



POLICY FRAMEWORK ON ENGAGING MEN AND BOYS

ARK DEVELOPMENT ORGANIZATION



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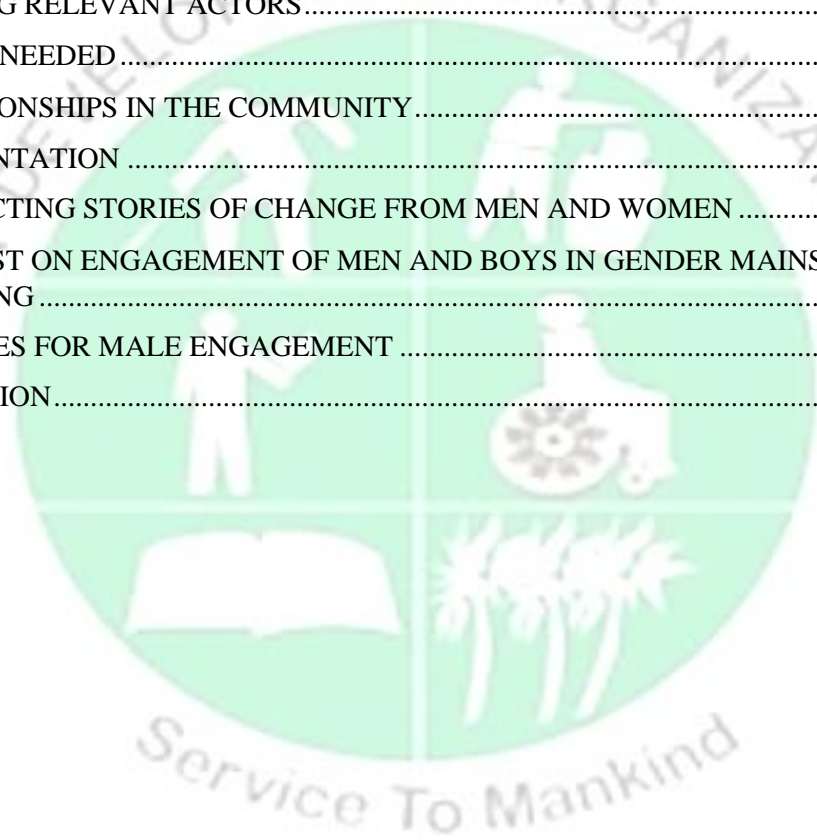
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1.0. INTRODUCTION TO THE FRAMEWORK

1.1.PURPOSE OF THE FRAMEWORK

This document is intended to build male involvement in sexual and reproductive health and rights. It is important to note, however, that this cannot and should not come at the cost of women's access to sexual and reproductive health and rights. Women continue to face disproportionate risk related to sexual and reproductive health, such as greater risk for STIs than men, risk of unwanted pregnancy and consequent decision-making around that pregnancy, and maternal mortality. Furthermore, as a result of numerous factors, including gender-based violence, economic instability, and often primary responsibility and concern over children, women are much less likely to have power to wield in a relationship with regard to decision-making around sexual and reproductive health. The power differentials between men and women are often so great that engaging men in SRHR might still reduce a woman's ability to have control over her own SRH and decision-making, despite best of intentions. As such, embarking on efforts to build male involvement in SRHR must be done cautiously, and must take into account all three components covered in this model: men as equal partners, and men as agents of change. Engaging a multi-pronged approach such as this ensures that men not only learn to take responsibility for their own and their partner's SRH, but do so in a way that does not negate the health and well-being of women and girls.

1.2.WHO IS THIS FRAMEWORK FOR?

This policy framework has been prepared for Ark Development Organization (ADO) staff and associates at all levels working on gender interventions at the national, regional and local levels including gender focal points, gender specialists, non-gender specialists, management, staff, planning, monitoring and evaluation teams.

1.3.DEFINITIONS; KEY GENDER TERMS

For the sake of this policy framework:

- Sexual rights; Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all individuals, free of coercion, discrimination and violence, to:
 - The highest attainable standard of sexual health, including access to sexual and reproductive health care services
 - Seek, receive, and impart information related to sexuality
 - Sexuality
 - Respect for bodily integrity
 - Choose their partner
 - Decide whether or not to be sexually active
 - Consensual sexual relations
 - Consensual marriage
 - Decide whether or not, and when, to have children
 - Pursue a satisfying, safe and pleasurable sexual life
- Sexual health; Sexual health is a state of physical, emotional, mental, and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.

Sexual health needs a positive and respectful approach to sexuality and sexual relationships, and the possibility of having pleasurable and safe sexual experiences that are free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all individuals must be respected, protected, and satisfied.

- **Reproductive rights;** Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of reproductive and sexual health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence as expressed in human rights documents.
- **Reproductive health;** Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.
- **Sex and Gender;** The term “sex” is defined to mean the biological differences between women and men. “Gender” refers to the social relationships between women, men, girls and boys that vary from one society to another and at different points in history.
- **Gender roles;** Gender roles are learned from the time of birth and are reinforced by parents, teachers, peers and society. These gender roles are based on the way a society is organized and vary by age, class and ethnic group.
- **Gender norms;** Gender norms are the accepted attributes and characteristics of male and female gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time. Gender norms are ideas about how women, men, girls and boys should be and act. Internalized early in life, gender norms can establish a life cycle of gender socialization and stereotyping.
- **Gender relations;** Gender relations have to do with the ways in which a culture or society defines rights, responsibilities and the identities of women, men, girls and boys in relation to one another. Gender relations refer to the balance of power between women and men or girls and boys.
- **Gender mainstreaming;** Gender mainstreaming is the process of assessing implications for women, men, girls and boys of any planned action including legislation, policies or

programmes at all levels. It refers to a strategy for making women's, men's, girls' and boys' concerns and experiences an integral dimension of design and implementation, monitoring and evaluating policies and programmes in all political, economic and societal spheres so that women and girls can benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

2.0. ROLES PLAYED BY MEN AND BOYS

Shared Responsibility and Joint Decision Making

- This Policy recognizes the importance of relationships between men and women that are based on mutual trust, respect, ownership of decisions and their outcomes, shared benefits, and equal opportunities (UNFPA and Engender Health, 2017).
- This Policy uses strategies that include men and boys as partners to support women's and girls' reproductive health in a way that supports rather than compromises women's and girls' decision making (Sonke Gender Justice, 2015).

Caregiving

- Policy recognizes men's and boys' role in caregiving and includes strategies to promote caregiving and parenting skills among men and boys (Glinski et al., 2018; UNFPA and Promundo, 2010; Kato-Wallace et al., 2016).
- Policy recognizes men's and boys' potential role as supportive partners (Thomson-de Boor and Shand, 2013).

Information and Education

- Policy recognizes the need for increased education on women's and girls' reproductive health and rights and provides strategies to provide this education (Thomson-de Boor and Shand, 2013).
- Policy directs programs to provide opportunities for men and boys to build empathy for women's and girls' challenges and issues (USAID, 2018).

Advocates

Policy directs SRHR programs to engage and train male role models and advocates; these men can assist in demystifying myths associated with SRHR and encourage other men to take responsibility for the development of healthy families.

Influencers

- Policy directs community-based programs to support individual and community reflection on norms, expectations, and roles pertaining to reproductive health, family size, caregiving, and contraception at different life stages through community group engagement (HIPs, 2018).
- Policy directs programs to engage men in leadership positions in government and community life to publicly encourage other men and boys to take an active role in

supporting their own sexual and reproductive health and that of women and girls (IPPF and MenEngage, 2010; Sonke Gender Justice, 2015).

2.1. MEN AND BOYS AS AGENTS OF CHANGE

It is important to operationalize ‘male involvement’ at the level of the individual and the community (or project site) for programming purposes. To such an end, organisations around the world working on SRH, including have been developing a model for male involvement in sexual and reproductive health (SRH) that involves three components. These intersecting components, as described below, are all critical for building successful male involvement in SRH that is valued by men, women, and their communities.

While continuing to ensure women have access to SRH and their needs are met, if men are not equal partners, clients of SRH services, and agents of change, the result is limited in terms of successful and gender equal SRH that can benefit both men and women. This is illustrated in the examples below:

This includes increasing men’s utilisation of relevant SRH services.

Example of “men as agents of change”: *A man is actively involved in community forums, community radio talks, and workshops around promoting gender equality and the delivery of SRH services.*

We hope to see many men actively engaged as agents of change such as this man. But, if we only approach men as agents of change, and it is not simultaneously coupled with engaging men as equal partners and as clients, the potential for men to truly be part of improving SRH health outcomes for both men and women will be limited. This man, for example, might be an agent of change, but if he is also found on most night in taverns, getting drunk and making passes at women, and he does not understand the importance and value of treating women well, he is not engaged as an equal partner. Additionally, if many of his peers have heard that he doesn’t use condoms or go to the clinic because “he knows how to do it right”, he has also not be engaged as a client. Similar to the examples given for engaging men as equal partners and as clients, this example speaks to the importance of implementing all three components of engaging men in SRH together, and that any one component in isolation will have limited effectiveness in addressing gender inequality and improving SRH for men and women.

"Engaging and educating men around their own sexual and reproductive health is imperative in preventing STIs including HIV, preventing unwanted pregnancies, and reducing the burden of these issues on women"

2.2. MEN AS EQUAL PARTNERS

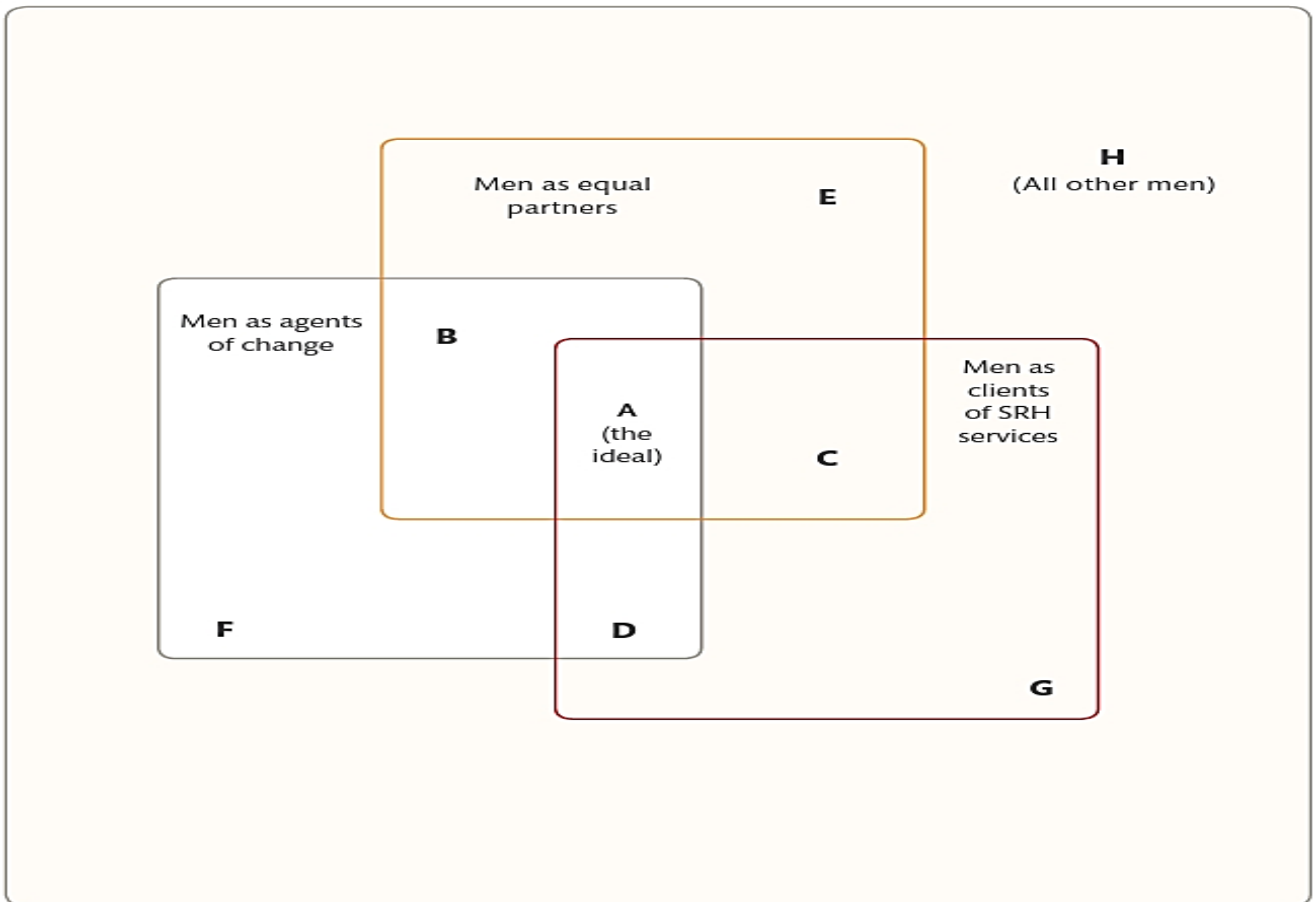
This includes addressing gender inequality and unfair gender roles, openness on issues of sexuality and tackling negative features of masculinity.

Example of “men as equal partners”: *A man shares child care and housework with his partner; he is not afraid to talk about his fears and insecurities with his partner; and he openly discusses*

her SRH concerns with her and supports the decisions she makes for her own SRH, including around contraceptives and abortion.

This is a great first step and men such as this should be encouraged to continue such behaviour. Men acting as equal partners in isolation, however, without the other two components described below, is not on its own strong enough for both men and women to gain the most from male involvement in SRHR. If this approach is implemented in isolation, for example, the man may do the above but not go the clinic himself for condoms or STI testing (not a client), and he also won't be engaged in promotion/delivery of SRH (not an agent of change).

3.0. THE MODEL



As we have seen, there are many levels of “male involvement” we might see among individuals, groups, and communities. Using the general scenarios (A-H) provided above to illustrate we can start to ask ourselves which scenario(s) best fit the men (and women) we are working with. Once we have a better sense of what our current situation is in the site we are working, the following table will be useful in deciding how to operationalize the model provided above, including what questions to be asking and priority actions to be taking to build

positive male involvement in SRHR that benefits both men and women without negating the interests of women and girls. The table below also includes advice to enhance SRH service utilisation depending on the extent to which the target group utilizes SRH services in a proactive and preventive way.

4.0. ACTIVITIES RELATED TO ENGAGING MEN AND BOYS

Create demand and awareness raising through activities such as:

- Campaigns
 - Messages such as “being strong=taking care of your health”; “being a ‘man’ is treating your partner with respect”
 - Positive messages for men that encourage responsibility and accountability, as opposed to just blaming men
- Information products and information dissemination
 - SMS info services about SRH and/or health relationships (i.e. weekly SMS to those who subscribe with messages such as “If you’re going to party, be prepared. Bring condoms and respect you and your partner’s sexual limits”
 - Easy to read pamphlets about SRH, STIs, and/or communicating with partner
 - IE&C material in local language
- Counselling services for individual men by male counsellors
 - Training more male counsellors
- Community dialogues and events
 - Dramas or “ambush theatre”
 - Community forums about healthy relationships, getting tested, etc.
 - Work with local organizations with similar goals to create collaborative events around gender issues
 - Radio Shows
 - Sports events
 - Mobile Video Shows
- Local role models and champions
 - Invite them to come and get tested
 - Get them to be the face of the campaigns, community forums, etc.
 - Speak out publicly against gender-based violence i.e. about the harassment of women for wearing revealing clothing; forced marriages; female genital cutting
- Counselling services for couples
 - Educate men (and women) on the benefits of couples counselling
 - Encourage men to bring their female partners
- Better advertisement/information
 - Talk to men (and women) in your community and find out what would appeal to them (get them to use the services and promote gender equality)
 - Make information user-friendly, such as via SMS, or music
 - Make local role models and champions the face of your services
 - Radio Programmes

Activities related to men as equal partners

- Work with individual men
 - SRH and gender equality-focused discussions and workshops around healthy and positive communication with partners (including about birth control), meaning of consent, and preventive SRH measures
 - SRH and gender equality-focused discussions and workshops around gender-based violence, sexism, sexuality and negative notions of masculinity the clients and their partners)
- Work with men in partnerships
 - Workshops and open forums with couples around gender equality, healthy communication and SRH
 - Workshop with men around men's sexuality and their own sexuality in relation to women
 - Workshop around harmful gender norms that say 'men can have sex with their partners, at any time, whenever they want to.'
- Work with mixed groups (for example young men and women)
 - Addressing unequal gender roles in relationships and sexual relationships between men and women
 - Understanding men and women's sexuality (as individuals and in relation to each other)
 - Tackling different topics together such as gender-based violence, HIV, SRHR, sexuality issues
- Work with men in groups
 - Edutainment and sports activities
 - Gender-focused discussions
 - Male only discussions
- Work with leaders
 - Business leaders
 - Community elders
 - Faith leaders
 - Female and male leaders
 - Local politicians
 - Religious leaders
 - Traditional leaders
- Work with community structures
 - Schools (create youth groups, do exchange visits with other schools)
 - Training of teachers
 - Community/district sensitizations
 - Training of, and support to, local folk media such as puppetry, drama groups, etc.
 - Churches
 - Government
 - Health structures
- Work with women
 - To mobilise support for changed, more equal gender roles and positive redefinition of masculinity
 - Gender-focused discussions
 - Work with women in groups with men, and work with women-only groups
 - Invite female leaders/elders to get involved

Activities related to men as change agents

- Becoming peer educators
 - Getting trained on SRH and gender equality
 - Getting training on exploring values and attitudes on masculinity, culture and tradition
 - Getting training on exploring values and attitudes towards for example key population groups such as men who have sex with men, women who have sex with women, sex workers and people living with HIV
 - Translating this training and knowledge to the community and beyond, using it to support women's efforts to advocate for their own SRH as well as speaking out and calling attention to issues surrounding SRH and gender equality
 - Taking the lead on community outreach, community forums, and talking with community stakeholder/elders
 - Getting trained on facilitation skills and how to facilitate a process of change and to deliver gender equal messages
 - Talking to their peers
- Helping out on sports teams, in schools etc. to talk to youth about SRH and gender equality
- Working with women (in community and in personal life) to arrive at common goals about how to operationalize "gender equality" (i.e. sharing household tasks, childcare, being responsible about social time and drinking)
- Supporting women's rights campaigns
- Reaching out to male leaders of organizations and government in order to encourage them to promote SRHR and gender equality

5.0. ENGAGING RELEVANT ACTORS

Delivery of the above actions requires a range of actors, including:

- Peer educators
- Counsellors
- Trained SRH service providers
- Trained teachers
- Trainers and trainers of trainers
- Advocacy groups/organizations/individuals
- Policy makers and decision-makers
- Men and women (of all ages)
- Leaders/stakeholders who are on board

5.1. SKILLS NEEDED

- Knowledge of SRH and gender equality
- Knowledge of local setting and associated priorities/needs
- Knowledge of and ability to work with youth and their SRH needs
- Ability to be non-judgmental with clients (regardless of sexuality or choices)
- Ability and willingness to build trust with clients and commitment to confidentiality

- Ability to work and educate in groups and one-on-one about SRH, communicating with partners, the meaning of consent, etc.
- Ability and willingness to treat individuals of both genders with respect, kindness, and compassion and work towards common goals
- Facilitation skills
- Values Clarification

5.2. RELATIONSHIPS IN THE COMMUNITY

- With leaders/elders in community (Local politicians, business leaders, community elders, faith leaders, female and male leaders)
- With hospitals and other health service providers in the area
- With schools and teachers in the area
- With sports teams and coaches in the area
- With local clubs/groups in the area that may help with furthering goals

6.0. DOCUMENTATION

Documenting is critically important to be able to track the progress of your work and be able to evaluate what works and what does not work. Statistics should be age and sex specific. It is also important to show the effectiveness and impact of your work to different stakeholders (participants/ beneficiaries, partner organizations, donors, politicians etc.).

Peer Educators / Community Monitors who work in the field should:

- Use pre- and post-workshop questionnaires to measure changes in attitudes and beliefs of participants
- Provide opportunities for participants of activities to offer feedback on strengths and weaknesses of activities (can be done via written comment cards or verbal feedback)
- Write monthly reports on activities implemented
- Use the monthly report; record the number of men and women who have attended workshops, discussions, events etc.
- Write down the numbers of people who have been referred and to which clinics, hospitals they have been referred to and for what particular service
- Have a monthly discussion with peer educators about what worked, what did not work, what are the challenges
- Address challenges as much as possible, including being responsive to feedback of participants and adjusting activities accordingly
- Plan for the next upcoming months

6.1. COLLECTING STORIES OF CHANGE FROM MEN AND WOMEN

It is also very important to collect individual stories of change from men who have positively changed (or women who interact with these men) as a result of the programme. This

information is important to show that the work you do with men is effective and a benefit to both men and women.

The following are some basic questions you could ask to beneficiaries or anyone who is a part of the programme:

Question 1: What was your situation like?

- What was your behaviour like?
 - E.g. I used to beat my wife, I never washed the dishes, I never used to bath my daughter, I never talked to my wife about family planning.

Question 2: What has caused the positive change in your attitudes and behaviour?

- E.g. I attended a male focused discussion on gender equality and SRH and started to think about how it wouldn't actually be that hard to go and get tested regularly, and that perhaps it would improve my relationship if I was more open to discussing issues around sex and SRH.
- E.g. After hearing testimonies on a community radio show of young women who didn't have positive male role models growing up and how that has negatively impacted their self-esteem, I realized that spending time with my daughter, and making time to listen to her, will improve my relationship with her and hopefully positively impact her life and choices.

Question 3: What has changed? How has your attitude as a man changed?

- E.g. I started to assist with house work, I go to the clinic to have regular STI checks BEFORE I think there is a problem, I go to VCT with my partner, I take my daughter to the clinic, I became involved in SRH activities, I am now a peer educator

How do we document stories?

As stated earlier, documenting success stories and lessons learned is essential for building the infrastructure and resources for successful and sustainable male involvement in SRH. Plus, it reminds those who are in the thick of this work that their efforts do matter. In order to get these stories written and, more importantly, written from the perspective of the individual who directly experienced the positive change, you can:

1. Write down what they say
2. Ask men to write their own stories
3. Record their stories on your cell phone (but you have to ask for permission first and get permission to use their stories)
4. Take photos of an event to prove that the events are taking place
5. Take a photo with a man and his wife going to the clinic together, sitting in clinic, you could take a picture of a man doing the washing; you could take a picture of a father playing with his daughter or helping her with her schoolwork. You could take a photo of a man carrying his baby on his back.

It is VERY IMPORTANT – To ask if you can take a photo first and if you can use their photo – if they say no you have to respect their privacy. If they say yes let them know that the photos

will be used in reports, or newsletters, workshops etc and they must be ok with being seen in the photo.

7.0. CHECKLIST ON ENGAGEMENT OF MEN AND BOYS IN GENDER MAINSTREAMING PROGRAMMING

- Do programmes empower women and girls while also drawing in men and boys in gender-transformative ways?
- Are men and boys drawn in as leaders and active participants and not dismissed or marginalized as potential opponents to change?
- Do programmes allow men and boys to develop a greater personal stake in gender equality and to see how their lives may change in welcome ways?
- Do initiatives give opportunities to men and boys to rethink issues related to masculinity?
- How can behaviour change and learning environments for men and boys be created?

8.0. PRINCIPLES FOR MALE ENGAGEMENT

- **Do no harm:** Meet men's and boys' needs while respecting women's autonomy.
- **Positive engagement:** Involve men and boys from a positive perspective.
- **Rights-based:** Provide men and boys with equitable access to voluntary, high-quality family planning services that provide informed choice for men and boys to meet their health needs.
- **Reproductive empowerment:** Recognize that men's and boys' ability to choose whether, when, and how many children to have has long-term impacts on their own lives.
- **Youth:** Use an age-appropriate, life-stage approach tailored to cultural contexts.
- **Multisectoral approach:** Use multisectoral and integrated programs.
- **Monitoring and evaluation:** Include measures to track differential impacts of family planning policies and programs by gender.

9.0. CONCLUSION

The ultimate goal of this policy in increasing male involvement in SRH is to increase men's accountability not just to themselves, but, more importantly, to women. Engaging men in SRH is intended to promote gender equality not further compromise it and ensure that women have the agency, capacity, and safety to access the services they need and want. As such, it is essential that women's safety and well-being is at the forefront of our work and we make sure that interventions do not put women in danger or undermine their right to choose.