

# what men have to do with it

## Public Policies to Promote Gender Equality



**men +**  
**gender equality**  
POLICY PROJECT

coordinated by the  
International Center for Research on Women  
and Instituto Promundo

## ABOUT THE MEN AND GENDER EQUALITY POLICY PROJECT

The Men and Gender Equality Policy Project (MGEPP), coordinated by Instituto Promundo and the International Center for Research on Women, is a multi-year effort to build the evidence base on how to change public institutions and policies to better foster gender equality and to raise awareness among policymakers and program planners of the need to involve men in health, development and gender equality issues. Project activities include: (1) a multi-country policy research and analysis presented in this publication; (2) the International Men and Gender Equality Survey, or IMAGES, a quantitative household survey carried out with men and women in six countries in 2009, with additional countries implementing the survey in 2010 and thereafter; (3) the “Men who Care” study consisting of in-depth qualitative life history interviews with men in five countries, and (4) advocacy efforts and dissemination of the findings from these components via various formats, including a video produced by documentary filmmaker Rahul Roy. Participating countries in the project, as of 2009, include Brazil, Chile, Croatia, India, Mexico, South Africa, and Tanzania. The project’s multiple research components aim to provide policymakers with practical strategies for engaging men in relevant policy areas, particularly in the areas of sexual and reproductive health, gender-based violence, fatherhood and maternal and child health, and men’s own health needs.

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### CONTENTS:

EXECUTIVE SUMMARY	3
PART I:	7
OVERVIEW AND INTRODUCTION	
PART II:	15
MEN AND BOYS IN GENDER EQUALITY POLICIES: COUNTRY CASE STUDIES	
MEXICO	16
SOUTH AFRICA	20
CHILE	26
INDIA	30
BRAZIL	36
PART III:	44
MOVING THE AGENDA AHEAD ON MANY FRONTS	
ANNEX 1	57
PATERNITY AND MATERNITY LEAVE, SELECTED COUNTRIES	
ENDNOTES	60



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## ACKNOWLEDGMENTS

This publication and analysis was generously funded by the John D. and Catherine T. MacArthur Foundation, the government of Norway (Ministry of Foreign Affairs and Norad), the Ford Foundation and an anonymous donor. Portions of the policy analysis on Tanzania were supported by the U.S. Agency for International Development. This publication was produced as part of the Men and Gender Equality Policy Project, coordinated by the International Center for Research on Women and Instituto Promundo. Project contributors include:

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Thanks to Sarah Scotch who researched specific policy areas and found useful examples of innovative efforts to work with men. We also thank James Lang of Partners for Prevention for input and support. We are grateful to a number of ICRW colleagues including Ellen Weiss, Sandy Won, Noni Milici, Lindsay Kin and Mary Ellsberg. At Instituto Promundo, we would like to thank Anna Luiza Almeida, Hugo Correa and Rafael Machado. Thanks also to Karen Hardee, Population Action International, and Michal Avni, U.S. Agency for International Development, for detailed comments and insights. Finally, we thank Viktoria Saxby Roxie of Hope Exhibits as well as the photographers whose images from “Influential Men,” a global photography exhibit, grace the pages of this report.

# what men have to do with it

## Public Policies to Promote Gender Equality



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How can public policies more adequately engage men and boys in achieving gender equality and reducing gender disparities in health and social welfare? How can underlying social norms and institutions be changed to support men in becoming more gender-equitable on a large scale? A growing number of program experiences with men and boys worldwide confirm that *programs* can influence men's attitudes and behaviors in gender-equitable ways. For the most part, however, public *policies* have yet to adequately engage men and boys in overcoming gender inequality or addressing their own gender-related vulnerabilities.

The Men and Gender Equality Policy Project is a multi-year, multi-country effort to leverage evidence from existing policies and, through formative qualitative and quantitative research, raise awareness among policymakers and program planners of the need to involve men in gender equality, health and development agendas. The research — currently under way in Brazil, Cambodia, Chile, China, Croatia, India, Mexico, South Africa and Tanzania, with additional countries still joining — provides insights on how to achieve large-scale impact in promoting more cooperative and equitable relations between women and men, reducing gender inequities and calling attention to men's gender-related vulnerabilities.

### FRAMEWORK FOR THE POLICY REVIEW

Gender as a concept refers to masculinities *and* femininities, women *and* men, the relations between them, and the structural context that reinforces and creates these power relations. In practice, gender is taken nearly universally to refer to the social factors shaping the realities of women and girls alone. Accordingly, researchers reviewed existing gender equality policies in each of the participating countries for ways that men and masculinities are considered, or not.

The specific policy areas covered in the analysis include civil and human rights, employment, income support and livelihoods, family life, health, education, violence prevention and public security. The policy reviews conducted by partners in Brazil, Chile, India, Mexico and South Africa, with brief summaries on Norway and Tanzania, form the basis for the report. The country analyses — and additional policy examples from neglected policy areas — show the diversity of policy recipes needed.

## TOWARD A COMPREHENSIVE SET OF POLICIES TO ENGAGE MEN

Overall this review suggests the need for comprehensive gender equality policies, which should include:

- 1. Education policies, including early childhood education,** that make schools spaces where girls are free of sexual harassment and sexual violence, and where boys are free from bullying and violence from other boys. School curriculums should also be questioned and examined for stereotypical views about boys and girls. These policies should mandate specific activities to promote gender equality from early childhood education through tertiary education, engaging men and boys in appropriate ways. Early childhood education policies might include, for example, efforts to recruit more men to work in childcare, efforts to remove gender stereotypes from early childhood educational materials and toys, and efforts to provide both fathers and mothers with information on child development. Education policies should also address educational difficulties that some groups of boys may face.
- 2. Public security policies, encompassing the armed forces and the police and incarceration policies.** This includes policies that make the public security apparatus a force for protection and not of oppression, that take seriously women's accounts of violence, that implement policies to reduce and punish sexual harassment by armed forces, that hold police and soldiers accountable for acts of sexual and gender-based violence, and that train police and soldiers in protecting the rights of women and girls, men and boys. These policies should also include an analysis of the gendered vulnerabilities and realities of incarcerated men (who are the majority of prison populations worldwide).
- 3. Human rights policies** that guarantee legal protection and equality for women and men, including specific groups of vulnerable men, for example, non-heterosexual men, men who are disabled and men from marginalized ethnic groups. This means offering legal protections for specific groups of men, notably homosexual and transgender men, including provisions for civil unions and all relevant family laws and civil codes. It also means implementing policies to end impunity for those who commit homophobic hate crimes.
- 4. Health policies** that implement adequate prevention targeting women and men based on gender-specific needs and realities; that focus adequate attention on how social norms related to masculinities inhibit men's health- and help-seeking behavior; that offer provider training in the gender-specific needs of women and men; and that provide primary, secondary and tertiary care with an understanding of salient norms related to masculinities.
- 5. HIV/AIDS and sexual and reproductive health and rights policies** that incorporate gender into program development and reflect an understanding of how power dynamics, stigma and economic marginalization leave women and men vulnerable, and how

HIV-related stigma plays out in gender-specific ways, keeping men and women from getting tested, communicating with their partners, seeking antiretroviral treatments, and remaining engaged in their families and communities; sexual and reproductive health policies (SRH) that engage men in supporting their partners in contraceptive use, that promote use of male methods, that provide a full range of SRH services including pregnancy termination and that incorporate other reproductive needs, including infertility treatment.

6. **Integrated gender-based violence policies** that include primary prevention targeting men and boys; policies to engage men and boys in making public spaces free of violence for women and girls; programs for male perpetrators that are integrated with the judicial sector; implementation of gun control; controls over alcohol sales; and legal, financial and psychosocial supports for survivors of violence, both women and men.<sup>1</sup> Policies that promote women's economic and social empowerment combined with efforts to engage men to end gender-based violence should also be considered.
7. **Livelihoods and poverty alleviation policies** that recognize the roles of men and women, that recognize varied family configurations, including the needs and realities of men who migrate and single-parent households. Women's economic empowerment policies and programs have been one of the success stories in the international development and gender field, leading to multiple benefits for women, including evidence of reducing women's vulnerability to gender-based violence. But the economic empowerment of women is not sufficient if men are not also engaged in collaborative decision-making at the household level and in taking on a greater role in caregiving in the home, and if the economic disempowerment of some groups of men is not also acknowledged. Without this perspective, policies may end up increasing women's burden in the home without asking much of men in their roles as partners and parents. Similarly, the workplace can be a space where gender equality can be promoted, for the benefit of women and men.
8. **Engaging men as fathers and caregivers, including in maternal and child health policies, including paternity leave policies**, parenting education courses and policies to promote men's participation in prenatal care, maternal health and during childbirth. Publicly supported fatherhood preparation courses and information campaigns focusing on men's roles in the lives of children can offer strategic opportunities to address fathers' reported feelings of being unprepared or ill-informed about caring for children, and help men perceive benefits to themselves from greater participation in family life.

## STRATEGIES FOR ADVANCING POLICY

The country case studies (and the other examples) affirm not only the growing number of strategies for including men and masculinities within gender equality and social policies but also the lingering challenges. Indeed, nearly all the country case studies document examples of "two steps ahead, one step back." Men have become more visible in gender equality, but social inequalities, political opposition (sometimes from conservative political parties), and governmental inaction and incompetence have slowed down change or even reversed some positive policy advances. Strategies identified for moving ahead include:

**Work with the women's movement is fundamental to working with men.**

A systematic finding across all of the country-specific policy reviews is the need to engage more effectively with the women's movement. The dialogue and collaboration between the women's rights movements and the small yet growing group of men advocating for gender justice varies tremendously in each country but continues to be an area where more needs to be done to promote common cause.

**Gender equality and the inclusion of men in such policies must be framed as a public good with benefits for all,** as Norway's experience shows. Success in changing policy to support gender equality depends in part on framing the issues in ways that women and men find logical, compelling and beneficial to all.

**Specific issues and events present opportunities for dialogue on engaging men in gender equality.** Across all the countries studied, work to engage men in ending violence against women has been one of the "low-hanging fruits" in engaging men and boys to support gender equality. The attention to HIV, and the rollout of antiretroviral therapy and male circumcision, presents another opportunity to engage men and address their gender-related vulnerabilities.

**Civil society plays an essential role in ensuring implementation.** Effective implementation must be stimulated, enforced and monitored by civil society. It is shortsighted to expect that policies by themselves achieve large-scale social change.

**Engaging with youth in support of new attitudes for a new generation** presents another important opportunity for policy change. The current generation of young people in these countries, and in most of the world, have grown up seeing boys and girls complete primary education in virtually equal numbers, and many have seen their mothers or other women working outside the home in unprecedented numbers. Empowering today's generation of young people to be part of policy debates and gender justice activism is key to achieving change.

**It is time to forge alliances between women's rights activists, civil society groups working with men (and male leaders), and the lesbian, gay, bisexual and transsexual (LGBT) and other social justice movements.** All of these movements have a common interest in ending gender inequalities. We have yet to fully tap into men's self-interest for change, particularly in the positive experiences that men generally report as they become more involved in caregiving and their family relationships. It is time now to be more ambitious and to take this work to the policy level in a more systematic way.



## PART I. OVERVIEW AND INTRODUCTION

How can public policies more adequately engage men and boys in achieving gender equality and reducing gender disparities in health and social welfare? How can underlying social norms and institutions be changed so that men on a large scale become more gender-equitable? As more countries seek to promote gender equality through national and local policies and program interventions — spurred in part by the Millennium Development Goals and other United Nations conventions — these questions are, or should be, at the forefront of discussions of social policy.

A growing number of program experiences with men and boys worldwide have confirmed that group education, counseling and health promotion activities carried out by community-based NGOs, in health clinics, in the school setting and via mass media can influence men's attitudes and behaviors in gender-equitable ways.<sup>2</sup> These changes have been documented in a wide variety of areas including sexual and reproductive health, HIV prevention and AIDS care and treatment, reducing gender-based violence, maternal and child health, men's participation as fathers and men's own health-seeking behavior.

For the most part though, public policies have yet to adequately engage men and boys in overcoming gender inequality or addressing their own gender-related vulnerabilities. The policies that do exist have rarely been monitored or evaluated for their effects on men and gender equality. Furthermore, there is, in too many settings, a huge gap between policy as laid out in national laws, policy proclamations and technical norms and what happens at the level of implementation of public or publicly funded services.

The Men and Gender Equality Policy Project (MGEPP) is a multi-year, multi-country effort to leverage evidence from existing programs and policies, and via formative qualitative and quantitative research, to raise awareness among policymakers and program planners of the need to involve men in health and development agendas. Given our knowledge of the impact of gender transformative programs on the lives of men and their families and community members, it is time now to be more ambitious and to take this work to the policy level in a more systematic and structural way.

### WHAT IS POLICY? WHICH POLICIES REFLECT GENDER?

What does “public policy” mean? At the simplest level, policies include laws, local policies and government plans, resource allocation plans, regulatory measures and funding priorities that are promoted by a governmental body. They also are, according to Hardee et al, “... policies that derive from statements of heads of state or ministers without being formally written down as formal government orders or regulations. In some countries, unwritten procedures and even traditional norms and practices are also considered policies.”<sup>3</sup> At some level, policies enshrine societal values and norms as well as regulate daily life and individual practices. In addition, policies can also be the absence of a law or regulation. In other words, the omission of certain issues in stated policy is also a form of policy. This paper, then, is primarily interested in how men and masculinities are framed or viewed in public policy as defined above and whether this inclusion — or exclusion — of men and masculinities serves to promote, or not, gender equality and an understanding of vulnerabilities that men may also face due to gender.



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Gender — and in turn masculinities — is reflected implicitly or explicitly in all policies. In other words, all policies are “gendered” or are influenced by understandings of gender. Masculinities refer to the multiple ways that manhood is socially defined across historical and cultural context and to the power differences between specific versions of manhood. Individual policymakers, male and female (though more often male) view the world through the lens of their own attitudes about what it means to be men and women. The same is true of those who implement policies and public services in a gendered world that continues, for example, to view reproductive and caregiving roles as mostly women’s work and productive roles as being mostly the sphere of men.

### CONCEPTUAL FRAMEWORK FOR INCLUDING MEN AND MASCULINITIES IN POLICIES TO PROMOTE GENDER EQUALITY

Project partners reviewed a range of public policies that could potentially engage men and change social constructions of masculinity to achieve gender equality. This list of policies is included on page 16. In reviewing these policies, the researchers systematically asked, “*How are men and masculinities included in these policies? Where are men and masculinities missing in these policy processes?*” The analysis sought to make visible the implicit assumptions about men and masculinities embedded in policies and public services, and to identify examples of policies that have recognized the realities and nuances of men and masculinities, with the goal of achieving gender equality and addressing men’s own gender-related vulnerabilities.

This analysis of policies in each country is framed around four overarching conceptual and ideological principles:

- 1. *The need to ensure rights:*** Policies to engage men to achieve gender equality must be formulated premised on the need to protect and ensure the full range of human rights of women and girls, and boys and men, including the right to live free of violence. These rights are enshrined in an array of United Nations documents, declarations and conventions (Convention to End all Forms of Discrimination Against Women or CEDAW, the Universal Declaration of Human Rights, the Convention on the Rights of the Child, among others) as well as in the national laws of individual countries.
- 2. *The need to ground policies in evidence:*** Resources are scarce. Governments often implement programs without adequate research and evaluation; indeed policy decisions are often based on negotiated or imposed political interests rather than evidence. The recommendations presented here emerge from the growing base of policies and programs that have shown some evidence of effectiveness. Once policies are implemented, they must be subject to ongoing monitoring and evaluation to assess their effectiveness and to identify potential needs for reformulation.
- 3. *The need to treat gender as relational and to make masculinities visible within gender mainstreaming policies:*** What it means to be a man or a woman is socially constructed. This widely accepted insight has implications for how men and boys learn specific practices such as the use of violence. There is a strong need, therefore, for policies to change social norms and institutional cultures that continue to perpetuate inequalities and violence. A WHO review on social norms and violence argues, for example, that well-formulated laws and policies (related to access to violent media and explicitly outlawing corporal punishment of children and violence against women) can have a long-term

impact on violence prevention and on gender equality.<sup>4</sup> Understanding that laws and policies affecting women also involve and affect men (and vice versa), whether by design or by omission, can lead to more effective social policies.

4. *The need to examine gender inequality, men and masculinities through the lens of poverty and social exclusion:* Redressing inequitable social norms related to gender and structural barriers to gender equality is in itself an urgent priority. That said, women's and men's access to health, rights and the benefits of development are not determined only by gender norms and practices; they are also shaped by structural forces, particularly social exclusion and poverty. As such, gender inequalities and disparities must be examined through a broader lens of social exclusion. Men's poor health-seeking behavior in some settings is exacerbated by poverty, which limits access to health care and obliges some men (and women) to migrate for work or to work long hours with little time to seek health care even if it is available. High rates of homicide and morbidities related to alcohol and substance use, for example, are also generally higher among low-income men. Any affirmation about which groups of women or men face a specific inequality or vulnerability must include an analysis of social exclusion and poverty. This implies acknowledging the needs of excluded or marginalized groups, such as migrants, those affected by armed conflict, people who define themselves as homosexual or transgender, and those from socially excluded ethnic groups, among others.

Accordingly, in assessing policy options, policymakers should ask:

- Does the proposed policy respect and support individual *rights*? Does it acknowledge the need to protect and provide safeguards for individuals who have experienced violence or discrimination, for example?
- Does the policy incorporate lessons learned from *evaluated program-level interventions or evidence of impact on gender equality from policies implemented in other settings*? If not, what are the hypothesized outcomes of the policy? What evidence is there to support this policy?
- Does the policy take into consideration an *understanding of how manhood is defined or socially constructed* in a particular setting?
- Does the policy consider gender and masculinities in an *analysis of social exclusion* that takes into account the other realities, identities and difficulties in men's and women's lives?

An additional question to ask ourselves, one with practical implications for what happens with the policy analysis is, which civil society groups are invested in promoting these policies and how can they hold governments accountable for implementing these policies? Policy on its own does not lead to broad social change. An active civil society determined to engage men, advocate for change, monitor policy implementation and hold policymakers accountable for their commitments to gender equality is an important condition for bringing about shifts in policy. Women's rights organizations in particular have been key to driving gender equality in much of the world. Successful policy advocacy for engaging men in achieving gender equality therefore involves, among other things, partnerships with women's rights movements, other social justice movements and the small, but growing collection of organizations of men working for the same goals.

So far most efforts to engage men in gender equality have focused on providing small-group education to men and boys, usually through workshops and community outreach or mass

media campaigns. At least 15 years of experience in engaging men and boys with health-based interventions acknowledges gender as relevant to the lives of men and boys. A 2007 review presents a growing body of evaluation data that confirms that men and boys can and do change their behavior as a result of well-designed efforts, including group education, community outreach, mass media campaigns, and health and social services that seek to engage them.<sup>5</sup> The review concluded that those interventions that were “gender transformative” and promoted the questioning of traditional norms related to masculinity were most likely to be effective in terms of changing behaviors and attitudes. That said, program interventions to engage men have reached relatively few men and boys, been short in duration and have focused mostly on health issues. Most importantly, they have not attempted to change policies or “gender regimes” in key social institutions, including the armed forces, workplaces, prisons, schools and the public health system. Furthermore, the change measured has often been short-term and not necessarily indicative of the broad range of men’s (and women’s) practices related to gender equality. However well designed, a short-term impact evaluation study of men’s behaviors does not capture the complexity of the lived experiences of women and men in terms of gender equality.

Nonetheless, the collective experiences of these programs demonstrate the need to work to transform gender norms and the institutional practices that perpetuate inequalities. Only through public policies and engagement with the public sector can these social institutions begin to take into account gender and other social inequalities in their operations and set the stage for large-scale change.

### ACKNOWLEDGING THE VULNERABILITIES OF BOTH SEXES WHEN ADDRESSING GENDER

Gender as a concept refers to masculinities *and* femininities, women *and* men, the relations between them, and the structural context that reinforces and creates these power relations. In practice, gender is taken nearly universally, and incorrectly, to refer to the social factors shaping the realities of women and girls alone. In using gender to refer to women *and* men and the relations between them, should men be included only to redress inequalities that women face or is it also possible to conceive of men having their own gender-related needs and vulnerabilities that should be included in public policies? Can and should social policies pursue a social agenda framed around a new vision of gender-equitable and cooperative relations between women and men? Are these goals in conflict with each other? What policies make a difference in this area, and what has been tried?

Historically, public policies have been **men-centric**, developed by and for specific groups of men and protecting men’s privilege, or at least the privileges of *some* men. The cornerstone of women’s rights has been to identify, question and change policies, social norms and institutions that have perpetuated women’s and girls’ disadvantages. This process is clearly not complete.

However, if policies have been men-centric, they have generally not understood men as gendered beings. Nor have they reflected an understanding of the diversity of men’s identities and the contradictions between aspects of these identities. Some groups of men hold a great deal of power relative to certain others. These relatively disempowered men can often be invisible, particularly since men overall hold more power than women. In addition, many men face health-related vulnerabilities rooted in social norms that urge men to “tough it out” and neglect their own health needs.



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In other words, policies have often been **men-generic**, assuming that all men are the same and hold the same amount of power. Twenty years of studies on masculinities have clarified how men are shaped by social constructions of gender, and how these male gender norms and the power hierarchies *between* men make many men vulnerable. These realities are reflected in higher rates of homicide among low-income men of African descent in Brazil, higher rates of incarceration among low-income African-American men in the United States and higher HIV rates among men who migrate for work in India.<sup>6</sup> Also particularly vulnerable are same sex-attracted or gay men, who because of institutionalized homophobia in much of the world, are made vulnerable to HIV in addition to being denied their basic human rights in many countries.<sup>7</sup>

Policies often have also been **men-static**; that is, they assume that men will not change or will not change quickly enough to make a difference in the lives of this generation of women and girls and boys and men. For example, conditional cash transfer programs or income support programs that put income solely in the hands of women on the basis of research showing that more of that income will support the family do so with positive intentions. In the short run, in most contexts, the income provided to women as part of such policies is more likely to benefit families than when given to men. But at the same time, this practice can implicitly affirm a belief that men will not change: that men are mostly self-centered and are not sufficiently invested in their families' well-being to be trusted with such support. In a similar vein, the discourse around female condoms and microbicides — that women will *never* get men to use condoms or be sexually non-risky and so *we have* to develop female-controlled methods — are well-intended and justified from a public health perspective but often use as their justification an argument, implicit or explicit, that men will not change. The challenge is how to create policies that acknowledge the need to empower women and end women's aggregate economic and social disadvantages and the immediate reality of men's relative lack of participation in family life as compared to women while also questioning the underlying structures that reinforce and perpetuate these inequalities.

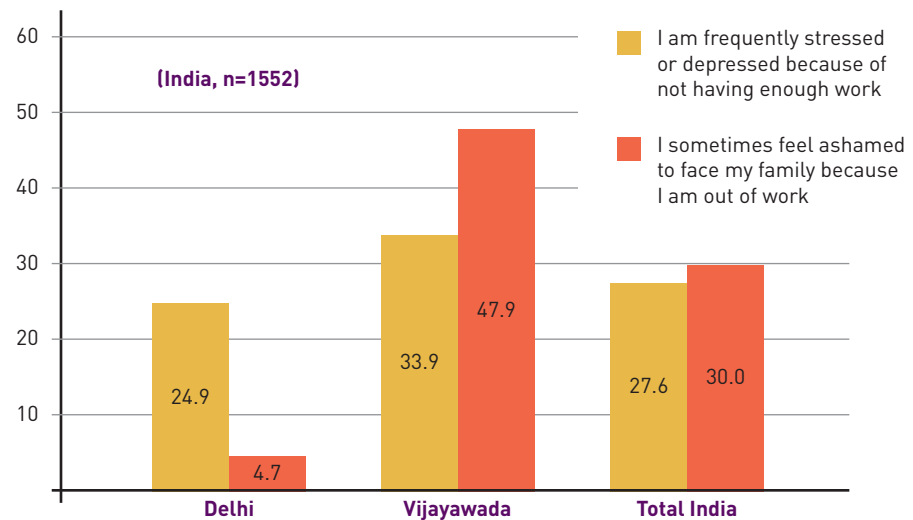
Clearly, gender equality policies must continue to address the *gender-related disadvantages that women face*, and must engage men in the process. There is still much to be done in this regard. For example, despite advances in encouraging men to use male contraceptive methods, for example, women continue to bear the responsibility for family planning worldwide (over 74 percent of all contraceptive use).<sup>8</sup> The WHO-sponsored multi-country study shows some 30-50 percent of women worldwide have suffered physical violence at least once from a male partner.<sup>9</sup> Approximately 536,000 women die of maternal-health-related causes each year, the majority of these deaths preventable.<sup>10</sup> Girls and women are especially vulnerable to HIV in some parts of the world. Recent data show that young women account for 75 percent of 15- to 24-year-olds living with HIV in Africa,<sup>11</sup> over 70 percent in the Caribbean and nearly 70 percent of the infected young people in the Middle East and North Africa.<sup>12</sup> Overall, in 2008, the number of women living with HIV slightly exceeded that of men, with 15.7 million women out of a total of 31.3 million adults living with HIV.<sup>13</sup> All of these issues require urgent and large-scale efforts to engage men and boys to achieve gender justice for women and girls.

Also essential is an understanding of *men's gender-related vulnerabilities* and the use of public policies to address them. One such vulnerability is related to the nearly universal social expectation that men's main social function is to be the provider, and the frustration and loss of status that men often face when they lack employment. To give one example, data from IMAGES, conducted as part of the Men and Gender Equality Policy Project, in India

found that among 1552 men ages 19-59 interviewed (in Delhi and Vijayawada), 27.6 percent reported that they were frequently stressed or depressed because of not having enough work and 30 percent sometimes felt ashamed to face their families because they were out of work (see Figure 1).<sup>14</sup> Men who reported one or both of these experiences were nearly 50 percent more likely to have used violence against a female partner, nearly twice as likely to have reported using sexual violence, nearly twice as likely to report alcohol use and less likely to report consistent condom use.<sup>15</sup> The IMAGES data from India confirms — as have other studies — that unemployment and underemployment create gender-specific vulnerabilities for men with direct consequences for women and children. This reality suggests the need for comprehensive social development and employment generation policies that reflect the gendered realities of women and men.

*Men's health is another area where vulnerabilities rooted in gender are apparent.* Ample research has confirmed that dominant forms of masculinity drive high morbidity and mortality rates due to alcohol, tobacco and substance abuse; traffic accidents; occupational illness; and suicide, all of which negatively impact not only men, but also women (and families and communities where men live) and thus society as a whole. Health data from the United States, for example, finds that men suffer more severe chronic conditions, have higher death rates for all the leading causes of death and that men's life expectancy is on average seven years fewer than that of women.<sup>16</sup> Similarly in Africa, aggregate data show that women have longer life expectancies than men mostly due to men's higher rates of injuries and violence. While men's rates of violence against women are alarming and require urgent attention in Africa and globally, data confirm that men commit lethal violence against other men at far higher rates than against women in Africa and globally.<sup>17</sup> Similarly, although women represented slightly more of the world's HIV/AIDS cases as of 2008, 52 percent of new HIV infections that year occurred among men.<sup>18</sup>

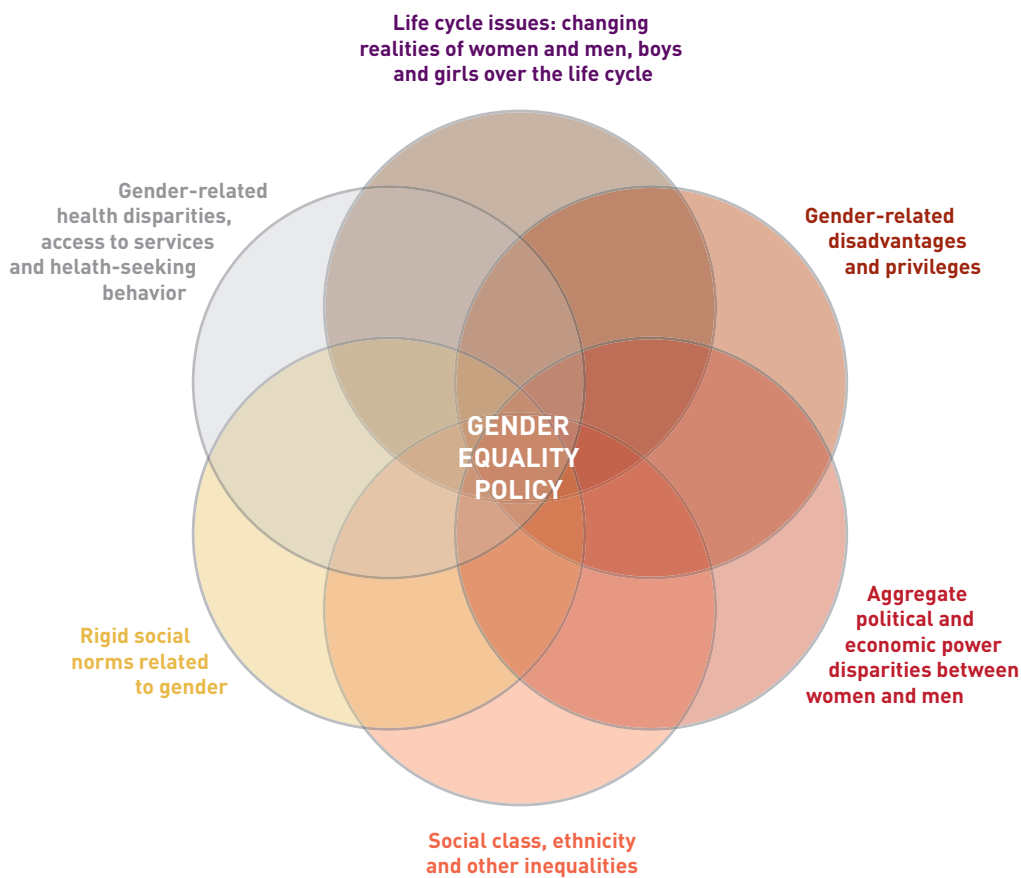
**FIGURE 1:**  
Many Men Show  
Stress/Shame  
When Out of Work.  
IMAGES 2009



**Note:** The International Men and Gender Equality Survey (IMAGES), which is part of the Men and Gender Equality Policy Project, is a large multicountry household survey. The study population were men and women of reproductive age (18-59). In Brazil, 749 men were interviewed in Rio de Janeiro. In Chile, 1200 men were interviewed in Santiago, Valparaíso and Concepción. In India, 1552 men were interviewed in New Delhi and Vijayawada. In Mexico, 1001 men were interviewed in Jalapa, Monterrey and Querétaro. In all countries, IMAGES was carried out in 2009.

But a caveat is in order. In calling attention to the health and other vulnerabilities that men face in part as a result of gender, it is imperative not to equate these with the global, aggregate power imbalance between men and women, nor to seek to equate men's vulnerabilities with women's vulnerabilities. It is possible to acknowledge all of these issues simultaneously without reinforcing a hydraulic view of gender relations in which giving attention to men is seen as taking away from women and vice versa. Thoughtful gender analyses have always included men and masculinities. The problem arises when simplistic stereotypes of victimized and powerless women on one side and supposedly powerful and violent men on the other predominate. Women's aggregate vulnerabilities and disadvantages are real *and* men's aggregate vulnerabilities (reflected especially clearly in morbidity and mortality rates) are equally real. Work to engage men in gender equality requires careful reflection and analysis to avoid undoing the fragile gains made in empowering women, particularly in the areas of educational attainment, economic empowerment and political empowerment. Indeed, in reflecting about policies to engage men in gender equality, the mantra must be: "first, do no harm."

In sum, in analyzing public policies for engaging men in gender equality, we must understand gender as a complex set of social relations, constructions and power dynamics. Figure 2 attempts to present this complexity, showing how multiple gender-related factors and disadvantages overlap and must be taken into consideration in policy development.



**FIGURE 2:**  
Gender-Related Factors  
to Consider for Policy  
Development



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Having acknowledged this complexity, how should these challenges be addressed in public policies? Policies by their nature are intended to apply to large population groups and, as such, must on some level simplify the complex. Effective policies that take gender into account must acknowledge the structural and relational nature of gender and the multiple dimensions of power and privilege that men and women face. If the starting mantra for engaging men in gender equality policies is, “First, do no harm,” the second should be, “Acknowledge that addressing gender from the perspectives of both women and men is complex.”

With these considerations as our starting point, the next sections will provide specific country examples of public policies that acknowledge the importance of addressing men and masculinities in fostering gender equality and also identify gaps and shortcomings of existing gender equality policies.



## PART II. MEN AND BOYS IN GENDER EQUALITY POLICIES: COUNTRY CASE STUDIES

The countries included in the MGEPP study were selected on the basis of the interest and capacity of partner organizations, as well as a desire for regional diversity. The coordinators also sought partners from countries where there was potential for carrying out policy advocacy and activism using the findings of the policy analyses. In all of the participating countries, active networks of NGOs, most of them affiliated with the MenEngage Alliance, are poised to use these findings to promote policy debate.

The purpose of the MGEPP study was to review and analyze a key set of policies (see Box 1), in each participating country. Each country team had the leeway to select salient policies given local context. This section presents the conclusions from the policy reviews conducted by partners in Brazil, South Africa, Chile, Mexico, India, Norway (a brief summary) and Tanzania (with reference only to HIV and AIDS). The process for analyzing policies varied by country, but generally included: (1) a review of relevant government documents, policy statements and proclamations; (2) interviews with relevant policymakers; and (3) a literature review of academic and popular press documentation or articles about the policies included in the analysis. Questions about men's and women's knowledge of specific policies were also included in the IMAGES household survey component of the project; some of those percentages are cited in this report. In the case of India, the review of policies also included focus group discussions with men and women based in communities where our research partner carried out project activities; these focus groups probed men's and women's understanding of public policies.

### Policy Areas in the Country-Level Analyses

- Civil and human rights, including ending sexism, ending homophobia and reducing ethnic-based discrimination.
- Employment, income support and livelihood policies, including discrimination and gender equity in the workplace, employment promotion, job flexibility, income support and conditional cash transfer initiatives, and other social development and welfare policies.
- Family life, including the civil code, joint custody laws, divorce legislation, maternity/paternity leave (and parental leave in case of illness of a child), and encouraging men's participation as fathers and caregivers.
- Health, including general health promotion, sexual and reproductive health, HIV/AIDS prevention and treatment, youth and adolescent health, mental health, substance use, and injury and accident prevention.
- Education, including policies to promote gender equity and the specific challenges of low-income boys and school dropout.
- Violence prevention, including gender-based violence prevention, sexual violence and sexual exploitation and trafficking, violence against children and adolescents, and violence against the elderly.
- Public security, including policies relating to the police and the armed forces and incarceration.

## REVIEW OF POLICIES BY TOPIC AND COUNTRY

This list of policies is extensive, and this paper summarizes only the key findings for each country. Each country presentation begins with a description of the general policy context for gender equality, analyzing how men have been viewed and included (or not). The summary then highlights a handful of the most interesting policy advances in engaging men in gender equality in that setting, and the key policy gaps or areas that the partners view as needing additional work.

Although many of the policies identified in this review do not explicitly focus on men, boys or gender inequality, they may have “profound implications for masculinities, femininities, and gender equality, because they impact the institutions which contribute to keeping those norms in place.”<sup>19</sup> The analysis includes policies that seek to promote gender equality between women and men, but also policies that focus on rights for specific groups of men, particularly non-heterosexual men, and on health needs and other relevant vulnerabilities that some men face as a result of prevailing norms and power dynamics related to gender and masculinities. Sometimes gender is addressed explicitly in these policies; sometimes incidentally.



### MEXICO<sup>20</sup>

**Juan Guillermo Figueroa and Josefina Franzoni**

#### POLICY CONTEXT ON GENDER INEQUALITY

The economic crisis of the late 1970s brought about numerous social changes in Mexico, at the core of which were the values of modernization, globalization, development, productivity, efficiency and a more open economy. In the political arena, expectations centered on establishing democracy, decentralization of political power, autonomy in the three branches of government and greater citizen participation. Independent electoral bodies were established to evaluate election results instead of the president deciding his successor. The possibility that previously marginalized political parties could win energized the political process and increased political participation. In this context, civil society also emerged with greater expression and voice in policy debates than in the past. Most noteworthy were NGOs working to promote women’s rights; those working on lesbian, gay, bisexual and transgender (LGBT) issues, environmental groups; and other citizens’ rights groups. Parallel to this, a growing number of NGOs working on men and masculinities have also emerged in Mexico and have organized themselves under the name “Cómplices por la Equidad” (Accomplices for Equality).

#### KEY POLICY ISSUES IN ENGAGING MEN

*Prevention of HIV and AIDS in work with gay men and men who have sex with men.* Mexico’s national AIDS program has devoted considerable attention to school-based prevention, promoting HIV testing and carrying out epidemiological studies. Because men who have sex with men (MSM) are one of the populations most affected by HIV

in Mexico, Mexico's national AIDS policy has, by necessity, been focused mostly on this specific group of men. For its 2001-2006 policy document, Mexico's National Health Program said it would include a gender perspective, focusing on "reducing inequities between women and men." Ironically, the national health policy focusing on HIV, which has acknowledged the specific vulnerabilities of a particular group of men (MSM) continues to use "gender" only to refer to women.

*Family violence and work with male perpetrators of gender-based violence (GBV).* Since 1999 with the National Program Against Family Violence, and through the 2008 General Law on Women's Right to a Life Free of Violence, women's rights organizations have been active in promoting and achieving a comprehensive policy response in Mexico on GBV. A broad spectrum of political parties and diverse sectors of government also participated in developing and passing the law. The current legislation includes provisions for: a telephone hotline response system, school-based prevention, psychological and legal support for victims, and employment placement support for victims. In a few states, the policy includes group sessions for male perpetrators of GBV. Overall, while the law and accompanying policies have led to the creation of state-level and state-funded public services for women survivors of GBV and some key prevention activities, the program is still not comprehensive. Men are engaged mostly as perpetrators and only in a few states and are reached by a relatively small number of underfunded NGOs mostly as an "extra" — not as an integral part of the service. While such work is important, and pioneering compared to some other countries in Latin America and worldwide, there is not a widespread, institutional understanding from the federal to the state level of the need to engage men in comprehensive GBV prevention activities and the need for integrated survivor services that include services and attention to male perpetrators.

*Men's health.* From the 1980s onward, Mexico's public health services have acknowledged that men present specific health risks and needs that are different than women's, and an analysis of these gender-specific health needs is now a part of medical training in the country. Furthermore, the national health system has long carried out analyses of health needs based on age and sex, and national data in Mexico affirmed trends seen in other countries: higher rates of cardiovascular diseases among men; higher rates of morbidities due to alcohol use, injuries and accidents; and high rates of lung and prostate cancer. Various analyses of men's health in Mexico have also affirmed men's limited health-seeking behavior and the lack of a culture of self-care among men. Acknowledging these realities, the public health system has designed educational campaigns with specific messages for men. Tellingly, the messages urge men to take care of themselves because their families and society depend on them to be "good workers." In other words, men are urged to take care of themselves so they can continue to fulfill their traditional roles as men (i.e., as providers). With regard to cancer prevention campaigns, it is also important to note that more attention continues to be devoted to cancers that affect women, even as men represent a greater number of cancer cases. This could be because men do not demand services — tending to suffer in silence — or due to a cultural blindness to men's health vulnerabilities. Similarly, in terms of mental health services, men in Mexico are much less likely than women to seek public services for depression and other mental health needs despite having higher rates of suicide. Again, men are invisible to the health system and do not seek services, even while public health data confirm their higher vulnerabilities in the cases of suicide and substance abuse.



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*Protection of the rights of non-heterosexual men.* Since 2001, the Mexican Constitution has outlawed all forms of discrimination. Although discrimination based on sexual orientation is not explicitly included in the constitution, it is included in the federal law on the elimination of discrimination. The National Council to Prevent Discrimination (a federal body) has included specific actions to counter homophobia, and May 17 was declared the National Day for the Fight to End Homophobia (approved by both Mexican chambers of congress but not yet ratified by the executive branch). In Mexico City (Distrito Federal), a 2006 municipal law provides for civil union between same-sex couples; the state of Coahuila, in northern Mexico, has passed a similar law. These advances are noteworthy (for Mexico itself and in comparison to other parts of Latin America). That said, the federal constitution still does not include a specific reference to guaranteeing equal rights based on sexual orientation.

### KEY POLICY GAPS

*The experience of fatherhood and greater flexibility in the workplace.* Between 1998 and 2008, there have been various attempts to promote paternity leave in Mexico's labor laws, based on arguments of gender equality, the needs of children to have contact with their fathers and family unity. Nonetheless, the current law (with no provision for paternity leave) remains unchanged. Again, Mexico City (Distrito Federal) is a vanguard in the area of engaging men in gender equality: it passed a municipal law in 2008 guaranteeing 10 days' paid paternity leave for fathers. A similar policy was instituted for employees of the National Women's Institute (the federal body that promotes women's rights) with the intention that this policy would become a norm within all federal agencies and ministries. Thus, even though there is no national law and policy on paternity leave (or other policies to promote involved fatherhood), there has been considerable debate on the issue. This suggests a slow change in attitudes toward recognizing the importance of fatherhood — for children, for men themselves and for women. Major employers for the most part continue to oppose paternity leave — because they do not want to cover the cost of days lost — an issue also seen in other countries that are part of this review (Brazil in particular), which suggests the need for future advocacy related to paternity leave that focuses on the economic and social benefits of men's participation in family life.

*Traffic accidents, injuries and men.* In Mexico as in much of the rest of the world, traffic accidents continue to be the highest cause of mortality for young men (ages 15-29). While gender is obvious in these statistics, it has been a challenge to convince health officials to acknowledge that cultural norms related to male patterns of risk-taking are clearly behind the numbers. Based on various discussions with key researchers in the area, public authorities are beginning to focus publicly funded prevention messages related to traffic safety toward young men.

*Education, curricular content and the reproduction of gender roles.* As "gender" has become more central to policy discussions in Mexico, there has been some attention to ensuring that educational curricula for primary and secondary school are free of gender stereotypes and that teachers are trained in gender. This policy issue has received some attention, but including gender and gender equality as an overarching theme throughout public school curricula in Mexico will require a more explicit focus.

## RECENT POLICY ADVANCES AND DEBATES

Mexico has seen some of the most interesting and vibrant debates on men and masculinities in the world in recent years, with discussions in academia, among civil society, in the media and in the public sector. Specialized journals, research groups and a national network of NGOs (mentioned above) are active in these debates, and have mapped changes in men's behaviors. In sum, discussions on men and masculinities are occurring in diverse spaces, and men are becoming more visible in gender policies. The key step forward is translating this public debate into relevant policies.

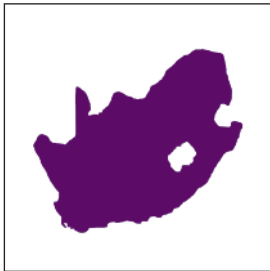
POLICY	ADVANCES	CHALLENGES
	<b>EDUCATION</b>	
Policy-level discussions	Pays some attention to “gender” in educational curricula	Not systematic
<b>FATHERHOOD AND MEN’S ROLES IN FAMILIES</b>		
2008 municipal law in Mexico City	Guarantees 10 days’ paid paternity leave (only for Mexico City)	Lacking national policy on paternity leave
	<b>HEALTH</b>	
Mexico’s Public Health System	Recognizes men’s special health needs	Men are urged to take care of themselves so they can continue to fulfill their traditional roles as providers
<b>HIV/AIDS AND SEXUAL AND REPRODUCTIVE HEALTH</b>		
CONASIDA (National AIDS program)	Introduces school-based prevention, promotes HIV testing and epidemiological studies, and attempts to include a gender perspective, focusing on “reducing inequities between women and men”	Continues to use “gender” only to refer to women
National AIDS policy	Makes specific provisions for MSM	
<b>SAME-SEX RELATIONSHIPS AND CIVIL LAW</b>		
Mexican Constitution	Outlaws all forms of discrimination (included in the Federal Law on the Elimination of Discrimination)	Discrimination based on sexual orientation is not explicitly included in the anti-discrimination law
The Federal Actions to Counter Homophobia (developed by the National Council to Prevent Discrimination)	May 17 was declared the National Day for the Fight to End Homophobia (approved by both Mexican chambers of congress)	Not yet ratified by the executive branch
2006 municipal law in Mexico City	Provides for civil union between same-sex couples	Does not include a specific reference to guaranteeing equal rights based on sexual orientation

...continued

## MEXICO

...continued

POLICY	ADVANCES	CHALLENGES
<b>GENDER-BASED VIOLENCE</b>		
National Program against Family Violence/The 2008 General Law on Women's Right to a Life Free of Violence	Includes several provisions addressing GBV	Engages men mostly as perpetrators and only in a few states

**SOUTH AFRICA**<sup>20</sup>

Jean Redpath, Robert Morrell, Rachel Jewkes and Dean Peacock

**POLICY CONTEXT ON GENDER INEQUALITY**

South Africa's unique and complex history has provided the stimulus for much of the research, programmatic and policy work on men and masculinities. Many researchers have documented the ways in which colonialism, apartheid, racism, the migrant labor system, the apartheid resistance movement and HIV and AIDS have given rise to multiple, racially defined forms of South African masculinities. And two major challenges facing South Africa today — violence and the spread of HIV — can readily be understood as having their roots in gender inequality, the country's history and these constructions of masculinity. Yet working with men and boys is a relatively new approach to addressing these problems, even if it is slowly expanding.

**KEY POLICY ISSUES IN ENGAGING MEN**

*Gender-based violence and men.* Various studies have confirmed that South Africa has one of the highest rates of reported sexual violence in the world. A recent representative sample of South African men found that 28 percent disclosed having raped a woman.<sup>22</sup> South African law and policy on gender-based violence seeks to ensure protection and appropriate responses from services for victims, prosecution of offenders, and provides a framework for prevention. While rape and intimate partner violence are in most cases perpetrated by men against women, this is not exclusively the case, and laws and policies addressing gender-based violence are gender neutral. South Africa's Criminal Law Amendment (Sexual Offenses and Related Matters) Act 32 of 2007 changed the definition of rape so that it applies to both men and women as victims, and so that any form of non-consensual penetration, in any circumstances, can constitute rape. The National Sexual Assault Policy (2005) aims to ensure that victims of sexual violence, both women and men, receive appropriate medical care, are examined and receive support. Similarly, the Domestic Violence Act 116 of 1998 provides for a broad definition of domestic violence, including emotional and financial abuse, envisages it occurring in any domestic relationship, and creates protection orders for which victims of domestic violence can apply.

However, patriarchal attitudes in the police and broader community continue to limit the extent to which the policy is effective in enabling protective responses envisioned in the law, including confiscation by the police of firearms or other weapons when protection orders are sought. There is also a continuing problem of rape of women in police custody, and when victims report rape and domestic violence to the police, cases are not always opened. Policy interventions designed to change gender norms related to violence at the level of South African society include inter-sectoral prevention initiatives such as the 365 Day National Action Plan to End Gender Violence (2007). The plan focuses on prevention through public education and awareness, referring specifically to its objective of strengthening “the capacity of men and boys to reduce gender-based violence in partnership with women and girls.”<sup>23</sup> Despite progressive policies, there is clearly room for much wider work to change ideas about masculinity and the use of violence.

*Men and sexual and reproductive health, including HIV and AIDS.* The South African 2008 National AIDS Survey showed that 43 percent of men and 57 percent of women had ever tested for HIV, and 20 percent of men and 29 percent of women said they had done so in the previous year.<sup>24</sup> Male circumcision is now recommended by the World Health Organization for reducing men’s risk of HIV infection, but the South African government has been extremely slow to develop a circumcision policy related to HIV prevention. Research suggests that one of the central factors driving the HIV epidemic in sub-Saharan Africa is multiple concurrent sexual partnerships, a pattern that closely follows gendered sexual practices as epitomized in polygamy. While the HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 (2007 National Strategic Plan) recommends working to change behavior rather than simply to raise awareness, the plan also highlights the importance of gender issues in contributing to the spread of the disease. Yet, policy has thus far mostly focused on ensuring access to and increasing distribution of condoms and treatment for HIV rather than addressing gender and male norms in all their complexity.

*Men, marriage and the family.* South Africa’s laws in terms of marriage on the one hand permit polygamy in customary marriage; at the same time, South Africa is one of the only countries in the region whose constitution legalizes same-sex marriage. While legal recognition of polygamy seems to affirm patriarchy, at the same time, the legalization of same-sex marriage is challenging norms of marriage and gender in South Africa. The right to equality and prohibition of unfair discrimination on the basis of sexual orientation is provided for in the South African Constitution.<sup>25</sup> In terms of the Black Administration Act 38 of 1927, all black (as opposed to white) marriages did not have community of property, and this served to severely disadvantage black women, particularly when abandoned or widowed, as they were much less likely to work and thus accrue property in their own right. Only since 1998 have spouses in customary marriages been permitted to marry in community of property.

Apartheid had a devastating impact on family life and has resulted in norms of late marriage, dislocated families, and children being raised without social or financial involvement of their fathers. Yet studies affirm that families with fathers present have higher incomes. A survey of time use among South African men found that even when men are present in the lives of their children, they spend only 10 percent of the time in child care tasks for children under age seven. South African law acknowledges fathers as providers, not as caregivers. The Maintenance Act 99 of 1988 establishes that the biological father of a child, married or not, must by law maintain his child in proportion to his means. Men who do not make payments are criminally liable upon conviction for imprisonment for up to one year or to a fine,

although this is very rarely imposed. For low-income or unemployed fathers, compliance with maintenance rulings is a challenge. In Umlazi, Durban, for example, only 7,000 out of 67,000 people ordered to pay maintenance complied in 2002. In addition to placing this strong emphasis on men's role in maintaining their children financially, the law now also explicitly recognizes unmarried fathers' rights, particularly in cases where mothers are unwilling or unable to raise their children. The Children's Act 38 of 2005 provides that fathers who demonstrate involvement in their children's lives acquire full parental rights and responsibilities, and the default for custody in divorce is now shared custody.

Policies require rigorous operational planning, including analyzing costs associated with staffing, infrastructure and training. The Department of Justice and Constitutional Development established Operation Isondlo in 2006 to improve the child support system, focusing in particular on locating defaulters, improving the capacity of maintenance courts and civil enforcement of maintenance claims, and ensuring payments were made and that the system was fair. The initiative has hired over 200 new staff in various roles, but given that there are over 400 maintenance courts throughout the country, more staff are needed. Hiring investigators greatly increased the courts' capacity to deal with complaints and to track defaulters, which had until then been the responsibility of each female complainant. Still, defaulters are often not pressured to pay, since investigators' powers are limited and in some cases police officers do not arrest defaulters for up to six months after they have been found guilty by the court.

*Boys, men and schools.* South Africa's educational attainment statistics show trends that exist in many middle- and upper-income countries worldwide, although for somewhat different reasons. Gender parity has been achieved at the primary level, but boys and young men (particularly low-income boys and young men) are faring less well than girls at the secondary and tertiary levels. This is notwithstanding the particularly high levels of (at least temporary) school dropout due to teenage pregnancy in girls. In 2006 in South Africa, women represented 55 percent of university students entering first year; at secondary level, 90 percent of girls were enrolled compared to 81 percent of boys. However, the problems of gender in education are much more pervasive and complex than these figures suggest. Patriarchal gender norms in society are deeply ingrained in the education system. For example, one study showed that a third of girls who were raped before the age of 15 were raped by teachers.<sup>26</sup>

An early first post-apartheid step to address gender by the Ministry of Education was to prohibit the exclusion from school of pregnant schoolgirls. A Gender Equity Task Team was formed to advise the Ministry on efforts to address gender issues in public education. Some advances have been made on the issue, in terms of curriculum development and sexual harassment and sexual violence prevention in schools. For example, the National Curriculum Statement Policy Guidelines (Life Orientation for Grades 10-12) expressly mention and require teaching about concepts of power and power relations, and their effect on relationships between and among men and women; masculinity; femininity and gender; stereotypical views of gender roles and responsibilities; influence of gender inequality on relationships; and general well-being.

Policy efforts around sexual violence prevention have also focused on teachers who commit sexual violence and harassment in schools. The policy calls for the dismissal of educators who



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are found guilty of having sexual relationships with students in schools where they are employed. They are also expelled from the teacher association. A weakness of the policy is that sexual relations between learners and teachers at their school is prohibited, but this does not prevent teachers from using their power and status in a community to engage in sexual relations with girls from other schools. The HIV/AIDS Emergency Guidelines for Educators of 2000 encourage educators to talk to students about sexuality, underlining that “male educators have a particular responsibility to end the practice of demanding sex with female educators or learners.”<sup>27</sup>

*Men, employment and caregiving.* South African law for the most part continues to view men as providers, as noted above. This is extremely challenging for low-income men given that levels of unemployment for men and women are very high. In 2006, 21.2 percent of men and 30.7% percent of women aged 15-65 years were unemployed.<sup>28</sup> There has been little progress in reducing unemployment since the end of apartheid, and no progress in reducing wealth disparities in the country. From 1995 to 2005, the average annual growth rate of employment was 3.5 percent for women and 2.0 percent for men. While many poor men in South Africa are having trouble meeting the basic conditions of being providers, the law provides limited support to them in their roles as caregivers. The Basic Conditions of Employment Act 75 of 1997 provides for family responsibility leave of only three days’ paid leave per year for men to be used at the time of the birth of a child or sickness or death of a family member. Existing policy in terms of men’s roles as caregivers thus entrenches notions of women as primary caregivers and fails to support efforts to increase men’s involvement in care work.

*Men, crime and punishment.* South Africa has a long history of corporal punishment at home, in schools as well as in the courts. Legislation, including the Abolition of Corporal Punishment Act 33 of 1997 and other acts, has now outlawed all corporal punishment except for that carried out in the home. However, in practice, corporal punishment persists in schools. Attempts by government to outlaw corporal punishment in the home met with strong public resistance, possibly due to the widespread nature of its use and the belief in its efficacy.<sup>29</sup> Given the clear confirmed association between childhood experiences of violence and the subsequent use of violence, this is one of the examples of policy and implementation failure that has consequences of laying the foundations of the widespread use of violence in South Africa.

Societal attitudes toward firearms are another area where issues of masculinities play out. Legal gun ownership is widespread in South Africa, with surveys showing that 6 percent of adult men have a legal gun,<sup>30</sup> and illegal gun ownership is equally prevalent. Guns are widely used in homicides of men and women, but 90 percent of firearm homicides in South Africa occur among men. With regard to arrest patterns in South Africa, men make up the vast majority of the 1.2 million adult arrests that occur annually in South Africa out of a total adult male population of 10 million. In terms of incarceration patterns, South Africa is attempting to do better in rehabilitating its incarcerated population, but the tendency over the past 15 years to mete out increasingly long sentences has increased the number of people in prison, and most prisoners receive no rehabilitation. Furthermore, notable weaknesses in policies and governmental response have been shown in addressing practices of men that are closely aligned to hegemonic ideals of South Africa masculinity, including gun ownership and norms related to binge drinking.

## CONCLUSIONS

Like the other countries discussed here, in general, South Africa's policies do not recognize men as gendered, although they make frequent mention of men and boys, mostly seeing them as a homogenous group. At the same, however, there have been important advances in including men and masculinities in public policies in South Africa. These include changes in family laws and policies that acknowledge both the responsibility and rights of unmarried fathers, changing rape laws to acknowledge that men can be victims of rape and the national HIV/AIDS plan that makes frequent mentions of gender issues, even if it does not yet have a detailed plan for implementation of a gender perspective. Policy implementation also continues to be a major issue — in South Africa as in many countries. For example, while policies have been created related to ending impunity around sexual violence in schools, such policies have to be enforced by those who are most often the perpetrators of such violence. Similarly, while laws on domestic violence have been improved, enforcement continues to be hampered by the gender-inequitable attitudes of police.

### SOUTH AFRICA

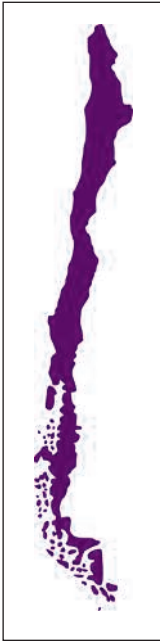
POLICY	ADVANCES	CHALLENGES
<b>EDUCATION</b>		
National Curriculum Statement Policy Guidelines (Education Sector: Life Orientation, Grades 10-12)	Recognizes concepts of power and power relations in terms of gender	New and slowly expanding approach
<b>FATHERHOOD AND MEN'S ROLE IN FAMILIES</b>		
Basic Conditions of Employment Act 75 of 1997	Provides women with four months of unpaid maternity leave	Provides men with only three days' paid paternity and family leave per year
Maintenance Act 99 of 1988	Biological father must maintain his child in proportion to his means; criminal liability for nonpayment.	Implementation is poor, in part because of widespread poverty.
Children's Act 38 of 2005	Recognizes unmarried fathers' rights; provides that fathers who demonstrate involvement in their children's lives acquire full parental rights and responsibilities	
<b>HIV/AIDS AND SEXUAL AND REPRODUCTIVE HEALTH</b>		
HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 (2007 National Strategic Plan)	Recognizes men in sexual and reproductive health policies, and HIV testing and treatment	Limited uptake by men, but recent data suggest this may be changing
HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 (2007 National Strategic Plan)	Recommends behavior change for men and women and addresses gender norms	Little evidence of implementation on gender norms

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POLICY	ADVANCES	CHALLENGES
<b>SAME-SEX RELATIONSHIPS AND CIVIL LAW</b>		
South African Constitution	Provides the right to equality and prohibition of unfair discrimination on the basis of sexual orientation. Legalizes same-sex marriage, challenges norms of marriage and gender	
Recognition of Customary Marriages Act 120 of 1998	Provides for the equal status and capacity of the spouses, including marriage in community of property	Allows men to have more than one wife (legal recognition of polygamy)
<b>GENDER-BASED VIOLENCE</b>		
Sexual Offenses and Related Matters Act 32 of 2007	Rape defined as non-consensual penetration in all circumstances; applies to both men and women	Attitudes among police continue to limit their effectiveness in carrying out aspects of the law
365 Day National Action Plan to End Gender Violence of 2007	Emphasis on “the capacity of men and boys to reduce gender-based violence in partnership with women and girls”	Needs implementation
Abolition of Corporal Punishment Act 33 of 1997 and other acts	Outlaws corporal punishment except at home	Corporal punishment persists in schools and primarily targets boys; unsuccessful attempts to outlaw corporal punishment in the home
HIV/AIDS Emergency Guidelines for Educators of 2000	Recognizes educators’ role in protecting students from sexual violence and in ensuring the law prohibiting relationships with students is implemented; encourages educators to talk to students about sexuality	Changing gender regimes in schools is still a work in progress
<b>EMPLOYMENT AND WORKPLACE</b>		
The Basic Conditions of Employment Act 75 of 1997		Continues to view men mainly as providers; marginalizes efforts to increase men’s involvement in care

SOUTH AFRICA



## CHILE<sup>31</sup>

Francisco Aguayo and Michelle Sadler

### POLICY CONTEXT ON GENDER INEQUALITY

While Chile has no policies that can be considered as dealing explicitly with men and masculinities, various policies relate to children, families and gender equality, all focused on protecting the rights of children and women. Indeed, despite the generally conservative social order in Chile, organized women's rights and LGBT movements have achieved some important, though gradual, advances. That said, in these policies and in most policy debates, men are labeled as "violent," "alcoholics," "drug addicts" and "delinquents" as opposed to persons with mental health needs and psycho-social vulnerabilities, or as potential allies in achieving gender equality. Likewise, in spite of social conditions such as poverty, high rates of unemployment and underemployment, generally precarious work conditions (including long workdays) and high levels of individual debt, men's mental health is also seldom discussed in policy debates.

### KEY POLICY ISSUES IN ENGAGING MEN

*Gender roles at home and at work.* Despite the massive entrance of women into the workplace in the past 15-20 years in Chile, existing policies continue to promote and presume a traditional family model of working men and caregiving housewives. There are currently no policies that seek to promote men's involvement in caregiving or domestic work, or to promote a co-responsibility of roles. At the same time, Chile has Latin America's lowest percentage of women in the paid labor market (~37 percent), and despite President Bachelet's recent salary equity law, women continue to face wage and other forms of discrimination in the workplace. It should also be noted that women do the vast majority of unpaid domestic work (71 percent) and take virtually all the paid leave to care for ill children. The predominant policy discourse on accommodating work-family tensions is about making work "flexible." Given that few Chilean workers are unionized, workers generally feel insecure about trying to request time off and have not advanced in securing such rights.

*Marriage and non-marital unions.* Historically, Chile's civil laws have been traditional and did not allow divorce up until 2005. Additional laws in 2005 created family courts and made it easier for women to obtain child support in the case of divorce. In the case of separation, women automatically get custody of children, and legislation promoting joint custody is stuck in the Chilean congress. Even though non-marital unions have increased sharply in Chile, they still are not legally recognized in any form, nor are rights to marriage, inheritance or custody available to same-sex couples, although the recognition of civil unions is being considered in congress.

*Mental health.* Research has affirmed that men face numerous barriers to accessing mental health services within the Chilean public health system. Men are significantly less likely to seek treatment for depression,<sup>32</sup> and while the suicide rate doubled between 1990 and 2004 for the population as a whole, it continues to be six times greater for men than for women.<sup>33</sup> Men's primary mental health problem as reported by the public health system is alcohol abuse,<sup>34</sup> and Chilean men are much more likely to consume drugs than are women.<sup>35</sup> Other forms of psychological suffering that some Chilean men face are scarcely acknowledged, including acts of homophobia suffered by gay men and boys, psychological violence, and bullying in schools.

*Intimate partner violence.* Men are the overwhelming majority of aggressors in family violence, and 80 percent of homicides against women are committed by male intimate partners.<sup>36</sup> Despite the existence of programs designed to increase awareness, prosecute perpetrators and provide support for survivors of violence, such services are inadequate. Some public funds have recently been provided for setting up the first services (group psychotherapy) for male batterers, but these initiatives are not yet systematized or nationally available.

*Men, violence, crime and punishment.* Violence between men in Chile has not been examined through a gender lens, and the numerous male victims of violence tend to be invisible in the debate. At the same time, groups of low-income men — particularly low-income, young men — are subject to stringent public security measures, including police surveillance and severe punishment, contributing to a large, young, expanding and overwhelmingly male prison population.

*Participation during childbirth, paternity leave, day care and child support.* Due to demand by men and families, and to public health movements such as breastfeeding and changes to humanize childbirth, a growing number of pregnant women seeking services from the Chilean public health care system are now accompanied by their male partners. For example, in 2001, 20.5 percent of women were accompanied by a person of their choice during birth. In 2008, 71 percent of women reported being accompanied by a partner during childbirth (nearly always the father).<sup>37</sup> Until 2009, this increase was not necessarily due to a specific policy but to the fact that the public health system permitted partners to be present during childbirth. In September 2009, a law institutionalized the Childhood Social Protection System “Chile Grows with You” (“Chile Crece Contigo”) created during the government of President Bachelet. The health component of this system is a program that aims to support the holistic development of children, which guarantees an increase in the participation of fathers in child care, pregnancy and birth.

A new 2005 law increased paternity leave from two to five days, to be taken within the first month after birth. The impact has yet to be evaluated, but qualitative studies indicate that fathers greatly value the experience, even if the number of days is still extremely low. By contrast, women in Chile have the right to 12 weeks' postpartum leave (plus six weeks before the birth). In practice, many women take more than the 12 weeks with the assistance of their doctors, who give them medical leave. Another policy advance related to men's roles as fathers is a 2008 law that extends the right to public day care for working fathers who have custody of children who are age 2 years or younger. Previously, only mothers had this right, and after separation, the law automatically awards custody to the mother unless a specific court ruling awards custody to the father, or the mother is deceased. In terms of child support, a 2007 Chilean law modified the existing law on child support, making it easier to enforce child support by adding sanctions, though the application of some of these measures has as yet been limited in scope.

*Engaging men in prevention campaigns related to sexual violence and other forms of gender-based violence.* Though few NGO-supported or government-sponsored campaigns related to GBV have engaged or targeted men, there are a few emerging exceptions. The Chilean Network against Sexual and Domestic Violence recently carried out a campaign called “Machismo Kills,” and the NGO DOMOS coordinated a campaign targeting men called “Let's not be accomplices to violence.” And at the end of 2009, the White Ribbon Campaign was launched in Chile with public service announcements featuring a nationally known actor. To date, no impact evaluation has been carried out for any of these activities.



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Influential Men

### KEY POLICY GAPS

*Increase the involvement of men in sexual and reproductive health and rights.* Chilean men continue to show a very low level of engagement when it comes to using condoms, preventing pregnancy, and preventing HIV and other STIs. In 2007, men made up fewer than 1 percent of those receiving contraceptive methods through the public health system,<sup>38</sup> and in 2006 the rate of vasectomies to female sterilizations was 1:250.<sup>39</sup>

*Create a model of equitable family roles, supported by sound paternity policies,* that promote co-responsibility and shared tasks. It is imperative to have a system of shared custody to correct the problems that arise when couples separate: women end up with the overwhelming burden of care, and fathers have less contact with their children. Chile needs new policies reconciling work and family to create better and more gender-equitable social conditions for raising children, such as extended paternal leave. The employment sector needs to facilitate greater involvement by fathers; one study found the principal barrier to greater participation was work schedules.<sup>40</sup>

*Involve men in ending all forms of violence.* Chilean national policy urgently needs to incorporate a gender perspective to understand how the socialization of men relates to risk-taking behavior (e.g., traffic accidents) and forms of violence, including intimate partner violence, juvenile homicides and sexual abuse. As noted previously, violence among men (the majority of violence outside the home) is only seen in national policy as a police and criminal justice matter. Equally importantly, Chile needs to question the stigmatization of men in general. As noted above, most campaigns and policies view all men as aggressors, without acknowledging men's potential roles as change agents.

*Address homophobia.* Chile's conservative social norms, such as lingering homophobic and hetero-normative attitudes, often result in institutional exclusion and marginalization, assaults, and murders of gay individuals. Neither heterosexual nor same-sex civil unions are recognized by Chilean law, nor are the parental rights of gay individuals recognized. Civil union legislation that does not differentiate between couples is in the works, and a National No Discrimination Plan has been stuck in the Chilean congress since 2005. A recently published manual for teaching diversity in schools has obligated several educational institutions to take a stand on the issue — some for, some against. There are also changes underway in the penal code, which currently treats homosexual relations differently than heterosexual ones where age of consent is at issue. Another penal code article currently being questioned protects police harassment of homosexuals, arguing that their behavior represents “offenses against decency and morality.” Efforts exist to modify additional articles of the civil code in order to guarantee that no parent is separated from her or his child due to sexual orientation.

### RECENT POLICY ADVANCES AND DEBATES

One of the most interesting examples of policy change in Chile in terms of gender and engaging men relates to the implementation of one of President Bachelet's signature projects within the Childhood Social Protection System, called “Chile Grows with You” (“Chile Crece Contigo”). This project has produced a variety of educational materials for expecting mothers, promoting reproductive health and good parenting. Many of these materials include messages

directed at fathers and feature images of fathers. Although these materials mostly reach low-income populations that use the public health system, it is important to note that from their conceptualization these materials have aimed to include a focus on gender and masculinities and on diverse types of families and child-rearing, including, for example, adolescent parents and indigenous (Mapuche and Aymara) families.

POLICY	ADVANCES	CHALLENGES
<b>FATHERHOOD AND MEN'S ROLE IN FAMILIES</b>		
Modified labor code on September 5, 2005: law number 20.047 (2005)	Increases paternity leave from two to five days	Number of days is still extremely low
2008 child custody law	Extends the right to public day care for working fathers who have custody of children two years of age or under	Awards custody to the mother unless a specific court ruling awards custody to fathers, or the mother is deceased
2007 child support law	Makes it easier to enforce child support	Limited application of some of these measures
<b>FATHERHOOD AND MEN'S ROLE IN FAMILIES</b>		
Law number 20.379 (September 2nd, 2009) Creation of the Intersectoral Social Protection System and institutionalization of the Childhood Social Protection System "Chile Grows with You" ("Chile Crece Contigo")	The health component of the Childhood Social Protection System is the Biopsychosocial development support program, which guarantees an increase in the participation of fathers in childcare, pregnancy and birth.	
<b>HEALTH</b>		
Chilean public health system	Recognizes that men face numerous barriers to accessing mental health services	No policies to address men's mental health needs
<b>HIV/AIDS AND SEXUAL AND REPRODUCTIVE HEALTH</b>		
Chilean public health system	Increased participation of male partners in women's public health services	Need for greater involvement of men in sexual and reproductive health and rights
<b>SAME-SEX RELATIONSHIPS AND CIVIL LAW</b>		
Chilean family law in regards to nonmarital unions	Creates family courts and makes it easier for women to obtain child support in the case of divorce	In the case of separation, women automatically get custody of children

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## CHILE

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POLICY	ADVANCES	CHALLENGES
<b>SAME-SEX RELATIONSHIPS AND CIVIL LAW</b> (continued)		
Chilean family law in regards to same-sex unions/marriage	The recognition of civil unions is being considered in congress	Civil unions (same sex or heterosexual) not legally recognized; rights to marriage, inheritance or custody are not available to same-sex couples
<b>GENDER-BASED VIOLENCE</b>		
Chilean domestic violence law	Some government-funded programs designed to increase awareness, prosecute perpetrators and provide support for survivors	Services are inadequate, and lack of involvement of men persists in all aspects
<b>EMPLOYMENT AND WORKPLACE</b>		
Employment law	12 weeks' maternity leave	Lack of policies that promote men's involvement in caregiving or domestic work or that promote a co-responsibility of roles
Chilean salary equity law	Some provisions to increase women's wages	Women continue to face wage and other forms of discrimination in the workplace

**INDIA**<sup>41</sup>

Abhijit Das, Satish Kumar Singh and Anand Pawar

**POLICY CONTEXT ON GENDER INEQUALITY**

The way modern India formed, and the colonial period preceding it, have led to a destructive paradox: among other challenges, national civil society groups that promote healthy masculinities and gender justice are open to attack as being unpatriotic, or even as being agents of Western cultural depravity. Woven throughout independence and post-independence movements is a problematic thread of Indian cultural nationalism that calls for a sense of militant aggressive masculinity in the name of the honor, defense and security of the self, and by extension the honor, defense and security of women, family, community, religion, nation and state.<sup>42</sup>

The noxious relationship among nation building, religion, masculine identity and concepts of "honor" played a role in the communal mass murder accompanying the 1947 partition of British colonial India into the Islamic Republic of Pakistan and a secular India. While this relationship continues to affect how men behave toward women within their families, and to



affect the wider construction of masculinities in India today, a powerful alternative ideal of masculinity also developed in response to colonial oppression and remains a source of inspiration to gender activists: the pacifist Gandhian approach.

Though modern India has achieved tremendous gains in gender equality, advocates of gender transformative policy face multiple barriers. First, current laws and policies protecting the lives and most basic rights of women and girls are poorly implemented. Second, gender-related policy goals emerge as much from external forces such as international agreements as from existing internal political or social demand. As a result, at times India experiences a backlash to the whole concept of change in gender norms as being externally imposed and Western.

While there are daunting administrative and technical impediments to implementing gender equality policies and laws in India, the primary problem is that taken as a whole, society and social institutions do not fundamentally support them. Son preference is rampant, and sex ratio at birth (i.e., the higher number of boys born relative to girls) continues to increase in many areas in the country; dowry is still widely practiced, and child marriage (although illegal) still takes place. Without social actors to ensure enforcement, legislation such as the Dowry Prohibition Act, Preconception and Prenatal Diagnostic Tests Act (to reduce sex-selective abortion), and to a lesser extent the Child Marriage Restraint Act continue to be ignored with relative impunity.

The backlash against changes in gender norms is serious. Men's groups are actively organizing against laws that protect women from violence. India has a vibrant women's rights movement, and girls and women are logging advances at all levels as numerous complex social and economic forces influence the gender environment. For the moment, however, the internal political and social pressure for progressive gender change remains insufficient to completely counter powerful elements of backlash.

### KEY POLICY ISSUES IN ENGAGING MEN

In India, the general discourse continues to focus on women's disempowerment and men's domination. Most policies are primarily situated within the Women in Development (WID) paradigm, meaning they seek to provide income support or microfinance to women. While instrumental for some women, such policies do not always or do not generally transform gender relations in the long run. Similarly, work with men to prevent violence against women is nearly all led by civil society and limited in reach.

One exception to the women-centric policy focus is the response of the health sector to the emergence of HIV/AIDS in India. Policymakers have responded to the epidemic with a renewed sense of urgency to understand and engage with men and masculinities, acknowledging that the behavior of men, and the social forces that drive those behaviors, are at the root of preventing and mitigating HIV/AIDS in the country. Historically, men were part of initial family planning policies; in fact, in the early years, vasectomy was the preferred permanent contraceptive method in India. The most specific and detailed mention of men is still in reproductive health policies, though contraception remains women's responsibility, and there has been a steep decline in the percentage of Indian men seeking vasectomy. Instead, India is targeting policies toward men particularly vulnerable to HIV infection (men who have sex with men; injecting drug users; truckers), who do not necessarily belong to the privileged groups in society.

### KEY POLICY GAPS

A number of key policies and laws do not include an analysis or understanding of men and masculinities, including the National Policy for Empowerment of Women (2001), the National Youth Policy (2003), and the National Rural Employment Guarantee Act (2005). These policies include a mention of women as disempowered and needing special attention (or make no mention of gender at all), but none of them acknowledge the need to engage men as agents of change, acknowledge that men can be partners in achieving gender equality or acknowledge men's gender-specific needs in terms of livelihoods. The example provided in the introduction to this publication on men's economic marginalization in India is a clear indication of the needs that low-income men face in terms of being economically marginalized. Clearly, statistics affirm that low-income women in India are even poorer than men, but poor men — particularly the rural poorer men — also need support in terms of livelihood and economic justice.

Similar to livelihood policies, the Protection of Women from Domestic Violence Act (2005) refers to men only as perpetrators of violence, with no reference to reaching them with prevention messages or engaging them as agents of change. Again, men are treated as a monolithic category of abusers.

Another key priority is to find new approaches to overcoming the determined resistance in society and social institutions to effectively implementing a wide array of existing legislation, including the Dowry Prohibition Act, Preconception and Prenatal Diagnostic Tests Act, and Child Marriage Restraint Act. India faces a number of challenges. Among them: child marriage is common; women who exercise their right to choose their partners in marriage continue to have their rights violated and experience high levels of violence; maternal health is poor; and contraception remains women's responsibility. The very real administrative and technical problems affecting implementation of gender-related laws and policies in a country as vast and complex as India include the fact that a number of different ministries implement them, and often there is no linkage between these programs and their different implementing agencies, but ultimately the problem is of political will.

The analysis of these policies suggests a number of gender-transformation initiatives to be undertaken in response to these gaps:

- Develop a men's involvement strategy paper for the national reproductive and child health program.
- Develop separate strategy papers for working with male and female youth, and ensure the strategies reflect a concern with gender equality within national youth development policy, including education, employment and sports sectors.
- Encourage men's participation in pregnancy, childbirth and care work, including developing and implementing paternity leave policies.
- Develop policies to incorporate efforts to promote gender equality in the educational system, including teacher training and specific activities to reach students and their parents.
- Scale up work in communities to engage men in evidence-based approaches and sustainable community-driven responses to end violence against women.
- Train health and social service providers and members of the uniformed services — including the police who are meant to enforce laws and policies — on the gender dimensions of their work.

## RECENT POLICY ADVANCES AND DEBATES

There are, unfortunately, few positive policies to highlight in terms of engaging men as allies in gender equality in India, with the possible exception of the national AIDS program, which has included men, although mostly acknowledging them as a specific “risk group” rather than including a full discussion of how masculinities create and reinforce power inequities (between specific groups of men, and between men and women) and how they reinforce men’s limited health-seeking behavior (or encourage the use of unqualified “street” doctors, also known as “quacks”). The most interesting work to engage men in gender equality in India is clearly being carried out by civil society groups, with a few connections to the public sector. A national network of NGOs called the Forum for Engaging Men (FEM), affiliated with the MenEngage Alliance, has emerged and is actively collaborating to carry out joint advocacy, policy debates, and joint program development, training and activism.

Key civil society networks and interventions have also been formed or implemented in recent years. These include: MASVAW (Men Acting to Stop Violence Against Women), working in Uttar Pradesh to reach men at the community level to carry out activism to protest against violence against women, with activities targeting the media, local policymakers and government officials, and men and boys in general in communities and schools; RISTHA, a health-based intervention in Mumbai, which engages men in STI and HIV prevention and counseling and was able to measure an increase in condom use and men’s health-seeking behavior in a rigorous impact evaluation study; and Yaari-Dosti and the GEMS project in Mumbai, both working with young women and men (and boys and girls) in group education and community campaigns to question rigid notions of masculinities. These are only a few examples of the vibrant civil society community that is working to engage men and boys in gender justice in India. In the long run, the strategy of these civil society partners is to work collectively to effect change at the policy level.

POLICY	ADVANCES	CHALLENGES
	<b>EDUCATION</b>	
National policy on education 1968 (modified in 1992), and program of action 1994	Makes primary and secondary education widely accessible for urban and rural poor. Equalizes educational opportunities for socially deprived groups and women. Increases inter-regional mobility and access to higher and technical education. Includes adult education for both men and women.	Low enrollment of girls and girls’ dropout rates Adult literacy programs do not reach women effectively. Literacy curriculum does not specifically focus on gender
93rd Constitutional Amendment Right of Children to Free and Compulsory Education Act 2009	Makes education for all children 6-14, boys and girls, a constitutional right. Has special provisions for children from disadvantaged sections of society	Not yet implemented

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POLICY	ADVANCES	CHALLENGES
<b>FATHERHOOD AND MEN'S ROLE IN FAMILIES</b>		
Central Civil Services (Leave) Rule 551, grant of paternity leave, Ministry of Personnel, P.G. and Pensions, 1999	Provides 15 days of paternity leave for male Central Government employees with fewer than two surviving children  Many state governments have implemented similar provisions for their employees.  Reserve Bank of India and some private firms also extend this leave for adoptions.	No studies have been conducted to understand impact of leave policy
<b>HEALTH INCLUDING SEXUAL AND REPRODUCTIVE HEALTH</b>		
National Population Policy 2000	Includes working with men within a gender equality framework as one of its supportive strategies	No specific programs beyond non-scalpel vasectomy have been formulated as yet
Reproductive and Child Health Project 2, Ministry of Health and Family Welfare, Government of India (2004)	Gender is seen as a cross cutting issue.  Male participation described in sections on child health, contraception, family health	Implementation of RCH2 was superseded by NRHM (see below).
National Rural Health Mission (2005 — 2012)	Increases public spending on health  Increases community participation in health programs  Focuses on improved quality of services for women and poor	No mention of gender as a determinant of health  Does not include men even as a specific client category
<b>HIV/AIDS</b>		
National AIDS Control Project III (NACP III) India, 2006 - 2011	Focus on high-risk groups of men: MSM, male sex workers, male clients of sex workers and men in the trucking industry	Men are only considered as bridge population  Focus on high-risk groups neglects vulnerabilities in general population  Lack of integration of HIV/AIDS programs with SRH programs

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POLICY	ADVANCES	CHALLENGES
<b>RELATIONSHIPS AND CIVIL LAW</b>		
The Protection of Women from Domestic Violence Act (2005)	Recognizes the rights of women in 'marriage-like' relationships.	
Delhi High Court judgment on Section 377 of Indian Penal Code 2009	Recognizes the validity of same sex relationships among adults	
<b>GENDER-BASED VIOLENCE</b>		
Dowry Prohibition Act 1961	Prohibits the giving and taking of dowry in all marriages	Continues to be ignored with relative impunity
The Protection of Women from Domestic Violence Act (2005)	Provides an alternate and simpler civil mechanism (vs. lengthy criminal cases) for women facing domestic abuse.  Focuses on support and protection of women and recognizes their right to residence in the family.	Refers to men only as perpetrators
The Preconception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.	Seeks to prevent misuse of pre-natal diagnostic techniques for pre-natal sex determination and sex-selective abortion	Son preference in most of the country and economic interests of private medical practitioners have prevented effective implementation
Section 498 A of the Indian Penal Code	Allows for the presumption of dowry-related violence in all cases of unnatural death in women within 7 years of marriage.	Allegations that law has been used for settling scores between natal and marital families of deceased women  Focal point for organizing among reactionary men's groups
<b>EMPLOYMENT AND WORKPLACE</b>		
Supreme Court judgment on Sexual Harassment (Visakha case) 1997	All institutions employing women must set up committees to investigate sexual harassment of women proactively	Not universally implemented.  Formal law proposed but GOI has not yet tabled the Bill.  Does not provide for harassment of men on any grounds

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## INDIA

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POLICY	ADVANCES	CHALLENGES
<b>EMPLOYMENT AND WORKPLACE</b> (continued)		
The Equal Remuneration Act, 1976	Ensures employers do not discriminate on the basis of gender, in matters of wage fixing, transfers, training and promotion.  Provides for equal remuneration to men and women workers, for same or similar work and for prevention of discrimination against women in matters of employment.	Implementation of the law is inadequate.  Source of wage discrimination is in the nature of demand and supply of labour.  Occupations where women can find work are limited compared to those for men.
The National Rural Employment Guarantee Act, 2005, Ministry of Law and Justice, GoI, 2005	Guarantees livelihood security of at least one hundred days to adult members of rural households who volunteer for unskilled manual work.  Priority is given to women and where there are five or more children below the age of six accompanying the women at any site, one woman worker looks after the children.	Family focus — eliminates women, especially single women  Women's participation seen as consequence of having 'useless' husbands.  Output related payments — women denied work, paid less  Timings unsuitable for women
<b>SAME SEX RELATIONSHIPS</b>		
National Aids Control Program (NACP 3)	Includes a detailed understanding of and interventions with MSM	Continued illegal status of homosexuality under Indian Penal Code Section 377
Delhi High Court judgment on Section 377 of Indian Penal Code 2009	Reading Section 377 to decriminalize consensual sex between same sex adults	Challenged by private parties before the Supreme Court

**BRAZIL**<sup>43</sup>

Marcos Nascimento, Márcio Segundo and Gary Barker

**POLICY CONTEXT ON GENDER INEQUALITY**

Brazil is a country of continental scale, with dramatic regional and socioeconomic inequalities. In the past 15 years, Brazil has made significant progress in the design of policies meant to promote gender equality, including a new law since 2006 that strengthens efforts to end

impunity related to men's violence against women. The social welfare policies of the past 10 years, some started under the Cardoso administration and others under the Lula administration, have often included specific clauses or components to promote gender equality. That said, the road to gender equality in Brazil has been a long one and is far from complete. Recent national household survey (PNAD 2009) data show that Brazil is doing poorly relative to other Latin American countries with regard to the treatment of women in the labor force. For example, women of the same status as men in the labor force continue to earn significantly less for the same work.

### KEY POLICY ISSUES IN ENGAGING MEN

*Protecting the rights of sexual minorities.* Since 2004, Brazil has had a federal program designed to combat homophobia and promote the rights of LGBT citizens. In 2008, the first national LGBT conference took place and President Lula participated in it. The federal program has included school-based and community-based education to raise awareness about the rights of LGBT individuals, as well as a hotline for reporting homophobia-related violence and discrimination based on sexual identity. Although there is no evaluation data on the impact of the federal government's initiatives in this area, the dimension of the policy makes it one of the largest and most wide reaching in the Latin American region.

*Ending racial discrimination.* Depending on estimates used, between 40 and 50 percent of Brazil's population can be considered "Afro-descendentes," meaning they have some African lineage. National household-level data have confirmed that those of African descent are generally poorer and have shorter lifespans, lower rates of educational attainment and less access to health services than the rest of the population. Within the African-descendent population there are specific gender-related vulnerabilities. African-descendent women, example, have the lowest average incomes nationwide, while African-descendent men in Brazil have the lowest rates of educational attainment and the highest rates of homicide. Data on homicide in Brazil (among the highest rates worldwide) show that men suffer 12.1 times the rate of women (50.6 per 100,000 annually for men compared to 4.2 per 100,000 for women). Including race in this discussion, data confirm that men of African descent have a 73 percent higher rate of homicide than white men. The "typical" victim of homicide in Brazil is a black man between the ages of 18-24 with fewer than seven years of education. Since 2006, Brazil has had a National Plan for Racial Equality that includes, among other components, income generation, promotion of health services for the vulnerable African-descendent population, access to public housing, and campaigns to promote awareness about racial discrimination. The gender-specific needs and realities of Brazil's African-descendent population have not necessarily been the center of attention, but numerous studies and activists have begun to discuss these needs and issues.

*Paternity leave and men's roles in families.* Currently men who become fathers (including via adoption) have five days of paternity leave under the 1988 federal constitution. Mothers have 120 days of leave guaranteed by law (extending to 180 days in some workplaces and regions of the country). These five days of paternity leave include the weekend, so if a man's child is born on a Thursday, he is required to be back at work on the following Tuesday. Some women's rights advocates in Brazil have questioned whether increasing paternity leave will in fact improve women's lives, citing national household data that show that women spend on average 21.8 hours a week on domestic chores (including child care activities) compared

to 9.1 hours for men and that women with children under age 14 who live with a man spend two hours more per week on average than households where a man is not present. Some states and cities in Brazil have increased paternity leave to between 15 and 30 days for government employees, and in 2007 discussions started to introduce a law seeking to extend paternity leave up to 30 days. There are currently various versions of this law under discussion in Brazil's congress, but there is no indication as of the end of 2009 that any of these will pass soon.

To raise awareness about these issues, in 2008 the Network of Men for Gender Equality (RHEG), a national network of NGOs, some affiliated with MenEngage, started a national campaign called *Dá licença, eu sou pai*, a play on words for "Excuse me (Give me leave), I'm a father." The campaign included a national public service announcement featuring prominent Brazilian actors and awareness-raising material distributed via NGOs and in public spaces such as hospitals, schools and transportation hubs. While the public discussion has not yet led to a change in federal law, a number of organizations are beginning to voluntarily expand leave for fathers. The research center Fundação Carlos Chagas (FCC), for example, now offers 15 days' paid paternity leave to its employees. In terms of acknowledging men's roles in the care of children, in 2008 Brazil passed a law that establishes joint custody as the presumptive arrangement in cases of divorce and separation, ending the previous system that gave custody to the mother except in special circumstances.

*Sexual and reproductive health and AIDS.* Brazil's national AIDS program has been recognized by the UN as one of the most progressive and effective worldwide. The program includes publicly funded voluntary testing and counseling centers, free and public distribution of condoms, publicly funded antiretroviral therapy and social support to individuals living with HIV, and school- and community-based sexuality education, including HIV information. Specific mass media and community campaigns are carried out on an ongoing basis, changing emphasis based on recent findings and trends in transmission, along with an annual campaign around Carnaval. Specific groups of men have been targeted with tailored messages, including men who have sex with men, young men and men over the age of 40 (who were the subject of a recent mass media campaign, based on new data showing lower condom use among older men). As a result of these efforts and of civil society, condom use has increased in Brazil over the last 20 years, particularly among young men, although men's seeking of HIV testing continues to be low (in spite of the fact that men represent the majority of HIV cases in the country). Women continue to represent the majority of those who seek HIV testing, mostly as a result of routine testing of pregnant women. Gay young men have the highest risk of HIV in the country and have also been the focus of specific campaigns and NGO-led efforts to prevent HIV.

Brazil has had a national family planning law since 1996 stipulating the provision of family planning free of charge via the national public health system. Vasectomy and condom distribution are ongoing components of the plan and these services, but men's use of vasectomy continues to be far less than women's use of tubal ligation. National data from Brazil's public health system (SUS) show that between 1996 and 2006, about three times as many women sought tubal ligation as men sought vasectomies in the national public health system, although this data may be incomplete since many vasectomies are performed in private clinics.<sup>44</sup>



*Gender-based violence.* In 2006, Brazil passed what is called the Maria da Penha law (a law named after a woman who was subjected to extreme violence from her husband), which establishes violence based on gender as a criminal offense subject to imprisonment for perpetrators. The law, in addition to establishing norms for bringing charges against perpetrators, also includes funding for national campaigns — community-based and mass media — some of which have targeted men and boys. A plan to take prevention messages into the public education system has not yet been implemented. The national government ministry charged with implementing the law (the Special Secretariat for Women's Policy) has supported White Ribbon Campaign activities in Brazil. The law also includes a provision for supporting (with funds from the Ministry of Justice) centers for carrying out batterer intervention groups. The first federally funded center for male perpetrators was opened in Rio de Janeiro in 2009. The special court system to deal with gender-based violence is still in its initial phase, and collaboration between service providers (both shelter programs for women and batterer intervention programs) and the justice system continues to be problematic. That said, the law represents a tremendous advance on the issue, and has made including men — both in terms of prevention and work with male perpetrators — part of its efforts. There are, however, still no nationally recognized norms or standards in terms of batterer intervention programs, but efforts are under way to define these.

*Men's health.* In reviewing data on men's low use of health services, and high rates of specific vulnerabilities — substance use, suicide prostate cancer, among others — Brazil's Health Ministry created a men's health policy in 2009, in dialogue with NGO partners, researchers and various medical associations. While the program represents a historical first in terms of attention to men as having gender-specific, health-related vulnerabilities, it is still limited in scope, focusing mostly to date on promoting vasectomy and prostate cancer prevention as men's "most significant health problems." Left out of the discussion so far, for example, are sexual minority men, young men or men in specific occupations or social conditions that increase their health-related vulnerabilities. An example of NGO contribution to this dialogue is the educational material and campaign developed by RHEG (Network of Men for Gender Equality) and Papai that highlight specific health needs of men and provide recommendations for health providers on including men in health services from a gender perspective.<sup>45</sup>

## KEY POLICY GAPS

*Take promotion of rights for sexual minorities to the community level and into schools.* While Brazil has given a strong impetus to promoting the rights of the LGBT population and reducing homophobia, this work has not yet reached communities and schools. Various studies have found that high percentages of the LGBT population have suffered prejudice and physical aggression. Other research has found that large segments of the population feel no shame in admitting that they are homophobic. Furthermore, the promotion of LGBT rights has not, for the most part, been linked to work with heterosexual men and discussions about men and masculinities. Given reported rates of homophobia in schools (as measured in sample surveys with youth in schools), specific promotion of LGBT rights should be included in school-based activities.



Gary Barker/ICRW

*Campaigns and other efforts to engage men in caregiving.* The discussions about paternity leave in Brazil have mostly been the work of a handful of NGOs (including Instituto Promundo, Papai and others). There are few political allies in Brazil's congress, in the federal government and in civil society willing to take on this discussion. Considering that the division of social roles between men and women (with women providing the majority of caregiving work) is central to maintaining gender inequality, both in Brazil and globally, this issue requires more attention. Women's rights groups, as mentioned before, are also not convinced of the need for such a policy, arguing that if men have more paid paternity leave that they are likely to "use the time to take additional short-term work outside the home" or "just go to the bar." All this suggests the need for civil society and the federal government to consider ways to experiment with different policy approaches to engage men in caregiving and to promote a vigorous debate about the issue.

*Define and evaluate existing interventions with male perpetrators of gender-based violence and implement and evaluate the proposed integrated GBV plan.* While Brazil's law on GBV is progressive and proposes an integrated model, much needs to be done to see that it is adequately implemented and that it involves men in appropriate ways. On the one hand, the special courts the law stipulates need to be implemented nationally. Furthermore, while it is laudable that the law creates funding for batterer intervention programs, there is a need for protocols, greater collaboration between the judicial sector and the service sector that implements the batterer intervention programs, and evaluation of such efforts. Finally, men in Brazil (and some women) continue to have misconceptions about how the law works, many thinking that it makes it too easy to bring charges against men. Greater public education campaigns are needed to explain and present the law to the general public, with specific messages for girls, women and boys and men.

*Better target men's health efforts and gather more data on men's health-related behavior, including evaluation data.* Brazil's national data collection systems do not include data on men's use of family planning and there are few national studies that are widely disseminated on men's demand for, participation in and attitudes related to reproductive and sexual health and the linkages to men's roles in families broadly. In terms of national AIDS campaigns, there is a need for more systematic and evaluated campaigns focusing on men and boys. The current campaigns, while they have acknowledged men and men's vulnerabilities, tend to be sporadic and lack evaluation. There is also a need for better data on interventions with young MSM and trends in sexual behavior, and there is a need for more data on men (and women) over the age of 60 (given that the widespread availability of Viagra and related medications has led an increase in sexual activity among this age group, according to limited research).

*More targeted and evaluated publicly funded efforts to support low-income young men in school completion and acquiring employment.* While the data are clear and dramatic that low-income young men (particularly those of African descent) face tremendous vulnerabilities in terms of educational attainment and employment (and face the highest rates of homicide and incarceration), there are still only limited policy efforts specifically acknowledging and responding to these needs. Public funds have gone to various educational acceleration and remedial education programs, along with a limited job creation program called "First Job." These efforts, however, have not been evaluated and have been limited in reach.



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POLICY	ADVANCES	CHALLENGES
	<b>EDUCATION</b>	
The National Plan for Racial Equality	Promotes health services for the vulnerable African-descendent population, provides access to public housing, includes campaigns to promote awareness about racial discrimination	Gender-specific needs and realities of Brazil's African-descendent population have not been the center of attention
<b>FATHERHOOD AND MEN'S ROLE IN FAMILIES</b>		
The 2008 Custody Law	Establishes joint custody as the presumptive arrangement in cases of divorce and separation	
The 1988 Federal Constitution	Gives 120 days maternity leave	Five days of paid paternity leave, including the weekend
	<b>HEALTH</b>	
The 2009 Men's Health Policy	Promotes attention of men's gender-specific, health-related vulnerabilities	Focuses mostly on prostate cancer exams and vasectomy
<b>HIV/AIDS AND SEXUAL AND REPRODUCTIVE HEALTH</b>		
The National AIDS Program	Acknowledges men's vulnerabilities; has included specific campaigns focusing on men	Sporadic campaigns and lack of evaluation; men's HIV testing rates continue to be lower than women
The 1996 National Family Planning Law	Provides family planning free of charge via the national public health system	Men's use of vasectomy continues to be far less than women's use of tubal ligation
<b>SAME-SEX RELATIONSHIPS</b>		
The National Plan of Promotion of the Citizenship and Human Rights of LGBT ("Plano Nacional de Promoção da Cidadania e Direitos Humanos de LGBT")	Combats homophobia and promotes the rights of LGBT citizens	No evaluation of the impact of the policy; lack of promotion of LGBT rights in schools; the promotion of LGBT rights has not been linked to work with heterosexual men and discussions of men and masculinities
<b>GENDER-BASED VIOLENCE</b>		
The Maria Da Penha Law 2006 (Domestic Violence Law)	Establishes GBV as a criminal offense, and perpetrators are subject to imprisonment; includes funding for national GBV prevention campaigns	Inadequate implementation; poor coordination between judicial and NGO sector; need protocols and evaluation of batterer intervention programs
<b>EMPLOYMENT AND WORKPLACE</b>		
Youth Employment Promotion /The National Programme for the Inclusion of Youth (Projovem)	Devotes some public funds to various education programs, creates program called "First Job"	Limited policy efforts to acknowledge the needs of low-income young men

## Norway 20 Years of Gender Equality Policy

Since 1986, the Norwegian government has enacted and revised a series of gender equality policies and made gender equality a central part of its social welfare policies. These policies have included subsidized childcare, family leave that benefits both mothers and fathers, promotion of pay parity for women, and the promotion of the advancement of women in politics, business and academic life. One indicator of the success of these policies is that Norway is ranked first in the world in gender equality using the International Gender Gap Index developed by the World Economic Forum.

To assess the impact of 20 years of gender equality policies, the Norwegian government carried out a nationally representative household survey called the “Gender Equality and Quality of Life Survey” in 1986 and again in 2006. The survey results demonstrate numerous positive benefits of these gender equality policies, as well as lingering challenges:

- **Division of chores:** 70 percent of women are satisfied with their current division of home chores, as are 80 percent of men. Overall, women and men who reported more equality in time use reported more satisfaction with their partner.
- As of 1993 Norwegian policy offered one month of nontransferable **paid leave for fathers** out of 11 months total parental leave. In 2000, the policy was amended so that men’s pay during leave was geared to their own salary, not that of the mother. The result of these policies is that increased proportions of men are taking more and longer parental leave, although the fathers’ share of the leave is still considerably smaller than that of the mothers. Fathers whose youngest child was born after 2000 took an average of 6.1 weeks paid leave, compared to an average of 4.2 weeks for fathers whose younger children were born before 2000. The vast majority of men and women viewed fathers’ use of paternity leave positively, saying it helped them have closer relationships with their children. In 2009, due to the success of the change, the nontransferable father’s quota was extended to 10 weeks out of 12 months total parental leave.
- Although **pay disparities** between women and men have decreased, they have not been erased; nationwide, women earn about 15 percent less than men. Furthermore, several workplaces continue to be gender-segregated, with more men valuing higher-paying positions, while more women value professions involving helping other. About 30 percent of men work in the industrial, building and construction sector compared

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to about 10 percent of women, and 60 percent of women say they work in places where the majority of employees are women. Nonetheless, when workplaces were more gender-balanced, both men and women appreciated it.

- Men's and women's **time devoted to domestic activities**, including the care of children and cooking, has become nearly equal, although in some areas women and men continue to do different things. Men do more household maintenance tasks, while women do more housecleaning and washing of clothes. As a result of this near-convergence, women and men report more satisfaction with the household.

Perhaps most compelling from these results is the conclusion that gender equality has resulted in lower rates of violence by men against women and by men (and women) against children. The authors of the report affirm that in the past 20 years, as a result of increased gender equality, "the father's role as the performer of physical punishment/violence is disappearing from the average Norwegian home."

The authors also conclude that both women and men in Norway perceive the increased gender equality in the past 20 years as having brought more happiness and quality of life. And both men and women support greater gender equality, including increased leave for fathers. Even before the results of the study were released, Norwegian politicians seemed to understand that gender equality policies bring votes. In short, gender equality in Norway has come to be seen as a public good for all. Finally, in reflecting about the Norwegian experience in gender equality policies and thinking about their applicability to other settings, it is important to affirm that gender equality came along with wide-ranging social welfare policies and a political commitment to social equality. Thus, whether such levels of gender equality can be achieved without also achieving other kinds of social equality, particularly income equality, along with other wide-reaching reforms in democratic participation, is a major and lingering question as other countries seek to learn from the Norwegian experience.

**Source:** Øystein Gullvåg Holter, Helge Svare and Cathrine Egeland (2009). Gender Equality and Quality of Life: A Norwegian Perspective. Oslo: The Nordic Gender Institute (NIKK).

## PART III. MOVING THE AGENDA AHEAD ON MANY FRONTS

### WHAT SHOULD COMPREHENSIVE GENDER EQUALITY AND SOCIAL POLICIES THAT INCLUDE MEN AND MASCULINITIES LOOK LIKE?

The country analyses presented in the previous section provide insights on the challenges and shortcomings of current gender equality policy in nearly all the countries presented (excepting Norway) in terms of the negative images of men and the lack of inclusion of an understanding of men and masculinities in more nuanced ways — to the detriment of women, girls and men and boys themselves. In this final section, we present ideas for what a comprehensive set of policies related to engaging men and masculinities in gender equality policy and policies that acknowledge men’s gendered vulnerabilities *could look like*. Clearly no single set of policies to engage men and boys in achieving gender equality and reduce gender disparities is appropriate for all settings. Nonetheless, there are some general points for engaging men and boys in gender equality that the signatory nations of the Convention on the Elimination of the Discrimination of Women (CEDAW) have agreed to. The Agreed Conclusions from the 48th Session of the Commission on the Status of Women (CSW), which monitors country-level progress on achieving the goals of CEDAW, include a series of policy-level recommendations for engaging men and boys in gender equality, included in Box 2 below.

#### BOX 2

#### Agreed Conclusions for Engaging Men and Boys in Gender Equality, Commission on the Status of Women, 48th Session, 2004

- Gender-equitable education for boys and girls;
- Engaging men as fathers in gender-equitable socialization of children and in caregiving;
- Institutionalizing the inclusion of men and boys in gender equality and gender mainstreaming policies;
- Public information campaigns and engaging the media, including internet, in questioning inequitable and sexist views;
- Engaging men and boys in HIV/AIDS treatment and prevention, and in sexual and reproductive health; and
- Engaging men and boys to reduce gender-based violence.

The CSW conclusions included a fairly detailed blueprint of policies agreed upon by CEDAW signatory countries for engaging men and boys in gender equality. Additionally, there are three areas of policies that should be included to address men’s gender-related needs and that often receive less attention:

- Livelihoods and poverty alleviation policies, which are central to achieving economic justice as well as promoting greater work-life balance and more equity between men and women in terms of the caregiving burden;
- Policies to address men’s health disparities, reflected in men’s specific patterns of morbidity and mortality rates around the world;
- Policies to end homophobia and ensure respect for sexual diversity, issues that are integrally linked to gender inequalities.

The CSW conclusions together with these additional three clusters of policies give rise to eight specific policy areas where men and masculinities can and should be included in gender equality policies and in social policies overall.<sup>46</sup> These are:

1. Education sector policies, including early childhood education
2. Public security policies, encompassing the armed forces, the police and incarceration policies
3. Health policies
4. Human rights policies
5. HIV and sexual and reproductive health and rights policies
6. Integrated gender-based violence prevention and mitigation policies
7. Livelihoods and poverty alleviation
8. Engaging men as fathers and caregivers, including in maternal and child health

Implementing policies in this broad range of areas in pursuit of gender equality and all the positive outcomes this might bring about may sound overly ambitious, even utopian. *Yet this optimistic vision in which more equitable relations between men and women and the rights and quality of life of all, women and men, are upheld and supported by policies and programs is being pursued in diverse settings around the world.* The following section provides examples from each of these policy areas. This list of examples could, of course, extend even further. Featured here are just a few illustrative examples for each policy area that provide insights not already presented in the country analyses.

**1. Education policies, including early childhood education,** that make schools spaces where girls are free of sexual harassment and sexual violence, and where boys are free from bullying and violence from other boys. School curriculums should also be questioned and examined for stereotypical views about boys and girls. These policies should mandate specific activities to promote gender equality from early childhood education through tertiary education, engaging men and boys in appropriate ways. Early childhood education policies might include, for example, efforts to recruit more men to work in childcare, efforts to remove gender stereotypes from early childhood educational materials and toys, and efforts to provide both fathers and mothers with information on child development. Education policies should also address educational difficulties that some groups of boys may face. Examples include:

- **Acknowledging boys' specific educational vulnerabilities.** As efforts to reduce gender disparities in schooling have succeeded at the primary level around the world, a relative disadvantage of boys in diverse settings has emerged (most notably among low-income boys in middle- and upper-income countries). One example of a policy to acknowledge the specific gender-related needs of boys in schools comes from Jamaica.<sup>47</sup> Started in 1992, the "Change from Within" has tried to expand beyond the focus on academic achievement of boys toward a focus on the full emotional and social development of boys, in partnership with parents and communities. Britain has replicated Jamaica's experience, since male students of Afro-Caribbean heritage there have also faced what some researchers have called a "free-fall both academically and socially."<sup>48,49</sup>

**2. Public security policies, encompassing the armed forces and the police and incarceration policies.**

This includes policies that make the public security apparatus a force for protection and not of oppression, that take seriously women's accounts of violence, that implement policies to reduce and punish sexual harassment by armed forces, that hold police and soldiers accountable for acts of sexual and gender-based violence, and that train police and soldiers in protecting the rights of women and girls, men and boys. These policies should also include an analysis of the gendered vulnerabilities and realities of incarcerated men (who are the majority of prison populations worldwide). Examples include:

- *Changing the gender dynamics in police forces:* Men make up the majority of public security officers (police) and armed forces globally, giving them access to arms, power and community influence. Their training and handling of their authority and weapons is essential to ensuring public security and preventing abuses of power. Post-civil war Liberia is attempting to redress historical abuses of power in their military through a novel recruiting, vetting and training process that integrates both men and women as soldiers.<sup>50</sup> The new recruits are receiving training not only on military basics, but also a basic education curriculum that includes coverage on the rule of law, the constitution, gender politics and “how to treat people.”<sup>51</sup>

**3. Human rights policies** that guarantee legal protection and equality for women and men, including specific groups of vulnerable men, for example, non-heterosexual men, men who are disabled and men from marginalized ethnic groups. This means offering legal protections for specific groups of men, notably homosexual and transgender men, including provisions for civil unions and all relevant family laws and civil codes. It also means implementing policies to end impunity for those who commit homophobic hate crimes. Examples of interesting policy approaches in this area include:

- *Reducing sexism and sexist attitudes by regulating the media:* The New Zealand Code of Broadcasting Practice bans the portrayal of people in a manner that encourages denigration of, or discrimination against, sections of the community on the basis of sex.<sup>52</sup>
- *The right to same-sex marriage:* Globally the right to marry was first granted to homosexual couples in the Netherlands in April 2001.<sup>53</sup> Belgium followed the Dutch example in February 28, 2003, and South Africa is a country that has followed thereafter.<sup>54</sup> Since 1999, Canadian same-sex couples can enter into common-law marriage in several provinces, and federal legislation is under preparation.<sup>55</sup> Numerous countries allow same-sex couples to register their partnership.

**4. Health policies** that implement adequate prevention targeting women and men based on gender-specific needs and realities; that focus adequate attention on how social norms related to masculinities inhibit men's health- and help-seeking behavior; that offer provider training in the gender-specific needs of women and men; and that provide primary, secondary and tertiary care with an understanding of salient norms related to masculinities.<sup>56</sup> Two examples:

- *Encouraging men to seek health services:* The United States Department of Health and Human Services has launched a national “Real Men Wear Gowns” campaign targeting men to address their reluctance to seek out health services, the gown referring to the hospital gown or robe used in health facilities in the U.S. and generally ridiculed as



something that men do not want to wear.<sup>57</sup> With humor and information, the campaign directly links masculinity and men's poorer health, arguing that "real men" know the facts and if they will not go to the doctor for themselves, they ought to at least to go for the people they love.

- *Alcohol-control policies that acknowledge how gender interacts with risk-taking behaviors.* In Australia, the government of Victoria has recently committed funding to the development and implementation of a statewide campaign in response to the significant community concerns around alcohol-related violence in and around entertainment precincts and to address cultural factors that contribute to the link between alcohol consumption and risk-taking behavior, including violence between young men and gender-based violence.<sup>58</sup> The campaign is part of an integrated policy that incorporates elements of gender — and men — along with social class, lifestyles, youth issues and involves the use of and collection of data to monitor trends in drinking.

**5. HIV and sexual and reproductive health and rights policies** that incorporate gender into program development and reflect an understanding of how power dynamics, stigma and economic marginalization leave women and men vulnerable, and how HIV-related stigma plays out in gender-specific ways, keeping men and women from getting tested, communicating with their partners, seeking antiretroviral treatments, and remaining engaged in their families and communities; sexual and reproductive health policies that engage men in supporting their partners in contraceptive use, that promote use of male methods, that provide a full range of SRH services include pregnancy termination and that incorporate other reproductive needs, including infertility treatment. Some examples include:

- *Participatory youth-led processes to promote sexual and reproductive health and rights with gender-specific provisions for women and men.* Ethiopia's Ministry of Youth Sports and Culture coordinated an extraordinary national participatory process, the first National Youth Consultation on Sexual and Reproductive Health and HIV/AIDS, which involved 800 young people from across the country in producing an action plan to mobilize Ethiopian youth for improved sexual health, reproductive health and HIV/AIDS preventive behavior, care and support.<sup>59</sup> The goal of the three-year action plan was to serve as a practical map for government, donor agencies, religious leaders and others. Gender equity was part of the guiding principles of the action plan. Moreover, at every step, this national participatory process engaged both young women and men in a detailed and holistic analysis of how they viewed the relationship of gender to society, sexuality, sexual and reproductive health, and HIV/AIDS. The final statement reflects a consciousness most adults have yet to develop: "We, the young women and men of Ethiopia, believe that together, we have to *explicitly address gender inequality* in order to reduce the vulnerability of girls and young women, and to involve boys and young men in gender equality by changing harmful attitudes and behaviors toward women."
- *Comprehensive HIV/AIDS policies that acknowledge men's vulnerabilities and the need to engage men in overcoming gender inequities that make women vulnerable.* Tanzania's HIV/AIDS policy is exemplary of how to incorporate an understanding of gender, and men, in all aspects of the issue and is summarized in Box 3.



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- *National reproductive health policies that refer explicitly to men.* A civil society advocacy network in Cambodia was able to get men included in the National RH Strategic Plan.<sup>60</sup> The network mobilized data on health issues in Cambodia that were driven by gendered roles and norms, including men's risk-taking behaviors. These put both men and women at risk for HIV in particular. With brief publications and consensus-building events, they cultivated an increasingly large number of senior government officials who publicly recognized the need to work with men. The network developed general policy guidelines for working with men and structured them in six areas corresponding to areas of emphasis in the National RH Strategic Plan, the first opportunity to integrate guidelines.

## BOX 3

### Tanzania A Model Policy on Engaging Men in HIV and AIDS

Tanzania's National Multi-Sectoral Strategic Framework on HIV/AIDS (NMSF) provides a set of principles to guide the national response to HIV and AIDS in Tanzania from 2008 through 2012. The NMSF is a model policy document that presents a holistic understanding of the links between HIV and gender, and it promotes a gender transformative approach to programming. In its language on engaging men, the NMSF endorses programming focused on changing the social norms that create and reinforce gender inequalities and vulnerabilities for men and women. The NMSF:

- Calls for a "democratization of sexual relations" as important as the fight against other aspects of gender imbalances and abuse." (4.1.2)
- Recognizes that prevention must "challenge prevailing gender norms and socialization processes that encourage male assertiveness and aggression and female subservience at the family, school and community level" (4.3.2).
- Promotes prevention strategies that span multiple levels, from education and life-skills programming with men and boys, to broader awareness-raising campaigns about gender inequalities.
- Stresses the need to gather further information about men's attitudes and perceptions regarding masculinity, sex and sexuality to inform life skills training programs that promote responsible behavior in sexual relationships and the home.
- Recognizes the need to utilize influential men and other strategies to promote broader awareness raising and change norms about men's behaviors and gender roles.
- Underlines that VCT, reproductive and child health, and related services must boost men's participation in the promotion of family health.
- Emphasizes that "interventions to strengthen women's sexual negotiation skills be conducted concurrently with men, or for girls and boys" (4.3.2) — thus highlighting the importance of relational programming and policies that address men and women's attitudes and responsibilities simultaneously.
- Recognizes specific contexts of vulnerability for men, calling for: 1) an acknowledgment of the situation of men who have sex with men, 2) the decriminalization of their activities, 3) the provision of condoms to prisoners and 4) the need to address the sexual abuse that exists.

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- Promotes the scale-up of safe male circumcision as a preventive measure in appropriately selected regions in Tanzania, after careful study of policy, cultural, human rights, ethical and operational aspects and while safeguarding against adverse effects.
- Points to a need to train adequate numbers of health facility, community and family, and home-based care providers, *women as well as men*.

#### Summary:

The fact that engaging men has been explicitly addressed in some key policy documents in Tanzania — even if primarily around only a single issue of HIV — reflects an awareness of and commitment to the issue at the upper levels of national government. This commitment to engaging men in HIV policies can be mobilized to incorporate men in other health-related policies in Tanzania, and to establish an ongoing dialogue between practitioners and policymakers on the integration of male engagement in programs and policies.

**Source:** Teri, Sara. 2008. *Addressing Male Engagement in Tanzania Programs and Policies: A Call for Action*.

BOX  
3

**6. Integrated gender-based violence policies** that include primary prevention targeting men and boys; policies to engage men and boys in making public spaces free of violence for women and girls; programs for male perpetrators that are integrated with judicial sector; implementation of gun control; controls over alcohol sales; and legal, financial and psychosocial supports for survivors of violence, both women and men.<sup>61</sup> Policies that promote women's economic and social empowerment combined with efforts to engage men to end gender-based violence should also be considered. An example of relevant policies includes:

- *Using laws to end impunity and to change social norms about the acceptability of violence:* Around the world, a new generation of punitive laws on sexual violence suggests that deterrence can potentially serve as a powerful form of public education, in addition to ending impunity. In Liberia, where hundreds of thousands of rapes have gone unpunished since the civil war that started in 1989, a 2005 revised penal code establishing a maximum sentence of life imprisonment for rapists has so far resulted in few convictions.<sup>62</sup> Still, the passage of the law has been accompanied by billboards throughout the capital with a graphic of one stick figure forcing itself on another, crossed out by a large X — a warning unthinkable only a few years ago. Recent laws or proposed revisions in places such as Thailand (outlawing nonconsensual sex between spouses, allowing women to be prosecuted for rape)<sup>63</sup>, Scotland and South Africa (acknowledging men as victims and establishing a clear definition of consent)<sup>64</sup> may eventually shift societal views of gender, masculinity, sexuality and violence, and require a parallel process of grassroots education.

**7. Livelihoods and poverty alleviation** policies that recognize the roles of men and women, that recognize varied family configurations, including the needs and realities of men who migrate and single-parent households. Women's economic empowerment policies and programs have been one of the success stories in the international development and gender field, leading to multiple benefits for women, including evidence of reducing women's vulnerability to gender-based violence. But the economic empowerment of women is not sufficient if men are not also engaged in collaborative decision-making at the household level and in taking on a greater role in caregiving in the home, and if the economic disempowerment of some groups of men is not also acknowledged. Without this perspective, policies may end up increasing women's burden in the home without asking much of men in their role as partners and parents. Similarly, the workplace can be a space where gender equalities can be promoted, for the benefit of women and men, as the following examples illustrate:

- *Gender equality promotion in the workplace:* A number of models for developing gender equality in the workplace have been tried out in Europe through national gender equality programs or legislation, such as those found in France, Italy, Germany (Total E-Quality), Spain (Optima), the Netherlands (Opportunity in Business) and the UK (Opportunity Now).<sup>65</sup> In Poland, UNDP collaborated to initiate the "Gender Index" project to promote gender equality in Polish companies.<sup>66</sup> With a strong legal framework already in place, the initiative focused on improving employers' knowledge of the law, attitudes and awareness regarding gender stereotypes, and their capacity to address workplace discrimination. The project created a gender index reflecting seven dimensions of the workplace to measure the position of women and men in a company. A competition then brought companies together to vie for improved status in this area.
- *Paid childcare and state-supported childcare* have been key to women's economic empowerment in upper- and middle-income countries. Experiments in childcare initiatives in middle- and low-income countries such as Chile, India and Brazil offer opportunities for extending these options in low-income countries and for bringing more men into childcare as a profession.<sup>67</sup> Some of these options include offering day care within or near the workplace so that men and women can remain closer to children during the course of their workday.

**8. Engaging men as fathers and caregivers, including in maternal and child health policies,** including paternity leave policies, parenting education courses and policies to promote men's participation in prenatal care, maternal health and during childbirth. Publicly supported fatherhood preparation courses and information campaigns focusing on men's roles in the lives of children can offer strategic opportunities to address fathers' reported feelings of being unprepared or ill-informed about caring for children, and help men perceive benefits to themselves from greater participation in family life.

- *Paternity leave policies* have the potential to be one of the most effective ways to shift societal views of men's roles as being solely providers and to provide instrumental means and incentives for men to become more involved in their children's lives.<sup>68</sup> By 2005, most Nordic countries, including Denmark and Iceland (in addition to the results shown earlier from Norway), began to see the striking impact on gender roles, paternal bonds with young children and lower divorce rates as a result of generous paternity leave policies. Observing that men were not always taking advantage of the

year of leave offered to the two parents jointly, both Sweden and Norway made one month nontransferable for each parent, resulting in the great majority of fathers in both countries now taking leave beyond that one month.<sup>69</sup> A summary of select paternity policies around the world appears in Annex 1. As this table shows, most countries continue to offer only a few days or a week at the most, and in the process continue to reinforce the notion that men are “helpers” and keeping the child care burden on women. Unpaid leave may be the wedge by which progress can be made in this area, as it recognizes the birth of a child as meriting leave while also guaranteeing the person’s job to them while they take time at home. However, an important caveat is necessary here. In advocating for more paternity leave to encourage men’s greater participation in caregiving activities and comparing paternity leave to maternity leave, the intention should never be to reduce maternity leave nor even to suggest that paternity leave be equal in all ways (either in length or benefits) to maternity leave. The diversity of child care arrangements worldwide means that such issues must be context-specific and take into account the availability of other home-based help, paid help and what men do with the leave when they take it.

## LESSONS LEARNED, MOVING AHEAD

The country analyses plus the other policy examples analyzed here provide an array of policy examples that illustrate the complexity of engaging men and boys in gender equality, but also the tremendous potential. A look at how policy on men and gender equality is being addressed across country settings and across topical areas also shows the **diversity of policy recipes** needed. Different cultural and legislative contexts and varied capacities of states to implement policies shape very different solutions to related challenges. And finally, another commonality of all the settings analyzed is the challenge of moving from policy discussions and pronouncements — merely mentioning “the need to engage men” in a policy — to true implementation.

### Strategies for Moving Ahead

All the country reports cite how important it is to have the **international statements and consensus** (Cairo Programme of Action 1994, the United Nations Secretary’s Campaign Unite to End Violence Against Women, declarations on engaging men in the Commission on the Status of Women, for example) to refer to in advocating for policy change. While this means that “male involvement” is sometimes seen as being externally driven — this has been the case in India — it has been important to be able to refer to a global consensus regarding the need to engage men in supporting gender equality and ending violence against women, and to respond to men’s own gendered vulnerabilities.

It is useful to have **national-level data to monitor and assess policy impact** and to revise and fine-tune policies based on such data. The example of Norway is perhaps most compelling in demonstrating how important this strategy is, but clearly it is the country’s commitment to gender equality that drives the regular collection of these data.

**It is fundamental to work with the women’s movement in engaging men.**

A systematic finding across all of the country-specific policy reviews is the need to engage more effectively with the women’s movement. The dialogue and collaboration between the



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women's rights movements and the small yet growing group of men advocating for gender justice varies tremendously in each country but continues to be an area where more needs to be done to promote common cause. In all five countries, small groups of NGOs and researchers have been the "leaders" in calling attention to the need to engage men in gender equality. These NGOs have, for the most part, sought dialogue with women's rights movement leaders (some emerged from women's rights groups) but in all countries, key informants acknowledge that this is not always easy. Women's rights groups in India, Mexico and Brazil, for example, have sometimes opposed using public funds to promote engaging men, or to fund paternity leave, for example, over the very real concerns that men will not use the time to provide child care or that funds for empowering women are already in short supply. These issues require meaningful and ongoing dialogue with the women's rights field. Similarly, it is important to forge ties with other social justice movements that may be attuned to gender equality issues, including labor movements and civil society groups promoting rights for socially excluded groups (e.g., the landless movement in Brazil, caste-rights movements in India).

Norway's experience also affirms the need to **frame gender equality and the inclusion of men in such policies as a public good with benefits for all**. Fundamental to the success of changing policy to support gender equality is to frame the issues in ways that people find logical and compelling. Promoting gender equality as a public good for all requires making the benefits for women and men — and for policymakers — visible and possible to realize. Carrying out mass media campaigns and other efforts to educate the public and carry out public dialogues about gender equality policies, engaging men in the process, have also been important strategies in some contexts.

**Certain issues and events present opportunities to open dialogue on engaging men.** Across all the countries, work to engage men in ending violence against women has been one of the "low-hanging fruits" in engaging men and boys to support gender equality. All the countries included in the policy analyses here have had new legislation in the past few years that either establish or increase penalties to men who use violence against women, and all but India have concrete examples of engaging men in national GBV responses. Brazil is the only country out of the five where public (federal-level) funds are used for batterer intervention programs. Mexico has such programs but they are municipal-funded and available only in a few municipalities (Mexico City). All the countries have had some campaign activities related to GBV (with public funding) that have included men, often organized around the 16 days of activism or the White Ribbon Campaign, and two of the countries included have laws that recognize men as victims of rape and acknowledge marital rape (Brazil, South Africa). Another example is the opportunity to discuss men in the rollout of antiretroviral therapy and male circumcision. The fact that AIDS dominates public health and gender discussions in some countries is a problem, but can also be an opportunity. Similarly, the rollout of male circumcision can, if so designed, provide an opportunity for discussing men's sexuality in ways that have previously been impossible. In Brazil and Mexico, HIV policies have also been key to advancing the rights of non-heterosexual men, and in South Africa progressive HIV policies (after years of shameful inaction) seem slowly to be leading to discussions of men's sexuality.



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**Civil society** plays an essential role in making implementation happen. While there are numerous examples of excellent policy language related to men in all the countries included, effective and real implementation must be stimulated, enforced and monitored by civil society. Further, it is shortsighted to expect that policies by themselves achieve large-scale social change. At least some of the changes in gender roles and social norms related to gender in these and other countries have been inspired by women's rights organizations.

**Engaging with youth in support of new attitudes for a new generation** presents another important opportunity for policy change. The current generation of young people in these countries, and in most of the world, have grown up seeing boys and girls complete primary education in virtually equal numbers, and many have seen their mothers or other women working outside the home in unprecedented numbers. Empowering today's generation of young people to be part of policy debates and gender justice activism is key to achieving change. Furthermore, youth policies, many related to HIV/AIDS and reproductive health, have often been the locus of some of the most comprehensive gender approaches, including discussions of the specific needs of young men and young women. Even when there have been backlashes (as in India in some states around sexuality education, and the "culture wars" in Mexico on the same themes), the debates around young people have often included the development of public interventions within a construct of gender specificity: that is, acknowledging and calling attention to the specific needs and realities of young women and/or young men.

The experiences of European countries show **how important monitoring bodies and high-level commissions** can be. Countries of the European Union with gender policies, including Finland and Norway, often have commissions that are responsible for organizing discussions on engaging men. These commissions play an important function in ensuring the scope and quality of national discussion on gender inequality and the move toward equality. Simply creating such commissions does not, of course, mean that men and masculinities have been fully included in gender equality policies, but they have been important in generating public debate on the issue.

### Lingering Challenges

The country case studies (and the other examples) affirm not only the growing number of strategies for including men and masculinities within gender equality and social policies but also the lingering challenges. Indeed, nearly all the country case studies document examples of "two steps ahead, one step back." Men have become more visible in gender equality, but social inequalities, political opposition (sometimes from conservative political parties), and governmental inaction and incompetence have slowed down change or even reversed some positive policy advances. The challenges to engaging men in gender equality policies that emerge from this analysis include:

**Men remain mostly invisible in discussions of gender equality.** For the most part, a discussion and acknowledgment of men's involvement in gender equality is limited, token or nonexistent, with a few notable exceptions in South Africa (probably the most explicit inclusions of men and masculinities in public policies), followed by Brazil (advanced in paternity leave, father involvement and men's health), Mexico (with a long-standing national reproductive health program that has a strong focus on including men, mostly for vasectomy) and Tanzania in its national HIV policies.

**Men are most often included in policies in response to perceived problems or crises.** As our South African partners write, “...masculinities often become evident in law and policy when these instruments engage with the criminal, antisocial or destructive behaviors of men. Public policy is thus generally geared to limit, constrain or punish men’s behavior. Much less often is policy framed as providing an opportunity to change constructions of masculinity in a positive way as part of a broader social project of building gender equity in society through constructive engagement with men and boys.”<sup>70</sup>

A close correlate of the point above is that **men are conceptualized as problematic in most policy that addresses gender.** Policies more often reinforce traditional, non-equitable and violent versions of masculinities than confront them, and have been slow to question the traditional focus on men solely as providers. Policies tend to treat men and boys, for example, as providers but not caregivers. As one example, while all the countries included have some maternity leave, paternity leave continues to be minimal to nonexistent (five days in Brazil and Chile, none in India, two weeks in South Africa). Similarly, income generation and unemployment support programs in nearly all the countries view women as caregivers and men as providers, with little policy work so far to support a notion of both men and women as caregivers and as providers, which is the reality of an increasing proportion of the world’s women and men.

**Policies reinforce traditional stereotypes of men.** Policies are stuck reflecting the traditional household division of labor: men as breadwinners and women as caregivers with negative implications for both. In an example from South Africa, rights and obligations have been extended for unmarried fathers, but parental leave remains the reserve of women. In India, women are not included in some rural development employment schemes, while men are not included in family leave. In other sectors, many services designed for women (health, childcare, child welfare) often exclude men, treating them as “dangerous” and reinforcing double and triple burdens on women.

**Conflicting policies** may emerge from different ministries or departments with divergent perspectives. An example from South Africa is that while there is a health sector concern with adolescent pregnancy, the education sector is more conservative, and the justice sector has tried to criminalize consensual underage sex and to require mandatory reporting by providers of reproductive health services for use of such services by minors.

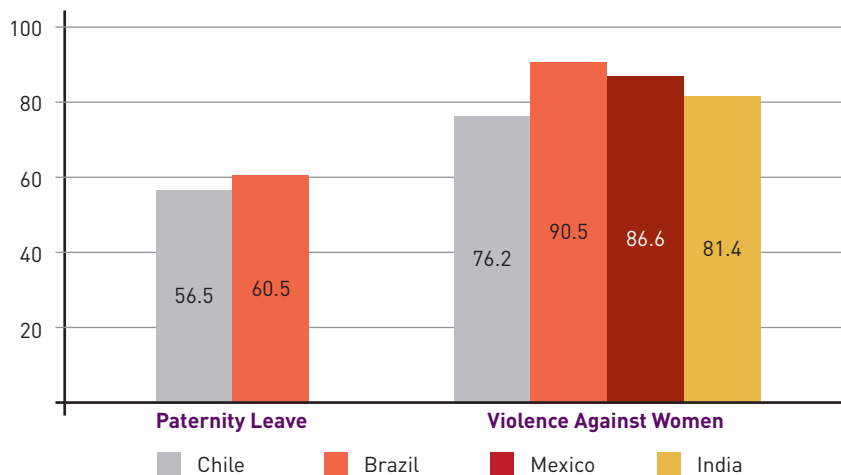
**Implementation is not guaranteed or consistent and continues to be a huge challenge to effective gender policies.** Our research partners in all settings have acknowledged the gaps between stated policy, which may mention and include gender (and men and masculinities) in thoughtful ways, and the attitudes and behaviors of public service providers and implementers of public policy. In Brazil, for example, a national policy since 2005 has given women the right to have a person of their choice accompany them in childbirth (with the idea that in many cases, this would be the father of the child). In practice, health practitioners (from hospital administrators to doctors and nurses) are opposed to the practice or do not facilitate its implementation. A similar situation is seen in South Africa. Similarly, in India, various policies prohibit child marriage and sex-selective abortion and encourage engaging men in campaigns. In practice, health providers and local officials too often regularly ignore such edicts and policies, sometimes out of resistance, sometimes out of lack of knowledge about the policy. This last point suggests the need for national-level dissemination about policies and the need for training for those who implement policies.



When policy is perceived as taking its mandate from outside the country, a **lack of a sense of ownership** can undermine implementation. We mentioned earlier the importance of international agreements for pushing countries to address gender inequality at the policy level. Yet in India, for example, the perception that the mandate is being imposed externally weakens the commitment to implementation.

**Men lack information about existing policies and laws.** Even when laws and policies are passed, there is often confusion about that they mean and how they work, or a lack of awareness about their existence. For example, as we can see in Figure 3, using preliminary data from IMAGES, in the case of Brazil and Chile, just more than half of men in both countries even know about existing paternity leave.

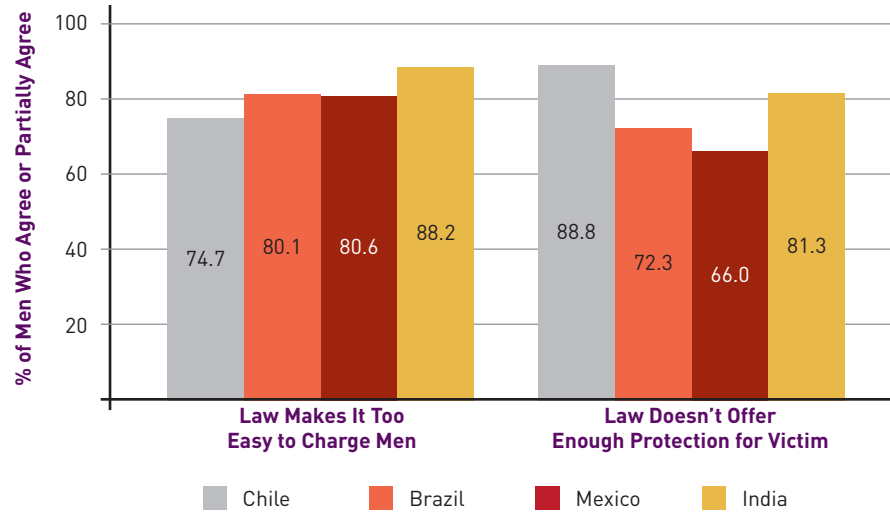
In the case of laws relating to violence against women, Figure 3 also shows that in Brazil, Chile, India and Mexico most men know about the existence of laws in their countries. However, as can be seen in Figure 4, men from all four countries have conflicting attitudes. On the one hand, the majority of men think the law makes it too easy to bring charges against men who use violence — which is not the case in any of the countries — and at the same time more than half of men surveyed in all four countries think the law is too harsh on women who are victims of violence. This suggests the need for public education and awareness campaigns and debates in the media and at the community level about the meaning and functioning of existing policies.



**FIGURE 3:**  
Men's Knowledge  
about Laws.  
IMAGES 2009

**Note:** The International Men and Gender Equality Survey (IMAGES), which is part of the Men and Gender Equality Policy Project, is a large multicountry household survey. The study population were men and women of reproductive age (18-59). In Brazil, 749 men were interviewed in Rio de Janeiro. In Chile, 1200 men were interviewed in Santiago, Valparaíso and Concepción. In India, 1552 men were interviewed in New Delhi and Vijayawada. In Mexico, 1001 men were interviewed in Jalapa, Monterrey and Querétaro. In all countries, IMAGES was carried out in 2009.

**FIGURE 4:**  
Men's Attitude  
about Violence  
against Women Laws.  
IMAGES 1009



**Note:** The International Men and Gender Equality Survey (IMAGES), which is part of the Men and Gender Equality Policy Project, is a large multicountry household survey. The study population were men and women of reproductive age (18-59). In Brazil, 749 men were interviewed in Rio de Janeiro. In Chile, 1200 men were interviewed in Santiago, Valparaíso and Concepción. In India, 1552 men were interviewed in New Delhi and Vijayawada. In Mexico, 1001 men were interviewed in Jalapa, Monterrey and Querétaro. In all countries, IMAGES was carried out in 2009.

### PARTING WORDS

But if these challenges remain, numerous opportunities exist for achieving real and lasting change in the lived experiences of men and women and the relations between them. Rather than clinging to the tired “hydraulic” view of gender relations that pits the needs of men against the needs of women, it is time to forge alliances between women’s rights activists, civil society groups working with men (and male leaders), and the LGBT and other social justice movements. Though it is not always easy to acknowledge, all of these movements have a common interest in ending gender inequalities and rigidities. Indeed, gender equality must be taken up as a cause that is not only for women but is equally about finding ways to “reduce the pressures on men and boys to conform to rigid and dangerous forms of masculinity.”<sup>71,72</sup> Furthermore, we have yet to fully tap into men’s self-interest for change, particularly in the positive experiences that men generally report as they become more involved in caregiving and their family relationships. These affirmations, of course, are easier to state than they are to achieve, but they are the way forward for those who believe, as we do, that men can and should be partners in achieving gender and social justice.

## ANNEX 1: PATERNITY AND MATERNITY LEAVE, SELECTED COUNTRIES

PAID PATERNITY LEAVE	PAID MATERNITY LEAVE	RESTRICTIONS/COMMENTS
	<b>CAMEROON</b> <sup>71</sup>	
10 days' paid leave for family events concerning workers' home	14 weeks (paid 100%)	
	<b>DJIBOUTI</b>	
10 days' family-related leave <sup>73</sup>	14 weeks (paid 50% for private sector and 100% for public employees) <sup>74</sup>	
	<b>RWANDA</b>	
2 days' paternity leave <sup>75</sup>	12 weeks (paid 67%) <sup>76</sup>	Employer provides 67% maternity coverage <sup>77</sup>
	<b>SOUTH AFRICA</b>	
3 days' paid family responsibility leave <sup>78</sup>	4 months (Up to 60% depending on the level of income) <sup>79</sup>	Unemployment insurance fund covers required percentage maternity leave <sup>80</sup>
	<b>PHILIPPINES</b>	
7 days' paid paternity leave for married workers <sup>81</sup>	60 days <sup>82</sup>	Social Security provides 100% maternity coverage <sup>83</sup>
	<b>CAMBODIA</b>	
10 days' special leave for family events <sup>84</sup>	90 days <sup>85</sup>	Employer provides 50% of maternity coverage <sup>86</sup>
	<b>AUSTRALIA</b> <sup>87</sup>	
18 weeks federal minimum wage (from January 1, 2011, pending parliamentary approval)		The 18 weeks paid and the 52 weeks are shared 50-50 between the parents Parental leave — 1 year, unpaid. Can be shared or taken by one parent but available only to employees on the payroll for 12 months prior to birth.
	<b>PARAGUAY</b>	
2 days' paid paternity leave <sup>88</sup>	12 weeks (50 % for 9 weeks) <sup>89</sup>	Social Security provides maternity coverage <sup>90</sup>
	<b>BAHAMAS</b>	
1 week family-related leave <sup>91</sup>	13 weeks <sup>92</sup>	Social Security or employer provides maternity coverage <sup>93</sup>
	<b>ARGENTINA</b>	
2 days' paid paternity leave <sup>94</sup>	90 days <sup>95</sup>	Social Security provides 100% maternity coverage <sup>96</sup>
	<b>GUATEMALA</b>	
2 days at birth of child <sup>97</sup>	84 days <sup>98</sup>	Social Security or employer provides 100% maternity coverage <sup>99</sup>

...continued

...continued

PAID PATERNITY LEAVE	PAID MATERNITY LEAVE	RESTRICTIONS/COMMENTS
<p>Each parent can take an extra full year of unpaid leave after the paid period ends.</p> <p>Paid paternity leave — 45 weeks at 80% of pay or 35 weeks at 100% shared with mother<sup>100</sup></p>	<p><b>NORWAY</b></p> <p>42 or 52 weeks parental leave (9 weeks reserved for the mother)<sup>101</sup></p>	<p>Social Security provides 80% or 100% maternity coverage.<sup>102</sup> Parental leave — 2 weeks after birth but most get paid by employer. Father must take a minimum of 6 weeks or lose the paid leave. Each parent has to have worked for his/her employer for at least 6 of the 10 months prior to birth or any leave is unpaid.<sup>103</sup></p>
<p>5 days' paternity leave<sup>104</sup></p>	<p><b>PORTUGAL</b></p> <p>120 days (100% paid)<sup>105</sup></p>	<p>Social Security provides 100% maternity coverage<sup>106</sup></p>
<p>2 weeks' paid paternity leave<sup>107</sup></p>	<p><b>UNITED KINGDOM</b></p> <p>26 weeks (90% for the first 6 weeks and flat rate after).<sup>108</sup> Increased statutory maternity pay from £55 a week in 1997 to £102.80 along with and rising to £106 a week from April 2005.<sup>109</sup></p>	<p>Employer refunds for 92% from public funds.<sup>110</sup> The person requesting Paternity leave person must have worked for their current employer for at least 26 weeks before the 15th week before the due date (and received a salary that is higher than a fixed minimum). They must give the employer notice before the 15th week before the child is due.<sup>111</sup></p>
<p>3 days' paternity leave in public sector<sup>112</sup></p>	<p><b>TURKEY</b></p> <p>16 weeks (67% for 12 weeks)<sup>113</sup></p>	<p>Social Security provides maternity coverage<sup>114</sup></p>
<p>55% up to \$447/week for 35 weeks' parental leave (shared with mother)<sup>115</sup></p>	<p><b>CANADA</b></p> <p>17-18 weeks depending on the province (paid 55% up to a ceiling)<sup>116</sup></p>	<p>Employment Insurance provides maternity coverage.<sup>117</sup> <i>Part time work as percentage of total employment</i> — parents can work part-time without losing benefits if they are earning 25% or less of their usual income or CAD\$50 per week, whichever is greater<sup>118</sup></p>
	<p><b>UNITED STATES</b></p> <p>There is no statutory maternity leave, paid or unpaid (leave for family and medical reasons, which could include care of a newborn baby, is unpaid)<sup>119</sup></p>	<p>The federal Family and Medical Leave Act of 1993 (FMLA) protects workers' job security during leave taken for the employee's own disability or illness (including pregnancy and childbirth); the care of the employee's newly born,</p>

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PAID PATERNITY LEAVE	PAID MATERNITY LEAVE UNITED STATES (continued)	RESTRICTIONS/COMMENTS
		<p>adopted, or fostered child; or to care for an immediate family member (spouse, child, or parent) with a serious health condition. The FMLA applies to employees who work 20 or more weeks in a year and have worked at least 12 months for their current employer and who work for a firm employing at least 50 workers. This federal policy ensures that eligible employees receive:</p> <ul style="list-style-type: none"> <li>• up to 12 weeks of unpaid leave annually (leave may be taken all at once or intermittently, and for part or all of a day);</li> <li>• continued health insurance benefits (if ordinarily provided by the employer); and</li> <li>• a guarantee of return to the same, or an equivalent, job.<sup>120</sup></li> </ul>
1 day of paid leave <sup>121</sup>	<p><b>SAUDI ARABIA</b></p> <p>10 weeks (paid 50% or 100% depending on the duration of employment)<sup>122</sup></p>	Employer provides maternity coverage <sup>123</sup>
<p>Following the after-birth portion of maternity leave, up to 18 months after birth — 1,500-6,000 RUB a month for the first child, 3,000-6,000 RUB a month for any subsequent child, but not exceeding 100% (could be shared with father, grandparents, guardians or actual caregivers of the child)<sup>124</sup></p>	<p><b>RUSSIA</b></p>	Social Security provides 100% maternity coverage <sup>125</sup>
14 calendar days <sup>126</sup>	<p><b>ESTONIA</b></p> <p>140 calendar days (paid 100%)<sup>127</sup></p>	Social Security provides 100% maternity coverage <sup>128</sup>
5 days' paid paternity leave <sup>129</sup>	<p><b>ROMANIA</b></p> <p>126 calendar days (paid 85%)<sup>130</sup></p>	Social Security provides maternity coverage <sup>131</sup>
10 calendar days <sup>132</sup>	<p><b>LATVIA</b></p> <p>112 days (paid 85%)<sup>133</sup></p>	Social Security provides 100% maternity coverage <sup>134</sup>

## ENDNOTES

- <sup>1</sup> Examples of batterer intervention programs are included in the forthcoming World Health Organization review previously mentioned.
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