ENGAGING PARTNERS IN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INCLUDING FAMILY PLANNING

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TABLE OF CONTENTS
1. Introduction
2. Three Ways to Engaging Programs with Partners in Sexual and Reproductive Health and Rights Using A Gender Lens
3. Building Support for Male Engagement in Sexual and Reproductive Health
4. Conclusion

Engendered people and the United Nations Population Fund (UNFPA), the authors of this guide, believe that a sustainable approach to family planning and other reproductive health services is one that is inclusive of men and working with partners.

This guide is intended to help programs and practitioners to:

- Understand why and how to engage men and women in family planning and other reproductive health services;
- Challenge traditional gender roles and attitudes about "other" matters at work;
- Understand how gender inequality affects reproductive health and family planning;
- Learn how to promote a fair and equitable relationship between men and women;
- Mobilize men to participate in promoting gender equity and taking a stand against violence and coercion.

[LEARN] Based on the interconnectedness between reproductive rights and sexual and reproductive health (SRH) services (including family planning), gender equality and equitable relationships, this guide recommends that family planning providers take a stance and incorporate health and rights. Various programmatic approaches offered groups of men, their partners & families, NGOs, Ministries of Health, Ministries of Gender, Youth, Peer Educators, Religious Leaders, Community Leaders, etc.

UNFPA prepares local and among men on gender issues and on sexual and reproductive health and rights, including family planning, and promotes dialogue between men and women, between parents and their teen-aging children, between men and their partners, and between men and their communities. Men are encouraged to support women's rights, especially reproductive rights, and gender equality.

Introduction

This guide is intended for anyone who may be engaged in developing or managing a project or programme to engage men in sexual and reproductive health and rights, in particular family planning and other reproductive health services. Programmes that need to engagement in sexual and reproductive health and rights (SRHR), including family planning, which means engaging men at diverse of SRH services, as expected in Cairo and Beijing Conferences, and in the Millennium Development Goals. This guide is based on the experience of several partners who have been working with men on SRHR issues, including UNFPA, Engender Health, and others. It is for people who are in programme staff and health care providers (doctors, nurses, etc.) can have an important role in promoting male involvement in family planning and other reproductive health services. An outside collaborating partner service should therefore be a fundamental part of the intervention which seeks to improve SRHR, including the involvement of men. At the end of the day, the success of any programme will depend on the ability of the programme staff to implement the guide and its influence on a community or society.

Gender inequality and impact women's and men's SRH choices and decisions. An understanding of gender inequality is a prerequisite for any effort to engage men in SRH services, including family planning, as a crucial step in promoting gender equity. Men and women are socialized to behave in certain ways, and to have certain attitudes which govern gender norms when dealing with SRH services might prejudice and hinder the use of services by men and women. Men are socialized to be the "providers" and "protectors" of their families and communities, and to be "strong" in their decisions and demeanor. Men, sometimes perceive ourselves as "invulnerable" and "invincible" and are reluctant to seek medical care for themselves and their families. Men are also socialized to be "in charge" and "in control" of their families and communities, and to assume that they know what is best for their families and communities. Men are also socialized to be "tough" and "strong" and to suppress emotions and to seek to demonstrate this quality when going to health care providers. Men are also socialized to be "sexually active" and to "prove" their sexuality through sexual activity, and to "conquer" women sexually. Men are socialized to be "heterosexual" and "homophobic" and to suppress any feelings or behaviors that might be perceived as "feminine" or "homosexual". Men are also socialized to be "competitive" and to "compete" with other men. Men are also socialized to be "aggressive" and "violent" and to use force and coercion to "control" women and children. Men are also socialized to be "ignorant" and "irresponsible" and to "not care" about their families and communities. Men are also socialized to be "ignorant" and "irresponsible" and to "not care" about their own health and rights and to "not care" about their own health and rights. Men are also socialized to be "ignorant" and "irresponsible" and to "not care" about their own health and rights. Men are also socialized to be "ignorant" and "irresponsible" and to "not care" about their own health and rights.

[LEARN ABOUT GENDER] Gender is a social construct, and is not biological. Gender is a social construct, and is not biological. Gender is a social construct, and is not biological.

International Planned Parenthood Federation (IPPF) and WorldScope. 2010. Gender Equality Toolkit: A practical guide for sexual and reproductive health and development and advocacy. London: IPPF. Website at: p.17.

The above diagram can be used as part of a process to build support for change, and to identify the different areas of work that need to be undertaken to promote and require consistent efforts. Organizations may need to focus on this issue for several years before they can begin to see significant changes in attitudes and relationships and commitment for change. Note that the diagram does not imply that all will be continuous in the process of building support.

FOR MORE INFORMATION ON THIS PLEASE SEE THE FOLLOWING RESOURCES:

- Section 2.2: Stakeholder Engagement in Urban Reform Development Programmes in IPPF. 2008 *Handbook on planning and evaluation of gender development projects*. New York.
- Section 2.2: Stakeholder Participation in Monitoring and Evaluation. From IPPF. 2008. *Strengthening Evaluation: Guidelines for monitoring and evaluation of gender and development projects*.
- UN Women. Virtual Knowledge Centre to End Violence against Women and Girls. Section on Communication and Advocacy. Section on Partnerships. *Intersectoral Development (VKNGE)*. IPPF. *Reproductive Health Advocacy Guidelines for advocacy action*.
- IPPF. 2010. *Gender Equality Toolkit*. UNFPA/Family Planning Strategy 2012-2020. Section 3.2.
- UNFPA. 2011. *Ending Violence against Women and Girls: Lessons from programming and evidence*. Chapter 6. An implementation guide. New York.

C) Assessing the Needs for Male Engagement in Gender Programmes

Gender Programmes are programmes that can be used not only for females but also for males, and for both, but also for evaluation or documentation of the impact of programmes on both males and females, and on the relations between different groups and programmes. Some of the tools in this section may be applicable and others may not, depending on the type of programming the organization carries out.

One of the ways in which an organization can be ready to work with men and women in a gender sensitive way is to be able to assess the needs of both men and women. It is the Gender Advocate Gender Mainstreaming Toolkit (GAGMT) that provides a way for the organization to assess the needs of both men and women. This section of the GAGMT provides a way for the organization to assess the needs of both men and women. Qualitative tools can help to get a more detailed and complete picture of gender issues in a particular context.

KEY INFORMANT INTERVIEWS

One people qualitative tool is the key informant interview. Your organization might consider interviewing key service organizations and potential stakeholders that have an interest. These can help them set information which was identified in the literature review and which may not be available in other sources. Key informant interviews can find other sources of information which the literature review or other sources may not have. Key informant interviews can also be used to get people involved in a project.

The Tearfund Guidelines for Gender Analysis in Emergency Programmes provides the following questions for key informant interviews:

- Women's rights organizations
- Women's association in local government, or other women associations, church groups, or other community groups, or other community groups
- Family planning associations i.e. International Planned Parenthood Federation/ Family Planning Association of Nigeria
- Ministries of women affairs, ministries of health, ministries of gender, ministries of Gender, Ministry of Women, Ministry of Family or other ministries
- Ministry of Health, Ministry of Education, Ministry of Agriculture, Ministry of Finance, Ministry of Planning
- Donors
- Donor Coordination Committee
- Donor Gender Focus which may work on gender i.e. ORA, NORAD, CIDA/D, GTZ, Swedish Development, etc.
- Non-governmental organizations local and internationally working on gender or women's issues, or on other development issues
- Organizations which work with men, in particular gender programmes, or men's groups
- Associations which include large numbers of men, including labour and sporting associations
- Organizations which have a gender focus in their programmes, or which have gender mainstreaming or research units which focus on gender which processes gender issues
- Traditional, religious or religious leaders, other influential people in the community
- Members of the Multi-Gender network (society or corporate networks)
- If is supporting an implementation partner, engaging such implementation partner

Another way to gather information about gender norms and their relationship to family planning is to use interviews but through a focus group discussion. Depending on the sensitivity of issues in your context and the questions you want to ask, it may be better to do this with men and women together or separately. Focus groups are a type of qualitative research. They are not the same as a survey and they are not a representative sample. They are a way of getting information from people in a group setting that you will need to develop the objective of the focus group discussion and adapt the questions to the context. The Tearfund Guidelines for Gender Analysis in Emergency Programmes provides a guide for hosting and then you can elaborate it, but you need the basics you will discuss the statistics. Note that one focus group discussion gives you a view of the issues in that particular group, and it may be different than other groups. It is important to be aware of the limitations of focus groups and not to generalize from them. Focus groups are a way of getting information from people in a group setting. Qualitative tools can help to get a more detailed and complete picture of gender issues in a particular context.

FOCUSING ON MEN AND MASCULINITIES

Gender equity is different than equality. Gender equity is a process of being fair to women and men, girls and boys, to make up for their disadvantages. Equality is the result of equity. Equality means that women and men, girls and boys have the same rights, responsibilities, opportunities and expectations. Equality means that women's and men's interests, needs and priorities are taken into account, recognizing the diversity of different groups of women and men. Equality means that women and men are treated fairly by laws and institutions. Equality means that women and men receive equally favourable treatment and equal benefits from development.

Men's gender roles reflect the roles a boy against society beliefs, services, from with sex health roles seeking as a sign of weakness and will delay accessing care, often. Men are socialized to be the breadwinner, to be the head of household, to be the decision-maker, to be the protector, to be the provider, to be the leader, to be the father and to be the husband. Men are socialized to be strong, to be independent, to be in control, to be heterosexual, to be sexually active, to be a risk taker, to be violent, to be a warrior, to be a hero, to be a soldier, to be a worker, to be a farmer, to be a fisherman, to be a hunter, to be a gatherer, to be a herder, to be a trader, to be a leader, to be a father, to be a husband, to be a son, to be a brother, to be a friend, to be a neighbour, to be a man, to be a boy, to be a man, to be a boy, to be a man, to be a boy

Current usage with clients and by their peers helped the method which will work best for them. Some of the tools were used in a participatory way with clients, others were conducted with clients and responses analysed which they could then use for their change (or discovery). Providers need to pay special attention to discussing side effects and risks of behaviour change with clients. Some tools are more suitable than others for this.

2) GENDER ANALYSIS AND GENDER IMPACT OF HEALTH PROGRAMMES

After brainstorming some programming options, it is important to think of the impact of these programmes on people's lives. Gender analysis is a tool that helps with programming sensitively to gender issues. The process should not intimidate by the data found during the assessment phase. Though it is probably intuitive that health workers, for example, need to be aware of the impact of a TB programme on men who drink (target gender norms in a community, health services to be accessed, community interventions which are conducting any social and behavior change communication (SBCC) activities), it is not always easy to see how a family planning programme might affect a Pap or Pap test. Gender is not just about women, reproductive health issues, or target outcaste mostly or entirely exclusively to women and do not really result out or impact on men. Gender is about how men and women (and boys and girls) interact and how inequalities, even if that is not the intention, do occur. As a result, it must be noted that all programming (including programming which seeks to be gender-sensitive or gender-transformative needs to pay attention to what it is unintentionally reinforcing or unintentionally, to avoid reinforcing negative or rigid gender norms.

One tool for assessing the potential impact of a health programme on gender programming and programming on gender is to use gender analysis. The Gender Analysis Approach[1] is a tool that helps to think through the impact of programmes on men and women and notice these any implications. This tool is basically a questionnaire or a series of questions to inform a process of analysing possible programme impacts, as well as the way in which programmes might be designed to be more gender-sensitive. Gender analysis is something which should be applied at all stages of programming, from design to the roll-out of specific programme activities.

The gender analysis is built around the four questions:

- How will the different roles and statuses of women and men within the community affect the programme? Will the programme need to be designed differently and differential access to and control over resources and services affect the work to be undertaken?
- How will the anticipated results of the work affect women and men differently?

The purpose of the first question is to ensure that: 1) the differences in roles and statuses of women and men in the community are taken into consideration when design roll-out implies advancement of programmes or project plans are anticipated in the planned work design. The different roles, responsibilities and statuses of men and women within the community (political sphere, workplace, household, community, etc.) will facilitate creating staff allowance to and control over resources and services must be taken into consideration.

One of the objectives of gender analysis is to explicitly include differences in the potential impacts of a programme on gender within a community or context, even if programmes are not explicitly gender-focused programmes. The second question is meant to contribute to the gender analysis tool and ask questions like:

- How might the project affect positively or negatively women's access to services or resources? What about men's access?
- How might the project affect attitudes and perceptions regarding male and female roles and status?
- Is it possible that the project could reinforce some stereotypes (gender norms or perceptions (for example, by reinforcing rigid expectations for men and women)?
- How might the project impact the ability of women and men to make decisions in their own lives?

Could engaging male partners potentially reduce women's ability to make decisions regarding their own SRHR?

What stakeholders have been engaged? Have women's rights organizations been consulted? Have women been consulted? Have men been consulted? Have men been heard from, to understand how they may perceive gender-related changes? What impact could the project have on community perceptions regarding sexuality issues around women? Does it reinforce attitudes which discourage or

The first Tool for Developing Gender-Equitable Information, Education, and Communication Materials[2] is a tool that helps to think through the impact of the development or revision of SBCC materials. It helps ensure that, from the gender-equitable. It can also be used during programme design or during project implementation to review the gender-equitability of existing or currently revise materials which are already being used. It gives some recommendations on how to integrate gender into SBCC materials for different levels of programmes which are implemented. Depending on the programme, the tool can be used in a participatory or relatively low cost way to begin to integrate gender into programming or to ensure that engagement of men in SRHR is done in way which promotes gender equity.

SBCC MATERIALS GENDER-SENSITIVITY CHECKLIST

This checklist points out some areas in which SBCC materials can inadvertently reinforce harmful or traditional gender norms. It can be used when developing new materials or when reviewing existing materials to ensure that they are not inadvertently creating materials or drafts. Reproductive health programmes and other programmes sometimes experience very work to consider partnership with a women's rights organization, or other organizations with experience in gender equality to get the most out of the materials. This checklist can be used to generate reflection and discussion during the development of materials.

- Read the Checklist

After deciding what types of programming activities you feel work best, based on your organization's capacity, the context and the assessment(s) and gender analysis which you performed, the next step is to develop your project objectives for the programme activities. Utilizing the Starfish Objectives[3] tool is a simple way to help think through the development of project objectives.

3) DEVELOPING A LOGICAL FRAMEWORK

Following the development of the programme's objectives, the next step is to create a logical framework for planning, monitoring and evaluation. Such a framework presents a logical relationship between the inputs, activities, and the results (at the community, national and systematic) way. The framework should be constructed in conformity with donors, beneficiaries and other stakeholders prior to the onset of activities. It is important to ensure that the logical framework is flexible and can be adapted to be flexible enough to accommodate changes or adaptations which may be deemed necessary during the monitoring process or during implementation. Some donors require a logical framework be included in the proposal. Examples of a logic model for SRH Services (Adolescent Friendly SRH Corner Shop

- Read the Examples of Programme Activities

Another crucial step in selecting activities and approaches is to make sure that programmes are based on what works. Programmes should be informed by the evidence-based programming. The last four below demonstrates some important steps for designing culturally sensitive programmes.

> The following are some tips for designing culturally sensitive programmes. They are taken from the Population Council's Tool for Gender-Equitable Health Programming. These guidelines for development practitioners describe the steps here of strategies for more effective and efficient project implementation:
>
> 1. Avoid time in knowing that culturally and gender-sensitive
> 2. Hear what the community has to say
> 3. Demonstrate respect
> 4. Be patient
> 5. Open the support of local power structures
> 6. Be creative
> 7. Be aware of sensitivities
> 8. Rely on the objectivity of science
> 9. Avoid value judgments
> 10. Avoid ethnocentrism
> 11. Make language local, allow
> 12. Assess the role of facilitator
> 13. Respect confidentiality
> 14. Know your community
> 15. Find optimum general
> 16. Accelerate the process
> 17. Be prepared to deal with change
> 18. Create opportunities for women
> 19. Build community capacity
> 20. Be aware of the ethics of change
> 21. Let people do what they do best
> 22. Nurture partnerships
> 23. Be aware of unintended consequences
> 24. Be patient
>
> Source: UNFPA, 2004. Guide to working from within: 24 tips for culturally sensitive programming, New York.

ENGAGING MEN IN SEXUAL AND REPRODUCTIVE HEALTH SERVICES AS A CONTINUUM OF PROGRAMME ACTIVITIES

This tool seeks to drive different programming options for engaging men in SRHR services, with some potential entry points for each stage of effort, from left (less effort) gender neutral to gender sensitive programming to right (high effort) gender transformative programming. The tool shows that the left side is more preliminary and can be done together or separately. There are only meant to be thought-stirred specific actions which programmers can consider. Programme designers will need to be sensitive to understand what will work in their context and adapt recommendations accordingly.

- Read the Continuum of Programme Activities

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> Source: UNFPA, 2004. Guide to working from within: 24 tips for culturally sensitive programming, New York.

TOOLS

- Engaging Men in Reproductive Health Services: A Continuum of Programme Activities
- Gender Analysis Approach
- Tips to Developing Gender-Equitable IEC Materials

RESOURCES

- C-Change (2012). *Chlidabus: A Learning Package for Social and Behavior Change Communication (SBCC)*. Washington, DC: C-Change/FHI 360.
- Gender Equity in Reproductive Health Programs: Tools for Developing Gender-Equitable Communication Materials (Population Council, Population Reports, Series M, No. 17). Washington, DC: Health Policy Initiative, Task Order 1, Future Group International.
- Interagency Gender Working Group (2009). *Knowing Men's Sexual Behavior in Gender Relations*. Washington, DC: Population Council.
- Population Council (2010). Gender equitable attitudes toward gender norms among young men in Ghana: Development and psychometric testing of the GEAM scale. Men and Masculinities, Vol. 10, Issue 3, pp. 333-336.
- USAID (2006). *Constructive Roles in Programs for Reproductive Health: A Continuum of Gender Approaches*. Washington, DC: Future Group International, Health Policy Initiative, Task Order 1.

5) Building Staff and Organizational Capacity

Through selecting concrete objectives and designing a strategic framework that respect steps along the path to developing programmes to involve men in SRHR, it is important to assess the capacity of staff and organization to carry out the planned specific skills and capacities. Participants arriving these capacities will be gender and how to perceive and address gender inequities during service provision.

Many programme strategies may include group education or health worker counseling gender sensitivity. Others may include working with outreach workers or developing community-based activities with men and women. In all of these cases, programmers need to have skilled facilitators who are experienced and who have a solid grasp of gender norms in their community and how to promote gender equality within a group environment (see Minimum Requirements for Facilitators of Gender-Transformative Curricula). If no facilitators are experienced, then they will need to be trained, possibly through a training of trainers (ToT).

Some projects may have specific training needs and objectives for the providers as a result of male engagement in SRHR. For instance, service providers may need the skills to provide services to men, or to deal with the issue of male involvement in family planning, depending on the type of counseling (i.e., couples family planning counseling and offer gratuity from HIV testing and counseling for couples or from antenatale care counseling for couples), providers will need to have the type of counselling they will continue. Providing counselling to couples must also include an understanding of how to deal with issues of violence, power, and control, the potential disclosure of sexual activity such as infidelity, men's lack of interest in personnel lack of intra-SRHR, the technology for some men to make SRHR decisions (for example, family planning or condom use) and how to negotiate within a relationship. Providers need to deftly handle complex issues such as whether to include the female clients's partner in counselling and how to conduct couples counselling when the woman is afraid of her partner's reaction. Providers and women are able to make SRHR decisions freely and without violence. Some programmes would need to develop protocols and clear expectations as to providers' roles in regard to couples counselling.

MINIMUM REQUIREMENTS FOR FACILITATORS OF GENDER-TRANSFORMATIVE CURRICULA

If problems should:

- Have had a chance to analyse and reflect on their own attitudes and behaviours in regard to gender equality, women's rights, sexuality, sexual diversity, violence and discrimination, and have gone through a process of transformation in non-traditional gender roles.
- Feel comfortable discussing and seeking discussions on the themes mentioned above.
- Have been the facilitator themselves and have had experience facilitating. Have other feel comfortable facilitating them.
- Have been trained in facilitation, participatory and flexible attitudes and behaviours, so they are able to: Ask questions, reflect, listen, and learn.
- Be able to engage participants in open, honest and non-judgmental discussions, and be able to deal with difficult issues.
- Be able to deal with conflicts and tensions, and be able to manage participants' needs in the context in which they are working.
- Be aware of power relations between people in a group and might come forward meeting the needs of participants with less power in the group.
- Demonstrate basic group facilitation skills, including the ability to lead a group discussion, ask questions, maintain participation with health, manage time, deal with disruptive behaviour.

STEPS FOR CAPACITY-BUILDING

There are four major steps for building staff capacity: 1) assessing capacity; 2) developing a training plan; 3) implementing the training; and 4) monitoring training changes and the capacity-building process, and 4) evaluating capacity and adjusting programming. Capacity-building includes training staff, but also involves peer training, coaching, and other ways of building skills and capacity. Capacity-building can be a small a person pretests to be a client and allows the provider to practice the skills that were taught, practicing supportive supervision and discussion sessions with other staff to discuss challenges and ways to address them.

Assessment was discussed in the assessment section of this guide, so our focus here is on the training plan, implementation, and monitoring and evaluation. Developing a training tools. Which training tools you will depend on the training needs and objectives identified during the assessment and the objectives which were defined during project design and are reflected in your logic model.

The group versions of the Learning about Gender activity and the Act like a Man, Act like a Woman activity are good tools for providers to begin to think about gender. Engaging in interactive sessions are available in their potential to be effective in Engaging About and Men in Gender Transformation. *The Group Education Manual*. *Gender Equity in Reproductive Health Programs: Tools for Developing Gender-Equitable Communication Materials*, gives further guidance on activities, and provides many different curricula,[4] which can be adapted for capacity-building and for addressing gender norms among providers, clients and communities. Lists of some of these curricula are provided at the end of the chapter. What is included here does not necessarily mean that it is the most appropriate curriculum for your organization.

Also, regardless of what tools the programme designers and/or staff will need to adapt activities when designing trainings for providers and staff. To help think of how to adapt different manuals or programme tools, a list of steps for adapting tools is provided in the Gender Equity in Reproductive Health Programs.

Developing a training plan for capacity-building includes addressing their attitudes and concerns regarding involving men in SRHR. Most of the participants will be interested for a group environment and are derived from the Engaged/Involved Men's Reproductive Health Programme Development Tool. Some of the tools listed in the Tool for Men in Sexual Health providers and programme designers to reflect about their own attitudes regarding gender equality and providing services to men and women. It is also important to engage programme designers and providers more deeply in thinking about the challenges they may experience while working with men. Providers must be aware of the ways in which their own attitudes may affect their work with men, counselling couples or a variety of SRHR issues. Providers and programme designers need also to reflect on how to handle a client's concern to engaging his or her partner, or how to deal with a client who is afraid of his partner. The Tool for Men in Sexual Health is aware whether to include the participation in family planning counselling and also to what extent the client may need to pursue contraceptive usage without his or her partner's knowledge. Providers need to be aware of their own biases and assumptions, so that they are aware of them and can avoid their own assumptions or prejudices influence service provision.

Besides training around complex programme designers need to ensure that protocols and procedures are in place which support gender-sensitive programming. The Gender Equitable Health Care Checklist provides a list of some of the protocols needed to implement couples counselling. These would need to be reflected clearly in a service site's procedures.

- Learning about Gender
- Act like a Man, Act like a Woman

RESOURCES

- Barker, G., Ricardo, C., and Nascimento, M. 2007. Engaging boys and men in changing gender-based inequity in health: Evidence from programme interventions. Geneva: World Health Organization.
- The ACQUIRE Project and Pronondo. 2008. *Engaging boys and men in gender transformation: Training manual facilitator's guide*. New York: The ACQUIRE Project (Engaged/Involved).
- Engendered Health. 1997. *Men as Partners: A program for supplementing the reproductive health services for men in Ghana*. Washington, DC: Engendered Health.
- Planned Parenthood Association of South Africa (PPASA).
- Engendered Health. 2006. Introduction to Men's Reproductive Health Services—Facilitator's Guide. Washington, DC: Engendered Health.
- Philp, L. A., Lane, J., Mahoney, P. & Mitchell, D. 2011. Gendered attitudes to contraceptive use: Development and psychometric testing of the Contraceptive Attitudes Questionnaire (CAQ). Expanding Service Delivery (ESD) Project/Jhpiego.
- International Planned Parenthood Federation (IPPF) Western Hemisphere Region. 2008. *Men's Sexuality Facilitator's Guide*.
- Instituto Promundo. 2002. *Project H Manual—Working with Young Men to Promote Health and Gender Equity*. Rio de Janeiro: Marcia V.
- Ricardo, C., Eads, M., Barker, G., Pulerwitz, J. 2010. *Men and Masculinities, 2-gender transformative behavioral change curriculum*. Washington, DC: Engendered Health.
- Population Services International (PSI). 2006. *Men's Sexuality Facilitator's Guide*. Washington, DC: PSI.
- Population Services International (PSI). 2006. *Men's Sexuality Facilitator's Guide*. Washington, DC: PSI.
- Ricardo, C. 2011. Gender-Equitable Men (GEM) scale. Washington, DC: PSI. SASCI Changing The GEM Scale: Measuring gender-equitable attitudes and behaviors among men in South Africa. Washington, DC: Population Services International