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**How do we know if men have changed? Promoting and
measuring attitude change with young men. Lessons from
Program H in Latin America**

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* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

INTRODUCTION*

Why focus on young men?

Within the fields of sexual and reproductive health, HIV/AIDS prevention and gender equity, there has been a growing consensus of the need to engage young men. Many of the major UN agencies working in health, gender and HIV/AIDS -- including UNFPA, WHO, PAHO, the World Bank, and UNAIDS -- have all confirmed the importance of engaging boys and young men in the promotion of health and gender equity.

A growing body of research on young men (15-24) affirms numerous reasons for focusing attention on their socialization. Worldwide, an estimated 25 percent of new cases of HIV/AIDS are to young men under the ages of 25. In most societies, adult and young men have more power in intimate and sexual relationships and generally decide when and how sexual activity takes place. In addition, young men who have sex with other men are generally stigmatized in much of the world and have unmet health needs.

Awareness about HIV/AIDS and access to and use of condoms have all increased in most parts of the world over the last 10 years. Nonetheless, the percentage of young men who use condoms consistently is still less than desired—and lower than their reported knowledge about condoms and HIV/AIDS. This gap between knowledge and behaviour suggests a continuing resistance to condom use that can be explained, in part, by how young men view gender roles and sexual activity. In some settings, for example, young men may perceive that risky or unprotected sex is the only sex “that counts” or that reproductive and sexual issues, including condom use, are women’s responsibilities.

Other aspects of young men’s behaviour put them and their partners at risk. We know from international data that in many parts of the world young men generally have sex earlier and with more partners before forming a stable union than do young women. In some settings, young men have their first sexual experiences with sex workers, potentially creating lifelong patterns of viewing women as sexually subservient. Young men are also more likely than young women to have occasional sexual partners outside of a stable relationship.

Some young men are abusive or violent toward their intimate partners. In survey research we carried out with 750 men in low income areas in Rio de Janeiro, Brazil, up to two-thirds of young men believed that violence was acceptable against women when a woman is unfaithful, and a quarter of all men ages 15-65 had used physical violence at least once against an intimate female partner. Young men ages 20-24 had the highest rates of self-reported physical violence against women (in their current or most recent intimate relationship) than any other age range (Promundo & Noos, 2003).

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We also know that boys are socialized to produce, achieve, and perform—tendencies that have implications for their health and well-being. A review of ethnographic research on male socialization worldwide concludes that nearly all cultures promote an achievement-oriented masculinity for boys and men, with the goal that males should become providers and protectors (Gilmore 1990). Many cultures socialize boys to be aggressive and competitive—skills that are useful for being a provider and protector—while socializing girls to be non-violent and sometimes to accept passively men’s violence and domination (Archer 1984). In some cultures boys are also brought up to adhere to rigid codes of “honour” and “bravado” that obligate them to compete, fight, and use violence to resolve even minor disputes (Archer 1994).

Studies from around the world find that young men often view their sexual behaviour in terms of achievement as well; sex becomes a way to prove that they are “real men” and to have status in their male peer group (Marsiglio 1988). Many young men also disassociate sex from reproduction and tend to delegate the responsibility for caring for children to women.

This pattern often continues through adulthood. Studies from diverse settings find that fathers contribute about one-third to one-fourth of the time that mothers do to the direct care of children (Population Council, 2001). Research suggests that some young men may initially deny responsibility and paternity when faced with a possible pregnancy, in large part because of the financial burden associated with assuming responsibility for a child (Lyra, 1998).

In terms of their health, boys are generally raised to be self-reliant and not to seek help when they have health concerns. Young and adult men often see themselves as being invulnerable to illness or risk, may just “tough it out” when they are sick, or may seek health services only as a last resort. Yet, being able to talk about one’s problems and seek support is a protective factor against substance abuse, unsafe sexual practices, and involvement in violence.

In reviewing this data, however, we must keep in mind that young men and adult men are extremely diverse. For every young or adult man who uses physical violence against a partner, there are several who do not. Indeed, while many men show the patterns we have described, there are many others who do not, as the following quote illustrates:

João (teen father, 19): there’s this guy who’s a friend of mine and he had a girlfriend and she got pregnant and he abandoned her when she was pregnant, and he never liked to work, and he doesn’t do anything, just takes from his mother. So his girlfriend had the baby and he doesn’t work at all. He doesn’t give anything to the baby, nothing for the girl, doesn’t want to work. My point of view is different. I think about working because I want to have a family, a really good family. I want to be there when they need me, accepting my responsibilities. Even if I were to separate from the mother of my daughter and have another wife, I’m not gonna forget about my daughter. She’ll always be first. But lots of young guys, they don’t think about working, just think about stealing, using drugs, smoking. Here that’s normal. But ... not me. I stay away from that, drugs and smoking and stuff. They can think I’m square, so I’ll be square then (Barker, 2000a).

How to promote change among men?

Ample evidence suggests that how boys are raised to be men – that is their views about what it means to be a man – may have lasting and off lifelong results in terms of how they act in their intimate relationships. This in turn implies that promoting change among young men may have a potentially powerful impact in their own lives, in the present and in the future, and in the lives of their partners. What do we know about promoting change among men?

Studies from various parts of the Americas region have confirmed that on several important dimensions related to gender, some men are in fact changing. For example, in a study in Mexico, 45 percent of men interviewed considered themselves to be less authoritarian and psychologically closer to their children than their fathers were with them (Nava, 1995). In various parts of the world, new social ideals of manhood have emerged, spurred in large part by women's increasing participation in the labour force and the women's rights movement and secondarily by some men questioning their relatively limited roles in the lives of their families.

What leads to change in terms of men's roles in the family and in intimate relationships at both the individual and societal levels, and how might positive change be promoted? We know that changes in gender norms and individual attitudes are often gradual, with old and new paradigms existing simultaneously. Furthermore, several studies from Latin America confirm a continuing gap between men's discourses about gender roles and their actual behaviour (see Almeras, 1997; Kornblit, Mendes & Petracci, 1998; Medrado, 1998).

In reviewing the literature, various common factors seem to contribute to changes in men's changes in attitudes and behaviours related to gender and gender roles. One study in Chile found that men who showed more gender-equitable patterns reported having fathers or mothers who carried out non-traditional gender roles or tasks. For some men, knowledge mattered; having early experience in carrying for children or carrying out other domestic tasks was a useful step toward actually carrying out these tasks (Almeras, 1977). Another study from Chile found that men sometimes changed in terms of gender roles and norms when they started new relationships, or in other special circumstances, such as the birth of a first child (Olavarria, 2000).

Life histories that we carried out with young men in a low income setting in Brazil found similar factors associated with more young men having more gender-equitable attitudes: (1) being part of an alternative male peer group that supported more gender-equitable attitudes; (2) having personally reflected or experienced pain or negative consequences as a result of traditional aspects of manhood (for example a father who use violence against the mother, or a father who abandoned the family); and (3) having a family member or meaningful male role models (or female role models) who showed alternative gender roles (Barker, 2001). The following quote hints at the personal reflection about manhood that was present in many of the discourses of the more gender-equitable young men:

Gustavo (18, from a low income neighbourhood in Rio de Janeiro):...a lot of guys will have a have a girlfriend, then they'll go and cheat on her. So then later when they want to find a girlfriend, it'll be difficult. Because then the girls will think: 'Does this guy want to be with me and then he'll go with someone else?' So then girls don't want to go out with him. So

then the guy will start to think and he'll go slowly. He'll start going out with just one girl (Barker, 2000a).

While the research on factors that promote change is still rather limited, it is important to affirm that men can and have changed in positive ways in terms of gender roles. From these examples, two more questions emerge: (1) What kind of program interventions might promote such change? And, (2) how might we measure change?

THE PROGRAM H INTERVENTION

About Program H

This literature, combined with our research and direct experience working with men in various parts of the Americas region, led to the formation of *Program H – Engaging Young Men in the Promotion of Health and Gender Equity*. Program H is theoretically based and has been empirically shown to positively influence attitudes related to gender, including greater sensitivity to issues of gender-based violence, increased intention to use condoms, improved partner negotiation skills, increased attention to health needs and desire to be more involved as fathers (for those young men who are already fathers). The initiative was developed in 1999 by four Latin American non-governmental organizations (NGOs) that had significant experience in working with young men: Instituto Promundo (coordinator of the initiative), ECOS (in São Paulo, Brazil), Instituto PAPAÍ (Recife, Brazil) and Salud y Género (Mexico).

Program H focuses on helping young men question traditional norms related to manhood. It consists of four components: (1) a validated curriculum that includes a manual series and an educational video for promoting attitude and behaviour change among men; (2) a lifestyle social marketing campaign for promoting changes in community or social norms related to what it means to be a man; (3) a research-action methodology for reducing barriers to young men's use of clinic services; and (4) a culturally relevant validated evaluation model (the GEM Scale - Gender Equitable Attitudes in Men Scale) for measuring changes in attitudes and social norms around manhood has been developed to measure outcomes of the initiative.

These components were developed based on our baseline research, previously mentioned, which identified important programmatic implications: (1) the need to offer young men opportunities to interact with gender-equitable role models in their own community setting; and (2) the need to promote more gender-equitable attitudes in small group settings and in the greater community. Our research also confirmed the need to intervene: (1) at the level of individual attitude and behaviour change; and (2) at the level of social or community norms, including among parents, service providers and others that influence these individual attitudes and behaviours.

The activities in the manual series are designed to be carried out in a same-sex group setting, and generally with men as facilitators who also serve as more gender-equitable role models for the young men. The activities consist of role plays, brainstorming exercises, discussion sessions and individual reflections about how boys and men are socialized, positive and negative aspects of this socialization, and the benefits of changing certain behaviours. The themes in the manuals were selected based on a review of literature on the

health and development of boys, and an international survey of programs working with young men, in collaboration with the World Health Organization (Barker, 2000b).

The activities in the manuals reinforce each other and make appropriate links between specific activities and themes. The manuals are printed in Portuguese, Spanish and English, and are currently widely used in Latin America by NGOs and by ministries of health. The themes of the manuals are: (1) sexual and reproductive health; (2) violence and violence prevention (including gender-based violence prevention); (3) reasons and emotions, which focuses on mental health issues and young men, particularly communication skills, dialogue, emotional intelligence and substance use; (4) fatherhood and caregiving, which encourages young men to reconsider their roles in caregiving in the family, including caring for children; (5) HIV/AIDS, including both prevention and caregiving.

The manuals are accompanied by a no-words cartoon video, called “Once Upon a Boy”, which presents the story of a young man from early childhood through adolescence to early adulthood. Scenes include the young man witnessing violence in his home, interactions with his male peer group, social pressures to behave in certain ways to be seen as a “real man,” his first unprotected sexual experience, having a sexually transmitted infection (STI) and facing an unplanned pregnancy. The video was developed in workshop processes with young men in diverse settings in Latin America and the Caribbean. By being a cartoon video, it quickly engages young men and transfers easily across cultures. And by having no words, facilitators work with young men to create dialogue and to project their personal stories into the video. The video uses a pencil, which erases certain behaviours or thoughts, as a metaphor for gender socialization. Following viewing of the video, young men discuss how they were socialized or raised to act as men, and ways they can question some negative aspects of that socialization. The video has been nominated for numerous awards in Brazil and is currently used as part of the Brazilian National AIDS Program.

These manuals and the video were field-tested with 271 young men ages 15-24 in six countries in Latin America and the Caribbean (Brazil, Peru, Mexico, Bolivia, Colombia and Jamaica). Qualitative results of field-testing found that participation in the activities led to increased empathy, reduced conflict among participants and positive reflection among participants about how they treated their female partners. One young man who participated in the field test process in Peru said: “After the activities, we came to see the ways we are *machista* ... you know, treat women unfairly.” Another young man said: “I realized how I sometimes became violent, because that’s the way I was treated. I saw the connection.”

In addition to Latin America, where more than 20 countries use the materials, training in the use of the Program H manuals has been carried out in Asia and the US. In Brazil and Mexico, Program H materials are being used in collaboration with the public health sector to make the approach part of national adolescent health activities. With support from a number of international organizations, including Oxfam and the Ford Foundation, the Program H Brazilian partners – Promundo, Instituto PAPAI and ECOS -- have recently formed a network of NGOs in the North and Northeast of Brazil to implement Program H activities with diverse populations, including men of African descent, men in the Amazon region and men in low income areas in shantytowns around Brasilia.

Lifestyle Social Marketing Campaign Component

In addition to the Program H curriculum, Promundo, JohnSnowBrazil (an international consulting firm) and SSL International (makers of Durex condoms) have also developed a “lifestyle social marketing” process for promoting a more gender-equitable lifestyle among men in a given cultural setting. This involves working with men themselves to identify their preferred sources of information, identify young men’s cultural outlets in the community and craft messages - in the form of radio spots, billboards, posters, postcards and dances -- to make it “cool and hip” to be a more gender-equitable man. JohnSnowBrasil and Promundo have partnered with SSL International (makers of Durex condoms) to incorporate these ideas into lifestyle social marketing campaigns that are currently ongoing in Rio de Janeiro and Brasilia, with expansion planned for other major cities in Brazil, in Mexico and in parts of Asia. This campaign encourages young men to reflect about how they act as men and enjoins them to respect their partners, not to use violence against women and to practice safer sex. We have engaged several major rap artists in Brazil to endorse the campaign and have presented it during various concerts in Brasilia and Rio de Janeiro. In 2003, the project was nominated for an award for innovations in HIV/AIDS prevention by the Global Business Council on HIV/AIDS.

The campaign uses aspects of youth culture – music, theatre and a knowledge of where young people hang out – to promote more gender-equitable versions of manhood. Just as many private sector advertising campaigns seek to promote a lifestyle associated with their product, the lifestyle social marketing component uses mass media and youth culture to promote a gender-equitable life style. In Brazil, the campaign has been called “Hora H”, or “In the Heat of the Moment.” The phrase emerged from research with young men themselves who said: “Everybody knows you shouldn’t hit your girlfriend, but in the heat of the moment you lose control.” Or, “Everybody knows that you should use a condom, but in the heat of the moment ...” Campaign slogans use language from the community and images are of young men from the same communities – acting in more gender-equitable ways.

DEVELOPING THE GEM SCALE – MEASURING CHANGE

What do we expect out of young men as a result of our programme interventions? And how can we realistically and effectively measure changes that occur as a result of our interventions? These two questions have been central to Program H efforts. A first step in this evaluation process, and in the development of Program H, was to define the kind of attitudes and behaviours we wanted to promote. Specifically, we identified four characteristics of more “gender-equitable” young men, which in turn are the Program H objectives. Based on results from the earlier qualitative research, the term “gender equitable” young men was operationalised for this evaluation as men who:

- (1) Seek relationships with women based on equality and intimacy rather than sexual conquest. This includes believing that men and women have equal rights, and that women have as much sexual desire and “right” to sexual agency as do men.
- (2) Seek to be involved fathers, for those who are fathers, or support substantial involvement, meaning that they believe that they should take both financial and at least some caregiving responsibility for their children.
- (3) Assume some responsibility for reproductive health and disease prevention issues. This includes taking the initiative to discuss reproductive health concerns with their partner, using condoms or assisting their partner in acquiring or using a contraceptive method.

(4) Are opposed to violence against women. This may include young men who were physically violent toward a female partner in the past, but who currently believe that violence against women is not acceptable behaviour (Barker, 2000a).

These definitions are based on interviews and identification of young men who acted in these ways. As such the scale, or evaluation model, is grounded in the real life behaviours and attitudes of young men, and not in an idealized or theoretical idea of what more gender equitable behaviours and attitudes are. There are young men in these communities who act in these more gender-equitable ways and their attitudes and behaviour became our desired outcome.

With this operational definition of “more gender-equitable young men” established, our next step was to identify those domains or aspects of how manhood is defined in the setting, for example norms or values related to male-female roles, household roles, sexuality, parenting, and homophobia, to name some. We drew upon research addressing similar issues in other settings, and adapted items from previous measures related to “masculinity ideology” (Pleck, 1993; Ku, Sonenstein, and Pleck, 1992) and “power in sexual relationships” (Pulerwitz, Gortmaker, and DeJong, 2000; Pulerwitz, Amaro, DeJong, Gortmaker, and Rudd, 2002).

Based on our previous research and this literature review, an original pool of 35 attitude questions was generated, including norms and attitudes related to: (a) gender roles in the home and child care-giving, (b) gender roles in sexual relationships, (c) shared responsibility for reproductive health and disease prevention, (d) intimate partner violence, and (e) homosexuality and close relationships with other men. The complete pool of 35 items was applied in a community-based survey, and data from this sample was used to test the usefulness of the items and create the final scale. For each item, three answer choices were provided: I agree, I partially agree, and I do not agree. The baseline study was carried out in three communities in Rio de Janeiro, two of which were low income areas and one of which was a middle income neighbourhood. The multiple sites permitted comparisons between three different types of residences or neighbourhoods. The age range of 15-24 was over-sampled to allow additional statistical analysis on young men, to both develop the scale and inform future intervention activities with young men.

The research team – consisting entirely of male interviewers – applied a questionnaire to a total of 749 men ages 15-60. The questionnaire was administered via a household survey to a random sample of men in each of the three neighbourhoods. The survey also included questions addressing a number of variables that were theoretically related to gender-equitable norms, including socio-demographic status, relationship history of physical violence, and current safer sex behaviours. Questions were adapted from several sources, including WHO instruments on violence against women and the Demographic and Health Surveys, among others. Focus groups also allowed us to test the concepts included and to identify new questions.

A factor analysis was conducted with the 35 original items to test whether separate domains exist within the construct of gender-equitable norms. This analysis identified two sub-scales, Traditional Norms Sub-Scale and the Egalitarian Norms Sub-Scale. Traditional norms items were those that were originally postulated, such as gender roles in a sexual

relationship, violence norms, and homophobia. One of the two factors addressed items that were originally hypothesized to reflect less gender-equitable norms (e.g., Men are always ready to have sex; A woman's most important role is to take care of her home and cook for her family; There are times when a woman deserves to be beaten). The second factor included items that reflected more gender-equitable norms (e.g., A man and a woman should decide together what type of contraceptive to use; It is important that a father is present in the lives of his children, even if he is no longer with the mother).

Construct validity for the egalitarian gender norms measure was further assessed by testing the association between the GEM Scale – trichotomised into low, medium, and high-equitable gender norms - and a set of variables hypothesized to be related to gender norms (Cronbach & Meehl, 1955). These include (a) a history of physical violence with an intimate partner, (b) reproductive health and safer sex behaviours, particularly condom use and use of contraception in general, (c) education level achieved, and (d) relationship or marital status.

As predicted, these variables were associated with gender-equitable norms. A relationship history of physical violence ($p < .001$) was inversely associated with the GEM Scale. In other words, young men who showed more traditional, non-gender-equitable norms were most likely to report violence, and vice versa. The GEM Scale was positively related to education level ($p < .001$), with young men who had higher levels of education reporting more equitable norms. Trends in the expected directions were found in the relationship with reproductive and sexual health behaviours, where young men expressing the least support for gender-equitable norms reported the least condom use with secondary partners ($p = .13$), and young men reporting more traditional norms, or non-gender-equitable norms, were less likely to report any contraceptive use ($p = .05$). In addition, the GEM Scale is highly internally consistent ($\alpha = > .80$), meaning that young men responded in consistent ways. In sum, these results suggest that the scale is useful and valid for assessing where individual men and groups of men “are” in terms of their gender norms.

The significant associations found between the GEM Scale, and important health outcomes such as partner violence and contraceptive use, supports the contention that the scale is valid. Other implications of these analyses are of note. The research confirms that young men's attitudes about relationships with women and gender norms matter. They are not merely parroting values they perceive around them, but in many cases internalize or adhere to these norms and act on them, many times with negative consequences for their partners and themselves. These associations indicate that support for gender-equitable norms and behaviours is an important aspect of reproductive and sexual health decision-making, and that gender-related norms should be explicitly addressed when designing and implementing effective HIV/STD, unplanned pregnancy, and violence prevention programs.

Impact Evaluation

With the GEM scale validated, in 2002, PROMUNDO and the Horizons Project started a two-year impact evaluation study to measure the impact of the manuals and video in a population of 750 young men ages 15-24 in Rio de Janeiro, Brazil. The study includes three different groups of young men in different (but fairly homogeneous low income communities). With each group of young men, various levels of intensities of the activities are carried out (14 hours of activities in one group, 28 hours of activities in another, and in

a third, group activities combined with an intense lifestyle social marketing campaign). In one of the communities, the intervention is delayed with the evaluation questionnaire being carried out twice before any intervention is carried out. This allows us to increase the possibility that any attitude or behaviour change measured is the result of the intervention as opposed to other factors.

Analysis of results from one of the communities, from about 160 questionnaires, found positive change in 16 of the 24 GEM Scale questions, and increased condom use. While final results from the study will not be available until 2004, these initial results already confirm: (1) that Program H interventions have an impact, and (2) that the GEM Scale is a relevant and valid model for measuring this change. Qualitative methods, including interviews with young men, with those who know them, and with their female partners, are being used to triangulate the quantitative results.

In addition to impact on attitude and behaviour change, we are also carrying an analysis of the cost-effectiveness. Preliminary analysis of costs associated with the intervention suggest that a typical Program H project in an urban area with populations between 500,000 and 1 million inhabitants reaches approximately 20,000 young men (target population ages 15-24) indirectly with messages related to sexual and reproductive health promotion, HIV/AIDS prevention and gender equity, 2000 young men directly involved in project activities and 15,000 with condoms (with more than 100,000 condoms sold). The project also indirectly benefits approximately 10,000 young women who are partners of the young men. Total annual, unduplicated project beneficiaries would be 30,000 young people. Annual operational costs (excluding start-up costs) to implement project activities and achieve attitude and behaviour change in an urban setting of between 500,000 and 1 million inhabitants range from \$150,000 to \$200,000.¹ We believe it is important to have these costs – and benefits – analyzed, to demonstrate that changes in young men attitudes and behaviours are achievable and positive for men themselves and for women.

CONCLUSIONS

Given the short time-line of many interventions with young men, it is often unrealistic to expect behaviour change and difficult to measure such change. The GEM Scale thus provides a potentially more sensitive evaluation instrument for measuring attitude changes that suggest a movement or change in the direction of gender equity on the part of young men. Our work would suggest that attitude and behaviour change are possible to achieve, but more research would be necessary – and ongoing interventions and policy-level discussions – to confirm and sustain long-term gender equity.

While the examples reported here are from Latin America, initial testing of the GEM Scale and use of the Program H components is starting in other parts of the world. Testing of the GEM Scale items, and development of culturally appropriate items, is starting in Mumbai, India, with the Horizons Project, working in collaboration with a network of youth-serving organizations. Local researchers report that the domains of gender norms and masculinity that are currently being addressed in the Brazil study appear relevant for the Indian context. Other issues that were not addressed in Brazil – such as concerns about sexual performance – were also raised as particularly relevant in India, and will be added to the intervention

¹ These costs, of course, can vary tremendously by country depending on relative costs, but these figures give a general sense of costs.

topics and included in the evaluation of the intervention. Initial project development in India found that youth groups in low income settings in Mumbai often galvanize around a leader and their behaviours are greatly determined by shared norms and beliefs. The study group plans to recruit young men from a selection of these groups.

Clearly, no scale nor intervention can include all the variables related to promoting gender equity among young men. Nonetheless, the steps and components in Program H and the GEM Scale are embedded in the salient norms and domains of gender norms in a given cultural setting. In addition, they focus on change at the individual and social level, with a clear vision of the kinds of more gender-equitable norms that are desirable for the well-being of men and women.

Finally, it has been a concern of the Program H partners from the beginning that we did not want our programs to be yet another “jewel box” --small-scale programs reaching a handful of men with little potential for replication. We have sought to identify practices and methodologies that can be replicated elsewhere at a reasonable cost – and that can, together with other partners, contribute out collective goal of gender equity.

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