ten times as much time on caring for a child or older person than men do, and despite advances, remain underrepresented in positions of power across business and government sectors (United Nations 2014a; World Bank 2012). Harmful gender norms remain entrenched in many cultures across the world, with women tending to show greater levels of support for gender equality than men do (Ambreen and Mohyuddin 2013; United Nations 2014b). These gender norms ultimately negatively impact men's and women's roles in private, public and political life, including as caregivers, their engagement in the labour market, and their health and educational outcomes.

It is essential for both men and women to be part of this movement, and in recent years, efforts have increasingly been made to engage men and boys. However, it is now time to take stock. It is time to gather and review evidence from across a range of relevant fields, to understand what works best across policies<sup>4</sup> and programmes<sup>5</sup> when it comes to engaging

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<sup>2</sup> Acknowledgements go to Gary Barker, Emily Esplen, Alan Greig, Chimaraoke Izugbara, Giovanna Lauro, and Erin Stern for their helpful review of and feedback on this chapter, and to Veronica Brown and Tatiana Elghossain for their contributions in the preparation of this chapter.

<sup>3</sup> Secretary-General's remarks to closing session of high-level event of the General Assembly 'The Contributions of Women, the Young and Civil Society to the Post-2015 Development Agenda', 7 March, 2014. Full remarks can be found here: [www.un.org/sg/statements/index.asp?nid=7512](http://www.un.org/sg/statements/index.asp?nid=7512) (accessed 12 May 2015).

<sup>4</sup> Policies are explored as those larger-order structural rules, laws and guidelines, implemented locally, nationally and internationally by governments, institutions (religion, workplace, media, politics, etc), and international governing bodies.

men and boys for gender equality. Through the analysis presented in the following chapters, challenges are highlighted that remain in engaging men and boys to achieve gender equality and the evidence-based approaches for addressing them. While many of the interventions with men and boys have focused at the individual and community level, not as many have combined these with structural interventions, comprehensive advocacy, or measures of governmental accountability: strategies that are essential to institutionalise and sustain change.

Changing the way men accept and live gender equality in their own lives is part of a broader social and political process of change. This chapter will explore the processes that drive and constrain change across the topics covered in this evidence review, including: education, health, caregiving, political and economic participation and more, to inform particular trends noted in the following chapters. It will explore how long-standing gender norms and expectations are informed and reinforced by social groups and institutions, and how context-specific gendered practices are embedded in social and power relations. Furthermore, it will provide some context as to how large social, political and economic forces drive change at multiple levels. Finally, promising interventions, gaps and blind spots, and recommendations for the future of the field are outlined.

## **1.2 Understanding social and gender norms**

Over the past 20 years, there has been notable global progress towards gender equality across the fields of population health and education, and within the context of an overall decline in poverty (United Nations 2014a). However, in most societies today, men continue to hold most social, political and economic power and influence. Women have fewer freedoms and opportunities to improve their lives economically, socially and politically, and to make autonomous decisions. To understand how to tackle these inequalities, it is essential to understand the social norms and expectations that create and sustain them (United Nations 2014a). This brief overview discusses social and gender norms broadly to provide a framework for understanding the subsequent chapters, informing processes of change, and sources of resistance over the past 20 years.

### **1.2.1 What are social and gender norms?**

Social norms are the collective beliefs around the standards for behaviour in specific groups and social contexts. Gender norms are the specific social norms that relate to how men, women, boys and girls are 'supposed' to act and behave throughout the various stages of the lifecycle. Not only are they central to how societies organise themselves, but also to how individuals act, behave and form their identities more broadly. Gender norms can be powerful forces in sustaining the status quo. Therefore, to inspire change, gender norms must be explicitly examined and challenged. There are a number of theoretical approaches from a variety of disciplines, from social psychology to sociology, that provide insights into how social norms are shaped and how they change. Norms are generally reinforced by the beliefs and practices of the *reference group*. In some cases the reference group may be large, such as a religion or ethnicity, while in others it is small, such as a school class or peer group (Marcus and Harper 2014).

How these norms are institutionalised by governments, organisational structures and communities affects the gender inequalities lived by men and women on a daily basis. Social norms, for example, greatly influence the reality that care work is most often undervalued, and disproportionately falls on the shoulders of women. This, in turn, is a key driver of women's limited participation in the paid labour market (Razavi 2007) as explored in Chapter Two on 'Poverty, work and employment' and Chapter Three on 'Fatherhood, unpaid care and the care economy'. Prevailing social norms, combined with public and private power

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<sup>5</sup> Programmes are understood as interventions – including trainings, courses, curriculums, etc. – that may be implemented at the individual, community, institutional and national level.

imbalances that typically disadvantage women also result in high levels of violence being perpetrated against women, as well as the tacit acceptance of this violence. As explored in Chapter Seven on 'Sexual and gender-based violence', one in three women report having experienced sexual or domestic violence during their lifetime (United Nations 2014a ;WHO 2013).

Social norms are comprised of two distinct elements, which shape how men and women understand and live their own identities, often reinforcing inequalities. *Injunctive norms* are what an individual thinks is the 'right' thing to do, i.e. what is approved of or disapproved of more broadly by the reference group. *Descriptive norms*, however, are an individual's perceptions of how others within the reference group are actually behaving, what they are really doing (Reid, Cialdini and Aiken 2010). In the context of gender, injunctive norms correspond to the reference group's broad ideals of masculinity and femininity, or how the social order of a community or society should be organised. Injunctive norms (for example that men are not, and do not need to be, involved caregivers for their children) may both shape and be reinforced by governmental policies or how the media portrays gender stereotypes – key mechanisms through which injunctive norms are maintained. However, descriptive norms correspond to the reference group's lived gender roles or generally accepted notions of how men, boys, women and girls actually behave (Marcus and Harper 2014). This could include, for example, an individual's belief or understanding that men are actually taking on childcare activities at home, whether or not this is central to broader ideas (injunctive norms) of how men 'should be'.

This evidence review explores a range of gender norms related to men and masculinity that can be harmful to women and men, girls and boys, and how these norms inform and are reinforced by the practices of individuals and institutions. Unequal gender norms are often impacted by ideals of *hegemonic masculinities*, the dominant social norms around manhood that provide for and sustain male dominance in the social, political and economic spheres (Connell and Messerschmidt 2005). Importantly, the study and understanding of masculinities, over time, has revealed and drawn attention to the existence of multiple masculinities, demonstrating the diversity of expressions of manhood that exist within gendered power hierarchies.

Manifestations of masculinity as expressions of gender inequality differ across societies. They must be contextually understood both in terms of the local ideals that define 'being a man', as well as through an understanding of why men and women uphold and accept these ideals (Connell 2011). Gender norms and power dynamics, in addition to disproportionately disadvantaging women, can also limit the expression of an individual man's identity, prescribing men to take risks, not express emotions, be sexually active and aggressive, heterosexual, drink alcohol and not seek help. These concepts are further explored in Chapter Five, on 'Sexual health and rights' and Chapter Six on 'Health and wellbeing'. These stresses and social divisions can lead to harmful consequences for women, children and men themselves – including control of decision-making and economic resources, substance abuse, and violence (Greene, Robles, and Pawlak 2011; Ricardo 2014).

### **1.2.2 Shifting gender norms**

Gender norms, like other social norms, do not generally change easily or quickly, or through one specific kind of intervention. Changes in gender norms happen in diverse ways with many drivers working at both individual and institutional levels at the same time. At times, changes may accelerate when individuals, communities and institutions overtly step outside of their prescribed gender roles in their actions (Muñoz Boudet *et al.* 2013). Other times, changes are slow – potentially over a period of years or decades – and the meaningful gender norms change is only recognised in hindsight (Marcus and Harper 2014). Descriptive norms, such as increasing women's decision-making within the home, may be easier to change on a smaller scale in the short term. However, normalising women's decision-making

power in the long term, for example, across an entire country or culture, requires support from additional shifts in injunctive norms, aided by supportive institutional policies to shape cultural attitudes that support women's political participation and economic advancement. Some theorise that shifting these injunctive norms is so challenging, because gender norms are central to how societies are organised and because they are so ingrained in associated religious or cultural traditions (Marcus and Harper 2014). Therefore, when working to shift gender norms, it is important to understand and consider the broader ideological framing (injunctive norms), influenced by policies, and the more individual factors (descriptive norms), which may be influenced through targeted programming. It is also essential to understand how these norms interact. For example, if more men begin to take on greater caregiving roles at home, this may alter descriptive norms (that is, individuals' ideas of what men and women actually do), which in turn can pave the way for a shift in broader ideologies and expectations around what men and women should do (injunctive norms) – and vice versa (Marcus and Harper 2014).

Well-crafted policies and supportive institutions can encourage more equitable gender norms, but change also requires addressing these broader institutional cultures, practices and policies. A key finding from this evidence review is that there has been a focus on individual women's or girls' empowerment rather than policy attention to gender relations or structural perspectives. For example, as explored in Chapter Six on 'Health and wellbeing', service provision in healthcare and social wellbeing, has often been restricted by a narrow policy focus on women and girls, lacking policies that work to change institutional culture by engaging men, which involve for example making clinic spaces friendly to men and training health providers in how to work with men. Similarly, Chapter Two on 'Poverty, work and employment' highlights how women's economic empowerment efforts have sometimes faced resistance for not having taken men and boys into account, or for framing the economic advancement of women in terms limited to individuals.

On the programmatic level, interventions to change gender norms have been described as aiming 'to alter the social expectations that define appropriate behaviour for women and men, such as norms that dictate men have the right to control women, and which make women and girls vulnerable to physical, emotional and sexual violence by men' (Butchart and Mikton 2014). Promising interventions that aim to transform norms are explored in each of this evidence review's chapters. Successful programmes, which are highlighted throughout the review, are often designed not only to engage men and boys to improve health outcomes, or increase women's economic gains, but also to make institutions and community interactions more gender equal, for example by advocating for them to support men's caregiving, or women's more equal participation in public life, decision-making and politics. These programmes are most effective when partnered with institutional and governmental support.

### ***1.2.3 Resistance and backlash to shifting gender norms***

It is important to note that the individual actions needed to change gender norms, ones that push the boundaries and expectations of what women and men 'should' do, are often met with varying degrees of resistance among the reference group and broader community. At times, this resistance can result in a backlash from those in positions of power (Muñoz Boudet *et al.* 2013), who are often against women's advancement for the challenges it poses to oppressive social structures (Alvarez Minte 2013). This resistance can also include efforts to preserve traditional gender norms, thereby slowing or even reversing the progress made in shifting gender norms to promote gender equality.

The chapters in this volume highlight the manifestations of resistance to shifting gender norms, and interventions that can help assuage or prevent it across different themes, or programmatic domains. Resistance may include imposing obstacles to rights (see Chapter Nine on 'Public and political participation'), employment (see Chapter Two on 'Poverty, work

and employment'), or sexual and reproductive autonomy (see Chapter Five on 'Sexual health and rights'), not taking on or supporting equal parenting responsibilities (see Chapter Three on 'Fatherhood, unpaid care and the care economy'), or even responding with violence (see and Chapter Seven on 'Sexual and gender-based violence') (Alvarez Minte 2013).

Additionally, not only those in positions of power (often men who benefit from patriarchal structures), but also those who are marginalised (including women and minorities), may rebuke norms publicly, or internalise and accept them in order to get ahead, or to merely survive (Sen, Östlin, and George 2007).

### **1.3 The interplay between broader processes of social change, policies and institutions**

Gender norms, attitudes and practices do not form or change in isolation. In addition to norms constructed by individuals, communities and structures, gender norms and the achievement of gender equality are intricately linked to international and national social, economic and political processes and trends (Marcus and Harper 2014). These processes and trends help drive the societal and individual change of gender norms, power relations, and masculinities. They can either constrain progress on gender equality or positively affect equal access to rights, sustainable livelihoods, political and civic participation, health care, education, and freedom from violence.<sup>6</sup> Below, we discuss key global economic and political trends, as well as those in population growth, migration and urbanisation, presenting links – or moments for higher-level intervention – to work towards shifting harmful gender norms and achieving gender equality more broadly.

#### **1.3.1 Economic development**

Over the past 20 years, global extreme poverty has halved, leaving only 22 per cent of the population in developing regions living on less than £0.80 a day in 2010 (Too-Kong 2014). However, despite these advances in global economies, 1.2 billion people are still living in extreme poverty. Women have disproportionately borne (and continue to bear) poverty's effects and the subsequent gender inequalities. They are still shouldering the burden of unpaid care work (both caregiving and other domestic work), and earn less income than their male counterparts – variances not fully explained by education, level of experience, or sector of work, as explored in Chapter Two on 'Poverty, work and employment' (World Bank 2012, 2013). Women also frequently face limitations in accessing health services, while having the compounded disadvantages of bearing the physical and psychological burdens of maintaining their families' food and water supplies, hardships that can be exacerbated in times of conflict, as explored in Chapter Eight on 'Conflict, security and peace-building' (United Nations 2014a).

As demonstrated in this series' chapters, it is clear that understanding the impact of economic development on both men and women, and the shifting – or challenges to shifting – gender norms remains critical to achieving gender equality. And, in fact, there is a base of evidence suggesting that greater levels of gender equality actually contribute to economic growth more broadly (most significantly with relation to education and employment); evidence for the reverse (impact of economic growth on gender equality) is less strong but also available (Kabeer and Natali 2013).

On an relational level, women's personal control and ownership of assets, including having their own earnings, has been associated with lower levels of domestic violence, and higher levels of decision-making power, mobility, agency and resilience (Kabeer *et al.* 2013; World Bank 2012). Change in women's economic standing however, may also be met with

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<sup>6</sup> These key moments may involve major shifts in demographics, livelihoods, living situations, political structures and other influences, including but not limited to conflict and insecurity; conservatism and fundamentalisms; social attitudes towards sexual orientation and gender identity; shrinking civil society space in some contexts; technology and new media; and political revolutions (Sequino 2007).



resistance as it can disrupt and challenge social and traditional norms, leading to an increase in women's experiences of violence, as well as to a lack of social support, and a double burden of domestic work, as explored in Chapter Three on 'Fatherhood, unpaid care and the care economy' and Chapter Seven on 'Sexual and gender-based violence' (Kabeer *et al.* 2013; World Bank 2012).

It is important to note that the policies emphasising women's economic growth and income generation, which are aimed at promoting gender equality, have not always meaningfully taken into account the role of men or engaged men in working to shift gender norms. Working to shift the norms around men's caretaking roles in the home and women's positions held in the formal labour market are important first steps, and involve a combination of norm change efforts (including via social norm campaigns) as well as policy changes at the national, local and workplace level. Further efforts should include the incorporation of the value of 'the care economy' into economic calculations (such as GDP – gross domestic product), as well as in policy and political conversations. This is explored in more depth in Chapter Three on 'Fatherhood, unpaid care and the care economy'. Advocacy to make visible and account for such care work, by offering paid parental leave and other means, for example, is fundamental to addressing some of these institutionalised gender inequities.

### **1.3.2 Policy and institutional trends**

The work of international bodies and the international community has successfully pushed forward the normative gender equality agenda in international conventions, treaties and policies. Although not free of shortcomings, these platforms have attained strong consensus around major gender and human rights issues. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979), the aforementioned International Conference on Population and Development (ICPD) (1994), the Beijing Platform for Action (1995) and the Millennium Development Goals (MDGs) consistently emphasised the need for women's rights and freedoms to be promoted and protected at the national levels (Cassola *et al.* 2014).

The need to engage men and boys in questioning prevailing inequitable gender norms was also affirmed by a series of other international conventions and agreements.<sup>7</sup> Particularly, the Beijing Platform framework defines men's engagement as necessary in challenging those 'structures, beliefs, practices, and institutions that sustain men's aggregate privileges, as well as to address inequalities between women and men', (Ricardo 2014). As discussed throughout this evidence review, despite this progress on the international policy level, women have not yet achieved full economic or political parity in any country. For example, Chapter Nine on 'Public and political participation' expands on the promising fact that 46 countries have over 30 per cent female members in at least one chamber of parliament (Too-Kong 2014). However, as recently as 2013, 128 countries still retained at least one legal differentiation between women and men (with 28 countries having ten or more differences), across a variety of issues from property ownership, to receiving credit, finding and accessing employment, and more (Klugman *et al.* 2014).

In light of persistent inequalities, states and governments must be held accountable for ensuring the human rights and equality of their citizens. The United Nations calls for its members to elevate equitable leadership and enable appropriate laws, policies and systems for seeking justice to prevent discrimination, shift gender norms and achieve gender equality (United Nations 2014a). For example, peace-building and post-conflict situations provide a unique opportunity for governments to codify gender equality and engage men thoughtfully in the process; however, traditionally, disarmament, demobilisation and reintegration (DDR)

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<sup>7</sup> These include: The ICPD and the Beijing Platform for Action (United Nations 1996); Expert Group Meeting on the Role of Men and Boys in Achieving Gender Equality in 2003 (convened by the United Nations Division for the Advancement of Women); agreed Statement of the 48th Session of the Commission on the Status of Women in 2004 (WHO 2007).

efforts have been designed around the needs of ex-combatants, frequently marginalising women's needs in each step of the process, while considering men only as perpetrators (Myrtilinen, Naujoks and El-Bushra 2014; Theidon *et al.* 2011). Chapter Eight on 'Conflict, security and peace-building' explores this further, highlighting the role that peace-building and rebuilding processes can play in shifting gender norms on institutional and individual levels.

Policies and politics must not only provide for the structural advancement of women in isolation, but they must also target men and boys for the advancement of gender equality, specifically through engaging men to prevent gender-based violence (GBV), providing for comprehensive, gender-transformative sexuality education in schools, promoting men as equal caregivers, encouraging men's support for women's economic empowerment, and supporting men as clients, allies and supporters of their own health as well as sexual and reproductive and maternal and child health (Ricardo 2014).

### **1.3.3 Population growth and fertility**

The global population has grown from roughly 5.7 billion to 7.1 billion over the last 20 years, adding about 82 million people per year. However, the actual rates of population growth over this period have seen a steady decline (United Nations 2014a) as total global fertility rates have declined by 16 per cent between the periods 1990–1995 and 2010–2015 (United Nations 2014a). These reduced fertility rates, particularly adolescent birth rates (which have been in decline from 1990 to 2010 across countries, spanning all income groups and regions), have allowed for a host of positive outcomes for girls and women.

Declining fertility rates have been associated with (as both a cause and consequence of) girls' and women's higher rates of education and literacy, increased access to contraception and health services and labour force participation, outcomes explored in Chapter Four on 'Education' and Chapter Five on 'Sexual health and rights' (Sen *et al.* 2007; United Nations 2014a). As a result of lowered fertility rates, women are also spending less time childbearing and rearing, thus enabling them to pursue other opportunities outside of reproduction. And, lower fertility rates may even be linked to greater involvement of men in caregiving (Barker and Pawlak 2011). This has had an impact on women's participation in formal and informal labour markets, as explored in Chapter Two on 'Poverty, work and employment'.

The broad shifts in population growth and fertility have provided both opportunities and many challenges for gender equality. Policies must address these challenges by guaranteeing equitable rights for both growing populations of young and ageing (by context) women and men and that install protections for the rights of vulnerable groups, particularly women and children. Policies must also support and enhance positive outcomes associated with declines in fertility rates by providing access to sexual and reproductive health services, encouraging men's equal uptake and responsibility for contraception, and increasing educational and economic opportunities for both boys and girls, men and women, which may help to challenge underlying norms that lead to harmful practices.

### **1.3.4 Migration and urbanisation**

Migration, whether domestic or international, is most commonly motivated by a desire to improve one's own wellbeing or the wellbeing of one's family. It can be a key contributor to both social and economic development, as many migrate for employment opportunities (United Nations 2014a). However, migration is often forced by external factors, namely environmental devastation, natural disasters, conflict and war, or discrimination and violence due to marginalisation, religion, and sexual orientation. Migration can be tied to progressive shifts in gender norms and expanded roles for women and men. However, it should be stressed that migration does not always serve to advance women's social and economic positions: migrants face a host of vulnerabilities, including poor conditions, insecure housing, a lack of social and political support, with particular risks to women, for sexual violence and

poor reproductive health services and outcomes, and isolation (United Nations 2014a; Temin *et al.* 2013).

Internal migration most often results from movement from rural to urban areas, a type of growth that has proved to be one of the foremost demographic transformations in recent history; 2008 marked the first time when more than half of the global population was located within cities, with developing countries experiencing 90 per cent of the global growth in urban populations between 1990 and 2010 (United Nations 2014a). Young people represent the largest group moving to urban areas, which may be due to the hope that urban areas provide freedom and opportunities. Men and women alike living in urban areas tend to have less frequent contact with members of their extended families and support networks that span family ties, more access to education, and live in more diverse settings than their rural counterparts. All of these factors present an opportunity for individuals to diverge from traditional norms of the past (Chung and Gupta 2007) and support more gender-equitable attitudes. For example, the International Men and Gender Equality Survey (IMAGES) (Barker *et al.* 2011) shows that attitudinal changes towards supporting gender equality are taking place particularly amongst younger men, those with higher levels of education and who live in urban areas. This is further explored in Chapter Four on 'Education'.

Governments – for example, through the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990; entry into force 2003), ratified by 47 countries – have and must continue to protect both domestic and international migrants' rights, freedoms and opportunities. An estimated 51 million people globally are forcibly displaced due to persecution, violence, human rights violations and conflict, as explored in Chapter Eight 'Conflict, security and peace-building'. Government should support migrants, especially those of the most vulnerable groups, such as women and children, to find paid, stable employment, secure housing, and equal access to benefits, rather than exploit and marginalise them. When this happens, migrants can be a significant benefit, socially and economically, to their current and previous communities and can take advantage of new opportunities to expand their gender roles (Byrne *et al.* 1996, Jolly and Reeves 2005; United Nations 2014a).

#### **1.4 Effective and promising interventions**

Progressive policies and targeted programming, which take into account broader international and national social, economic and political processes and trends, are critical to gaining men's support for gender equality and changing gender norms. These programmes and policies must consider strategies for individual, relational, and wider social change, aiming to target and change both injunctive and descriptive norms. The chapters in this review, over a range of themes, highlight the following strategies as key ways to change norms across multiple levels.

National policy change provides an important framework for facilitating work towards gender equality with men and boys. It provides an opportunity to codify gender equality, and change systemic approaches on a broad scale. For example, Chapter Six on 'Health and wellbeing' explores the Brazilian government's national policy on men's health that provides guidance on the relationship between harmful masculinities and men and women's health outcomes. Chapter Four on 'Education' highlights the need for policies that ensure that all children in difficult circumstances, particularly girls, and those belonging to ethnic minorities, have access to free and good-quality primary education.

Working within institutional settings to challenge gender inequalities provides key opportunities for embedding gender-equitable approaches into structures. Workplace policies and practices strongly shape gender relations on the job. Initiatives in health, education and justice settings are critical for translating international agreements and national policy into practice – and sometimes allow institutions themselves to set a new agenda. Examples

include implementing gender-equitable parental and family leave policies, or policies for strategically addressing GBV, as explored in Chapter Three 'Fatherhood, unpaid care and the care economy' and Chapter Seven 'Sexual and gender-based violence', respectively.

'Gender-synchronised approaches', which involve working with men and women together in a synchronised way to address both women's and men's needs, have been shown to be effective (Greene and Levack 2010). Economic empowerment outcomes, for example, have been shown to improve when men are engaged as partners in interventions traditionally targeted at women, such as in microfinance as explored in Chapter Two on 'Poverty, work and employment' and Chapter Three on 'Fatherhood, unpaid care and the care economy'.

Many interventions with men and boys have worked directly at the community level with individuals or with groups of men or boys aiming to be 'gender-transformative',<sup>8</sup> by working to examine, question, and transform rigid gender norms and imbalance of power as a means of reaching specific health goals as explored in Chapter Five 'Sexual health and rights' and Chapter Six 'Health and wellbeing'. Community interventions engaging men in interpersonal gender issues, such as within the home, have also been shown to be an important entry point for more political and public pro-feminist engagement, as described in Chapter Nine 'Public and political participation'. Men's accountability for addressing gender inequality at personal and political levels is an important avenue for further exploration.

Strategies with men and boys shown to be effective at the individual and community level in changing gender attitudes and practices include a combination of peer education, using male advocates, large-scale media programmes, workplace programmes and community/rights-based programmes that aim to reduce gender inequality by working to change social norms. Common characteristics of effective strategies include those that:

- are linked to gender-sensitive national, state-level or municipal policies, meaning policies that take into account, and attempt to rectify, existing gender inequalities and patterns of discrimination or exclusion;
- use group and participatory approaches for challenging harmful masculinities and patriarchal ideologies, to ensure men's critical reflection on rigid norms;
- emphasise participation, action and ownership by socially just and democratic actors and institutions, to ensure change is supported at the structural level;
- are complemented by awareness-raising campaigns to reinforce messaging. These may include the use of, for example, community radio, public service announcements, or media campaigns.

Finally, it remains important when designing interventions to consider a few factors related to male norms. Understanding the variety of relationships men have with women in their lives, the complexity of their convictions, and the depth and diversity of their experiences will help to design effective programming. Some key findings in the available evidence highlight:

- *Diversity*: Men's support for women can be different based on the capacity in which men appear (i.e. as fathers, brothers, partners, colleagues, bureaucrats). The capacity may have implications for how men and boys are constructed or engaged in policy and practice.

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<sup>8</sup> Gender-transformative approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives. Gender-transformative approaches encourage critical awareness among men and women of gender roles and norms; promote the position of women; challenge the distribution of resources and allocation of duties between men and women; and/or address the power relationships between women and others in the community, such as service providers or traditional leaders.

- *Complexity and change*: Men relate differently to norms on gender equality or ideals of women's empowerment, ranging from 'obstructive', through 'ambivalent' to 'supportive'. Men may change their stance or take on multiple roles, depending on personal and political interests or whether they are in the public or private space. Understanding and addressing these complex – or conflicted – positions and interests are important in helping shift gender norms. Successful programmes and change processes find ways to assess this complexity and the diverse ways that men react to change, and take that information into account in their planning.
- *Intersectionality*: When other social inequalities and interests such as class or race converge with – or override – gendered differences, it can affect how men may support women's empowerment or representation. Linking gender to other issues of social injustice can facilitate men working more effectively with women for gender equality.

## 1.5 Conclusion

Over the past 20 years, the work of the international community to promote equitable gender norms, in combination with local and national efforts, has turned the promotion of gender equality from a minority opinion to one that is increasingly spoken of as a crucial factor for sustainable peace, economic advancement, and global non-violence. In fact, results from the 2014 World Values Survey<sup>9</sup> indicate that support for gender equality is part of a wide cultural change 'that is transforming industrialized societies with mass demands for increasingly democratic institutions' (World Values Survey 2014). This steady growth of the global consensus around gender equality, both at the individual and institutional level, has provided several opportunities for advancement. However, much work remains to be done. This review takes stock of the evidence and brings to light successful interventions and policies that should be scaled and adapted on the national level, the existing gaps and blind spots that require further research and directions for the future.

### 1.5.1 Gaps and blind spots

Research must focus on the interplay between social, political and economic trends and gender norms at different levels over time, ideally through longitudinal research. Limited information about men and boys' gendered needs and development (in health, education, violence prevention and work) creates a poor foundation for interventions that engage men and boys in transformative change. In terms of operations and policy research, key gaps include the following:

- Programming and action research with men and boys often do not go beyond the individual, which contributes to the lack of research into the effectiveness of structural strategies to engage men and boys for gender equality.
- Most interventions with men and boys are still small-scale and intensive, leaving the need for research into the sustainability of interventions and how such approaches could best be scaled up through policies or other means.
- Longer-term evidence on impacts on boys' and men's development remains scarce, as programmes and evaluation approaches tend to be quantitative, short-term, and instrumental, with little attention to processes of change.
- Research is lacking on strategies to challenge gender inequity within specific political frameworks, such as addressing militarised masculinities as part of conflict prevention.

### 1.5.2 Directions for the future

Future research should focus on gaps identified and build on the evidence about how men and boys relate to gender equality in the following areas: processes of change, actual and potential roles and what seems to work best in work to engage them. In other words, there is

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<sup>9</sup> The World Values Survey ([www.worldvaluessurvey.org](http://www.worldvaluessurvey.org)) is a global network of social scientists studying changing values and their impact on social and political life, led by an international team of scholars, with the WVS association and secretariat headquartered in Stockholm, Sweden.

a need to identify the positive changes toward equality that are already happening and look for ways to accelerate them. Strategies that employ a relational, structurally contextualised approach to addressing gender inequality at different levels and scales must be developed and evaluated. This means new indicators of process and impact are needed and more ‘researching up’ on the gender dynamics in institutions of power.

A policy and practice priority for the future is to ensure that men are recognised within a transformative and inclusive understanding of gender, and engaged in processes of social change for gender equality, such as in care work and education policy. Other directions include the following:

- Men’s engagement and activism for gender equality need to go beyond speaking out on the violation of women’s rights, to actively engage men in supporting women’s participation in politics and public life, or demanding reform of patriarchal social, political and economic institutions.
- Policymakers and activists need a greater focus on working with institutions to ensure that their strategies and policies support transformation in gender relations and that the opportunities for engaging men are understood and explored. This might include a review of policies to identify those that actively codify gender equality or fail to do so. It might also include an action plan to advocate for adapted or new policies that support equal access to and quality of education, the redistribution of care work, and women’s political participation.
- New gender-sensitive indicators (not simply sex-specific or disaggregated) should be developed to track change and guide policies and programmes. These should of course continue to examine women’s attitudes and practices, while also assessing men’s, to gain a holistic understanding of gender relations. This deeper understanding can then be leveraged for programme design and policy advocacy.

The chapters in this volume delve into the research, promising approaches, gaps and future directions in engaging men for gender equality to provide an in-depth look across thematic areas. They provide insights into some of the challenges faced and potential future obstacles in changing gender norms. They provide a basis for future interventions that, through engaging both women and men, can potentially become institutionalised and, supported by governmental policies, lead to broader more sustainable change.

Advancing gender equality and ensuring programmes are sustainable and scalable, particularly for men’s engagement in changing deep-rooted gender norms, requires a combination of individual and community-level change, as well as institutional support (Peacock and Barker 2014; Barker *et al.* 2007). Moving forward, it is necessary to conduct research, implement programming, and advocate for policies that allow individuals to realise equitable gender attitudes and practices within their own homes communities, and more broadly, as supported by their governments and institutions. Only then, will there be measurable, sustainable global movement in the advancement of gender equality.

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## 2 Poverty, work and employment

Jerker Edström and Thea Shahrokh<sup>10</sup>

### 2.1 Introducing the issue

In order to frame the issue of men, boys and gender equality in the domain of work, employment and poverty, it is useful to first present a few basic ideas in both development and in gender. These ideas and related discourses and policies shape the context in which men's roles in women's economic empowerment can be understood.

'Development' is often understood as a type of societal shift from relatively low levels of income and wellbeing to higher ones, where employment or livelihoods figure centrally (Sumner and Tribe 2008). Over the last 50 years or so, the field of development studies has debated the relative importance of economic growth (often with an implicit or explicit 'trickle down' theory of absolute poverty reduction) versus redistributive policies to tackle poverty and socioeconomic inequalities (Peet and Hartwick 2009). Aside from disagreements over the importance of addressing absolute poverty on its own or reducing relative inequality (between rich and poor), these debates have also been marked by differing approaches to integrating aspects of 'human development', rights, capabilities and freedoms, or other societal dimensions – such as gender equality – into economic development strategies (e.g. Sen 2003).

Gender, then, with its origins in feminist thought, found its way into development through the study of the roles of 'women in development' (or WID) (Boserup 1970). Analyses of women's roles brought up the question of gender-based inequality, which came to be recognised as being structurally embedded in social and economic relations of power between women *and men*, and by the 1980s the term 'gender and development' (or GAD) had grown in prevalence. Furthermore, feminist thinkers and economists pointed to a gendered distinction between the 'public' and the 'private', juxtaposing public activities – such as 'work' – as masculine, set against the 'domestic sphere' as feminine.<sup>11</sup>

As gender became recognised as socially constructed – rather than being determined by essential sex differences – this also challenged simple binary notions of gender and 'gender roles', pointing to a vast array of different gender expressions, performances and identities (e.g. Butler 1990). Nevertheless, in policy and practice gender remained primarily concerned with two generalised categories of women and men, if sometimes also contextualised to local settings. Over the 1980s and 1990s, new research and evidence shifted understandings to recognise men alongside women as central to gendered development. This made visible a rich diversity of men and masculinities, drawing attention to 'hierarchical inequalities' and gendered power relations as central to structuring societal gender cultures more generally (Connell 1995). This is described further in Chapter One on 'Framing the evidence and shifting social norms'.

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<sup>11</sup> 'Second wave' feminists of the 1960s and 1970s drew inspiration from Engels' (1884) notion of the role of 'the family' for social reproduction in the service of capitalist production.

Drawing on this understanding in gender and development, the analysis presented in this chapter can be framed between three key concepts:

- that there is a gendered '*public/private divide*'; that is, economic production and exchange is public and gendered masculine, whilst social reproduction – especially domestic and care work – is considered private and gendered feminine, also being under-valued compared to the former;
- gendered differentials in work and poverty get expressed in '*horizontal inequalities*' between different women and men (also intersecting with class, race, caste, sexuality and so on.), with different participation rates in work and/or gendered 'wage gaps' for similar work;
- '*vertical inequalities*' in incomes, work and power are maintained by masculine power hierarchies embedded in local to global markets, resulting in discriminating 'glass ceilings' restricting the upward mobility of women (and other subordinated social groups).

The functional interdependence of economic production and social reproduction, and the evolving diversification, transformation and increasing flexibility of production in the global economy, can also dislocate and shift areas of work and production from formal (regulated, paid, more secure and taxed) to more informal (unregulated, low-/unpaid and untaxed) activities, as we will see below. The interplay of work and income with social reproduction and relations between men and women is critical for exploring progress towards greater gender equality, and it must be understood within historical trajectories of how societies develop within broader contexts of evolving regional and global orders (of markets, international regulations and political bloc formations). Patriarchal constructions of men as providers, such the 'male breadwinner role' have significant implications on the gendered construction of paid and unpaid work within households, markets and communities, whilst globalisation has also shifted and challenged such norms in recent decades.

A lack of attention to the impact of economic empowerment initiatives (including of women's empowerment efforts) on gender relations has sometimes shown increases both in the burdens on women and girls, typically retaining responsibilities for domestic care work, and in household tensions and resentment by men. In these contexts abusive behaviours and violence against women can be explained as efforts to re-establish male dominance and control (Vyas and Watts 2009). Such 'crises of masculinity' are related to men's reports of stress, depression and inadequacy in their sense of self and relationships, within contexts of economic crisis and poverty. It is important that the linkages between men's practices and economic marginalisation are considered in strategies to promote gender equality and economic empowerment. There is also a call for men's greater involvement in care work in order to help to break down some of the rigidities of male identity and create more equitable household relations, as discussed more in Chapter Three on 'Fatherhood, unpaid care and the care economy', below. Evidence from grassroots microcredit and social protection interventions show some promise of transformative change where gendered power imbalances in the home and the community are engaged explicitly, as explored below. However, it is critical that these interventions take account of the ways in which they are situated in wider structural changes that transform global trade and labour markets to ensure the stability and investment necessary to achieve goals of social justice for both women and men.

This chapter aims to trace evidence on recent trends in work and poverty amongst men and women, how policy and institutions have mediated these changes, the role of men and boys in economic empowerment strategies, as well as identifying evidence of what may work for transforming gender relations in the domains of work and poverty reduction. We then conclude with drawing together the main findings and pointing to some directions for future priorities in research, as well as programme and policy development. It starts at a global

level, in terms of exploring broad trends, but gets increasingly focused in the following sections toward settings in developing countries. It is important to stress that certain areas of analytical interest in this issue are beyond the scope of this paper, including the gender dynamics of informal sector work, intergenerational transfers of wealth and productive assets through inequitable inheritance, or mobility, urbanisation and migration, all of which are very relevant to gender relations and reflect significant trends in gender and development.

## **2.2 Recent gendered trends in poverty, work and employment**

Globalisation has come with increases in female labour force participation rates internationally in the past 30 years, as expanding economic opportunities and shifts in the structure of production – along with conditions of work – have drawn many female workers into the public sphere of the market. Between 1980 and 2008, the gender gap in participation narrowed from 32 percentage points to 26 percentage points, by which time (2008) women represented more than 40 per cent of the global labour force. However, as with men, this does not mean that more women are finding work in all settings: Employment has also slowed in recent years and women's labour force participation rate has in fact stagnated globally between 1990 and 2012, decreasing from 57 to 55 per cent of the potential female labour force over the period (World Bank 2014). Rates of youth unemployment are higher than ever, at 13 per cent globally, and youth face higher unemployment rates than adults (ILO 2014). The economic and social costs of unemployment, underemployment and a declining quality of jobs for young people continue to rise. Within this context, large gender gaps in youth unemployment are evident in regions such as North Africa and the Middle East and, to a lesser extent, Latin America and the Caribbean (ILO 2013).

In addition, women earn less than men; on average they earn between 10 and 30 per cent less than working men globally (World Bank 2014). For women living in poverty and marginalisation these sizeable gender pay gaps are compounded where poverty combines with other factors of social exclusion, such as ethnicity, caste, remoteness, race, disability, or sexual orientation (World Bank 2014). In these contexts, growth in aggregate income may not be broad-based enough to benefit poor and marginalised households. Furthermore, the narrowing of the gender gap in economic participation rates has not meant equality in terms of pay and status and women's increasing labour force participation has coincided with an increase in informal forms of work that are precarious and insecure, in turn restricting access to protection mechanisms such as social insurance (Razavi *et al.* 2012). This is true for women as well as men in many settings, but men are still twice as likely as women to be in full-time paid employment (World Bank 2014).

The increasingly informal, irregular and precarious nature of work for many lower income groups, and the feminisation of the global labour force are two critically relevant features of globalisation. What does the feminisation of the labour market mean for men and women's experiences of gender equality? Women's increased access to work reflects multiple interrelated influences: shifts towards gender equity, such as increased access to education for women and girls, interact with deepening socioeconomic inequalities and other trends, such as growing levels of landlessness and increased costs of living for all. Significantly, this is happening in a context of stagnant and declining rates of male labour force participation (Kabeer 2007). Furthermore, the recent 'feminisation' of anti-poverty programmes, in the pursuit of women's empowerment, has also had significant and divergent implications (both positive and negative) on work towards gender equality. Whilst many women are provided with economic resources to empower themselves and their families, they are often also put under enormous pressures, as the distribution of care responsibilities within the household or the positive reinforcement of domestic care roles for men are rarely addressed. Adding pressure to this is the fact that public (or social) provision of care has been put under severe strain by economic policies constraining public expenditure on social budgets in many countries (Kabeer 2007).

Research has described how this process of change and an associated undermining of historical patriarchal social norms have created uncertainty in many men's lives, leading to feelings of low self-esteem and inadequacy. Mixed methods research in Kenya and Tanzania (Silberschmidt 2001) shows that – in a context of socioeconomic change, the breakdown of social and political institutions, and deepening poverty – widely held, and socially constructed expectations and norms of men as breadwinners and household heads fall into question. This is especially significant in a context of increased unemployment and low income, with men from poor and marginalised groups most affected by a 'crisis of masculinity', in that they are furthest from the ideal of a male provider that underpins the dominant hegemony (Kabeer 2007, Kelbert and Hossain 2014). Manifestation of this sense of insecurity has been observed as sexual control, aggressiveness, and violence against women to restore male dominance (Silberschmidt 2001).

This poses a significant challenge to binary gender stereotypes that do not allow for fluid changes in gender identity. Research from Uganda (Agadjanian 2002) and Ghana (Overå 2007) point to situations where economic crises have put large numbers of men out of work (often in the formal sector), leading them to take over more 'female' jobs in the informal economy. However, we know less about any impacts of such shifts on masculine identity or about men actually taking on more unpaid care and domestic work in their homes. Despite this, there are important implications for policy regarding the economic empowerment of men and women and potential alliances for work toward gender equality.

- First, it is hard to generalise about men's attachments to traditional roles or of 'work' as all-important in their self-identity, as IMAGES research shows that a wide range in proportions – between 34 and 88 per cent – of men interviewed say that they are frequently stressed or depressed because of not having enough work or income.
- Second, men's stress related to livelihood insecurity derives from the socially constructed role of provider and was identified as a key factor associated with perpetration of violence, depression, suicide, alcohol abuse and higher rates of arrest (Barker *et al.* 2011). The notion of men's dominant social role as a provider needs to be overcome, while stable livelihoods need to be available for women and men alike.

In the drive to get women into work, their historical caring roles and responsibilities within the home and the community tend to be overlooked. In other words, the organisation of roles and responsibilities for care needs simultaneous reorganisation (a) between women and men, horizontally, and (b) between the family and the community, or state; that is, between the private and the public. See Chapter Three on 'Fatherhood, unpaid care and the care economy' for further analysis of these issues.

### **2.3 The roles of policies and institutions in these trends**

Different patterns of economic growth have different outcomes for the quantity and quality of employment in different groups. This, in turn, shapes women's and men's prospects of finding work that provides good terms and conditions. Razavi and colleagues (2012) argue that dominant macroeconomic policies have, over the past three decades, performed poorly in terms of generating sufficient employment that is of decent quality for men and women. It is argued that the established policy approach of tight monetary and fiscal policies, with free trade and capital flows, has not proved to be conducive for either widespread development of or extensive improvements in wellbeing and gender equality. There is growing support internationally for alternative macroeconomic policies that, while aiming for macroeconomic stability, take more heed of development and social goals (Razavi *et al.* 2012).

While a global push for women's empowerment and the integration of this into national laws and policies has no doubt aided these trends, sometimes historically embedded *laws and regulations* (often colonial era laws) still constrain women's agency and opportunities more than those of men. Women and men often have different ownership and inheritance rights, or

when restrictions are placed on hours and sectors of work for women but not for men; the laws or customary practices of 102 countries still deny women equal rights in access to land (SIGI 2014). Furthermore, as labour markets have become deregulated and standards relaxed, women's labour force participation is disproportionately occurring in the informal economy at lower income brackets, and more women than men are outside of the protection of laws and regulations for safety at work, for minimum/fair pay, conditions of work or anti-discrimination (Razavi *et al.* 2012; UN Women 2010).

Unequal treatment may also manifest itself more indirectly through biased service delivery, as is often the case for agricultural extension services (World Bank 2012). Here, *institutional bias and market structure* (with women under-represented in non-food crops that are often the target of extension services) reinforce and even deepen inequalities. Reforming land or inheritance rights has also shown to be transformative, enabling women to gain equal legal status in contexts where this has traditionally been denied to them (UN Women 2010). However, gender is not the only axis of social differentiation, and intersectionality between gender and economic inequality needs consideration (as do other axes such as ethnicity, caste etc.). For example, there are some concerns that land purchasing schemes can further entrench unequal power relations between rich and poor women, as has been documented in Mozambique (Kanji *et al.* 2005).

Of particular significance in the process of women's economic empowerment has been the establishment of *access to formal financial services* for poor women in developing countries. Until recently, if women needed loans, they were often forced to borrow from friends, relatives and moneylenders, often at high rates of interest that contributed to keeping them in debt and poverty. Microfinance – a methodology dating from the 1970s and commonly attributed to the Grameen Bank in Bangladesh and Acción in Central America – has over the past 30 years enabled more than 150 million women worldwide to access small loans or 'microcredit' (Maes and Reed 2012), making it one of the most widespread types of intervention for poverty reduction in development today.

Microfinance has been praised as a methodology that has enabled financial services to be delivered to poor women at scale. It is one of the few economic interventions to do so. An ever-widening range of institutions now provide microcredit, including; microfinance institutions, government-owned banks, commercial banks, cooperative banks and NGOs. Group-based methodologies are the most widespread form of delivering microcredit. Mehra and colleagues (2012: 7) outline that 'while these methodologies differ in detail, they are typically organised around a common principle: as a substitute for collateral, they rely on group members to share responsibility for ensuring others repay their loans'. Kabeer's (2005) analysis shows that while access to financial services can and does make a vital contribution to the economic productivity and social wellbeing of poor women and their households, it does not 'automatically' empower women. Furthermore, a recent review of six randomised control trials of microcredit programmes found that these initiatives do not lift people or communities out of poverty, although they do seem to enable more freedom in people's choices (for example of occupation), women's decision-making and the possibility of being more self-reliant (Banerjee, Karlan and Zinman 2015).

While a 'feminisation' of anti-poverty programmes has had significant implications on work towards gender equality, women are often put under enormous pressures as the traditional distribution of care roles and responsibilities within the household and society remains unchallenged, and strategies for reforming care, including enhancing domestic care roles for men, are rarely put forward or employed (Chant 2008). Kabeer (2007) argues that, despite women's increased work and escalating burdens of care, men have often shown a strong resistance to sharing unpaid domestic work. Research in Costa Rica showed that even men who had lost or abdicated their responsibilities as primary breadwinners still defended their exemption from domestic work in strong terms (Chant 2000). However, Kabeer argues that

men's involvement in care work may help to break down some of the rigidities of male identity and lessen their own vulnerability (Kabeer 2007).

Chant's (2008) research highlights the ways in which the *potential benefits of anti-poverty programmes for women can become burdens*, when direct and indirect strategies to enhance women's access to material resources simply increase the loads they bear and the demands made upon them. For instance, social protection initiatives are highlighted for their heavy reliance on women as mothers, making little effort to involve fathers in shared responsibilities, for example in unpaid care work. Molyneux (2008), in her review of conditional cash transfers, particularly of PROGRESA in Mexico, argues that although these programmes are widely replicated due to their perceived positive impact in reducing poverty, they often reinforce asymmetric gender roles, as the programmes' gender bias tends to reinforce the position of women as mothers, tying them more closely to the home. In these programmes and policies, the broader structure of gender roles in the community – and in households in particular – is left unchallenged, often through a reductive focus only on women (and sometimes girls), combined with a lack of a structural and relational analysis, leaving men essentially 'absent'.

Despite their good intentions, programmes thus often effectively endorse and entrench a highly non-egalitarian model of the nuclear family. Because such programmes are constructed within this paradigm, they have little power to destabilise deeply embedded structures of gender inequality, whether in the home, the labour market, or various institutions (Chant 2008). Policy and programme responses therefore need to take into account:

- men and gender relations for the redistribution of power and responsibilities, as well as
- ways in which to reassess the models that are guiding the direction of economic development nationally and internationally and their relationship with gender inequality.

Of course, the role of policies and institutions is not limited to those that operate within communities, but also extends to those involved in development assistance and international economic policymaking itself. In an article exploring the role of institutional context in shaping policy agendas on gender and poverty, Bedford (2007) undertakes a case study of the World Bank's gender lending in Ecuador by using interviews with employees and analysing policy texts to explore the institutional positionality of World Bank gender policymakers. She identifies key constraints on their policy output, namely a tendency and pressure to frame or rationalise gender policy by appeals to growth, productivity and efficiency, as well as a tendency to frame gender policy as being about producing 'complementary sharing' between women and men. The former has been contested and heavily debated in feminist literature, but the latter constraint is explored in more detail by Bedford. She argues that the tendency to restrict gender policy to a complementary focus on 'couples' has itself reinforced gender-binary constructions and a trend of poor men being positioned as unreliable and irresponsible (often drunk and violent) partners, increasingly presented as key to the 'gender policy problem'. The 'problem' therefore becomes framed as the issue of poor men, 'over there' in poor local communities, or 'down-streamed', rather than bring about gendered power relations in the wider economy, nationally or globally.

Razavi and colleagues (2012) argue that society as a whole needs to seek a better balance between the provisions of care work – paid or unpaid – and other paid labour, facilitating greater gender equality in both domains. For many developing countries, attaining gender equality requires strengthening publicly accountable systems and institutions. This means investing in quality, accessible public health, education and care services (including for children and the elderly, accessible to male as well as female clients) that can also become a source of decent gender-equitable employment, and broad-based and redistributive social protection programmes.

## 2.4 Men's roles in women's economic empowerment

Control over resources and assets, whether through formal ownership, employment or customary access, plays a key role in advancing the rights and wellbeing of women and their families across the globe (World Bank 2012). However there is a mismatch between increases in women's income or asset levels and other expressions of empowerment, including decision-making and participation in public and political life. The role of gender *relations* in this paradox has been explored and the hypothesis presents the roles of men as central.

In an article exploring why masculinity should be considered in microcredit initiatives, Ahmed (2008) explicitly questions the assumption that women can increase agency as they earn more money, without specific strategies for dealing with gendered power hierarchies. Ethnographic research conducted with men and women in rural Bangladesh between 1999 and 2001 interrogates the dominant binary framework and one-gender focus that excludes male relatives of Grameen Bank microcredit clients, arguing that this exacerbates gender-based violence and prevents joint decision-making within the home (Ahmed 2008). Sharecropper women in Bangladesh have expressed the significance of their subordination within the multiple male-dominated spheres of extended family and village community and the research explores the nuances of different masculinities in order to make recommendations on how a spectrum of masculinities can be recognised in microcredit initiatives to empower low-income women and men. Expressions varied between: 'high-minded men' who expressed gender-equitable attitudes and relationships supporting women's empowerment from a rights perspective; 'mixed men' that showed support to women relatives, but within set boundaries that they could control; and men who showed violent responses to women's achievements related to microcredit programmes (Ahmed 2008). The recommendations suggest empowering 'high-minded men' as change agents to reach other men in the community and to change community norms.

Overall, experience from women's economic empowerment presents a mixed picture here. For example, Mehra and colleagues' review of women's agency in microfinance initiatives reflects one side of this mixed picture (Mehra *et al.* 2012). As might be expected, higher income and asset ownership resulting from participation in microcredit programmes often strengthened women's position within households, in terms of decision-making power, greater social mobility and improved access to economic resources (Mehra *et al.* 2012). Similarly, Lakwo (2006), employing a mixed methods approach, found that rural women microcredit clients in Uganda experienced improved decision-making power within their households and gained greater ownership over their microenterprises and some household assets typically controlled by men, such as poultry, and beds with mattresses. By contrast, a number of other studies, also using mixed methods, concluded that improved economic outcomes from microcredit did not always translate into enhanced agency among women clients. For example, Goetz and Sen Gupta (1996) found that the majority of women clients retained only partial or limited control over their loans, and that male relatives exerted substantial control, concluding that participation in microcredit programmes alone did not enhance women clients' ability to exercise agency over their loans (Mehra *et al.* 2012). So, whilst access to finance can at least partially empower women economically within households and communities, there is also often resistance – of the 'obstructive' or 'controlling' variety – and no automatic translation of earnings into control and agency.

In Kabeer and colleagues' (2011) analysis of research on women's empowerment and paid work in Bangladesh, two key 'relational resources' feature among the findings of related impact. Not only do they find that support of the family is crucial in shaping women's experiences of economic empowerment, in different types of work and status, but – more specifically – they also find that women who do speak out and try to exercise more agency often face resistance from men in their households. They conclude that 'women who are valued and supported by other family members, including male members, find it easier to



translate the resources at their disposal into enhanced voice and agency, including their public mobility and participation in politics' (Kabeer, Simeen and Tasneem 2011: 39). The detailed qualitative data provides very good and compelling illustrations of how crucial the role of men can be for women's empowerment (Kabeer *et al.*: 38–39), highlighting the importance of understanding the ways in which men can be 'obstructive' and enhancing the ways in which men can be 'supportive' in such programmes.

Whilst set in the context of 'community development' more broadly, rather than 'women's economic empowerment' or men's engagement specifically, Izugbara and colleagues (Izugbara, Tikkanen and Barron 2014) used ethnographic and interview data from two slums in Kenya, to explore men's perceptions and narratives of men's roles relative to community development. They find Kenyan men to be broadly aware of many of the structural constraints to community development in their specific contexts and that this awareness intersects with a common view that they are themselves both critical and central to ensuring community development. Whilst rebutting the notion that *they* might have to change for their communities to develop, most men interviewed saw such development as dependent on their own quest to perform to many of their traditional scripts of masculinity. The authors caution that any wholesale rejection of locally prevalent norms of masculinity as the main basis for community development strategies is not likely to resonate among men, and they argue that community work with men that fails to acknowledge them as gendered may struggle to succeed. In other words, there are likely limitations to the idea of fundamentally 'reforming men' as the key route to greater gender equality in terms of incomes and work. That may be particularly so when such calls for reform are seen as an imposed agenda from outside their communities, and where potential benefits of change are not explored with and by such men, as discussed further below.

More generally, while research often finds the way that men appear in the design of many women's economic empowerment programmes and policies as 'absent' or not needing to be involved – whether due to men's own assumed 'orientations' and attitudes, or by programme design, or both – we can follow Ahmed's (2008) broad taxonomy and re-describe men's actual or potential roles as: (a) 'obstructive', in terms of overly dominant or controlling engagement of men; (b) 'ambivalent', as in circumscribed, contradictory and conflicted; or (c) 'supportive', to different degrees from implicit to practical or proactive support.

The challenge for programme and policy design becomes; 'how' (in what contexts, for what groups and for what kinds of policies and interventions) can we account for and engage men and boys to shift roles from 'obstructive' to 'ambivalent' and, ultimately, 'supportive'? Furthermore, how can policy and programmes for poverty reduction, economic empowerment and social protection become less limited by pre-set framings focusing only on women, or on women-with-men in couples, rather than on communities (as we find them), diverse social groups, cohabitants and individuals. That is, how do they become 'gender-sensitive' rather than stereotyping? The 'transformation' of gender relations is fundamental to this aim. An area of work in need of far greater understanding and evidence is that of the roles of men and masculinities in policies and institutions 'upstream', in the centres of power and decision-making. This topic is explored further in Chapter Nine on 'Public and political participation'.

## 2.5 Initiatives engaging men and masculinities that may work

There are by now a wide range of initiatives aimed at women's economic empowerment, such as: Colombia's subsidised day-childcare programmes for working mothers; improving access to productive resources in Ethiopia, with joint land titles granted to husbands and wives; attempting to address gender biases in services, such as in agricultural extension through women's self-help groups in Orissa, India; or trying to overcome institutional biases against women at work using quotas or job placements in Jordan (World Bank 2012: 296–305). However, as revealed by the evidence, most initiatives and policies for women's

economic empowerment and social protection do *not* explicitly factor in the role of men and boys, although there is growing recognition of a need to do so. Consequently, less is known about ‘how’ this should be done or ‘in what capacities’ men should be factored in, or what ‘theories of change’ should be underpinning such approaches, and so on. The evidence above can help us frame how to interpret the few efforts that are well documented with strong evidence in the literature, as well as help to suggest directions for future development and research.

A few different programmes have explicitly aimed at reaching out to men in conjunction with economic (and other forms of) empowerment of women, as well as to document their effectiveness. For example, the evaluation of the WINGS programme in Uganda sought to test whether ‘more involvement of men’ contributed to better empowerment outcomes for women. The research was experimental, including a group of women participating in the programme with their male household partners, compared to a control group without explicit male involvement. After 18 months, the results did show a small but significant decline in women’s psychological stress compared to women in the group with the standard women’s empowerment programme, and some improvements in relationship skills demonstrated by male partners were also recorded. However, there was no effect on women’s independence, status in the community, or freedom from intimate partner violence (though, importantly, the programme did not increase a woman’s probability of experiencing partner violence) (Blattman *et al.* 2013).

In contrast, the well-documented South African ‘IMAGE’ intervention study of women’s economic empowerment (through group lending), seems to have improved not only women’s economic situation but also reduced domestic violence and sexual risk-taking (Kim *et al.* 2009). This experimental design study used economic empowerment accompanied with gender training and sexual health education, where women also reached out to ‘the community’ including to men. However, evidence on how critical the reach out to men was, and what the specific ‘roles’ of men were in this initiative or ‘how’ they were addressed, is less well documented. So, while the study is consistent with the hypothesis that a positive engaging of men may well enhance chances of success in women’s empowerment approaches, it does not prove that this particular piece is a necessary or critical factor. Box 2.1., below, provides more detail on the IMAGE study.

### **Box 2.1 The IMAGE study in South Africa**

The ‘Intervention with Microfinance for AIDS and Gender Equity’ (IMAGE) is a complex programme that combines gender and HIV training with group-based microfinance to address issues for wider social change (Kim *et al.* 2009). The microfinance component consisted of loans administered for the development of income-generating activities with a group lending model. The Sisters for Life gender and HIV training programme accompanied loan centre meetings and was structured on the basis of participatory learning and action principles. In a first phase, the programme worked with women on critical reflection and analysis of gender roles and norms, as well as on strengthening communication and leadership skills. In a second phase, the trained women engaged in wider community mobilisation activities with young people and with men. Sets of cross-sectional data were derived from women in three randomly selected matched clusters in rural South Africa, between 2001 and 2005. A comparative analysis between IMAGE and a ‘microfinance only’ control intervention showed that, although both programmes supported improvements in overall economic wellbeing, the IMAGE sites showed additional associated effects in relation to women’s empowerment, including reduced intimate partner violence and HIV protective actions (whilst actual reductions in HIV infections proved impossible to determine). This research suggests that combining women’s economic empowerment initiatives with interventions that recognise the wider social and political context in which women’s lives are situated have the potential to lead to more substantial change. It also suggests that women’s consciousness-raising can be an important precursor to engaging men in the process.

Another approach has been to combine couple and group education with men and women, which shows some promise in improving intra-household dynamics and support for women, particularly through participatory community education and communication techniques. In a pilot based on research with a Rwandan Village Savings and Loan (VSL) scheme, Slegh and colleagues (2013) found that the impact of this group educational training was positive on reducing household-level poverty, on collaboration in households and care activities, as well as on partner relations, decision-making and family dynamics. Box 2.2. lays out the main features of this pilot, which was both 'gender-synchronised' (in working with women and men together) and 'gender-transformative' in its aims and design (to reflect on, address and transform gender relations between partners).

### **Box 2.2 Engaging men in a Village Savings and Loans scheme, Rwanda**

In exploring whether and how the benefits of women's economic empowerment can be enhanced through engaging men at the household level, research in Rwanda has shown that discriminatory gender roles influence the way in which the benefits of a Village Savings and Loans scheme are used, with financial decision-making within the household still being dominated by men, as well as that one of the main sources of conflict in households related to money (Slegh *et al.* 2013). A pilot intervention – 'Journeys of Transformation' – was established to engage men in a couple-focused process, deliberately questioning such roles of men in order to improve their cooperation in household activities (Slegh *et al.* 2013). The intervention engaged men in groups and in couples (with female partners) on household relational dynamics, health and gender-based violence. Using a case-controlled evaluation design with survey-based and interview methods with men and women aged 20–76, the impact of this group educational training was found to be positive on household-level poverty, collaboration in household and care work activities, and on partner relations, decision-making and family dynamics (while it was difficult to confirm a reduction in gender-based violence). The design was based on principles of participatory group education that have been used to change harmful gender norms associated with violence, such as in Stepping Stones activities in South Africa. Based on this study, the intervention is currently being subject to a large-scale randomised control trial in Burundi.

The evidence on effective programmes to engage men in women's economic empowerment is therefore limited, if also indicative of some directions forward. While the Ugandan WINGS programme has shown that engaging men in women's empowerment can reduce women's psychological stress and improve household relations, other empowerment outcomes were limited (though not negative), the South African IMAGE study has shown that programmes for women that also reach out to men can have stronger economic empowerment outcomes (although the specific role of men in this outcome is less certain). The Rwandan pilot of the Village Savings and Loans scheme, which was designed to overcome men's 'obstructive roles' by engaging them in group discussions and couple counselling, did indeed show both improved household economies and improved relations between women and men. Most of these initiatives construct men as a 'problem' and as gatekeepers, but also seek to 'change their attitudes'. Some also seem to support women in managing partner relations and one seeks to directly facilitate household resolution, relations and bargaining. The International Rescue Committee's *Talking about Talking* programming in VSL schemes in Burundi showed that dialogue about joint economic decision-making in the household between men and women led to improvements in negotiation, as disagreements between couples were resolved by discussion as opposed to unilateral decisions made by men (IRC 2010).

There is less research on general community development that is specifically gender-sensitive by incorporating men as gendered beneficiaries, or co-beneficiaries alongside women. Nor have we found any strong evidence from specific economic empowerment strategies tailored to women and to men, specifically but in tandem. Furthermore, we have not found evaluated programmes or research on the relevance and role of men in policies that address gender-based discrimination in pay and conditions in the workplace, nor on the ways in which men and boys may (or may not) be included and accounted for in gender mainstreaming of community development and poverty reduction policies.

There is limited evidence of interventions that look at masculinities and social development in youth employment and employment generation schemes. One relevant initiative is Service Volunteered for All (SERVOL)'s Adolescent Development Program that provides psychosocial support, community development and vocational skills building to address youth marginalisation, harmful and violent masculinities and livelihood insecurity.<sup>12</sup>

Evaluative research with SERVOL participants interviewed ten years after their involvement in the programme showed several positive impacts. These included greater confidence, self-awareness, enhanced parenting skills, increased level of tolerance towards others and improved communication skills and relationships with their parents. However, this was not significantly different from the comparison group (Griffith 2002). There is some research on men in relation to policies on childcare, which likely has impacts on the gendered outcomes in economic empowerment, but this is explored further in Chapter Three of this report on 'Fatherhood, unpaid care and the care economy'.

## 2.6 Conclusion

We have seen how the last 30 years of globalisation and neoliberal policies in national and international development strategies have coincided with, on the one hand, an era of absolute poverty reduction and significant increases in women's labour force participation rates and, on the other, an increasingly informal and precarious nature of work, often particularly so for women – but also for men – at lower income levels. Significant gender wage gaps remain and women are disproportionately concentrated in lower-earning categories of work. These policies have also privileged economic growth and private sector economic production over redistribution, public sector provision of care, protection and social services.

Pressures on public expenditure ceilings (restricting social and development budgets) have led to the prioritisation of those most in need, with women becoming seen as increasingly significant for work and poverty reduction at lower income levels. This increased emphasis on women in economic development has combined with social protection and economic empowerment interventions being targeted specifically to poor women and girls, while research reveals that such approaches often run up against serious constraints by not accounting for poor men's exclusion in this. Men's and boys' own experiences of poverty and work are integral for transformative poverty reduction and routes to gender equality. Male perspectives on economic empowerment are not only important because they impact on those of women and girls, but also because they can have further impacts on gender relations through caring arrangements, sexual risk-taking, interpersonal violence, or men's responses to public participation and political empowerment of women.

The role of *policies and institutions* shaping men's relationships to women's economic empowerment spans a complex mosaic of macro-level social and economic policies and frameworks, to financial and social institutions and service delivery organisations, down to community-level dynamics. Important common features emerging from the research include:

- There is a mismatch between efforts aimed at economic growth, production and income generation vs redistribution, social reproduction and caring roles and functions.

The common outcome has been that women and girls are often doubly burdened in their roles – and particularly so amongst the poor, whilst little policy attention is provided for a more gender-transformative<sup>13</sup> realigning of roles and opportunities of different women and men in a more structural perspective, taking account of vertical inequalities between income

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<sup>12</sup> Information on the SERVOL Adolescent Development Programme can be accessed through UNESCO – [www.unesco.org/ui/litbase/?menu=4&programme=88](http://www.unesco.org/ui/litbase/?menu=4&programme=88) (accessed 11 May 2015).

<sup>13</sup> As defined in Chapter One, above, gender-transformative initiatives refer to those aiming to transform social norms around expected gender roles.

groups or professional hierarchies, alongside those complicated by other issues, such as class, caste, ethnicity or sexuality. Furthermore;

- Little attention and imagination appears to be given to envisioning a better balance between the provisions of care work (paid or unpaid) and other paid labour, which could facilitate greater gender equality in both domains and balancing this across public and private provision.

Evidence on the *roles of men* in recent economic empowerment programmes for women and girls highlights three important points:

- First, the way that men's and boys' roles are constructed, imagined or omitted, in approaches to poverty reduction and economic empowerment strategies for gender equality is broadly negative and is often in dissonance with how men themselves (and many women) perceive their roles in the economy and community development.
- Second, we can discern a range of roles from obstructive through ambivalent (or conflicted) and to supportive of women's empowerment. It is also clear how this is not limited to an economic domain of control of assets and resources, but is context-specific and draws in diverse historical and cultural notions of gender and masculinity.
- Third, a focus in research and policy on men as the 'problem' has been projected onto the role of poor men in local communities and households, while little research and evidence exists on the gendered roles of men and masculinities in terms of social and economic policymaking or within the institutions of state and international agencies influencing these policies.

In terms of what little we do know about *interventions* that can make a positive difference, we have three key findings:

- Engaging men in women's empowerment can reduce women's psychological stress and improve household relations, for example from the experience of WINGS in Uganda.
- The IMAGE study in South Africa demonstrated that economic (and broader) empowerment programmes for women that also reach out to men can have stronger economic empowerment outcomes, even if the specific role of men in this particular outcome is unclear.
- The pilot of 'Journeys of Transformation' in Rwanda, which was specifically designed to engage men in groups and couple discussions, did indeed show *both* improved economic impacts *and* improved relations between women and men in village households (even if this was small-scale and is now being explored at greater scale in Burundi).

Most of these interventions identified or constructed men as a 'problem' and as gatekeepers, but they also seek to change their attitudes and behaviours, with some apparent success. These interventions are still small-scale and intensive, leaving the important question of how such approaches could best be scaled up in large programmes, through policies or other means. In terms of economic and social policies, which specifically address the role of men relative to women's empowerment and welfare, we know even less and we have not been able to find strong evidence in the literature of the last decade.

Future *research and experimentation* should search for policy and programme responses that can; (1) take into account men and gender relations for poverty reduction and care policies at greater scale, and also (2) ways in which to address the models that are guiding the direction of economic development nationally and internationally and their relationship with gender inequality (that is, towards sustainable frameworks that interrelate and balance economic production and social reproduction). As men's crises, emerging in contexts of

inequality and economic stress, can present real obstacles to women's empowerment and can lead to backlash, they also have further negative consequences in terms of men's mental health, sexual risk-taking, substance abuse and interpersonal violence, including violence against women, all of which interweaves in complex and dynamic ways with work and relative poverty. Thus, new research needs to:

- Avoid getting trapped in the simple notion of 'absolute poverty' as a root cause of all of these problems and transition to also dealing with 'inequality'.
- Explore inequality as more than a localised horizontal household- or community-level issue, but also as vertical and systemic (e.g. the issue of care, linked to the role of the state, business and employment regulation, redistribution, taxation etc.).
- Investigate new ways of approaching the problem of intersectionality, simultaneously dealing with gender, economic and other inequalities.

The common problem of downstreaming 'the man question' only to poor men in 'crises of masculinity' is a notable feature in research and policy, when less visible men and masculinities deeply shape research, policy processes, policy formulation, politics and outcomes. Thus:

- There is a need for more fundamental research (with new methodologies) on men and masculinities in 'power; at work' and 'in policy'— that is, 'researching up'.

This might involve more unorthodox research on people in power and policymaking, with a focus on the dynamics of masculine cultures and the material incentives (both social and economic) and implications for males and females of different kinds, as well as for policy itself. A greater understanding of how men and women in power and policymaking view (or are blinded to) gender inequalities – and how this influences how they perform in their domains to influence the kinds of policies they shape and implement – could be extremely helpful for designing better strategies for reform of unequal gender structures in work and socioeconomic policymaking.

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## 3 Fatherhood, unpaid care and the care economy

Alexa Hassink with Laura Baringer<sup>14</sup>

### 3.1 Introduction

Over the past 20 years, social and gender norms around fatherhood, caregiving and unpaid work have been shifting. As women's role in the labour force has increased, men in many parts of the world have also begun to play a larger role in care work, be more engaged fathers and believe that they are equally responsible for the care of their children and families. However, there is still much work to be done. Although women now represent 40 per cent of the paid workforce and 50 per cent of the world's food producers (Budlender 2008; OECD 2010; World Bank 2012), an analysis of six countries<sup>15</sup> showed that women are still spending one to three more hours each day on housework and two to ten times as much time on caring for a child or older person than men are (World Bank 2012).

In order to advance gender equality, the burden of care work on women must be alleviated and redistributed equally between men and women. This chapter will provide an overview of some of the broad shifts in unpaid care work and men's caregiving at the international, national, local and individual levels. It will look at successful policy solutions, including parental leave, that regulate the private and public provision of care and the role of institutions in supporting those changes. Finally, it will provide a few programmatic strategies that have been successful in engaging men to shift gender norms around caregiving and balancing the care divide.

### 3.2 Trends in caregiving and unpaid work

#### 3.2.1 Distribution of care

The provision of care, also referred to as care work, is essential to the wellbeing of men, women, and children. The definition of care work generally includes the care of children and elderly at the household level, care of the sick and disabled in the community, and housework. Care work is most often undervalued, underpaid and disproportionately falls on the shoulders of women, particularly poor women from marginalised racial and ethnic groups (Razavi 2007). Although care work can be paid, the focus of this chapter will be on the burden of unpaid care work and specifically, the care of children within the household.

The unequal distribution of care work often perpetuates deeply ingrained social and gender norms within the home and communities, concepts that are explored further in Chapter One 'Introduction: Framing the evidence and shifting social norms'. It also often limits women's opportunities for education, employment, earning power and participation in political life (Budlender 2007; Esquivel 2013; Razavi 2007). Traditionally, and still in much of the world today, men are most often expected to be the main or sole providers for their families, and women are expected to be responsible for caring for children, the home and their families, supportive and obedient to their husbands. As these norms are taught, adopted and reinforced at an early age, they often become central to male and female identity, making them even more difficult to change (Muñoz Boudet *et al.* 2013). For example, a man may see

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<sup>15</sup> Countries studied are: Pakistan, Cambodia, South Africa, Bulgaria, Sweden and Italy.

his participation in care work and domestic tasks as undermining his role as the provider and his identity as a 'real man'. Alternatively, some women may resist men's participation in care work as it provides them personal and social capital and power in the domestic sphere – a role that is challenged as men begin to take on these tasks (Hook 2006).

Women are still responsible for most care work. From 1999 to 2011, the Organisation for Economic Co-operation and Development's (OECD) found that women's time spent on unpaid work was almost double that of men's (275 minutes a day compared to 141 minutes a day) (OECD 2014a). However, some recent evidence has shown that progress towards a more equal distribution of care work is being made. Over the past 40 years (from 1965 to 2003), married, employed fathers were found to spend nearly six hours more per week on unpaid care work; however, men's share of unpaid work has not yet achieved equality with women's, as it did not exceed 37 per cent in any of the 20 countries<sup>16</sup> studied (Bianchi *et al.* 2000; Gershuny 2000; Gershuny, Godwin and Jones 1994, cited in Hook 2006). The definitions of spending time with children may vary between men and women, leading to variations in the data. For example, data from a six-country<sup>17</sup> study from the global South found that although only 10 to 31 per cent of women reported that their partners played a daily role in the care of their child, men's reports of their own participation were much higher (ranging from 36 per cent in Chile to 63 per cent in Croatia) (Barker *et al.* 2011). This difference in perception may be due, in part, to the finding that while men are spending time with their children, very few men reported spending time alone with their children. Men cited playing with children as the most common form of caregiving, which women may not define as caring for a child. Women reported that they are most likely to handle the cooking and changing of diapers, and may think that men are contributing when they take over those tasks.

It should be noted that although women represent a significant portion of the paid workforce, they continue to earn less than men overall – discrepancies not fully explained by education, level of experience, or sector of work (World Bank 2012, 2013). Men are more likely to be in positions that are more secure, with better wages, benefits and titles (World Bank 2012), while women are more likely to be in lower paid, part-time positions without many of the same benefits. See Chapter Two on 'Poverty, work and employment' for a further exploration of women's and men's roles in the labour force.

As will be discussed later in this chapter, parents might make pragmatic decisions based on salary, benefits and potential career growth, about who will be the primary caregiver. Thus, the pay gap between men and women may inadvertently justify women continuing to take more responsibility for care work. Additionally, although women's increased participation in the labour force has served to expand paid caregiving services, primarily in developing countries, these services remain undervalued and lower paid than many other types of formal employment (Razavi 2007), contributing to a societal devaluing of care work overall.

### **3.2.2 Distributing care work at home**

Some theories posit that men and women are pragmatic about how they distribute their care hours and aim for equilibrium. It is thought that men and women consider each individual's time spent working and time spent on unpaid work (Hook 2006). Other theories present much more individualistic ideologies, suggesting that the partner with more economic and social leverage, often the man, will bargain away participation in household labour (Hook 2006). Limited recent research has shown that in some developed countries where a woman in a couple has the higher earning power, the couple may make a joint decision for the father to stay at home with the children (Harrington, Van Deusen and Mazar 2012).

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<sup>16</sup> Countries studied include: Austria, Australia, Belgium, Bulgaria, Canada, Czechoslovakia, Denmark, Germany (East and West), Finland, France, Hungary, Italy, Netherlands, Norway, Sweden, United Kingdom, United States, Yugoslavia.

<sup>17</sup> Countries studied include: Rwanda, Chile, Brazil, Mexico, India and Croatia.

Most theories, however, suggest that men and women may be inclined to 'do gender' or live out their perceived gendered expectations at home. Therefore, promoting male's role in caregiving, increasing the value of care work and shifting the association of care work away from 'women's work', is a critical component in norms changing. Men must begin to see care work and engaged fatherhood as part of the male identity. Men and women may even over-compensate for less traditional situations in which women are the main earners, leading to these women taking on even more responsibilities at home, and men, even those unemployed, taking on fewer tasks (Hook 2006). In turn, this can lead to women reinforcing gender norms, as opposed to women encouraging, supporting and reinforcing male engagement in care work. Further research in this area, focusing particularly on the developing country context, is necessary to better understand the factors associated with decisions around the sharing of caregiving responsibilities and potential programmatic solutions.

### **3.2.3 The impact of gender norms on care work**

Gender norms continue to strongly influence the unequal care work burden on women (Barker *et al.* 2011) and greater gender-equitable attitudes have been correlated with men's greater involvement in caregiving (Kato-Wallace *et al.* 2014). Men who are more supportive of gender equality tend to be younger, have higher levels of education, and live in urban areas (Barker *et al.* 2011; United Nations Division for Social Policy and Development 2011).

A five-country (Brazil, Chile, India, Mexico and South Africa) qualitative study of men involved in non-traditional forms of care work explored men's motivations for taking on caregiving roles (Barker *et al.* 2012). Interestingly, most men involved in caregiving at the family level pointed to life circumstances, including separation and divorce, death of caregiving partners, or chronic health conditions or disabilities on the part of the caregiving partners or of another family member as a reason for their uptake of care work. Some men cited seeing their fathers perform care work as a motivating factor, as well as receiving ongoing support from their partners for doing this work. Men noted a diversity of responses to their roles as caregivers including acceptance, feelings of value and importance of their contributions, as well as, in some cases, loneliness and depression. Overall, the study found that men who took on caregiving found that it was beneficial to their families, could perceive that benefit in a short time, but did not find a sense of identity in doing the care work.

The study's findings suggest the importance of broader norm change – through policies, mass media campaigns, and actions within social institutions – to promote, and highlight men's caregiving. For example, a MenCare<sup>18</sup> Fatherhood Support Programme in Turkey run by the Mother Child Education Foundation (ACEV) worked with fathers to raise awareness about improving communication and child development. Fathers who participated in the programme said they spent more time with their children and according to the mothers became more involved in housework and parenting (McAllister *et al.* 2012)

Some preliminary research has begun to build the evidence base that men's involvement as fathers can lead to improved physical and mental health (Dykstra and Keizer 2009), and that men who play a greater role in caregiving have deeper connections with their children and partners (Barker *et al.* 2012). In the global North, research has shown that when fathers are prepared, even minimally, women's post-partum experiences are improved and can even help compensate for poor-quality obstetric services. Engaged fathers can also help support breastfeeding through helping with housework and other areas of infant care. See Chapter

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<sup>18</sup> MenCare promotes men's involvement as equitable, non-violent fathers and caregivers in order to achieve family wellbeing, gender equality, and better health for mothers, fathers, and children. MenCare operates at multiple levels: through media and communications tools that portray positive messages about fatherhood and equality, group education with fathers and couples, training of health and service providers, and advocacy with health and social service systems, local and national governments, and the international community. MenCare is active in more than 25 countries on five continents.

Six on 'Health and wellbeing' for a deeper exploration into the gendered dimensions of men's health.

Additionally, among children, engaged and positive father involvement can lead to better peer relationships, non-traditional attitudes to earning and childcare, higher self-esteem and fewer behavioural problems, including less substance abuse (Burgess 2008). Also of note, women whose partners participate in daily care work report higher levels of relationship and sexual satisfaction (Barker *et al.* 2011). Additional research to examine fatherhood in a diversity of countries and cultures would provide a more comprehensive picture of the psychological impact of active and engaged fatherhood on males and families.

Recent research suggests that increased gender-equitable attitudes in the home have repeated, positive effects on future generations. Men with more highly educated mothers are more likely to have a greater involvement in caregiving later on (Kato-Wallace *et al.* 2014). As mentioned above, men are also more likely to take on an equal share of the caregiving at home when they grow up seeing their fathers participating in these tasks (Barker *et al.* 2011). Conversely, when women do not engage in work outside of the home, their daughters are also less likely to do so and their sons are less likely to marry women in the workforce (World Bank 2012). Additionally, some evidence does suggest that individuals who hold more gender-equitable attitudes as a result of their socialisation, will be more likely to distribute the unpaid work more equally. This idea of gender socialisation has been taken up by many, suggesting a generational shift of increased acceptance of shared distribution of paid and unpaid labour, as new generations of children are coming of age seeing women's greater participation outside of the home (Hook 2006).

### **3.2.4 The care economy**

Estimates of domestic and unpaid care work range from 10 per cent to more than 50 per cent of a country's gross domestic product (GDP) (Sepulveda Carmona 2013). Although other forms of unpaid work, such as agricultural labouring and family employment are included, 'the care economy' is largely absent from economic calculations. An analysis of 26 OECD countries estimates that between one-third and half of valuable unpaid economic activity is not accounted for by GDP or by other traditional measures of estimating wellbeing (Miranda 2011). Even as unpaid care work is more widely recognised as producing value it continues to be excluded from GDP. The pervasive undervaluing of care work not only reinforces the gendered divide, but also adds stress to caregivers, results in lower earnings, less recognition and more dependence; it also decreases the quality of care and increases the vulnerability of those receiving it (Sepulveda Carmona 2013). Including care work in national and global economic data is critical to ensuring care work is valued both in the home and community and at the policy level. This recognition is an essential component to equalising the care burden and enabling more women to participate outside the home.

A challenge to including care work in GDP is that care work can be extremely challenging to quantify, collect data on, and interpret. At times it includes the narrower definition of caring solely for individuals. At other times, it encompasses the domestic and household work so intricately connected and overlapping with care for children, the sick, elderly, or disabled such as providing for health care or shopping to provide for the needs of those being cared for (Budlender 2007). In order to enable care work to be included in estimates of productivity and GDP, it is critical to develop standard definitions and expand the use of comparable, reliable, time use data. Including care work in GDP, thus increasing GDP for all countries, would upend current understanding of historical trends (Budlender 2007; Chopra, Kelbert and Iyer 2013).

While this may require some additional analysis when comparing GDP over time, it is not a sufficient reason to exclude care work from GDP. Without a care work estimate included in GDP calculations, the true wellbeing of a country's population cannot be fully captured, and there will be little political motivation to develop and ensure policies and programmes that

support the equitable distribution of care work moving forward (Budlender 2007; Miranda 2011).

### **3.3 International attention, policies, and the role of institutions in encouraging men's caregiving**

Over the past 20 years, the issue of unequal distribution of care work has attained more global attention and been mentioned in many international agreements, with notable, but insufficient progress being made within the international policy community. The 1994 International Conference on Population and Development's (ICPD) Programme of Action recognised the essential nature of partnership between men and women, including the co-responsibility of care, in productive and reproductive life (United Nations 2014). In 1995, the Beijing Declaration and Platform for Action first addressed the need to take on the inequitable distribution of paid and unpaid work between men and women, in order to achieve gender equality (Sepulveda Carmona 2013).

In recent years, international institutions have continued to highlight the unequal burden of care. For example, in 2004 the Commission on the Status of Women (CSW) encouraged governments to adopt and implement policies that would close the male–female gap in parental leave and working arrangements, in order to encourage men to more fully participate in the care and support of others, particularly children (Barker 2011). Later, in 2009 the CSW selected 'the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS' as a priority theme. The 2013 World Development Report on Jobs stated that the shortage of care services hinders women's participation in the labour force, and recommended providing or subsidising childcare as a public service (Esquivel 2013). Additionally, International Labour Organization (ILO) Conventions as well as various international human rights treaties<sup>19</sup> establish obligations meant to urge states to address the issue of unpaid care (Sepulveda Carmona 2013).

Among countries surveyed in a 2014 20-year follow-up to the 1994 ICPD Programme of Action (ICPD Programme of Action Beyond 2014), roughly two-thirds of countries reported having 'engaged men and boys to promote male participation [and] equal sharing of responsibilities such as care work' in the previous five years. This approach was most prioritised in 81 per cent of the higher-income OECD members compared to lower- and middle-income OECD countries, and high-income non-OECD countries, which ranged between 57 and 69 per cent (United Nations 2014). The report did not note regional differences, and additional research is needed to understand the driving factors influencing this prioritisation as well as the success of these efforts. Although the international community has increased its recognition of the unequal burden of care, further advocacy and change on the international policy level are needed.

Increasing men's role in caregiving has seldom been part of the global gender equality or the early childhood agenda and is addressed even less frequently in government policies. In fact, a recent analysis found that the topic of unpaid care is generally invisible in policies across sectors related to early childhood development in 142 countries and social protection sectors in 53 countries. In cases when it is acknowledged, little is known about the process or influencing factors for how unpaid care has been successfully integrated into these policies (Chopra *et al.* 2013). Even when unpaid care work is mentioned, such as in recent campaigns by ActionAid, the belief that men would actually do more of the care work is virtually absent.

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<sup>19</sup> Treaties include: (1) International Covenant on Economic, Social and Cultural Rights (ICESCR); (2) The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); (3) The International Covenant on Civil and Political Rights (ICCPR); (4) The Convention on the Rights of the Child; and (5) The Convention on the Rights of Persons with Disabilities.

The way in which countries, as well as the international community, choose to address care work can either serve to expand the choices and capabilities of both women and men or to reinforce traditional norms, and further confine women to caregiving spaces (Razavi 2007). Much of the focus has been on providing economic and social value to women's care work, which, by describing it as women's work, may serve to reinforce existing norms. An analysis from the multi-country IMAGES<sup>20</sup> study found that men who described atypical caregiving activities affirmed that their social networks and their society in general do not value care work, regardless of whether it is carried out by a man or woman (Barker 2014). Therefore, creating clear and nationally and internationally recognised economic and social value for care work should be an international priority.

Strategic public policies adopted by governments and the workplace are essential for the encouragement of men's participation in caregiving. Potential policy solutions to reduce the burden of care, including those with monetary or social security benefits, include tax allowances, tax subsidies, or payments to caregivers, and the provision of social services and social security credits to caregivers (Razavi 2007). These caregiver credits, credits provided to individuals for time spent out of the workforce while caring for children or elderly relatives, for example, are near universal in public pension systems in much of the European Union and high-income OECD countries. They were designed, in part, to emphasise the importance of family-friendly policies (Jankowski 2011; Razavi 2007), and to improve benefits for women who leave the labour force to care for others. Childcare services, which are also a priority of European countries, and employment measures such as parental leave, sick leave, flexitime, reduced working hours, and encouraging women's workplace participation have all been employed to reduce the burden of care, and are explored further below (Jankowski 2011).

It is important to note, however, that while many policies may be designed to reduce the burden of unpaid care, not all – in fact very few, if any – are explicitly designed to increase men's uptake of caregiving responsibilities. For example, only about a quarter (25 out of 107) of social protection policies analysed across 53 countries and about 15 per cent (41 out of 270) of early childhood development policies across 142 countries expressed intent to address unpaid care. Most of the analysed social protection policies focused on transferring responsibilities from individuals to the state, rather than between women and men (Chopra *et al.* 2013).

### **3.3.1 Workplace policies and parental leave**

One strategy that has received increased national and global attention over the past 20 years is the provision of paternity leave – or employment-protected leave for a father after the birth of his child. Paternity leave provides men with an opportunity for the uptake of family responsibilities and early bonding with their children – which are directly related to positive impacts on child development, while serving to reduce the association of women as primary caregivers (ILO 2014; OECD 2014b). Furthermore, men's uptake of paternity leave may also increase their partner's earnings. A recent Swedish study found that for every additional month a father takes leave, the mother's earnings increase approximately 7 per cent (Johansson 2010).

While the provision of paternity leave alone will not achieve full gender equality, it is one of the strongest statements in support of fatherhood that a government or institution can make. It affirms the value of unpaid care work, and more specifically, supports men's participation in unpaid care work (Promundo and Sonke Gender Justice Network 2014). However, many institutions have not caught up: at the workplace level, for example, a 2013 nationwide

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<sup>20</sup> The International Men and Gender Equality Survey (IMAGES) is a comprehensive household questionnaire on men's attitudes and practices – along with women's opinions and reports of men's practices – on a wide variety of topics related to gender equality. From 2009 to 2010, household surveys were administered to more than 8,000 men and 3,500 women aged 18–59 in Brazil, Chile, Croatia, India, Mexico and Rwanda.

survey found that only 15 per cent of over 500 US organisations offered paid paternity leave (Society for Human Resource Management 2013). Globally, 79 countries have paternity leave provisions (up from 40 countries in 1994) with the majority offering between one and six days (Addati, Cassirer and Gilchrist 2014; ILO 2014). Paternity leave in OECD countries ranged from less than a week in Greece, Korea and Netherlands, to up to 26 weeks in Luxembourg. By contrast in 2013, the average maternity leave in OECD countries was 18 weeks, ranging from no time offered in the US to 52 weeks in the UK (OECD 2014b).

According to the International Labour Organization, paternity leave is paid in 71 out of the 79 countries with paternity leave entitlement (including 29 in Africa, 13 in Latin America and the Caribbean, seven in Asia, five in Eastern Europe and Central Asia, and two in the Middle East) (ILO 2014). In 46 (58 per cent) of those countries where leave is paid, primarily in Africa, leave is an employer liability, and in 22 countries (28 per cent), primarily among developed countries, paid leave is provided through social security (ILO 2014). By supplementing governmental leave benefits or providing at least two weeks of paid leave, employers can play a large role in shifting norms around paternity leave.

It is important that states and workplaces offer access to paid parental leave, intended for both mothers and fathers and available for both biological and adoptive parents. Maternity leave as a standalone policy often reinforces traditional caregiving dynamics, taking women away from the workplace, and, in the case of long-term leave, potentially entrenching them in the home indefinitely (Hook 2006). Paternity leave as a companion to maternity leave is critical to addressing the gendered assumption that women should be the primary caregivers of their young children (Hook 2006). While many countries offer paternity leave, men's uptake of parental leave can be limited by the length of parental leave available, men's eligibility to take leave, and the social and structural encouragement to take leave (Hook 2006). Policy measures to improve men's uptake rates and overall share of parental leave include: adequate compensation during leave (recommended to be at least 50 per cent of income), allocating portions of leave as individual and non-transferable, and increasing the flexibility with which leave can be taken (ILO 2014). Additionally, supportive workplaces, which actively value fathers' involvement in family responsibilities, are an essential key to men's uptake of leave (ILO 2014).

Only three countries (Chile, Portugal and Italy) currently offer compulsory paternity leave, of varying lengths, helping to ensure men's participation in childcare (ILO 2014). A few countries, such as Sweden, Iceland and Norway, in an effort to pursue gender equality, have taken on a 'father quota' or 'father bonus' by offering non-transferable leave, exclusive to fathers with a policy of 'use-it-or-lose it' (OECD 2014b). In these countries, fathers' uptake of parental leave is far higher than in countries without this policy (for example, 90 per cent of fathers in Sweden take leave vs 24 per cent in Denmark) (Moss 2014). Non-transferable parental leave policies can accompany broader social changes in the acceptance and valuing of men's caregiving, and have the capacity to truly change and impact gendered assumptions around caregiving (World Bank 2012).

Restricting maximum working hours is another workplace policy that can address the unequal burden of care work. Restricting weekly or daily working hours, and increasing vacation time and overtime compensation can create an environment more conducive to caregiving for the primary breadwinner (most often the male partner). These institutional policies can free up time to spend on childcare and domestic tasks, although they are not necessarily an indication that additional time will lead to an increase in caregiving (Hook 2006). Additionally, it should be noted that these policies are targeted to affect large-scale institutional change in formal working environments. They do not often have the desired impact on those operating in the informal market or in unsecure forms of employment.

Generally, when a large proportion of a population works in the informal sector, low pay, lack of social protections, and poor working conditions are common occurrences, and traditional

policies that encourage the relief or redistribution of care may not apply. In 2013, vulnerable employment – which includes jobs that are made of contributing family workers and own-account workers, rather than those who are salaried or wage earners – comprised 56 per cent of the total employment in developing regions, and about 10 per cent in developed regions, with women more likely to hold jobs that are less secure (Too-Kong 2014; United Nations 2014).

Increasing subsidised childcare in countries with large vulnerable and informal work sectors could enable women who are responsible for the majority of care work to work longer or more predictable hours, thereby increasing their access to the formal work sector. Additional complementary policies could include longer school hours or a later start to the school day (World Bank 2012). While subsidised childcare can facilitate women's workforce participation and reduce the care work burden on women's time, it can also promote the appearance that men have less of an obligation to take on more of the childcare at home; therefore, it may not ultimately promote men's active engagement in caregiving (Hook 2006).

It is critical to note that it may not be appropriate to promote paternity leave policies in all countries. When recommending policies or programmatic solutions aimed towards equalising the caregiving burden, it is critical to first take into account individual country contexts. Paternity leave may be most appropriate for countries with a large formal economic sector, such as most middle-income countries. In countries with a large percentage of workers in the informal sector, for example subsistence agriculture, formal paternity leave or regulated workplace policies may not be possible. Other approaches, such as cash transfers when a child is born or fatherhood interventions outlined below, may be more effective in promoting greater participation by men in care work.

### **3.3.2 Policy recommendations**

- *Advocate for international and local policies that support fathers and mothers in equal caregiving:* Work within the country-specific context to advocate for appropriate workplace or parental leave policies and fatherhood programmes that promote equal caregiving for fathers and mothers.
- *Support employers in establishing realistic and flexible practices:* Where appropriate, work with employers to offer paid flexible, non-transferable paternity and maternity leave (including for adoptive parents and same-sex couples). Where state-subsidised childcare is not available, encourage workplaces to support low-cost childcare.
- *Institutionalise the building of parenting skills of men and boys:* A marked shift in attitudes about fatherhood has occurred between the older and younger generations, but this needs to be reinforced. In addition to encouraging fatherhood classes at the workplace, countries should work to integrate fatherhood classes in health centres, community centres and throughout communities.

## **3.4 Role of men and boys in interventions and approaches that encourage men's caregiving**

Implementing more progressive policies that encourage and support men's role as care workers on the governmental and institutional levels, such as paternity leave, are critical. Equally critical is the development of locally driven public awareness and educational campaigns and programmes designed to change men's attitudes around traditional gender norms (Ricardo 2014). Publicly supported courses to prepare men for fatherhood and engage men in reflections around harmful gender norms can help men see how participating in care work can benefit their partners, children and themselves. These can also help address any insecurities or feelings of unpreparedness men may have (Ricardo 2014). Programmes can and should also target younger men, before they become fathers, to promote the development of alternative versions of masculinity and perceptions of care work from a young age (Barker 2008).



Educational programmes and campaigns have been successfully implemented across the world. Below is an overview of programmes that have been implemented in a variety of different contexts. MenCare+ is a four-country project coordinated by Promundo and Rutgers WPF that works at multiple levels to combine health provider training with group education for young men and women, fathers and their partners on a variety of topics including gender equality, caregiving, sexual and reproductive health, maternal and child health, and community campaigns. As further described in Box 3.1, it works to increase men's involvement in unpaid care, as well as their role as advocates in their own health and the health of their partners and children.

### **Box 3.1 MenCare: A global fatherhood campaign**

MenCare is a global fatherhood campaign. Its mission is to promote men's involvement as equitable, responsive and non-violent fathers and caregivers in order to promote children's, women's and men's wellbeing. Through media, programme development and advocacy, MenCare works at multiple levels to engage men as caregivers and as fathers, as programme participants in fathers' groups and couples education, and as community mobilisers who push for progressive family legislation. MenCare also serves as a platform for institutions to recognise the engagement of men as caregivers as a key dimension of gender equality. The campaign was founded in November 2011, and is now active in 25 countries, on five continents, coordinated by Promundo and Sonke Gender Justice. Over the past two years, MenCare partners have taken on local fathers' groups, and are advocating for family-friendly policies.

Through a four-country programme entitled MenCare+, 'Program P: A Manual for Engaging Men in Fatherhood, Caregiving and Maternal and Child Health', is being adapted to reach fathers through healthcare settings. Along with local implementing partners, these programmes aim to increase sexual and reproductive health and rights (SRHR) and maternal and child health (MCH) knowledge and positive decision-making among young people, fathers and couples, preventing gender-based violence (GBV), as well as increasing use of contraceptives by young men and couples. Simultaneously, MenCare+ intends to improve SRH service provision that engages young men and women in SRH and fathers in MCH, while promoting policy change around engaging men in SRHR and MCH through advocacy and partnership-building via the MenCare campaign. Throughout these activities, partners highlight the need for fatherhood engagement strategies to think beyond men's token participation in the home, and instead use it as an entry point for larger gender transformation.

Working within the public health systems in Brazil, Indonesia, Rwanda and South Africa, country partners have launched multiple levels of activities, including training healthcare workers to recognise and support men's positive roles in their partners' health; facilitating conversations with young men and women about sexual health and gender roles; running group counselling sessions with men, to help prevent future violence against female partners; and launching community-wide campaigns ([www.men-care.org](http://www.men-care.org)).

The United Nations Population Fund's (UNFPA) *Ecole de Maris* (Schools for Husbands) initiative in Niger, described in Box 3.2, is another notable example of engaging men as caregivers through participation in community groups that identify obstacles to the health of their partners and children (UNFPA n.d.).

Importantly, men's caregiving may also be promoted through other programmatic entry points, such as women's economic empowerment. Most livelihood and economic empowerment initiatives in the global South, importantly, focus on women; however, in most cases, household decision-making is still dominated by men (Promundo and CARE International in Rwanda 2012). In order for these programmes to be successful in achieving economic empowerment for women, they should challenge the gendered distribution of care as well as power dynamics related to decision-making, including how monetary gains are spent. As described in Box 3.3, CARE International and Promundo partnered in Rwanda to address these issues through developing the resource *Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment*.

**Box 3.2 *Ecole de Maris* (Schools for Husbands), Niger**

*Ecole de Maris* is a UNFPA Niger initiative that began in 2008 with the goal of improving women's reproductive health and reducing maternal mortality through involving men in health promotion. The schools are informal and provide a forum for men to discuss relevant health issues in their communities and develop action plans. Schools are comprised of husbands, over the age of 25, who are accepting of women's participation in community life and willing and able to become role models within their communities.

The Husbands' Schools have had a positive impact on reproductive and maternal health indicators. For example, in two sites, the percentage of safe deliveries doubled from 2008 to 2009. Additionally, schools have led to important community action such as the building of latrines and additional exam rooms in health facilities (UNFPA n.d.).

**Box 3.3 Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment, Rwanda**

CARE International and Promundo partnered in Rwanda to design *Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment*, to thoughtfully involve men in women's economic empowerment, and to improve programmatic outcomes and household dynamics.

Partners of female participants in Village Savings and Loan (VSL) programmes were then given companion training on: (1) business skills, information about the VSL programme, and income-generation planning and activities, including sessions that focus on negotiation and decision-making patterns between men and women; (2) health and wellbeing, including practical information about general health, reproductive health, sexuality, alcohol consumption, and strategies for coping with stress; (3) gender-based violence laws and policies promoting gender equality in Rwanda.

This training intervention was implemented with a very limited experimental group, consisting of 30 female beneficiaries of the VSL programme. Husbands of these women were engaged in 16 weekly group education sessions, while a comparison group continued VSL training and issuing loans for women without the engagement of their partners.

The families of men who participated in the intervention group saw a significantly higher gain in income compared to families of men who did not participate. Additionally, some men became more supportive of family planning and many became more involved with childcare activities – changes that were not seen in the comparison group (where the VSL was carried out without engaging the male partners of women participants) (Promundo and CARE International in Rwanda 2012).

Another promising intervention, CARE's Pathways to Secure Livelihood Program (Pathways), is being implemented in selected regions in six countries (Bangladesh, India, Malawi, Tanzania, Mali and Ghana). Pathways aims to increase the productivity and empowerment of women farmers in more equitable agriculture systems at scale (CARE 2013). To holistically advance women's empowerment and sustainable agriculture, CARE highlighted and incorporated strategies to engage men, boys, and other power-holders, creating the CARE Farmer Field and Business School (FFBS) methodology, which includes training modules to create awareness on workload burden/time-use, access to and ownership of resources, gender-based violence, household decision-making and power analysis among other issues.

**3.4.1 Programmatic recommendations for interventions:**

- *Involve fathers in interventions from the prenatal period:* Programmes should work with fathers even before their first child is born. Working with fathers early on can be critical to establishing high levels of future involvement. Research in the global North finds that men who are more involved during pregnancy are more likely to be involved in infant caretaking, which can lead to developing a quicker bond with infants and greater enjoyment of fatherhood overall (Burgess 2008).

- *Create safe spaces that facilitate open dialogue:* Gender-transformative group education interventions that encourage men and women to question rigid norms, and to do so in couple, group and same-sex or mixed-sex settings have consistently shown changes in attitudes and some in behaviour in rigorous evaluations (Barker, Ricardo and Nascimento 2007).
- *Sessions should include interactive activities that can help internalise new behaviours:* Including interactive programme activities, such as role plays, can facilitate dialogue and provide space for participants to rehearse and internalise new behaviours (Promundo, CulturaSalud and Child Health 2013).
- *Conduct pilot research to engage men in existing programmes:* Many countries, particularly those in the global South, have large-scale health programmes that target women (including, but not limited to, prevention of mother to child transmission, maternal health and child survival programmes). Working with these programmes to pilot initiatives that engage men can be an effective way to develop new and diverse programmes (McAllister *et al.* 2012).

### **3.5 Conclusion**

Without a 'radical redistribution of care work', achieving political, social and economic equality for women and men may not be possible (Barker 2014). Research from around the world confirms the importance of men's roles as caregivers in achieving positive outcomes for women's empowerment and children's rights and development. Much work remains to elevate men's participation to 50 per cent of the care work burden. The unequal distribution can hinder a woman's ability to fully participate in social, economic and political life, as well as increase her vulnerability to poverty, and reduce opportunities for education.

Change must happen at all levels to avoid further contributing to the denial of caregivers' human rights to health, education and access to participation in the labour market. It is the responsibility of the state, institution and workplace to address this unequal distribution of care. Without a considerable and continued shift in the global perception of women's and men's expected roles in unpaid labour, women will continue to shoulder a double burden for both paid and unpaid responsibilities, and will not achieve full equality in social, economic or political life.

#### **3.5.1 Recommendations for action**

- The unequal burden of care work must be addressed on a large scale across multiple levels to ensure that unpaid care work is valued for its social and economic contributions and redistributed equitably among men and women. This includes integrating care work into national economic indicators, such as GDP, and beginning to standardise and start a long-term application of time-use surveys across countries.
- Governments and institutions should implement policies that seek to engage men directly in caregiving and create systemic shifts in the care work dynamic, including paid, non-transferable paternity leave, as well as other policies that apply more explicitly to informal work economies, such as the provision of childcare, or implementation of restrictions on working hours. (See specific policy recommendations in Section 3.3).
- Parenting programmes, as well as livelihood, health and other sector programmes should engage fathers, as well as mothers, in shifting traditional gender norms around care work. New interventions should be pilot-tested [before scale-up]. (See specific programmatic recommendations in Section 3.4).

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## 4 Education

Erin Stern with Alice Clarfelt<sup>21,22</sup>

*There is no such thing as a neutral education process. Education either functions as an instrument which is used to facilitate the integration of generations into the logic of the present system and bring about conformity to it, or it becomes the 'practice of freedom', the means by which men and women deal critically with reality and discover how to participate in the transformation of their world.*

(Richard Shaull, drawing on Paulo Freire: Preface)

### 4.1 Introduction

This chapter assesses recent global shifts and trends in gender and education including gendered disparities in educational attainment, retention and quality, experiences of violence, and how school settings can be conveyers of rigid and inequitable norms of masculinity and femininity. This chapter further examines how developments in policies and interventions have attempted to support more gender-equitable educational environments. The movement beyond a gender binary, which emphasises and organises based on gender differences, towards more gender-transformative understandings and educational approaches is considered. This chapter has a particular focus on best practices, implications, gaps, and priorities for future learning in terms of engaging boys and men in gender-transformative efforts.

### 4.2 Recent changes and trends in gender and education

Over the past 20 years, access to education has improved globally; the 2013/2014 Education for All Global Monitoring Report noted that between 1999 and 2011 the number of children out of school fell almost by half. This massive increase in enrolments, however, is tempered by the estimation of approximately 57 million children who were out of school in 2011, half of whom lived in conflict-affected countries. In 2011, approximately half of children worldwide had access to pre-primary education, yet in sub-Saharan Africa, this rate was only 18 per cent (EFA 2014). Over the last two decades, international agreements have necessitated gender equality in education, with a primary focus on an equivalent proportion of girls and boys accessing education (Levtov 2014, World Bank 2012). In 2011, 60 per cent of countries had achieved the goals of gender parity at the primary school level and 38 per cent at the secondary level (EFA 2014). Yet, according to the recent EFA report, gender disparities remain more severe among low-income countries where an estimated 20 per cent of girls achieved gender parity in primary education, 10 per cent in lower secondary education and 8 per cent in upper secondary education. Gender inequities in education are especially marked in sub-Saharan Africa, where only 23 per cent of poor girls in rural areas completed primary education by the end of 2010, in comparison to 87 per cent of the richest boys in urban areas. If such trends continued, the EFA estimated that the richest boys will achieve universal primary completion by 2021, but this will not occur for the poorest girls until 2086.

Yet, among middle- and high-income countries, disparities are increasingly pronounced among boys at the lower and upper secondary levels in terms of enrolment, retention and performance (Barker *et al.* 2012; Dunne 2009; EFA 2014; Skelton and Francis 2008; UNESCO 2013/2014; World Bank 2011). With the exception of sub-Saharan Africa and some Arab states, boys are more likely to repeat primary grades than girls in 90 out of 113

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countries for which data are available (UNESCO 2010) – a well-known trigger for school dropout. Poor educational attainment levels for boys are especially notable in Latin America and the Caribbean (UNESCO 2003/2004). In 2011, there were approximately 106 girls for every 100 boys enrolled in secondary school across Latin America and the Caribbean (EFA 2014). In this region, boys are also more likely to be over-age for their grade and thus at a greater risk of early dropout (OOSCI 2015). Once girls enter school, they are less likely to drop out than boys, even if they are poor (OOSCI 2015). Yet girls of primary school age who are out of school are more likely to never enter school at all compared to boys, who are more likely to have at least some exposure to schooling (EFA 2014). This may be related to families with limited income opting to invest in boys' education given expectations that men will earn higher incomes than women and their normative role as financial providers (Rao and Sweetman 2014).

Some explanations for boys' higher dropout rates at secondary levels of schools include a lack of male role models in the home to motivate boys' school achievement and that manliness can be equated with being anti-academic (Barker 2005). While there has been some postulation that the higher number of female teachers, especially at the primary school level, may be linked to boys' dropout, many education experts concur that the sex of the teacher is less important than the teacher's gender-equitable attitudes and teaching style (Levtov 2014). There is also evidence suggesting that inequalities including social class, race and migration influence boys' educational attainment (Scambor and Seidler 2013). In contexts where boys' work is vital for family livelihoods, there is greater likelihood that their education will be neglected (OOSCI 2015). Improving education access, quality and relevance is thus essential to reducing child labour by making schooling a more worthy investment for families (OOSCI 2015). Boys also account for the vast majority of children living and working on streets worldwide—many of whom are out of school (OOSCI 2015).

However, boys' underachievement in the educational arena has not necessarily undermined their success in economic and political spheres as compared with girls and women (UNESCO 2003). For instance, in the Caribbean, girls outnumbered boys in educational achievement through the mid-2000s, and yet this did not translate into better access to jobs, income, political office and other decision-making positions (Antrobus 2005). While education can empower women to challenge certain aspects of traditional gender norms, such empowerment can also carry an increased risk of violence for women in certain contexts (Jewkes 2002). Case in point, Kerala, India, has educational levels for women on par with developed countries, yet also has some of the highest rates of violence against women, and women appear to have poorer indicators related to mental stress and wellbeing than men (Mukhopadhyay 2003). Globally, women represent less than 20 per cent of graduates in the profitable fields of engineering, manufacturing, and construction (World Bank 2013). Some feminist research and activism has challenged a simplified understanding of education of girls and women as being empowering in the absence of changes to opportunities and social norms (Sen 2013).

Identified barriers to girls' retention in schools include female genital mutilation and circumcision (FGM/C), child marriage, and the targeting of girls as seen in Afghanistan, Nigeria and Pakistan that can result in their removal from school (OOSCI 2015). Child marriage, which is legally defined by marriage before the age of 18, often leads to the end of education for girls (Equality Now 2014). Approximately one in three young women aged 20 to 24 years in 2012 were married before the age of 18 in developing countries, and one in nine were married before their 15th birthday (UNICEF/UIS 2015). Some evidence suggests that education can act as a safeguard against child marriage (Nguyen and Wodon 2014). FGM/C can disrupt girls' schooling in some African countries, which can lead to dropout (OOSCI 2015). Girls' educational achievements can be hindered by requirements to spend significant time doing unpaid household chores (Sen 2013). The absence of toilets in schools is especially problematic for girls who are menstruating and has been identified, particularly in

Africa and Asia, as an incentive for girls to abandon their education (Adukia 2014; OOSCI 2015; Sommer 2010). In Africa, an estimated 31 per cent of schools do not have toilets (UNESCO 2015).

In addition to gender, factors including ethnicity and poverty have been found to affect school enrolment rates; with historically marginalised groups, including ethnic minorities, being most negatively affected (World Bank 2011). An analysis in four Asian countries found that direct and indirect costs of school were the primary reason for dropouts (USAID 2014). An estimated 2.3 billion people lack access to education in their own language, which can exclude or hinder children completing a basic and/or quality education (OOSCI 2015). According to the EFA (2014), children with disabilities are significantly more likely to be denied school opportunities, with differences widening depending on the type of disability. In Iraq, for instance, 19 per cent of 6–9-year olds with hearing impairments and 51 per cent of those with a mental disability had never been to school (OOSCI 2015). The extent of poor quality in schools in the global South including overcrowded classrooms has been found to lead to dropout and repetition rates, especially for poor children (Barker *et al.* 2012). The poorest teacher to student rate is in sub-Saharan Africa (UNESCO 2003/2004). The lack of a nearby school undermines punctuality, attendance and achievement, which exacerbates the likelihood of school dropout (OOSCI 2015).

Historically, gender and education work has focused on girls and women, with equality meaning that girls have opportunities equal to those afforded to boys in terms of access to and achievements in education. This is attributable to the positive impacts of women achieving higher levels of education, including delaying the age of marriage and pregnancy (UNESCO 2003/2004), healthier sexual and reproductive behaviours, including higher rates of contraceptive use, lower rates of HIV and other reproductive morbidities (Lloyd 2005; Mmari and Sabherwal 2013), greater control over fertility (Crespo, Lutz and Sanderson 2013; World Bank 2012), and reductions in maternal and infant mortality (OOSCI 2015). Moreover, Abramsky *et al.* (2011) found that, globally, women with lower levels of education are at a two- to five-fold increased risk of experiencing physical and sexual violence. Countries with greater gender parity in primary and secondary education are more likely to have higher economic growth and, on average, for every additional year of education, an individual's wages increases by an estimated 10 per cent (EFA 2014). On the basis of the World Bank research and UNESCO Institute for Statistics education statistics (Plan 2008), it was estimated that the financial cost to 65 developing countries failing to educate girls to the same standard as boys was US\$92 billion each year.

### **4.3 Conceptualizations of gender and education**

The dominance of gender numerical equity in access to education has recently come under much scrutiny by education and gender experts (Dunne 2009). This is especially the case because 'schools are not gender neutral institutions which simply develop the social and intellectual skills of all its pupils, but may be experienced by boys and girls quite differently and may carry particular risks for girls' (Pattman 2006: 91). Education itself can reproduce gender inequalities through biased curriculum material and pedagogical practices, teacher attitudes and behaviours, discipline, and the threat or presence of violence (Connell 2010; Levto 2014). For instance, analyses of textbooks in many countries have found that women are often portrayed in the home engaging in domestic and caregiving tasks, typically positioned as passive, and self-sacrificing, while men tend to occupy leadership or professional roles, and are described as brave and strong (Blumberg 2008). Male and female teachers have been found to hold stereotypical attitudes about boys' and girls' achievements and roles such as attributing girls' academic achievement to dedicated work but to boys' natural ability or assuming competency at certain subjects such as boys being inherently better at maths (Plan 2013). Boys, as natural leaders in society, may be more encouraged and expected to progress through and be leaders in the schooling system, with greater expectations on girls to be submissive and confirming (Levtov 2014). Teachers' expectations

for quiet or submissive behaviour among students can particularly alienate boys for conflicting with normative gender expectations (Levtov 2014; UNGEI 2012).

According to Dunne, Humphreys and Leach (2003/4) schools are typically marked by asymmetrical power relations that are enacted through gender, age and authority; additional social indicators may be ethnicity, disability and language. Within the institutional culture of the school, there are explicit and implicit rules that guide everyday behaviours in schools. For example, in many schools, girls are predominantly responsible for cleaning, sweeping, monitoring the classroom, rearranging desks, and interacting with adults in comparison to boys (Aikman and Unterhalter 2007; Dunne *et al.* 2003/4; Leach and Humphreys 2007; Levtov 2014). Gender-specific routine behaviour and performances in classroom settings contributes to the production and polarisation of gendered and sexual identities, which can undermine collaboration and negotiation (Pattman 2006). The current trends regarding boys' poor educational attainment and retention also undermine the assumption that numerical equity in terms of school attendance and retention is the best way to measure gender equality in education. As such, renewed attention is warranted that explores both girls' and boys' schooling experiences (Bristol 2015), and how the classroom environment can lead to boys' or girls' disengagement (UNESCO 2012).

Critical appraisals of gender equality in education suggest focusing instead on how schools and processes of learning both reproduce and can transform inequitable and polarised gender norms (Dunne 2009; Unterhalter 2012), and to ensure that both groups have access to teaching methods and curricula free of stereotypes, to equal opportunities and safe learning environments. The emphasis on boys as gendered in educational domains has mostly been around the construction of violent and hyper masculinities in school settings (Connell 2000; Morrell 2001), or boys' susceptibility to acquiring and transmitting sexually transmitted infections (STIs) (McLaughlin *et al.* 2012). However, some educational approaches have attempted to address problems associated with rigid definitions of and polarisation of masculinity and femininity, and to challenge patriarchal power relations (Barker *et al.* 2012; Epstein and Morrell 2012; Pattman 2006; UNESCO 2012;). Educational institutions and traditions of practice are increasingly recognised for the influential role they play in teaching and socialising gendered norms, roles and identities (Connell 2010; Leach, Slade and Dunne 2013; UNGEI 2012) and thus offer a platform to promote gender equality during young people's formative years in sustainable and far-reaching ways. Insights into the ways that schools can reinforce or perpetuate harmful norms of gender and inequalities have supported the value of gender-transformative educational approaches. As Levtov (2014: 4) argues, even if gender parity been achieved, 'the focus now should be on achieving equality within the school system, and perhaps most importantly, in other outcomes through education'. As discussed in Chapter One, 'Introduction: Framing the evidence and shifting social norms', gender norms can powerfully sustain the status quo, and thus must be explicitly examined in particular settings and challenged where they are produced and maintained.

#### **4.4 Influence of institutions on changes in gender and education**

Most economic institutional support has primarily focused on girls' attainment of and achievements in education. In countries with high levels of poverty, cash transfer programmes have helped undermine families' reliance on girls' domestic labour or boys' labour outside the home. Most of the rigorous evidence on keeping girls in school comes from successful interventions that used conditional and unconditional cash transfers or non-cash transfers to cover expenses such as school fees, books, uniforms, and transportation (Unterhalter *et al.* 2014). In South Africa, government social welfare grants are available to families of young children based on economic need, and recipients of the grant are more likely to attend school; however, the significant effects are greater for young women than young men, particularly for young women from the poorest households (Samson, Lee and Ndlebe 2004). The PROGRESA/Oportunidades programme in Mexico, which provides

conditional cash transfers to poor families to send boys and girls to school, also found that the programme increased school enrolment especially for girls (Schultz 2000). Documenting the relationship between families and the young person attending school or not is critical to better understanding the reasons for this (Baird, McIntosh and Özler 2011). Overall, there have been limited efforts to either evaluate or encourage boys' retention in schools, especially the role of cash transfer programmes.

Many countries and institutions, including the World Bank, have sought to address gender discrimination in schools' curricula and textbooks (Levtov 2014). Some Nordic countries use textbooks to represent more equality and diversity in gender roles than what actually exists (Eurydice 2010), which is meant to encourage children to broaden their horizons around gender roles (Levtov 2014). Although analyses suggest that representation of women has increased and overt forms of sexism are gradually being removed from textbooks, subtle forms of gender discrimination and stereotypes of boys and girls remain (Blumberg 2008), which is a critical area warranting further attention. Training has also been implemented to address gender-discriminatory messages teachers may transmit through textbooks and the curriculum. For instance, in India, a teaching guide accompanied textbooks to support teachers and students in critically assessing gender representation (Blumberg 2008; Levtov 2014). The Training Portal on Gender Equality (iGEP), developed by Promundo-Brazil and accredited by the Brazilian Ministry of Education, is an online training package covering gender, sexuality, health and care, pregnancy, motherhood and fatherhood, and violence. Teachers who participate in the course are awarded continuing education credits (Levtov 2014). In Indonesia, the Decentralized Basic Education project trained teachers in gender-sensitive and participatory methodologies to engage both boys and girls. As a result of the trainings, teachers were found to be more able to connect their lessons to students' gendered experiences and to encourage critical thinking and reflection (USAID 2008).

#### **4.5 Gendered violence of schools**

Schools can be unsafe spaces for youth, and in particular for girls, LGBTQI, and racial minorities (Leach and Mitchell 2006), children who have a disability or stigmatised illness (including HIV/AIDS), and refugee children (Levtov 2014; RTI International 2013). The threat and experiences of violence at school by peers and teachers, is arguably one of the most significant challenges to gender-equitable education (Fancy 2012; Jejeebhoy, Shah and Thapa 2005; UNESCO 2003/2004) and is a major cause of school dropout (Stromquist 2014). As noted in Chapter Seven on 'Sexual and gender-based violence', a two-year global study on violence against children, commissioned by the Secretary General of the United Nations, indicated schools as one of the major settings of violence (Pinheiro 2006), as many children are exposed to corporal punishment, psychological punishment, sexual and gender-based violence, and bullying in educational settings. ICRW and Plan International (Bhata *et al.* 2015) collected data from more than 9,000 girls and boys in grades six through eight, parents, teachers, NGO workers, and other stakeholders in Pakistan, Cambodia, Vietnam, Nepal and Indonesia about experiences of school-based gender violence at school. The authors defined this as violence based on gender stereotypes or that targets students on the basis of their sex and includes rape, unwanted sexual touching, unwanted sexual comments, corporal punishment, bullying and verbal harassment. The study indicated that seven out of every ten children have experienced some form of violence in or on the way to school, with as many as 84 per cent of students in Indonesia reporting a form of school-based violence. The authors also noted that students' inequitable gender attitudes were a main driver of violence, with boys being more likely to have regressive gender attitudes than girls. Hegemonic male and female gender identities learned at school can be associated with sexual and gender-based violence (Abramsky *et al.* 2011). For example, hegemonic masculine norms may encourage men to use violence to assert control over women, and dominant ideals of femininity embrace compliance and tolerance of violent behaviours (Jewkes and Morrell 2010). Aggressive behaviour can be normalised and thus dismissed as typical male behaviour (Levtov 2014). Some research shows that boys experiencing or

witnessing violence in childhood, including in the school setting, can create a learned behaviour of violence that is perpetrated later in life (Barker *et al.* 2012).

Over the last two decades, there has been an increasing recognition among researchers and education practitioners of the threat posed by bullying and intimidation to the wellbeing and school performance of young people. A UNESCO (2012) report of an international consultation about homophobic bullying in schools around the globe found that students who are perceived to be different from the majority, in particular those with a gender identity or behaviours that differ from their assigned sex, are especially vulnerable to bullying. Boys in particular can be exposed to hyper-masculine norms and related homophobia at schools (Barker *et al.* 2012) and are more likely to be perpetrators of homophobic bullying and violence in schools (UNESCO 2012). Boys are more commonly perpetrators of physical bullying, while girls are often more likely to use verbal or psychological forms of violence (Pinheiro 2006). Violence can also be used to punish students who deviate from rigid gender roles and behaviours (Leach and Humphreys 2007; Levtov 2014), and sexual minority boys have been found to be at a particular risk of violence (Meyer 2009; Pinheiro 2006). Recent analysis of the 2011 Trends in International Math and Science studies from 30 countries with data shows that in over half of the countries, more than one-third of grade eight students reported experiencing physical or psychological acts of bullying once or twice a month. Boys were more likely to report being bullied in almost every country (UNESCO 2015). Documented consequences of bullying in educational institutions include access denied to school, poor academic achievement, poor self-esteem, missing classes, school dropout, depression, self-harm, suicide, high-risk behaviours and vulnerability to HIV (UNESCO 2015).

Historically, schools have normalised explicit forms of violence, in that teachers were legally allowed to discipline children through corporal and other forms of punishment. Despite the fact that corporal punishment has been banned in 102 countries, corporal punishment still prevails in schools. In certain contexts, sexual violence against students perpetuated by teachers is widespread. For instance, one study in Ghana and Senegal found that 75 per cent and 80 per cent of children, respectively, cited teachers as the main perpetrators of sexual violence in school (Fancy 2012). Corporal punishment is often highly gendered, in terms of who is more regularly targeted, under what circumstances and the extent of severity (Levtov 2014), and can be used to enforce gender roles and expected behaviours in schools (Humphreys 2008). For instance, Morrell (2001) showed how corporal punishment is more commonly used, and more harshly, against male students in South Africa, with the assumption that 'they can take it' or that it would make them 'tough'. Girls are more likely to be punished for not being sufficiently submissive (Leach *et al.* 2013). Corporal punishment indicates teachers' lack of training or practice with effective, non-violent disciplinary measures (Dunne 2009; Levtov 2014), and the need to thus raise awareness of positive discipline and alternative non-violent child-rearing approaches with both teachers and parents (Bhata *et al.* 2015).

Although a developing, albeit limited, component of sexuality education promotes tolerance of sexual diversity and rights for lesbian, gay, bisexual, transsexual, intersex (LGBTQI) people; there are many countries, 79 in total, where homosexuality is illegal, the majority of which are in the global South.<sup>23</sup> This makes addressing sexual diversity in the formal education system within these countries practically impossible. Even in countries where LGBTQI rights are prioritised in the constitution, these have mostly not translated into practice in the area of education (Depalma and Francis 2014; Nascimento 2013). Nonetheless, there are some promising efforts to address interpersonal and structural harassment related to homophobia in schools. In Brazil, efforts to promote LGBTQI rights within the school system include widespread teacher trainings, active in-school support from

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<sup>23</sup> <http://76crimes.com/76-countries-where-homosexuality-is-illegal/> (accessed 18 May 2015).

civil society, youth-focused school evaluations, and privately funded efforts to support schools without homophobia (Nascimento 2013). In the United States, some states have passed anti-discrimination policies and anti-bullying legislation, which include language to protect youth based on their sexual orientation and/or gender identity (Sekuler and Ackerman 2010). Given how sexuality is often policed as deviation from gender norms, it is critically important to understand this better, but there are extremely limited data on the effects of school-based LGBTQI stigma on students and related interventions from global South countries.

#### **4.6 Policy developments on gender equality and education**

Policies and legislation related to gender and education have significantly evolved over the past 20 years. Prior to 1994, there were a number of international conventions that led to the formation of policy declarations on education, which also gave perspective to gender equality. The International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1976 affirmed the equal right of men and women to the enjoyment of all economic, social and cultural rights' (Unterhalter 2012). ICESCR advocates for free and compulsory education to be ensured at the primary education level and that secondary education should be made accessible to all by the progressive introduction of free education. Another significant piece of legislation was the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child. CEDAW was adopted by the UN in 1979 and has been ratified and/or acceded to by all but seven member states, albeit often with reservations regarding certain obligations. CEDAW stipulates that states should take necessary measures to eliminate discrimination against women so that they have equal rights with men in the realm of education.

Post-1994, The Beijing Declaration and Platform for Action, adopted by virtually every UN member state in 1995, gave particular prominence to the education and training of women and to the concerns of the girl child. The Millennium Development Goal (MDG) 3, set out in 2000, aims to achieve universal primary education and eliminate gender disparity in secondary education, and the target was for all children to have completed primary school by 2015. Indicators for this target comprise the ratio of girls to boys in primary, secondary and tertiary education and the literacy rate of 15–24-year-old women and men. Yet the education target under MDG3 has come under scrutiny for failing to capture diverse forms of discrimination such as SGBV, or how this applies to other forms of gender equality including better access to jobs, income, and decision-making positions (Sen 2013; Unterhalter 2012). Sen (2013) argues that more comprehensive indicators for this MDG would include tackling barriers to girls' education such as demand for their labour at home, early marriage, prioritisation of girls' future roles as caregivers, limited earning opportunities for girls and women, and violence against girls in schools. Indeed, the current, renewed focus on goals beyond gender parity in education in the discussion of post-2015 MDGs is promising (Levtov 2014).

In 2000, UNESCO'S Education for All (EFA) high-level working group was set up to coordinate education efforts on behalf of governments, development agencies and civil society to provide technical guidance and recommend priorities for collective action. The Dakar Framework for Action mandated UNESCO to mobilise, develop, support and monitor the EFA in cooperation with UNDP, UNFPA, UNICEF and the World Bank. At the World Education Forum in Dakar 2000, 164 governments pledged to achieve EFA and identified six goals to be met by 2015. These included ensuring that all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to free and compulsory good-quality primary education. This objective aims to achieve a 50 per cent improvement in levels of adult literacy by 2015 (especially for women) and improve access to basic and continued education for all adults, with the purpose of eliminating gender disparities in primary and secondary education and achieving gender equality in education by 2015, with a focus on ensuring girls' equal access. However, the EFA working group is highly

unlikely to meet these goals by 2015. In a critical appraisal of the EFA goals, Unterhalter (2012) identifies literacy, quality and learning outcomes as important features of the commitment. With regard to gender equality, however, its vision largely addresses 'gender disparities', and apart from its concern with women's literacy and early childhood education, it has not set out a comprehensive vision for understanding gender equality in education

In 2010 a conference organised by The UN Girls' Education Initiative (UNGEI) sought to update and expand upon some of the visions around gender equality and education expressed at the Beijing Declaration (Unterhalter 2012). The Dakar Declaration on Accelerating Girls' Education and Gender Equality acknowledged that despite the progress that had been made in enrolments and attainment, poor quality of education, poverty and inequality and violence against girls continue. It also says little about boys or gender more broadly, which is highly limited. The Dakar Declaration highlights the need to understand gender in relation to quality education in multiple learning environments, to consider the multidimensionality of poverty, and to work on questions of violence against women and girls. Unterhalter (2012) states that the Dakar Declaration appreciates the intersecting views of gender, equality and education using an empowerment framework. However, despite its adoption at a UNGEI conference, the Dakar Declaration has subsequently rarely been used by UNGEI. More investment should arguably be made in aspects of education organisation such as curriculum, teacher training or language policy; these aspects could substantively have a bearing on gender equality rather than on gender parity (Unterhalter 2012).

In 2012, the Bali Youth Conference Declaration was made; this involved the international community including governments, NGOs, private sector and civil society (Bali Youth Conference Declaration 2012). The declaration established commitments to ensure that adolescents and young people are aware of their rights to stay healthy through formal and non-formal education. The declaration mandated the provision of non-discriminatory, non-judgemental, rights-based, age-appropriate, gender-sensitive, context-specific, and evidence-based comprehensive sexuality education. It is important to note that various countries have established national policy frameworks on gender equality and education, including around sexual and gender-based violence, and sexual harassment in school settings (Mirsky 2005). One policy example is the 1996 South Africa Schools Act, which democratised schooling, made corporal punishment illegal and made it illegal to expel pregnant girls (Bhana, Morrell and Pattman 2009).

#### **4.7 Evidence of best practices in gender-equitable education**

Some evidence suggests that efforts to retain boys in schools are important for promoting their gender-equitable attitudes and behaviours (Barker *et al.* 2012). For instance, data from a recent multi-country household survey called the International Men and Gender Equality Survey (IMAGES) (Barker *et al.* 2011), carried out in India, Brazil, Chile, Mexico, Rwanda, Croatia, and Bosnia found that educational attainment was a key factor associated with men's attitudes towards gender roles. Men with lower education had more rigid gender attitudes, were more likely to have used intimate partner violence (IPV), were less likely to have been tested for HIV, less likely to support policies related to gender equality and more likely to have homophobic attitudes. On the other hand, men with higher educational attainment were found to be less likely to report alcohol abuse, depression, delinquency, having been imprisoned, and experiencing or using violence in their community. Other evidence suggests that boys who have attended secondary education are significantly more likely to oppose female genital mutilation and circumcision and to condone norms legitimating gender-based violence (Marcus 2014). Suggested reasons for these behavioural trends include that secondary classrooms are usually smaller in size, and more conducive to critical skills thinking, which may be associated with more gender-equitable attitudes (Barker *et al.* 2012).

Participatory approaches for encouraging critical reflection among students on rigid and unequal gender norms, and the significance they themselves attach to gender and sexuality, have been found to be particularly effective for breaking down polarised identities, allowing pupils to define masculinity and femininity differently, and promoting gender equality (Pattman 2006). Participatory approaches encourage learners to provide their input and can include drama, theatre, games, self-reflection, debates and music to initiate conversation and learning (Francis 2010). It has been noted that sexuality education is more likely to be internalised by young people using participatory and sex-positive approaches rather than didactic and fear-driven approaches (McLaughlin *et al.* 2012).

Barker *et al.* (2012) reviewed three interventions based on the Program H manual, which used participatory education to encourage boys and girls to challenge and reconstruct gender norms in school settings in Brazil, the Balkans, and India. Program H provided a standardised curriculum that was adapted to each context with a manual and an educational video to promote attitude and behaviour change. The interventions supported teacher facilitators and encouraged a rights-based approach to youth sexuality. The programme further promoted critical reflection on gender norms among education officials, policymakers and parents, after research confirming the need to do so. Social media campaigns and a life skills Program M, adapted from Program H, were used to encourage young men to reflect on how unhealthy gender norms lead to the inequitable treatment of women and girls. A culturally relevant validated evaluation model, the Gender Equitable Men (GEM) Scale, as well as qualitative research, were used to measure the extent to which young men and women changed their gendered attitudes as a result of the intervention. Program H was found to reduce self-reports of STIs including HIV, bullying, dating and classroom violence, and improve reports of increased condom use (Barker *et al.* 2012). Unfortunately, educational outcomes were not measured in the initial evaluations.

Teachers have a critical role to play in either perpetuating or challenging patriarchal forces in broader society. There can be tensions between the messages teachers are expected to teach and their own personal beliefs and values around gender (Francis 2011; McLaughlin *et al.* 2012; Nascimento 2013). However, in many low-income countries, it is estimated that fewer than 50 per cent of teachers have received pedagogical training (UNESCO 2003/2004). There is an urgent need to support teachers' and programmers' capacity to provide participatory educational approaches supporting gender equality, which provides opportunities for teachers to acknowledge their own socialisation, prejudices and values around gender and identities (Masinga 2007, 2009). For example, teachers should become aware of how their responses to boys' performance in school may be related to hegemonic norms of boys as rule-breakers, rather than abiders (Bristol 2015). UNESCO (2003/2004, 2010) suggests that gender training for teachers should be a prerequisite for their qualification. The presence of female teachers in schools can help to promote the confidence of girls. Male teachers can support boys to articulate alternative gendered beliefs and identities (Sideris 2004), and 'demonstrate to pupils and other teachers that it is possible for males to be responsible, caring, sensitive, approachable, non-authoritarian, non-aggressive and pupil-centered, and that violence is not synonymous with masculinity' (Pattman 2006: 91).

Some teacher training programmes that have been evaluated indicate promising results. For instance, an evaluation of an elective semester course on gender equity for Turkish teachers found that participants had more equitable attitudes around gender roles at the end of the course (Erden 2009). Other substantive experiences include the participatory Gender Equity Movement in Schools (GEMS) piloted in Mumbai, scaled up in Maharashtra and Vietnam and evaluated, as described in Box 4.1, below.

Self-assessment tools, such as Plan's *Because I am a Girl* School Equality Scorecard, can help teachers reflect on the impact of their teaching on students, and also monitor broader



changes towards gender equality in schools (Levtov 2014). Evidence suggests that gender teacher training should be ongoing and that one or two sessions is inadequate to create significant change in teachers' attitudes and practices (Levtov 2014). Other resources including sample lesson plans, mentoring, and accessible persons or centres can support teachers to improve their practices (Levtov 2014). More rigorous studies that explore the impact of teacher trainings on their gendered attitudes and practices, and student outcomes, are warranted (Levtov 2014).

#### **Box 4.1 The Gender Equity Movement in Schools (GEMS)**

GEMS involved participatory school-based group education sessions over two years, taught by out-of-school facilitators to sixth and seventh grade students in low-income public schools in Mumbai. The sessions focused on understanding gender roles, inequality, violence, and physical and emotional pubertal changes (Levtov 2014). Controlling for baseline responses, a quasi-experimental evaluation noted that children in the intervention schools were four times more likely to report gender-equitable attitudes, three times more likely to support higher education for girls, and more than twice as likely to oppose violence (Achyut *et al.* 2011). The project has been expanded to 25,000 schools in the state of Maharashtra, and adapted for secondary schools in Vietnam. Such programmes indicate that intensive, long-term application of gender studies in school curricula can positively influence children's gendered attitudes and behaviours (Levtov 2014). The programme also included several teacher workshops focused on gender and power dynamics. In interviews, teachers who participated in the workshops reported significant changes in their interactions with students as well as how they related to and valued their female family members (Levtov 2013).

It is contested whether gender equality education is more effective if conducted with boys and girls separately, where they may be more comfortable and to ensure that unequal power dynamics are not reinforced; or in mixed groups to avoid polarisation of the sexes and to promote equal collaboration. A UNICEF study conducted among schoolchildren in Botswana, Kenya, South Africa, Tanzania, Zambia, and Zimbabwe found that girls felt freer to express their desires and concerns without being labelled in derogatory ways in single-sex groups (Pattman 2006). Boys in single-sex groups could also reflect upon the problems they experience in trying to portray themselves as tough, highly sexual and in control (Pattman 2006). Research has shown that young men tend to perceive their peers as less supportive of gender equality and non-violent masculinities than they actually are (Frosh, Phoenix and Pattman 2002), which may support the efficacy of single-sex groups with boys for gender-transformative efforts. Yet only employing single-sex groups could reinforce assumptions that boys and girls are essentially different and in opposition to each other, and does not provide the opportunity for boys and girls to learn from each other. Mixed-group educational efforts can model equitable gender relations, mobilise men's care for the women and girls in their lives and enhance their accountability to women (Anderson and Whiston 2005).

As discussed in Chapter One, 'Introduction: Framing the evidence and shifting social norms', gender synchronised approaches that work with men and women together to address both women's and men's needs, have proven effective to transform unequal gender norms. Some evaluations have found that men in mixed-sex groups show more positive change than men in single-sex groups, while women's behavioural change is less affected by group composition (Anderson and Whiston 2005; Clinton-Sherrod *et al.* 2009). Using both approaches may be important at different points in educational programmes, as the foundation can be built using single-sex groups for boys and girls to reflect on and undermine unequal power dynamics, which can then be further unpacked and negotiated in mixed groups (Cornwall 2003). The most effective sex composition of groups may depend on factors such as the age of the group, the focus and goals of the teaching sessions, and the nature of the teaching methods used. Group education that takes gender into account should not overlook other forms of social differences such as age, ethnicity, class and sexuality (Anderson and Whiston 2005).

There have been various efforts to address the gendered regimes of schools, including the scope and scale of violence that takes place at schools, such as Plan International's global campaign to end violence against children described in Box 4.2 below.

#### **Box 4.2 Plan International's global campaign to end violence against children**

This campaign has been implemented in schools across 66 countries that Plan operates in. The objectives of the campaign are that governments will outlaw all forms of violence against children in schools, that children are able to report violent incidents and receive appropriate support and care, that governments carry out research to ascertain the severity and scale of violence at schools, that significant resources by governments and international organisations are pledged towards tackling violence in schools; and that a collective approach is used with pupils, parents, school staff and communities. Plan International (2008) noted that the most effective strategies were those that targeted the school environment, such as changing classroom techniques and developing rules and mechanisms regarding school behaviour. Further critical components to effectively address school violence were the support of teachers and parents, promoting children's awareness of their rights and ensuring their participation, and laws and strong enforcement. Schools with a strong organisational and democratic culture and strong links to the community were found to be more likely to effectively implement the campaign.

ActionAid implemented 'Stop Violence Against Girls in Schools' from 2008 to 2013 in Ghana, Kenya and Mozambique (ActionAid 2013). Research was conducted to analyse how gender patterns of enrolment, completion and achievement, attitudes to and types of violence and the inequalities girls experience changed as a result of the project. Qualitative and quantitative data were collected from 2,739 respondents from 13 primary schools in Ghana, 15 in Kenya and 14 in Mozambique. The project strengthened pupil participation and gender equality in classroom settings, and also influenced family dynamics through discussions on gender roles and norms (ActionAid 2013). Indeed, the project was found to be particularly effective through building alliances with community-based organisations, including local women's groups, and generating support of the wider community, particularly among men. These relationships supported opportunities for parents to discuss their concerns with educators on issues such as corporal punishment and teenage sex. In a recent compelling report on school-based GBV, Plan/ICRW (2015) stipulated that efforts to prevent sexual violence must incorporate policy and advocacy as well as community-based awareness-building (Bhata *et al.* 2015). The No Means No Worldwide targeted educational programme with boys and girls recognises that it is necessary to redefine hegemonic norms of masculinity and its link to violence, to achieve gender equality and prevent school forms of GBV, as described in Box 4.3, below.

A few programmes have trained teachers about sexual diversity and LGBTQI rights to address homophobic violence and bullying. Program H and partners, with support from the Brazilian National AIDS Programme, developed the educational tool cartoon video 'Afraid of What?' to engage in classroom-based discussions on homophobia and respect for sexual diversity (Ricardo *et al.* 2010). Brazil's Diversity in Schools programme offers training on gender, sexuality, and ethnic/race relations for teaching professionals. Through this programme, 40,000 teachers across the country have been trained over five years. Initial results of the ongoing evaluation study indicate a better understanding among teachers of discrimination and violence based on sexual orientation and gender identity. As a result of the promising experience in Brazil, this translated resource has potential value to teachers globally. In order to respond comprehensively to homophobic bullying in educational institutions, a system-wide approach should be developed and utilised, which UNESCO (2012) defines as consisting of interventions in policies, curriculum and materials, staff training and support, support services for learners, and community involvement in confronting school bullying.

**Box 4.3 No Means No Worldwide**

This programme provides comprehensive sexual assault prevention training to girls and boys in Kenya. The programme consists of classes in six-week cycles, three times per school year, with the number of students ranging from 3,000 to 5,000 per cycle. The content addresses the causes and effects of SGBV and the skills to interpret, intervene or prevent it. The IMpower training focuses on girls aged 11–19 (the population at highest risk for assault in the general population) and educates them about the various forms of assault. Students are taught skills to use their personal strengths of spirit, mind, eyes, voice and body and options for handling various types of conflict that they may encounter in their daily lives. An evaluation in high schools where girls took the classes found that the incidence of rape dropped from 20 per cent annually to under 10 per cent, that over half the girls reportedly used the IMpower skills to avert sexual assault in the year after the training, and that rates of disclosure increased. Boys aged 10–13 receive the Sources of Strength curricula that provide skills teaching them how to not shut down emotionally or associate violence with power. Boys aged 14–19 receive the Your Moment of Truth (YMOT) training, which is designed to raise awareness of social norms and stereotypes underlying SGBV as well as bystander intervention. The training consisted of six two-hour sessions with 1,250 adolescent boys from five slums. An evaluation of YMOT found that participants' attitudes towards girls and women improved significantly after the training and were sustained one year later. Furthermore, more than half of this group of boys successfully intervened to stop physical or sexual assault against a girl or woman in the year following the classes. Such a programme has the potential to make a significant impact on the high rates of sexual assault in the urban slums of Nairobi, Kenya (Sinclair *et al.* 2013).

**Box 4.4 The Child Friendly Schools (CFS) model**

This model, implemented by UNICEF in multiple countries in collaboration with governments, is designed to create gender-sensitive, healthy, safe and inclusive primary school environments. The model varies across context, but includes a variety of interventions including ensuring adequate school building facilities, providing teaching and learning materials, teacher training on child-centred educational approaches, and developing links to the community. A 2009 evaluation of CFS schools in six countries found significant variation across schools in terms of investment and implementation, but found that in schools with high levels of family and community participation and child-centred pedagogical approaches, students felt safer, more supported and engaged (Levtov 2014). Students, teachers, and parents in CFS schools generally had a positive view of equitable opportunities for male and female students, which was confirmed by classroom observations, despite the fact that some rigid gender stereotypes were also noted (UNICEF 2009). In Thailand, the evaluation found that students who attended CFS schools that reported greater gender equality were significantly more likely to look forward to attending school, feel safer and hope to complete secondary school compared to students who attended CFS schools where students reported less gender equality (UNICEF 2009).

Legislation banning teachers' use of corporal punishment is necessary to reduce physical punishment in schools (ActionAid 2013). However, without teacher training programmes that provide classroom management skills and alternative approaches to discipline, legislation on its own is insufficient (Pattman 2006). Involving local partners in efforts to ban corporal punishment is important to address cultural and societal norms and beliefs about corporal punishment. National guidance should detail appropriate conduct and sanctions for teachers breaking the code of conduct around corporal punishment, which should be shared with school communities, pupils, and parents (ActionAid 2013). Working closely with teacher unions is also important to ensure effective guidance and implementation of the code of conduct (ActionAid 2013).

There is increasing recognition of the need to address structural barriers that hinder gender-equitable access to and quality of education. Some recommendations that have been made include reducing the direct costs of schooling, providing incentives for families to send children to school, catering measures for the most disadvantaged boys and girls, and implementing legal measures to ensure non-discrimination and protect fundamental freedoms (UNESCO 2003/2004). The UNESCO EFA (UNESCO 2013/2014) monitoring

report proposes replacing school fees for primary education with state funds. Environmental interventions such as sanitation, ensuring schools have solid buildings, desks and chairs, single-sex toilets with access to water, and textbooks and learning materials, can improve school enrolment and learning (ActionAid 2013; Unterhalter *et al.* 2014). Policies should take into account reasons for school dropouts, as a result of children having to work to support their families or themselves, early marriage, domestic responsibilities and adolescent pregnancy for girls, and sexual harassment at school (Pattman 2006; UNESCO 2003/2004). One example of this kind of approach is UNICEF's 'Child Friendly Schools' mode, described in Box 4.4, above.

#### **4.8 Gaps, lessons learned and future priorities**

Many educational interventions that seek to promote gender equality have not been evaluated. There is a particular dearth of in-depth qualitative research and longitudinal studies to provide causal explanations or assess the sustainability of interventions over time (Unterhalter *et al.* 2014), or how they influence the gendered experiences of students, teachers and educational outcomes (Levtov 2014). More qualitative indicators, such as measuring perceptions and expectations regarding the treatment of girls and boys, are required to paint a more accurate picture of the lived experiences of girls and boys at school and to explain processes of change. In particular, a deeper understanding is necessary of how schools and processes of learning can reproduce and transform gender inequalities and how gender equality educational efforts with boys influences girls' empowerment. Evaluation data should be disaggregated by other grounds of discrimination including class, age, sexual orientation, disability and ethnicity (Kosciw, Bartkiewicz and Greytak 2014), in order to cater educational policies and practices to the needs of marginalised and disadvantaged young people. Additional research is also needed on the effectiveness of specific content and pedagogy in teacher training around gender, and how to create and sustain gender-transformative educational environments (Levtov 2014). Questioning and changing gender attitudes and behaviours needs to be rigorously monitored to assess evidence of desired change (Bhata *et al.* 2015).

Many educational experts have indicated that there ought to be a shift beyond gender parity, a reflection of achieving gender equality in education, towards addressing the issue in a more comprehensive manner (Bhana *et al.* 2009; Unterhalter 2014). In a review of the international literature on gender equality and education, Unterhalter (2014) found that more studies were concerned with the expansion of girls' education than with aspects of empowerment and, more broadly, gender equality. This review highlights the necessity of paying more attention to the gendered processes of teaching and learning, and to consider how schools can powerfully assist in the reconstruction of gender identities and inequalities. Overall, there is a need for a more contextualised understanding of young people's gendered experiences at school, particularly for boys and young men where we have less information, to provide a stronger foundation for gender-equitable education efforts among youth in school environments. As Bhana and Pattman (2009: 69) assert:

Currently, we know very little about the world inhabited by young adults, how they see themselves, what they wish for, their desires and passions, their fears and the ways in which the performance of masculinities and femininities are constructed, how it is advantageous and how it can inhibit other potential experiences and how it is vulnerable to disease.

This review also indicates the need to not only work at interpersonal levels with students, but to also address school environments to transform gender relations. Areas of concern at the school institutional level are how to mainstream gender equality within all levels of the education system, particularly through education sector policies and school curricula. A greater understanding of successful strategies and approaches to engage parents and community members including faith communities within the education system is needed.

Organising school and community-based meetings and campaigns to engage with community-level stakeholders and religious leaders is a notable strategy (Plan/ICRW 2015). It is further necessary to understand the opportunities that the school settings may afford for the provision of psychosocial support, and to explore different pedagogical approaches to education that adopt a more equitable teaching-learning experience.

This review reinforces the call for gender equality efforts to comprehensively eliminate violence in schools against girls and boys, and the conditions that deny boys and girls quality and safe education (Unterhalter 2013; Letov 2014; Sen 2013). Suggestions for this include establishing national- and school-level policies and codes of conduct prohibiting violence, clear procedures and sanctions to effectively address violence that does occur, and training programmes for violence prevention including teacher and bystander interventions (ICRW/Plan 2015; Levto 2014). Social taboos and fear of repercussions hinder opportunities for children to acknowledge and report experiences of school-related gender-based violence (UNESCO 2015). Referral systems offering legal, social and psychological support should exist in school environments to support reporting and responses (Bhata *et al.* 2015). Implementing school policies condoning a positive disciplinary climate can enable appropriate teacher–student relations (Levto 2014). Part of effective violence prevention at schools entails the reconstruction of harmful norms of masculinity that are equated with demonstrations of violence and power in relationships. Given that boys appear to have more rigid and stereotypical attitudes, sessions will need to be regular, intensive and supported and evaluated.

The United Nations Girls Education Initiative (UNGEI 2013) highlighted the limited data and research on the nature, scale and consequences of sexual violence in schools at the global level, as well as evidence on the best programmes and policy approaches to address this issue. More research is also needed on how addressing violence can keep boys and girls in schools, and on boys' experiences of violence at schools, including sexual violence. Additional research is needed to understand the conditions that encourage gender-based acts of bullying, particularly in developing countries, as well gender-disaggregated experiences of bullying (UNESCO 2015). Accurate gender-disaggregated data are needed to monitor changes in schools' use of corporal punishment, and forms of discipline that discriminate by gender (UNESCO 2015). Overall the review indicates a particular dearth of efforts and evaluation of gender-equitable education interventions and policies with boys and young men, including how this influences girls' empowerment in school settings.

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## 5 Sexual health and rights

Erin Stern<sup>24,25</sup>

### 5.1 Introduction

This chapter traces recent trends and shifts around the promotion of men's sexual health and rights in ways that advance gender equality. It further examines how institutions, including political, religious, and health systems, have influenced these changes, the role of male involvement on women's and girls' sexual and reproductive health (SRH) and empowerment, and reviews evidence of best practices including programmes, policies, and structural interventions to enhance men's sexual health and rights. Gaps in the knowledge and evidence, lessons learned and future priorities are also identified.

### 5.2 Recent trends and changes around men's sex, health and rights

The last 20 years have witnessed a dramatic shift in the terrain of men's sexual health and rights. While data on men's sexual health have been collected for the past few decades, particularly in connection to HIV transmission and acquisition, SRH services were often catered to women of reproductive age to offer safe reproductive and maternal and child health services (Collumbien and Hawkes 2013) and family planning using primarily female-controlled methods of contraception, such as the oral pill, intrauterine devices (IUDs), and injectable methods. In recent years, a broader conception of SRH developed to also address sexually transmitted infections (STIs), infertility, and sexual dysfunction (Dudgeon and Inhorn 2004). This more comprehensive approach further included an appreciation of how sexuality and gender roles shape SRH, although interventions with such holistic understandings of SRH are not regularly implemented. Nonetheless, within this context, increasing attention has been given to the relative absence of men in SRH programming and policies, which could absolve them from responsibility in sexual health. Growing attention has also been given to men's role in SRH given the evidence that men as individuals, family members and social gatekeepers can negatively influence women's reproductive health and autonomy (Greene *et al.* 2006). For instance, numerous studies demonstrate that women's use of contraception, and their desired number and timing of pregnancies and births, are heavily influenced by the attitudes of their male partners, particularly among less educated women (Foss *et al.* 2007). In response to such insights, numerous SRH programmes and services have expanded to cater to men and women of all ages (Peacock and Barker 2012; Sen, Östlin and George 2007).

SRH approaches with men have evolved to identify and address harmful aspects of masculinity that constrain men and their partners' SRH. This is supported by conceptualisations of gender as constructed and thus fluid, as well as numerous studies showing that men's adherence to hegemonic norms of masculinity are associated with sexual risk (Ehrhardt *et al.* 2009). For example, men who equate masculinity with risk-taking and sexual dominance have been found to be more likely to contract an STI and have negative attitudes toward condom use (Barker *et al.* 2010; Noar and Morrokoff 2002). An analysis of quantitative data on men's reproductive health from 40 countries, using the most recent Demographic and Health Surveys found consistency in the association between men's attitudes towards gender equality and their use of contraceptives. Evaluations from more than ten studies of the Horizons programme, conducted between 1997 and 2007 in Asia, Africa, and Latin America, showed significant associations between men's support for

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inequitable norms and risk, use of intimate partner violence and less condom use (Pulerwitz *et al.* 2010).

Sociocultural norms that hold contraceptive use, childcare and parenting as women's responsibilities can limit men's willingness to participate in reproductive responsibilities, including pregnancy prevention, and their likelihood of doing so (Campo-Engelstein 2013; Flood 2003). Moreover, demands for 'toughness', and expectations of stoic resignation in the face of illness, can contribute to men's hesitation to seek help for their SRH needs (Peacock *et al.* 2009). As discussed in Chapter One, 'Introduction: Framing the evidence and shifting social norms', such gender norms that encourage men to take risks, be sexually active and aggressive, heterosexual, drink alcohol and not seek care, can also lead to harmful consequences for women and children including control of decision-making, substance abuse and violence. Increasing attention has also been given to how hegemonic gender norms constrain women's sexual rights, particularly how normative expectations of female virginity and chastity can hinder women's access to sexual health information, reproductive and sexual autonomy, and positive sexuality (El Feki 2013). Similar norms may also apply to men in some contexts, particularly for men who have sex with men (MSM) who may be expected by society and law to hide their sexuality.

Whilst targeting MSM was a major component of early responses to HIV prevention in the 1980s and 1990s in some countries for being identified as a high-risk group – from Western contexts to Latin America and parts of Asia – the growing need to reduce STIs in the context of HIV/AIDS, and the increasing incidences of heterosexual transmission, particularly in Africa, provided a compelling rationale to also target heterosexual men's SRH attitudes and behaviours (Edström 2010; Collumbien and Hawkes 2013). It is important to note that, in some countries, MSM were stigmatised and excluded from such efforts, which was harmful to both MSM and their potential female sexual partners. SRH efforts emerging from an earlier family planning sector and tradition were implemented with men primarily to reduce their STI transmission rates to women, and/or due to the economic imperative to not lose a significant percentage of the workforce, such as rolling out HIV prevention programmes in mines (Campbell 2004).

Yet current trends also recognise men's broader SRH needs and vulnerabilities. This may be in part related to recent global feminist advocacy positioning reproductive health, and more broadly sexuality, as a basic human right (Correa and Reichmann 1994; Sen *et al.* 2007). Sexual rights include 'the right of all persons, free of coercion, discrimination and violence', to attain quality 'standards of sexual health, including access to sexual and reproductive health services' (Barker, Ricardo and Nascimento 2007). Sexual rights also entail the right to seek and access information about sexuality, have one's bodily integrity respected and the right to choose, including whether or not to be sexually active, one's sexual partners, to have consensual sexual relationships, and to decide whether or not, and when, to have children (Parker 2007). This agenda includes securing sexual rights for men themselves, their partners, families, and communities, but also holds men accountable for their SRH given their sexual privileges and responsibilities (Greig 2006).

Advocating for men's sexual and reproductive health needs to be addressed entails developing and implementing laws and policies that increase men's utilisation of SRH services, and targeting the specific barriers that men face in accessing SRH care. This trend has been supported by research revealing men's generally poor uptake of SRH services globally, which makes it difficult to reach men with sexual health education (Dwadwa-Henda *et al.* 2010). Numerous studies show that men's voluntary HIV counselling and testing (VCT) is lower than that of women in most settings and that men are often less likely to seek, use and adhere to anti-retroviral therapy (ART), which leads to a far greater likelihood of death even with access to ART (Cornell, McIntyre and Myers 2011; Siu, Wight and Seeley 2012). It is important to note that this gender disparity may be partly explained by the fact that

pregnant women are routinely targeted for HIV testing. Yet evidence also suggests that certain men have poor access to SRH, including VCT, depending on other forms of marginalisation, including race, class, and sexual orientation (Dworkin *et al.*; Hatcher and Sawires 2011; Higgins, Hoffman and Dworkin 2010; Peacock *et al.* 2009). For instance, MSM and transgender persons face many barriers to prevention, testing, and treatment services for HIV including stigma and the discriminatory attitudes of healthcare staff (Beattie *et al.* 2012; Bengtsson *et al.* 2014).

The vulnerability of MSM and transgender individuals to physical and sexual violence is also significantly associated with high-risk sexual behaviour and increased risk for HIV infection (Dunkle *et al.* 2013). Such observations have raised awareness of the importance of tailoring SRH services to the diversity of men's needs.

### **5.3 Public health research and activism on sexuality**

Congruent with these shifts is the novel emergence of public health research on and activism around sexuality. This is arguably linked to feminist and women's health movements that emphasised how gender inequality impacts sexuality and sexual health (Correa and Reichmann 1994; Parker 2007). Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) scholarship and activism have also contributed to sexuality scholarship and attention by calling into question the male–female binary, and highlighting the relationship between sexuality and social, political, and economic structures and inequalities, as well as cultural and ideological norms and values (Parker 2007). As Parker (2007: 973) asserts regarding the interconnectivity of sexual rights and sexual health, 'it is evident that the road to sexual health is underpinned by the struggle for sexual rights. Without being firmly rooted in a conception of and commitment to sexual rights, sexual health promotion can never be effective'. Despite the momentous shifts in the past two decades, however, discourse and advocacy around SRH for men, women, and LGBTQI persons is increasingly contested globally. For instance, at the annual Commission on the Status of Women (CSW) held in New York in 2013, several governments objected to components of the agreement reaffirming women's SRH, including access to safe abortion and emergency contraception, and to its endorsement of comprehensive sex education programmes, which were part-and-parcel of previous agreements at the International Conference on Population and Development (ICPD) in Cairo in 1994. There were similar debates around the legitimacy of certain SRH and rights at the Rio + 20 Summit held in 2012, and the refusal to explicitly acknowledge reproductive rights (Sen 2013). The backlash against SRH as a basic right threatens the progress that has been made for both women and men in this and other domains.

### **5.4 Role of institutions in changes around sex, health and rights**

In the past two decades, spurred on by a recognition that men's attitudes and behaviours are pivotal to the success of SRH efforts, many international development agencies and international organisations have designed initiatives to encourage male involvement in SRH; among them is 'Make a Difference', which was launched in March 2000 by the United Nations to engage men in HIV prevention activities (UNAIDS 2000). There have been various national efforts to increase the supply and acceptability of SRH services for men through initiatives that include hosting male-only SRH clinic days, separate entrances or waiting areas for men, expanding clinic operation hours to after-work hours, hiring more male SRH staff, training staff to cater to men's SRH needs, and using communication efforts to increase SRH demand among men (Flood 2003). A number of national SRH policies have been implemented with male-specific targets to include men as clients of contraception, voluntary medical male circumcision and family planning services. Widely offering medical male circumcision can and should provide an opportunity to challenge inequitable gender norms and impart SRH counselling and education among large groups of men (UNAIDS 2000).

Various global political commitments have mobilised and supported the need to secure men's SRH. The 1994 ICPD in Cairo played a pivotal role in emphasising the need to reach men with SRH information and services, with the main goal of promoting increased gender equality. Although it has been argued that there is little in the ICPD document addressing men's own SRH concerns (Collumbien and Hawkes 2013), it was nonetheless a seminal development for its inclusion of men in the political SRH landscape. This commitment, which was supported by more than 130 countries, included promoting male methods of contraception, joint decision-making about contraception use, and preventing men's acquisition of and transmission of STIs by encouraging men's responsibility and accountability for their SRH behaviours. The ICPD also helped to expand the understanding of reproductive health to include rights to information, education, dignity, and respect for bodily integrity. The Beijing Platform of Action in 1995 reaffirmed the international commitment to men's involvement in SRH. While no specific priority to engage men was set out in the Millennium Development Goals (MDGs), the SRH-related goals of MDGs 5 and 6, which include increasing life expectancy at birth, increasing contraception rate, reducing maternal and child mortality and strengthening health system effectiveness, can be used as a platform to advocate for male involvement in order to achieve these goals. The Montevideo Consensus on Population and Development in 2013 supports the sexual rights agenda as it promoted policies that enable persons to make safe, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence. Multilateral organisations, including UNFPA, WHO and UNAIDS, increasingly recognise the value of transforming harmful gender norms to increase men's utilisation of SRH services. UNFPA in particular has spearheaded male involvement in SRH on a global scale and developed a number of toolkits offering guidance to programmers and policymakers.

## 5.5 Sexuality education

A major recent institutional shift is the growing incorporation of sexuality education programmes in school curricula and also implemented by development agencies and NGOs that work with boys and girls. Haberland and Rogow (2009) recommend that early sexuality education should encompass biological, cultural, social and political aspects of sexuality and should promote dignity, non-discrimination, equality, tolerance, safety, and respect for the rights of others. Effective sexuality education is also meant to build skills for young people to understand their sexuality, gendered identity, and negotiate equitable and respectful relationships (Haberland and Rogow 2009). Some evidence suggests that quality sexuality education can reduce the frequency of unprotected sexual activity among young people, the number of sexual partners, and increase the use of protection against unintended pregnancy and STIs (Visser 2005). It has also been found to improve skills among youth to make informed decisions, promote gender-equitable relationships, shift social norms, and improve communication with parents or other trusted adults (UNESCO 2009). Sexuality education has also been proven to be highly cost-effective, especially when integrated into national school curricula. For example, UNESCO (2009) examined a range of programmes in Estonia, India, Indonesia, Kenya, the Netherlands and Nigeria, and found that compulsory programmes are more cost-effective because full coverage of the student population produces greater impact. As a result of Estonia's national sexual education programme between 2001 and 2009, it is estimated that approximately 13,490 health issues were averted nationally, including nearly 2,000 HIV infections at a potential lifetime cost of US\$67,825 per patient, as well as approximately 4,300 unintended pregnancies and 7,000 STIs (UNESCO 2011).

Accompanying this shift has been the growth of SRH awareness campaigns designed to reach young people. One notorious example, the LoveLife campaign, is a South African multimedia education campaign that was launched in 1999 with the goal of halving HIV prevalence among young people aged 12–17 within five years, based on a model that addresses the individual, social and structural factors that drive the HIV epidemic (Parker

2003). The campaign emphasised condom use and positive sexuality among youth. The campaign, however, has been a source of contention because it represented young, beautiful, healthy people in control of their lives, accompanied by the message 'Love your life enough to not get infected' (see also Thomas 2004: 30). The campaign was criticised for putting too much onus on individual rational behaviour, and failing to confront multiple social and economic factors that determine the spread of HIV. Moreover, critical issues such as sexual violence, cross-generational sex, sex work, and transactional sex were perceived to be neglected (Thomas 2004). In early 2006, the Global Fund for AIDS, TB and Malaria decided to reduce funding to LoveLife by US\$56 million that had already been allocated because after 1999 HIV infection rates among young people rose rather than declined (Green and Witte 2006). Nonetheless, SRH sexuality campaigns have been critical for advancing the SRH of young people. Yet while numerous sexuality education campaigns have promoted both men and women's SRH, the majority do not specify how they involve men, identify or cater to men's particular SRH needs, and/or appreciate how men can be made vulnerable by their gender. In particular, few campaigns have sought to promote men's involvement in the maintenance of women's SRH. The *Masculinidades* (Masculinity) campaign in Bolivia sought to raise SRH awareness and promote positive behaviour changes among men and challenge unequal gender norms. Through their workshops with boys and young men, it was discovered that there was a lack of opportunities for men to have discussions focused on gender and a need to create a more open dialogue around these issues.

Despite this momentous shift, comprehensive sexuality education is still not widely available, particularly in developing countries (UNESCO 2003/2004). Furthermore, most youth-orientated SRH policies do not identify the need to challenge gender norms and educate youth about the harmful role they can play in accessing SRH services, or adequately appreciate the diversity of male and female identities and the particular SRH needs of marginalised groups including LGBTQI persons (Jansson 2014). There have been extensive global debates around the efficacy of sexuality education approaches, and a lack of consensus hinders unified and concerted efforts. The preference of many sexuality education curricula, the focus of the majority of faith-based organisation programmes and of some major international funders, including USAID, is on promoting abstinence (Gallant and Maticka-Tyndale 2004; Visser 2005). However, reviews of abstinence-only education programmes note that these are largely ineffectual because they do not provide young people with sufficient information about contraception and STI prevention (Bhana 2007; Mitchell and Smith 2000). The widely implemented ABC (abstain, be faithful, condomise) approach, which educates people about unprotected intercourse as a source of STIs including HIV infection, has been extensively called into question. It assumes cause and effect (Grills 2006), frames the subject as a rational actor (Benatar 2002), and/or primarily focuses on knowing provision to the neglect of addressing environmental risk factors and gender norms that contribute to the epidemic (Campbell and MacPhail 2002). The sexuality education generally on offer primarily focuses on sexual risk reduction and relies on a didactic, fear-driven approach while failing to highlight broader aspects of sexuality (including pleasure), gender roles (McLaughlin *et al.* 2012), and healthy relationships. This is problematic given the evidence suggesting that sex-positive, participatory approaches are more likely to lead to internalised behaviour change, and provide opportunities to challenge inequitable gender norms (Barker *et al.* 2012).

## 5.6 Barriers to achieving universal sexual and reproductive health and rights

At the national and global levels, religious fundamentalism has given rise to ideologies that use discourses of religion and culture to extend control and power over gender and sexuality in both public and private domains (Kasim 2008). Some religious efforts have actively promoted SRH, such as Catholics for Choice, which provides resources and education to safely and carefully plan families. Yet religious fundamentalism in both the North and South has threatened the SRH gains already achieved, particularly around women's bodily



autonomy, and universal access (Petchesky 2003; Sen 2005). In a number of settings, states have hindered the reproductive autonomy of men and women by promoting family planning as a method of population control. Examples include: the forced sterilisation of HIV-positive women documented in various settings including Kenya, Namibia and South Africa from the 1990s until present (African Gender and Media Initiative 2012); China's one-child policy introduced in 1979; and India's historic family planning programmes that employed coercive measures including sterilisations through tubal ligation with women, and 'vasectomy camps' with men in the 1970s and 1980s (Dhanraj 1990). Notions of a zero sum game, whereby the promotion of men's SRH comes at the expense of women's SRH, have also hindered progress in programmes, research, and advocacy oriented towards men's SRH. Social and political institutions and related norms that position SRH as a primarily female concern, whilst still under male control, have undermined men's involvement in SRH including family planning (Sen 2013).

Overall, the typical SRH policy discourse fails to include sufficient focus or specific guidance on male involvement, and interventions to engage men have remained small-scale and short-term. The ICPD Beyond 2014 Global Report by UNFPA gathered data from 176 member states, with input from civil society, to review progress made and challenges encountered since the ICPD in 1994. In the executive summary of the ICPD Beyond 2014 Global Review report on the ICPD website it was noted that:

women's status, maternal death, child marriage, and many of the concerns of the Cairo Conference have seen very little progress in the last 20 years, and, in fact, in some instances are being reversed. Life expectancies continue to be unacceptably low and 800 women a day still die in childbirth and there are still 222 million women without access to contraception and family planning.  
(ICPD 2014)

The fact that the targets for male involvement are not referenced in the executive summary reflects the current international SRH policy discourse where the predominant focus continues to be on women's SRH; this speaks to the need to shift to a more relational discourse that includes men. This need is reflected in the current negotiations on men's health indicators in the post-2015 process.<sup>26</sup>

Moreover, in many contexts, the SRH sector fails to meet the demands of female clients and is ill equipped to expand their services to men as well. The limited information collected about men's SRH, and the all too common failure to sufficiently disaggregate data, creates a poor foundation on which to address men's SRH and orient services to them, including those most suited to diverse groups of men. This includes men who have sex with men, transgender men and male sex workers. Indeed, both female and male sex workers are underserved by SRH services. Sexual moralism and notions of shame, blame and victimhood continue to inform responses to sex work (Shannon and Montaner 2012). Sex workers are also particularly vulnerable to violence and STIs. For instance, HIV prevalence among sex workers and sex worker clients is approximately 10 to 20 times higher than the general population in sub-Saharan Africa (WHO 2011). Despite the burden of HIV that sex workers carry, it is estimated that the median coverage of HIV prevention programmes is less than 50% of sex workers (Shannon and Montaner 2012). Although international funding and SRH programmes are slowly starting to target sex workers, there is a particular lack of research on risk factors for male and transgender sex workers, and how to orient SRH services to them.

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<sup>26</sup> The United Nations is in the process of defining a post-2015 development agenda, which will be launched at a Summit in September 2015, and is being constructed through informal consultations of the UN General Assembly. Input to the agenda has involved Sustainable Development Goals (SDGs) proposed by an open working group of the General Assembly, the report of an intergovernmental committee of experts on sustainable development financing, and general assembly dialogues on technology facilitation.

Other factors that inhibit men's access to quality SRH care include inadequate funding for programmes targeting men's SRH, a lack of national policies engaging men in SRH, and insufficient infrastructure (WHO *et al.* 2008). Evidence suggests that SRH providers can hold negative or unwelcoming attitudes towards engaging men (Pascoe *et al.* 2012; Peacock *et al.* 2009), in part due to the inadequate training of SRH service providers to cater to men's needs.

### **5.7 Influence of engaging men in SRH on women's SRH and empowerment**

Notions of masculinity and femininity are deeply rooted in cultural patterns and social structures of power, including privileging men's control over sexuality and SRH decision-making (Jewkes and Morrell 2010). Such understandings have provided impetus for prioritising and implementing gender-transformative SRH approaches that seek to transform gender-inequitable norms and roles that negatively influence men and women's SRH, and to achieve the goals of health equity.<sup>27</sup> Gender-transformative interventions have been found more likely to be effective in changing men's SRH behaviours and attitudes (Sen *et al.* 2007), and numerous studies have affirmed the benefits of engaging men as supportive partners in women's reproductive health (Greene *et al.* 2006; Sternberg and Hubley 2004). Promoting couple communication and decision-making around SRH is a strong predictor of other positive health outcomes (Dudgeon and Inhorn 2004). Programmes that provide men with information about contraception can encourage them to be more responsive to their partner's needs (Randrianasolo *et al.* 2008).

Encouraging men to have HIV testing and use contraception has demonstrated positive effects on women's health including reducing their acquisition of HIV, and couples-focused voluntary testing and counselling have been found to be particularly effective (WHO 2012). For instance, the International Men and Gender Equality Survey (IMAGES) data for Brazil, India and Croatia found that the percentage of women who tested for HIV is much higher among those whose partners have been tested than those whose partners have. It is important to note, however, that in many settings women may prefer to test for HIV without their male partners (Farquhar *et al.* 2014). Thus, while highlighting the benefits of couples counselling, clinic staff and policymakers must be careful not to discourage women from accessing such services alone.

Indeed, there is much concern that involving men in SRH without acknowledging gender inequalities may result in interventions that consolidate male power over reproductive and sexual decision-making, or make women's access to SRH services contingent on men's support. Women may not readily welcome the participation of men in their contraceptive choices or use, which may reduce their already limited abilities to control this aspect of their lives. Save for a handful of studies, there is also limited understanding of whether men's involvement in SRH leads to more equitable gender norms or empowerment of women, as this is rarely evaluated (Sternberg and Hubley 2004). SRH programmes contributing to gender equity are challenging to evaluate, and appropriate indicators and methodologies are still in development (Greene *et al.* 2006). To avoid such unintended consequences, assessing the perspectives of both men and women about changing gender roles or increasing male involvement in SRH in different contexts is key (Greene and Levack 2010). It is also critical for efforts engaging men in SRH to work meaningfully and cooperatively with women's SRH organisations, and connect to the historic and ongoing feminist movement for such rights, including access to SRH services and contraception technologies (Stern 2014). Policies should also ensure that providers are adequately trained on women's SRH and

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<sup>27</sup> 'Gender-transformative' and 'gender-exploitative' approaches stand at opposite ends of a spectrum of programmatic efforts. 'Gender-exploitative' efforts refer to projects that exploit gender inequalities and stereotypes in pursuit of health outcomes. 'Gender-neutral' refers to projects that do not attempt to address gender *per se*. 'Gender-sensitive' refers to projects that accommodate gender differences in pursuit of health and demographic outcomes. 'Gender-transformative' refers to projects that seek to transform gender relations and roles to promote equity as a means to reach health outcomes (Promundo, UNFPA and Men Engage 2010).

rights in relation to contraception and family planning decisions, and endorse steps to ensure that no harm is caused to women through men's participation in SRH services (Jansson 2014).

In challenging hegemonic male norms, there has been some discussion of the need for communication campaigns to be careful not to reinforce inequalities between men and women, or exclude women's agency (Campbell 1995; Flood 2003). For instance, the Man Up campaign implemented in southeastern Virginia in 2012, encouraged men to test for STIs by asking them to 'man up' after weekend risk-taking by attending clinics, and through slogans including 'if you hit it on the weekend, hit the clinic Monday'. The campaign was found to generate a 200-percentage point increase in the number of men that tested for STIs (Fleming and Lee 2014). However, no evaluation was conducted about the impacts on risk reduction and longer-term changes in behaviour. By reinforcing certain aggressive norms of masculinity, such as 'hitting it', and an investment in proving one's manhood, such strategies have been criticised for potentially reinforcing the negative outcomes that such programmes are attempting to address, including men maintaining control over their female partners, and physical and sexual violence (Fleming and Lee 2014).

Campaigns primarily focusing on men's sexual risk-taking behaviours have also been criticised for prioritising the physical act of sex to the neglect of the emotional and relational nature of men's sexuality (Lindegger and Quayle 2009). As well as targeting dominant norms of manhood that can be damaging to men and women's SRH, it has been suggested that campaigns should encourage men's disinvestment in gendered binaries and related inequalities, and explicitly advocate for shared decision-making and equitable relationships between men and women (Fleming and Lee 2014; Pattman 2005). Such programmes also need to involve women in programme design and pilot test communication materials and strategies (Greene *et al.* 2006), as well as programme evaluation. This is especially the case given the evidence that women can and often do play a role in challenging or reinforcing hegemonic norms of masculinity (Hearn 2004; Stern and Buikema 2013). Campaigns targeting men's involvement in SRH should also be evaluated to assess their broader effects on more equitable gender relations, and more effective indicators to assess this are needed.

## **5.8 Men's involvement in abandonment of FGM-C**

Engaging men as partners in SRH has recently evolved to promoting men's involvement in efforts to eliminate female genital mutilation and circumcision (FGM-C). This practice affects approximately 125 million girls and women globally and can have severe long-term SRH consequences for women including recurrent bladder and urinary tract infections, cysts, infertility, an increased risk of childbirth complications and newborn deaths. The practice is supported by certain cultural and religious reasons around women's marriageability, virginity, fidelity and chastity. Where FGM-C is widely practised, it tends to be supported by both men and women, and those who depart from or challenge this norm may face harassment or ostracism (WHO 2008). It is often practised even when it is known to inflict harm upon girls because the perceived social benefits of the practice are deemed to be greater than its drawbacks (UNICEF 2010). Programmes such as Tostan in Senegal consider men's role as essential in abandoning the practice. Their community empowerment programme encourages community members to share knowledge they gain about health and human rights related to FGM-C with their social networks. An evaluation of Tostan's community empowerment programme found reduced cutting in the communities in which it was implemented, and that women reported a decrease in partner violence over the previous 12 months, as social norms related to both practices were found to be similar (Heise 2011).

Research conducted by the Orchid Project (2014) about the extent of FGM-C in Egypt noted that the practice is still prevalent despite the 2008 Egyptian ban, which imposes sentences of up to two years in prison or fines of up to 5,000 Egyptian pounds. The authors note that the law has done little to curb the practice because FGM-C is strongly associated with controlling

female sexuality and purity, which demonstrates the critical need to also challenge gendered norms of virginity for effective FGM-C abandonment (UNICEF 2013). The Girl Generation: Together To End FGM is an advocacy campaign being rolled out in ten African countries; it aims to end FGM-C in one generation through encouraging social change involving cross-generational discussion, the creation of substitute rituals and providing information about the health risks of FGM-C. It would be useful to further explore how to transform social norms around FGM-C including how men's and women's decision-making around the practice is influenced by such norms. Involving men in the abandonment of FGM-C provides opportunities to address social norms around women's broader SRH including their right to access sexual pleasure and reproductive autonomy.

### **5.9 Men's involvement in women's access to safe abortion**

There are also limited but emerging efforts and interest in engaging men to support women's rights to access and utilise safe and legal abortion services. Involving men in this domain using a gender-transformative approach is critical given men's vital role in women's access as gatekeepers, partners and family members and that women's lack of access to safe abortion is complicated by male dominance and female subordination. Men can also be in important positions to advocate against the barriers women face in accessing safe abortion and care, such as legal restrictions, financial obstacles or social stigma (IPAS 2008). But engaging men in these matters is complex and there is limited evidence on the best ways to do so. Data from the International Men and Gender Equality Survey (IMAGES), carried out in Brazil, Chile, Mexico, India, Bosnia and Herzegovina, Croatia, Democratic Republic of Congo, and Rwanda found that 11–27 per cent of all women reported ever having terminated a pregnancy (Levtov *et al.* 2014). Although many of these women informed their partners about the termination of pregnancy, fewer than 40 per cent of women in some of the countries surveyed reported informing their partners. This may indicate that, given the precarious domain for women, many women do not want men's involvement in it. In some contexts, such as many parts of India, men accompany their wives to abortion clinics but service providers are unwilling to engage with men at this service interface. Generally speaking, men's role in ensuring women's access to safe abortion is often overlooked, which may be related to the volatile political nature of women's abortion access and right to choice, and a lack of global consensus on men's involvement in the practice.

### **5.10 Evidence of effective SRH initiatives with men**

A Johns Hopkins University review of 20 men's family planning programmes from Africa, Asia, and Latin America found that men generally want to be involved in SRH, and that programmes positioning men as caring partners rather than irresponsible adversaries enjoyed far more success in engaging men. Strategies shown to be effective in changing men's SRH attitudes and behaviours include peer education in groups, using male advocates, large-scale media programmes, workplace health programmes and community outreach (Sen *et al.* 2007). A systematic review of STI and HIV interventions found that peer education and outreach with men in the workplace were particularly effective for reducing the number of sexual partners and increasing condom use amongst heterosexual men (Elwy *et al.* 2002). Several studies have indicated that it is especially persuasive when men can find financial reasons for contraceptive use or preventative maternal or child health care (Shattuck *et al.* 2011). An integrated approach that includes SRH services, focus group education, and media campaigns, as opposed to single-focus interventions, appears to be the most influential with men's SRH practices and awareness (Barker *et al.* 2012).

'Stepping Stones' is an example of an effective community-based intervention that provides training around HIV prevention and reproductive health, communication and relationship skills to both men and women to encourage greater gender equality and safe sex practices. The Interagency Gender Working Group's (IGWG) 2003 review of the efficacy of 'Stepping Stones' for changing reproductive health attitudes and behaviours of men in Cambodia, the Philippines, Gambia, Ghana, Kenya, South Africa, Tanzania, Uganda, and Zambia found that

in all countries men reported increased knowledge of reproductive health, enhanced communication skills, and reduction of conflict, gender violence and alcohol consumption. Factors identified to explain the positive impact of 'Stepping Stones' include providing men with opportunities to improve their SRH knowledge, working separately with older and younger men who have different needs and concerns, enabling men to hear the perceptions of women, recruiting and training skilled male facilitators (IGWG 2003). The review also noted that 'involving the community creates the supportive environment that is necessary to effect and sustain behaviour change' (IGWG 2003: 64). 'Creating Futures' is a structural intervention that uses participatory activities among young people to strengthen their economic power, education, ability to get and keep a job, and access to income-generating activities. 'Stepping Stones' and 'Creating Futures' were piloted as complementary but separate interventions in urban informal settlements in Durban with 233 young men and women (Gibbs and Jewkes 2013). The initial evaluation found that men reported increased condom use and decreased transactional sex and substance abuse, suggesting that structural interventions, such as 'Creating Futures' can strengthen the impact of educational relationship programmes like the 'Stepping Stones' programme.

A variety of multilevel advocacy initiatives, such as Program H and One Man Can (OMC), have effectively engaged men in SRH by portraying men as capable of playing a positive role in the health of their partners, families and communities. Through foregrounding masculinity as a social construct, such campaigns can influentially inform men about how adhering to certain gender norms exposes them to physical and emotional health risks, and educate them about how these norms can be challenged (Clowes 2013). Such efforts are arguably impactful by providing role models who promote gender-equitable and responsible SRH behaviours and practices (Dworkin *et al.* 2011), and by generating awareness of gender-equitable attitudes within one's community (Fleming and Lee 2014). One Man Can, developed and implemented by Sonke Gender Justice Network in South Africa, encourages men to support gender equality, to reduce the spread and impact of HIV, and the use of violence against both women and men. An impact evaluation of One Man Can in seven provinces was conducted through a phone survey with 265 randomly selected participants of OMC activities, interviews and focus group discussions with community members, NGO activists, key informants and OMC campaign participants (Colvin 2009). The evaluation found that 25 per cent of men who accessed OMC interventions subsequently accessed voluntary counselling and testing (VCT), and 67 per cent reported increasing their use of condoms after OMC workshops (Peacock and Barker 2012). More detail on Program H and on the kinds of impacts it has achieved, is provided in Box 5.1, below.

It has been noted that communication-focused SRH campaigns are more likely to be effective if the messages are tailored to men's values, needs and interests, with relevance to their sociocultural context, including cultural understandings of sexuality (Collumbien and Hawkes 2013). Hence, providing opportunities for men to express their concerns and barriers to sexual health is a key component for SRH programmers (Ntshebe, Pitso and Segobye 2012). It is critical to involve communities to design SRH programmes and communication campaigns so that contextual social and religious beliefs that influence sexuality, sexual rights and gender roles can be incorporated. Campaigns should be sensitive to how factors such as class, ethnicity and age shape expressions of manhood and, based on this, SRH interventions should be catered to different perceptions of groups of men (Flood 2007). Better understanding of how campaigns influence long-term behaviour change, and the process of change, is warranted. For instance, a Cochrane systematic review into mass media interventions for promoting HIV testing found mass media strategies had an immediate impact on rates of VCT, but identified no sustained effect on testing behaviours (Vidanapathirana *et al.* 2005).

**Box 5.1 Program H**

Program H, which was developed in Latin America and the Caribbean and subsequently modified for use in the Balkans, India, Peru, Tanzania and Vietnam, uses group education and community campaigns to encourage young men's critical reflection on harmful norms of masculinity that are linked to risky and violent sexual behaviours. At baseline, 25 per cent of young men stated they had STIs during the three months prior to the survey, and fewer than 10 per cent had ever taken an HIV test. In terms of condom use, 63 per cent reported using a condom at last sex with a primary partner, compared to 85 per cent with a casual partner, which is consistent with other findings (Stern and Buikema 2013). An evaluation used the Gender Equitable Men (GEM) scale, which measures attitudes towards gender-related topics including HIV/AIDS prevention, partner violence and sexual relationships, and qualitative interviews to assess the programme's impact on men's gender-related attitudes in three locations in Rio de Janeiro, Brazil (Pulerwitz *et al.* 2006). Participants provided information on HIV-related risk and prevention factors, including STI symptoms, condom use, number of sexual partners and intimate partner violence. Agreement with inequitable norms in the GEM scale was significantly associated with report of STI symptoms ( $p < .05$ ), lack of contraceptive use ( $p < .05$ ), and physical and sexual violence against a current or recent partner ( $p < .001$ ). At six months, agreement with gender-inequitable norms items significantly decreased among men who participated in Program H activities. In one of the locations, Bangu, for instance, young men who became more supportive of gender-equitable norms were approximately four times less likely to report STI symptoms over time, and 2.4 times more likely to start using a condom with a primary partner at last sex, although no significant increase in condom use with casual partners was found. Results at one-year follow-up indicated that improvements in condom use and reported STI symptoms were maintained, with significant reduction in STI symptoms. In the qualitative interviews, both men and women noted how men's sexuality tends to be seen as uncontrollable, and even among men whose female partners indicated that they were strongly gender-equitable, there was widespread acknowledgement that men inherently sought outside partners. This highlights that partnering reduction programmes will best succeed if they target both men and women's normative expectations and ideals of men (Leclerc-Madlala 2009).

**Box 5.2 The Learning Centre Initiative in Uganda**

The LCI project, which was implemented in the Hoima district of Uganda from 2011 to 2013, sought to increase men's access to SRH services including safe medical male circumcision, family planning and management of sexually transmitted infections (STIs). The project also offered SRH education to men through a variety of domains including at churches, football tournaments, community outreaches and through dramas, peer education, distributing posters and condoms and hosting radio programmes. An SRH resource centre for information generation and sharing was also established. To target men as equal partners, the LCI project instigated focus groups with men and women to challenge unequal gender roles, men's use of gender-based violence, and encourage men to communicate openly with their partners about issues including sexual decision-making and sexuality, to support their partners' SRH needs and to share domestic duties. The LCI project trained staff and peer educators to be more male-friendly, provided a space for them to discuss the challenges they faced when working with men, and asked service providers to report and document their experiences with men who attended SRH services. Manuals for the quality of SRH care were also distributed to healthcare workers and other stakeholders. The LCI also supported advocacy of national health plans to commit to funding and policy engaging men in SRH care. To promote men as advocates of change, male involvement champions were invited to share their personal experiences and testimonies in community groups and on radio programmes. Community and religious leaders were also encouraged to share stories and promote male involvement and gender equality.

The male involvement model, as laid out by Greene *et al.* (2006), is a promising framework that can be used as a basis for development, strategies and evaluation of programmes promoting men's SRH. The model asserts the necessity to engage men at three intersecting levels: as clients of SRH, as equal partners and as advocates of change. It recognises the influential role men have in promoting SRH, and that their involvement should not come at the cost of women's SRH. Evaluations of programmes that used this model, such as the Learning Centre Initiative (LCI), which was implemented in the Hoima district of Uganda

(described in Box 5.2 above), found that men and women reported that male beneficiaries were increasingly supportive of their partners accessing SRH services, shared domestic responsibilities and contraceptive decision-making, and were less likely to resort to domestic violence (Stern *et al.* 2015). The available evaluation data however, which relied on a limited number of interviews and focus groups, make it difficult to determine what the gender-related attitudes, norms and behaviours in the community were and exactly how the programme influenced these factors. Without a randomised control group or pre- and post-design using the same indicators, confidence about how the change was directly affected by the project is limited.

Engaging men at the level of advocates of change has been the most challenging to implement and evaluate (Greene *et al.* 2006). This may be partly attributable to the fact that men may support gender equality 'in the abstract, which may related to social desirability, yet are not as willing to undermine patriarchy and control as strongly in practice' (Ratele 2014). To be effectively engaged as advocates of change may require emphasising that to fully support gender equality, men will lose some of their gender power in the short term, and to appreciate the social benefits of more equal societies long-term (Ratele 2014). Developing improved measures to support and evaluate men as advocates of change is critical for programmatic sustainability, particularly given men's roles as gatekeepers to women's SRH, and that men may need continuous support to maintain changed behaviours and attitudes in support of gender equality (Dworkin *et al.* 2013). Overall, programmes and policies need to be more creative in how they engage men as advocates of change. As Peacock and Barker argue:

advocacy efforts so far have largely failed to reach out to the men who already see that gender equality make sense and are living it and who could, if encouraged in appropriate ways, become visible spokespersons to other men of the benefits of gender equality.  
(Peacock and Barker 2014: 589)

To improve the efficacy of the male involvement model, it is also imperative to appreciate how men can simultaneously hold multiple and even conflicting social identities including behaviours and attitudes (Stern, Clarfelt and Buikema 2014: 4). It is also necessary to better understand how change on one level of the model affects or interrelates with other levels, and the importance of evaluating change, and the influencing factors, at the three separate levels of the model.

### **5.11 SRH services**

To attract men to SRH services, it has been noted that they should be accessible, sensitive to men's needs, and resonate with existing community values (Promundo *et al.* 2010). It is common for SRH providers not to be trained or sufficiently knowledgeable about gender and sexual and reproductive rights and/or have unwelcoming attitudes towards men. Staff should have dedicated space to reflect upon their gendered attitudes and prejudices, and receive training to enhance their ability to meet men's SRHR needs in friendly and non-judgemental ways. SRH services and providers should be equipped to cater to the different SRH needs of marginalised groups, including people with disabilities, people living with HIV, adolescents, sex workers (explicitly including male and transgender sex workers), and people with diverse sexual orientations. This is particularly the case given the evidence that marginalised groups are more likely to receive hostile responses from service providers and/or encounter barriers to accessing SRH care (Cornwall and Jolly 2006).

In many – if not most – societies the erect penis, or phallus, and male virility are closely associated with hegemonic masculinities and male power. Yet many men suffer from erectile dysfunction whereby they have trouble getting or maintaining an erection during sexual intercourse. The related shame, embarrassment and relationship problems of erectile

dysfunction can drive men's use of and dependence on sexual dysfunction drugs, such as Viagra. Impotence treatment that relies solely on drugs ignores other aspects of sexuality and sexual satisfaction, and does not address psychological causes of impotence, such as anxiety or depression. Offering comprehensive treatment for men's sexual dysfunction is warranted given the evidence that enhancing sexual pleasure and openness of sexuality can effectively engage men in broader SRH (Ntata, Mvula and Muula 2013; Sternberg and Hubley 2004). A qualitative study among three low-income communities in Mumbai found that about 45 per cent of men reportedly suffered from one or more sexual health problems that could be indicative of the presence of STIs (Verma *et al.* 2001). Factors including excessive masturbation, wet dreams or insatiable sexual appetite were identified as causes of these problems. One in four men who reported experiencing any problem sought treatment, mostly from traditional sexual health providers, a large number of whom were unqualified and untrained. The study stresses the importance of understanding sexual health for SRH prevention programmes, and that traditional sexual health providers should be incorporated into such efforts (Verma *et al.* 2003).

### 5.12 Sexuality education best practices

Kirby, Laris and Roller (2007) identified characteristics that can be used to assess, select, adapt, improve, develop and implement school-based sexual education curricula. To do so, the authors systematically reviewed 83 studies that measured the impact of school-based sex and HIV education programmes on sexual behaviours and attitudes among youth 25 years of age and under. For curriculum content, it was deemed important to present a clear focus on health goals, focus narrowly on behaviours leading to these goals, address sexual risk and protective factors, create safe spaces, include multiple activities, use age and culturally appropriate methodologies, and cover topics in a logical and coherent sequence. Drawing lessons on content, the Population Council has developed an integrated curriculum on sexual health, sexuality, gender and rights, described in Box 5.3, below.

#### Box 5.3 It's All One Curriculum

This sexuality education curriculum was developed by the Population Council (Haberland and Rogow 2009) for integrating gender and rights into sexuality and HIV curricula for young people aged 15 or older in or out of schools. To ensure the resource is culturally relevant, the curriculum offers guidelines to educators and policymakers to adapt the materials to the local environment with a broad range of populations. The resource is based on recommendations designed by global researchers and integrates findings about the demonstrated links between gender relations and sexual health outcomes. The curriculum is designed to support critical thinking, build decision-making and advocacy skills, and reduce unintended pregnancies, STIs (including HIV) and gender-based violence. It would be useful for curricula such as these to be made more widely available, in order to support teachers' capacity in this domain.

For curriculum implementation, Kirby, Laris and Roller (2007) noted that support should be sought from authorities; educators should be appropriately selected and trained based on desired skills, and adolescents should be recruited to identify and prevent barriers to participation. The authors also identified limitations of the reviewed studies, including inadequate description of the programmes, weak designs and measurement, and rarely measuring the impact on STI and pregnancy rates, especially using biomarkers. Despite such limitations, the authors noted that two-thirds of the reviewed programmes demonstrated significant impact on young people's sexual behaviours including delayed or reduced sexual activity or increased contraception use. The authors suggested that evaluations should publish both negative and positive results, and use randomised experimental designs with strong sample sizes and biomarkers where possible as opposed to self-reports. The authors ascertain the need to better understand which characteristics identified are most important, what mediating factors have the greatest impact on different cultures and which education strategies are the most effective.



There is also a wealth of research suggesting a positive correlation between adolescent contraception use, decreased sexual risk behaviours and teenage pregnancy, and frequency and comfort of discussions with parents (Aggleton and Campbell 2000; Bastien, Kajula and Muhwezi 2011), which necessitates the importance of involving parents, including fathers, in sexuality education efforts. Campaigns such as the MenCare Global Fatherhood Campaign to recognise and promote men's involvement as fathers and as caregivers, and Johns Hopkins Health and Education South Africa 'Brothers for Life' campaign in South Africa, which identifies positive images of men as caring and responsible fathers, brothers and sexual partners, are warranted for advocating men's active responsibility in young people's sexual health and access.

### 5.13 Structural interventions

By focusing on men's attitudes and behaviours at the individual or group level, SRH programmes should be careful not to overlook the significance of environmental and structural factors that underlie men's health risks and/or disempower men (Greene and Levack 2010). Ensuring interpersonal and social support for alternative masculinities to be adopted is essential for greater and sustainable success of programmes that promote men's SRH (Campbell 2004). As discussed in Chapter One, 'Introduction: Framing the evidence and shifting social norms', initiatives to challenge gender norms have been shown to be most effective when supported institutionally, including from institutional policies, and widely implemented (Peacock and Barker 2014; Barker *et al.* 2007).

Much evidence suggests that institutional barriers such as economic stress, education levels, poverty, and experiences of violence are more influential in men's participation in SRH than social or cultural barriers (Ramkissoon *et al.* 2010; Sandfort *et al.* 2008; Sen *et al.* 2007). The fact that SRH risk factors are influenced by the social conditions in which men live justifies the importance of not only using gender-transformative approaches at individual and relational levels, but also addressing men's social context including structural barriers to SRH, such as inadequately resourced health systems and policies that fail to cater to men's SRH needs (Hawkes and Buse 2013; Shand, Phillips and Pascoe 2012). In 2006, the Association for Women's Rights in Development (AWID), launched an initiative entitled 'Resisting and Challenging Religious Fundamentalisms: An Advocacy-Research Project' to explore diverse forms of fundamentalism and its impact on the rights and freedoms of women. Through gathering examples from women's organisations and activists about how they resisted religious fundamentalisms in their own countries, this initiative developed and shared effective strategies (Vaggione 2008). Such efforts should be supported by transnational and coherent mobilisation and expanded to understand how religious fundamentalism negatively influences SRH for everyone, including for men and LGBTQI individuals.

### 5.14 Gaps, future learning and priorities

A key priority is how to best implement and evaluate programmatic efforts engaging men and boys in SRH in ways that advance gender equality and women's empowerment. Related to this is the need to better understand how to promote and ensure the sustainability of men's sexual health behaviours and attitudes and related gender norms. Large-scale, long-term evaluations are required to assess attitudinal and behavioural change in men towards gender equality and SRH (Bonnell *et al.* 2012). Ratele (2014: 511) noted that 'it is imperative to pay close theoretical and empirical attention to men's ambivalent attitudes toward gender equality and distance between concept and practice', which stresses why it is crucial to not only rely on self-reports. Available studies on SRH programmes engaging men tend to be quantitative, short-term, and emphasise clinical outcomes, with little indication of the processes of change among male beneficiaries (Dworkin *et al.* 2013); including programmes' influence on men's gender identities, or on men's partners and families (Sternberg and Hubley 2004). A WHO review (Barker *et al.* 2007) highlighted that one of the challenges facing programmes targeting men and boys is that the majority of them do not go further than the pilot phase,

and limited scale-up and incorporation into national programmes and responses, if any, is ever achieved. There is a lack of research on the costs and feasibility of scaling up effective programmatic interventions. More comprehensively integrating promising theoretical supports into the design of SRH interventions, including the male involvement model and gender-transformative approaches, would be useful to comparatively evaluate the efficacy of such programmes. Further, Greene *et al.* (2006) argue that the relevance of measures and concepts such as 'gender transformation' should initially be explored and agreed upon through focus groups with community members and knowledge informants, and also defined in questionnaires.

There is an urgent need to better understand how the SRH needs of men can be accommodated in related policy, programming, legal and structural interventions. For both men and women, there is a limited understanding of how sexuality intersects with their SRH (Collumbien and Hawkes 2013). Thus, more grounded, ethnographic research on men's SRH in particular contexts is required to better understand the cultural, social, and economic drivers behind men's SRH needs and responses, and the diversity of men's sexual identities, practices and relations. There is a particular lack of data about the SRH knowledge and attitudes of men in China and much of Asia, as well as the Middle East and North Africa (Greene *et al.* 2006). Changes in sexual experience and expression across the lifespan, sexual performance, contradictions between cultural norms and values including religious and private norms, and the complex needs associated with sex are among the range of phenomena which appear to have been under-researched in the realm of sexuality and public health. In promoting SRH for all, it is necessary to engage more deeply in understanding sexual relationships as an object of study including how normative masculine and feminine expectations mould sexual experience and risk-taking, including communication about sex and expressions of sexuality. This implies transdisciplinary study, and the support of sexuality studies as a form of scholarly enquiry.

Insights into the diversity of men's SRH needs and expressions of sexuality are critical to expanding the scope and coverage of SRH programmes for men. Indeed, over the last 20 years, not much has changed in terms of the burden of SRH responsibility that continues to fall on women and the continued contestation of women's sexual rights. Although men have a vested interest in pregnancy planning and prevention, currently men represent less than 30 per cent of contraceptive use globally. Male participation in and support for contraceptive use by female partners has remained equally low, resulting in significant impediments to improvements in the health and wellbeing of men, women, and children. Political commitments for involving men in SRH have translated to some action, but this has not yet been mainstreamed, and is mostly dependent on the motivation of individual programmers, policymakers and activists. The focus on male participation in SRH needs to more adequately stress men's responsibility for challenging patriarchal norms and relations as well as gender-inequitable health systems. Global commitments that can coordinate and drive men's rights and *accountability* to their own and women's SRH such as the MenEngage SRHR Initiative, should be supported and scaled up (Stern 2014).

Although conceptualising men and women's SRH as a basic right (and part of the broader agenda of sexual rights) has marked a radical shift in the current discourse, tensions continue to exist between political commitments, patriarchal health system structures and practices, inadequate health budgets, religious fundamentalism, and the related structural injustices and controversies in men and women equitably accessing SRH. The Guttmacher Institute's estimates for 2014 indicate that SRH services fall critically short of the needs in developing regions. An estimated 225 million women who want to avoid a pregnancy are not using an effective contraceptive method (Singh, Darroch and Ashford 2014). There is also a major evidence gap in terms of what works for behaviour communication change aimed at boys and men to improve uptake of female methods of contraception. In order to be relevant and to fuel change, the SRH discourse and agenda should better take into account the social

realities underlying men's, boys', girls' and women's access of SRH. A stronger body of evidence on how health systems create values, and how this can be challenged to ensure equitable access to SRH for men and women is necessary. Evidence of the effects of religious fundamentalisms on men and women's SRH, and strategies to undermine such trends are also required. Sen (2013) argues that the major gaps in SRH and MDGs implementation are the poor quality in service provision, increasing inequality and the need for accountability. She argues that the criteria for the SRH agenda moving beyond 2015 should therefore be Quality, Equality, and Accountability. How to scale up all three components for men's SRH, in particular men's accountability to ensure that those most disadvantaged have access to SRH, is warranted. Advocating for the personal as political, in both private and public domains, is critical to closing the gap between local and global realities and ensuring gender-equitable SRH and rights for all.

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## 6 Health and wellbeing

Erin Stern<sup>28,29</sup>

### 6.1 Introduction

This chapter complements Chapter Five on ‘Sexual health and rights’ to explore recent trends and shifts in social, economic and political factors that influence men’s other health attitudes and behaviours including mental health, non-communicable diseases and risk-taking behaviours. Discussions on gender equality and women’s empowerment within the context of health and wellbeing have, for many important reasons, traditionally focused on the health-related vulnerabilities of women and girls. However, since gender is relational as well as socially constructed, emerging attention and interest has been given to understand how men’s and boys’ health and wellbeing – alongside that of women and girls – helps or hinders enabling environments for improving gender equality and supporting the empowerment of women and girls. Gender-transformative health approaches are warranted given the evidence that men’s risky and poor health seeking behaviours are tied to gender inequitable attitudes (Pulerwitz *et al.* 2010), and/or create an environment where women and girls become further disadvantaged. The chapter assesses how efforts to promote men’s health and wellbeing have integrated gender and its broader impacts on gender equality.

Three reasons for exploring men’s broader health in relation to gender equality include: (1) its gendered relational impacts on women, children and others (such as depression and alcohol abuse fuelling some men’s violence); (2) the gendered nature of the socioeconomic or structural drivers of such health problems (such as economic crises and stress combined with expectations of masculinity contributing to depression, mental ill health and/or substance abuse); and (3) the importance of identifying policies and programmes that can positively address individual, relational and structural factors that impact gender-equitable access to health care, prevention and treatment. Men tend to be the primary decision-makers within families and often control many health behaviours of their families including contraceptives use, the availability of nutritious food, women’s workload, and the allocation of money, transport and time for women to attend health services (Davis, Luchters and Holmes 2012; Roth and Mbizvo 2001; Greene *et al.* 2004; Muralidharan *et al.* 2014), and have been shown to strongly influence the nutritional diets of their children, whether or not they go to school, are immunised, and their age of marriage (Sen 2013; Smith 2011). For men to make informed choices that can benefit themselves and their families, they need to be adequately included in health services and education. This chapter uses a holistic definition of health as a ‘state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (WHO 1948), and a conception of gender equity as fairness in treatment for women and men according to their respective health needs (WHO 2013). Gaps in the evidence, examples of best practice, strategies, and future priorities for promoting men’s health and wellbeing in ways that advance gender equality, are highlighted.

### 6.2 Changes in the past twenty years in men’s health and wellbeing

Over the last two decades, women’s health activists have extensively advocated for the ways in which gender inequality and problematic norms of masculinity hinder women’s health, and how gender norms are not fixed but fluid and thus malleable. Appreciation of the influence of gender norms on health have more recently evolved to recognise how certain norms of masculinity have emotional, psychological and physical consequences for men’s own health,

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often manifested in risky and unhealthy behaviours (Sen, Östlin and George 2007). Indeed, there is now a wealth of global evidence suggesting that dominant constructions of masculinity, such as notions of invulnerability, self-reliance, and the promotion of risk-taking, influence men's poor health and excess mortality, lower life expectancy, and under-utilisation of health care services (Courtenay 2000), thus impacting on their relationships, including with women, and public health more broadly.

As Courtenay (2000: 1385) notes, 'health-related beliefs and behaviours, like other social practices that men and women engage in, are a means for demonstrating femininities and masculinities'. There is evidence to suggest that men's poor use of certain health services is influenced by social constructions of health as a feminine concern (Aoun and Johnson 2002; Mahalik *et al.* 2007; Wilkins 2005), and norms of masculinity that hinder demonstrations of vulnerability and help-seeking, and encourage a sense of immunity and control (Colvin, Robins and Leavens 2010; Oliffe *et al.* 2011; Peacock *et al.* 2009). Men's infrequent use of and/or late presentation to health services has been found to be associated with higher levels of potentially preventable diseases and having reduced treatment options (Fletcher and Higginbotham 2002; Parslow *et al.* 2004). Women's and children's inadequate access to health services can also be influenced by harmful gender norms, including men's greater access to and control of household resources, power and decision-making within the household and in the wider community (Rodin 2013).

Drawing on the 2002 global disability adjusted life years (DALYs) for men and women, Snow (2007) noted the overall greater DALY burden among males worldwide as a result of the ten top causes of disease or disability for men and women. According to a comprehensive study of global health, which analysed yearly deaths from 240 different causes in 188 countries from 1990 to 2013, the global life expectancy for men and women has increased by about six years over the past two decades (Murray 2014). However, despite increases for both men and women, it appears that the difference between men and women in life expectancy is broadening to the detriment of men (Murray 2014). The high rate of morbidity and mortality among men not only has harmful repercussions for men, but also for women, families and communities where men live, and thus society as a whole (Barker *et al.* 2010). Losing a significant proportion of working age men through premature mortality can have serious economic repercussions for families through the loss of the primary income-earner for many households (White 2011). Men's poor health tends to result in a heavy burden on women who are primarily responsible for caregiving, as discussed in Chapter Three on 'Fatherhood, unpaid care and the care economy'. Thus, to build an enabling environment for gender equality, meeting men's and boys' needs within a gender-equitable framework of 'health for all' is increasingly recognised as essential. The consistent question that emerges in gender and health programming is now *when* and *how* to engage men in such programming, rather than *whether* to do so (WHO 2011).

### **6.3 Relationship between hegemonic norms of masculinity and men's health**

There are certain health problems that men face for unique male physiological and biological reasons, such as testicular and prostate cancers. Yet, many of the chronic and non-communicable diseases that are associated with premature and higher rates of mortality in men, such as coronary heart disease, stroke, and some cancers are caused by preventable, yet frequently recurring risk factors (Courtenay 2009; Murray 2014; White 2011). Thus, there is growing consensus about the necessity to address the relationship between norms of masculinity and men's unhealthy and risk-taking behaviours.

Some of the literature has indicated a relationship between adhering to norms of dominant forms of masculinity and poor mental health and general wellbeing among boys and men (Evans *et al.* 2011; Soares *et al.* 2008). In nearly all contexts, boys and men commit suicide at a higher rate than girls and women. It is suggested that this is related to men's general reluctance to access mental health care or their sense of exclusion from it, and dominant

societal expectations that men should not reveal or express emotion or pain (Olliffe *et al.* 2011). A study that analysed data in 2001 and 2002 from 43,000 people who took part in a US National Institutes of Health survey (2011), found that men were more likely to be diagnosed with substance abuse or antisocial disorders, whereas women were more likely to meet diagnostic criteria for depression. The study found that men were more prone to externalising anxiety, which could lead to aggressive, impulsive, and coercive behaviours. Women were more likely to internalise their anxiety, which could heighten their depression and withdrawal.

It has been suggested that gender biases in the diagnosis of depression may underestimate the prevalence of depression among men, and lead to men being diagnosed with addictive behaviours rather than depression, or to health professionals being unresponsive to male patients' emotional distress (Möller-Leimkühler 2002). For the past few decades, certain feminists have questioned assumptions that women are inherently more vulnerable to mental illness than men (White 2011). There is, however, growing interest in better diagnosis and understanding of gendered causes and pathways of depression, including male depression (White 2011).

Across the world, boys and men are likely to consume more alcohol than girls and women, be habitually heavy drinkers, and develop alcohol-related problems (de Visser, Smith and McDonnell 2009), which is partly linked to the strong association between alcohol consumption and manhood that is fostered by the alcohol and advertising industries (Flood *et al.* 2010). According to the Global Burden of Disease Study (WHO 2012), 3.14 million men died as a result of alcohol use compared to 1.72 million women in 2010. Heavy alcohol consumption is associated with many harmful behaviours including intimate partner sexual and physical violence (Verma and Collumbien 2005), unsafe sex and road traffic accidents (Snow 2007). Boys and men are also more likely than women to be smokers and the Global Burden of Disease Study (WHO 2012) noted that 4.25 million men died in 2010 as a result of tobacco use compared to 1.44 million women. In many contexts, smoking for boys and men comprises a transition to manhood and is embedded in social male relations (WHO 2005). Overall, tobacco and alcohol use are two of the major contributory factors to non-communicable diseases for men and women, along with a lack of physical activity and unhealthy diets (WHO 2005). Smoking also contributes to approximately one-third of men's excess in reported tuberculosis (TB) cases (Watkins and Plant 2006). Boys and men are also more likely than girls and women to use illicit drugs and to develop drug-related problems (Greenfield, Manwani and Nargiso 2003). Potential short-term effects of certain drugs include the risk of a fatal overdose and increased rates of accidents and injuries, and long-term risks include psychiatric morbidity, a greater vulnerability to suicide, and difficulty maintaining work (White 2011). Globally, an estimated 70 per cent of all traffic accident deaths occur among adolescent boys and men (Snow 2007). Encouragement of risk-taking among men is said to influence this gender disparity (Barker *et al.* 2010), as well as men's greater access to vehicles than women, and their expected role as drivers (Snow 2007). Alcohol and substance abuse also contribute to road traffic accidents, especially fatal accidents (Snow 2007).

A further range of health disparities between the sexes is related to gendered patterns of work and leisure (Snow 2007). For instance, the greater global risk of drowning among men is attributed to their role as fishermen and boatmen, and the greater number of burnings among women is linked to their responsibility for cooking (Snow 2007). In many contexts, certain men's diets are less healthy and balanced than women's diets (Lyons 2009; White 2011), and/or men report less nutritional awareness (Gough and Conner 2006; Kiefer, Rathmanner and Kunze 2005). It is important to note, however, the dire nutritional disparities between males and females in certain contexts worldwide, especially in Asia, where men and boys are given priority and initial access to a higher quality and amount of food than women and girls (Croll 2010). Yet in many scenarios, men tend to lack control over their diet given

that the onus of purchasing and preparing food typically falls on women (White 2011). Poor dietary habits are also influenced by working hours, in particular for those who work shift hours, and commute long distances (White 2011). According to the Global Burden of Disease Study (WHO 2012), 5.14 million men died in 2010 from dietary risk factors such as low fruit and vegetable intake and eating too much processed meat, compared to 4.18 million women.

Globally, men are more likely to migrate for work, which can make it more difficult for men to access health care (Campbell 1997). In light of the extreme pressures worldwide on men to be economic providers, there are data demonstrating a significant relationship between economic stress among men and vulnerability to depression, mental ill health and/or substance abuse (White 2011). For instance, in South Asia, where TB is often equated with job loss and an inability to provide financially, studies have found that fear of financial burden and shame discourage men from seeking TB treatment (Muralidharan *et al.* 2014).

Despite significant evidence of the ways in which gendered norms and roles can harm men's and women's health, men's health is rarely deconstructed through the lens of gender and it has been argued that 'patriarchal socialization and hegemonic masculinity are unacknowledged, preventable causes of most health inequalities' (Scott-Samuel, Stanistreet and Crawshaw 2009: 159). Moreover, men's health tends to be simplified as a unified entity, whereby men are understood to be a homogenous group, which fails to appreciate the ways in which factors including socioeconomic status, race and sexuality can impact on men's health (Hearn 2004; Morrell 2001; Peacock *et al.* 2009). This is critical to consider given the evidence that boys' and men's vulnerabilities to poor health and mortality rates intersect with disability, culture, socioeconomic status, migration status, and residence (Barker *et al.* 2010; Evans *et al.* 2011; Peacock and Barker 2012; Wadham 2009). Rates of morbidity and homicide related to alcohol and substance abuse are generally higher among low-income men (Barker *et al.* 2010). Furthermore, age or generational differences affect versions of masculinity and related health behaviours (Evans *et al.* 2011; Oliffe *et al.* 2011). Young men aged 18 to 35 are a particular risk group, with especially high rates of death from suicide and road traffic accidents in much of the world (White 2011). Limited consideration of the impact of such factors on masculinity and health and access neglects the powerful intersecting social and structural forces shaping boys' and men's health and wellbeing.

#### **6.4 Impact of institutions on men's health and wellbeing**

In recent years, various institutions have played a role in understanding and addressing the role of gender on determinants of health and wellbeing outcomes. At the Beijing 'Platform for Action' at the 1995 United Nations 4th World Conference on Women, a commitment was made to mainstreaming gender equality to ensure that women's and men's health concerns and experiences are given adequate attention (Derbyshire 2002). Other declarations adopted at the 4th World Conference on Women in 1995 noted the importance of health statistics being collected to allow a thorough analysis of sex differences in exploring health access and outcomes (White 2011).

The men's health sector has witnessed a recent growth in national men's health organisations and international health movements, such as the Movember Campaign to target prostate cancer (see Box 6.1), and the new Global Action on Men's Health (GAMH), which was set up to encourage the World Health Organization (WHO) and international public health agencies to develop research, policies and interventions to promote men's health. GAMH also advocates for governments and non-governmental organisations (NGOs) to implement strategies to address men's poor health, provide guidance on strategies used, and to more heavily emphasise the social and structural determinants of men's health (see <http://emhf.org/gamh/>). Some organisations, such as RHEG (Network of Men for Gender Equality) and Papai in Brazil, have developed educational materials that highlight the health needs of men and provide recommendations for health providers to specifically include and

cater to men (Barker *et al.* 2010; Medrado *et al.* 2009). Such movements and organisations have put the issue of men's health and wellbeing directly on the global agenda, and influenced national health policies and priorities. However, these efforts are often developed with few or weak links to the men and gender equality agenda, and sometimes take a more biomedical approach that does not position men's health within a patriarchal context, or demonstrate the links between men's and women's health.

### Box 6.1 The Movember Foundation

**Movember** is an annual event that encourages men to grow moustaches during the month of November to raise awareness of men's health issues, such as prostate cancer and depression. By encouraging men to get publicly involved, Movember aims to increase early cancer detection, diagnosis and effective treatments, and ultimately reduce the number of preventable deaths. The Movember Foundation encourages men to go for annual check-ups, to be aware of their family history of cancer and to adopt a healthier lifestyle. Since 2004, the Movember Foundation has hosted events to raise awareness and funds for men's health issues in Australia and New Zealand and, in 2007, events were launched in Ireland, Canada, Czech Republic, Denmark, El Salvador, Spain, the United Kingdom, Israel, South Africa, Taiwan and the United States. For further details, see [www.movember.com](http://www.movember.com)

As well as dominant constructions of masculinity hindering healthcare-seeking behaviour, there is emerging concern about the fact that primary healthcare provision is often not regarded as being 'male-friendly' or oriented to men's health needs (Wilkins 2005). As was discussed in Chapter Five on 'Sexual health and rights', the lack of information about men's health, and the all too common failure to sufficiently disaggregate data, creates a poor foundation on which to cater health services to address men's health concerns, including those most suited to diverse groups of men. The lack of appreciation of men's health as gendered, or the conflation of gender and health with women's health, has hindered research and responses targeting men's health. Overall, the international community lacks focus on men's health and wellbeing at the global policy level (Hawkes and Buse 2013). Through a review of global health strategies on behalf of institutions, and organisations, Hawkes and Buse (2009) assert that gender is absent from the majority of plans and core objectives, and highlight the tendency to undermine the role of gender on health, or focus it exclusively on the health needs of women. The absence of men's health policies or gender mainstreaming problematically limits the capacity to develop coordinated national and international programmes and policies that can more adequately meet the health needs of men and their families (Hawkes and Buse 2013; Smith *et al.* 2010). In order to achieve the highest standard of health, health policies should recognise that owing to men's and women's biological differences, gendered norms and expectations, they have different health barriers and opportunities that may require targeted approaches.

Overall, there is a lack of gender integration for many health issues facing men. A review of 164 gender-aware health programmes in lower middle income groups found that gender integration was strongest for HIV programmes, and also high for GBV (gender-based violence) and youth SRH (sexual and reproductive health) programmes (Muralidharan *et al.* 2014). For safe motherhood, healthy timing and spacing of pregnancy, and neonatal and child health and nutrition, gender integration was found to be moderate. Gender integration was extremely weak for TB and universal health coverage (UHC). The authors note how differences in the rates of TB infection between women and men should be documented and analysed, and the social contexts of exposure and vulnerability to infection among men and women should be accounted for (Muralidharan *et al.* 2014). The review found no evidence of a government systematically applying a gender lens to the design and implementation of its UHC system to take into account the different health needs of women, men, and sexual and gender minorities (Rodin 2013).

Although international policies and agreements can shape the way health is legislated, recorded and analysed; other institutions, such as corporations and media can shape public consciousness and individuals' expectations around their own health. Images that reinforce hegemonic notions of masculinity have been extensively used by media campaigns to encourage boys and men to partake in risk-taking behaviours including smoking and alcohol use (Fleming, Lee and Dworkin 2014). For instance, the alcohol industry typically uses notions of 'strength' and 'manhood' to promote alcohol use among boys and men (Fleming *et al.* 2014; Peacock and Barker 2012). As discussed in Chapter One, 'Introduction: Framing the evidence and shifting social norms', injunctive gender norms refer to one's social group's ideals of masculinity and femininity, including how the media reinforce gender stereotypes. South Africa has one of the highest reported levels of alcohol consumption in the world and all levels of drinking, particularly binge drinking on weekends, is higher among men than women in all age groups, provinces, and populations (Peacock *et al.* 2008). The South African Minister of Health, Aaron Motsoledi, has attempted to address alcohol abuse through initiatives that include restricting drinking hours, alcohol sales and banning alcohol adverts (Khumalo 2011).

A variety of other global programmes and policies have successfully reduced harmful drinking, including raising alcohol taxes, raising the legal drinking age, decreasing the legal blood alcohol concentration limits for drivers, training of alcohol servers to monitor and control unhealthy alcohol use, and community education about the health consequences of alcohol (Peacock and Barker 2012). Smoking advertisements for boys and men often portray smoking as a manly habit linked to happiness, fitness, wealth, power and sexual success, and/or show men smoking in a risky terrain (Fleming *et al.* 2014). Moreover, a global youth tobacco survey found that 24 per cent of young smokers started by the age ten, which makes it difficult for them to be critical of and resist social and gendered expectations fostered through such advertising (WHO 2003b). The WHO Convention on Tobacco Control (2003b) asserted that different impacts on men and women should be considered when deciding on tobacco pricing, access and bans. They argued that men may be particularly concerned with information about tobacco's actual threat to virility. While pregnant women have been effectively targeted with smoking prevention efforts due to concerns of foetal health (Bottorff *et al.* 2006), the WHO convention also asserted that fathers should be included in such efforts to prevent secondhand smoking. The WHO convention argued that there should be discussion of gender expectations among young people to foster awareness and resistance to smoking advertising targeting gender norms, such as male smokers being portrayed as sexually potent and successful.

## **6.5 Influence of men's health efforts on women's health and wellbeing**

While some gender health literature has highlighted the implications of men's poor health on women, families and the public health systems, this remains limited in scope and scale. As discussed in Chapter One, 'Introduction: Framing the evidence and shifting social norms', certain notions of masculinity and gender inequalities can lead to harmful consequences for women and children, including men's control of decision-making and economic resources, substance abuse and violence. The link between men's use of intimate partner violence and women's poor physical, reproductive and mental health, as well as poor child survival and health, has been extensively documented (Verma and Collumbien 2003). Men's use of intimate partner violence (IPV) is associated with greater rates of depression, anxiety and suicidality among women (Ellsberg *et al.* 2008). Relationship inequity and IPV have additionally been found to increase women's HIV infection risk. One study estimated that 16 per cent of new HIV infections in women could be prevented if women did not experience intimate partner domestic violence (Jewkes *et al.* 2009). As discussed in Chapter Seven on 'Sexual and gender-based violence', boys who are exposed to their father's abusive behaviours against their mother are significantly more likely to be subsequent perpetrators of violence, including sexual violence, which is partly attributed to their socialisation of unequal gender relations.



After doing a review of online databases using key terms to identify health and gender relations literature, Botorff *et al.* (2011: 60) argue that 'although there have been promising developments in accounting for gender influences in health research, the concepts of masculinity and femininity for the most part have been delinked despite the social constructionist premise that gender is relational'. They argue that health behaviours should be understood amidst men's and women's interactions on personal and institutional levels, especially since gender relations between men and women have been documented to influence health outcomes. For example, there is some evidence indicating that married individuals are more likely to engage in healthier behaviours, report better psychological and physical wellbeing, and have lower mortality rates compared to divorced, separated, widowed or single individuals (Annadale and Hunt 2000). Some literature has found that married men generally live longer than single men, and widowed men's life expectancy is significantly shortened following the loss of their partners (Schippers 2007; Strebel *et al.* 2006; Tolhurst *et al.* 2007).

The diets and nutrition of single men living alone have been found to be particularly poor (Gough and Connor 2006). Possible explanations for this include expectations for women to be the carers as evidenced in Chapter Three on 'Fatherhood, unpaid care and the care economy', and the linkages between dominant forms of masculinity and men's disregard for their own health. Although marriage has also been found to be a protective factor for women's health, for example by increasing their financial stability (Strebel *et al.* 2006), married women are also more vulnerable than men to risky factors including IPV (Botorff *et al.* 2012). A study that interviewed 75 women in Ghana found that marital status was harmful to women's health due to a gender division of labour with heavy responsibilities, lack of access to and control of resources, and physical and verbal abuse from intimate partners (Avotri and Walters 2001). This example is not meant to suggest that marriage should be advocated to protect one's health, or essentialise the relationship between marriage and health, but rather demonstrates the importance of assessing how gender relations and dynamics influences both men and women's health and wellbeing.

Health comparisons disaggregated by sex are increasingly conducted to compare vulnerabilities to poor health practices and diseases between men and women. However, the majority of this literature tends to highlight quantitative differences between the sexes, which can become divisive and fail to appreciate the complexity and diversity of men's health and how it influences the health and wellbeing of women and girls, or the societal and structural factors driving health risks and behaviours for boys, men, girls and women (Hawkes and Buse 2013). There is also a tendency to adopt oppositions between men and women's health, either explicitly or implicitly, upon whose health is more disadvantaged (Wadham 2009). Prioritisations of men's health can be presented as threatening efforts, including funds, to advance women's health (Flood 2007). Such approaches suggest an impression of a finite amount of vulnerability to poor health, can reinforce polarisation between the sexes and neglect the fact that health for all is beneficial to society. Approaches that emphasise differences between the sexes can also make it difficult to foster cross-sex health alliances, including across diverse sexual orientations, or with those whose gender identities are ambivalent or non-normative.

Yet emphasising men's vulnerability to poor health, without sufficient context, may communicate a false sense of symmetry between men's and women's poor health including women's disadvantage, and neglect the implications of patriarchy and what men do to maintain power (Sideris 2004; Wadham 2009). Although different men may be more vulnerable to poor health because of other forms of oppression, for example race, class or sexuality, it is problematic to compare the health status of men and women to primarily emphasise how men are disadvantaged in relation to women. As Peacock (2013: 129) asserted, 'men, even marginalized men or, for that matter, men who oppose patriarchy, continue to derive benefits because of the status bestowed by society on men as dominant

and women as subordinate'. In light of such concerns, it is necessary to prioritise health efforts and approaches that seek to advance gender-equality efforts and ensure that efforts to promote men's health do not threaten the fragile gains made for women's health. This requires encouraging men to adopt accountability for their own health as well as that of others, and acknowledging the power imbalances as a result of patriarchy (Barker *et al.* 2010).

Since the mid-1990s, there has been increasing recognition of the need to actively include men in maternal and child health (MCH). This comes out of the evidence that men tend to be responsible for the allocation of household resources and care-seeking behaviours that directly impact on the health of women and newborns (Davis *et al.* 2012). Moreover, many women experience significant influences and pressures from family members, including male partners, parents, and parents-in-law about infant feeding (Davis *et al.* 2012; Prasanna 2011). Yet many men have not been exposed to breastfeeding messages and have insufficient knowledge to positively influence such decisions. Support from male partners can be a major factor influencing women's decision to immunise children (Babirye *et al.* 2011; Davis *et al.* 2012). For instance, male involvement programmes in South Asia have increased the number of children being immunised and lowered the prevalence of stunting by improving their nutritional intake. A recent review (Fisher *et al.* 2012) found that higher rates of common perinatal mental disorders were observed among women with an unsupportive or uninvolved partner. Pregnancy can provide an opportunity to connect men to the health system, detect and treat STIs (sexually transmitted infections) and other infections, and provide relevant health messages (Davis *et al.* 2012). Indeed, evidence suggests that many men care deeply about the wellbeing of their families and respond positively to attempts to engage with them at this level (Kamal 2002; Mehta 2002), and to learn about MCH (Natoli *et al.* 2012). Building husbands' awareness of women's health needs during pregnancy may positively influence women's workloads during pregnancy. In India, a pre- and post-intervention programme evaluation assessed the effects of raising men's awareness of healthy behaviours during pregnancy and observed an increase in the number of expectant fathers assisting with household work (from 27.4 per cent to 41.7 per cent, *p*-values not reported) and assisting their wives to access health services (from 46.3 per cent to 57.7 per cent) over 18 months (Sinha 2008). Men have also been found to play a critical role in whether women deliver their child at home or not.

Yet progress towards successfully engaging men in MCH has been slow, especially in most developing country contexts. Davis *et al.* (2012) reviewed 78 studies published between January 2000 and April 2012 that examined the effect of efforts to encourage men to use family planning or improve maternal and newborn health. The evidence suggests that engaging men leads to benefits including use of contraceptives among long-term couples, maternal workload during pregnancy, birth preparedness, postnatal care attendance, couple communication and emotional support for women during pregnancy. The review also noted how poorly designed interventions to promote men's involvement in MCH can lead to less autonomy and decision-making for women. Couples should be encouraged to attend maternal and newborn health services together, yet the authors concluded that such efforts must avoid unintentionally discouraging single or unaccompanied women from accessing health services. The authors argue that involving women in the design of male involvement strategies and pilot testing key messages is critical for minimising the potential harms associated with male involvement. The societal responsibility (including health-related, social and financial responsibility) for contraception and child rearing tends to unduly fall onto women (Campo-Engelstein 2013), which can be reinforced by paternity laws and custody laws. As discussed in Chapter One, 'Introduction: Framing the evidence and shifting social norms', norms and roles around men's involvement in childcare can be challenged through implementing gender-equitable parental and family leave policies.

Davis *et al.* (2012) identified strategies that have proven effective for engaging men in MCH in low-income settings including peer education, community meetings, distribution of education materials, one-on-one counselling sessions, workplace-based initiatives, group education and mass media campaigns. Written or verbal invitations from health workers encouraging men to attend with their pregnant partner, ensuring that clinic facilities and staff are welcoming to men and address men's own health needs, and amending opening times of clinics to enable working men to attend were also effective strategies. Challenges to engaging men in this area include social and cultural barriers, poor physical setup of clinics, lack of staff training and resources to engage men effectively (Davis *et al.* 2012). The authors note how the World Health Organization and other relevant agencies often neglect the need to provide guidance for involving expectant fathers in MCH. The authors highlight the need for more rigorous research into the impact of strategies for engaging men in MCH. There are also major gaps in understanding how male involvement as carers influences the health and wellbeing of their partners and families and their wider communities, or how addressing men's non-communicable diseases affects the health and wellbeing of their families.

Overall, there is limited evidence that assesses the influence of health interventions for men and boys on the health and wellbeing of women and girls. This lack of understanding could reinforce notions that efforts for men's health are not relevant to women's health. The health and social benefits of more equitable relationships between men and women have been extensively documented (Barker *et al.* 2010; Peacock *et al.* 2008; Ricardo *et al.* 2010). For example, when men are respectful towards their partners, share responsibility for disease prevention in relationships, are involved in their children's lives and wellbeing, and do not use violence towards their intimate partners, this benefits the health of men and women (Barker, Ricardo and Nascimento 2007). However, it is limited to primarily obtain perspectives from either men or women in intimate heterosexual relationships to explore the impact of gender relations on health and illness (Bottorff *et al.* 2012). Further research on concepts of ideal masculinities and femininities in health and considerations of what and how gender relations between and among men and women hinder or support health and wellbeing is warranted (Bottorff *et al.* 2012).

## **6.6 Evidence of effective interventions to promote men's health and wellbeing**

In light of the evidence indicating men's vulnerability to certain health issues and related premature mortality, there is an urgent need for more targeted measures that enable boys and men to recognise their risks for poor health and to take increased responsibility for managing their health (White 2011). Gender-sensitive indicators should be used to guide policies, programmes and service delivery, and to monitor the quality of health care for both sexes (Govender and Penn-Kekana 2007; Sen *et al.* 2007; WHO 2003a). To be effective, male involvement activities should seek to address and consider boys' and men's own health needs and concerns as well as the needs of their female partners and children (Davis *et al.* 2012; Muralidharan *et al.* 2014). It is critical to develop skills among health professionals to enable them to understand and apply gender perspectives in their work and best practices to promote men's use of health services (White 2011). Professionals should be encouraged to be aware of and challenge stereotypical notions that discourage men from using health services, such as the notion that men should tolerate their pain or be brave when receiving distressing news about their health (Banks 2004).

Toolkits such as the WHO-Sonke Gender Justice Supplementary Module for health providers on engaging men and boys in achieving gender equality and health equity could be used as the basis for such training (see Box 6.2, below). To address some of the known barriers to men accessing care it has been suggested that healthcare services should open outside normal working hours and hire more male healthcare workers (Holmes 2001; Wilkins 2005). Such efforts should always be introduced and provided in ways that do not undermine existing health services for women, which is why some strategies, such as hosting male-only clinic days, are questionable for their ability to achieve gender equity. Rather, strategies like

providing waiting areas and consultation spaces that men feel comfortable in, or separate spaces for men, are recommended (Muralidharan *et al.* 2014; Raju and Leonard 2000). Outreach services that take some level of primary care to informal venues such as pubs, sports events, workplaces and religious sites have been identified as effective, especially for men who are less likely to use more conventional services (White 2011). For example, some evidence suggests that poorer, ethnic minority men are more likely to participate in health screenings when delivered in a community setting (Loeb 2004). Community delivery of services can undermine barriers between male patients and health professionals, and are also attractive for typically being quick, informal and convenient (Wilkins 2005).

### **Box 6.2 Gender mainstreaming for health managers: A practical approach**

The Department of Gender, Women and Health of the World Health Organization and Sonke Gender Justice Network developed a module to enhance the capacity of WHO staff and national partners including health ministries, development partners and public health stakeholders to implement evidence-informed programmes and policies intended to engage men and boys in achieving gender equality and health equity. Objectives of the manual include: to equip participants to better understand the role of gender in health and public health practice and be familiar with key concepts of gender mainstreaming; to explore how one's own values and stereotypes about men, women, gender and health shape one's lives and work; to promote greater awareness about the need for men to care for their own bodies and health; to examine how gender messages can influence gender relations and health outcomes; to recognise that it can be difficult and dangerous for both men and women to fulfil the gender roles society expects of them; and to provide participants with an understanding of men's health outcomes and how these are shaped by gender norms and practices as well as structural forces such as social exclusion and public sector capacity.

A wealth of literature suggests a positive association between health education programmes and improved health among men, especially those that combine knowledge with skills-building or other health promotion activities (White 2011). A review of 58 health interventions engaging men found that a multi-pronged educational approach including media, workshops for skills-building and critical thinking, and community mobilisation was more likely to change the behaviours of men and boys than single-focus interventions (Barker *et al.* 2010). Norms of masculinity that influence poor health have been effectively challenged through educational programmes using media campaigns and peer education (Colvin *et al.* 2010; Fleming *et al.* 2014; Lynch, Brouard and Visser 2010). Campaigns are more likely to be effective if the messages are tailored to men's values, needs and interests, with relevance to their sociocultural context. Hence, opportunities for men to express their health concerns and barriers to accessing health care are a key component for men's health campaign programmers (Ntshebe, Pitso and Segobye 2012). Campaigns could also appeal to certain notions of culture that would support healthier masculinities, such as personal discipline, responsibility, generosity and caregiving (Morrell 2003; Sideris 2004). Effective educational health efforts should understand and consider how notions of manhood influence men's perceptions of risk of injury and disease (Ratele 2008).

A useful theoretical framework to better understand the influence of norms of masculinity on men's health for health promotion efforts is the health, illness, men and masculinities (HIMM) framework (Evans *et al.* 2011). The authors justify the need for this framework given that the men's health literature tends to oversimplify or neglect how masculinities are related to health and illness, including men's everyday practices. The HIMM framework demonstrates how masculinity and men's health are interconnected, how this changes over time and in relation to particular vulnerabilities among age groups of men, how masculinity and men's health are related to one's social context, and how they intersect with other determinants including socioeconomic status, race, ethnicity, sexuality, ability and employment. Using examples of health risks across men's life course, the framework warrants that social norms of masculinity are the strongest predictors of men's health risk behaviours, and necessitate interventions to be responsive to particular men's health issues or certain groups of men

(Evans *et al.* 2011). Indeed, evidence suggests that men respond better to communication strategies and messages that are tailored to their particular life situation and that adapt to men's different life stages (Davis *et al.* 2012).

It is also imperative to better understand and have concrete strategies to address institutional factors that perpetuate gender norms and behaviours that are harmful to health (Sen *et al.* 2007), such as the alcohol and tobacco industry. In Australia, the government of Victoria implemented a campaign to address cultural factors that contribute to alcohol consumption and risk-taking behaviour, including violence among young men and gender-based violence (Barker *et al.* 2010). The campaign incorporated how gender norms for men and women influence alcohol consumption along with social class and age, and collected data to monitor trends in drinking along these indicators. Programmatic efforts tailored to men's specific motivations and underlying gender norms for alcohol, tobacco and drug use are warranted (Betron *et al.* 2012). Despite the fact that entertainment and marketing regularly equate masculinity with violence and risk-taking, public health advocacy has made limited attempts to undermine such gendered images and media in order to promote health (Snow 2007). More emphasis should be given to the ways in which gender stereotyping harms the health of women and men, and the impact of interventions that offer healthier gender images for men and women should be assessed (Snow 2007). Creating supportive social support for alternative masculinities to be adopted is essential for the greater and sustainable success of programmes that seek to promote health attitude and behaviour change among men (Sideris 2004).

Connell (2006) argued that a main obstacle to promoting behaviour change among men is the belief that some male behaviour cannot be changed, and that men are predisposed to certain behaviours because of genetics, self-interest, socialisation and so forth. Research has shown that promoting a shift in dominant gender norms, as well as more gender-equitable relationships (although it is often a slow and complex process) is particularly effective for health promotion efforts (Barker 2005). Gender transformation approaches attempt to change gender 'biased and discriminatory policies, practices, ideas and beliefs' (Betron *et al.* 2012: 5).

A WHO (Barker *et al.* 2007) review of 57 interventions with men (in the areas of SRH, maternal and child health, gender-based violence, fatherhood and HIV/AIDS) suggested that programmes that are gender-transformative<sup>30</sup> within the education sessions, training with staff, and communication were more likely to change men's attitudes and behaviours than programmes that were gender-sensitive or gender-neutral (Peacock and Barker 2012). Despite successful outcomes, however, this report noted that all reviewed studies were limited to being short-term or pilot programmes (Barker *et al.* 2007). One of the main conclusions of this WHO report was that men must be comprehensively targeted and included in health-related programmes in order to achieve gender equity in health. As Flood (2007: 11) suggests, 'male inclusion [in a gender-transformative way] increases men's responsibility for change and the belief that they too will gain from gender equality'.

There is a need for health policies for men to be integrated into national gender equality and health policies more generally (Sen *et al.* 2007). Brazilian, Irish and Australian governments provide examples of male health-specific national policies, which offer a model for other countries, and an agenda for action to focus attention and improve collaboration (see Box 6.3 below, for details on the Brazilian policy).

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<sup>30</sup> 'Gender-transformative' and 'gender-exploitative' approaches stand at opposite ends of a spectrum of programmatic efforts. 'Gender-exploitative' efforts refer to projects that exploit gender inequalities and stereotypes in pursuit of health outcomes. 'Gender-neutral' refers to projects that do not attempt to address gender *per se*. 'Gender-sensitive' refers to projects that accommodate gender differences in pursuit of health and demographic outcomes. 'Gender-transformative' refers to projects that seek to transform gender relations and roles to promote equity as a means to reach health outcomes (Promundo, UNFPA and MenEngage 2010).

### Box 6.3 Brazil's Health Ministry

Brazil created a men's health policy in 2009 in dialogue with NGO partners, researchers and various medical associations in responses to data on men's low use of health services and high rates of specific vulnerabilities such as substance use, suicide and prostate cancer. The men's health policy initially focused mostly on promoting vasectomy and prostate cancer prevention. In 2012, the policy expanded its scope to look at key chronic illnesses, how masculinities as commonly constructed contribute to risk-taking behaviour, and analysing missed opportunities to bring men into the health system. One of these missed opportunities is during prenatal visits; national-level data found that 90 per cent of men went to at least one prenatal visit, although no specific programme existed to include men in the prenatal visit. The national health system then created a protocol to encourage men to get a full health exam, including STI testing (HIV and syphilis), prostate exam (if appropriate), blood pressure and so forth, as well as using the space to engage men with information about the birth process. Some participating municipalities in Brazil have started a certification programme to acknowledge clinics and hospitals that are 'father-friendly'. Efforts have also been expanded to look at the specific health needs of young men, men with specific occupational health risks, gay and bisexual men, elderly men and men living with HIV. For further details, see [www.saude.gov.br](http://www.saude.gov.br)

Routinely monitoring the implementation of policy changes and whether they lead to changing social norms and health outcomes is critical (IGWG 2009). Barker *et al.* (2010) argue that policies engaging men for gender equality should respect and support individual rights, incorporate lessons from evaluated programmes or have a clear hypothesised outcome of a policy based on some evidence, consider how manhood is socially constructed in a particular setting, and account for social exclusion and discrimination. As discussed in Chapter One, 'Introduction: Framing the evidence and shifting social norms', to transform gender norms it is critical to consider how broader societal factors are influenced by policies, and how they interact with individual factors that may respond best to targeted interventions.

### 6.7 Future priorities for gender health and wellbeing

This chapter has emphasised that a key area of concern is how health policies and programmes can best respond to the ways that social norms, economic and political dynamics condone risk-taking and poor health among men and, in doing so, compromise the health and wellbeing of women and children. Critical to this is ensuring that policies on gender and health at global, regional and national levels include a focus on the specific needs and vulnerabilities of men and women, and gender-relational aspects. It is important to further explore how to develop capacities among health (including public health) professionals to understand and apply gender sensitivity in their care with men and women, as well as to address structural barriers to allow everyone to access health care.

There is little global published evidence on how to improve men's uptake of health services for their own wellbeing and for that of women and children, and more large-scale, systematic evaluations are required to produce greater evidence (Barker *et al.* 2010; Robertson *et al.* 2008). The current stock of knowledge in the area of men's health provides a limited basis for meeting men's needs, and for comprehensively evaluating health interventions that work with men. A more comprehensive account of the social, cultural, historical, economic and political barriers shaping men's health and wellbeing and access of health care is warranted. More also needs to be known about how forms of inequity and structural violence shape men's adoption of health behaviours, perceptions of health and illness, reluctance to seek, delay and/or resist treatment and preventative care, and the availability of healthcare options. Although sex-disaggregated data are increasingly available in the health field, they are not available in all countries (Snow 2007), and it is essential to review sex, gender and vulnerability in all contexts, and how this intersects with other health-influencing factors including race, disability, class, etc.

Much literature supports Courtney's (2000) suggestion that dismissing risks is a crucial means for men to construct their gender. Given that some degree of risk-taking has positive

value, there is a need to assess how risk-taking tendencies could be shifted to avoid harming men and broader society (Snow 2002). Crucially, more evidence is needed that assesses how efforts to improve men's health behaviours and attitudes influence women's health, including men's partners, families and communities, using a gender-relational approach. Sustainability of long-term change with men and whether men's changes in attitude towards gender norms affects their health behaviours and the pathways for this should be more adequately tracked. The lack of government involvement in men's health issues limits opportunities for scaling up and sustaining effective gender-aware and transformative interventions. Muralidharan *et al.* (2014) suggests conducting cost-effectiveness studies to make the case for integrating effective and promising gender-aware strategies in government health programmes. Research that assesses the impact of legal and policy changes on men's health behaviours and attitudes is also warranted. The evidence does encouragingly suggest that poor health consequences resulting from gender inequalities are not static. A broad consensus is currently emerging that changing societal gender norms requires collaboration with and coordination of stakeholders including policymakers, healthcare providers, government, NGOs, and the women's health and rights movement (Barker *et al.* 2010; Wilkins 2005), whereby the common objective of health and wellbeing for all is prioritised.

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## 7 Sexual and gender-based violence

Thea Shahrokh with Jerker Edström<sup>31</sup>

### 7.1 Introduction

Sexual and gender-based violence (SGBV) is a gross violation of human rights that affects women, men, boys and girls globally (Butchart and Mikton 2014; Dahlberg and Krug 2002). It is a major obstacle and affront to fundamental freedoms, equality and principles of non-discrimination (UNCSW 2013). It is also a serious health issue with negative consequences for women's health and wellbeing, and for that of children, households and communities (Dahlberg and Krug 2002). Consequently, SGBV has heavy social and economic costs for societies at large. Gendered violence restricts the autonomy and agency of those living with, and in fear of, violence and abuse to participate fully in the development of their societies (Butchart and Mikton 2014; WDR 2012). The pervasive nature of such violence has been recognised globally. SGBV can be influenced by – as well as reflect and be used to reinforce – deeply embedded discriminatory social norms that make gendered violence socially acceptable in men and women's lives (Barke *et al.* 2011; Heilman, Hebert and Paul-Gera 2014).

SGBV is rooted in historical and structural inequalities in power relations. It is intrinsically linked with gender stereotypes and discriminatory norms that underlie and perpetuate such violence. It is an extreme manifestation of patriarchal power inequalities, where some men resort to violence to exert control and power over the bodies of women, girls, boys and other men. SGBV can be understood as an expression of masculinity. Although not all men are violent, SGBV is most commonly directed by a man against a woman because she is a woman, or affects women disproportionately. Manifestations of masculinity as forms and expressions of violence differ across societies, and must be contextually understood in terms of local ideals of 'being a man', and why these are upheld and accepted by men and women (Connell 2011).

The United Nations Declaration on the Elimination of Violence against Women (1993) was the first international instrument explicitly addressing the issue of SGBV and it defines gender-based violence as, but not limited to: acts of physical, sexual and psychological violence perpetrated against women in the family, community, or by the state, in the private or public domain. Importantly this definition identifies SGBV as a human rights violation, and extends the location of violence to these interlinked spheres. Over the past 20 years, normative frameworks have evolved to recognise women and men's multiple vulnerabilities and how SGBV is used as a tool in the oppression of women, men, boys and girls and the enforcement of gender roles and hierarchies, including through homophobic violence (ICC 2011; UNHRC 2011).

Within this changing context, increasing attention has also been paid to work with men and boys in addressing SGBV over the last 20 years. This includes a conceptual shift from a binary view limited to seeing men as perpetrators (set against women as victims), to the possibilities of seeing men as partners with a positive role to play, and with responsibilities for prevention (Flood 2011). Broader changes in debates on women in development have also evolved to incorporate new understandings of gender as relational and dynamic; a development that has also facilitated this change in approach to men.

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Despite these shifts however, ‘silences’ have remained, including the focus of work with men and boys predominantly focusing on violence within intimate heterosexual relationships and failing to address the gender-based nature of homophobic violence. A serious limitation is that SGBV also continued to be defined mainly as an individual problem, or a symptom of an unhealthy relationship; an approach that risks pathologising the issue and that deflects attention away from gendered power structures. Many approaches to addressing SGBV, including work with men and boys, do not take account of the nature of intersecting inequalities, including race, class, ethnicity, age, (dis)ability, that affect and can exacerbate experiences of gendered violence and discrimination. Furthermore, little attention has been paid to how the discriminatory norms and institutions that harm both men and women can be transformed, and the nature of what is needed to address the structural drivers of the issue is also often conspicuously absent (Cornwall, Edström and Greig 2011; Edström, Das and Dolan 2014; Jewkes, Flood and Lang 2015).

This chapter aims to explore and help us understand these SGBV issues in relation to intersecting economic, social and political processes, with a focus on the structures, institutions and norms that enable and constrain transformative social change towards ending violence. Evidence on the roles of boys and men in influencing or enabling interventions to address SGBV will also be reviewed. The chapter will in turn provide a critical assessment of interventions and approaches that are working with men and boys to effectively address SGBV. Conclusions from this analysis will then highlight gaps in the evidence and future priorities.

## **7.2 The interplay of economic, social and political change with SGBV**

Changing economic, social and political contexts shape the experience of SGBV by men, women, girls and boys, as norms of patriarchal power are maintained, reaffirmed, resisted or sometimes renegotiated over time.

Women’s increased participation in formal and informal paid work has been enabled by multiple, interacting influences, including improved access to education, declining family size and contextual changes in global and local economies such as the decline in agricultural production and increased costs of living (Kabeer 2007). Women’s economic activity is often increasing in a context of stagnant and declining rates of male labour force participation.<sup>32</sup> The example of Bangladesh shows how 30 years of rapid social change has increased women’s participation in the labour force, their exposure to the process of urbanisation and their social and political visibility. This has increased their access to resources and opportunities for greater autonomy, but at the same time has also catalysed a repressive and coercive response where sexual violence, workplace and religious repression are used to reaffirm male control within a deeply patriarchal society (Khan 2005). As a consequence of earning an income, women are directly affecting and shifting earlier gender roles and relations within the home, the community and society at large. Where normative expectations regarding male economic power are challenged, intimate partner violence has been shown to increase, at least in the short term (Heise 2011; Jewkes 2002). Specifically, this increase has been found to relate to a renegotiation of gender roles between men and women (Abramsky *et al.* 2011). However there is limited evidence on whether this increased risk of violence persists over time, or decreases as transitions to gender equality stabilise (Fulu, Kerr-Wilson and Fang 2014). Given this uncertainty, however, global efforts towards women’s economic empowerment, including microfinance and social protection initiatives need to critically examine violent backlash from men as an unintended consequence, and the contextual factors shaping these outcomes (Ahmed 2008; Silberschmidt 2011). This issue is explored further in Chapter Two on ‘Poverty, work and employment’.

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<sup>32</sup> See Chapter Two on ‘Poverty, work and employment’ for further analysis of the changing nature of women’s participation in informal and formal paid work, and related empowerment outcomes.

Women's access to education continues to improve globally, with more women and girls attending primary, secondary and tertiary education than ever before (WDR 2012). Education is a fundamental human right, integral to empowerment and a key development priority; however, the relationship between individual educational attainment and SGBV is complex. Abramsky *et al.* (2011) find that a low level of education is the most consistent factor associated with both perpetrating and experiencing SGBV. Analysis by Marcus (2014) shows that, overall, men, women and adolescent girls and boys who have attended secondary education are much more likely to reject practices such as female genital mutilation/cutting (FGM-C) and to oppose norms that legitimise SGBV. However, the World Report on Violence and Health (Krug *et al.* 2002) cites South African and Zimbabwean studies that show a correlation between higher levels of education for women and increased vulnerability to sexual violence. The authors' reasons include that women's empowerment was accompanied by a resistance to patriarchal norms, which in turn provoked some men to use violence in an attempt to regain control. Jewkes (2002) explains that having some education empowers women enough to challenge certain aspects of traditional gender norms, but that such empowerment carries an increased risk of violence. As education becomes embedded in personal relationships and social contexts it is possible that it has protective qualities. It is critical that educational policies, programmes and projects systematically integrate efforts to prevent SGBV and are monitored for their impact on SGBV, not least because schools are also important sites where SGBV takes place (Leach, Dunne and Salvi 2014). Gendered issues in schools are related to corporal punishment of girls and boys, as well as sexual harassment of girls by male teachers and students. This is perpetuated by normative assumptions about gender roles and sexual identity within some institutional settings that can perpetuate a culture of impunity for perpetrators of violence and harassment (Pinheiro 2006).<sup>33</sup> A deeper analysis of transformative approaches to education is provided in Chapter Four on 'Education'.

The rise of conservatism and religious fundamentalism is attracting significant debate and concern globally. It is an issue that highlights the interplay of SGBV with ideologies and institutions that promote repressive and restrictive gender norms. A 2007 survey by the Association for Women's Rights in Development found that 76 per cent of women's rights activists perceive religious fundamentalism to have increased globally over the previous ten years. Based on this research, Gokal and Dughan Manzur (2013) define religious fundamentalism as an absolutist interpretation of religion characterised by intolerance of diversity and the use of violence, by both men and women, to enforce norms. They argue that fundamentalisms reinforce patriarchy, gender inequality and discrimination based on sexual orientation and gender identity. They highlight how fundamentalist agendas interact with, and are perpetuated by; growing disparities between rich and poor, the failure of states to meet the basic needs of their populations, and a backlash to advances in women's rights and sexual diversity. Balchin (2011) presents the impact of religious fundamentalism in terms of reduced rights for women, including in the areas of sexual freedoms, sexual and reproductive health, economic autonomy, participation in public life, and an increase in gendered violence.

Balchin (2011) also argues that religious fundamentalisms impact the rights of men and boys through the enforcement of patriarchal fundamentalist norms including compulsory heterosexuality, public commitments to religion through prayer and dress codes and the support for or participation in militaristic action. Where fundamentalisms are embedded in institutions, these attitudes and practices become formalised, for example within educational policies, this means that boys and girls are denied open and inclusive sexuality education.

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<sup>33</sup> Further guidance on integrating SGBV outcomes into education programmes and policy, can be found in this DFID guidance note: [www.gov.uk/government/publications/violence-against-women-and-girls-addressing-violence-against-women-and-girls-in-education-programming](http://www.gov.uk/government/publications/violence-against-women-and-girls-addressing-violence-against-women-and-girls-in-education-programming) (accessed 24 May 2015).



### 7.3 The roles of formal and informal institutions in addressing SGBV

Formal and informal institutions from global to local levels play a critical role in constructing, renegotiating and reinforcing gender norms. These norms are upheld formally through policies and laws, and are maintained informally through social rules and conventions. This section aims to highlight certain structures and institutions that sustain or address SGBV.

Over the last 20 years normative frameworks established through global agreements have been critical in defining SGBV as an issue of universal human rights that states are obligated to uphold (UN General Assembly 1993). The United Nations Declaration on the Elimination of Violence against Women (1993) was the first international instrument explicitly addressing violence against women and provided a framework for action on the issue. The 1994 International Conference on Population and Development associated violence against women with reproductive health and rights. This conference also saw the rights of men and women linked to the gender-related values and norms that determine people's wellbeing (UNFPA 2013). The 1995 Beijing Platform for Action significantly expanded the definition of violence against women, including articulating how the unequal power relations between men and women that drive violence intersect with constructions of age, race, ethnicity, poverty, and (dis)ability-based discrimination. UN Security Council resolution 1325 (UN 2000) on women, peace and security calls specifically for the protection of women and girls from sexual and gender-based violence, including in emergency and humanitarian situations, and improved prevention strategies, including strengthening women's rights under national law. In 2013 the UN Commission on the Status of Women recognised violence against women and girls as being rooted in historical and structural inequality in power relations between women and men, and that gendered violence is intrinsically linked with gender stereotypes that underlie and perpetuate such violence (UNCSW 2013).

The recognition of men's experience of SGBV is emphasised in The Rome Statute of the International Criminal Court (1998) that notably refers to both men and women in its definition of gender and defines rape as gender-neutral. The Statute also declares that in conflict contexts sexual violence can amount to a war crime, a crime against humanity, or genocide. This has significantly increased the recognition of SGBV and its impact on peace and the wellbeing of men and women (Dolan 2014).<sup>34</sup> Provisions of the Rome Statute have also been applied at the national level. For example, in South Africa's Criminal Law Amendment Act 32 2007, the adjustment of the definition of rape to gender-neutral has opened up possibilities of addressing sexual violence more effectively, and inclusively. However, Dolan (2014) outlines that laws surveyed in 189 countries show a widespread lack of legal protection for men who experience sexual abuse. Progress in recognising the discrimination and violence suffered globally by people in relation to their sexual orientation and gender identity has also been recognised, for example with the adoption of the landmark Human Rights Council resolution 17/19 (UNHRC 2011).

These global frameworks have been important tools in challenging government reluctance to intervene in the private spheres of the home and family, and driving legal reform on SGBV. Over the past 20–30 years the roles of the justice system and the police have been strengthened, government services expanded and national action plans on SGBV developed. Efforts have also been made to transform aspects of criminal, civil and customary law that discriminate against women. This includes ensuring that harmful cultural practices, such as forced or child marriage and FGM-C, are covered in national legislation. Based on the stipulation in the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2005) against harmful practices and FGM-C, a number of countries have enacted specific laws for prohibiting the practice (UN Women 2010). UNICEF's (2005b) analysis of the processes involved in ending FGM-C highlights, however, that any law depends on the extent to which it is linked to broader social change that

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<sup>34</sup> For further analysis of SGBV in conflict contexts see Chapter Eight, 'Conflict, security and peace-building'.

challenges norms, behaviours and attitudes. But there are significant barriers to law reform on women's rights, as legal frameworks often reflect dominant patriarchal norms. Htun and Weldon (2011) highlight how family laws globally work to maximise men's power over women and limit their ability to make independent decisions – for example in terms of age of marriage, marital property rights, right to work and inheritance. Furthermore, they highlight a complex interplay between the application of religious law and women's rights within the institution of the family.

Legal reforms on the issue of violence against women have been enabled through the combined activism of national women's movements and international feminist networks, including men and women activists, using global and regional agreements as platforms for mobilisation and influence (Htun and Weldon 2012, 2013). Htun and Weldon's analysis of policies on violence against women in 70 countries over a 30-year period shows that feminist activism plays a more important role in policy change than left-wing parties, numbers of women legislators or national wealth (Htun and Weldon 2013). National and international women's movements have also played an important role in highlighting the gap between ratification of and compliance with global treaties, and have amplified the possibilities for implementation of laws at the national level through advocacy efforts, and by training institutional actors and the judiciary (Htun and Weldon 2013.). Although there is very limited evidence in low- and middle-income countries of the impact of SGBV legislation on the perpetration of violence, the monitoring of these reforms by non-governmental organisations is critical for accountability (Heise 2011).

Institutional accountability for gender equality is of particular importance because in many contexts effective action to address SGBV is mediated by discriminatory gender norms upheld by male-dominated systems and structures. Institutional systems and services – related to health, justice, education and politics – maintain gender inequalities through gendered discrimination and a lack of policy or practical response on the issue of SGBV. Taking the example of the police, in many countries, survivors of intimate partner violence are turned away as the issue is still largely regarded as a 'private' matter. Research in two South Asian countries showed a significant lack of understanding of the law and women's rights with between 74 and 94 per cent of police respondents agreeing that a husband is allowed to rape his wife (Khan *et al.* 2008).

In many countries, women are unable to approach justice systems without the assistance of a male relative (UN Women 2010). As such, incidents of SGBV are commonly resolved within families or communities, or through customary or non-state justice processes. Customary and religious justice systems (present at the community level) are often very patriarchal and focused on the restoration of norms, meaning that violence is either not punished or is treated as a minor matter and it is difficult to get cases transferred into the criminal justice system (UN Women 2010). Religious institutions therefore play a significant and complex role in the lives of women and men and interact with political, judicial, and other institutions to both reinforce and challenge unequal gender relations. Where religious institutions are engaged in addressing SGBV their position of leadership can support positive change in shifting harmful norms (UNICEF 2010).

Over the past few decades, a shift in violence intervention policy and practice towards prevention has seen a move from approaches that predominantly target women, towards a focus on transforming gender relations. Attention to the norms and systems that sustain gender inequality and violence has at the same time made the role of men in preventing SGBV more visible (Jewkes *et al.* 2015). Ellsberg *et al.* (2015) highlight that a first generation of interventions took an approach centred on judicial reform, reducing impunity of partner violence, and the provision of support services for survivors. They also describe a second generation of programming, mainly in low-income and middle-income countries, that has had a greater focus on violence prevention. In a number of cases these have developed

alongside HIV/AIDS prevention initiatives. Prevention efforts are frequently conceptualised within the framework of an ecological model that reflects a shift in the mid-1990s; from single factor theories of violence to recognition of the complex nature of abuse and violence that it is driven by interplay between personal, situational and sociocultural normative factors (Heise 2011). Jewkes *et al.* (2015) argue that ecological approaches are important in order to help understand what supports social norms within different settings and institutions.

There is also increasing acknowledgement of the need for greater investments in prevention and tackling the root causes of SGBV. Primary prevention is an approach that has become increasingly visible within the public health field, and focuses on reducing the number of new instances of SGBV before any violence occurs. Primary prevention aims to reduce rates of violence and relies on identification of the underlying factors that fuel SGBV and action to address those factors (Barker, Ricardo and Nascimento 2007; Heise 2011; WHO 2002; WHO/LHSTM 2010). Primary prevention resonates with an approach to working with men and boys that is gender-transformative, recognising the structures that lie at the root of violent norms of gender and masculinity. In working with men and boys to address SGBV, there is a need to recognise the links between primary prevention and secondary- or tertiary-level interventions. Responses to violence can integrate services for survivors, including access to justice and health care, which help to break further cycles of violence and promote rehabilitation (CHASE 2012).

#### **7.4 Men, boys and norms of masculinity in relation to violence**

There is an increasing body of knowledge about and commitment to working with men and boys to transform gender relations and norms to end violence against women and girls. Men's and boys' roles and responsibilities in relation to the dynamics and cycles of SGBV are complex and diverse, including victimisation, perpetration and complicity, as well as intervention and response.

As Flood (2011) outlines, feminist justifications for engaging men in ending gender-based violence are well established based on three key arguments. First, the perpetrators of violence are overwhelmingly men and boys and, as such, it is their attitudes, behaviours and practices that need to change. Second, constructions of masculinity and their manifestations as discriminatory social norms that subordinate women work across individual, community and societal levels to shape SGBV. Thirdly, violence is of concern to men as well as women, and men also have an interest in ending this violence, ranging from their own personal wellbeing as survivors and perpetrators of violence, to feelings of reciprocity, love and care for partners, daughters, mothers, sisters and other women, to wider societal interests and a commitment to ethical principles and human rights.

Gendered norms reflect social beliefs, expectations and rules about various behaviours of different types of men, women, boys and girls as 'normal' or as 'appropriate' (that is, they can be descriptive as well as normative). Reflected in individuals' interactions as well as sometimes in formal regulations and laws, they are reinforced, reconstructed or challenged within families, communities and institutions. Although most men are not violent, SGBV by men is often related to gender ideologies and practices of masculinity that are widespread and informed by patriarchal privilege (Connell 2011). A large body of research identifies the relationship between SGBV and unequal gender norms and power dynamics between men and women (Dworkin *et al.* 2013b; Jewkes *et al.* 2015; Ricardo, Eads and Barker 2011). UN multicountry research in southeast Asia finds that SGBV is not caused by individual men's beliefs and practices alone, but is situated within wider societal contexts characterised by gender inequalities and power imbalances that construct women's fundamentally low status and value in society, which women also play a role in maintaining (Fulu *et al.* 2013).

Multicountry research by WHO/LSHTM (2010) highlights the role of social and cultural norms in supporting SGBV. To give two examples: in India, Nigeria and Ghana, the opinion that a

man is socially superior and has a right to assert power over a woman is highly prevalent; in India, Nigeria and China, it is widely believed that a man has a right to physically discipline a woman for 'incorrect' behaviour. The global International Men and Gender Equality Survey (IMAGES) uses the Gender Equitable Men (GEM) scale to measure men's attitudes on the topics of gender, violence, homophobia, masculinity, and reproductive health. Evidence shows that men with below-average scores on the GEM scale were as much as 3.5 times as likely as other men to have reported perpetration of sexual violence (Heilman *et al.* 2014). Dworkin *et al.*'s (2013a) review of programming with men to reduce HIV risk and violence suggests that effective interventions address harmful masculinities rather than just specific behaviours or attitudes. They argue that programmes that explicitly address the norms, behaviours, and relations associated with ideals of manhood *can be* gender-transformative. However, interventions that *seek to transform* gender roles and relationships between men and women are commonly referred to as 'gender-transformative', as described in Chapter One above on 'Introduction: Framing the evidence and shifting social norms'. It is therefore important to distinguish the use of this term as a *label* for an approach from its *impact* (which could also be achieved in different ways). The evidence tells us that the approach *can* have this impact and, in the area of HIV prevention at least, it appears that effective strategies with a positive impact tend to incorporate this approach.<sup>35</sup>

It is important to recognise that women can also condone norms of violence especially in their intimate relations and thus norms of masculinity have to be challenged with women as well as men. The experience of violence and related psychological distress has been found to further promote women's acceptance of men's dominance in relationships and their continued abusive behaviour (WHO 2013).

Where harmful traditional practices such as early and forced child marriage and FGM-C are widely practised, they are supported by both men and women, and anyone departing from the norm may face condemnation, harassment, and ostracism (WHO 2008; UNICEF 2005a, 2005b). These practices have been researched in relation to social norms and 'peer convention': for example, in Senegal and the Gambia being circumcised has been shown to serve as a signal to other circumcised women that a girl or woman is to be accepted in their network for social support (Shell-Duncan *et al.* 2011). Research from Egypt emphasises the role of FGM-C as a tool to control the sexuality of women and girls (Fahmy, El-Mouelhy and Ragab 2010). Even though harmful practices are often considered to be 'women's issues', programmes such as Tostan in Senegal emphasise the full participation of men in their prevention. Research on decision-making in FGM-C shows that 50 per cent fewer Senegalese fathers, as compared to mothers, supported FGM-C (Diop 2004). This resistance to the practice suggests a potentially crucial role for men as partners in ending FGM-C, but that this role is situated in a process of change that is negotiated, intergenerational, and includes complex power dynamics between men, women, girls and boys (Shell-Duncan *et al.* 2011).

The process of socialisation through childhood experiences of violence has been shown to have a strong impact on later perpetration. This is both in terms of witnessing, and directly experiencing, neglect, violence and abuse. Bivariate and multivariate regression analysis of data from IMAGES survey research undertaken in low- and middle-income contexts found that exposure to these factors consistently and significantly increases rates of sexual violence perpetration (Heilman *et al.* 2014). Men who witnessed violence against their mothers are for example significantly more likely to have reported perpetrating sexual

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<sup>35</sup> Conversely, of course, simply using the term in an approach is not sufficient to claim the impact. That is, we cannot conclude that applying the approach (even 'well' and as described) will always have this impact in all settings, although it can be an example of good practice. Some approaches labelled 'gender-transformative' may not transform gender norms with any significant scale or sustainability.

violence; this was also found in ten of the 15 countries in the WHO multicountry study (Abramsky *et al.* 2011).

Interventions that focus on childhood and adolescence, and address the socially and culturally rooted gender socialisation of boys and men are clearly of great significance. In the global South, longitudinal studies are needed with children and families over time to understand more about processes of socialisation and the interplay between their intimate experiences and social contexts where male dominance and violent oppression of women and children are normative (Heise 2011).

## **7.5 Working with men and boys to prevent and address SGBV**

Engaging children and adolescents in setting a ‘non-violent life course’ can contribute to the prevention of sexual violence. School-based programmes on violence reduction and health policies engaging men as fathers and caregivers provide important spaces for developing healthier and non-violent lifestyles (Heilman *et al.* 2014). Research in the Balkans has identified home and school as the two places where boys learned most about what it means to be a man (Young Men Initiative, CARE International and Norwegian Ministry of Foreign Affairs 2012); violence was also seen as an integral part of the lives of young adolescents at school, in the GEMS initiative, India (ICRW, CORO and TISS *et al.* 2011). Program H, an intervention that engages in- and out-of-school youth in gender-equality education, and the Gender Equity Movement in Schools (GEMS), which has gone to scale across school settings in Mumbai, are strategies that work with youth to promote gender equality. GEMS works through group education activities and a school-wide campaign to encourage equal relationships between girls and boys, examine social norms that define men’s and women’s roles, and question the use of violence. Key outcomes show attitudinal change by boys and girls towards higher age of marriage and increased opposition to gender discrimination (ICRW *et al.* 2011). The Young Men Initiative (YMI) in Bosnia and Herzegovina, Croatia and Serbia is also based on the Program H curriculum with social marketing, advocacy and media campaigns. National-level advocacy efforts were used to start a discussion on how work on masculinities could be integrated into violence prevention efforts, engaging officials from ministries of education and justice (Young Men Initiative *et al.* 2012). Wright (2014) reports that YMI partners aim to scale up their impacts by collaborating with ministries of education to integrate the project’s approach into official school curricula.

### **7.5.1 Community-based interventions to engage men in ending SGBV**

In low- and middle-income countries, the last two decades have seen a significant increase in community- and rights-based programming that aims to reduce SGBV by working to change social norms that support or tolerate violence. Such interventions focus on addressing harmful masculinities, rather than on individual men, and employ various and overlapping strategies to achieve this goal, including working with different groups of women, men, girls and boys, both together and separately at different intervals (Fulu *et al.* 2014). The interventions focus on the primary prevention of intimate partner violence, and use a wide range of approaches, including group training, social communication, community mobilisation, and livelihood strategies.

‘Stepping Stones’ is an example of what is often referred to as a ‘gender-transformative’ approach.<sup>36</sup> Stepping Stones aims to build knowledge and communication skills, and stimulate critical reflection on everyday realities of gender inequality relating to gender, violence and HIV with men and women, first separately and then together.<sup>37</sup> Stepping Stones comprises a 50-hour curriculum implemented over six–eight weeks. A cluster randomised trial across 70 villages in the Eastern Cape province, South Africa suggests that the

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<sup>36</sup> See Chapter One on ‘Introduction: Framing the evidence and shifting social norms’ as well as Section 7.4, above, for further explanation of the term ‘gender-transformative’.

<sup>37</sup> Stepping Stones is also discussed in Chapter Five on ‘Sexual health and rights’ in this collection.

intervention led to a reduction in violent and exploitative behaviours in men, including those associated with intimate partner violence, rape, and participation in transactional sex (Jewkes *et al.* 2008). These results have been replicated in diverse contexts, including India (Bradley *et al.* 2011). Stepping Stones is relational in that it recognises that both women and men are affected by gender inequality and explicitly engages men as well as women in reflecting on and attempting to shift gender norms. However, the programme does not provide for continued engagement or collective action after the completion of the curriculum, and has been critiqued in terms of its lack of active engagement with political structures that shape norms in community structures. In India, the evaluation by Bradley *et al.* (2011) found that diffusion of the information into the wider community was limited. Furthermore, in South Africa, no evidence of desired behaviour change in women was found (including transactional sex) and, given the deeply internalised nature of harmful gender norms, this is a significant shortcoming.

Work to transform gender relations and norms that perpetuate SGBV between partners and against children is also evolving in relation to fatherhood and men's care roles. The MenEngage Alliance's MenCare campaign is grounded in experience from the HIV/AIDS sector on transforming forms of masculinity associated with violence into forms associated with caring, equality and peace; however, there is currently no evaluation data. Fulu *et al.* (2014) highlight a programme aimed at fathers of children at risk of violence to support their involvement in preventing maltreatment and argue the potential for the initiative to challenge gender stereotypes in childcare (see Cowan *et al.* 2009).

By focusing on the relational nature of gender (examining masculinity and femininity simultaneously), programmes provide the opportunity for women and men to work together toward reducing SGBV. Greene and Levack (2010) highlight the significance of 'gender-synchronised approaches' that work with men and women together within programmes, or in partnership with other organisations in changing gender norms and attitudes. Ricardo *et al.*'s (2011) review of interventions to prevent sexual violence showed that those that work with men and women together can be more effective in driving attitude and behaviour change. They highlighted how this provides a space for men and women to build respect for one another, and understand the perspectives and ideas of others. Dworkin *et al.*'s (2013a) review also highlights that two-thirds of the stronger interventions worked with both women and men. Men-only groups however 'may allow for more of a focus on teaching men to be empathetic and responsive, while also confronting the reality that it is primarily men who perpetrated sexual violence', as well as women's spaces providing platforms for critical reflection and empowerment (Ricardo *et al.* 2011: 38).

For many men, the role of provider is bound up with male identity, and the frustrations experienced in seeking to support their families are of significant influence in understanding expressions of gender inequality within the home, and economic life. However men have rarely been included in initiatives that aim to support economic stability and the impact of men's economic marginalisation on safe, non-violent household relationships has received limited attention. The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) works with women on economic empowerment and also includes a wider community mobilisation component with men. Evidence shows that IMAGE enables improvement in economic wellbeing, women's empowerment, reduced intimate partner violence and enhanced HIV protection (Kim *et al.* 2009). Gibbs *et al.*'s (2014) analysis of an initiative that worked with men and women through a combined gender-transformative and livelihood-strengthening approach (Stepping Stones and Creating Futures) describes how improvements in livelihoods and relationships are mediated by challenging social contexts and deeply rooted forms of masculinity (see Box 7.1, below).

**Box 7.1 Engaging gender, relationships and livelihoods to transform harmful masculinities**

A pilot intervention with young people in urban informal settlements in South Africa combined a gender-transformative (Stepping Stones) and a livelihood-strengthening intervention (Creating Futures). The intervention, which involved 21 three-hour sessions, aimed to reduce HIV risk behaviours and violence through strengthening young people's livelihoods, building more gender-equitable relationships and producing new understandings of what it means to be a man.

Case study research by Gibbs *et al.* (2014) suggests that intimate partner violence was reduced; however, new forms of masculinity constructed also reproduced patriarchal control in relation to the 'traditional' role of economic provision. The researchers highlight that the shift that some men made towards more gender-equitable masculinities, including engaged fathering and critical thinking about power in relationships, may in time produce potential for more radical change.

The research also highlights the influence of the challenging social environments young men live in, and how unemployment, peer networks focused on alcohol and drug use and widespread investment in 'dominant youth masculinity' mediate the construction of new norms. Gibbs *et al.* highlight that whilst brief interventions such as this remain critical for some, a broader restructuring of economic and gendered power relations is needed to shift the patriarchal social norms and economic marginalisation shaping SGBV outcomes in the lives of men and women.

The combination of economic empowerment schemes for women and men, with approaches that empower men as partners against SGBV, needs to be further explored. Importantly initiatives must be considered in terms of how they relate to and impact on structural drivers of economic marginalisation and the institutions that shape potential livelihood strategies of men and women (Gibbs *et al.* 2014).

Heise's (2011: 20) review of evidence on preventing intimate partner violence suggests that changing social norms requires community-level change which, in turn, involves multiple interventions, with an emphasis on participation, mobilisation and ownership by progressive community actors and institutions including women's groups. Group education and community engagement interventions have shown important outcomes in shifting norms that perpetuate SGBV, and in reducing the perpetration of these forms of violence in rural and urban community settings. Approaches are also evolving to include social norms marketing initiatives, and work in institutional settings.

Program H, originally developed in Latin America and implemented globally with young men and women, has demonstrated a significant impact on participants' attitudes toward gender roles, and evaluations in Ethiopia and India have shown reductions in intimate partner violence (Pulerwitz *et al.* 2006, 2010a, 2010b, Verma *et al.* 2008). Evaluation evidence suggests that the interactive group educational component of Program H interventions is important in influencing men's harmful deep-seated and complex gender-related norms. In addition there is some evidence that these efforts can be amplified and intervention effects sustained when combined with lifestyle social marketing initiatives that reinforce gender equity messaging at the wider community or institutional level (Pulerwitz *et al.* 2006).

However, tackling discrimination and prejudice based on sexual orientation has been difficult in group education processes, as shown in an evaluation of Program H in Brazil where young men's homophobic attitudes, deeply connected to norms of masculinity, were unchanged. In response to this, an educational cartoon, 'Afraid of what?', was developed to promote discussion on gender identity and diversity within youth, educators and health professionals (Ricardo *et al.* 2010). Programmes need to find ways to unpack these prejudices and explore sexual diversity with youth. Feminist analysis of gender emphasises the differences and inequalities among men and women that shape experiences and manifestations of SGBV. Much violence prevention work with men and boys, however, neglects how gender intersects with other forms of social difference and inequality – race, ethnicity, (dis)ability, class, and

sexuality – including in relation to how men experience SGBV themselves. Population-based research with adult men in South Africa has found that 9.6 per cent of men reported being subjected to male-on-male sexual violence and 3.0 per cent reported perpetrating sexual violence against another man (Dunkle *et al.* 2013).

The involvement of men and women as part of a community-wide approach to shifting deep-rooted norms has been an important strategy in the abandonment of FGM-C, and in ending child marriage. UNICEF's (2010) review of interventions to end FGM-C shows that in ending the practice it is important to understand and engage with the contextual dynamics of social change and diverse community actors and networks for collective decision-making on abandonment. The review showed that programmes are most effective when they include diverse stakeholders, including traditional and religious leaders, women's associations, youth groups and traditionally marginalised groups; promote local ownership; and link human rights and social justice to local values using recognisable language and images (Heise 2011; UNICEF 2010). Tostan (Diop 2004) promotes the participation of young people, which has enabled them to become important actors in the change process and challenge intergenerational transmission of the practice; in Fahmy *et al.*'s (2010) study in Egypt, younger men and women were shown to oppose several harmful traditional practices, and have greater support than older people for girls' education and women's work, indicating a more favourable environment for empowering women and thus the future abandonment of FGM-C. The UNICEF review establishes that where interventions have related to change at the national level, support through social norms campaigns, government policy and legislative reform has enabled lasting change (UNICEF 2010).

SASA!, a community mobilisation intervention developed in Uganda, works at multiple social levels and with diverse community stakeholders towards changing community attitudes, norms and behaviours that perpetuate gender inequality, violence and HIV vulnerability for women (Abramsky *et al.* 2014). Moving beyond a focus only on individual relationships, the intervention SASA! has shown effects on attitudes and behaviours related to SGBV at the community level. Its effects are not limited to those with high levels of exposure to the intervention, which therefore shows impact in the wider community (see Box 7.2, below).

Research by Womankind Worldwide (2014) in Zambia, Ethiopia and Ghana shows how community-based approaches led by women's rights organisations that are embedded within communities are working to address SGBV with women and men and promote gender equality to the wider community in order to transform gendered power relations and shift attitudes and behaviours that promote SGBV. However, despite positive effects of these rights-based interventions, this research highlights that the sustainability of community-level initiatives remains a challenge as funding is needed to support ongoing mentoring and training.

Assessing the effectiveness of men's engagement to prevent SGBV, and recognising good practices as they are developed, is integral to the future of work addressing gender inequalities and the violence that flows from them. The evidence base however is relatively weak (Dworkin *et al.* 2013a; Jewkes *et al.* 2015). Ricardo *et al.* (2011) highlight that evidence is heavily weighted towards improving men's attitudes towards SGBV. Although behaviour change theories suggest a strong link between changes in attitudes and a subsequent change in behaviour, this link is still in question as the relationship can be complex and not unidirectional. An important limitation to note is that most evaluations have been conducted either during or shortly after programme interventions and so are not able to show whether these changes are sustained in the longer term (Heise 2011; Wright 2014). Furthermore, it is essential that evaluative approaches engage women to understand their perspectives on the process of change and how this relates to them, and verify self-reported data on behaviour change from men and boys.



**Box 7.2 SASA! Working at multiple societal levels to end SGBV**

*The SASA! Activist Kit for Preventing Violence against Women and HIV* is a community mobilisation intervention to address SGBV designed around the ecological model of violence prevention (Heise 2011). SASA! aims to transform harmful social norms through developing initiatives with diverse community stakeholders including activists, local government and traditional leaders, and service providers at multiple societal levels.

SASA! community activists, who are ordinary men and women interested in the issues of gender, equality and rights, move through four phases within the intervention: (1) Start: involves learning about the community, selecting community activists and institutional representatives; (2) Awareness: helps activists gain confidence and critically assess gendered power dynamics; (3) Support: strengthens connections between community members and builds supportive relationships for change; and (4) Action: involves trying new behaviours and fostering positive change. The SASA! intervention explicitly focuses on the critical analysis of power imbalances between men and women in the community, and is action-oriented, enabling the people involved to use their power to effect positive change. The objective is to broaden the scope of potential intervention impacts beyond the reduction of violence against women.

SASA! was evaluated for its impact on community-level change using a randomised control trial over 2.8 years. Findings included:

- A 52 per cent reduction in the past-year experience of physical intimate partner violence among women, showing that change is possible within a relatively short timeframe;
- Among women reporting past-year experience of physical and/or sexual intimate partner violence, perceived levels of appropriate community response to this violence were over two times greater;
- These intervention effects were demonstrated at the community level, and are not limited to those with high levels of exposure to the programme.

These findings show the impact of the diffusion catalysed by SASA! and emphasises the importance of driving change through multiple strategies and social levels; from personal reflection to community norms change. SASA! is being implemented in the control communities of the Uganda study and replicated in more than 15 countries. The costs of the intervention, the broader impacts of SASA! and the processes of change occurring within communities and couples are still to be explored (Abramsky *et al.* 2014).

There is also a question as to whether experimental methods and controlled trials are most appropriate because of the complexity of behaviour change interventions. In their assessment of interventions to address child marriage, Lee-Rife *et al.* (2012: 300) highlight that experimental methods are 'more appropriate for interventions with a short causal chain, and those in which confounding factors are easily identified and / or controlled'. They highlight that the process of change in addressing SGBV is complex, involving a longer timeframe and is influenced by diverse contextual factors at multiple levels beyond the individual. The exploration of qualitative and participatory evaluation approaches that enable a more systemic approach to learning is recommended. Furthermore, improving the strength of the evidence on the role of social norms and how they affect the decision-making processes of individual men, families and communities is important, in particular in terms of informing policies and strategies, scaling up community-based interventions and making these efforts sustainable (Heise 2011; UNICEF 2010).

Time is an important unit of analysis in transforming the violent realities of men and women, shifting discriminatory social norms and halting intergenerational cycles of abuse; longitudinal cohort studies provide important insights into the ways in which SGBV manifests itself in the lives of different men and women, boys and girls, and how this relates to changing and unchanging societal norms. There are very few evaluations of violence prevention interventions that have a long-term timeframe. Dworkin *et al.*'s (2013a) review notes only three rigorous longitudinal designs, underscoring the need for more research with long-term cohorts.

### 7.5.2 Confronting structural and institutional factors that fuel SGBV

The main emphasis of working with men and boys to end SGBV has been towards individual, group and community-level attitudes about gender and how the costs of masculinity can harm women and men. However, structural processes surrounding gender relations, economics, politics, militarisation, religious fundamentalisms and other global and national changes are some of the larger forces that shape SGBV. Dworkin *et al.* (2011) argue that despite the positive emphasis on SGBV programming with men, this work has not yet addressed structural disempowerment and broader drivers of behaviour change.

Politicising the engagement of men and boys in addressing SGBV can also enable strategies of social change that engage with the patriarchal structures that uphold gender inequality (Cornwall *et al.* 2011). As has been learned from feminists organising for women's rights, mobilisation and movement-building is a critical strategy for driving social change that challenges institutions and demands accountability for gender justice. Movements of men as gender-equality activists – including Men's Action to Stop Violence Against Women (MASVAW), India; One Man Can, South Africa; and The Asociación de Hombres Contra la Violencia that have grown from a pro-feminist standpoint – share the primary concern of dismantling patriarchal systems. In their political mobilisation against the subordination of women and men these movements hold a different position from programmatic interventions. However, across the initiatives reviewed in Box 7.3, below, connections need to be more purposefully made, between men's personal processes of change, grassroots mobilisation and organising with men, and efforts to change broader social and economic policies that influence SGBV, and gender relations in their everyday lives.

#### Box 7.3 Politicising work with men and boys in addressing SGBV

- Men's Action to Stop Violence Against Women (MASVAW) in India is an informal state-wide community intervention initiative and social movement that works at multiple levels to critically challenge dominant, oppressive versions of manhood and patriarchal norms. Strategies range from: individual activist awareness-raising activities; to participatory critical reflection with men on gender roles and power; to support and offer referrals for survivors; to political advocacy and internal change within political, media and educational institutions (Das *et al.* 2012).
- In South Africa, One Man Can (OMC) is an initiative working with men to take action to end SGBV and promote gender equality. OMC activists embark on a journey and process of reflecting on and reconfiguring gender inequalities at the personal level, in their families and communities. Evaluation evidence shows that the programme shifts participants' attitudes about male dominance and violent behaviour (Dworkin *et al.* 2013a), and that in the weeks following campaign action 50 per cent of participants reported taking actions to address gender-based violence in their communities (Colvin *et al.* 2009). OMC workshops also aim to make visible inequalities between men, recognising the history of racial inequalities in South Africa, and consciously build on the country's legacy of social justice activism and the agency of men and women to affect change (Dworkin *et al.* 2013a). The setting up of Community Action Teams has enabled autonomous local groups of men and women against violence to develop action plans and engage in political advocacy at the local level (Wright 2014).
- The Asociación de Hombres Contra la Violencia (AHCV, or Association of Men Against Violence/AMAV) in Nicaragua evolved from a focus on enabling personal change in men to a more public and political stance on addressing SGBV (Welsh 2011). AHCV's strategies in this area are evolving, and include strengthening cross-movement alliances with women's organisations and proactively monitoring legislation and public policy that address and shape SGBV outcomes. The movement is also undertaking training with men in political power, including the police and the judiciary. Activists are also participating in government committees on programme design and engaging with civil society to design, apply and monitor local development plans (Welsh 2011: 216).<sup>38</sup>

<sup>38</sup> For a deeper analysis of men's engagement in pro-feminist activism to address sexual and gender-based violence see Chapter Nine on 'Public and political participation'.

As outlined by Greig (2002), the concept of social justice provides a useful framework of analysis that can be used with different kinds of men in exploring how they relate to multiple hierarchies of power – their privilege and their vulnerability – and in turn make connections between SGBV and challenging the violence of other forms of oppression experienced in their own lives. Greig highlights that this is important in moving the question of men's roles in ending SGBV beyond what it means to be a non-violent man, towards how to create a less violent world. Translating action to end SGBV into a form of political activism and movement-building that cuts across binaries and rigid identity formations can enable more transformative approaches that recognise the complexity of these issues (Cornwall *et al.* 2011; Horn 2013). These alliances are happening informally in many settings globally. However, formalised partnerships between organisations working with men for gender equality and wider human rights initiatives are less visible.

An important theme within initiatives that are challenging the patriarchal structures that uphold gender inequality is the significance of working with men and women in power within institutional settings. Research is needed on how men and women in power sustain patriarchal constructs that drive SGBV, and what enables these people to maintain this power. Mobilising Men is a programme to better understand what it takes to confront SGBV in institutional settings by engaging men as gender activists within the institutions to which they belong. Since early 2010, the Institute of Development Studies, with support from the United Nations Population Fund, has partnered with civil society organisations in India, Kenya and Uganda to develop the programme. These partners at country level have identified, recruited, trained and supported teams of male activists within institutional settings – universities, local government, the private sector and civil society settings – to work with other men and women on developing campaigns to challenge and change the policies and cultures that enable and enact violence against women (Greig and Edström 2012).

Research analysis of IMAGES data also suggests that issues of power, gender norms and sexism in society need to be tackled in settings where these attitudes tend to thrive, for example in sports, male social spaces, academic institutions, workplaces, military and religious institutions (Heilman *et al.* 2014). Training initiatives that include critical reflection on masculinities within these sectors can play an important role in strengthening the position of these institutions in addressing SGBV. Jewkes' (2014) analysis of police training and capacity-building activities on reducing SGBV found that, although there is no rigorous evaluation evidence, training programmes may be able to bring about changes in attitudes and behaviours of police and increase credibility among survivors. The NGO Rozan in Pakistan has developed and implemented a police reform programme, 'Rabta', that addresses masculinities as part of efforts to improve police responses to violence against women and girls and reduce violent and insensitive treatment (Rozan 2012), as described in more detail in Box 7.4, below. Jewkes (2014) highlights that effective training initiatives must: have strong ownership from senior police officials; be linked to institutional change; build trust between participants and trainers; involve police personnel as trainers.

#### **Box 7.4 'Rabta': Gender-sensitive policing in Pakistan**

Since 1999, Rozan's programme, Rabta, an Urdu word meaning connection, has been building the capacity and enhancing the sensitivity of police personnel in Pakistan to effectively respond to women and child survivors of violence. An Attitudinal Change Module that aims to promote critical reflection on masculinities, awareness and understanding of human rights, and improve the communication skills and wellbeing of police officers, is being taught to police personnel as part of the regular training curriculum across all police training institutes in Pakistan. Khaliq's (2011) evaluation of the programme emphasises the importance of institutional ownership of the initiative, and the importance of commitment from police at all levels, including women police officers. The importance of advocacy at the political level to ensure that system-wide cultures are changed is also emphasised. In 2011, Rozan formed the Pakistan Forum on Democratic Policing, an alliance of civil society organisations and individuals to advocate wider police reform (Rozan 2011).

## 7.6 Conclusions and recommendations

There are at least three good reasons to focus on men and masculinities in SGBV responses: first, perpetrators of violence are overwhelmingly men and boys; second, certain constructions of masculinity, which work across individual to societal levels, are shaping and driving gendered violence; and, third, such violence is of concern to many men as well as to women. Harmful masculinities and gender norms that drive SGBV are socially constructed and as such they vary across historical and local contexts, interacting with structural influences such as economic inequality, globalisation, and political and religious conservatism. These gender norms emerge from prevailing patterns of patriarchy and are in turn reinforced and reconstructed by families, communities and political, social and economic institutions over generations.

The multifaceted nature of these influences on SGBV therefore highlights the need for a multisectoral and multidimensional response that incorporates:

- *a life cycle perspective*, with strategies to prevent violence and abuse of children, and related harms in their socialisation and child/adolescent development;
- *gender-equitable development strategies*, such as improved access to empowering education for girls and boys, and livelihood opportunities for men and women;
- *participatory education and community mobilisation* initiatives to transform gender norms and attitudes at the community and family level, as well as;
- *political strategies to challenge inequitable systems* that maintain oppressive attitudes and behaviours. Crucially, a focus on attitudes alone neglects the structural violence and institutional inequalities that are fundamental in shaping SGBV.

Men's and boys' interests in ending violence can range from personal wellbeing, to feelings of reciprocity and care for others, to wider commitments to social justice. Thus, in engaging the above strategies in different programmatic and policy processes, it is useful to take account of the many lessons for working with men and boys that have been identified in this review:

- Men and boys should not be treated as a homogenous group

Boys' experiences of violence and abuse need to be considered in relation to their diverse pathways of socialisation, to effect positive processes of change in preventing SGBV. In addition, intersecting inequalities and vulnerabilities experienced by men and boys of different types (e.g. of different social class, ethnicity or sexuality) must be critically analysed and addressed to help them build a personal and political connection to how and why SGBV can be prevented and addressed in their lives.

- Effective interventions should address harmful masculinities rather than just specific behaviours or attitudes

Programmes that explicitly address the norms, behaviours, and relations associated with ideals of manhood can be gender-transformative.

- SGBV programming must not reinforce polarising binaries between men and women

Joint interventions with men and women that take a relational approach to the transformation of gender norms are needed for more effective and long-term social change. Where achievements in women's empowerment are not embedded in a wider process of social change towards gender equality, violent backlash can be triggered by men's sense of exclusion or fear of loss. Attention also needs to be paid to how dominant heterosexual gender norms can work to violently control the sexuality and gender identity of men and women alike.

- Engagement of men and women to challenge deeply held beliefs at the personal level must be connected with processes of wider social change

Interventions must work at multiple levels, with citizens and institutions and with diverse stakeholders across the community, including religious and political leaders. Community mobilisation components are action-oriented and ownership by the community is integral to their success and sustainability. However, tensions between the sustainability of community-led initiatives and one-off programme funding must be taken into account and responded to.

- Development interventions should address the underlying structural causes of violence

These include economic inequality, and institutionalised gender discrimination, which are essential for changing SGBV outcomes.

In addition there are still significant gaps in our understanding of different strategies of working with men and boys to address SGBV:

- There is little analysis of which men engage in programmes and interventions to end and address SGBV

This includes analysis on why and how they remain committed to ending gender inequality. Furthermore, work with men tends to focus on those experiencing the manifestation of SGBV in their lives, and with less emphasis on those men who shape the policy and politics of SGBV within positions of power.

- Violence perpetrated in the public sphere, within community settings and by the state has received very little attention

Furthermore, the gendered dynamics of this are not critically explored.

- Interventions and evidence predominantly come from development assistance contexts as opposed to humanitarian assistance in conflict-affected or fragile areas

The specificities of SGBV, dynamics of change, and the nature of interventions in situations of pervasive repression, violence and insecurity needs more attention.

Research priorities to strengthen knowledge and understanding on working with men and boys to address SGBV include:

- Further exploration is needed of gendered power differences intersecting with inequalities in relation to e.g. race, ethnicity, class, (dis/)ability, sexuality or age

We need to know more about how these manifest as diverse expressions and experiences of SGBV for men, women, girls and boys of different identities. Initiatives and interventions should analyse and address the links between gender and violence within such multiple power asymmetries.

- Further research is needed to unpack complex processes of change for addressing SGBV

This would involve making visible the interplay between structural drivers of violence, sociopolitical contexts and how these influences play out as violence in people's everyday lives. This is particularly important in terms of informing policies and strategies, scaling up community-based interventions and making these efforts sustainable.

- Longitudinal studies are needed with children, adolescents and families to understand more about processes of socialisation over time

This involves researching the interplay between individuals' intimate experiences and their social contexts – where, for example, male dominance and violent oppression of women and children are prevalent – and how norms and behaviours are reproduced, challenged and evolve over generations.

- Long-term policy and programme evaluations should be developed alongside context-specific longitudinal research on transitions to adulthood

Programme evaluations have typically focused on capturing specific attitudinal and, sometimes, behavioural changes as a result of interventions to engage men and boys in addressing SGBV; *how and why any change is happening, or not, remains less clear*. The use of qualitative and participatory evaluation approaches that enable a more systemic approach to learning is therefore recommended to complement and guide more quantitative approaches. Furthermore, most evaluations have been conducted either during or shortly after programme interventions and so are typically not able to show whether these changes are sustained in the longer term. Thus developing such new mixed approaches to evaluation of programmes with men and boys *over the longer term*, and (where possible) linking these to longitudinal research on gender equality and adolescent development – or 'transitions to adulthood' – should be considered a new 'gold standard', even if expensive and hard to achieve.

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## 8 Conflict, security and peace-building

Alexa Hassink with Laura Baringer<sup>39</sup>

### 8.1 Introduction

Violent conflict can have devastating emotional, physical and economic impacts on the lives of all of those involved. Men and women face death and displacement, and violence, as well as failures in economics and health in distinctly gendered ways. As such, the ways in which individuals, groups, policymakers and governments have approached and analysed conflict over the past 20 years has evolved greatly. There has been increased attention to women's and men's varied experiences both during and post-conflict, including roles of violence perpetration, victimisation and peace-building. There have also been substantial, but insufficient, policy efforts to eradicate sexual violence in conflict by labelling and prosecuting it as a war crime, and to promote women's participation in peace-building.

This chapter will present: some of the broad shifts in the past 20 years with regard to trends in conflict and peace-building and their influence on gender roles and dynamics; examples of apparently successful directions in policy solutions, including those that focus on women and girls; as well as programmatic strategies to engage men for gender-equitable outcomes in conflict, peace-building and post-conflict.

### 8.2 Trends in conflict and gender norms during conflict and post-conflict

Conflict remains a constant, disruptive and devastating force across the globe. In the ten-year period 2002–2011 there were 73 active state-based conflicts and 223 non-state conflicts (SIPRI 2013). Some scholars have noted a shift in the characteristics of conflict over the past 20 years. Marked by a decline in interstate warfare since the end of the cold war (Theidon, Phenicie and Murray 2011; United Nations 2014), the majority of today's conflicts are internal and often rely on ideological, ethnic or sect-related rifts to sustain themselves.

Approximately 1.5 billion people live in areas that are fragile<sup>40</sup> and conflict-affected states (FCS). Improving development outcomes for people living in FCS is a major challenge. These individuals are more than 'twice as likely to be undernourished as those in other developing countries, more than three times as likely to be unable to send their children to school, twice as likely to see their children die before age five, and more than twice as likely to lack clean water' (World Bank 2011: 5). Additionally, half of all child deaths occur in FCS (Byrne, Marcus and Powers-Stevens 1996; World Bank 2011).

Many factors contribute to the onset of conflict, including rifts between the state and society, structural inequalities (manifested through poverty and unequal development outcomes), systemic political, economic or military changes, and access to and control over natural resources (Byrne *et al.* 1996). Conflicts are more likely to occur in situations where state institutions do not protect their citizens, prevent corruption, or provide access to justice and where there are no viable employment opportunities. These structural failings threaten high-level security and further exacerbate individuals' feelings of stress, isolation and frustration (World Bank 2011).

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<sup>40</sup> While there is no internationally agreed definition of the terms 'fragile states', or 'fragility', most development agencies define them principally as a fundamental failure of the state to perform functions necessary to meet citizens' basic needs and expectations. See [www.gsdr.org/go/fragile-states/chapter-1--understanding-fragile-states/definitions-and-typologies-of-fragile-states#defs](http://www.gsdr.org/go/fragile-states/chapter-1--understanding-fragile-states/definitions-and-typologies-of-fragile-states#defs) (accessed 28 May 2015).

The keys to breaking these cycles of violence and ongoing instances of conflict, as indicated by the 2011 World Development Report, are to strengthen legitimate institutions' and governments' capacity to provide citizen security, justice, and jobs (World Bank 2011). These strategies should be considered along with addressing and dismantling militarism and other macro-strategies involving trade and resource allocation.

In order to understand the true impacts of conflict, and strategies for sustainable peace, it is necessary to not only look at trends in conflict, but to also take a deeper look at gender norms and identities, particularly as they evolve in times of conflict and post-conflict, concepts that are explored more broadly in Chapter One 'Introduction: Framing the evidence and shifting social norms'. Conflict is generally sustained along religious, ethnic, cultural, national or ideological fractures. However, gender also affects conflict and cuts across the lead up to conflict, conflict itself, and peace-building and post-conflict processes. Accordingly, more attention has been given in recent years to the development and field of 'gender, conflict, and peace-building', and to understanding how men and women are affected during and after conflict (Byrne *et al.* 1996; Theidon *et al.* 2011).

The following sub-sections will discuss the gendered dimensions across various elements of conflict: militarisation, recruitment and participation in conflict, economic implications, sexual and gender-based violence, displacement, peace-building and post-conflict in order to more fully understand the nuances needed in both policy and programming to sufficiently address men's and women's needs leading up to, during and after conflict.

### **8.2.1 Militarised states**

A militarised state often polarises masculinity and femininity towards traditional values, creating an environment of structural oppression that restricts women's rights, resulting in a militarised masculinity that values dominance and violence. In this environment, men are called on as protectors and women become the 'protected'. For women, becoming the 'protected' is often accompanied by additional controls on women's autonomy, mobility and freedom of expression (Byrne *et al.* 1996). This militarisation of masculinity can motivate men to use violence and women to support it. It can serve as a tool for military actors to recruit combatants to defend, fight and die for their country, and as a springboard to promote violence as a means to acquiring wealth, women and status (Wright 2014).

It is important to note that while a militarised masculinity may serve to empower some men, others – such as older men, or those lacking economic or social capital – may struggle to live up to its ideals. In turn, they may lose power, self-esteem and respect, and in the case of refusing to fight, may face prison, ridicule, or even death (Byrne *et al.* 1996; Wright 2014).

### **8.2.2 Recruitment and participation in conflict**

Armed groups can offer status and respect to those who feel marginalised, are searching for a pathway to legitimate 'manhood', or have few or no alternatives for protection, livelihoods or community. Recruitment processes and initiations emphasise a hyper-aggressive version of masculinity and facilitate men's sense of belonging and commitment to conflict groups. They often serve to disrupt and dismantle individual men's identities, separate men from their communities and families, and normalise experiences and perpetration of violence. These processes can include traumatic indoctrinations, such as killing, threats of death and acts of violence against one's own community (Vess *et al.* 2013). In Guatemala, for example, members of the national army (up to 20 per cent of the rural population) are encouraged to visit sex workers and to force women to wash and cook for them to demonstrate their dominance and virility, while these men concurrently endure violent, humiliating initiation rituals (Byrne *et al.* 1996).

Recruitment processes also help to create or reinforce a hierarchy of misogyny wherein the most potent insults directed at men include references to femininity, as well as to homosexuality. These dynamics can exacerbate the acceptance of sexual harassment and

assault against women and minorities in combat, and are associated with increases in sexual violence and prostitution on military bases (Byrne *et al.* 1996; Theidon *et al.* 2011).

Women's roles within conflict vary from nursing and clerical work, to gathering intelligence, contributing economic support to the conflict, encouraging or participating in violence, refusing to protect the enemy, and raising their children in accordance with militarised ideals (Byrne *et al.* 1996; Carter 2013). Although women have been historically viewed as passive victims and bystanders in conflict, recent analyses have investigated their involvement in sustaining and even motivating war (Mazurana and Proctor 2013). While female combatants are, in general, vastly outnumbered by male combatants, instances such as the Rwandan genocide have illuminated women's sometimes brutal perpetration of genocidal violence (Byrne *et al.* 1996; Theidon *et al.* 2011). Additionally, over the past 30 years, women's participation in violent extremist acts, such as suicide attacks, has been on the rise (Carter 2013). Although women who do fight in conflict are sometimes deemed unfeminine, promiscuous, deviant or unnatural, they may also see temporary benefits in the power and status of being treated like an equal or as a man (Byrne *et al.* 1996; Theidon *et al.* 2011).

### **8.2.3 Economies during conflict**

Conflicts have a tremendous impact on state economies, shifting not only, for example, unemployment opportunities, but also the distribution of state funds and social supports. These shifts must be analysed with a gender lens as they affect men and women in distinct ways. Leading up to periods of conflict, many countries face economic pressures such as inflation, unemployment, increases in the informal economy and the development of a 'parallel economy' in which individuals are forced to sell off their resources and assets to survive (Byrne *et al.* 1996). Government spending, which may have previously been allotted to development and welfare, may be diverted to advance military capacities. This leaves women – who, due to the unequal distribution of care are most affected by cuts in social services – disproportionately burdened during times of conflict (Byrne *et al.* 1996). See Chapter Two on 'Poverty, work and employment' and Chapter Three on 'Fatherhood, unpaid care and the care economy' for further explorations of women's and men's roles in paid and unpaid labour.

These economic trends may continue into the conflict, contributing to further market and formal economic collapses, destruction of physical resources, loss of human capital and the collapse of transportation and education infrastructure (Byrne *et al.* 1996). In the place of a formal economy, informal economies that rely on trade or bartering, as well as illicit economies such as sex industries (which often commoditise women and girls), begin to grow (Mazurana and Proctor 2013). Understanding how these economic trends during and after conflict affect men and women is critical for developing effective solutions. Gender heavily determines both the distribution of labour, as well as access to and control over resources and assets, and economic rights (Mazurana and Proctor 2013).

For men, the unemployment often accompanied by conflict can lead to feelings of inadequacy and powerlessness. Traditionally, and still in many parts of the world, being 'a man' is almost completely interlinked with being employed and the ability to be the economic provider for one's family. Economic stress can be pervasive in post-conflict and transitional settings, where war-related conflict and instability have deprived men and women of viable economic opportunities. Unemployment can imbue men with a sense of powerlessness and lead to a profound shift in their identities as men that increases emotional stress, substance abuse, and may serve as an impetus for further violence committed by men who are unable to fulfil their gendered roles as caregivers and providers (Myrntinen, Naujoks and El-Bushra 2014; Vess *et al.* 2013).

### **8.2.4 Sexual and gender-based violence**

Gender-based violence (GBV) exists in all societies, not only those in conflict, can happen to both men and women, and is strongly linked to harmful gender norms and gendered power imbalances, as explored in Chapter Seven on 'Sexual and gender-based violence'. Sexual violence and rape can have long-term emotional, physical and social effects that can trap survivors in cycles of poverty and expose them to sexually transmitted infections and HIV (Buvinic *et al.* 2013; Byrne *et al.* 1996). For women, GBV in conflict environments can include forced mutilation, forced prostitution, gang rapes, sexual slavery and forced marriage. These atrocities may result in forced and/or unwanted pregnancy, unsafe abortion and sterilisation. In turn, these can lead to not only emotional trauma, but also potentially irreparable physical damage, such as fistula, sterility, injury and death. This damage may also be compounded by women's limited access to health services, which have been further weakened by conflict (Buvinic *et al.* 2013; Byrne *et al.* 1996; Mazurana and Proctor 2013).

Gender-based and sexual violence can be, and often is, used as a systematic tactic of conflict. As previously mentioned, it can be used as indoctrination amongst combatants, and also as a form of compensation for under- or unpaid combatants, or as a strategic threat to gain control. Abuses against women are reported ubiquitously across conflicts and geographic areas (Buvinic *et al.* 2013; Kaufman 2012). A study of 236 armed conflict actors (including state armies, rebel groups and militias) involved in conflicts in Africa between 1989 and 2009 found that 36 per cent of these armed actors were reported as perpetrators of sexual violence, with government actors perpetrating sexual violence at higher rates than rebel and militia groups (Nordas and Cohen 2012).

Sexual violence usually comes alongside a breakdown of social order and a climate of impunity. Rape may be more prevalent in combat forces when it is consistent with commanders' beliefs, as well as individual and group norms, and where there is a rigid military hierarchy present (Theidon *et al.* 2011). Men's use of sexual violence against women in conflict is often a tactic to reaffirm their masculinity and dominance over women, a woman's male family members, or over the entire cultural or ethnic group (Mazurana and Proctor 2013). In conflict, women are often seen as the embodiment of a particular ethnic or national identity, which exposes them to sexual violence that is designed as an attack on the broader community or nation (Byrne *et al.* 1996).

Growing attention in recent years has been directed towards debunking the belief that GBV is ubiquitous and inevitable in conflict; however, further research is needed. Recent studies have shown that the disturbing levels of wartime rape have been present in almost all regions, in various contexts (conflict and non) and by various perpetrators (including civilians and combatants) around the globe over the past several decades (Cohen, Hoover Green and Wood 2013). Rape, therefore, is not just an 'African problem', one of ethnic conflict, or militia- and rebel-based. Similarly, research has been directed towards understanding sexual violence and rape within the structural and social contexts of peacetime, including its perpetration by intimate partners. It is necessary to better understand the social and structural drivers of sexual violence and rape, which lead to both their perpetration in conflict, and also to their continuation and prevalence in post-conflict settings (Theidon *et al.* 2011). A deeper understanding of these drivers may help countries develop the appropriate interventions, laws and enforcement mechanisms needed to prevent sexual violence and to hold perpetrators accountable.

Recent research is beginning to explore the diversity of GBV in conflict, including the specific experiences of male survivors, which have been reported in at least 25 conflict settings over roughly a decade. Men have been forced to witness sexual violence against female family members in the context of conflict, have faced forced sterilisation, nudity, and masturbation as well as sexual violence and rape (Cohen *et al.* 2013; Kaufman 2012; Myrtilinen *et al.* 2014). For example, in Peru, soldiers sexually assaulted younger recruits due to their lack of

displayed aggression with civilians (Theidon *et al.* 2011). In an environment in which masculinity is tied to dominance, men's sexual assault on other men may be a tactic to reinforce order and to reassert their power (Theidon *et al.* 2011).

Additionally, for the first time, researchers are assessing and asking questions about men as victims of sexual violence and of women as perpetrators (Kaufman 2012; Myrtilinen *et al.* 2014). Although much more research is needed to determine the actual number of female perpetrators, as well as the causes and consequences of female perpetration of sexual violence, some causes may include women's adaptation to norms of militarised masculinity, the desire to redirect sexual violence, or to humiliate an enemy. Examples reported to date include female US military members' sexual abuse and humiliation of Iraqi soldiers in Abu Ghraib, and sexual and psychological violence and rape by female perpetrators in Haiti, during the Rwandan genocide, and in the eastern Democratic Republic of Congo (DRC) (Cohen *et al.* 2013).

Understanding the pervasiveness and extent of gender-based violence and sexual violence in conflict is extremely difficult. It is frequently underreported, in part due to a lack of adequate services for survivors, impunity for perpetrators, and a fear of stigma by women who would likely face social rejection and further isolation and abuse, and by men whose admissions of victimisation violate their male identities and feelings of power and control (Buvinic *et al.* 2013; Kaufman 2012).

### **8.2.5 Post-conflict**

An estimated 51 million people globally are forcibly displaced due to persecution, violence, human rights violations and conflict. Internally displaced persons (IDPs) and refugees face high rates of unemployment as they often lack proper documentation or work authorisations. This can be particularly challenging for women who, with children, comprise 80 per cent of IDPs and refugees and may have even fewer options for livelihoods and face greater challenges in gaining asylum or refugee status than men do under the same circumstances. They are therefore most often forced into insecure, low-paid, informal work. Limited resources and security make women additionally susceptible to further violence – both within refugee communities and at the hands of those enlisted to protect them (Byrne *et al.* 1996; United Nations 2014).

Gender roles and norms in post-conflict societies remain the same as they were during conflict, with women maintaining their increased presence in the labour force and retaining decision-making power within the family. In other cases, roles can be redefined in the peace-building and post-conflict processes, occasionally shifting back towards more traditional gender narratives (Myrtilinen *et al.* 2014). For example, in the aftermath of conflict, women may become vulnerable and further marginalised, expected to resume traditional, submissive roles as men search to reclaim their own identities. In others, the period of transition may also provide women with opportunities to renegotiate their roles within their homes and in society (Byrne *et al.* 1996). In Cambodia, Khmer women were able to contribute to the formulation of the Kingdom of Cambodia constitution and Guatemalan women in refugee camps formed their own groups, such as *Mama Maquin* – which had had over 7,000 members in 85 camps in southern Mexico by 1994 – to ensure women's voices were heard as they returned home (Byrne *et al.* 1996).

Violence does not necessarily end when a conflict ends. Ex-combatants often face the difficulties associated with re-establishing a sense of purpose and identity within demobilisation and disarmament. They must also deal with internalised norms of violence developed during the aforementioned recruitment process and conflict itself, struggles with mental health and drug use, and coming to grips with their own experiences of violence and loss (Vess *et al.* 2013). Militarised men, without an enemy or alternative coping mechanisms, may direct learned patterns of violence towards their partners. Even peacekeepers may be



responsible for continued sexual violence or economic coercion against women in the communities they are assigned to protect (Theidon *et al.* 2011; United Nations 2014).

Additionally, experiences of conflict and trauma can compound other factors indicative of violent behaviour. These factors include men's inequitable attitudes, having witnessed or experienced violence as children, and being in a situation specifically exacerbated by conflict, such as economic stress or displacement (United Nations 2014). Similarly, results from the International Men and Gender Equality Survey (IMAGES) in Rwanda found that men who were affected by violence in the context of genocide were more likely to use both physical and sexual violence against partners at home (Slegh and Kimonyo 2010). These lingering issues post-conflict require thoughtful analysis to ensure that security and healing after conflict and war not only include political peace or the relinquishing of weapons, but also security for individuals that reflects the economic, physical, sexual and emotional needs of men and women, and works to redefine what it means to be a man (Theidon *et al.* 2011).

### **8.3 Post-conflict policies and institutions impacting gender equality**

Peace-building processes are often initiated before the conflict has ended or during a transition period. They are often more reflective of high-level government agendas and negotiations than a desired reconciliation (Byrne *et al.* 1996). Transitional justice,<sup>41</sup> while well-intentioned, often does not provide those wronged – women being especially vulnerable – with appropriate levels of anonymity, security or justice (Theidon *et al.* 2011). Traditionally, disarmament, demobilisation and reintegration (DDR) efforts have been designed around the needs of ex-combatants, frequently marginalising women's needs in each step of the process (Theidon *et al.* 2011).

#### **8.3.1 International agreements**

The past 20 years have seen increased policies and attention paid to preventing sexual violence in conflict, and the protection of women's rights and security. In 1993, the World Conference on Human Rights emphasised the illegality of sexual violence in conflict. A year later, in 1994, the UN's Special Rapporteur on Violence Against Women was enlisted to further investigate causes and consequences of GBV (Theidon *et al.* 2011). The United Nation's Fourth Conference on Women in Beijing, China in 1995, further called on the international community 'in addressing armed or other conflicts, an active and visible policy of mainstreaming a gender perspective into all policies and programmes should be promoted so that before decisions are taken an analysis is made of the effects on women and men', (UN Women 2014). Around the same time, the UN's International Criminal Tribunals in the former Yugoslavia and in Rwanda led to the classification of 'rape and other sex crimes as war crimes, crimes against humanity, and forms of genocide', (Theidon *et al.* 2011: 8).

A number of more recent United Nations Security Council Resolutions (UNSCRs) make significant mention of the protections necessary to address the pervasive violence perpetrated against women and girls in conflict. The passing of UNSCR 1325 in 2000 has had a large impact on the Women, Peace and Security agenda. UNSCR 1325 emphasises both the impact of conflict on women, as well as their integral role in peace-building. It has inspired over a dozen countries to adopt national action plans for its implementation along with several similar resolutions. It also brought to the international community's attention the need to address and increase women's participation in peace-building processes and address women's protections, including reducing the impunity of perpetrators who commit abuses against them.

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<sup>41</sup> Transitional justice refers to the full range of processes and mechanisms associated with a society's attempt to come to terms with a legacy of large-scale past abuses, in order to ensure accountability, serve justice and achieve reconciliation. (UN 2010).

Other recent UN Security Council resolutions that aim to protect women during conflict include: UNSCR 2122 in 2013, which recognises the importance of humanitarian aid and health services required for women; UNSCR 1889 in 2009 to ensure gender mainstreaming in post-conflict and peace-building processes; UNSCR 1820 in 2008, which declared that sexual violence against women in conflict could be considered a war crime; and UNSCR 1888 in 2009, which called on peacekeepers to protect women and children from sexual violence (United Nations 2014).

More work is needed to ensure the spirit of these resolutions is present in peace agreements and post-conflict policies. Some have criticised the peace agreements from 1990 to 2010, stating that even with the resolutions, these agreements continue to include very few specific references to women. This may be a result of a lack of gender awareness among the involved parties and mediators, a lack of active female participants, and the deprioritisation of women's needs in favour of reaching a consensus – topics that are explored further in Chapter Nine on 'Public and political participation' (Theidon *et al.* 2011). This awareness at the global level is critical to long-term and sustainable changes. However, programming and programme implementation should not merely count the numbers of women participating but should integrate approaches to increase meaningful contributions of women engaged in the process (Myrttinen *et al.* 2014; Wright 2014)

Additionally, further research is needed to show how engaging men and boys in ending sexual violence can increase gender equality and support the development of equitable post-conflict societies. UNSCR 2106 is the first resolution of its kind to mention males as survivors of sexual and gender-based violence. The G8 Declaration on Preventing Sexual Violence in Conflict highlights the explicit need to work with men and boys, as well as with women and girls, to prevent sexual violence (Myrttinen *et al.* 2014). However, other declarations have fallen short, with little mention of men's roles in ending sexual violence in conflict, or their multiplicity of experiences in conflict as victims, witnesses and perpetrators (Kaufman 2012).

### **8.3.2 State and local agreements**

International agreements and resolutions are only one component of developing and implementing policies to protect survivors of sexual and gender-based violence (SGBV). Governments and country and local legal systems and policies must demand and promote accountability and equal access to justice and psychosocial support for both individual and social healing, and referral services for both female and male victims of SGBV (Myrttinen *et al.* 2014). National justice systems must be sensitised to the impact of sexual violence, and support international bodies and conventions attempting to prevent it (for example UN Security Council Resolutions 1820, 1888 and 1960). It is the responsibility of both national justice systems and the international community to end impunity for perpetrators of sexual and gender-based violence.

A supportive legal and policy framework is essential, but not sufficient, to enable individuals to receive adequate support to heal in post-conflict environments. Laws that recognise and enforce all forms of sexual violence as criminal, must be accompanied by (1) coordinated outreach to educate men and women on the tenets of the laws and their implementation, and (2) sensitisations for lawmakers and law enforcement systems on the causes and consequences of sexual violence, and the multiplicity of reasons why victims often do not come forward (Kaufman 2012).

Considering gender in peace-building concepts is often reduced to a focus on women and girls. This reinforces the dichotomy of men as perpetrators and women as victims, rather than enabling a full consideration of men's and women's agency, perpetration, vulnerabilities and unique risks and needs (Myrttinen *et al.* 2014). Although this knowledge and nuance has greatly increased and improved over the past 20 years, there has been little progress in terms of international policy frameworks recognising the possibility of male victimisation (Dolan 2014). There has also been some resistance to policies that directly address men's

needs, unless they are perceived to be the most vulnerable or as gatekeepers to women's wellbeing (El-Bushra and Sahl 2005). Developing further research to understand the nuanced interplay of gendered identities during and after conflict will increase the effectiveness of peace-building processes in post-conflict or fragile settings. Research should focus not just on the impact of peace-building processes on women and girls, but also on men and boys, and explore gender alongside age, race, religion and other variables (Myrntinen *et al.* 2014).

#### **8.4 Successful interventions engaging men and boys for gender equality in conflict, peace-building and post-conflict**

Successful interventions in engaging men and boys in post-conflict and peace-building initiatives must be evidence-based, include a gender analysis and be committed to long-term engagement for change as social norms change and healing processes require significant investments (Kaufman 2012). Programming should be designed to challenge harmful masculinities, promote non-violence and equality, and incorporate women fully into the planning and implementation of these projects throughout the conflict cycle in order to facilitate the comprehensive addressing of women's rights and needs (Wright 2014).

Below is an overview of successful programmes that have been implemented in the process of conflict, post-conflict and peace-building. These include programmes that address: peacekeeping operations; disarmament, demobilisation and reintegration (DDR) programming; humanitarian programming with refugees and IDPs; and longer-term peace-building programmes such as economic empowerment projects and psychosocial group work.

*The Refugee Law Project's* Conflict, Transitional Justice and Governance Programme in Uganda falls into the category of post-conflict, humanitarian programming. Its purpose is to empower asylum seekers, refugees, deportees, IDPs and host communities in Uganda to enjoy their human rights and lead dignified lives. The Conflict, Transitional Justice & Governance Programme aims to confront the challenges of dealing with legacies of past atrocities and human rights violations, the pursuit of justice – locally and globally – the promotion of democratisation and good governance, and sustainable peace-building. It is also a strong advocate for addressing the needs of female as well as male survivors of sexual violence in conflict – the latter a highly overlooked minority that has tended to fall between the cracks of policy and practice.<sup>42</sup> Nevertheless, the reality of male survivors of SGBV has begun to be recognised in international policy, as described in Chapter Seven on 'Sexual and gender-based violence'.

The *Living Peace Groups* project in DRC and Burundi focuses on psychosocial healing in post-conflict settings, as described in Box 8.1.

The *International Rescue Committee* (IRC)'s initiative, Preventing Violence Against Women & Girls: Engaging Men through Accountable Practice (EMAP), is another example of a post-conflict, behaviour change intervention operating in a range of conflict-affected communities. Its purpose is to address the root causes of violence through a primary prevention model to engage men in individual behavioural change – guided by women's realities. EMAP is an eight to ten month individual behaviour change intervention. Its goal is to address the root causes of violence, through a primary prevention model (using an evidence-based curriculum and field tested approaches). Weekly discussions help men to challenge their beliefs, and focus on men's accountability by discussing and learning about the specific needs and experiences of women.<sup>43</sup>

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<sup>42</sup> Visit [www.refugeelawproject.org/](http://www.refugeelawproject.org/) (accessed 28 May 2015).

<sup>43</sup> Visit [www.rescue.org/](http://www.rescue.org/) and [www.engagingmen.net/content/irc-training-preventing-violence-against-women-girls-engaging-men-through-accountable-practi](http://www.engagingmen.net/content/irc-training-preventing-violence-against-women-girls-engaging-men-through-accountable-practi) (accessed 28 May 2015).

The *Young Men Initiative* (YMI) in the Western Balkans, described in Box 8.2, provides an interesting example of a psychosocial healing approach in a post-conflict setting from a different region.

### Box 8.1 The *Living Peace Groups* project, DRC and Burundi

Partnering with Promundo, the World Bank's LOGiCA fund, CARE Burundi, Heal Africa and Women for Women International, the *Living Peace Groups* project assists men and women to heal after their experiences of trauma by restoring social and partner relationships, and strengthening positive coping strategies that exclude all forms of violence. *Living Peace Groups* use a combination of psychosocial support and group education to help men and their partners in post-conflict settings address the personal effects of trauma, while also bringing the community together in a process of social restoration. The group therapy process has been used with survivors of sexual violence, husbands of conflict-related rape survivors, and with witnesses of genocide and other forms of violence.

Results from the evaluation of *Living Peace Groups* confirm that, nearly universally, men and women participants reported significant, positive changes, including improved and more peaceful partner relations, reductions in men's alcohol abuse and drinking, improvements in men's control of their frustration and aggression, greater income-sharing by men with their wives, happier children and improved health outcomes.

Building on its current model, in 2015 the *Living Peace Groups* project will adopt a fully integrated approach, working at all levels of the community and with key institutions, including the police, the military, the United Nations Organization Stabilization Mission in the DRC (MONUSCO), service-providing organisations and other NGOs.<sup>44</sup>

### Box 8.2 Young Men Initiative (YMI), Western Balkans

Partnering with CARE, Promundo, and the International Center for Research on Women (ICRW), YMI's central purpose is to provide young men with the tools, resources and skills to help them reflect critically on gender norms, communicate more effectively and solve problems non-violently.

The first of its kind in the region, the programme was piloted between 2007 and 2010. A baseline survey for YMI's pilot activities found that significant numbers of young men had engaged in bullying with 34–55 per cent threatening another young man at least once, and 47–65 per cent having punched or kicked another young man (CARE International 2012). The intervention, shaped by findings from the initial research, and by direct inputs and feedback from the young men themselves, included group education workshops (adapted from Program H and other sources) and a social marketing campaign.

The group education workshops were highly participatory, while the social media campaign 'Budi muško' or 'Be a man', coordinated by student leaders in Be a Man Clubs (BMCs), promoted participation in the workshops as 'cool' and reinforced the key messages of positive masculinity, communication in relationships, non-violent problem-solving, etc. Young men were given media and marketing training by a local organisation, and worked together to create the campaign's visuals and messaging, and work to coordinate ongoing activities. Over the one-year pilot, 4,000 youth were reached through schools, in five secondary technical schools across three countries (Bosnia and Herzegovina, Croatia and Serbia). As found in the evaluation, young men exposed to the campaign generally showed more gender-equitable attitudes and positive changes related to decreased uses of violence (CARE International 2012).

Questscope's Mentoring Programme in Refugee Camps in Jordan is another behaviour change intervention, post-conflict. It aims to empower marginalised youth to help build and rebuild positive masculinities and cope with conflict-induced trauma. Questscope works through a pro-social community development model, where the focus is placed on individual

<sup>44</sup> Visit [www.promundo.org.br/en/sem-categoria/living-peace-groups-offer-a-path-for-healing-after-war/](http://www.promundo.org.br/en/sem-categoria/living-peace-groups-offer-a-path-for-healing-after-war/) (accessed 28 May 2015).

transformation through individual, community and institutional support. It has worked in the Zaatari refugee camps in northern Jordan, using role-based mentoring programme methodologies from their work in Syria and Iraq, to implement mentoring and informal education activities to help build and rebuild positive, non-violent masculinities. While the mentors (male and female refugees) gain a sense of purpose and productivity, the young mentees gain skills, education and guidance to begin to cope with trauma endured during conflict. (Questscope n.d.)

Taking a different approach, the *Women Peacemakers Program* in The Hague is a capacity-building, networking and movement-building programme, aiming to encourage a holistic gender perspective in peace-building. Through regional trainings and education, producing and disseminating documentation of resources on Women, Peace and Security, the programme aims to move towards a world where women and men work together through gender-sensitive active non-violence, to build communities where people coexist peacefully. Programming objectives include the aim to 'to deepen analysis and raise awareness on the multi-layered linkages between gender and militarism' (Women Peace Makers Program n.d.).

To be truly gender-transformative<sup>45</sup> in nature, programmes must seek to address both women's and men's needs and vulnerabilities, while holding all parties accountable for their actions. In order for men to participate meaningfully as agents of change in sustainable peace, post-conflict healing, peace-building and restoration, men and women together must support efforts to see perpetrators of violence held accountable for their actions, and to change social norms and attitudes (Kaufman 2012).

#### **8.4.1 Programmatic recommendations for interventions**

- Programmes that engage men and boys in initiatives for women and girls should be created thoughtfully so that they do not inadvertently exacerbate trauma or harmful norms. These programmes should provide safe spaces for men to heal, but also to educate, raise awareness and build skills to restore men's and women's physical health, bring perpetrators of abuses to justice, change social norms, rebuild families and provide opportunities for jobs and economic growth (Kaufman 2012).
- It is essential that engaging men and boys in post-conflict restoration programming happens in a context where men's needs are not being juxtaposed against the needs of women and girls, who are generally in the most vulnerable positions. Spaces must exist where women and girls feel safe and have their own health and support needs provided for, including immediate access to critical services, psychosocial and mental health support, post-rape care, access to safe abortion, police protection and legal aid (United Nations 2014).
- As men hold the majority of positions of political and economic influence, those in roles of peacekeepers, police, soldiers, aid workers, and government officials can play key roles in ensuring access to services for women and men post-conflict (including medical services and psychosocial support services), as well as access to justice and plans for restoration (Kaufman 2012).
- As well as shorter-term services, longer-term engagement in post-conflict settings may include men's positive involvement in women's economic empowerment programming, campaigns and programmes to encourage men's caregiving and alleviate the inequitable burden of care on women, and transformative programming for adolescent boys and girls, designed to question traditional or harmful norms (Kaufman 2012).

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<sup>45</sup> Gender-transformative approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives. Gender-transformative approaches encourage critical awareness among men and women of gender roles and norms; promote the position of women; challenge the distribution of resources and allocation of duties between men and women; and/or address the power relationships between women and others in the community, such as service providers or traditional leaders (Greene and Levack 2010: 4).

- Important directions in programming include: continued, tailored mental health support for those (including children and adults) who have experienced conflict, life skills training (interpersonal communications, relationship skills, conflict management, etc.), and addressing and providing alternative definitions of masculinity, particularly for ex-combatants (LOGiCA and Promundo 2014).

## 8.5 Conclusion

Although it is more difficult to unravel distinct trends in the gendered nature of conflict itself, what is clear is that how individuals, groups, policymakers and governments are thinking about and approaching conflict is shifting. There is increased attention to women's and men's varied experiences of both conflict and peace-building, including the roles of perpetration, victimisation and change-making. International bodies are working to eradicate sexual violence and rape by labelling and prosecuting it as a war crime, which is impacting national-level policies. However, much literature on war still exists in parallel, rather in concert with gendered analyses (Mazurana and Proctor 2013). Additional research must contribute to our understanding of how trends in conflict, victimisation, humanitarian assistance and peace-building processes and policies affect gender relations both during and after conflict, to facilitate the development of more effective policies and programmes.

Although conflict often causes deep wounds, and lasting physical, social and economic impacts on men, women, boy and girls, further study and adequate, holistic, government and international initiatives may serve to limit victimisation, accelerate access to justice and lay a gender-equitable foundation for the future.

Recommendations for the future emerging from this review include recommendations for further research and evidence-building, as well as recommendations for policy and practice aimed at addressing the structural contexts of conflict and more gender-equal peace-building.

### 8.5.1 Research

- Increase context-specific research and learning, such as how gender influences the way that conflict is produced, prolonged and recreated, as well as the way in which conflict impacts gendered roles and identities (Mazurana and Proctor 2013).
- Expand the gendered lens of conflict beyond experiences of violence, to include analysis of various disparities in conflict-related economics, migration, health outcomes, and more amongst men and women (Buvinic *et al.* 2013; Theidon *et al.* 2011).
- More research is needed to understand the diversity of men's and women's experiences of conflict, including men's vulnerability to and experiences of sexual violence, their experiences of having been forced to witness sexual violence against female family members in the context of conflict, and, conversely, women's participation as perpetrators (Kaufman 2012; Myrtilinen *et al.* 2014).
- Develop more nuanced and contextualised research to understand the structural and social drivers of sexual violence and rape during conflict and through to peacetimes, which both lead to its perpetration in conflict, but also its continuation and prevalence in post-conflict settings (Theidon *et al.* 2011).
- Further explore how to combat and change patriarchy, misogyny and militarised masculinities to prevent conflict, promote peace, and limit the subsequent damage done to the emotional, physical and social lives of women, girls, men and boys.

### 8.5.2 Structures and policies

- Ensure laws recognise and enforce all forms of sexual violence as criminal. Combine the implementation of these laws with education for men and women on the tenets of the laws and their implementation, and sensitisations for lawmakers and law enforcement officers on the causes and consequences of sexual violence, and the multiplicity of reasons why victims often do not come forward (Kaufman 2012).
- Ensure that policies hold perpetrators accountable for wartime atrocities, while engaging both men and women in the prevention of further abuses.
- Meaningfully and substantively include women in peace-building processes, whilst building men's support for, collaboration and engagement with this.
- Provide individual psychosocial support services and pathways to justice, and build or rebuild health and economic support institutions and social services to ensure adequate health, education, transportation services and other forms of infrastructure.

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## 9 Public and political participation

Julia Hamaus and Jerker Edström with Thea Shahrokh<sup>46</sup>

### 9.1 Introduction

Over the past 20 years, the call for working with boys and men to promote gender equality and women's empowerment has become a familiar refrain in gender and development discourse. As described in preceding chapters, we have seen evidence of progress on men's involvement in programming and policy for gender equality in areas such as sexual and reproductive health, gender-based violence prevention, or education. Progress in other areas covered in previous chapters appears to be more modest, contested, or recently emerging; such as in women's economic empowerment or the hidden care economy (beyond fatherhood programmes). This chapter now turns to the theme of greater gender equality in public participation and politics,<sup>47</sup> and especially with respect to men's relevance to – and roles in – achieving it. This is an area where relatively little evidence seems to be available. Considerable research exists on many areas of politics, citizenship and participation generally, as well as studies with a specific focus on women's participation. Nevertheless, little of this has focused on the role of men in direct or substantive ways and little has emerged directly from the field broadly recognised as studies of men and masculinities (Cornwall, Edström and Greig 2011).

If so little evidence, why dedicate a chapter to reviewing this sparse and potted field across many diverse contexts focused on the global South? Why public participation, why women in politics and why men's support of women within this? Feminist research has from its origins focused on the gendered complexities of politics and power. Fraser (2009) sees systemic gender inequality as multidimensional (economic, sociocultural and political) and embedded in resistant and resilient 'deep structures of constraint' (Fraser 2009: 104). She critiques the systemic discrimination against women, their marginalisation and subordination, calling for 'redistribution', 'recognition' and 'representation' respectively, all of which are fundamentally about women's stake in and engagement with politics and policy. Feminist understandings of exclusion and subordination draw on the old notion of the 'public/private divide', also described in Chapter Two, on 'Poverty, work and employment'. As Meer and Sever (2004: 18) put it, 'the divide sees women's gender roles and responsibilities as lying in the family, caring and childrearing, and men's gender roles as being to do with decision-making, formal politics, economics and the workplace'. Historically, men were constituted as holders of citizenship rights, and this translated into their position in the public arena, as political agents. Women were under the protection of men, their interests constrained to the domestic sphere and their roles not valued in terms of decision-making and public activity (Meer and Sever 2004). In conceptualising 'empowerment', many feminists have also focused on women's own agency, collective action and critical consciousness for breaking into the public sphere; that is, personalising the political and vice versa (Cornwall and Edwards 2014).

Pro-feminist researchers on masculinities and patriarchy have also emphasised gender inequity as multifaceted (Johnson 1997); recognising multiple, hierarchically related masculinities and hegemonic masculinity as central to patriarchal gender orders. This enables us to see why some men have an interest in greater equality, along with the possibility of support for feminist political struggles. The problem remains that men, as a

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<sup>46</sup> The authors would like to acknowledge the helpful review, comments and suggestions from Andrea Cornwall, Emily Esplen and Erin Stern.

<sup>47</sup> Gender equality in public participation and politics refers to women's ability to participate equally with men in all aspects of public and political life and decision-making.

group, have systemic privileges in patriarchal orders, which presents challenges to men for developing a critical consciousness on this basis. Complicating this is that other social differences, interests and identities also intersect with (or override) gender, allowing oppressive power orders to sub-divide gender-based constituencies into competing groups. However, this ‘intersectionality’ also provides the exit route out of this patriarchal trap, as men’s gender-based interests and identities can be overridden by other relational interests or identities – such as class, race, sexuality, ethnicity, etc. – or can possibly be transcended by broader beliefs in social justice for all. Thus, a review of this topic should explore at least three areas: the features of men’s support of – or resistance to – women’s participation in politics and public life; institutionalised male privileges, cultures and ideologies as well as their reform; and possible political strategies and/or policy solutions for positively involving, engaging or accounting for men and boys in struggles for greater equality.

Our review seeks to find out what works best in engaging men and boys for gender equality in terms of changing social norms and the institutional arrangements and structures that sustain or shift norms and attitudes. This chapter thus aims to provide a better understanding of the broad shifts in the political processes influencing more gender-equal participation in politics and public life, men’s attitudes to this and evidence on how some institutions have evolved or become reformed, influencing these processes. As measuring women’s participation over time has primarily concentrated on formal political institutions rather than civil society organisations and social movements, the first section has a strong focus on broad global shifts in women’s representation in formal politics. We draw attention to how gender equality in politics has often been supported through a rather tokenistic approach and we provide examples of countries that are regarded as pioneering women’s rights and political participation within their regions. Subsequent parts of this chapter then analyse men’s roles (and behaviours) with respect to efforts at increasing women’s participation, followed by the positive roles some men have taken on to support women’s increased participation, drawing attention to men’s relational interests and related gains in gender equality. Finally, we provide a few examples of apparently successful political strategies and programmatic approaches to engage men in supporting women’s public and political participation, to then conclude with drawing attention to remaining gaps and priorities for the future. The evidence for this chapter has been selected by relevance to the EMERGE learning objectives.<sup>48</sup> Since the questions under investigation go far beyond the issue of effectiveness of specific interventions, our approach looks at studies with a traditional programme focus, as well as mapping of policies and processes of change that have documented impacts drawing upon context-specific examples.

## **9.2 Shifts in social and political processes influencing men’s attitudes and behaviours towards gender-equal participation in politics and public life**

There has been a broad global trend – in all regions – towards increased women’s proportional representation in politics over recent decades. Yet supportive attitudes towards women in leadership positions are closely linked to the extent to which women are already in leadership positions (Markham 2013). So what has driven women’s increased participation in politics and public life? Whilst there is a rich history of women’s participation in public spaces, their activism in community and national struggles remains poorly documented (Horn 2013). Data on women’s participation at the local level are particularly weak, although this level is an important entry point for women wanting to become politically active. There are also limited available data worldwide on women’s active participation and leadership in civil society organisations (World Bank 2013).

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<sup>48</sup> Which political, social and economic processes can bring about sustainable long-term attitudinal and behavioural change towards gender equality among boys and men? What is the interplay between such change and formal or informal policies and institutions? What are the various roles that boys and men (can) play in influencing or enabling interventions aimed at girls and women? How can development interventions and approaches effectively support long-term attitudinal and behaviour change, facilitating men’s and boys’ support for gender equality, and which may hinder such support?

With the exception of organisations that primarily work in the area of gender equality, women tend to lack leadership positions within civil society organisations (Markham 2013). Measuring women's representation over time mainly concentrates on politics and the formal labour market, the latter of which is explored in Chapter Two on 'Poverty, work and employment'. Women continue to face considerable challenges in becoming the head of states and governments, as only nine out of 152 elected heads of state – and 15 of 193 heads of government – are women (UN Women 2014). In addition, women are underrepresented in national parliaments and face difficulties in taking up positions as cabinet ministers, in national governments and the private sector (UN 2010).

However, comparative analysis shows that women's political participation has improved over the past 20 years, including women's representation in national parliaments (UN 2010). A significant milestone has been the adoption of the Beijing Platform for Action in 1995. The percentage of female members of the lower or single houses of national parliaments increased from 10 per cent in 1995 to 17 per cent in 2009 (UN 2010). Many countries all over the world have amended their constitutions or electoral codes to increase women's political representation, and the introduction of quotas has become a strategy for promoting women's participation (Krook 2008). Around 90 countries have introduced electoral gender quotas in their national parliaments, ranging from reserving seats, mainly in African and Asian countries, to voluntary political party quotas, mainly in Latin America, eastern and western Europe. The average for female politicians in countries with legislated candidate quotas, voluntary party quotas, or reserved seats is 22 per cent (World Bank 2013).

How have men played a role in these changes? Quotas are typically introduced by male-dominated legislatures, while women's groups are the driving force in advocating for the adoption of such reforms. Though there are often different motivations involved, there are alliances between women from civil society and men in the state. Interests range from concerns about equal representation to electoral considerations and the need to comply with international and regional standards (Krook 2008). For example, it has been argued that African governments have introduced measures to promote gender equality in order to seek development assistance (Orock 2007). The effectiveness of quotas depends on their perceived legitimacy and actual implementation. It is important to acknowledge that male political elites, who are often drivers in the adoption of quotas, do not always attempt to truly empower women in politics (Krook 2008), which is consistent with evidence on women's persistent discrimination and gender stereotyping in political institutions (UN 2010).

Women still face multiple barriers to participation in politics; they are prone to sexism and exclusion in political institutions, which makes it difficult for them to be effective politically. Moreover, Alcantara Costa (2014) argues that underlying social and economic barriers to women's participation are often not addressed. Men's failure to do their share of domestic work and childcare means they have greater access to the time needed to run political campaigns and are more able to pursue careers as politicians. Alcantara Costa (2014) emphasises that laws for more gender-equal political participation need to be combined with public policies to transform patriarchal norms and practices to ensure women's active participation and influence in decision-making.

The global women's movement has been instrumental in processes for women's increased participation by raising issues of gender justice in the international human rights discourse. This has had an impact on international declarations and national legislations, including many African constitutions (Weldon and Htun 2013; Wyrod 2008: 800). The Ugandan government for example has framed women's political participation around principles of gender equity, legitimising equal political rights for women, but has not challenged male superiority and authority over women, especially in the private sphere. This narrow interpretation of gender equity has resulted in a lack of implementation of the constitution, which indeed reflects more comprehensive principles of gender equality. A critical reflection

on gendered power relations within the domestic sphere, such as marriage laws and the division of labour within the home, is still widely perceived as unacceptable by society (Wyrod 2008).<sup>49</sup>

Wyrod's (2008) analysis of Uganda's Museveni government is that some of the most reactionary views on gender equality have been successfully challenged by introducing 'milder forms' of male dominance, that incorporate some aspects of women's rights, however superficially. Whilst this can be interpreted as a form of patriarchal co-option of progressive feminist notions, this new variant of the dominant masculinity has also advanced the debate on gender equity and has opened up new spaces for feminist activists to take up a more progressive agenda towards gender equality.

Alliances between women's movements and men in political power can be crucial for advancing women's political and public participation. Pro-democratic transitional contexts have shown to be enabling environments for such alliances to emerge. 'Peace, reconciliation and political transition processes, can provide a unique opportunity for women to participate in the formation of formal government structures, laws and constitutions' (Markham 2013: 6). However, many of these processes have not proven to be truly transformative. Although women's participation may be encouraged, their rights and equality are often considered as secondary in national struggles. Gender stereotypes tend to be reproduced, and women are often excluded once peace/pro-democratic transitional processes have come to an end.

In South Africa the changes in the political landscape since 1994 have created possibilities for the national movement against racial and colonial oppression to identify common ground with the women's movement around principles of participation and inclusion. Important developments were the shifts among women within the African National Congress (ANC) to become full members, as well as the acknowledgement of the importance of gender equality in the framework for democracy (Hassim 2005). Although the transitional context promoted women's inclusion into formal politics and enabled the introduction of quotas for women into state initiatives, Hassim (2005) argues that women have not been able to challenge the deep structure of power imbalances between men and women within the national movement. Women were still associated with maternal caretaking roles, which had impacts on their active participation (Hassim 2005). The national movement was mainly concerned with the public sphere and hence did not look at how power imbalances related to inequalities in the private sphere. Deep-rooted patriarchal values have been a clear obstacle to the implementation of South Africa's progressive constitution (Hassim 2005).

Similarly, women's participation in the armed liberation struggle in Zimbabwe seemed to reflect a gendered social transformation. Traditional gender roles were replaced with military hierarchies. By the end of the war, Robert Mugabe applauded women's participation in the struggle, claiming that the liberation struggle not only marked the liberation of the nation, but also the emancipation of women (Ranchod-Nilsson 2006). However, the roles taken by women who engaged in the mobilisations of the liberation struggle were not compatible with traditional gender norms. Their new image in blue jeans with guns was generally perceived as inappropriate, and complicated ex-combatants' reintegration into traditional family life (Ranchod-Nilsson 2006).

Women's active participation in the liberation struggle emerged out of the practical need to increase the number of combatants rather than an attempt to address women's lack of public and political participation. What initially seemed to be an opportunity for women's

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<sup>49</sup> Wyrod's (2008) article draws on ethnographic research from Kampala, exploring how ordinary men and women from urban Uganda understand women's rights and notions of masculinity. The findings relate to 69 in-depth interviews conducted with men and women and several group discussions. In order to engage in discussions and seek a greater understanding of the issue, the author spent five months working with local carpenters and ten months in a centre for domestic violence prevention.

participation was simultaneously a manifestation of sustained patriarchal views. Ranchod-Nilsson (2006) argues further that the apparent advancements towards gender equality made during Zimbabwe's liberation struggle were not sustainable and have now diminished due to economic crises, HIV and AIDS, increasing state authoritarianism and political violence against women.

Rwanda currently has more women in parliament than anywhere else, with 63.8 per cent of female representatives in the lower and single houses and 38.5 per cent in the upper house and the Senate (UN Women 2014).<sup>50</sup> How did Rwanda become a pioneer in women's political representation? Powley (2005) argues that women's NGOs played a crucial role in providing essential services that the government was unable to provide immediately after the genocide in 1994. The re-establishment of the umbrella organisation Pro-Femmes brought women from different ethnic groups together and has been a major player in guiding the government on women's political participation and the reconciliation process. The Rwandan Patriotic Front (RPF) has acknowledged women's inclusion as key to post-genocide recovery and reconstruction. Moreover, the genocide has had an impact on traditional gender roles. Women constituted 70 per cent of the surviving population and they often had to take up the role as 'heads of household' (Powley 2005).

However, women's participation in the Rwandan government is highly dependent on their solidarity with the RPF, as Powley describes; 'this puts Rwandan women and the women's movement in a precarious position, as they owe their ability to participate in democratic institutions to a political party that is less than fully democratic, and cannot be truly independent of the state' (Powley 2005: 160). Furthermore, although women have made enormous advances in political participation, they are still largely disadvantaged in terms of education, legal rights, health and access to resources (Powley 2005).

While political transitional contexts and peace and reconciliation processes provide opportunities for women to form alliances with male-dominated movements, women still lack autonomy and decision-making power in such contexts. Men's support for women's participation has been instrumental without leading to fundamental transformation. Up to now, fewer than 3 per cent of signatories to peace agreements are women (Markham 2013). Unless national and social movements challenge notions of male dominance by undergoing structural changes, alliances with women's movements are unlikely to result in greater gender equality. Hassim (2005: 177) argues that:

any project that aims at the transformation of existing power relations of race, class and gender cannot eschew feminism as an ideological vehicle. In its most expansive meaning, feminism has a direct political dimension, not only being aware of women's oppression but also seeking to confront male power in all its dimensions.

### **9.2.1 Men's roles in increasing women's participation**

Understanding the more specific roles and potentials of men in the processes discussed above requires exploring men's resistance and male backlash, followed by the possibilities for and examples of men's positive engagement in some detail. The reasons for men's resistance to advances in gender equality include perceived threats to men's material benefits, or 'patriarchal dividends', belief in male supremacy and perceived crises of gender identity (Pease 2006).

Research from Sonke Gender Justice highlights men's diverse reactions to national efforts to advance women's rights in South Africa. The data show that these efforts are sometimes perceived as threatening men's rights, resulting in backlash against gender equality.

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<sup>50</sup> 'the countries are ranked... according to the percentage of women in unicameral parliaments or the lower house of parliament, reflecting elections/appointments up to 1 January 2014' (UN Women 2014).

Although the great majority of men consulted through the IMAGES<sup>51</sup> survey indicated that men's rights were not affected by the promotion of women's rights, men's support dropped substantially when asked about the introduction of quota systems to increase women's participation in politics, education and the workplace (Peacock and Barker 2012).

In India, men's rights groups have emerged to oppose structural changes to improve the status of women, such as in the form of legal reforms. These changes have sometimes been challenged as a result of a 'foreign influence of feminism' (Chowdhury 2014: 32), enabling women to make legal claims against harassment and giving them increased opportunities to enter public spaces and in turn threaten traditional family values. Chowdhury (2014) asserts that men's rights groups emerged in response to an amendment of the Indian Penal Code in 1983, which criminalised domestic violence.<sup>52</sup> Groups of 'angry men' have founded organisations such as the Save the Indian Family Foundation, which has become a nationwide movement that vies for high-profile media attention. Such groups try to create the impression among policymakers and the general public that pro-women laws are being misused with negative effects for men and women. Thus, demands from men's rights groups are often framed in moral terms rather than being an open assertion of male supremacy *per se*. 'False accusation' then becomes the linchpin of the articulation of men's rights precisely because these men feel that they are being criminalised for actions proper to their gender roles, such as punishment through physical violence (Chowdhury 2014: 44).

However, certainly not all men echo the ideology of men's rights groups. Although equitable gender interests are often assumed to be held exclusively by women, many men stand to gain from gender equality for several reasons. Men have relational interests, as better relationships with women in their lives positively affect their lives. Gender equality also affects men's personal wellbeing, as traditional gender norms often drive men to competitive, risky and violent behaviours, as discussed in some other chapters of this volume, such as in Chapter Two on 'Poverty, work and employment'. Collective interests can be established if gender equality is seen to benefit the wider community and some men also oppose gender inequality as a matter of principle for social justice (Pease 2006: 42).

So what are the limitations and potentials posed by the dynamics of masculinities for women's rights? In Mexico, for example, the lack of affirmation of male authority and patriarchal privileges in the context of societal changes towards women's emancipation has been seen as provoking a crisis of masculinity (Torres Olascoaga 2014). Yet men are not a homogenous group, but diverse, gendered, multifaceted, and perform different roles. As a result, different men take different positions with regards to supporting, accepting or condemning women's political and public participation. Men may associate with certain masculinities, while rejecting others. In a study on the role of masculinities for indigenous women's participation in local politics in Mexico, Torres Olascoaga argues that 'Men's ascription to any masculinity (hegemonic or divergent) obeys men's interests and strategic choices, which are expressed in discourse, practice, and action' (Torres Olascoaga 2014: 15). Some men gain authority, honour and material benefits from the subordination of women, but not all men benefit equally from patriarchal dividends.<sup>53</sup> Some men gain very little, but generally all men experience pressure to conserve the gender order and are exposed to threats and attacks for attempting to subvert it (Torres Olascoaga 2014).

As men have multiple roles there is no simple pattern and sometimes contradictory masculinities are enacted by the same man. A man might support a woman's political

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<sup>51</sup> IMAGES is the International Men and Gender Equality Survey, initiated by Promundo and the International Center for Research on Women.

<sup>52</sup> Chowdhury's (2014) research draws on findings from interviews with men's rights activists and interrogates in what ways these collective markings of a historically privileged masculine identity relate to broader processes of cultural, social and legal change.

<sup>53</sup> Patriarchal dividend is the benefit men have in relation to the subordination of women (Connell 1998).

participation in his private role, while rejecting it when assuming public roles; support of women, specifically their political rights, 'may be easier by appealing to private roles and in private spaces' (Torres Olascoaga 2014: 22). Gender identity, agency, space, role, position of power and relational interests determine men's support for women's participation. Relational interests can pose major opportunities for men to support women's political participation. When relational interests are involved, acceptance from peers and public opinion for men supporting gender equality is greater. For example, fathers who support both their sons' and daughters' education may increase their daughters' possibilities for entering into politics. This can serve as a 'legitimation' for subverting the gender order (Torres Olascoaga 2014).

In Mexico, men supported Sofia Castro to be elected as municipal president in San Carlos Yautepec in 1998. Peasants from poor areas were her main supporters, while public servants became obstacles to Sofia's political career as her success raised doubts about men who previously occupied these positions. Torres Olascoaga (2014)<sup>54</sup> argues that men with more power experience a greater loss when women enter politics and hence tend to hold onto their privileges more strongly. Chapter Two on 'Poverty, work and employment' provides further analysis of the economic basis for these relational interests (involving intersections of class and ethnicity) and for different men's backlash against women's empowerment.

In order to achieve substantial changes in attitudes and norms on gender equality, the focus cannot only lie on the interests and behaviours of individual men, but needs to expand to institutions that sustain patriarchal norms. Peacock, Khumalo and McNab emphasise that to engage men and boys for gender equality it is necessary to analyse corporate masculinities 'and develop strategies to challenge those aspects that prioritise profit over people' (Peacock *et al.* 2006: 79). The Delhi Call to Action, which emerged out of the 2<sup>nd</sup> MenEngage Global Symposium on men and boys for gender justice in November 2014, stresses the need to address structural inequalities:

The personal is political, and vice-versa. Accelerating change, moving from the personal to the structural, requires reaching larger numbers of men and boys. We have to put into place systems to ensure institutions and individuals are held accountable for gender equality. We must change systems and institutions, including government. (MenEngage 2014: 3)

Pease emphasises that 'While we should not lose sight of the potential of engaging men in gender equality, we have to be very careful in how we frame the strategies and the ends to ensure that the feminist vision of gender democracy is not compromised or co-opted' (Pease 2006: 45). In the context of men's liberation in the US and UK, men who opted to join the pro-feminist movement, rather than the men's rights movement, emphasised 'the primary importance of joining with women to confront patriarchy, with the goal of doing away with men's institutionalized privileges. Patriarchy may dehumanize men, pro-feminists argued, but the costs of masculinity are linked to men's power' (Messner 1998: 256).

To more fully address the institutional aspects of patriarchy, it is also necessary to consider other social divisions. 'Women and men are internally divided and the constitution of gender is shaped by race, class and other forms of inequality' (Pease 2006: 43). Only if masculinities are understood to be plural, is it possible to broaden the understanding of how gender intersects with other forms of social divisions.

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<sup>54</sup> Torres Olascoaga's (2014) paper presents findings from 19 case studies of indigenous women who were elected as municipal presidents in Oaxaca, Mexico.

Pease (2006) summarises key 'dos' for politically engaging men in gender equality, along these lines:

- Challenge concepts of gender and masculinity;
- Ensure concepts reflect a feminist view in order to prevent male backlash;
- Focus on gender relations rather than men or women separately;
- Acknowledge men as heterogeneous group;
- Change institutionalised patriarchal norms;
- Improve the relationship between women and men by developing alliances;
- Involve men in gender policies from a standpoint of social justice;
- Acknowledge intersectionality;
- Analyse men's strategic and practical gender interests and strengthen those that promote gender equality.

### **9.3 Examples of promising policy, political and programmatic approaches**

As explained in the introduction to this chapter, research and evidence on effective strategies and practices for men's progressive engagement in gender-equal public and political participation is sparse on the ground. Nevertheless, some interesting examples have been documented and include strategies in formal parliamentary politics, strategies for women's equal participation in wider social justice movements, and specific community development strategies and pro-feminist activism. These are described with examples below.

'Male champions of women's political participation, especially those who are in leadership positions, are vital to the creation of a more inclusive and gender equal political environment' (Markham 2013: 9). As parliaments hold governments to account and are involved in legislating social issues, they play a key role in mainstreaming gender; 'for parliament, as an institution, to more readily accept responsibility for the promotion of gender equality, change must [...] be accepted, endorsed, and advocated by the men who continue to make up the majority of parliamentarians in most countries' (Palmieri 2013: 70). Parliaments, however, like other institutions, are built upon rules and norms of male dominance and reproduce gendered practices and policies. Parliamentary programmes and sitting times reflect a male-dominated working pattern. For example, the practice of late-evening meetings makes participation less accessible to women who uphold multiple gendered and unpaid care roles within the home, as community carers and as income-generators; this severely limits their time and mobility for participation in the political realm (Ballington and Karam 2005). Yet there are positive changes, especially regarding young men's attitudes in favour of family-friendly policies and practices and there is an increased participation of young men in parliament. Palmieri (2013) argues that young men generally have more progressive views on women's participation in the public sphere and are more willing to share and invest in responsibilities for childcare.

Surveys from the Inter-Parliamentary Union<sup>55</sup> reveal that changing broader social values can support men's involvement in measures for gender equality. 'As men MPs noted themselves, they are often supportive of legislative initiatives made by women' (Palmieri 2013: 74). However, it seems to be more difficult for men to lead on the 'gender agenda' as this has the connotation of being a 'woman's issue'. Consequently, it can be useful to frame the issue around the wellbeing of society to create an understanding that gender equality affects everyone. Another successful strategy to lobby for men's buy-in and support has been direct interaction with strong opponents and by providing men with roles and responsibilities for gender equality (Palmieri 2013). Men's involvement in public activities, such as celebrations for the International Women's Day, has been an effective strategy that has resulted in men's

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<sup>55</sup> Including data from Chile, Korea, Argentina, Peru, Namibia, Netherlands, Malaysia, Belgium, Vietnam, India, Mauritania, Colombia, Spain and Timor Este (Palmieri 2013).



support for women's active participation; the aim of these strategies is to support direct discussion and learning with those facing discrimination (Palmieri 2013: 77).

Social justice movements have been identified as a driving force for social change. From liberation struggles in Latin America to democratic protest movements in the Middle East, progressive social movements have been shown to be able to overthrow oppressive regimes. Bhattacharjya *et al.* argue that the change achieved by social movements is deep-rooted and holds transformative potential 'particularly in the political sphere, at levels that policy change and development interventions alone cannot achieve' (Bhattacharjya *et al.* 2013: 278). Yet gender equality is not always on a movement's agenda, even if women are active participants. In fact, gender stereotypes and unequal power relations between men and women are often reproduced inside movements and it is not realised that gender justice is an integral part of social justice.

Women's organising has been an effective way of increasing gender awareness within wider social justice movements composed of both women and men. Women from the *CLOC-Via Campesina*<sup>56</sup> movement joined forces in order to address the interests of rural women within the global movement that fights against injustices in the distribution of land, territory, water and seeds. The impact of women's efforts to address gender inequalities within the movement became evident, as more spaces were created for women to organise. These spaces have enabled women to have a greater voice within the movement and produced evidence of men's acceptance. The first Women's Assembly, which took place in 1997, resulted in an agreement to reserve 50 per cent of the movement's decision-making positions for women, which was ultimately accepted by men in the leadership and movement. Other achievements include greater female membership and possibilities for these women to acquire knowledge on how to address the inherent relationship between gender justice and social justice (Bhattacharjya *et al.* 2013).

A key moment for men to come on board to address gender inequality in Nicaragua was when the social justice NGO *Puntos de Encuentro*<sup>57</sup> launched the *Grupo de Hombres Contra la Violencia/GMAV* (Group of Men Against Violence). As men came together with women from the NGOs that were addressing issues of social justice, it became evident that gender justice was intrinsic to social justice. Box 9.1 below describes how this cross-movement process unfolded and led to men taking on an active political strategy for gender justice, to formalise as an association and form concrete alliances with women's movements.

Men have rarely engaged in activism challenging policies and structures in which male bias secures their patriarchal privileges. In fact, men have been largely silent on economic injustices that arise as an outcome of gender inequality as well as inequalities of political representation. Men have primarily engaged in pro-feminist activism to speak out against violence against women. In the United States, projects such as Men Overcoming Violence (MOVE) and Rape and Violence End Now (RAVEN) have emerged due to men's sense of responsibility in the issue (Peacock *et al.* 2006). Moreover, violence against women affects men; they are the brothers, fathers and sons of women who are raped and abused. Therefore, 'Central to pro-feminist work has been a belief that men can and often do have a personal investment in challenging the current gender order' (Peacock *et al.* 2006: 72). In South Africa, the work with men on gender equality started in collaboration with women's organisations. Agisanang Domestic Abuse Prevention and Training (ADAPT) used theatre in drinking places to sensitise men about gender-based violence. This has been central for men's engagement in pro-feminist activism. A national march against gender-based violence,

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<sup>56</sup> The Coordinating Network for Latin American Rural Organisations (CLOC) is the Latin American branch of the global Via Campesina movement. Women's organisations constitute 10 per cent of CLOC's members.

<sup>57</sup> Puntos de Encuentro was an NGO founded to improve basic social needs, such as health and education, subsequent to the defeat of the Sandinista Revolution in the 1990s. It is a feminist group run largely by women (Welsh 2010).

in which Nelson Mandela and other senior government officials participated, marked an important moment in men's engagement in pro-feminist activism (Peacock *et al.* 2006).

### Box 9.1 Association of Men Against Violence/AMAV

Following their encounters with women from other NGOs, men of GMAV (the Group of Men Against Violence) realised that to achieve social justice they had to give up the privileges the 'machista' society had provided them with and became allies of the Nicaraguan feminist movement. CANTERA<sup>58</sup> and Puntos de Encuentro developed trainings and awareness-raising programmes that enabled men to understand the concepts around gender equality and reflect on their own gendered realities.

This sensitisation created a ripple effect and GMAV members started to involve and train other men on gender issues. This also led to their political engagement in support of the Women's Network Against Violence initiatives and GMAV was subsequently involved in public campaigns and political advocacy against gender-based violence (Welsh 2010).

The Asociación de Hombres Contra la Violencia/AHCV (Association of Men Against Violence/AMAV) was founded to take the work of the GMAV forward and develop new strategies for engaging men for gender equality. Their involvement continued to focus publically on changing men's attitudes and behaviours and they have engaged in assisting local men's groups, community-based organisations and local governments in their ability to introduce a gender perspective. In particular, AMAV has participated directly in public protest condemning the harassment of feminist leaders and women's organisations by state institutions. Men's engagement in these initiatives has had a profound effect on their relationships with women. An impact study carried out by CANTERA showed that men who underwent training and awareness-raising had adopted gender-sensitive attitudes, and changes in their behaviour became evident through having built healthier relationships with their wives and children (Welsh 2010).

Even though there have been significant changes in the attitudes and behaviour of individual men trained by AMAV, many feminists have lamented that these changes often do not transfer to structural and institutionalised change. For broader change to take place it is fundamental to scale up interventions in order to influence public and political institutions (Welsh 2010). Therefore, AMAV aims to develop a more proactive political agenda to engage in

formalizing and consolidating a permanent alliance with the women's movement; proactive monitoring of legislation, public policy and plans relating to AHCV's [AMAV's] mission; developing training initiatives to work with men in political power, in the police and in the judiciary; participation in government working parties and committees on programme design; and engagement with civil society to design, apply and monitor local development plans. (Welsh 2011: 216)

## 9.4 Conclusions

This chapter has provided insights into men's role in women's political and public participation. Men typically control and dominate political and public spaces, from which women are still largely excluded. The adoption of legislative quotas has improved women's numerical representation in politics worldwide. Political incentives for complying with international standards, including strategic interests in accessing women's votes, provide motivations for the adoption by male political elites of strategies to promote women's greater representation. Yet this is not in itself sufficient to address patriarchal norms within institutions that otherwise minimise women's influence in decision-making.

The institutionalisation of women's rights on a national level represents an important development for taking the movement towards gender equality forward. Supportive attitudes towards women in leadership positions are closely linked to the extent to which women are already in leadership positions (Markham 2013). Notions of masculinity are gradually

<sup>58</sup> CANTERA is a Nicaraguan, humanitarian, non-profit NGO.

evolving and ideas that have emerged over past decades – an era of government-supported women’s participation – have the potential for further progress. In particular, pro-democratic transitional contexts have been shown to be enabling environments for traditionally male-dominated national movements to identify common interests and to ally with women’s movements. On a note of caution, however, women’s inclusion in social movements has often proven to be instrumental or opportunistic, sometimes reproducing gender stereotypes and power imbalances rather than fundamentally challenging them. Nevertheless, the very fact of more gender-equal inclusion can shift gendered dynamics, opening up new possibilities for women’s contestation and for men to reassess their positions and strategies *vis-à-vis* gender equality.

Men have reacted in different ways to the changes in women’s public and political participation, ranging from male backlash to acceptance to principled support. The fringe of ‘men’s rights’ activists have shaped their arguments around male victimhood (or discrimination), while portraying women’s rights as putting tradition and their male identity under threat. Other men have accepted certain aspects of women’s political and public participation that relate to their particular interests. Gender identities, patriarchal dividends and relational interests all appear to influence men’s performance in supporting or resisting women’s participation. Although gender equality interests are often assumed to be held exclusively by women, men can also gain from such equality due to their relational and collective interests and personal wellbeing. Understanding men’s interests is key to developing effective strategies for their productive engagement. An important finding is that young men generally have more progressive views on women’s participation in the public sphere and are more willing to share responsibilities for childcare. Changing broader social values can support men’s involvement in measures for gender equality, but it is more difficult for men to lead on the ‘gender agenda’.

Evidence on effective strategies and practices for men’s progressive engagement in gender-equal public and political participation is sparse on the ground. Nevertheless there are some interesting examples.

- Strategies in formal politics and other institutions of power can usefully:
  - identify and engage male champions of women’s political participation, especially in leadership positions;
  - frame the issue around the wellbeing of society and the fact that gender equality affects everyone;
  - lobby for men’s buy-in and support, in direct debates interacting with strong opponents;
  - provide progressive men with roles and responsibilities for gender equality; and
  - involve men strategically in public campaigning activities to build men’s support and direct discussion and learning with those facing discrimination.
- Strategies for women’s equal participation in wider social justice movements include:
  - bringing men together with women from NGOs that are addressing issues of social justice, to show how gender justice is intrinsic to social justice, as in the experience of the *Grupo de Hombres Contra la Violencia/GMAV* (Group of Men Against Violence) in Nicaragua; and
  - women organising within social movements to increase gender awareness within the wider movements, as was done with *CLOC-Via Campesina* in Latin America, which can enable women to have a greater voice along with male members’ greater acceptance.

- Pro-feminist activism can emerge from men's engagement in, for example, addressing sexual and gender-based violence in community-based initiatives. Strategies include:
  - *building on men's sense of responsibility* in the issue, and recognition that it also affects men (as brothers, fathers and sons of women facing abuse), as in projects such as Men Overcoming Violence (MOVE) and Rape and Violence End Now (RAVEN) in the United States, or;
  - pro-feminist work building a consciousness that men can and often do have *personal investments in challenging oppressive gender orders*, in direct collaboration with women's organisations, as was done in South Africa's Agisanang Domestic Abuse Prevention and Training (ADAPT).

Whilst the former approach is sometimes criticised for falling back on patriarchal ideals of male responsibility and protection, the latter takes a more politicised perspective on violence as structurally driven and rooted in broader social injustice.

However, key gaps in evidence remain and learning in this field is in need of further development. Key points for further attention include the following.

1. There is a gap in programming with men in support of women's political empowerment, and beyond current programmes focused on interpersonal issues.

There is need for the development of pilot programmes with men and boys that go beyond the current focus on interpersonal issues of health, violence or caring to also engage men in advocating for women's civil and political rights and demanding the reform of patriarchal political institutions. This should include working with male politicians to address their attitudes to gender issues and/or organising men to hold decision-makers to account for voting against progressive gender equality legislation, for example. However, it may require 'pilot interventions' to become more linked in with politicised movements – thus engaging activists in their design – where possible linking across movements for social justice.

2. There is a serious lack of evidence on effective approaches for increasing men's active support for and engagement in women's public and political participation.

We know that male champions of women's leadership and gender equality, especially those in positions of power, can play an important role in the creation of more inclusive and gender-equal political institutions and in the promotion of gender equality. Yet structured interventions or well-documented strategies for working on this seem to be lacking. Interventions seeking to work with men to promote gender equality in public and political participation need to be developed, not only to engage with the 'everyman' but also, and particularly, with elite men in positions of power. This may be facilitated by working with activist women and men, who engage with people in power, but very few documented examples appear to exist of development initiatives that are attempting to do this.

3. While we know that individual men (and women) who perpetuate gender inequalities are incentivised by – and embedded in – institutions (including political institutions), we need better evidence on how institutions and their cultures can be reformed.

Support for women's entry into politics through quotas and other measures can be important for improving women's representation in these institutions, but it may also leave patriarchal cultures and structures within political institutions intact, unless complementary strategies are also adopted. It seems clear that combining targeted support to women employees, candidates and politicians with concrete reforms to political and public institutions is necessary to challenge the masculinity (or masculinised cultures) of public and political arenas, and to change the institutions that sustain gender orders. There is a need for further, and deliberate, action research on specific strategies for this within 'live' settings of institutional reform.

Shifting social norms around gender roles and women's abilities is critical in promoting women's participation and influence. In order to achieve women's empowerment that is transformative of unequal power relations and harmful social norms, the focus cannot only lie in the interests and behaviours of individual men and women but needs to expand to structural changes of institutions that sustain patriarchal norms. Social norms here relate to broad societal factors as opposed to solely beliefs and attitudes about gender roles, and their power lies in their constitution; they are the net result of the predominant performances maintaining the overall order (constructed, embodied and enacted in them) and they are reflected and embedded in the systems and institutions resulting from and maintained in the process (and sometimes also reflected in their rules or scriptures). Norms are of course not monolithic and it is important to note that contesting or transgressive performances can threaten or subvert prevailing dominant norms.

A political and institutional approach to gender inequality first and foremost needs to focus on how systems themselves change, and – within that – how different people can be helped to engage in and influence such change. This process can be complex and slow, but policies can change the costs or benefits of complying with prevailing norms by providing the incentives or information needed for individuals or groups to challenge them. Although these norms at times limit women from influencing policies through formal political channels, women's and men's collective agency can work effectively through less formal channels. This in turn can influence policy debates and choices, and the factors that themselves shape women's participation.

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Engendering Men: Evidence on Routes to Gender Equality' (EMERGE) is a two-year project to build an openly accessible basis of evidence, lessons and guidance for working with boys and men to promote gender equality, by early 2016. Supported by the UK Department for International Development (DFID) Leadership for Change Programme, a consortium of the Institute of Development Studies (IDS), Promundo-US and Sonke Gender Justice Network collaborates in reviewing and analysing existing evidence, in documenting lessons from the field and in developing guidance for improved learning, policy and practice.

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