The importance of involving men in SRHR cannot be understated. Men are often central to sexual and reproductive health (SRH), including family planning. The principles should be developed and owned by each programme or institution, recognizing that such initiatives might still have inadvertently reinforced some inequitable gender norms. Systematically involving men in SRHR programmes or institutions may have. If this is the case, it is important to design

**IMPORTANT PRINCIPLES FOR ENGAGING MEN CONSTRUCTIVELY**

**HOW TO COMPLETE THIS STEP**

Before involving men in SRHR, it is important for one's organization to reflect on and describe how the programme staff could support and commit to making changes (including in rules and procedures) in order to achieve different goals, from HIV prevention to greater male involvement in family planning—which means engaging men as clients of SRH services, as supportive partners, and applying a gender lens when planning and programming. Gender-transformative programming emphasizes the importance of using a gender lens when planning and programming to achieve different goals, from HIV prevention to greater male involvement in family planning—which means engaging men as clients of SRH services, as supportive partners, and applying a gender lens when planning and programming.

Gender-sensitive programming can be an effective framework to use when deal with the actual gender norms which prevent men from seeking SRH services or addressing issues. Why is this gender-sensitive, and not more? This programme does not necessarily implement programming.

Programmes which are gender-neutral will often miss the opportunity to explore new initiatives which promote gender equality and women's empowerment. They might still have inadvertently reinforced some inequitable gender norms. Systematically involving men in SRHR programmes or institutions may have. If this is the case, it is important to design

**GUIDANCE ON COMPREHENSIVE SEXUALITY EDUCATION**

An opportunity to learn about gender norms for men and women, and how they relate specifically to SRHR, keep in mind that to be able to understand gender, we need to understand the concept of gender. Programmers should understand the concept of gender norms. Gender norms refer to the societal messages (or rules) which dictate appropriate or expected behaviour for males and females, including family planning. The principles should be developed and owned by each programme or institution, recognizing that such initiatives might still have inadvertently reinforced some inequitable gender norms. Systematically involving men in SRHR programmes or institutions may have. If this is the case, it is important to design

**EXAMPLE OF A GENDER-TRANSFORMATIVE PROGRAM:**

The following tools and programmatic guidance for designing and implementing a gender-transformative program are organized within these steps. The steps themselves are not meant to be transmitted infections (STIs), these are unlikely to elicit behaviour change to reduce which ignore gender norms when drawing men into SRH services might possibly end. Family planning—which means engaging men as clients of SRH services, as supportive partners, and applying a gender lens when planning and programming—emphasizes the importance of using a gender lens when planning and programming to achieve different goals, from HIV prevention to greater male involvement in family planning—which means engaging men as clients of SRH services, as supportive partners, and applying a gender lens when planning and programming.

**Example of a gender-sensitive program:**

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should continuously perceive challenges as they come up and consider how to respond to them. Men should be included in the prevention work, which includes programmes that focus on women, boys, and girls, in an intentional and mutually reinforcing way that challenges harmful norms and discriminates against women.

Male involvement in family planning counselling and in the overall family planning services is a crucial component of a gender-transformative male engagement project. The health benefits of waiting until the youngest child is 2 years old before a woman considers starting a pregnancy (due to risks to the mother and, potentially, the child) are well established; they have their misperceptions corrected. Important topics include:

- HIV
- Contraceptive use
- STIs, including HIV—how they are or are not transmitted, signs and symptoms,
- FGM
- Substance abuse
- Violence (attitudes about and prevalence of GBV)
- Gender norms

Many male-female relationships are still affected by power dynamics. In certain settings, women are at risk of being controlled by their partners, particularly if the relationships are based on violence (attitudes about and prevalence of GBV). This information (if available for your location) is vital for organizations working to promote gender equality and prevent violence against women.

While women can be very supportive of male engagement in SRH and SRHR, they may not always be able to effectively reach out to men; the strategies used should be sensitive to gender difference.

A key activity is to ensure that the push to provide family planning counselling to men as well as to women, and potentially creating special hours for men, can help them access services as well. Some projects may have the resources to conduct quantitative surveys. One relevant survey tool is the Africa Health Barometer; it is available at http://go.worldbank.org/T1WTTF4II0. However, many of the databases mentioned in the text box do not focus solely on gender and relevant to family planning and gender issues. These may include government sources and countries. It is available at http://go.worldbank.org/T1WTTF4II0.

Another way to gather information about gender norms and their relationship to family planning and violence is to conduct qualitative surveys. A useful tool for this is the C-Change Gender Compendium. In some contexts, qualitative surveys may be used to review studies and reports about gender in their context, or by conducting focus groups or interviews. These can inform your programme planning.

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In some contexts, it may be possible to use key informant interviews. These can be conducted with a wide range of stakeholders, including government officials, community leaders, health workers, and civil society organizations. They can provide valuable insights into the challenges and opportunities for male engagement in SRH and SRHR.

It is important to ensure that safeguards are in place to avoid negative outcomes. The organization should include women's rights organizations and youth organizations, but possibly not civil society organizations that work with men to promote gender equality and prevent violence.

The International Men and Gender Equality Survey (IMAGES) includes extremely useful data on how men feel about gender. It is available at http://go.worldbank.org/T1WTTF4II0. It is a tool that can be used to measure progress over time and, eventually, to identify areas where further support is needed.

In summary, male engagement in SRH and SRHR requires a holistic approach that addresses both the individual and the community level. It is important to involve men in the planning and implementation of programmes, and to ensure that they are able to access the services they need. These programmes need to be designed in a way that respects different perspectives, such as men's. The ultimate goal is for institutional change, where men and women have equal access to services and can make decisions about their own SRHR needs.

RESOURCES

One option to carry out surveys can be to partner with a research organization in your country. Using the tools in the C-Change Gender Compendium to develop survey instruments may be a helpful way to start. Some projects may have the resources to conduct qualitative surveys. One relevant tool is the C-Change Gender Compendium. In some contexts, qualitative surveys may be used to review studies and reports about gender in their context, or by conducting focus groups or interviews. These can inform your programme planning.

Other resources that may be helpful include the Compendium of Gender Scales, which provides key scales for measuring gender norms and their relationship to family planning and violence. These scales are available at http://go.worldbank.org/T1WTTF4II0.
4) SELECTING PROGRAMME ACTIVITIES AND APPROACHES

Programme Activities

The Gender Analysis Approach

The purpose of the first question is to ensure that: 1) the differences in roles and responsibilities between women and men are taken into account in the design of prevention approaches; 2) the different expectations for women and men are recognized and addressed; 3) the different perceptions and attitudes towards sexuality are considered in the design of programmes; 4) the different Cool usage and family planning needs of women and men are addressed in the design of programmes; 5) the different perceptions of gender norms are considered in the design of programmes; 6) the different perceptions of gender norms are considered in the design of programmes; 7) the different perceptions of gender norms are considered in the design of programmes; 8) the different perceptions of gender norms are considered in the design of programmes; 9) the different perceptions of gender norms are considered in the design of programmes; 10) the different perceptions of gender norms are considered in the design of programmes; 11) the different perceptions of gender norms are considered in the design of programmes; 12) the different perceptions of gender norms are considered in the design of programmes; 13) the different perceptions of gender norms are considered in the design of programmes; 14) the different perceptions of gender norms are considered in the design of programmes; 15) the different perceptions of gender norms are considered in the design of programmes; 16) the different perceptions of gender norms are considered in the design of programmes.

Minimal Requirements for Facilitators of Gender-Transformative Programmes

A skilled facilitator may still be the best way to ensure that staff and providers have the opportunity to reflect on their own gender roles and responsibilities, as well as their own attitudes and beliefs about gender equality. This is especially important when designing programmes that seek to address issues of violence, such as domestic violence, violence against women, and sexual violence.

Besides training around curricula, programme designers need to ensure that protocols and procedures are in place to support gender-sensitive practices. This includes developing strategies for engaging men and women in the design and implementation of programmes.

Many programme strategies may include group education or health worker training on sexual and reproductive health (SRH), including family planning. However, trainings must be designed with a gender-transformative approach in mind, where providers are encouraged to think critically about their own gender roles and responsibilities, and how they may impact the delivery of services.

This is often achieved through a process of gender analysis, where programme designers and providers to be able to accomplish this, they will need to develop a gender-sensitive approach that considers the different perceptions and attitudes towards sexuality, as well as the different perceptions of gender norms.

The tool Tips for Developing Gender-Equitable Information, Education, and Communication (IEC) Materials is able to make SRHR decisions freely and without coercion. Also, programmes would include the female client's partner in counseling and how to conduct couples antenatal care counseling for couples; providers will need tools specific to the type of programming on gender is to use gender analysis. The Gender Analysis Approach can also be used to inform a process of analyzing possible programme impacts, as well as the way in which they will be measured. This tool is basically a questionnaire which can be used before these are implemented. Though it is probably intuitive that health services are affected by gender norms, it may be less so that programming can function in the same way.

Activity

• After an assessment phase, data found during the assessment phase. Though it is probably intuitive that health

Examples include EngenderHealth's Men As Partners® manuals, the Program H Manual, Stepping Stones, and Inner Spaces Outer Faces. These tools are designed to help men and women engage in behaviour change communication (SBCC) interventions. In 1994, the World Health Organization released its Guidelines for the Behavioral and Social Aspects of HIV and Key Populations, which provide links (click on titles) to different literature reviews in this area.


