Program H – Working with Young Men to Promote Health and Gender Equity

YEAH Network Conference
Holyoke, MA
May, 8th 2014

Myriam Hernandez Jennings
Working with Diverse Communities Component
Objectives

- Discuss at least three characteristics of an equitable young man;
- Review the four components of Program H; and
- Discuss at least three benefits from integrating Program H in their programming.
Gender

The sociologically and culturally based distinctions between males and females
Gender and sex identifiers

Female / Male
- Biological distinction – sex

Woman / Man
- Social/cultural distinction – gender

Transgender
- May be both biological and social/cultural
- May be in various stages of change: temporary or permanent

Two-Spirit
- Multiple gender term in Native American community
- Tribes vary in the number of gender terms and the roles they serve in communities
Gender norms are socially-constructed expectations, scripts for male-female behavior, characteristics and roles
- Riki Wilchins of Executive Director of TrueChild
Gender Norms

Gender norms are socially-constructed expectations, scripts for male-female behavior, characteristics and roles
- Riki Wilchins of Executive Director of TrueChild

- Gender norms lead to gender related behaviors
- Are typically described as “masculine” or “feminine”
- Gender norms can persist across generations and they can change
Gender Norms

- Vary by race and social context
- Promote exclusive differences and opposition
- Perpetuate stereotypes as natural and unavoidable
- Lead to gender roles and behavior
- Can create and enforce inequities in relationships
- Can be External and Internal norms

*Affect HIV risk and response to disease*
1. What does being masculine mean in your community?

2. What does it mean to be feminine in your community?

3. What gender norms are supportive of prevention efforts?
Social Norms as sources of risk for Young Men

- Young men worldwide hold more power in intimate relationships;
- Young men have more partners than young women;
- Young men start their sexual activity earlier than young women.
- Young men use more violence than young women to resolve conflict;
- Young men abuse substances more than young women;
- Young men are less likely to seek health services to relieve physical or emotional problems than young women.

Young men are thus driving the HIV epidemic, dominating reproductive choices of young women and impacting on women’s quality of life.
Why Young Men?

- 15-24 phase of life when forming relationships, rehearsing styles of interaction in intimate relationships
- Importance of peer group, particularly in the formation of identity – finding their “hat”
- Potential for critical thinking and abstract reasoning, about how the world could be
- Tapping the potential for constructing alternative gender discourses
Main Research Questions

- What factors lead young men to show gender-equitable attitudes and behaviors?
- How do we operationally define “more gender-equitable attitudes”?
- What are the implications for designing interventions?
- How can we measure if our interventions led to change?
Defining “More Gender-Equitable Young Men”

- Are respectful in their relationships and seek relationships based on equality and intimacy rather than sexual conquest;
- For those who are fathers, seek to be involved (includes financial support and caregiving);
- Share responsibility for sexual and reproductive health issues with partner;
- Do not support or use violence against partners.
Setting for the Research and Pilot Testing: Rio de Janeiro

- 25.4% of men ages 15-60 had used physical violence against a female partner
- Drug trafficking groups present an exaggerated form of manhood
- 40% of men witnessed GBV in homes
- 45% of men had been victims of physical violence in family of origin
- 70% of youth 15-24 have not completed primary education
- Social exclusion on the basis of income, race and gender
Results from Life Histories with More Gender Equitable Young Men

What leads to young men being more gender-equitable?

- Having alternative male peer groups who supported alternative views of manhood;
- Having reflected about the costs of traditional views of manhood;
- Having family members or contact with persons who modelled alternative views about gender.
Program H (H refers to homem, man in Portuguese) encourages young men to respect their partners, not to perpetrate violence against women (VAW), to respect the rights and wellbeing of women, and to participate to a greater extent in caregiving and in domestic activities.
Promundo has adapted Program H for implementation in more than 20 countries worldwide in partnership with local CBOs and United Nations agencies. Program H has been subject to rigorous impact evaluations in Brazil, India, the Balkans, Ethiopia and Namibia. In each setting, adapted materials and community, youth-led campaigns have created measurable changes in attitudes and self-reported behaviors among men on key gender equality issues. It has been named a best practice in promoting gender equality by UNICEF, the World Bank, UNFPA, UNDP, the InterAmerican Development Bank and WHO/PAHO.
Program H: 4 Integrated Components

1.) Group Workshops to Promote Attitude Change
2.) Lifestyle Social Marketing
3.) Engaging Health Services and Other Community Allies to Reach Young Men
4.) Evaluation of Attitude and Social Norm Change: The GEM Scale

**Partners:** ECOS, PAPAI, Salud y Genero, IPPF, PAHO/WHO, UNFPA, Durex Condoms, Horizons/Population Council, JohnSnowBrasil
1. Workshops to Promote Attitude Change

Five Manuals

- Sexuality and Reproductive Health
- Fatherhood and Caregiving
- From Violence to Peaceful Coexistence
- Reasons and Emotions
- Preventing/Living with HIV/AIDS
  - Video: “Once Upon a Boy”
Video “Once Upon a Boy”

Animated video without words focusing on different aspects of a young man’s life:

- Machismo
- Violence
- Homophobia
- First sexual relations
- Pregnancy
- STIs/HIV/AIDS
- Fatherhood
Key Components of the Manuals and Video

- Promote reflection about “costs” of traditional/harmful aspects of masculinity
- Offer alternative male peer group
- Discuss and “rehearse” positive male attitudes/behaviors
2. Lifestyle Social Marketing

- Identify “more gender-equitable” young men in the community
- Design communication strategies based on youth culture
- Combine condom use with a more “gender-equitable” lifestyle
Hora H – “In the Heat of the Moment” – Condom and Lifestyle Campaign
3. Engaging health services and other community allies to reach young men

- Action-research model to promote health-seeking behavior of young men
- DEMAND SIDE: Promote health awareness among young men and their families
- SUPPLY SIDE: Work with health practitioners to sensitize them to needs of young men

...engaging the health sector as an ally in promoting gender equity.
4. Evaluation of Attitude and Social Norm Change: The GEM Scale

- Impact evaluation project (with support from Horizons/Population Council)
  - Intervention with young men (manuals combined with lifestyle social marketing)
  - Qualitative and quantitative components
  - Cost-effectiveness analysis
  - Assess process and impact indicators (changes in behaviors and attitudes)

- Construction of GEM Scale (Gender Equitable Attitudes in Men Scale)
Gender Norms Scale Domains

- Home & child-care
- Sexual relationship
- Health & disease prevention
- Violence
- Homophobia & relations with other men
Traditional Norms Rating by % STI Symptoms At Baseline*

*\( p < 0.001 \) - Chi-square test
GEM Scale Rating by % Violence Among Youth*

*<p < 0.001 - Chi-square test
GEM Scale Rating by % Non-condom Use Among Adults*

Percent of Non-condom Use Last sex w Secondary Partner

GEMS

High Equitable
Medium Equitable
Low Equitable

*p = .08 - Chi-square test
Change in Selected GEM Scale Items

Men need sex more than women do.

I would be outraged if my wife asked me to use a condom.

Housework is the woman's responsibility.

<table>
<thead>
<tr>
<th></th>
<th>Pre-test (Mare)</th>
<th>Post-test (Mare)</th>
<th>Pre-test (Bangu)</th>
<th>Post-test (Bangu)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men need sex more</td>
<td>16</td>
<td>23</td>
<td>44</td>
<td>48</td>
</tr>
<tr>
<td>than women do.</td>
<td>0</td>
<td>20</td>
<td>41</td>
<td>48</td>
</tr>
<tr>
<td>I would be</td>
<td>16</td>
<td>23</td>
<td>44</td>
<td>48</td>
</tr>
<tr>
<td>outraged if my wife</td>
<td>14</td>
<td>22</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>asked me to use a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>condom.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < 0.05 – Chi-square test
Change in Reported STI Symptoms*

*P < 0.05 - Chi-square test
Change in Condom Use at Last Sex

- **Bangu***: Pre-test 58, Post-test 79
- **Mare**: Pre-test 69, Post-test 70

*p < 0.05 - Chi-square test
Results and Lessons Learned

- Initial results with young men in one community show positive change in 16 of 24 attitude questions after participation in activities
- Need to intervene at individual and community level
- Partnerships with public and private sector: Public health sector and condom manufacturer
- Importance of building local partnerships to reinforce messages (with pharmacies, schools, NGOs, neighborhood association, health sector, etc.)
- Engaging young men in all aspects of program development
Next Steps …..

- Engaging young women – Project M
  - Identifying more “gender-empowered young women”
  - Using this research to design interventions with young women (manuals combined with lifestyle social marketing)
  - Combining M and H in same settings
  - Designing GES – Gender Empowerment Scale – to evaluate
- Addressing sexual diversities – to meet needs of YMSM and reduce homophobia
- Expansion to Mexico, Central America, Thailand, India and sub-Saharan Africa
- Reaching young men in the workplace
Group Work

1.
Thank you!

Contact Information

Myriam Hernandez Jennings
JSI Research & Training Institute
mjennings@jsi.com