

# 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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### Introduction

‘Program H’ is an initiative developed in Latin America to promote more gender-equitable attitudes among young men. It works in both group educational settings and at the community level to change community norms about what it means to be a man. The initiative is called Program H because of the Spanish word for man – *hombres*, and the Portuguese *homens*. In addition to educational sessions and community campaigns, the initiative also includes an innovative evaluation model for identifying and attempting to assess changes in attitude resulting from project activities.

Program H tries first and foremost to tap into the ‘alternative’ voices that exist in low-income communities, that is, young and adult men who have been questioning traditional views of what it means to be a man. These voices of resistance to the dominant versions of masculinity helped us to develop a set of objectives (what we expect or hope from young men after their participation in the initiative) and to develop an evaluation methodology. The entire process has been developed with young men from several low-income communities in Brazil and in Mexico, who helped us to define project objectives, test and develop the materials, and offer ongoing advice on how to reach other young men with messages about gender equality.

### Learning to be men

It is useful to present some of the assumptions and background research that led to the Program H initiative. Although there are tremendous variations across cultures, we know that views about what it means to be a man and a woman are rooted in children’s earliest experiences. In nearly all societies, a key aspect of gender socialisation and a source of gender inequality is that mothers and other women or girls are mainly responsible for caring for babies and children. This means that boys and girls generally come to see caring as a ‘female’ task.

By the age of two or three, children imitate the behaviour of same-sex family members. Mothers, fathers, and other family members usually encourage boys to imitate other boys and men, while discouraging them from imitating girls and women. Boys who observe their fathers and other men being violent towards women or treating women as inferior may believe that this is ‘normal’ male behaviour. Similarly, in observing their families, boys may believe that doing domestic work and taking care of others is women’s work.

Studies from around the world confirm that from an early age, girls are generally kept closer to their mothers and to home, while boys are encouraged to spend most of their time outside the home. In their adolescent years, boys in many cultural settings spend more time outside the home in male or mostly-male peer groups.

These early childhood and adolescent experiences may have a lifelong impact in terms of how men treat women. This means that promoting change among young men has a potentially powerful impact on their lives, in the present and in the future, and on the lives of their partners.

But socialisation is a complex process. Cultural norms about what it means to be a man or a woman are filtered through the family, the peer group, the community, and the individual. Boys and girls are not passive learners, or ‘sponges’ of cultural norms. Instead, they filter experiences and construct their own meaning from them. Indeed, boys and men – and women and girls – have the ability to question traditional gender norms, and many do.

Even in settings where traditional notions of gender may be predominant, we see alternative views. In a survey carried out with 749 men in low-income areas of Rio de Janeiro, Brazil, up to two-thirds of young men believed that violence against women was acceptable when a woman was unfaithful, and a quarter of all men aged 15–60 had used physical violence at least once against an intimate female partner.<sup>1</sup> However, while many men in this study had used physical violence against a partner, and many men supported such violence, a large number did not. In focus-group discussions and individual interviews, we heard many justifications for men’s use of violence against women or for men not participating in the care of their children. But we also heard other voices – of young and adult men who question the traditional views around them. For example, we met João, a young father aged 19, whose words and actions displayed a dedication to his daughter, and who said this:

*‘... 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, 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)

Indeed, in many settings, boys and men are able to question traditional views about manhood and show different attitudes, including treating women as equals in the home and in the workplace. It is these voices of resistance, or more 'gender-equitable' men, as we have called them, who have offered us tremendous insights on how to promote change and who have inspired Program H.

What, then, do we know about promoting change in terms of gender norms among men? As a starting point, we know that new social ideals of manhood have emerged in various parts of the world, spurred in large part by women's increasing participation in the labour force and by the women's rights movement, and also by some men questioning their relatively limited roles in the lives of their families. We also know that changes in gender norms and individual attitudes are often gradual, with old and new paradigms existing simultaneously. In addition, several studies from Latin America confirm a continuing gap between men's discourse about gender roles and their actual behaviour.<sup>2</sup> In other words, men sometimes pretend to change in terms of gender equality, but their actions suggest otherwise.

In reviewing the literature, there seem to be various common factors contributing to changes in men's attitudes and behaviour related to gender and gender roles. One study in Chile found that men who showed more gender-equitable patterns of behaviour reported having fathers or mothers who carried out non-traditional gender roles or tasks. For some men, knowledge mattered; having experience of seeing men caring for children or carrying out other domestic tasks was a useful step towards carrying out these tasks themselves.<sup>3</sup> 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.<sup>4</sup>

Life histories researched by Program H with young men in a low-income setting in Brazil found that there were similar factors associated with young men who showed more support for gender equality:

- being part of an alternative male peer group that supported more gender-equitable attitudes;

- having personally reflected on or experienced pain or negative consequences as a result of traditional aspects of manhood (for example, having a father who used violence against the mother, or a father who abandoned the family); and
- having a family member or meaningful male role model (or female role model) who showed alternative gender roles.

The following quote from Gustavo, aged 18, from a low-income neighbourhood in Rio de Janeiro, hints at the personal reflection that we saw in many of the young men who showed alternative views of masculinity:

*‘... 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)

## **The Program H intervention**

### *About Program H*

These examples of resistance and reflection, combined with our research and direct experience of 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 equality, including greater sensitivity to issues of gender-based violence, increased intention to use condoms, improved partner-negotiation skills, increased attention to health needs, and a greater 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 NGOs with significant experience of working with young men: Instituto Promundo (co-ordinator of the initiative, based in Rio de Janeiro, Brazil), 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 masculinity. It consists of four components:

- a field-tested curriculum that includes a series of manuals and an educational video for promoting attitude and behaviour change among men;
- a lifestyle social-marketing campaign for promoting changes in community or social norms related to what it means to be a man;

- an action-research methodology for reducing barriers to young men's use of health services; and
- a culturally relevant, validated evaluation model (the GEM Scale: Gender-equitable Men Scale) for measuring changes in attitudes and social norms around masculinity.

These components were developed using our baseline research, mentioned above, which identified important implications for the programme: firstly, the need to offer young men opportunities to interact with gender-equitable role models in their own community setting; and secondly, the need to promote more gender-equitable attitudes in small-group contexts and in the wider community. Our research also confirmed the need to intervene at the level of individual attitude and behaviour change, and at the level of social or community norms, including among parents, service providers, and others who influence individual attitudes and behaviours. In sum, given that gender norms are promoted at the community level, we work with community leaders and through youth culture to promote positive change. And we work with individual young men to enhance their ability to question some of the negative views about what it means to be a man.

### *The Program H manual series*

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 gender-equitable role models for the young men. First and foremost, the activities in the manuals and the group educational process focus on creating a safe space to allow young men to question traditional views about masculinity.

The activities described in the manuals reinforce each other, and make appropriate links between the specific activities and themes. The activities consist of role-plays, brainstorming exercises, discussion sessions, and individual reflections about how boys and men are socialised, positive and negative aspects of this socialisation, and the benefits of changing certain behaviours. The themes used in the manuals were selected based on a review of the literature on the health and development of boys and an international survey of programmes working with young men, in collaboration with the World Health Organisation.<sup>5</sup>

The themes of the manuals are

- 1 sexual and reproductive health;
- 2 violence and violence prevention (including prevention of gender-based violence);

- 3 reasons and emotions, which focuses on mental-health issues and young men, particularly communication skills, dialogue, emotional intelligence, and substance abuse;
- 4 fatherhood and caring, which encourages young men to reconsider their roles in care-giving in the family, including caring for children;
- 5 HIV/AIDS, including both prevention and caring.

The manuals are printed in Portuguese, Spanish, and English, and are currently widely used in Latin America by NGOs and by government ministries of health.

### ***Educational video***

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 in order to be seen as a ‘real man’; the young man’s first unprotected sexual experience; having a sexually transmitted infection (STI); and facing an unplanned pregnancy. The video was developed in workshops with young men in diverse settings in Latin America and the Caribbean.

Being a cartoon, the video quickly engages young men, and easily transfers across cultures. And because it has no words, facilitators work with young men to create dialogue and to project their personal stories into the video. The video uses a pencil as a metaphor for gender socialisation, erasing certain kinds of behaviour or thoughts. After viewing the video, young men discuss how they were socialised or raised to act as men, and ways in which they can question some negative aspects of that socialisation. The video has been nominated for numerous awards in Brazil, and is currently used as part of the Brazilian National AIDS Program.

The manuals and the video were field-tested with 271 young men aged between 15 and 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 them 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 realised 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 USA. 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-promotion activities. With support from a number of international organisations, including Oxfam GB 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 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, identifying young men’s cultural outlets in the community, and developing media messages – in the form of radio spots, billboards, posters, postcards, and dances – to make it ‘cool’ to be a more ‘gender-equitable’ man. JohnSnowBrasil and Promundo have worked with SSL International to incorporate these ideas into campaigns which are currently ongoing in Rio de Janeiro and Brasilia, with expansion planned for other major cities in Brazil, Mexico, and in parts of Asia. The campaign encourages young men to reflect on 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 – which they have called a ‘campaign against *machismo*’ – 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 taps into 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 campaign uses mass media and youth culture to promote a gender-equitable lifestyle among young men. In Brazil, the campaign has been called ‘*Hora H*’, or ‘In the Heat of the Moment’. The phrase was developed by young men themselves, who frequently heard their peers say, ‘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 ways that support gender equality.

## **Developing the GEM scale: measuring change**

Program H believes it is important to evaluate the work from the start. In part, this is to measure impact – do these programme components actually lead to change? But it is also important to have a greater understanding of how change takes place, and to bear in mind clear objectives for the change we want to produce. Too often, we start our work with men and women with unclear or unrealistic objectives.

### ***Identifying outcomes***

The first step in the development of Program H and its evaluation component, was to define the kind of attitudes and behaviours we wanted to promote. We asked ourselves, what did we really want to accomplish? What kind of change was possible and desirable in the settings in which we work? From our baseline research, we identified four characteristics of more 'gender-equitable' young men – attitudes that we observed among some young men in the communities in which we work. We concluded that if some young men in these settings had achieved these alternative and positive views, their attitudes could serve as our benchmark.

Specifically, the Program H activities seek to encourage young men to act in the following ways:

- 1 to 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 to seek to be involved fathers, for those who are fathers, or to support substantial involvement; meaning that they believe that they should take both financial and at least some caring responsibility for their children;
- 3 to 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 to oppose 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.<sup>6</sup>

These objectives are based on interviews with and observation of young men who acted in these ways. As such, our evaluation model is grounded in the real-life behaviour and attitudes of young men, and not in an idealised or theoretical idea of what more gender-equitable behaviour and attitudes should be. To be sure, we have prioritised certain outcomes over others, but these benchmarks are based on young men's actual gender-equitable attitudes and behaviours, and not on a list of desired behaviours which may have little to do with young men's lives.

The desired outcomes are also based on our ongoing discussion and interaction with a group of young men who serve as peer promoters and advisers to us. They have also emerged from listening to adult and young women in the communities, who affirmed that these were the attitudes they wanted from men. And they are based in part on international human rights and women's rights declarations and conventions, including, for example, the Programme of Action of the International Conference on Population and Development, held in Cairo in 1994.

### *The GEM scale*

We used these four desired outcomes to develop indicators in the form of a scale of questions about attitude. It is important to emphasise that the scale, or group of attitude questions, is only one part of our evaluation. We also carry out interviews and discussions with group facilitators, with young men who participate in the groups, with young women who are the girlfriends of the young men, and with public-health staff and other professionals working with young people.

The scale of questions is particularly useful, however, because it can be used with a large number of young men in a relatively short amount of time. It is not perfect, of course, and it fails to capture much of the rich detail that focus groups and in-depth individual interviews can. However, when time and resources are scarce, the attitude questions can be a relatively fast way to get a general sense of whether the young men who participate in these activities are changing in positive ways. And, by being able to apply the questions to a large number of young men, the data is useful for influencing policy makers, who are often interested in achieving large-scale impact.

Briefly, the GEM Scale – or Gender-equitable Men Scale – consists of about 35 attitude questions related to gender roles in the home, including childcare; gender roles in sexual relationships; shared responsibility for reproductive health and disease-prevention; intimate-partner violence; and homosexuality and close relationships with other men. Attitude questions or statements included affirmations of traditional gender norms, such as: '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’, and ‘There are times when a woman deserves to be beaten’. They also included affirmations of more gender-equitable views, such as, ‘A man and a woman should decide together what type of contraceptive to use’, and ‘It is important that a father is present in the lives of his children, even if he is no longer with the mother’. These attitude questions were based on the four objectives, as well as a review of the literature on gender norms and socialisation among young men.

The attitude questions were tested in a community-based survey, and data from this sample were used to test the usefulness of the items and to 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 research team, consisting entirely of male interviewers, used a questionnaire with a total of 749 men aged between 15 and 60, with young men aged between 15 and 24 being over-sampled to allow for greater analysis. 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 relating to a number of variables that were theoretically linked to gender-equitable norms, including socio-demographic status, relationship history, history of physical violence, and current safer-sex behaviours. These questions are not part of the GEM Scale, but are used to analyse statistical associations, and in some cases as outcome indicators themselves (such as self-reported condom use, self-reported use of violence against partners, and self-reported use of health services in the last three months). Some of these questions (for example, on self-reported use of violence against a partner) were adapted from several existing international questionnaires (from the WHO, among others), which allows us to compare our data to studies on young men in other settings. Focus groups also allowed us to test the concepts and to identify new questions. The refusal rate was less than two percent.

This baseline research confirmed the coherence of the attitude questions, that is, that young men answered in fairly internally consistent ways. For example, a young man who said he tolerated or even supported violence against women was also likely to show traditional or male-dominant views on other questions, such as believing that taking care of children is exclusively a woman’s responsibility. In addition, the ways in which young men answered the questions were correlated to the ways in which they said they acted: a young man who showed *machista* attitudes about gender was likely to say he acted that way in his daily life.<sup>7</sup>

In summary, our baseline research confirmed that the GEM Scale is a useful tool for assessing where men are on these issues, and to assess their current attitudes about gender roles, and it is also useful for measuring whether men have changed their attitudes over time, or after a given project. We found that young men's attitudes were highly correlated with one of our key outcomes: self-reported use of violence against women.

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 also of note: the research confirms that young men's attitudes about relationships with women and about gender norms matter. They are not merely parroting the values they perceive around them, but in many cases internalise or adhere to these norms and act on them, often with negative consequences for their partners and for themselves. These associations indicate that support for gender-equitable norms and behaviour 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 prevention programmes for HIV and STIs, unplanned pregnancy, and violence.

### ***Impact evaluation***

In 2002, with the GEM Scale validated or tested, PROMUNDO and the Horizons Program started a two-year impact-evaluation study to measure the impact of the manuals and video in a population of 750 young men aged between 15 and 24 in Rio de Janeiro, Brazil. The study included three groups of young men in different (but fairly homogeneous) low-income communities. With each group of young men, the activities were carried out with various levels of intensity (14 hours of activities in one group, 28 hours in another, and group activities combined with an intensive lifestyle social-marketing campaign in a third). In one of the communities, the intervention was delayed, with the evaluation questionnaire being used twice before any intervention was carried out. This allowed us to increase the possibility that any attitude or behaviour change measured was the result of the intervention, rather than due to other factors.

Analysis of the results from one of the communities, from about 160 questionnaires, found positive change on a majority of GEM Scale questions, and increased condom use. While final results from the study will not be available until 2004, these initial results already confirm that Program H interventions have a positive impact on attitudes related to gender, and 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 or compare to the quantitative results.

Some young men, in in-depth interviews after their participation in the activities, told us that the workshops had helped them question their views about masculinity. One young man said:

*... I learned to talk more with my girlfriend. Now I worry more about her (worry about what she likes sexually). Our sex life is better ... it's important to know what the other persons wants, listen to them. Before [the workshops], I just worried about myself.'*

This same young man's girlfriend, in a separate interview, confirmed that he had in fact started to talk to her more, to listen to when and how she wanted to have sexual relations, and to see that having sex was not the only important part of their relationship. Another young man also said that he began to respect his girlfriend more, saying:

*'Used to be when I went out with a girl, if we didn't have sex within two weeks of going out, I would leave her. But now [after the workshops], I think differently. I want to construct something [a relationship with her].'*

In addition to evaluating the impact on attitude and behaviour change, we are carrying out an analysis of the cost-effectiveness of Program H. A very preliminary analysis of the costs associated with the intervention suggests that a typical Program H project in an urban area with a population between 500,000 and one million inhabitants indirectly reaches approximately 20,000 young men (target population ages 15–24) with messages related to sexual and reproductive-health promotion, HIV/AIDS-prevention, and gender equity; directly reaches 2000 young men involved in project activities; and reaches 15,000 men with condoms (with more than 100,000 condoms sold). The project also indirectly benefits approximately 10,000 young women who are the partners of the young men. Total annual, unduplicated, project beneficiaries are approximately 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 one million inhabitants range from US\$150,000 to US\$200,000.<sup>8</sup> More precise cost-effectiveness figures will be available in 2004, but these numbers offer a rough idea of the scope and cost of the interventions. We believe it is important to have these costs – and benefits – analysed, to demonstrate that changes in young men's attitudes and behaviour are achievable, and positive for both men and women.

## Conclusions and recommendations

Given the short timescale of many interventions with young men, it is often unrealistic to expect changes in behaviour, and difficult to measure such change. The GEM Scale thus provides a potentially more sensitive evaluation instrument

for measuring the attitude changes that suggest a movement or change in the direction of gender equality on the part of young men. The work of Program H suggests that attitude and behaviour change are possible to achieve, but require work at the individual, community, and policy levels.

While the examples reported here are from Latin America, initial testing of the GEM Scale and the use of the Program H components is starting in other parts of the world. Testing of the GEM Scale items and the development of culturally appropriate tools is starting in Mumbai, India, with the Horizons Program, working in collaboration with a network of youth-serving organisations. Local researchers report that the areas of gender norms and masculinity that are currently being addressed in the Brazil study appear relevant for the Indian context. Other issues which were not addressed in Brazil – such as concerns about sexual performance – were raised as being particularly relevant in India, and will be added to the intervention 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 galvanise around a leader, and their behaviours are to a great extent determined by shared norms and beliefs. The study group plans to recruit young men from a selection of these groups.<sup>9</sup>

Clearly, no scale or intervention can include all the variables related to promoting gender equality among young men. Nonetheless, the steps and components of Program H and the GEM Scale are rooted in the norms and attitudes related to gender that exist in a given cultural setting. In addition, they focus on change at the individual and social levels, with a clear vision of the kinds of more gender-equitable norms that men and women in the same communities say they want.

In terms of final recommendations, our experience suggests the following:

- Programmes working with men to promote gender equality should rely on the voices of men and women at the community level to develop realistic indicators or outcome-measures. The alternative voices of men who show greater equality should inform programme development. These young men should also be engaged at all levels of programme development.
- Evaluation must include both individual men, who can be encouraged to question and reflect about traditional views, and the community, where norms are promoted.
- Attitude questions applied through a questionnaire, as well as qualitative research, should be combined, so that we understand how change takes place and can more closely listen to the voices and realities of the women and men involved.

Finally, it has been a concern of the Program H partners from the beginning that we did not want our programmes to become yet another ‘jewel box’ – small-scale

programmes 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 to our collective goal of gender equality.

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## Notes

- 1 Instituto Promundo and Instituto NOOS (2003) 'Men, Gender-based Violence and Sexual and Reproductive Health: A Study with Men in Rio de Janeiro, Brazil', Rio de Janeiro: Instituto Promundo/ Instituto NOOS.
- 2 See D. Alméras (1997) 'Compartir las Responsabilidades Familiares: Una tarea para el desarrollo', Santiago, Chile: CEPAL (Comisión Económica para América Latina y el Caribe, Séptima Conferencia Regional sobre la Integración de la Mujer en el Desarrollo Económico y Social de América Latina y el Caribe, 19–21 November, 1997), background document for participants; A. Kornblit, A. Mendes Diz, and M. Petracci (1998) 'Being a Man, Being a Father: A Study on the Social Representations of Fatherhood', presented at the 'Men, Family Formation and Reproduction' seminar organised by the International Union for the Scientific Study of Population (IUSSP) and the Centro de Estudios de la Población (CENEP), Buenos Aires, 13–15, May, 1998; and B. Medrado (1998) 'Homens na arena do cuidado infantil: imagens veiculadas pela mídia', in M. Arilha, S. Ridenti, and B. Medrado (eds.) *Homens e Masculinidades: Outras Palavras*, São Paulo: Ed. 34/ ECOS, 15–30.
- 3 D. Alméras (1997) *op. cit.*

- 4 J. Olavarria (2000) 'La Reproducción: *Los Padres Populares en la Crianza y las Actividades Domesticas*, Santiago, Chile: FLACSO.
- 5 G. Barker (2000b) *What About Boys? A Review and Analysis of International Literature on the Health and Developmental Needs of Adolescent Boys*, (Geneva, World Health Organisation).
- 6 G. Barker (2000a) 'Gender equitable boys in a gender inequitable world: reflections from qualitative research and programme development in Rio de Janeiro', *Sexual and Relationship Therapy*, 15 (3), 263–82.
- 7 J. Pulerwitz and G. Barker (2004) 'Measuring Equitable Gender Norms for HIV/STI and Violence Prevention with Young Men: Development of the GEM Scale', unpublished mimeo.
- 8 These costs can, of course, vary tremendously by country, depending on relative costs, but these figures give a general sense of the costs.
- 9 Personal correspondence, Ravi Verma and Julie Pulerwitz, December 2003.