

DEVELOPMENT STAGES OF YOUNG MEN

	10-15 YEARS	16-20 YEARS	21-25 YEARS
PHYSICAL PHASES	First ejaculation; testicular growth; growth spurt	Growth spurt usually ends.	
WORRIES	Will my friends make fun of me? Am I normal? What is happening to my body?	Do I have to have sex? Will my friends think that I am a man? Will they think that I am gay?	How do I get along with women? Can I live with just one? Do I want children? What kind of relationship do I want? What type of relationship do I want?
WHERE TO REACH ME	School, youth programme, community support groups	School, workplace, military, sports	Workplace, university, community
RELATIONSHIPS	Usually still nervous with partners; sexual experimentation without penetration in most cases; masturbation—self and with others.	First sexual relationship with penetration usually occurs	More stable relationships, fatherhood (for many)
SERVICES	Mostly information services for other needs	Condoms, STI testing, HIV testing	Fatherhood support (accompany partner)

ACT LIKE A MAN, ACT LIKE A WOMAN

This activity is adapted from “Men as Partners: A Program for Supplementing the Training of Life Skills Educators” developed by Engender Health and The Planned Parenthood Association of South Africa. For more information visit the Engender Health website: www.engenderhealth.org/ia/wwm/wwmo.html

Objective

To recognize that it can be difficult for both men and women to fulfil the gender roles that society establishes.

Materials required

Flipchart paper, markers, and tape

Recommended time

45 minutes

Procedure

(1) Ask the participants if they have ever been told to “act like a man” or “act like a woman” based on their gender. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?

(2) Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.

In large letters, print on a piece of flipchart paper the phrase “Act Like a Man.” Ask the participants to share their ideas about what

this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of “act like a man” inside this box. Some responses might include the following:

- Be tough.
- Do not cry.
- Show no emotions.
- Take care of other people.

(3) Now in large letters, print on a piece of flipchart paper the phrase “Act Like a Woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the piece of paper, and write the meanings of “act like a woman” inside this box. Some responses may include the following:

- Be passive.
- Be the caretaker.
- Act sexy, but not too sexy.
- Be the homemaker.

(4) Once you have brainstormed your list, initiate a discussion by asking the questions below.

Discussion Questions

- Can it be limiting for a woman to be expected to behave in this manner? Why?
- What emotions are women not allowed to express?
- How can “acting like a woman” affect a woman’s relationship with her partner and children?
- How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?
- Can women actually live outside the box? Is it possible for women to challenge and change existing gender roles?
- Can it be limiting for a man to be expected to behave in this manner? Why?
- Which emotions are men not allowed to express?
- How can “acting like a man” affect a man’s relationship with his partner and children?
- How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?
- Can men actually live outside the box? Is it possible for men to challenge and change existing gender roles?

What would make it easier for men and women to live outside of the boxes?

Closing

The roles of men and women are changing in our society. It has slowly become less difficult to step outside of the box. Still, it is hard for men and women to live outside of these boxes.

PERSONS AND THINGS

This activity is adapted from the Programme H manual developed by four Latin American NGO's: Promundo (Rio de Janeiro, Brazil - coordination), ECOS (São Paulo, Brazil), Instituto PAPAI (Recife, Brazil), and Salud y Género (Mexico). For more information about Programme H see page 44.

Objective

To increase awareness about the existence of power in relationships and reflect on how we communicate about and demonstrate power in relationships.

Materials Required

none

Recommended Time

1 hour and 30 minutes

Procedure

(1) Divide the participants into two groups with an imaginary line. Each side should have the same number of participants.

(2) Tell the participants that the name of this activity is Persons and Things. Choose at random one group to be the "things" and one group to be the "persons."

(3) Read the following directions to the group:
 a) THINGS: You cannot think, feel, or make decisions. You have to do what the "persons" tell you to do. If you want to move or do something, you have to ask the person for permission.

b) PERSONS: You can think, feel, and make decisions. Furthermore, you can tell the things what to do.
 NOTE: It might be helpful to ask for two volunteers to first act out for the group how a "person" might treat a "thing."

(4) Ask the "persons" to take the "things" and do what they want with them. They can order them to do any kind of activity.

(5) Give the groups five minutes for the "things" to carry out the designated roles.

(6) Finally, ask the participants to go back to their places in the room and use the questions below to facilitate a discussion.

Discussion Questions

- For the "things," how did your "persons" treat you? What did you feel? Why? Would you have liked to have been treated differently?
- For the "persons," how did you treat your "things?" How did it feel to treat someone as an object?
- Why did the "things" obey the instructions given by the "persons?"
- Were there "things" or "persons" who resisted the exercise?

- In your daily life, do others treat you like “things?” Who? Why?
- In your daily life, do you treat others like “things?” Who? Why?
- Why do people treat each other like this?
- What are the consequences of a relationship where one person might treat another person like an “thing”?
- How does society/culture perpetuate or support these kinds of relationships where some people have more power over other people?
- How can this activity help you think about and perhaps make changes in your own relationships?

Closing

There are many different types of relationships in which one person might have more power over another person. The unequal power balances between men and women in intimate relationships can have serious repercussions for the risk of STIs, HIV and AIDS, and unplanned pregnancy. For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used, because of longstanding beliefs that men should be active in sexual matters and women should be passive (or that women “owe” sex to men). In other cases, a woman who is dependent on a male partner for financial support might feel that she does not have the power to say no to sex. In cases of cross-generational sex, the age and class differences between men and women can further create unequal power relations that can in turn lead to risk situations.

There are also other examples of power relationships in your lives and communities. Think of relationships between youth and adults, students and teachers, employees and bosses. Sometimes the power imbalances in these relationships can lead one person to treat another person like an object. As you discuss gender and relationships between men and women, it is important to remember the connection between how you might feel oppressed, or treated like “objects,” in some of your relationships and how you, in turn, might treat others, including women, like “objects.” Thinking about these connections can help motivate you to construct more equitable relationships with women in your homes and communities.

WANT...DON'T WANT, WANT...DON'T WANT

This activity is adapted from the Programme H manual developed by four Latin American NGO's: Promundo (Rio de Janeiro, Brazil - coordination), ECOS (São Paulo, Brazil), PAPAÍ (Recife, Brazil), and Salud y Género (Mexico). For more information about Programme H see page 44.

Objective

To stage situations that occur in negotiating abstinence or sex in intimate relationships, incorporating the arguments on the pros and cons of abstinence.

Materials required

Flip-chart paper and markers

Recommended time

2 hours

Planning tips/notes

During this activity some young men are asked to role play women. This is not always easy for young men and it should be presented as optional (an alternative procedure can be to involve the young men in a debate, rather than role play, based on the scenarios presented). In the case of the role play, it is likely that some young men will laugh during the exercise. It is important to understand how some of this laughter could be due to the awkwardness, or even discomfort, that the young men feel playing the role of women or seeing other young men play the role of women. The facilitator should be flexible to these kinds of responses, and if the moment is appropriate,

he should remind the young men of previous discussions about gender and encourage them to reflect on why we often respond in certain ways when we see men taking on traditional female roles or characteristics.

If time allows, this activity can also be used to have the group stage out the negotiation of condom use in an intimate relationship, or other possible issues such as deciding upon the number of children or how to spend household income.

Procedure

(1) Divide the participants into 4 groups and assign each group a topic of discussion from the table below.

GROUP TOPICS OF DISCUSSION

- | | |
|-----------|---|
| M1 | Reasons why men want to have sex |
| M2 | Reasons why men do not want to have sex |
| W1 | Reasons why women want to have sex |
| W2 | Reasons why women do not want to have sex |

(2) Explain that the groups (or volunteers from the groups) will be paired together to negotiate abstinence

and sex. Allow the groups 5 minutes beforehand to discuss and prepare for the negotiations.

(3a) The first negotiation:

Group M1 (men who want to have sex) negotiates with Group W2 (women who do not want to have sex). Get the individuals or groups to negotiate, imagining that the context is an intimate relationship where the man wants to have sex but the woman does not. After negotiating, ask them how they felt and what they have realized.

(3b) The second negotiation:

Group M2 (men who do not want to have sex) negotiates with Group W1 (women who want to have sex). The discussion is conducted in the same way. In both cases the facilitators write on a sheet of paper the most important arguments, both in favour and against.

(4) Open up the discussion to the larger group.

Discussion Questions

- In which way is this negotiation similar to what happens in real life?
- What makes it easier to negotiate abstinence with an intimate partner? What makes it harder?
- What happens if the negotiation happens in the heat of the moment, rather than before? Does it become easier or more difficult?
- What are the reasons why a young woman would want to have sex? To not have sex?
- What are the reasons why a young man would want to have sex? To not have sex?
- How do young men react if a woman takes the initiative in asking for sex?
- Can men ever say no to sex? Why or why not?
- Can women ever say no to sex? Why or why not?
- What have we learned from this exercise? How can we apply this in our relationships?

Closing

Many factors go into making the decision to be abstinent or to have sex. In the case of women, the fear of losing their partner or low self-esteem might lead them to accept sex. Among men, the decision to have sex might arise from peer or social pressure to prove their manhood. Moreover, communication styles, emotions, self-esteem, and unequal power relations all play a role in if and how we negotiate abstinence or sex with partners. It is important to be conscientious of how these different factors influence our own and our partner's desires and decisions and to remember that negotiation does not mean winning at all costs, but seeking the best situation for both parties.

TIPS FOR WORKSHOP FACILITATORS

- Establish ground rules regarding listening, respect for others, confidentiality, and participation.
- It is important to have a suitable physical space where activities can be carried out without any restriction of movement. Avoid classroom-style sitting arrangements. Instead, have the young men sit in a circle during discussions to promote more exchange. The space should also be private in the sense that young men should feel comfortable discussing sensitive topics and personal opinions.
- Include as much physical movement as possible to keep the participants alert and interested.
- Be friendly and create rapport with your participants.
- Be sure to dress appropriately. You should look approachable, but professional.
- Remember that information should be provided in non-authoritarian, non-judgmental, and neutral way. You should never impose your feelings on the participants.
- Be conscientious of the language and messages which are presented to young men.
- Remember that although young men often act as if they are knowledgeable about sex they often have concerns about relationships and sexual health, including about such things as puberty, penis size, and how to communicate with a female.
- Involve the young men in choosing the themes for discussion and make the themes personally meaningful. Remember to always reflect on activities and ask the participants how they can apply what they have learned in their own lives.
- Young men respond positively to participatory style activities that are entertaining and educational. For example, role plays allow young men to explore problems they might not feel comfortable discussing in other settings. Role plays also help young men practice various skills, such as negotiation, refusal, and decision-making as well as how to use a condom correctly. Remember that some young men may not be comfortable with physical contact during role playing or with taking on the role of female characters. An alternative to role plays is to use debates where participants will need to argue perspectives that they might or might not normally consider.
- Do not aim to instil fear as young men can often “switch off” or feel paralyzed.
- Encourage participants to be honest and open. They should not be afraid to discuss

sensitive issues. Encourage the young men to honestly express what they think and feel, rather than say what they think the facilitator wants to hear.

- If a participant makes an exaggerated statement or gives misinformation/myth during a discussion, try to ask for clarification and be sure to provide accurate facts and information. You can also ask if another participant has a different opinion, or if no one offers a different opinion, you can offer your own along with facts to support your view.
- Check your own assumptions. Be aware of whether young men from particular social, cultural, or religious backgrounds seem to trigger strong emotions in you. Use your reaction as an opportunity to reflect and reach past your own assumptions or prejudices.
- Have regular check-ins. Check-ins usually occur at the beginning of each session. They are a time when you can ask participants:
 - 1) How has it been since we last met?
 - 2) Has anything new happened?
 - 3) Have you talked to anyone about the issues we discussed in our last session?
- Provide further resources which young men can use to obtain more information or support about the issues discussed in the workshop. For example, you may need to tell participants where to obtain condoms or go for voluntary counselling and testing.

If important issues come up during the check-in, do not be too rigid about the planned agenda. Allow some space to deal with the young men's issues.

CHECKLIST FOR YOUNG MEN-FRIENDLY SERVICES ¹

- It is easy for a young man to schedule an appointment.
- Staff who will be interacting with young men (e.g. health care providers, lab technicians, health educators, social workers, and receptionists) have been trained in how to listen to and counsel young men in a non-judgemental and culturally appropriate manner.
- During each consultation/visit, clients are provided with comprehensive information and services that respect differences in social class, family values, stages of development, race/ethnicity, and sexual orientation
- Young men are treated in a holistic manner during each visit – that is, both their medical and social needs are evaluated. Should access to a social worker or referral to a specialist be necessary, this process is as simple as possible for the young man. (This includes identifying specialists and social workers that are accustomed to working with youth, and preferably young men in particular.)
- The facility is open during hours that do not conflict with school or work. (This often requires evening and weekend hours.)
- It is easy for young men to acquire condoms or any medications they need.
- Young men are explained their right to privacy and confidentiality during visits and consultations – and these policies are strictly upheld by all staff.
- Doctors and nurses feel comfortable speaking with young men about sexual behaviours and prevention of HIV and STIs.
- Educational activities are conducted where peer educators can discuss the importance of sexual and reproductive health care. Preferably, these are conducted in separate, youth-only spaces, but they may also be conducted in waiting rooms.

1. Adapted from McIntyre (2002) and Armstrong (2003)

- When educational activities are not being conducted, some form of entertainment is available, e.g., magazines or a TV showing sports or other entertainment shows.
- The facility décor is attractive to young men and includes pictures of young men engaging in health-promoting behaviours, e.g., young men holding and/or feeding babies.
- The services provided for young men are well-advertised in the community. For example, the clinic staff frequent community events popular among young men, such as school dances or sporting events, to distribute information regarding clinic services.
- Referral relationships have been established with organizations and clinics that specialize in male health issues.
- The service provider recognizes that many young men have fears and anxieties about seeking health care services. Community-specific promotional materials, such as videos or pamphlets, have been developed to address these issues.

SURVEY FOR HEALTH SERVICES STAFF

This activity is Adapted from EngenderHealth's Men's Reproductive Health Problems – Trainer's Resource Book. For more information visit the Engender Health website: www.engenderhealth.org

Instructions

Answer the following questions about your background and your experience in the health care profession. For multiple-choice questions, please check only one box.

(1) I am a...

- Doctor/nurse practitioner/physician's assistant
- Nurse
- Medical assistant/paramedic/nurse's assistant
- Receptionist/clinic support staff
- Other (describe)

(2) I am...

- Male
- Female

(3) How many years have you worked at this health care facility? (if less than one year, write 0)

_____ years

(4) How many years have you worked in the health care profession? (if less than one year, write 0)

_____ years

(5) Have you ever attended a training course on the management of young men's sexual and reproductive health problems or concerns?

- Yes
- No
- Not sure

Read the following statements, and decide which of the organs/glands/reflexes listed below is being described. Write the letter of the organ/gland/reflex (A, B, etc.) on the line provided next to the statement. If you do not know the answer, write DK (do not know) on the line provided next to the statement.

- A. Cowper's glands
- B. Cremaster reflex
- C. Epididymis
- D. Hypothalamus gland
- E. Bulbocavernosus reflex
- F. Prostate gland
- G. Scrotum
- H. Urethra
- I. Testes
- J. Valsalva maneuver
- K. Vas deferens
- L. Seminal vesicles

TOOLS YOUNG MEN FRIENDLY HEALTH SERVICES

(6) ____ A client may be asked to do this to check for an inguinal hernia.

(7) ____ This walnut-sized structure secretes fluid that makes up semen.

(8) ____ These are two pea-sized glands located at the base of the penis under the prostate gland that secrete a clear fluid during sexual arousal and before ejaculation.

(9) ____ These are the pair of glandular sacs that secrete some of the fluid that makes up the semen, the white, milky fluid in which sperm are transported..

(10) ____ This is important to check if a client has a history of erectile dysfunction.

(11) ____ This is one of two paired tubes that carry the mature sperm from the epididymis to the urethra.

(12) ____ This structure produces gonadotropin-releasing hormone (GnRH).

(13) ____ This superficial skin reflex is elicited by stroking the skin of the inner aspect of the thigh in an upward motion, causing the contraction of a muscle and elevation of the testicle.

(14) ____ This is one of two highly coiled tubes against the back of the testes where sperm mature and are stored until they are released during ejaculation.

(15) ____ This is a protective skin covering that has a thin layer of muscle, known as the dartos muscle, underneath its surface.

Read the following statements, and decide whether you think each one is true (T) or false (F). Circle the response that more closely matches your opinion about the statement. If you do not know the answer, circle DK (do not know).

(16) Ulcers (sores) on the mouth or lips could be a symptom of a sexually transmitted infection (STI).

T F DK

(17) The cremaster reflex is the penile erection response to touch on the lower abdomen.

T F DK

(18) Chronic health conditions, such as diabetes, will not affect a man's sexual functioning.

T F DK

(19) Depression and stress can cause impotence in men.

T F DK

(20) Prolonged, painful erections in the absence of sexual arousal are not a medical concern.

T F DK

(21) A couple is not considered infertile until they have been trying to conceive for one year.

T F DK

(22) Herpes can be cured with antibiotics.

T F DK

TOOLS YOUNG MEN FRIENDLY HEALTH SERVICES

(23) The PSA is a screening test for testicular cancer.

T F DK

(24) The skin around a cancerous breast feels like the skin of an orange.

T F DK

(25) Scrotal temperatures do not affect a man's fertility.

T F DK

(26) All men should be screened for prostate cancer.

T F DK

(27) Sperm require 12 days to travel through the epididymis.

T F DK

(28) Peyronie's disease is a very common illness in men.

T F DK

(29) Zinc is an important mineral for men's sexual functioning.

T F DK

(30) When a service provider performs a genital examination, it is important to do the testicle examination at the beginning.

T F DK

Read the following statements, and decide whether you strongly agree, agree, disagree, or strongly disagree with each one. Check the answer that most closely matches your opinion about the statement.

(31) I would feel uncomfortable answering questions about male sexuality.

Strongly agree Agree
 Disagree Strongly disagree

(32) I would feel comfortable speaking to a male client about any sexual and reproductive health issues he may have.

Strongly agree Agree
 Disagree Strongly disagree

(33) I would feel uncomfortable telling a male or female client to inform all partners (including a spouse) about a diagnosed STI.

Strongly agree Agree
 Disagree Strongly disagree

(34) I have sufficient knowledge about male fertility to counsel a couple who are having difficulty conceiving.

Strongly agree Agree
 Disagree Strongly disagree

(35) I can effectively ask specific and appropriate questions to take a male sexual and reproductive health history.

Strongly agree Agree
 Disagree Strongly disagree

(36) I would feel comfortable talking to a male client about his sexual history and behaviours.

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly disagree |

(37) I would feel comfortable asking open-ended male sexual and reproductive health questions to get the necessary information to make a diagnosis.

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly disagree |

(38) I know all the necessary steps to effectively perform a male genital examination.

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly disagree |

(39) I would feel comfortable explaining to a male client what I am doing while performing a male genital examination.

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly disagree |

(40) I can easily make a male client feel comfortable during a genital examination.

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly disagree |

SURVEY ANSWER KEY¹

In the answer key that follows:

- Answers will be circled, checked, and/or written in bold.
- Questions 1 through 6 are demographic questions. They should be used to provide an overview of the participant's experience, not to evaluate the effectiveness of the training.
- Questions 37 through 46 are opinion questions, so there are no right or wrong answers.

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(11) K This is one of two paired tubes that carry the mature sperm from the epididymis to the urethra.

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(13) B This superficial skin reflex is elicited by stroking the skin of the inner aspect of the thigh in an upward motion, causing the contraction of a muscle and elevation of the testicle.

(14) C This is one of two highly coiled tubes against the back of the testes where sperm mature and are stored until they are released during ejaculation.

(15) G This is a protective skin covering that has a thin layer of muscle, known as the dartos muscle, underneath its surface.

1. This examination is taken from EngenderHealth's Men's Reproductive Health Problems – Trainer's Resource Book.

TOOLS YOUNG MEN FRIENDLY HEALTH SERVICES

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TAKING A COMPREHENSIVE SEXUAL HISTORY¹

A comprehensive sexual history is important for determining the type of information, counselling and services that a young man should receive. It should include questions about sexual behaviour, condom use, current partners, pregnancy, sexual enjoyment, STI/HIV history as well as negotiation and decision-making in relationships, including instances of intimate partner violence and sexual coercion (Sonenstein 2000). Since most of the questions are very intimate, taking a history requires that the health professional first establish an atmosphere of trust and comfort between himself/herself and the young man. It is important to remember that this is not an occasion to preach or to judge, but rather, an opportunity to help the young man identify his personal risks, as well the resources in his lives and community which could help him to make positive changes (Armstrong 2003; Sonenstein 2000).

- Have you ever had sexual intercourse?
- How many people have you had sexual intercourse with?
- Do you have sex with women, men or both?
- Do you always use condoms with regular sex partners? Do you always use condoms with occasional sex partners? If no, why not?
- When was the last time you had sex? Did you use a condom?
- Have you ever gotten a girl pregnant? If yes, what happened after she got pregnant?
- Do you ever use drugs or alcohol before or during sexual relations?
- Do you use drugs regularly? What kind?
- Are you in a steady relationship now? With a woman or with a man? How long have you been with this person? Do you feel close to this person? How do the two of you decide when you are going to have sex?
- Do you and your main partner want to have a baby soon? If not, what do you two do to keep from getting pregnant?
- How do the two of you resolve differences?
- Have you ever hit or yelled at your partner?
- Has your partner ever hit or yelled at you?
- Do you enjoy your sex life?
- Do you have problems having an erection?
- Have the two of you ever spoken about STI's or HIV and AIDS?
- Have you ever had or been treated for an STI?
- Have you ever been tested for HIV? If yes, When? What was the result? If no, are you interested in being tested?
- Has your partner been tested? If yes, When? What was the result? If no, is he/she interested in being tested?

1. Adapted from Sonenstein 2000

INFORMATIONAL HANDOUT ON PREVENTATIVE EXAM FOR TESTICULAR CANCER

Preventative Exam for Testicular Cancer

Testicular cancer, while seldom discussed, accounts for 1% of cancers in men and is most common among men aged 15 to 35.

Generally, the cancer only affects one testicle and, once removed, does not present any sexual or reproductive complications for the man.

Today, testicular cancer is relatively easy to treat, particularly when detected in the early stages.

The most common symptom is the appearance of a hard nodule about the size of a pea, which does not cause pain.

CARRYING OUT A TESTICULAR EXAM STEP-BY-STEP

- (1) The self-examination should be done once a month after a hot shower – the skin of the scrotum relaxes with the heat, enabling one to locate any irregularities in the testicles.
- (2) Stand in front of a mirror and examine each testicle with both hands. The index and middle finger should be placed on the lower part of the testicles and the thumb on the upper part.
- (3) Gently rotate each testicle between the thumb and the index finger, checking to see if they are smooth and firm. It is important to also palpate the epididymis, a type of soft tube at the back of the testicle.
- (4) The size of each testicle should be noted to verify that they are their normal size. It is common for one testicle to be bigger than the other.
- (5) In case lumps are found, it is important to contact a doctor immediately. Nodules will generally be found on the side of the testicles, but they can also be found in the front. Not every lump is cancerous, but when it is, the disease can spread rapidly if not treated.

INFORMATIONAL HANDOUT ON PREVENTATIVE EXAM FOR CANCER OF THE PENIS

Preventative Exam for Cancer of the Penis

Lack of hygiene is one of the most common causes of cancer of the penis. Thus, the first step to prevent this disease is to wash the penis with soap and water on a daily basis and after sexual relations and masturbation. When discovered at early stages, cancer of the penis can be cured and treated easily. If left untreated or caught late, it can spread to internal areas such as ganglions and cause mutilation or death.

SELF-EXAMINATION OF THE PENIS

Once a month, the man should carefully examine his penis, looking for any of the following signs:

- Wounds that do not heal after medical treatment
- Lumps that do not disappear after treatment and which have secretions with bad odour
- Persons with phimosis who, even after succeeding in squeezing the glands, have inflammation (redness and itching) for long periods
- Whitish stains or loss of pigmentation
- Appearance of bulbous tissues in the groin

These symptoms are more common in adults, and if any of them appear, it is necessary to consult a doctor immediately. Another important precaution is to be examined by a urologist once a year.

CREATING CAMPAIGNS: STEP BY STEP

Below are steps to creating an HIV prevention campaign which incorporates a gender perspective. The length of time necessary for these steps will vary depending on resources available and can range from weeks to months. It is important that young men be involved in all steps. Often they are only involved as respondents in the data collection for a needs-assessment or in the stage of testing campaign images and messages. However, campaigns are more likely to be engaging and effective when youth are involved throughout.

Carry out a needs-assessment

This should include information about young men's gender-related attitudes, knowledge about HIV and AIDS, and behaviors and practices related to prevention. It should also include a mapping of media and social networks which could be tapped into as part of campaign strategies (see other Campaign Tool and section on Needs Assessment).

Develop a profile of a "typical" young man for each of the campaign target areas or populations

A useful technique for laying out the characteristics of the target group of young is to create a character profile. This involves developing a profile of a "typical" young man from the target group, thinking about various characteristics, including: socio-demographics, hobbies, attitudes about gender roles, sexual behaviours including condoms use and number and type of partners, access to and use of social services and programmes, knowledge about HIV transmission, HIV and AIDS risk perception and general aspirations. It can be helpful to give a name to this young man and to create a physical appearance for him. For example, for the development of Hora H campaign in Brazil¹, peer promoters created a fictional character called Calixto, a young man, aged 19, from their community (see box).

Character Sketch for Calixto: Calixto is 19 and likes to play football, to go to funk dances and hang out in the local plaza. He was a young man who likes to take care of himself and keep his hair short. At 13, he had sex for the first time with his cousin Suzi. He does not use condoms often. He once gave his girlfriend a slap because she asked if he would use a condom. He got a bit nervous, thinking that she was not being faithful or she thought he was not being faithful. He talks to his friends about his sexual conquests. Some of his friends use condoms from time to time, but often just the first time in the night, but not the second time. Calixto has the basic information, but he does not worry too much about STIs or HIV and AIDS.

Although this technique requires a degree of generalization about the target group, it is not intended to diminish the diversity that exists among young men, but rather, assist in the process of developing messages and strategies which would be attractive to and appropriate for the target group as a whole.

1. For more information on the Hora H campaign see page 72.

Define sub-themes for the campaign

Within the themes of gender-equity and HIV prevention, it is necessary to identify sub-themes, such as communication with partners about condom use and HIV and AIDS testing, which will be the basis for the campaign. These sub-themes should be defined based on what the needs-assessment identifies as necessary and/or appropriate for the target group.

Develop basic messages for each of the campaign themes

This is the step which often requires the most creativity and time. As discussed in the module, campaigns messages which are positive and action-oriented are often more attractive and inspiring than those which demean men and/or focus only on negative consequences. Constructive examples include the Hora H campaign in Brazil which promotes a “cool” and hip lifestyle for young men based on caring and equitable attitudes and the Strength Campaign in the USA which emphasizes that a man’s real strength is demonstrated through respect and compassion, not force or dominance.

Map sources of influence and information

This involves identifying and understanding the different sources of influence and information which shape young men’s attitudes and behaviours related to gender, relationships and HIV prevention. These sources can be groups of people such as peers and families, institutions such as schools and health services or media vehicles such as newspapers or TV. Again, this should come from information

collected during the needs-assessment and input of young men and other stakeholders involved in the process (see other Campaign Tool).

Define the most strategic media and social channels based on the profile and mapping of influence and information

Building on the profile and the mapping of the influences/information, the next step is to define which media (e.g. radio, magazines, billboards) and social (e.g. peer educators, local celebrities) channels would be the most strategic in reaching the young men and or secondary audiences with messages about positive models of masculinity and HIV prevention. It is important to also keep in mind young men’s access to these different channels and the technical and financial feasibility of utilizing them for the campaign.

Pre-test with young men and secondary audiences

This is the process of confirming that campaign messages are clear and relevant and inform and/or mobilize young men as intended. Involving young men and secondary audiences in the campaign development process helps to ensure the relevance and impact of messages, however it is still necessary to also carry out extensive pre-testing to ensure that messages are widely understood. Pre-testing can be done through one-on-one interviews and/or focus groups with selected young men from the target group itself. It is also important to pre-test messages with secondary stakeholders to ensure that they are acceptable and appropriate and will not generate backlash.

MAPPING YOUNG MEN'S MEDIA AND SOCIAL NETWORKS

The questions below can be useful for identifying the different media and social channels by which campaigns can reach young men. It is important that they first be pre-tested to confirm that they are clear and relevant for the specific context. The section on needs-assessment, monitoring and evaluation provides guidelines on the pre-testing and application of survey questions.

(1) Do you go to school?

- Yes
- No (Skip to Question 3)

(2) Are you involved in any non-academic activities at school? If yes, please describe.

(3) Do you work?

- Yes
- Where? _____
- How often (e.g. days/hours per week)? _____

No

(4) Describe a typical day for you:

Morning _____

Afternoon _____

Evening / Night _____

(5) On weekends, what do you usually do?

(6) Do you practice a sport?

- Yes
- Which? _____
- Where? _____
- How often (e.g. days/hours per week)? _____

No

Would you like to practice a sport? Which?

(7) Do you attend sporting events?

- Yes
- Which? _____
- Where? _____
- How often (e.g. days/hours per week)? _____

No

Would you like to attend sporting events?

Which? _____

(8) Are you involved in kind of religious activities?

- Yes
- Which? _____
- Where? _____
- How often (e.g. days/hours per week)? _____

No

(9) Are you involved in any cultural or leisure activities (music, dance group, theatre, etc.)?

Yes

Which? _____

Where? _____

How often (e.g. days/hours per week)?

No

Would you like to participate in a cultural or leisure activity? Which?

(10) Do you listen to music?

Yes

What type (e.g. home, cyber house)?

Where (e.g. CD, radio, internet)?

How often (e.g. days/hours per week)?

No

(11) Do you read newspapers, magazines or comic books?

Yes

What type? _____

How often (e.g. days/hours per week)?

No

(12) Do you watch TV?

Yes

What kind of shows? _____

How often (e.g. days/hours per week)?

No

(13) Do you use a computer?

Yes

Where (e.g. home, cyber house)?

How often (e.g. days/hours per week)?

No

(14) Do you use the Internet?

Yes

Where (e.g. home, cyber house)?

How often (e.g. days/hours per week)?

No

(15) Do you have a group of friends with whom you hang out?

Yes

Where (e.g. school, street)?

What do you usually do together?

How often (e.g. days/hours per week)?

No

(16) Do you have someone or somewhere you go to when you have a health-related question?

Yes

Who/Where?

No

DEVELOPING A FACT SHEET ABOUT YOUNG MEN AND HIV PREVENTION

An essential tool for any advocacy effort related to young men and HIV prevention is a fact sheet. It should include the “why” and “what” of the issue at hand and should be presented in a straightforward and easy-to-read style. The “why” should include factual and compelling information on the role young men play in HIV prevention. This type of information can be gathered from local organizations working on HIV and AIDS, Departments and Ministries of Health, Demographic and Health Surveys (www.measuredhs.com) and UNAIDS (www.unaids.org), among other sources. The second component of the fact sheet, the “what,” should outline concrete actions that can be taken to positively engage young men in HIV prevention. These suggested actions should be adapted to the target audience and local context. It is also important to include websites and other sources where individuals or organizations can seek additional information on young men and HIV and AIDS.

Below is an example of a short fact sheet designed for health services administrators and professionals. The “why” describes how young men’s sexual and health-seeking behaviours put both themselves and women at risk. The “what” presents several concrete suggestions for promoting young men-friendly health services.

Fact sheet: young men, HIV prevention and health services

THREE COMPELLING REASONS TO ENGAGE YOUNG MEN IN HIV PREVENTION ACTIVITIES¹

1. YOUNG MEN’S BEHAVIOUR PUTS WOMEN AT RISK

On average, young men have more sexual partners than young women. Also, HIV and AIDS is more

easily transmitted sexually from a man to a woman than from a woman to a man. Thus, a young man who is HIV positive is likely to infect more persons than a young woman who is HIV positive.

2. YOUNG MEN’S BEHAVIOUR PUTS THEMSELVES AT RISK

Young men are more likely than women to use alcohol and other substances, behaviours that increase their risk of HIV infection. Additionally,

1. Adapted from Sonenstein 2000 and UNAIDS YEAR.

young men are often negligent about their health and well-being and are less likely than young women to seek health care.

3. THE ISSUE OF MEN WHO HAVE SEX WITH MEN (MSM) HAS BEEN LARGELY HIDDEN.

Surveys from various parts of the world find that between 1%-16% of all men report having had sex with another man, regardless of whether they identify themselves as gay, bisexual, or heterosexual. For young men who are gay, or who have sex with men, prejudice and stigmatization can lead them to practice their sexuality clandestinely and inhibit them from seeking out sexual health information and services, thus creating situations of extreme vulnerability to HIV and AIDS.

YOUNG MEN-FRIENDLY HEALTH SERVICES ARE AN IMPORTANT PART OF HIV PREVENTION

Providing young men-friendly health services is an important piece to promoting young men's access to and use of HIV prevention information, methods and support. Unfortunately, many young men avoid health services because they are not "male-friendly." Below are some suggestions for making your health services more friendly and accessible to young men:

- Decorate the waiting rooms to be attractive to young men. Avoid colours and decorative items that are considered specific to women and babies. Display posters of young men

engaging in health-promoting behaviours such as holding/feeding a baby or wearing a bike or motorcycle helmet.

- Display client-education materials in the waiting and examination rooms that provide information on issues relevant to young men, including the male genital self-examination.
- Provide training for health workers on the importance of working with young men, including the opportunity to deconstruct their own gender beliefs and how they might impact their professional interactions with young men.
- Clearly announce the availability of services for young men in posters and promotional materials which are distributed in the community.
- Make condoms readily available. Display signs saying "Condoms available" (for sale or free) at the reception desk or another area where men are likely to view them. Stocking more than one brand of condom, if possible, helps reinforce that idea that the health services takes men's contraceptive and disease-protection seriously.
- Offer a flexible schedule of services, including evenings and weekends, to accommodate young men and their work and/or school schedules.

REFLECTION ACTIVITY: BUILDING ALLIANCES

This activity is an adaptation of *Expanding Alliances*, written by Michael Kaufman as part of the Family Violence Prevention Fund's Toolkit for Working with Men and Boys. It is intended to be used with staff and volunteers of organizations at the beginning of planning or discussing new partnerships and alliances. The original activity can be found at <http://toolkit.endabuse.org/Resources>.

Objective

to examine the possibilities, advantages, and challenges of building new alliances to increase the effectiveness and reach of efforts to engage young men in HIV prevention.

Materials Required

Flipchart and markers

Recommended time

Total minimum time is about 90 minutes, but it is recommended that the group reserve up to 3 hours. The activity can be done in one session, but also works well divided in half: Steps 1–3 then 4, or Steps 1–2 then Step 3-4.

Procedure

(1) General reflections on Establishing New Partnerships (20–25 minutes)

The questions below are designed to help generate reflections about expectations and perceived benefits and obstacles of new partnerships. It might be interesting for the group to consider organizations or individuals with whom they think it might be particularly challenging to work with but with whom they believe it would

be worthwhile to try to establish partnerships. It is important that the group keep in mind that these questions are only the first step in a longer process. They should focus only on exploring feelings about possible new partnerships. More specific discussions about potential partners and next steps will come later.

Discussion Questions

- How do you feel about working with other organizations in partnerships and alliances?
- What might be the benefits? What might be the challenges?
- Imagine we might be working closely with people who, in the past, you didn't see as potential allies. How do you feel about working with them?
- How do other organizations perceive our organization (or its constituent parts)?
- How do these perceptions act as obstacles to collaborations?

(2) Success Stories (10 minutes)

The questions below invite the group to reflect on past examples of successful partnerships and how they can learn from these examples to build new partnerships.

Discussion Questions

- How have we worked in the past to break down barriers in building new alliances and involving men and boys? What are some of our success stories?
- Which of our resources, approaches, or past successes open up possibilities for expanding alliances? What do we have to offer?
- What do we have to learn?

(3) Identify Potential Partners

(20–25 minutes)

The goal of this step is to brainstorm potential partners. Prior to the session, the facilitator should write out the column headings below on several sheets of flip-chart paper and invite the group to brainstorm one column at a time. The notes below can help to identify what fits into each column. The group should keep in mind that this is not the time to evaluate or debate the pros and cons of the different potential partners. This will be done in next step.

Column Headings:

- Potential partners
- Benefits/reasons for working together
- Barriers to working together
- Resources and ideas to overcome barriers
- How working with them fits (or doesn't fit) with our priorities and strengths

Potential partners

This can include a wide range of institutions and organizations, e.g., existing men's organizations and service clubs dominated by men; existing

women's organizations and service clubs dominated by women; faith-based institutions; community groups; corporations; trade unions and professional associations; schools; scouts, sports clubs, and other youth organizations; high-profile individuals; different levels of government; non-governmental organizations; and so on.

Benefits/reasons for working together

This includes the reasons and benefits of a partnership with the specific organization or group. For example, you may wish to work with an organization to gain contact to another organization that they are affiliated with. In other cases, the reason to work with a certain organization might be its weight in the community: it's the largest corporation in the area, the only university, and so on.

Barriers to working together

There are the potential obstacles to building a partnership with the specific organization or group.

Resources and ideas to overcome barriers

These include the practical resources and ideas, e.g. personal connections, physical proximity, knowledge which can help to overcome the potential barriers to establishing a partnership with the specific organization or group.

(4) Prioritizing (15–30 minutes)

The facilitator should review the chart developed in Step 4 and invite the group to categorize the potential partners according to the criteria below.

The A List: High potential of partnership. An organization or institution on this list is particularly important and there are tangible benefits to working together. The barriers seem surmountable, and a partnership would fit into your mandate and priorities.

The B List: An organization on this list has some potential, but it's not solid in as many categories, or one category seems daunting.

The C List: There may be few benefits to working with these organizations, or perhaps there are far too many barriers and no resources to overcome them.

(5) An Action Plan (25–60 minutes)

The questions below are designed to help the group develop an action plan. Initially, the group should focus on the organizations in the A List. These same questions can then be repeated at another moment with organizations in the B List.

- How can we involve some of our traditional allies and partners in this initiative, or what information do we need to share with them about what we're doing?
 - Who will take responsibility for drafting a proposal or making the first contact?
-
- Are there specific initiatives, campaigns, issues in the community, or events that we could approach this organization about?
 - Do we want to start with one group, or do we want to approach several groups?
 - If the latter, should we develop separate initiatives or should we try to bring a coalition together? (Keep in mind that your organization will need to meet separately with each group. You've been through a thinking process on this, but they may not have.)

SAMPLE LOGICAL FRAMEWORK¹

A logical framework is a useful tool for planning, monitoring and evaluating projects. It presents key information about the project (e.g. goals, activities, indicators) in a clear, concise, logical and systematic way. The framework should be completed in partnership with donors, beneficiaries and other stakeholders prior to the onset of any activities. It is important to keep in mind that the framework should not be set in concrete – it should be flexible to changes or adaptations that may be deemed necessary during the monitoring process or consultations with donors, beneficiaries and others throughout the life of the project.

The parts to a logical framework are:

GOAL: contribution of the project to a wider problem or situation.

PURPOSE: change that occurs if the output is achieved – the effect.

OUTPUT: specifically intended results from project activities.

ACTIVITY: tasks necessary to achieve the output.

INDICATORS: qualitative and quantitative ways of measuring whether the outputs, purpose and goal have been achieved.

MEANS OF VERIFICATION: how and from what sources of information each of the indicators will be confirmed.

ASSUMPTIONS: external factors on which the success of the project depends and which management has little control.

See other side for a sample logical framework related to providing young men-friendly services.

1. Adapted from <http://vietnam.unfpa.org/documents/2RHIYAVietNamLogframe.doc>; <http://www.gdrc.org/ngo/logical-fa.pdf>
1. UNFPA Vietnam 2004
2. Bond 2003

TOOLS NEEDS ASSESSMENT, MONITORING AND EVALUATION

	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>GOAL</p> <p>To contribute to decreased HIV, AIDS and STI risk of youth in Rio de Janeiro, Brazil.</p>	<p>By 1-2 years after the completion of the project:</p> <ul style="list-style-type: none"> • Reduced rate of HIV and AIDS and STI incidence among youth 	<ul style="list-style-type: none"> • National and Local AIDS Programme statistics • Demographic and Health Surveys 	<p>Government policies and socio-cultural norms support reduced HIV, AIDS and STI risk for youth.</p>
<p>PURPOSE</p> <p>To increase the HIV prevention behaviour/ practices of young men and increase utilization of HIV prevention services by young men in target communities.</p>	<p>By completion of the project:</p> <ul style="list-style-type: none"> • Increase number of young men who used condom at last sex by 30% • Increase number of young men using sexual and reproductive health services by 30% • Increase number of young men who seek HIV and AIDS testing by 30% 	<ul style="list-style-type: none"> • Pre/post intervention survey 	<p>Government policies and socio-cultural norms support positive changes in young men's HIV prevention behaviours.</p>
<p>OUTPUTS (DELIVERABLES)</p> <p>1) Trained providers and staff at services</p> <p>2) Upgraded, young men-friendly clinic spaces and services</p>	<ul style="list-style-type: none"> • Change in awareness/ attitudes of provider/ staff regarding young men's health and development needs • Increase in number of young men who perceive spaces and services as friendly and relevant 	<ul style="list-style-type: none"> • Pre/post training survey with providers and staff • Training reports • Pre/post intervention survey • Client surveys 	<p>Service providers and staff committed to engaging young men in health and HIV prevention services.</p>
<p>ACTIVITIES</p> <p>Carry out trainings with providers and staff on young men's health and development needs</p> <p>Organize space and services, including condom provision and VCT, to be friendlier to young men.</p>	<p>Note: The activities are carried out to achieve the outputs therefore, the progress and success of the activities are measured by the indicators at the Outputs level.</p> <p>These "spare" boxes can therefore be used to provide any useful additional information such as Inputs and Budgeting requirements.</p>		<p>Service providers and staff committed to engaging young men in health and HIV prevention services.</p> <p>Services providers and staff have time and interest to participate in trainings.</p> <p>Health clinics have resources, time and interest to adapt spaces.</p>

THE GENDER-EQUITABLE MEN SCALE (GEM SCALE): MEASURING ATTITUDES TOWARD GENDER NORMS¹

Horizons and Promundo developed the Gender-Equitable Men (GEM) Scale to measure attitudes toward manhood and gender norms related to sexual and reproductive health promotion and disease prevention, partner violence, and sexual and intimate relationships, among other topics. The original 35-item scale was validated with a representative sample of men aged 15–60 in three communities—two low-income and one middle-income—in Rio de Janeiro. It was administered as part of a larger household survey which included questions addressing a number of variables that were theoretically related to gender-equitable norms, including socio-demographic status, relationship history, history of physical violence, and current safer sex behaviours. The testing confirmed that the attitude questions held together, meaning that young men answered in fairly internally consistent ways. That is, a young man who said he tolerated or even supported violence against women was also likely to show non-equitable or male-dominant views on other questions, such as believing that taking care of children was exclusively a woman's responsibility. Moreover, young men's attitudes were highly correlated with self-reported use of violence against women, confirming that the ways young men answered the questions were correlated to how they say they act.

The GEM scale can be used both as a needs assessment tool as well as an evaluation instrument. The scale, however, is particularly useful because it can be applied to a large number of young men in a relatively short amount of time. It is, of course, not perfect and it does not capture much of the rich detail or nuances related to gender attitudes and norms which can be explored in focus groups and in-depth individual interviews. However, when time and resources are scarce, the attitude questions can be a relatively fast way to get a

general sense if young men who participate in activities are changing in positive ways. And, by being able to apply the questions to a large number of young men, the data is quite useful for influencing policymakers who are often interested in achieving large scale impact.

The GEM scale

Below are the items for the GEM scale. Answer choices are: Agree, Partially Agree, and Do Not Agree and Do Not Know. Instructions on scoring procedures are described below.

1. Adapted from text written by Julie Pulerwitz. Barker and Pulerwitz 2007

SUBSCALE 1: "INEQUITABLE" GENDER NORMS

1. It is the man who decides what type of sex to have.
2. A woman's most important role is to take care of her home and cook for her family.
3. Men need sex more than women do.
4. You don't talk about sex, you just do it.
5. Women who carry condoms on them are "easy".
6. Changing diapers, giving the kids a bath, and feeding the kids are the mother's responsibility.
7. It is a woman's responsibility to avoid getting pregnant.
8. A man should have the final word about decisions in his home.
9. Men are always ready to have sex.
10. There are times when a woman deserves to be beaten.
11. A man needs other women, even if things with his wife are fine.
12. If someone insults me, I will defend my reputation, with force if I have to.
13. A woman should tolerate violence in order to keep her family together.
14. I would be outraged if my wife asked me to use a condom.
15. It is okay for a man to hit his wife if she won't have sex with him.
16. I would never have a gay friend.
17. It disgusts me when I see a man acting like a woman.

SUBSCALE 2: "EQUITABLE" GENDER NORMS

18. A couple should decide together if they want to have children.

19. In my opinion, a woman can suggest using condoms just like a man can.
20. If a guy gets a woman pregnant, the child is the responsibility of both.
21. A man should know what his partner likes during sex.
22. It is important that a father is present in the lives of his children, even if he is no longer with the mother.
23. A man and a woman should decide together what type of contraceptive to use.
24. It is important to have a male friend that you can talk about your problems with.

Items that Were Dropped (But May Still be Relevant in Other Circumstances)

25. A man always deserves the respect of his wife and children.
26. If she wants, a woman can have more than one sexual partner.
27. If a woman cheats on a man, it is okay for him to hit her.
28. Men can take care of children just as well as women can.
29. Real men only have sex with women.
30. Above all, a man needs respect.
31. If a man sees another man beating a woman, he should stop it.
32. Women have the same right as men to study and to work outside of the house.
33. Women should be virgins until they get married.
34. I think it is ridiculous for a boy to play with dolls.
35. If a man cheats on a woman, it is okay for her to hit him.

Scoring procedures for the Gender Equitable Men (GEM) Scale

- (1) High scores represent high support for gender equitable norms. For subscale 1, Agree would be scored as 1, Partially Agree as 2, and Do Not Agree as 3. A high score represents low support for non-equitable gender norms or, in other words, support for gender equitable norms. For subscale 2, the scores are reserved so that for all items a high score represents high support for gender equitable norms. Do Not Know answers are scored the same as partially agree.
- (2) Scores for the Inequitable Norm and Equitable Norm subscales are calculated separately and then combined into the Gender Equitable Men Scale. Each subscale, based on the sufficient internal consistency reliability, can also be used separately, if desired. The Inequitable Norm Subscale was found to be more reliable than the Equitable subscale in certain circumstances.

The GEM Scale is calculated as follows:

(a) For Inequitable Norms, the possible minimum was 17 and the maximum was 51. For Equitable Norms, the possible minimum was 7 and the maximum was 21.

(b) Responses to each item in each subscale are summed. This gives the GEM Scale score.

(c) Respondents for whom more than one third of the scale items are not answered, if using the full scale, and one third of either subscale, if one subscale is being used, should be dropped from the analysis. For respondents missing less than one third of the scale items, the missing items should be replaced (i.e. imputed) with the mean of the item across all respondents.

- (3) The continuous GEM Scale scores can be used in analyses as is, or it can be recoded into different formats for different types of analyses and interpretations. As one coding option, the continuous GEM Scale is trichotomized into “high,” “moderate,” and “low” support for equitable gender norms by splitting the scale into three equal parts. The range is based on thirds in the range of possible scores: for the GEM Scale, low equity is 1 - 23, moderate is 24 - 47, and high is 48 - 72. Typical analyses include testing associations between the GEM Scale and key variables such as condom use and partner violence, as well as comparisons of GEM Scale scores before and after an intervention.

