

# ADOLESCENT BOYS AND YOUNG MEN

ENGAGING THEM  
AS SUPPORTERS OF  
**GENDER EQUALITY**  
AND HEALTH  
AND UNDERSTANDING  
THEIR VULNERABILITIES









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Promundo-US  
UNFPA

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### A TYPOGRAPHY OF THE LINKAGES BETWEEN DEVELOPMENTAL STAGES, BEHAVIORS, AND THEIR IMPLICATIONS FOR PROGRAMS



# LIST OF ACRONYMS

<b>CDC</b>	Centers for Disease Control and Prevention
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women
<b>CRC</b>	Convention on the Rights of the Child
<b>CSE</b>	Comprehensive sexuality education
<b>DALYs</b>	Disability life years lost
<b>DRC</b>	Democratic Republic of the Congo
<b>DHS</b>	Demographic and Health Surveys
<b>FGM</b>	Female genital mutilation
<b>GEMS</b>	Gender Equity Movement in Schools
<b>GSHS</b>	Global School-based Health Survey
<b>HIV</b>	Human immunodeficiency virus
<b>ICPD</b>	International Conference on Population and Development
<b>ICRW</b>	International Center for Research on Women
<b>ILO</b>	International Labour Organization
<b>IMAGES</b>	International Men and Gender Equality Survey
<b>LGBT</b>	Lesbian, gay, bisexual, and transgender
<b>MAP</b>	Men as Partners
<b>MNCH</b>	Maternal, newborn, and child health
<b>PEGE</b>	Gender Equity in Schools Portal ( <i>Portal Equidade de Gênero nas Escolas</i> )
<b>RWAMREC</b>	Rwanda Men's Resource Center
<b>SIDS</b>	Sudden infant death syndrome
<b>SGBV</b>	Sexual and gender-based violence
<b>SRH</b>	Sexual and reproductive health
<b>SRHR</b>	Sexual and reproductive health and rights
<b>STI</b>	Sexually transmitted infection
<b>SVRI</b>	Sexual Violence Research Initiative
<b>UN</b>	United Nations
<b>UNSC</b>	United Nations Security Council
<b>UNFPA</b>	United Nations Population Fund
<b>U.S.</b>	United States
<b>WSWM</b>	The World Starts With Me
<b>WSWM+</b>	A Positive World Starts With Me
<b>YMI</b>	Young Men Initiative

THE  
IMPORTANCE OF  
ENGAGING  
ADOLESCENT BOYS  
AND YOUNG MEN  
IN SEXUAL  
AND REPRODUCTIVE  
HEALTH  
AND RIGHTS (SRHR)  
AND GENDER EQUALITY

# SUMMARY

This study of *Adolescent Boys and Young Men* highlights the importance of engaging adolescent boys and young men in sexual and reproductive health and rights (SRHR) and gender equality. Not only is this engagement essential to achieve the full equality of women and girls, it also positively impacts the lives of men and boys themselves. This paper establishes a conceptual framework for engaging adolescent boys and young men. It reviews current research on boys' and young men's specific risks and realities in relation to their general health status, violence, sexuality and sexual and reproductive health, media violence, sexual exploitation, and other vulnerabilities. It also discusses the implications of these issues on the lives of women and girls. The final sections review concrete ways to work with adolescent boys and young men on sexual and reproductive health services, comprehensive sexuality education, fatherhood and caregiving, and the elimination of violence against women and girls, as well as how a masculinity lens contributes to understanding youth violence prevention in general. Overall, this paper aims to underscore that girls and boys stand to reap lifelong benefits when young men and boys are engaged in a more holistic approach to gender equality.

# INTRODUCTION

Much of the current discourse around achieving gender equality centers on the need to address the specific vulnerabilities and realities of girls and women, and for good reason. Persistent discrimination and violence toward women and girls is a continued challenge today. Adolescent girls are more at risk of HIV infection; they are at risk of facing harmful practices including child, early, and forced marriage and female genital mutilation (FGM), of being excluded from most school settings, and of intimate partner and gender-based violence; and they are more likely to assume the consequences of an unintended pregnancy. Accordingly, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), the Universal Declaration of Human Rights, the Beijing Declaration and Platform for Action, and the Programme of Action of the International Conference on Population and Development (ICPD) all establish the right of women and girls to live free from gender-based discrimination and violence and ensure their sexual and reproductive health and rights (SRHR). As the Beijing+20 review revealed, the rights of women and girls and the importance of gender equality have been reflected in global, regional, and many national policies and frameworks; however, implementation and accountability toward ensuring that those commitments become a reality are far from reach.

Increasingly, many proponents of gender equality are recognizing the potential of constructively engaging men and boys to bring about change. Engaging men and boys in supporting full equality for women and girls is critical for many reasons, as this paper will outline, and it also positively impacts the lives of men and boys themselves. *It is also important to state from the start that poverty and social exclusion are as central to determining the vulnerabilities of young people as gender is, and to affirm that the gendered realities of young people interact with these other inequalities.*

Today, there is a sizeable breadth of research on men and boys – particularly on health, sexuality, and masculinities – which demonstrates that their meaningful participation in gender equality produces positive changes in their attitudes, perceptions, and behaviors. These are changes that benefit their intimate, emotional, and sexual relationships with women and girls, as well as with other men and boys. That said, according to a recent review of the implementation of the

ICPD Programme of Action, gender norms and male engagement was a priority for only 22 percent of governments globally, and it was not prioritized in most low- and lower middle-income countries.<sup>1</sup>

Thus, this technical paper highlights: (1) the need to engage adolescent boys and young men as allies to achieve gender equality and as supporters of women's and girls' empowerment, and (2) the importance of addressing the specific health and social development needs of adolescent boys and young men themselves. This paper underscores that these two objectives are intertwined and not oppositional. The process of questioning and overcoming rigid, inequitable, and violent norms that limit the lives of women and girls is also positive for adolescent boys, whose lives and health improve when such norms are challenged. While this paper is focused largely on engaging adolescent boys in SRHR, the authors would also like to use it as an entry point for broader thinking around men's engagement and changing harmful norms related to manhood. For this reason, although the data presented primarily focus on adolescent boys aged 15-19, data also look at younger boys aged 10-14 and at young men aged 20-29.<sup>1</sup> The terms "boys," "young men," and "men" may be used interchangeably throughout the document.

This paper is organized as follows: The first section ("Section 1: Why Adolescent Boys?") states the rationale for engaging adolescent boys and young men for the purposes of gender equality, as well as for their own needs. The next section ("Section 2: What's Up with Boys?") reviews current research on boys' specific risks and realities in relation to general health status, violence, sexuality and sexual and reproductive health, media violence, sexual exploitation, and other specific vulnerabilities. It also discusses the implications of these issues on the lives of women and girls. The third section ("Section 3: Engaging Boys as Allies") reviews concrete ways to work with boys on SRHR, fatherhood, and elimination of violence against women and girls, among other issues. The last section ("Section 4: Final Considerations") summarizes the major conclusions and takeaways from this technical paper.

<sup>1</sup> This is in accordance with the World Health Organization's GPE Discussion Paper Series No. 31 *Age Standardization of Rates: A New WHO Standard* (World Health Organization, 2001).

**THE PROCESS OF QUESTIONING  
AND OVERCOMING RIGID,  
INEQUITABLE, AND VIOLENT NORMS THAT LIMIT THE LIVES  
OF WOMEN AND GIRLS IS ALSO POSITIVE  
FOR ADOLESCENT BOYS,  
WHOSE LIVES AND HEALTH IMPROVE  
WHEN SUCH  
NORMS ARE CHALLENGED**

# 1. WHY ADOLESCENT BOYS?

## ADOPTING A GENDER-RELATIONAL PERSPECTIVE TO PROGRAMMING

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This section highlights the need to engage adolescent boys and young men from two overlapping and complementary approaches – one that *engages boys for the purposes of gender equality* and a second that recognizes the *context-specific needs and vulnerabilities of boys themselves*. This section also looks at adolescence as a “period of opportunity” to engage boys in gender equality, explores the impact of living within “systems” of inequality on gender norms and health, and reviews the importance of engaging men and boys (alongside women and girls) across the lifespan.

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### 1.1 THE TWO APPROACHES TO ENGAGING BOYS IN GENDER EQUALITY

First, it is essential to engage adolescent boys and young men in gender equality because norms around what it means to be a man often cause harm to women and girls. More specifically, inequalities in power and privilege between men and women, and between boys and girls, emerge from widely accepted gender norms that place men, in general, in a dominant position compared to women in the public and private spheres. Within this power structure, evidence shows that men and boys with more rigid views on masculinity, or “what it means to be men,” are more likely to use violence against women and girls, as well as to abuse drugs and alcohol, among other harmful outcomes.<sup>ii,iii</sup> These power inequalities also perpetuate cycles of violence, across generations, by men against women and by men against other men. As large-scale studies on men’s experiences and use of violence confirm, men who witness violence against their mothers and/or experience violence in the household as children are more likely to have unfavorable views on gender equality and to use violence against others as adults.<sup>iv,v</sup>

In the context of sexual and reproductive health and rights, boys' and young men's greater decision-making power within relationships makes it difficult for women to negotiate male condom use, access sexual and reproductive health services,<sup>vi,vii</sup> and negotiate sex in general. Men in these relationships also have the power to make decisions about the number of children to have, the timing and frequency of sexual activity, and the use of contraceptive methods. In many places, men and boys who exert more power and control in their relationships infringe upon a woman's right to control her own body, and they are often unlikely to take care of their own sexual and reproductive health. These risks are also applicable to situations where men and boys perpetrate sexual violence and exploitation against girls and women outside of intimate partnerships. *In short, there are real costs to women and girls when men and boys are not engaged in efforts that promote gender equality.*

Second, as Section 2 will detail, adolescent boys' own needs and vulnerabilities merit greater attention from the international community. Although men and boys, on average, have more privileges and benefits than women and girls, men and boys are not a homogenous group. Men can feel powerless in some situations (e.g., if they come from a lower socioeconomic class), but powerful in others (e.g., in relation to women or non-heterosexual boys).<sup>viii</sup> Additionally, definitions of masculinity vary from community to community depending on underlying historical, religious, and cultural factors and can change over time. However, in many cultures as boys grow up, they are often socialized to ascribe to rigid definitions of emotion-repressing, violent, misogynistic, and heteronormative manhood. This may include taking risks that can harm their own and others' health, such as engaging in unsafe sex and substance abuse, using violence against other men and boys to resolve conflict, and hiding "un-masculine" emotions such as pain, fear, and sadness. *Thus, it is important to understand how gender inequality, along with the paradoxical way in which men experience power, also brings costs to young men themselves.*

**Perhaps most importantly, girls and boys stand to reap lifelong benefits when they are engaged with a more holistic approach to promoting gender equality. By providing opportunities for boys and men to critically reflect on harmful aspects of masculinity, space is created for them to build open, intimate, consensual, and caring relationships with others.**

**THERE ARE REAL COSTS  
TO WOMEN AND GIRLS  
WHEN MEN AND BOYS  
ARE NOT ENGAGED IN EFFORTS THAT PROMOTE  
GENDER  
EQUALITY**

IT IS **IMPORTANT**  
TO UNDERSTAND  
HOW GENDER **INEQUALITY**  
ALONG WITH  
THE PARADOXICAL **WAY**  
IN WHICH **MEN**  
**EXPERIENCE** POWER,  
ALSO BRINGS COSTS  
TO **YOUNG MEN**  
**THEMSELVES**



*Participant in the MenCare+ Program in Rwanda.  
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## 1.2 ADOLESCENCE: A PERIOD OF OPPORTUNITY

Although this paper attempts to generalize specific age categories of adolescent boys and young men, it also recognizes the variation in young people's lived experiences and knowledge, which is influenced by their age, gender identity, sexual orientation, race, ethnicity, religion, cultural histories, disability, socioeconomic status, and education level. This paper also acknowledges and challenges the common discourse around adolescence, particularly for boys, which tends to come from a deficient, "adult-centric" perspective that considers this stage of life to be a time of crisis and to be problematic.<sup>ix</sup> Within such discourses, boys and young men of specific ethnic and economic backgrounds (e.g., those who have lower income, those from certain ethnic minorities in parts of the world) may be particularly stigmatized.

It is important to change these perspectives and to view adolescence as a period of opportunity when boys and girls begin to form their opinions, ideas, and beliefs – including around gender roles and sexuality.<sup>x,xi</sup> Adolescence is a critical time in which sexual feelings, identities, and understandings of such issues are shaped, influenced,<sup>xii</sup> and enjoyed. In early to mid-adolescence (between the ages of 13 and 17, according to one study), the social and peer pressure to conform to normative attitudes and behaviors is at its peak, as critical reflection is still underdeveloped.<sup>xiii</sup> Evidence also shows that the attitudes and behaviors (both positive and harmful) formed in adolescence can carry over into adulthood.<sup>xiv</sup> Comprehensive sexuality education – defined as a rights-based and gender-focused approach to sexuality education, whether in school or out of school – is one essential way of reaching adolescent boys and girls; it aims to equip them with the knowledge, skills, attitudes, and values that will enable them to develop a positive view of their sexuality in the context of their emotional and social development.<sup>xv</sup>

**In summary, working with men and boys during adolescence and young adulthood provides a critical opportunity to challenge dominant, inequitable, and violent forms of masculinity.**

**WE MUST VIEW  
ADOLESCENCE  
AS A PERIOD  
OF OPPORTUNITY  
WHEN BOYS AND GIRLS  
BEGIN TO FORM  
THEIR OPINIONS,  
IDEAS, AND BELIEFS**



## 1.3 STRUCTURAL FACTORS THAT INFLUENCE GENDER AND MASCULINITY

Given the many and interconnected determinants that affect health, targeting boys' and men's individual attitudes and practices alone will produce limited results. Gender inequality influences, and is influenced by, structural factors. A recent analysis of United Nations data shows that macro-level determinants such as national wealth, income inequality, and access to education are significant predictors of adolescent health.<sup>xvi</sup> Health and education systems, public policies, the military (and militarization), religious and economic institutions, the workplace, popular media, and families also play important roles. For example, some health systems are based on the belief that young people should not engage in sexual relationships before marriage; therefore, services are often denied to un-partnered boys and girls who need them. In many cases, these systems are also heteronormative, failing to address the sexual and reproductive health needs of young men and women of different gender identities and sexual orientations. Social groups are also important determinants of adolescent health and overall well-being. Having safe and supportive families, schools, out-of-school associations and clubs, and peers are all protective factors in ensuring healthy young adulthood.<sup>xvii</sup> For this reason, when seeking to work with adolescent boys and young men, one must understand how these structural factors influence overall well-being and can perpetuate underlying gender inequalities, as well as provide positive entry points to promote equality and respect.

**Although not an exhaustive look, many of the issues explored throughout this paper are a testament to how institutions such as schools, the health sector, and the media can perpetuate harmful and dominant gender norms or serve as spaces to positively remake them, and the findings show how these play out in the lives of girls and boys.**

## 1.4 GENDERED VULNERABILITIES ACROSS THE LIFESPAN

The table "Gendered Vulnerabilities of Boys and Girls Throughout the Lifespan" looks at some of the specific vulnerabilities facing boys and girls as they grow into young men and women. As with girls and young women, engaging adolescent boys and young men in gender equality implies considering the specific risks and opportunities they face at the different stages of their development.<sup>2</sup> As noted throughout this paper, these gendered vulnerabilities intersect with underlying inequalities and discrimination based on income, location, disability, ethnicity, and age, and they are mutually reinforcing. For example, globally, a boy belonging to a wealthy neighborhood is much more likely to have more years of schooling than a boy from a poor neighborhood, and a girl from a poor household in a rural area is 16 times less likely to be in school than a boy from a wealthy household living in a town.<sup>xviii</sup> In most countries, girls living in rural areas fare worse in school attendance than girls in urban areas. For example, in Burkina Faso, only 22 percent of girls in rural areas attend primary school, as compared to 72 percent of girls living in urban areas.<sup>xix</sup>

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**ONLY 22%**

OF GIRLS IN RURAL AREAS ATTEND PRIMARY SCHOOL IN BURKINA FASO, AS COMPARED TO

**72%**

OF GIRLS LIVING IN URBAN AREAS.

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<sup>2</sup> From a programs perspective, Section 3 provides an example of how to link boys' and girls' stages of development with the development of age-appropriate interventions to improve health and promote gender equality.

**MACRO-LEVEL** DETERMINANTS  
SUCH AS NATIONAL WEALTH,  
INCOME INEQUALITY,  
AND ACCESS TO EDUCATION  
ARE SIGNIFICANT PREDICTORS  
OF ADOLESCENT HEALTH

# GENDERED VULNERABILITIES OF BOYS AND GIRLS THROUGHOUT THE LIFESPAN<sup>3</sup>

## EARLY YEARS (AGES 0-9)

### GIRLS



*Gender-based sex selection or female infanticide, as a result of son preference in some settings*

*Female genital mutilation (FGM), in some settings*

*Differential access to food and medical care, as a result of son preference in some settings*

*Socialization to be deferential to boys/men*

*Sexual exploitation and abuse*

### BOYS



*Experiences of harsher and abusive punishment at home and at school*

*Poor access to medical care (based on belief that boys are “hardier” or “tougher” than girls), in some settings*

*Sexual exploitation and abuse (at lesser rates than girls)*

### GIRLS/BOYS



*Witnessing and/or experiences of violence at home (as stated earlier, this is globally recognized as a predictor of boys’ use of violence and girls’ victimization later on)*

## EARLY ADOLESCENCE (AGES 10-14)

### GIRLS



*Gender-based discrimination and harassment*

*Unintended/unplanned pregnancy, which may result in death or birth-related morbidities such as obstetric fistula (and other biomedical and social implications)*

*Unsafe abortion*

*Sexual violence*

*Female genital mutilation (FGM), in some settings*

*Child, early, and forced marriage and related harmful practices (e.g., virgin cleansing, early pregnancy)*

### BOYS



*Experiences of physical bullying at school and in home communities*

*Increasing pressures to earn income for family*

*Unintended/unplanned pregnancy (which has social implications)*

*Sexual violence (at lesser rates than girls)*

*Peer pressure to become sexually active or, when active already, to abstain from the use of condoms*

*Taboos around health-seeking behavior due to dominant perceptions of masculinity*

*Recruitment into violent male peer groups, in some settings*

### GIRLS/BOYS



*No (or poor) access to sexual and reproductive health information and services, and health services in general*

*Period of highest drop-out from public education*

<sup>3</sup>Inspired by Save the Children-Sweden’s chart “Gender-Based Violence Throughout the Lifecycle.”

## MID-ADOLESCENCE (AGES 15-19)

### GIRLS



*Increasing peer pressure to embody stereotypical, submissive female roles regarding social and sexual behavior that can result in:*

*Child, early, and forced marriage*

*Unintended/unplanned pregnancy, which may result in death or birth-related morbidities such as obstetric fistula (and other biomedical and social implications)*

*Unsafe abortion*

*Rape and sexual violence*

*Transactional sex and sex work to provide for oneself and/or one's family*

*Tobacco, alcohol, and substance abuse (at lesser rates than boys)*

*Depression and suicide (the latter at lesser rates than boys)*

*Female genital mutilation (FGM), in some settings*

*Body image anxiety (e.g., pressure to look thin, pressure to conform to other expectations of body type)*

### BOYS



*Increasing peer pressure to embody stereotypical, dominant male roles regarding social and sexual behavior and repression of emotions (among other factors) that can result in:*

*Unintended/unplanned pregnancy (which has social implications)*

*Sexual violence (at lesser rates than girls, in some settings)*

*(Sexual) risk-taking behavior*

*Tobacco, alcohol, and substance abuse*

*Depression and suicide*

*Death from violent crime*

*Gang involvement*

*Taboos around health-seeking behavior due to dominant perceptions of masculinity*

*Body image anxiety (e.g., pressure to appear more muscular)*

*High rates of traffic or transit-related accidents*

### GIRLS/BOYS



*Exposure to violence in relationships (at different rates in different countries and contexts)*

*No (or limited) access to sexual and reproductive health information (e.g., on body developmental changes related to puberty, on awareness of sexual pleasure) and services, as well as other health services*

*HIV/STI infection (generally higher among girls, in most settings)*

# GENDERED VULNERABILITIES OF BOYS AND GIRLS THROUGHOUT THE LIFESPAN

## EARLY ADULTHOOD (AGES 20-24)

### GIRLS



*Experiences of intimate partner violence*

*Rape and sexual violence*

*Transactional sex and sex work to provide for oneself and/or one's family*

*Forced marriage*

*Marital rape*

*Unintended/unplanned pregnancy, which may result in death or birth-related morbidities such as obstetric fistula (and other biomedical and social implications)*

*Unsafe abortion*

*Involvement in transactional sex and sex work due to lack of other opportunities*

*Overburden of both care and work responsibilities*

### BOYS



*Emotionally distant relationships with their children, and the greater likelihood of being non-residential parents*

*Taboos around health-seeking behavior due to dominant perceptions of masculinity*

*Unintended pregnancy (which has social implications)*

*Gang involvement*

*Death from violent crime*

*Poor mental health*

*Unemployment*

### GIRLS/BOYS



*Limited access to sexual and reproductive health information and services, as well as to other health services*

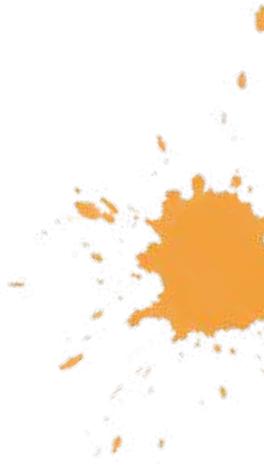
*HIV/STI infection (generally higher among young women, in some settings)*

*Tobacco and alcohol abuse (generally higher among young men)*



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# 2. WHAT'S UP WITH BOYS?



## AN OVERVIEW OF GENDER-SPECIFIC POTENTIALS AND RISKS

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Highlighting the gender-specific risks of boys often requires comparing them to girls. However, as stated in the World Health Organization's *What About Boys?*, simply comparing relative levels of risk by sex can lead to a polarizing and simplistic debate about which sex suffers more or faces greater health risks, ignoring the often larger disparities produced by income and social class.<sup>xx</sup> By emphasizing differences between boys and girls, we may also downplay the important similarities between them. However, a certain amount of comparison is needed to understand the specific vulnerabilities affecting boys today, just as it has been carried out to better understand girls' own vulnerabilities and gendered needs.

Additionally, calling attention to the needs and realities of adolescent boys should not imply that the goal of empowering girls has been achieved. *On the contrary, this is not a zero-sum game.* Engaging boys is crucial and strategic for the continuing empowerment of girls and women and gender equality.

*Important Note:* There are topline implications for policy and/or practice presented at the end of each sub-section in Section 2 ("What's Up with Boys?"), but Section 3 ("Engaging Boys as Allies"), goes into greater depth in terms of best practices in addressing harmful gender norms around masculinity.

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## 2.1 GENERAL HEALTH STATUS: VIOLENCE, ACCIDENTS, HAZARDOUS WORKPLACES, AND THE LINKAGES TO GENDER SOCIALIZATION

*Young men and young women suffer from different causes of morbidities and mortalities. This sub-section looks at how violence, risk of traffic injury, and hazardous working conditions affect the lives of boys today and how these are largely a function of gender socialization, particularly around harmful masculinity.*

## KEY DATA POINTS ON GENERAL HEALTH STATUS

- ▶ In the Americas, one of every three deaths among boys aged 15-19 is due to interpersonal violence.
- ▶ Young men under 25 are three times more likely than young women to die of a traffic-related injury.
- ▶ Harmful definitions of manhood and masculinity – such as the need to appear tough, the need to earn income and forgo education at the expense of one’s health, the need to use violence to resolve conflict, and the need to engage in risk-taking behavior – all increase young men’s needless vulnerability to premature morbidity and mortality.

## VIOLENCE

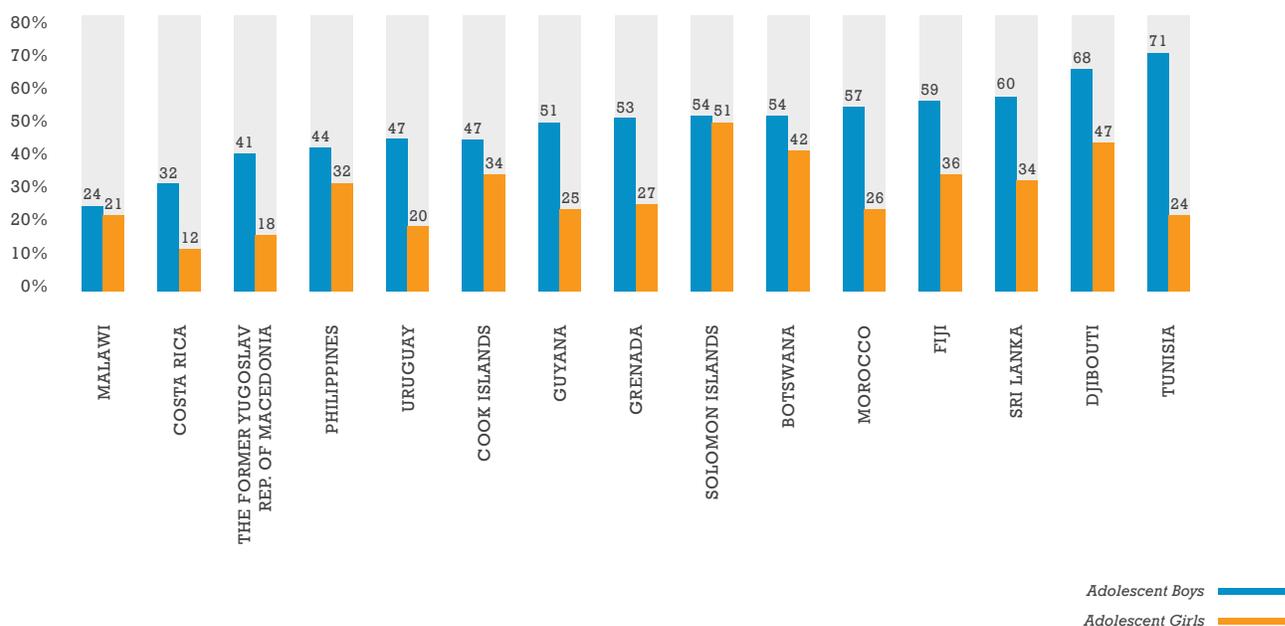
Global data show that while violence overall is declining in adolescence and early adulthood, it is still a frighteningly ordinary part of life for many men and boys. Since 2000, mortality rates for adolescent boys have worsened in some settings and remained the same in others. In the Americas, the adolescent mortality rate has been stagnant since 2000, where one of every three deaths among boys aged 15-19 is due to interpersonal violence.<sup>xxi</sup> The mortality rate among 15- to 19-year-olds in the Eastern Mediterranean has increased since 2000 due to war-related deaths.<sup>xxii</sup> According to a study that pooled global mortality data for females and males aged 10-24, deaths from violence predominantly affect young adult males, with the highest rates of violent death found in Latin America.<sup>xxiii</sup> Globally, males account for 82 percent of all homicide victims, and young men aged 15-29 are victims of homicide at a rate that is six times greater than the rate of homicide deaths for young women in the same age group.<sup>xxiv</sup> In Brazil, so many men were killed between 1960 and 2006 that there are now four million more women than men in the country – a difference roughly the size of the population of Los Angeles, California.<sup>xxv</sup>

Despite the striking numbers, data on youth-related violent death is sorely lacking. Only 35 countries collect data on youth violence, and these surveys have typically been on bullying, physical fighting, and school violence,<sup>xxvi</sup> overlooking other issues such as armed and gang violence. What is clear, however, is that globally men and boys are more likely to experience violence in adolescence and early adulthood than at any other time. This culture of violence also affects youth’s attitudes that justify and normalize it.

This “normalization” of violence is established early on for many boys and young men in some parts of the world. As can be seen in the graph on the following page, younger males (aged 13-15) are more likely than females in the same age group to report being involved in physical fights, irrespective of geographic location. Studies from North America and European countries confirm similar findings.<sup>xxvii</sup> Looking at the graph, however, it is important to note the wide variation between countries. For example, Malawian males are far less likely to be involved in physical fights when compared to Tunisian and Sri Lankan males. This may highlight the importance of contextualizing interventions that engage adolescents in violence prevention, as well as provide lessons learned for practitioners in terms of what some countries may be doing well in working with youth to prevent violence.

## MANY ADOLESCENTS REPORT THAT THEY HAVE BEEN INVOLVED IN PHYSICAL FIGHTS

Percentage of students 13-15 years old who report having been in a physical fight one or more times during the past 12 months, by sex, in a random selection of countries with available data



Source: UNICEF (2012). *Progress for children: A report card on adolescents*. New York City, USA: UNICEF, pg. 34.

## TRAFFIC-RELATED MORBIDITY AND MORTALITY

Violence is not the only risk to young men's health. Global data show that mortality due to traffic injury – coming third in the Global Burden of Disease's global risk ranking – was substantially higher among males than females, with Russia having the highest recorded traffic-injury mortality among young men.<sup>xxviii,xxix</sup> According to the WHO, young men under 25 are three times more likely than young women to die of a traffic-related injury. As with violence, this risk factor is largely a function of “gender-determined patterns of exposure.”<sup>xxx</sup> For example, in many places where women's mobility is traditionally restricted, men may spend more time in moving vehicles than women. They are also more likely to work as mechanics or long-distance truck drivers, the latter requiring full days and nights in a vehicle. Additionally, young men have a higher propensity for risk-taking – a prevalent characteristic of how boys are socialized in many parts of the world – such as consuming excessive amounts of alcohol and engaging in aggressive behavior, further increasing risk of injury when behind the wheel of a motor vehicle (e.g., driving at unsafe speeds, engaging in illegal racing).<sup>xxxi</sup> Such behaviors are generally part of the broader gender socialization in male-only or male-dominated peer groups.



**YOUNG MEN**  
**UNDER 25 ARE THREE TIMES**  
**MORE LIKELY** THAN YOUNG WOMEN  
TO DIE OF  
**A TRAFFIC-RELATED**  
**INJURY**

## HAZARDOUS WORKING CONDITIONS

Adolescent boys are generally more likely than girls to participate in hazardous work, defined by the International Labour Organization (ILO) as work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children. This is often due to prescribed gender roles that generally assign outside and more labor-intensive tasks to boys and household tasks to girls. In farming, boys are more likely to work with sharp tools and operate heavy machinery, and therefore are more at risk for amputation and pesticide poisoning. Though the number of children in hazardous work is declining globally, from 2004 to 2008, the number of adolescents participating in hazardous work increased by 20 percent to 62 million, with boys outnumbering girls by two to one.<sup>xxxii</sup> At the same time, domestic work, which is more prevalent among women and girls where they account for 83 percent of all workers brings along its own risks, including labor and criminal abuse, as well as exposure to physical, emotional, and sexual violence.<sup>xxxiii</sup>

It is also important to note that these trends among men and boys may shift as more young women are participating in paid work than ever before. In doing so, many of these women suffer the double burden of responsibility: having to earn an income, as well as provide care and household work. In many places, women spend between two and ten times the amount of time on unpaid care and household work that men do.<sup>xxxiv</sup> Again, this example shows the relational nature of the life conditions of young men and women: the limited participation of men in care work has negative effects for men's own lives and creates inequalities for women and girls.<sup>xxxv</sup>

### IMPLICATIONS FOR WORKING WITH BOYS AND YOUNG MEN

#### **Implications for working with boys to change gender-inequitable norms**

Working with young men who are more likely to use violence and take risks that pose danger to themselves, as well as others around them, is integral to improving the well-being of girls and women. Harmful masculinities that perpetuate these behaviors must be deconstructed with men and boys in safe spaces (e.g., with a trained facilitator as part of a community-based intervention, with counselors, etc.). In such spaces, definitions of what it means to be a supportive partner, son, future father, brother, and man in general should be examined and reconsidered. Similarly, community activism with young men and women as leaders can promote changes in broader social norms and hold duty-bearers responsible for developing and implementing laws and policies to end violence. Currently, only 70 countries around the world have national action plans to address youth violence, and far fewer collect data via national surveys to better understand the scale of the problem.<sup>xxxvi</sup>

#### **Implications for boys' own vulnerabilities**

Harmful definitions of manhood and masculinity, such as the need to appear tough, the need to earn income and forgo education at the expense of one's health, the need to use violence to resolve conflict, and engagement in risk-taking behavior, all increase young men's vulnerability to premature morbidity and mortality. Interventions that seek to prevent violence before it starts must engage boys in critical reflections about how harmful ideas of what it means to be "real men" impact their own well-being. These interventions must also look for ways to mitigate their structural vulnerabilities, such as those related to hazardous working conditions, and seek to change broader social norms that encourage these practices. For example, some countries have found that preschool enrichment programs that introduce skills to children necessary for school can reduce arrests for violence among those aged 20-24 by as much as 40 percent.<sup>xxxvii</sup>



## SPOTLIGHT ON DATING VIOLENCE

Most research on dating or courtship violence comes from the Global North. According to the U.S. Centers for Disease Control and Prevention (CDC), while most dating violence – defined as physical, sexual, or psychological violence within a dating relationship – is male against female, both boys and girls are at similar levels of risk of experiencing such violence.<sup>xxxviii</sup> Among nearly 15,000 U.S. teens of high school age surveyed, the prevalence of experiencing partner dating violence was similar for males (8.9 percent) and female (8.8 percent) and similar by grade level.

There is evidence that some programs that work with young men are effective in preventing violence against young women. An evaluation review, conducted by the Sexual Violence Research Initiative (SVRI) and Promundo, on interventions with adolescents aged 12-19 on sexual violence prevention found numerous examples of programs that prompted a decrease in perpetration of violence, an increase in negative attitudes towards violence, and reductions in rape myth acceptance, among other outcomes.<sup>xxxix</sup> Most of the interventions included in this analysis were school-based, or conducted as media or education campaigns that lasted from a few weeks to several years.

## 2.2 SEXUALITY

*This sub-section looks at how gender inequality and structural factors promote gender-based differences in the development of boys' and girls' attitudes and behaviors around sexuality. These emerge from widely accepted gender norms, myths, and misunderstandings around human sexuality and from men's and women's gender roles within society.*

### KEY DATA POINTS ON SEXUALITY

- ▶ Research from numerous settings finds that many boys question harmful gender norms and report longing for intimate contact and connection more than they do sexual conquest.
- ▶ Men with more gender-equitable attitudes are more likely to report that they are “satisfied” or “very satisfied” with their sexual relationship with their primary partner.
- ▶ Comprehensive sexuality education that is centered on human rights and gender equality is one way to promote boys' critical reflections on masculinity.

Sexuality is “a central aspect of being human and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction” (WHO working definition). The right to be knowledgeable about, have control over, and make decisions concerning one’s sexuality is a human right according to the ICPD Programme of Action. However, inequitable gender norms and values regarding sexuality prevent both boys and girls from enjoying this central aspect of human life in many contexts.

Adolescent boys and young men, like adolescent girls and young women, are searching for their own sexual identities, and they are thus influenced by structural factors and gender socialization through their interactions with peers, family members, and the media, among others. Their internalized attitudes and beliefs about sexuality, in turn, affect the quality of their current and future relationships.<sup>xi</sup> In practice, these gendered understandings of human sexuality often discourage girls and young women from expressing sexual desire, while at the same time encourage boys’ sexual risk-taking behavior. Indeed, numerous studies on the sexual health of adolescents confirm widely held beliefs on the impact of gender-specific attitudes and behaviors on sexuality.<sup>xii,xliii</sup> In general, girls report more uncertainty, shame, and guilt regarding their own sexuality than boys do. Boys are also more likely than girls to report being more assertive in pursuing sexual contact. Additionally, while girls report drawing boundaries, boys take charge and decide what sexual activity the couple will engage in, and when. A study conducted in the Netherlands found that boys were more likely to report desire-related motives to engage in sexual contact, whereas a majority of the girls were motivated to engage in sexual contact in order to attain romantic companionship.<sup>xliiii</sup>

However, the field of sexuality is beginning to question whether boys actually *feel this way, or feel pressured to say they feel this way*. Qualitative and quantitative research from numerous settings finds many boys who question these “scripts,” and who report longing for intimate contact and connection more than they do sexual conquest.<sup>xliv,xlv,xlvi</sup> These issues may be even more complicated for young people who are same-sex attracted, and who face both their own internal questioning and institutional and social homophobia. There is evidence that boys and young men who reject such rigid definitions of male sexuality grow up to experience more fulfilling relationships. According to findings from the International Men and Gender Equality Survey (IMAGES), a multi-country study on men and masculinities, young and adult men with more gender-equitable attitudes were more likely than men with less gender-equitable attitudes to report being “satisfied” or “very satisfied” with the sexual relationship with their primary partner.<sup>xlvii</sup>

Structural factors also negatively impact young people’s right to healthy sexual lives. For example, efforts to undermine the promotion of healthy sexuality through comprehensive sexuality education are largely rooted in the erroneous belief by policymakers that it promotes sexual activity in youth. Some may also believe that discussing certain aspects of sexual and reproductive health and rights undermines cultural and religious beliefs.



## IMPLICATIONS FOR WORKING WITH BOYS AND YOUNG MEN

### Implications for working with boys to change gender-inequitable norms

Healthy sexuality requires that girls and young women have access to information, as well as power and agency, to make informed decisions. Promoting healthy sexuality with boys should imply that they respect and support girls' rights to live free from control, manipulation, and harm in their sexual experiences. It is also important to build on boys' ability to resist harmful stereotypes. In the end, these efforts promote pleasurable and consensual sexual relationships for both boys and girls, whether in heterosexual or same-sex relationships.

### Implications for boys' own vulnerabilities

Boys often feel intense social pressure to dominate and use their power to control the sexuality of girls and other boys. The accepted consensus in the SRHR field is that comprehensive sexuality education that is centered on human rights and gender equality is one way to promote boys' critical reflections on harmful masculinity.<sup>xlviii,xlix,1,li,lii,liiii</sup> These reflections free boys from the need to conform to rigid ideas of masculine and heteronormative sexuality; can guide them in developing specific knowledge, skills, and awareness around healthy sexuality; and promote overall well-being.

## 2.3 SEXUAL AND REPRODUCTIVE HEALTH

*This sub-section provides an overview of boys' sexual and reproductive health and reviews how beliefs around masculinity limit their health-seeking behavior and impact the health of women and girls.*

### KEY DATA POINTS ON SEXUAL AND REPRODUCTIVE HEALTH

- ▶ In many countries, a majority of adolescent males aged 15-19 have engaged in risky, non-marital sexual behavior in the past year.
- ▶ Within regions where HIV is endemic, rates of comprehensive knowledge of HIV among adolescents and young people are low – less than 50 percent – and males tend to be more knowledgeable than females.
- ▶ Young people under age 25 carry the largest global burden of STIs.

Involving men in improving sexual and reproductive health and rights (SRHR) outcomes can bring benefits to women, children, and men themselves.<sup>iv</sup> Engaging with adolescent boys and young men, in tandem with adolescent girls and young women, opens up opportunities to improve their SRHR at a time in which they are exploring their sexuality and taking the most sexual health-related risks.

Engaging in risky sexual behavior places young people at risk for preventable sexual and reproductive health-related consequences – most of which disproportionately affect young women and girls. These outcomes are driven by gender-inequitable norms. As the data here will show, gender norms contribute to the vulnerabilities of women and girls and make them, for example, less likely to be able to negotiate safe sex, and more likely to engage in risky sexual relationships with older men. Sexual scripts may also dictate that girls should not *report* male condom use, since condom use may suggest that they planned to have sex (or were acting “promiscuously”). Gender norms and sexual scripts also place pressure on young men to embody unhealthy versions of masculinity. Boys do this by engaging in risky sexual behavior and by not seeking out sexual and reproductive health (SRH) services. Thus, gender-inequitable norms are an important driver of SRH inequalities for both boys and girls.

## POSSIBLE EXPLANATIONS FOR GENDER DIFFERENCES IN THE DATA

The gender differences in sexual behavior between young men and young women presented in the next sub-sections can be partially explained by taking into account the relational nature of gender and power dynamics in social relationships. For example, young women are less able to protect their sexual health if their partner is older, if their partner is of higher social status, or if they live in places where polygamy is practiced.<sup>lv, lvi</sup> These stark differences in the data may also be partly due to reluctance by girls to report risky sexual behaviors because of traditional gender norms and expectations around female chastity, while boys may feel pressured to over-report sexual activity in some settings.

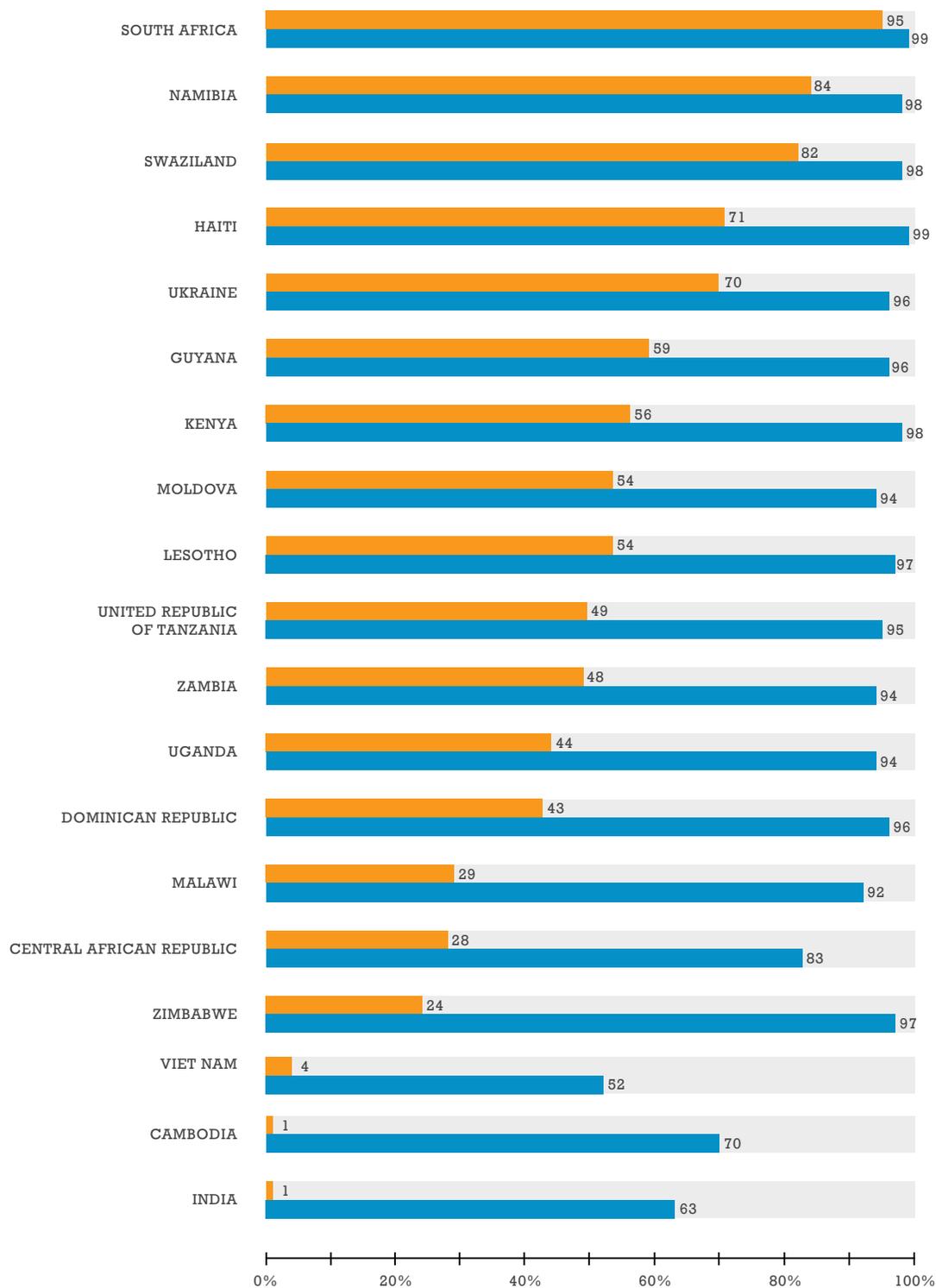
## SEXUAL RISK BEHAVIOR

Adolescent males aged 15-19 are more likely than females to have engaged in risky, non-marital sexual behavior in the past year, though there is variation across countries.<sup>lvii</sup> For example, in Vietnam while 4 percent of adolescent females reported risky sexual behavior, 52 percent of adolescent males reported this behavior; in Kenya, 98 percent of males reported higher-risk sex, as compared to 56 percent of females.<sup>lviii</sup> A global study that included data on adolescents aged 10-19 from fourteen countries found that most sexual encounters for boys during adolescence were non-marital.<sup>lix</sup> This same study found that more than 40 percent of adolescent males in all countries surveyed had already engaged in sexual intercourse, except for in Nigeria, Rwanda, and the Philippines, where less than a third had engaged in sexual intercourse during adolescence. In general, this global pattern in boys' risky sexual behavior has implications for SRHR interventions that engage boys and young men.

**INVOLVING MEN  
IN IMPROVING  
SEXUAL  
AND REPRODUCTIVE HEALTH  
AND RIGHTS OUTCOMES  
CAN BRING  
BENEFITS  
TO WOMEN, CHILDREN,  
AND MEN THEMSELVES**

## YOUNG MALES IN LATE ADOLESCENCE (15–19) ARE MORE LIKELY TO ENGAGE IN HIGHER-RISK SEX THAN FEMALES OF THE SAME AGE GROUP

Percentage of young people aged 15–19 who had higher-risk sex with a non-marital, non-cohabitating partner in the last 12 months in selected countries



Source: UNICEF. (2011). *The state of the world's children 2011: Adolescence, an age of opportunity*. New York City, USA: UNICEF, pg. 24.

Female █  
Male █

## MALE CONDOM USE

Though male condom use is increasing among young people, its use is more likely to be reported by boys than by girls – most likely due to girls’ comparably lower decision-making power to negotiate safe sex. In Sub-Saharan African countries, condom use by boys has been as high as 58 percent in Zimbabwe, compared with condom use by girls at 37 percent; in Latin America, condom use by boys has been as high as 72 percent in Honduras, compared with condom use by girls at 54 percent; and in the Global North, condom use by boys has been as high as 80 percent in Australia, compared with condom use by girls at 54 percent.<sup>lx</sup> In global school-based surveys, half of sexually active 15-year-olds, or more, reported using condoms the last time they had sex, with trends showing that condom use is increasing, particularly among adolescent girls.<sup>lxi</sup> With regard to higher-risk sex with non-marital and/or non-cohabitating partners, data from the Demographic and Health Surveys (DHS) show that adolescent boys aged 15-19 are more likely than girls of the same age to use condoms in these situations; however, the rates of condom use vary widely among countries, with rates as high as 85 percent for boys and 59 percent for girls in Guyana, and as low as 9 percent for boys and 5 percent for girls in Madagascar.<sup>lxii</sup>

That said, both adolescent girls and adolescent boys agree that early childbearing – a major risk of unprotected sexual intercourse – is a social burden, particularly for youth in low-income contexts. In qualitative interviews carried out by the World Bank, all young boys and girls agreed that early adolescence is far too young an age to begin having children; a majority agreed that 18 years or older (for marriage and childbirth) is the ideal age.<sup>lxiii</sup>

## STIs

According to the World Health Organization, there is a paucity of data on sexually transmitted infections (STIs) worldwide (excluding HIV, for which there is generally good data), with the latest figures dating back to the mid-1990s.<sup>lxiv</sup> In general, however, it is estimated that young people carry the largest global burden of STIs, with more than a fifth to greater than half of some STIs appearing in young people aged 10-24.<sup>lxv</sup> For all STIs studied between the 1980s and 1990s, incidence was higher in girls than in boys, but the authors attribute this to the higher likelihood of girls seeking testing than boys – a trend which continues into adulthood.<sup>lxvi</sup>

## HIV

HIV is now the second leading cause of death among adolescents globally. Estimates suggest that numbers of HIV deaths are rising in the adolescent age group. This increase has occurred predominantly in the African region, at a time when HIV-related deaths are decreasing in all other population groups. This may reflect improvements in the response to pediatric HIV, with infected children surviving into the second decade of life, or it may reflect limitations in current knowledge and estimation of survival times for HIV-positive children in adolescence. There is good evidence on the poor quality of, and retention in, services for all adolescents, indicating the need for improved service delivery. In addition, improved data are needed on HIV mortality and survival times for both males and females aged 5-14.<sup>lxvii</sup>

Young women are more likely to be infected with HIV than young men,<sup>lxviii</sup> with girls experiencing rates of infection almost two times higher than their male peers in

Sub-Saharan Africa (63 percent and 37 percent, respectively).<sup>lxxix</sup> Again, these rates must be viewed in a relational context: adolescent girls who become HIV-positive in relationships with relatively older men often then pass the infection to same-age male peers. Within regions where HIV is endemic, rates of comprehensive knowledge of HIV among adolescents and young people are low – less than 50 percent – with a tendency for males to be more knowledgeable than females.<sup>lxxx</sup> In surveys with youth in Kenya, 55 percent of adolescent boys and young men (aged 15-24) had comprehensive knowledge of HIV, as compared to 47 percent of females with this knowledge.<sup>lxxxi</sup>

However, despite knowing more about HIV when compared to girls, adolescent boys are still less likely to seek an HIV test. In surveys of nine Sub-Saharan African countries between 2005 and 2011, adolescent females aged 15-19 were consistently more likely than males in the same age group to seek an HIV test and receive their results, though both sexes report worryingly low levels of this type of health-seeking behavior.<sup>lxxxii</sup>

## IMPLICATIONS FOR WORKING WITH BOYS AND YOUNG MEN

### **Implications for working with boys to change gender-inequitable norms**

The health of adolescent girls and young women is often intertwined with that of adolescent boys and young men. As a result, both must be engaged in interventions that take into account gender norms and power dynamics in relationships in order to continue improving SRH outcomes and for them to enjoy their rights.<sup>lxxiii,lxxiv</sup> There is plenty of evidence showing that boys want and can change their attitudes, perceptions, and behaviors with regard to SRH. As Section 3 will detail, programs and policies that create spaces for boys also benefit girls and women in the process.

### **Implications for boys' own vulnerabilities**

Adolescent boys' and young men's beliefs around gender and masculinity play a significant role in their health-seeking and sexual behavior. Survey research with men and boys consistently shows inequitable norms concerning gender influence on men's health-seeking behavior, including HIV/STI prevention and contraceptive use.<sup>lxxv,lxxvi,lxxvii,lxxviii</sup> However, the reverse is also true. Data from the International Men and Gender Equality Survey (IMAGES), developed by the International Center for Research on Women (ICRW) and Promundo, shows that although young and adult men report low levels of testing compared to women, men with higher education and more equitable gender norms are more likely to seek HIV/STI testing.<sup>lxxix</sup> For this reason, it is important to recognize and positively transform how boys are socialized to become men when it comes to health-seeking behavior, and it is important to tailor policies and programs, such as comprehensive sexuality education, that create more inclusive environments for boys and young men.

**GENDER  
NORMS  
AND SEXUAL SCRIPTS  
PLACE PRESSURE  
ON YOUNG MEN  
TO EMBODY  
UNHEALTHY VERSIONS  
OF MASCULINITY**



## 2.4 SEXUAL VIOLENCE

*This sub-section looks at how sexual violence and exploitation impact adolescent boys and young men. Due to norms around masculinity, boys may find it particularly difficult to access services and protection if they have been victimized.*

### KEY DATA POINTS ON SEXUAL VIOLENCE

- ▶ Stereotypical definitions of masculinity that hinder boys' help-seeking, as well as deep-seated homophobia, make it difficult for boys to speak out against abuse and sexual exploitation.
- ▶ In similar ways to girls, boys are also vulnerable to sexual violence once recruited into armed conflict, comprising as much as 10 percent of those who have been victimized in armed conflict in Democratic Republic of the Congo (DRC), by some estimates.
- ▶ In Kenya, only 36 percent of men and 46 percent of women who experienced childhood sexual violence before the age of 18 told someone about the incident.

Sexual violence is one of the most serious human rights violations, with both short- and long-term health consequences for survivors. Though still limited, emerging research on sexual violence reveals that men and boys are also common victims of such abuse, alongside women and girls. National-level data from Together for Girls, a global partnership to raise awareness of violence against children, estimate that one in seven boys experiences sexual violence as a child;<sup>lxxx</sup> while women and girls are the majority of those affected by this type of violence, boys experience sexual violence in gender-differentiated ways that also merit special attention.<sup>lxxxi,lxxxii,lxxxiii,lxxxiv</sup> For example, *stereotypical definitions of masculinity that hinder boys' help-seeking, as well as deep-seated homophobia, make it difficult for boys to speak out against abuse and sexual exploitation.*<sup>lxxxv</sup> They are also as or less likely than girls to share such experiences with others. In Kenya, only 36 percent of men and 46 percent of women who experienced childhood sexual violence before the age of 18 told someone – usually a friend – about the incident.<sup>lxxxvi</sup> In some cases, boys are less likely than girls to report their abuse or seek help from formal services, and particular groups of boys, such as street boys, are at higher risk for sexual violence than other groups. A study on child trafficking in South Asia found that, in some cases, boys had less legal protection than girls did and, as a result, had limited access to services as survivors.<sup>lxxxvii</sup>

It is critical that more research be conducted on young people's experiences of sexual violence, because the evidence that exists currently is quite limited; comparable data on forced sexual intercourse and other forced sexual acts among boys are available for only four countries.<sup>lxxxviii</sup> Lack of data makes it difficult to establish the prevalence of such experiences and therefore may contribute to inadequate national response. As the figure "Children often experience multiple forms of violence during their childhood" shows, appallingly low numbers of both young men and women report, let alone seek and receive, quality compassionate services for survivors of sexual violence.

The issue of sexual exploitation is similarly under-explored, and results globally are difficult to compare because different questions are used to understand young people's experiences. However, existing data does reveal that boys experience rates of sexual exploitation as high as girls do in some countries, and in others these rates are even higher. In Poland, one in five 18-year-old boys (and one in eight 18-year-old girls) reported that they had offered sexual services for pay

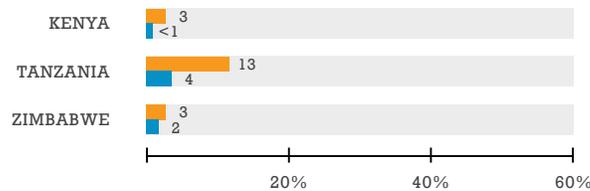
at least once.<sup>lxxxix</sup> The risk factors that contribute to boys' sexual exploitation are complex, but social isolation, previous childhood experiences of sexual abuse, lack of employment opportunities, and poverty all contribute to their participation in a profession where they are viewed as consenting adults rather than as victims.<sup>xc</sup>

Sexual violence takes on new and brutal forms as a consequence of conflict, and it is often used as a tactic of warfare. In such settings, many young men and boys are victims and/or perpetrators of sexual violence. Between 1998 and 2008, sexual violence against men was noted in reports in 25 conflict-affected countries.<sup>xcii</sup> In Democratic Republic of the Congo (DRC), as many as one in ten young men have been victimized during armed conflict by some estimates,<sup>xciii</sup> other estimates are as high as one in three.<sup>xciiii</sup> In 2013, as a result of increasing recognition of this issue, the United Nations Security Council (UNSC) recognized men and boys as victims of sexual violence in conflict in UNSC Resolution 2106. However, stereotypical and gendered assumptions continue to render young men's experiences of sexual violence in conflict (or in any other setting) invisible.

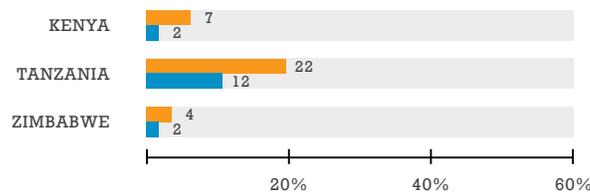
## CHILDREN OFTEN EXPERIENCE MULTIPLE FORMS OF VIOLENCE DURING THEIR CHILDHOOD

Very few children tell anyone about their experiences and even fewer get professional help to address the effects of violence

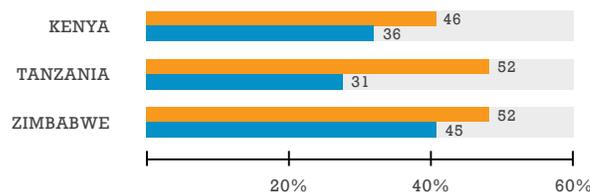
### RECEIVED SERVICES FOR SEXUAL VIOLENCE



### SOUGHT SERVICES FOR SEXUAL VIOLENCE



### TOLD SOMEONE ABOUT SEXUAL VIOLENCE



Female —  
Male —

Source: Together for Girls. Eliminating violence against children: An indicator for success. [www.togetherforgirls.org/SDGs](http://www.togetherforgirls.org/SDGs).

\*Reported by 18-24 year olds in Kenya and Zimbabwe and 13-24 year olds in Tanzania

## IMPLICATIONS FOR WORKING WITH BOYS AND YOUNG MEN

### Implications for working with boys to change gender-inequitable norms

Work must be done to ensure that men play a positive role in changing attitudes towards female and male survivors of sexual violence, in advocating for perpetrators to be held responsible for their crimes, and in transforming the norms of their respective societies so that sexual violence – both in and out of war – becomes a thing of the past.<sup>xciv</sup> Included within this must be approaches for prevention. For example, reduction of sexual and gender-based violence (SGBV) must also encompass reducing children’s exposure to all forms of violence, including inside the home.<sup>xcv</sup>

### Implications for boys' own vulnerabilities

Programs that engage men and boys should give voice to their experiences and understand the gender-specific ways in which trauma has affected their lives, such as the limited availability of social support and health services for male victims of sexual violence and/or exploitation. More work must also be done to increase the visibility of sexual violence against young men and boys through research to better understand their experiences, along with work with men who have also witnessed sexual violence against a loved one – experiences which deeply humiliate and force men to call their own manhood into question.<sup>xcvi, xcvi, xcvi, xcvi</sup>

## 2.5 EDUCATION

*Schools must be places to reshape and reinforce egalitarian norms. As this sub-section will detail, secondary and higher education have a positive impact on the lives of boys and their future partners. But, as it is for girls, there are gendered challenges to keeping boys enrolled. Gender-inequitable norms also disadvantage the most vulnerable, often through the use of peer violence, which further impacts quality of and access to education. Comprehensive sexuality education is a way to stimulate gender-transformative education.*

### KEY DATA POINTS ON EDUCATION

- ▶ In the Global South, for children who have ever attended school, educational attainment (in years) of girls is now greater than or equal to that of boys.
- ▶ Boys are more likely to repeat a primary grade than girls in 90 of 113 countries where data is available.
- ▶ Studies have found that boys feel that asking for help and doing well in school is a “girl thing”; they may feel pressure to drop out of school to earn an income to support the family, and they lack male role models in the classroom.
- ▶ Programs that address gender or power are five times as likely to be effective as those that do not in achieving improved SRH outcomes.
- ▶ The school environment, through the use of interventions such as comprehensive sexuality education, must be thought of as a space to redefine gender norms and to question other cross-cutting inequalities, such as those based on ethnicity and social class.

Girls' education is an integral part of achieving gender equality. Apart from education being a basic human right, girls who have access to education are less likely to experience violence in relationships, and they are better informed about SRHR and their rights in general. They are at less risk of being subjected to harmful practices, including FGM, early and forced marriage, and unsafe abortion. They are more likely to take advantage of economic and political opportunities and also more likely to know their rights, including as they relate to SRHR. In short, education of girls is one of the greatest contributions toward gender equality in the future. *Now, emerging research on boys and men reveals the strong impact that secondary and higher-level education has on their lives and the lives of their female partners as well.* Data from IMAGES show that men who have completed at least some secondary education have more gender-equitable attitudes,<sup>xcix,c</sup> are less homophobic, are less likely to use violence against an intimate partner, are healthier, and are more likely to take on their fair share of care and domestic work.<sup>ci</sup>

However, recent data affirm that, while educational attainment around the world has increased, challenges remain for girls in some settings (mostly in several West and North African settings and in parts of South Asia), for boys in other settings, and for the poorest boys and girls in nearly all Global South settings. At the same time, in middle-income countries in Latin America and the Caribbean, in parts of Asia, and in parts of sub-Saharan Africa, educational trends begin to look like those of the Global North. In many countries where gender parity in primary education has been achieved, the trend is now that boys are faring worse at the primary, secondary, and tertiary levels in terms of enrollment, rates of repetition, and scores on standardized tests.<sup>cii</sup> *Boys are more likely to repeat a primary grade than girls in 90 of 113 countries where data is available.*<sup>ciii</sup> Additionally, in the Global South, for children who have ever attended school, educational attainment (in years) of girls is now greater than or equal to that of boys. In Latin America and Southeast Asia, this translates into an average of a half-year more of school attendance for girls than for boys.<sup>civ</sup>

Studies from around the world have attempted to look into the causes of the difficulties that boys are facing in education today. These studies have found that boys feel that asking for help and doing well in school is a “girl thing,” feel pressure to drop out of school to earn an income to support the family, and lack male role models in the classroom.<sup>cv,cvi</sup> A five-year longitudinal study carried out in Ireland found that a lack of gender-specific approaches within the classroom, poor understanding of boys' construction and evolving views of masculinity in early to mid-adolescence, and school violence, among other factors, contributed to a lack of academic achievement.<sup>cvii</sup> These findings demonstrate how current educational approaches are failing to address the shifting realities and expectations of boys (and girls).

In addition to gender-specific teaching approaches, research on violence in the school setting shows that education must integrate a gender justice perspective into the curricula. It is estimated that 246 million boys and girls experience some kind of school-related violence every year.<sup>cviii</sup> For some girls and young women, gender-inequitable norms, among other interacting factors, subject them to violence, sexual harassment, and/or exploitation both inside and outside the classroom. In South Africa, a recent national survey found that 8 percent of secondary-school-aged girls had experienced severe sexual assault or rape in the previous year while at school;<sup>cix</sup> in Cote d'Ivoire, 47 percent of teachers reported having elicited sexual relations with students.<sup>cx</sup> Despite the growing evidence base on school-related gender-based violence, experiences of sexual violence, abuse, coercion, and harassment at school often remain unreported and undocumented.<sup>cxii</sup>

Those who do not conform to prevailing sexual and gender norms, including those who identify as lesbian, gay, bisexual, transgender, or intersex, are at particular risk due to homophobia.<sup>cxii</sup> According to UNESCO, learners who are bullied are more likely than their peers to be depressed, to be anxious, and to have low self-esteem, which has serious repercussions both for education and for overall well-being. It is also important to point out that there are often larger differences *between countries* in terms of young people's experiences of bullying than there are between girls and boys within the same country. For example, in Kuwait, 7 percent of both younger males and females had experienced bullying in the past month, as compared to 60 percent of boys and 57 percent of girls in Ghana. This reinforces the necessity of developing culturally specific curricula for violence prevention that takes into account local and cultural realities. Additionally, the types of bullying that boys and girls experience may also be gendered; research in some settings finds that boys are more likely to be involved in physical and verbal bullying, both as victims and as perpetrators, and girls are more prone to psychological forms of bullying such as social exclusion and spreading rumors.<sup>cxiii,cxiv</sup> In other words, not only is education in and of itself important, but the *type* of education is also crucial to promoting safe and gender-equitable environments for both boys and girls.

## IMPLICATIONS FOR WORKING WITH BOYS AND YOUNG MEN

### **Implications for working with boys to change gender-inequitable norms**

Girls and young women face an enormous amount of discrimination and inequity in schools around the world. As a much-needed complement to efforts to overcome barriers to boys' educational advancement, engaging boys must also focus on challenging gender norms that view violence, sexual harassment, sexual violence against girls, and homophobic bullying as acceptable. The school environment, through the use of interventions such as comprehensive sexuality education, must be thought of as a space to remake gender norms and to question other cross-cutting inequalities, such as those based on ethnicity and social class. A recent review of curriculum-based sexuality and HIV education found that those programs that addressed gender or power were five times as likely to be effective in achieving improved SRH outcomes as those that did not.<sup>cxv</sup>

### **Implications for boys' own vulnerabilities**

First, more must be done to develop gender-specific teaching approaches that take into consideration boys' and girls' lived realities. Second, it is important to recognize that education in and of itself is not enough to transform structural gender inequalities in school. School curricula must be revised to reflect ideas of gender justice and non-violence. Comprehensive sexuality education is a tool not only to address violence against girls and others of different sexual orientations, but also to force boys to call into question their use of violence and aggression against other boys.

Finally, in looking at sex-disaggregated data and the gendered characteristics of the classroom, we seek to draw attention to the needs of boys while recognizing the urgent task of enrolling and keeping girls and young women in school. Moreover, coupled with the need to create more gender-equitable academic settings are other looming inequalities, which place the poorest children at risk for drop-out. These socioeconomic inequalities exacerbate gender inequalities and impair the ability of boys and girls to reach their highest academic potential.



**BOYS** ARE MORE LIKELY  
TO REPEAT A PRIMARY GRADE  
**THAN GIRLS**  
IN 90 OF 113 COUNTRIES  
WHERE DATA IS AVAILABLE

## 2.6 MENTAL HEALTH AND SUBSTANCE ABUSE

*This sub-section looks at how rigid norms of masculinity impact boys' poor mental health experiences, alcohol abuse, and help-seeking behavior. These negative experiences also have lifelong impacts on the lives of girls and women.*

### KEY DATA POINTS ON MENTAL HEALTH AND SUBSTANCE ABUSE

- ▶ Poor mental health is among the leading causes of the global burden of disease for adolescents aged 10-19, with 70 percent of mental disorders having manifested by the age of 24.
- ▶ In Australia, though 50 percent of young men said stress was their biggest issue, only one in four young men would recommend seeking professional support.
- ▶ Alcohol consumption enhances men's privileged status compared to women, facilitates the use of aggressive behavior towards others, and enhances men's risk-taking behavior.
- ▶ One in every five boys uses tobacco, compared with one in every ten girls aged 13-15, with wide variation between countries.

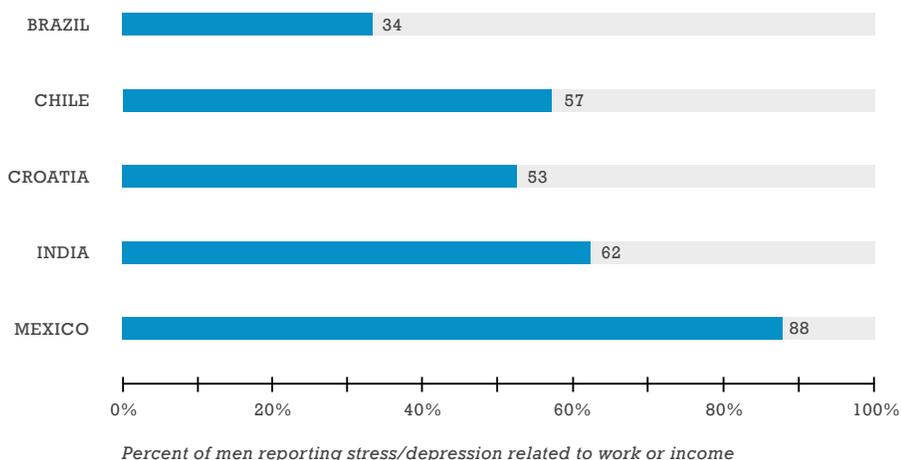
Adolescents identify mental health issues as the most important health issue affecting their age group<sup>cxvi</sup> – and with good reason. Poor mental health is among the leading causes of the global burden of disease for adolescents aged 10-19, with 70 percent of mental disorders having manifested by the age of 24.<sup>cxvii,cxviii</sup> High percentages of young and adult men – between 34 and 88 percent – report having experienced work-related stress, and between one-tenth and one-half of those interviewed report that they have considered leaving their family at least once because of work-related stress.<sup>cxix</sup> Poor mental health is also linked to higher mortality rates, although research is still somewhat inconclusive on whether there are indeed significant differences in suicide rates between young men and women. Findings from the 2013 WHO Global School-Based Health Survey (GSHS) showed that there were no gender differences in suicide deaths for adolescents aged 15-19,<sup>cxx</sup> while a separate study that pooled together data for men and women aged 10-24 found suicide deaths to be higher among males.<sup>cxxi</sup>

Men are also poor mental health help-seekers, and health systems are less likely to invite them or reach out to them. For example, in Australia, although 50 percent of young men said stress was their biggest issue, only one in four would recommend seeking professional support.<sup>cxxii</sup> Young men are often raised to be emotionless, or emotionally resilient, believing that asking for help is a sign of weakness. They may even minimize depressive symptoms, perpetuating a myth that women “naturally” experience depression at higher rates.<sup>cxxiii</sup> In fact, research shows that differential rates in diagnosis are more influenced by gender norms than by genetics or biology.<sup>cxxiv</sup>

Like poor mental health, alcohol abuse in adolescent boys and young men is also a symptom of harmful masculinities. In addition, it is a major factor related to men's use of violence, including sexual violence, against an intimate partner.<sup>cxxv</sup> In terms of the gendered nature of harmful drinking behavior, research shows that peer pressure and gender socialization promote negative drinking consumption habits in both boys and girls.<sup>cxxvi</sup> However, adolescent boys and young men drink in heavier quantities, and they do so more often than girls and young women;<sup>cxxvii</sup> in fact, alcohol use is among the leading causes of death and disability among adolescent boys and men aged 15-39. Globally, 7.6 percent of male deaths are due to alcohol consumption, as compared to 4 percent of female deaths.<sup>cxxviii</sup> In the Americas, in the Western Pacific, and in European and other high-income countries, alcohol



## MEN'S REPORTS OF WORK-RELATED STRESS



Source: Barker, G. and others (2011). *Evolving men: Initial results from the international men and gender equality survey*. Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo, pg. 18.

consumption is the leading cause for disability life years lost (DALYs) among males aged 15-19.<sup>cxxxix</sup> Men also experience a much higher total death burden attributed to alcohol – injuries, violence, and cardiovascular disease.<sup>cxxx</sup>

Gender norms influence these differences in consumption patterns between men and women. For example, researchers theorize that alcohol consumption symbolizes men's privileged status compared to women and has been used as "an emblem of male superiority reserved for themselves," facilitating men's use of aggressive behavior toward others and enhancing their risk-taking behaviors.<sup>cxxxix</sup> In some contexts, social norms also discourage young women from drinking, particularly in public, while creating spaces where men are encouraged to do so, such as at sporting events.<sup>cxxxii</sup>

**ALCOHOL CONSUMPTION SYMBOLIZES  
MEN'S PRIVILEGED STATUS  
COMPARED TO WOMEN  
AND HAS BEEN USED AS  
"AN EMBLEM OF MALE SUPERIORITY  
RESERVED FOR THEMSELVES,"  
FACILITATING MEN'S USE  
OF AGGRESSIVE BEHAVIOR  
TOWARD OTHERS AND  
ENHANCING THEIR RISK-TAKING  
BEHAVIORS**

Available evidence suggests that worldwide smoking rates among younger people are more similar than among adults; one of every five boys uses tobacco, compared with one of every ten girls aged 13-15, with wide variation across countries. The highest prevalence of tobacco use among young men is in Greenland, Indonesia, Timor Leste, Palau, and Papua New Guinea, where it ranges from 40 to 60 percent.<sup>cxxxiii</sup> Tobacco marketing companies have been shown to exploit gender and cultural beliefs to increase consumption of tobacco cigarettes, producing images of weight reduction, emancipation, sophistication, and sexual allure to target women,<sup>cxxxiv</sup> while portraying smoking as a “manly” habit when targeting young men. However, tobacco use is declining globally among adolescents, as it is for adults, decreasing by more than 50 percent in several countries in the past decade.<sup>cxxxv</sup>

## IMPLICATIONS FOR WORKING WITH BOYS AND YOUNG MEN

### Implications for working with boys to change gender-inequitable norms

Boys’ poor mental health experiences and substance abuse are closely linked to rigid norms around masculinity. These experiences negatively impact the lives of women and girls in relationships, who often experience poorer health and higher rates of intimate partner violence and abuse as a result of their partners’ afflictions. Programs and policies that address these particular vulnerabilities for boys and young men also improve the lives of women and girls.

### Implications for boys’ own vulnerabilities

A major step toward transforming gender norms is creating more supportive environments that make it “safe” for boys to seek help for mental illness, as well as for drug and alcohol abuse. Transforming norms around these issues can be done almost anywhere, such as in the counselor’s office or in a men’s group. Overall, it is important that these approaches provide a space for boys to reject stereotypes that define abusing drugs and alcohol as a desirable feature of manhood.

## 2.7 SOCIAL MEDIA AND VIOLENCE

*The media – through television, film, radio, newspapers, and the Internet – influences societal beliefs and expressions of ideal masculinity and femininity. This sub-section looks at the increasing ubiquity of the Internet, the ways in which media portrayals of sexual relationships between men and women in pornography reinforce harmful gender stereotypes, and the relationship between masculinity and violence.*

### KEY DATA POINTS ON SOCIAL MEDIA AND VIOLENCE

- ▶ In the United States, almost 21 percent of high school students aged 10-18 reported having been cyber-bullied in their lifetime.
- ▶ Pornography produces and reinforces negative depictions of women in hostile and violent situations, and it shows sex as an activity without intimacy, romance, or communication. These unrealistic portrayals of relationships between men and women impact boys’ understanding of what healthy and equitable relationships look like.
- ▶ The media – which includes television shows, films, music, and advertisements – reinforces ideas about hyper-masculinity in which men are rewarded for aggression, toughness, and misogyny.

In recent years, for countries in the Global North and increasingly in the Global South, the Internet has become a place where boys and girls learn about the world around them and socialize with one another. According to one U.S.-based poll, 22 percent of adolescents aged 13-17 log onto their favorite social media website at least ten times a day,<sup>cxv</sup> and in South Africa four out of five young people have access to a mobile phone, with half of them using it to access the Internet.<sup>cxvii</sup> Adolescent girls' and boys' use of social media and mobile technologies is a potential entry point to promoting education around sexuality and health in urban areas. However, this sense of constant connection has also enabled young people to express damaging offline behaviors online, including peer violence such as homophobic bullying.<sup>cxviii</sup> Cyber-bullying, a common phenomenon in industrialized countries, has become a tactic to facilitate unwelcome conduct by others. In the United States, almost 21 percent of high school students aged 10-18 reported having been cyber-bullied in their lifetime.<sup>cxix</sup> Research also shows that young women aged 18-24 in the U.S. report experiencing "severe" types of online harassment at disproportionately higher levels than young men: 26 percent of young women, as compared to 7 percent of young men, report having experienced severe online harassment.<sup>cx</sup> At the same time, young men are less likely to report that they have been affected by this harassment, which may be partly due to societal beliefs that they should not seek help or report feelings of vulnerability or shame. To promote safer online spaces for young people, United Nations Secretary General Ban Ki-moon stated that policymakers and industrial leaders must make the rapidly expanding virtual world safe for everyone.<sup>cxli</sup>

**IN THE  
UNITED STATES,  
ALMOST 21 PERCENT  
OF HIGH SCHOOL STUDENTS  
AGED 10-18 REPORTED  
HAVING BEEN CYBER-BULLIED  
IN THEIR LIFETIME**

Pornography is a medium of sexually explicit imagery and exploitation that has become more accessible due to the increasing availability of the Internet. Again, much of what we know about young people's access to online pornography comes from the Global North. Research in the United Kingdom found that 60 percent of boys under the age of 16 had accessed pornography accidentally or deliberately, and the average age at which they saw pornography dropped from 15 to 11 in less than a decade.<sup>cxlii</sup> In a Dutch study, 64 percent of 14-year-old boys and 75 percent of girls reported having seen a pornographic website.<sup>cxliii</sup> For boys and girls, the lack of open, honest sexuality education that includes discussions and depictions of sexual pleasure is probably one of the reasons that so many young people seek out pornography. However, pornography often produces and reinforces negative depictions of women in hostile and violent situations, and it shows sex as an activity without intimacy, romance, or communication. These unrealistic portrayals of relationships between men and women impact boys'

understanding of healthy and equitable relationships.<sup>cxliiv</sup> They discourage the promotion of healthier sexualities in men's lives and promote imagery of sexual pleasure that is derived from coercion and objectification of women and others. Questioning and challenging harmful norms around sexuality and deep-rooted homophobia and transphobia are as critical for boys as they are for girls – across their lifespans.

Besides perpetuating harmful norms around sexuality, the Internet and other media have consistently been under scrutiny in terms of their contributions to men's use of violence. While it may be argued that the media does not cause violent behavior in young men, the media does portray negative images that influence society's perceptions of what constitutes appropriate masculine behavior.<sup>cxliiv</sup> *The media – which includes the Internet, newspapers, magazines, video games, television shows, films, music, and advertisements – often reinforces ideas about hyper-masculinity in which men are rewarded for aggression and toughness.* The constant exposure to dominant notions of masculinity makes it difficult for boys and men to develop their own identities and reinforces the inferiority of girls and women. At the same time, however, it is important not to demonize the media and the Internet. Recent communications efforts from the Global North have attempted to depict women and girls in leadership roles, to question homophobic attitudes, and to have open discussions about sexuality. This has included the creation of websites that depict healthy, frank discussions of sexuality, as well as those that create a space for activism against sexism, such as Everyday Sexism ([www.everydaysexism.com](http://www.everydaysexism.com)). These efforts suggest that the media and the Internet can be forces for equality, just as they can be spaces for coercion and exploitation.

**THE MEDIA**  
**WHICH INCLUDES**  
**THE INTERNET, NEWSPAPERS,**  
**MAGAZINES, VIDEO GAMES,**  
**TELEVISION SHOWS, FILMS, MUSIC,**  
**AND ADVERTISEMENTS**  
**OFTEN REINFORCES IDEAS**  
**ABOUT HYPER-MASCULINITY**  
**IN WHICH MEN ARE REWARDED**  
**FOR AGGRESSION**  
**AND TOUGHNESS**

## IMPLICATIONS FOR WORKING WITH BOYS AND YOUNG MEN

### **Implications for working with boys to change gender-inequitable norms**

Popular media has a tendency to present hyper-masculine images of “typical” manhood and stereotypical views of sexually submissive girls and women. Comprehensive sexuality education, school-based campaigns, and the use of social media such as Facebook are all methods to spark awareness among young women and girls, and among young men and boys, about these issues. Dialogue with content producers and advocates such as the Geena Davis Institute, which works to reduce gender stereotyping in the entertainment industry, is also important to promote positive norms and open discussions about healthy sexuality. In addition, initiatives such as Reality and Risk, a community-based project in Australia, supports young people, parents, schools, governments, and the community sector to understand and address the influence of pornography.

### **Implications for boys’ own vulnerabilities**

As boys’ access to popular media increases across the Global South and North, they must be given the skills to look at stereotypical images of men and women with a critical lens – including sexually explicit imagery such as pornography – and be able to distinguish between images that portray positive sexuality and those that are violent and degrading. Violent and degrading imagery depicts men in unhealthy ways that put their overall well-being at risk. Comprehensive sexuality education, facilitated dialogue via organized sports, and online campaigns can all raise boys’ and young men’s critical awareness of the need to adopt healthier masculinities.

# 3. ENGAGING BOYS AS ALLIES TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND GENDER EQUALITY

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The importance of engaging adolescent boys and young men in gender equality – both for the well-being of girls and young women and for the well-being of boys and young men themselves – was elaborated in detail in Section 2. Section 3 now looks more deeply into the ways that policymakers, development practitioners, and other key stakeholders can work with boys in the following areas:

1. Boys and access to sexual and reproductive health (SRH) services
2. Comprehensive sexuality education
3. Fatherhood, caregiving, and the development of connected and caring relationships of all kinds
4. Elimination of violence against women and girls
5. Sexual orientation and gender identity

Relevant study examples are also provided for each of the technical areas listed above at the end of their respective sub-sections.

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Engaging adolescent boys and young men in sexual and reproductive health and rights (SRHR) is based on the ICPD principles of reproductive health and gender equality. It is included in the Convention on the Rights of the Child, which states that boys and girls need relevant information, skills, and quality services. Engaging boys in SRHR must also go beyond the provision of quality services. It should promote critical reflection about their roles in perpetuating discrimination against women and girls, as well as understanding of their own vulnerabilities within rigid patriarchal structures and of how to work in partnership with women and girls to find effective and sustainable solutions. Research shows that such dialogue is critical to improving SRHR-related outcomes.<sup>cxlvi,cxlvii</sup>

Additionally, as stated in Section 1, it is critical to use a life-cycle approach to engaging adolescent boys and young men and to find key entry points to work with different age groups. According to Michael Kaufman, with younger boys who are beginning to define for themselves what it means to be a man, it is important to work with them on gender identity.<sup>cxlviii</sup> This means focusing on conflict resolution and respect, as well as instilling the values of domestic and other types of nurturing work, and encouraging boys to express emotions in healthy ways. When working with older adolescents, strong programs focus on building healthy relationships that include communication, defining the meaning of violence (including sexual violence), and exploring sexual and reproductive health topics. Put succinctly, *outlining “where boys (and girls) are” is an integral first step to developing and implementing effective gender-transformative programs.*

The table on the following page, from the publication *The Girl Effect: What Do Boys Have to Do with It?* provides an excellent example of how to link boys' and girls' stages of social development to inform and develop programs that fit their realities. (See Appendix I for the complete table.)

**OUTLINING  
"WHERE BOYS (AND GIRLS) ARE"  
IS AN INTEGRAL  
FIRST STEP  
TO DEVELOPING  
AND IMPLEMENTING  
EFFECTIVE  
GENDER-TRANSFORMATIVE  
PROGRAMS**

# A TYPOGRAPHY OF THE LINKAGES BETWEEN DEVELOPMENTAL STAGES, BEHAVIORS, AND THEIR IMPLICATIONS FOR PROGRAMS: BOYS AND GIRLS <sup>4</sup>

## ADOLESCENT BOYS: EARLY ADOLESCENCE

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### SOCIAL DEVELOPMENT

*Increased awareness of social norms around gender; rejection of “feminine” behaviors or roles; sports and/or competition important; less able to engage in abstract thinking*

### SOURCES OF INFLUENCE

*Parents particularly important; teachers; coaches; religious leaders*

### WHERE TO REACH THEM

*Schools, as almost all attend in some capacity; sports programs; other youth program*

### IMPLICATIONS FOR PROGRAMS

*School and sports-based programming is likely to be more effective at reaching youth; parental buy-in is crucial; programs should focus on normative aspects of gender*

### KEY INDICATORS

*Understanding of social construction of gender norms and identities; identifying gender stereotypes; equal valuation of masculine and feminine traits and roles*

## ADOLESCENT GIRLS: EARLY ADOLESCENCE

---

### SOCIAL DEVELOPMENT

*Increased awareness of social norms around gender; some “masculine” behaviors allowed/tolerated; increased awareness of perceptions of others, particularly males; generally limited to concrete thinking skills*

### SOURCES OF INFLUENCE

*Parents; teachers; peers; religious leaders*

### WHERE TO REACH THEM

*Schools; other youth programs*

### IMPLICATIONS FOR PROGRAMS

*Girls are often most mobile and accessible during this stage; parental buy-in important; school-based programs important*

### KEY INDICATORS

*Understanding of social construction of gender norms/identities; identifying gender stereotypes; equal valuation of masculine and feminine traits and roles; information on their bodies and physical changes is important; focus on self-esteem and valuing oneself as a girl*

Finally, when implementing SRHR programs to engage adolescent boys and young men, it is important to take into account sociocultural perspectives, including going to where young men are and taking into account their literacy levels and whether they live in rural or urban environments, as each presents its own unique challenges and opportunities.

<sup>4</sup> Excerpted from the publication *The Girl Effect: What do Boys have to do with it?* with permission from the International Center for Research on Women (ICRW)

## 3.1 BOYS AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES: AN ENTRY POINT TO QUESTION HARMFUL MASCULINITY

The pathway in which adolescent girls become young women typically provides numerous opportunities to habituate girls to seek out SRH services. For example, in some settings parents are more likely to take girls for a gynecological exam in early to mid-adolescence, which may start a lifelong pattern of health-seeking behavior. As girls grow older and become pregnant, in some settings they are more likely to seek out health services to ensure a healthy pregnancy and birth. This relationship between patient and provider is not as intuitive with adolescent boys, and it can also drive the notion that health-giving and health-seeking are both “female” behaviors.

One strategy has been to engage young men as partners to promote couple communication and joint decision-making in contraceptive use, HIV/STI prevention, and abortion (where it is safe, legal, and available). The types of services that engage adolescent boys and young men, which should include a behavior-change component, typically fall into three categories:

(1) screening (e.g., for HIV in some cases, substance abuse, and mental health); (2) clinical diagnosis and treatment (e.g., HIV diagnosis and treatment); and (3) information, education, and counseling (e.g., basic sexuality education, counseling on interpersonal communication skills).<sup>cxlix,5</sup>

All of these categories of services offer key entry points to begin integrating gender-transformative approaches with boys and young men that aim to change their health-seeking behavior. At its core, gender-transformative approaches provide a space for both boys and girls to question harmful gender norms that otherwise impact their health and well-being. See the case study from Chile at the end of this sub-section for an example of how this has been done at a programmatic level.

Services that seek to engage young men also need to focus on “bedside” or consultation room manner. A recent study on effective approaches to working with young and adolescent males in the clinic space showed that they are sensitive to body language, the way things are worded, and desire to have a genuine, honest, and caring relationship with their provider.

Oftentimes, boys drop out of school to earn an income or for other reasons. For this reason, SRHR initiatives that focus on outreach through peer-to-peer education, informal schooling programs for out-of-school youth, and entertainment education programs (e.g. street theater, musical programs) are the most effective in reaching such young men.<sup>cl</sup>

<sup>5</sup> For a full list of services that engage men as partners, see *Partnering: A New Approach to Sexual and Reproductive Health* (Chapter 6), available on <http://www.unfpa.org>.

## BOYS LIVING WITH HIV IN UGANDA

Life skills and comprehensive sexuality education tends to mainly focus on HIV-negative people. Young men living with HIV require special help and support networks, as well as timely treatment. At the end of 2013, Rutgers piloted a life skills-based, SRHR education package in Uganda, “A Positive World Starts With Me” (WSWM+), by and for young people living with HIV in cooperation with STOP AIDS NOW!. The main goals in this package for young people living with HIV include the following:

- ▶ Build self-esteem and help young people cope with their HIV-positive status and manage stress;
- ▶ Help them face the challenges related to stigma and discrimination and determine when and how to disclose what and to whom;
- ▶ Gain understanding of their sexual and reproductive health and rights;
- ▶ Promote making healthy choices about positive living, safe sex, treatment adherence, and family planning;
- ▶ Show how to get support from friends and family, as well as from community.<sup>6</sup>

## WORKING WITH THE HEALTH SECTOR TO REACH YOUNG MEN IN CHILE

Between 2009 and 2012 in Chile, CulturaSalud – a Chilean organization that organizes and implements programs related to health, culture, and masculinity – worked with the health sector to engage boys and men in ending gender-based violence. CulturaSalud trained health professionals on how to work with youth and how to facilitate educational workshops<sup>7</sup> intended to engage men and boys in preventing violence against women. This included working with adolescent boys aged 14-19 in medium-low-income and low-income urban areas. Sessions consisted of 20 weekly education sessions. CulturaSalud staff conducted four days of training for 60 professionals from the Adolescent and Youth Health Program, a division of the Chilean Ministry of Health.

The results of a rigorous impact evaluation showed a significant positive change in participants’ self-reported behavior, including an increase in condom use. There was also a significant increase in gender-equitable behavior by participants, and they reported feeling that they were given better tools to deal with violence, as compared to no change in the control group.

<sup>6</sup>From *Addressing the Needs of Young People Living with HIV – A Guide for Professionals* by STOP AIDS NOW! and [http://www.rutgers.international/sites/rutgersorg/files/PDF/2014\\_FactsheetWSWM%20Eng\\_FINAL.pdf](http://www.rutgers.international/sites/rutgersorg/files/PDF/2014_FactsheetWSWM%20Eng_FINAL.pdf).

<sup>7</sup>These workshops were adapted from Program H, which has been subject to eight other impact evaluation studies, and found that a combination of group education and youth-led activism consistently leads to attitude change; changes are related to healthier sex and violence reduction in quasi-experimental research designs. For more information, visit: [www.promundoglobal.org/program-h](http://www.promundoglobal.org/program-h).

## 3.2 COMPREHENSIVE SEXUALITY EDUCATION: PROMOTING HEALTHIER SEXUALITIES

As stated throughout this paper, comprehensive sexuality education is an essential approach to remaking and reinforcing gender-equitable norms in connection to the SRHR of (young) people. In line with international resolutions and standards, UNFPA defines comprehensive sexuality education (CSE) as a rights-based and gender-focused approach to sexuality education, whether in or out of school. CSE is curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes, and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development.<sup>cli</sup> The right to comprehensive sexuality education is enshrined and protected by numerous international agreements. The UN Special Rapporteur on the Right to Education, in his report to the UN General Assembly in 2010, emphasized that implementing comprehensive sexuality education is good for men, “who can benefit from less rigid roles and more egalitarian relationships.” There has also been a recent paradigm shift in the sexuality education field that fosters the development of critical-thinking skills and reflection about the ways in which gender, power in relationships, rights, ethnicity, and social class, among other factors, affect sexual relations. This new perspective has fostered the development of evidence-based curricula such as the *It’s All One Curriculum*, published by the Population Council.<sup>clii</sup>

According to UNFPA’s Operational Guidance for Comprehensive Sexuality Education,<sup>cliii</sup> comprehensive sexuality education programs should have the following nine characteristics:

1. *A basis in the core universal value of human rights.*
2. *An integrated focus on gender that highlights the ways in which gender influences puberty, sexuality, sexual and reproductive health, and HIV risk. It should include discussion on unequal power dynamics, and intimate and gender-based violence, among other salient and contextually relevant topics.*
3. *Thorough and scientifically accurate information that allows young people to protect themselves from negative sexual and reproductive health outcomes.*
4. *A safe and healthy learning environment free from bullying, discrimination, harassment, and violence.*
5. *Links to sexual and reproductive health services and other initiatives that address gender, equality, empowerment, access to education, social and economic assets for young people.*
6. *Participatory teaching methods for personalization of information and strengthened skills in communication, decision-making, and critical thinking.*
7. *Strengthening youth advocacy and civic engagement.*
8. *Cultural relevance in tackling human rights violations and gender inequality that allows local ownership, especially in the curriculum development phase.*
9. *Reaching across formal and informal sectors and across age groupings.*

Comprehensive sexuality education also stresses the importance of working with adolescent boys and girls on building safe, pleasurable, consensual sexual relationships. In short, it fosters skills that often go beyond technical aspects of reproduction and sexuality, and it “develop[s] the capacity of young people to enjoy – and advocate for their rights to – dignity, equality, and responsible, satisfying, and healthy sexual lives.”<sup>cliv</sup>

## WHERE TO CARRY OUT COMPREHENSIVE SEXUALITY EDUCATION

In general, boys and girls spend a significant part of their day in the classroom – a place where gender norms are learned and socialization takes place. For this reason, schools are an ideal place to carry out sexuality education, and they provide a place for adolescents to talk about issues that might be considered taboo and to receive scientifically accurate information. However, implementing comprehensive sexuality education in schools is a challenge in many settings. It requires vision, leadership, national guidelines, adaptation to local concerns, and needs assessments, among other inputs and supports.<sup>clv</sup> In many areas, implementing comprehensive sexuality education is not possible due to cultural beliefs and values. In such cases, outreach programs such as peer-to-peer education, youth centers, and workplaces (for adolescent boys and young men) are important alternative locations to carry out sexuality education.

## WORKING WITH KEY STAKEHOLDERS

Parents are key stakeholders in engaging boys in comprehensive sexuality education. It is important to debunk common myths about sexuality education (e.g., that it promotes earlier sexual debut) and provide information on the content of the curricula early on. In this way, parents are more likely to see the value of such an education and promote continued communication about sexuality at home.<sup>clvi</sup>

Ministries of education also play a critical role in building consensus around sexuality education by bringing together multiple stakeholders through consultation and advocacy.<sup>clvii</sup>

### THE YOUNG MEN INITIATIVE IN THE BALKANS

Since 2007, CARE International Balkans has coordinated the Young Men Initiative (YMI), a mostly school-based initiative to promote more equitable gender norms, attitudes and behaviors with young men to decrease gendered violence (against young women) and peer violence (against other young men) in Bosnia and Herzegovina, Croatia, Serbia, and more recently in Kosovo. YMI works with adolescent boys aged 15-19 in five technical schools to discuss and reflect on SRH, gender norms, masculinity, and violence, both through educational workshops and through youth-led social marketing lifestyle campaigns. The centerpiece of the work is the “Be A Man” Campaign, which reinforces many of the positive messages communicated in the workshops and through social media. Materials developed include T-shirts, posters, and brochures. Activities are open to both young men and young women.

Impact evaluation data show that young men who participated in the intervention had significantly more equitable attitudes and increased knowledge of basic SRH information than those young men who did not participate.<sup>clviii</sup>



*Youth participants in the Young Men Initiative in the Balkans.  
© Ivan Stojiljkovi/Centar E8*

## TRAINING TEACHERS IN GENDER AND SEXUALITY EDUCATION ONLINE IN BRAZIL

In 2005, through partnerships with public education departments in Brazil, who put into action public policies that promote gender and comprehensive sexuality education in schools, Promundo developed and implemented a distance-learning course called the Gender Equity in Schools Portal (*Portal Equidade de Gênero nas Escolas*, in Portuguese), or PEGE.<sup>8</sup> At the time of PEGE's development, there was a demand among teachers for tools to carry out lessons on sexuality education, particularly issues considered "sensitive" in the school setting (e.g., sexual diversity and adolescent pregnancy). Promundo developed an online training course for teachers based on rigorously evaluated curricula from Program H ("H" stands for *homem*, meaning "man" in Portuguese) and Program M ("M" stands for *mulher*, meaning "woman" in Portuguese). By the end of the course, teachers were able to implement gender and sexuality education activities in the classroom. Today, the Brazilian Ministry of Education has institutionalized into the public education system the online course, which has trained thousands of teachers in two states in Brazil. Teachers who take the course are offered continuing education credits that count towards their evaluation and salary increases.

Notably, one of the key lessons learned in this process was that involving teachers in the formulation of the educational activities was essential to ensuring the sustainability of the school-based interventions.<sup>cix</sup> Teachers also felt that the interactive online portal provided the opportunity to work at their own pace.

## THE WORLD STARTS WITH ME

Coordinated by Rutgers, "The World Starts With Me" (WSWM) is a computer-based, rights-based, comprehensive sexuality education program for in- and out-of-school youth. The program helps young people to make independent decisions about their sexuality and sexual life, whenever it starts. The 14 lessons start with building self-esteem, exploring personal values and norms, and gaining insight into one's emotional and sexual development in order to make well-informed decisions. The next sections address the social environment: relationships with parents, friends, and peers; gender equality; and sexual and reproductive rights. Then, WSWM focuses on sexual health issues such as unintended pregnancy, STIs/HIV, AIDS stigma, sexual harassment, and abuse, while keeping a positive view on sexuality. WSWM has been adapted in 12 countries.<sup>9</sup> The Malawian WSWM version includes a lesson on gender and rights that focuses on reflecting on the disadvantages and injustice of gender roles. This lesson provides the opportunity for both boys and girls to challenge and transform existing gender roles within their societies.

<sup>8</sup> To access PEGE, visit: <http://pege.org.br>

<sup>9</sup> To access the Ethiopian version of WSWM, visit: <http://www.wswmethiopia.org/>



Youth participants in Program H in Brazil.  
© Promundo

## 3.3 FATHERHOOD AND CAREGIVING: PLANTING THE SEEDS FOR CAREGIVING WITH BOYS IN ADOLESCENCE

As the research and conclusions presented in Section 2 show, boys in diverse settings are subject to a set of norms that repress emotional connections, value aggression, and limit health- and help-seeking behavior. This has implications for mental health and men's limited emotional involvement with significant others and children later in life.<sup>clx</sup> The challenge is providing safe spaces for boys to practice and internalize these behaviors that are traditionally seen as female. Recent research sheds light on this internalization process. For example, in some settings, boys who see their fathers participate in caregiving<sup>clxi</sup> and in domestic tasks<sup>clxii</sup> are more likely to *themselves* participate in caregiving later in life, as compared to those boys who do not see their fathers participate in such tasks. Involved, supportive, and non-violent parenting has additionally been shown to buffer and mediate broader community and family factors related to child development, including male aggression,<sup>clxiii</sup> as well as to decrease risks in adolescence related to peer violence and risk taking.<sup>clxiv</sup> In order to transform norms with boys, it is important to start early to actively engage boys and young men in caregiving and empathy.

### FATHERING AS ADOLESCENTS

Providing services and support to adolescent fathers, as well as to adolescent mothers, is often overlooked, even though it is often the most vulnerable youth who are affected. Adolescent pregnancy is highly prevalent in many parts of the world, such as Latin America, and poses significant challenges to public health practitioners who must work to prevent future unplanned pregnancies and, at the same time, provide validation and support to young parents.<sup>clxv</sup> However, fatherhood is not always a negative experience for young men. Many adolescent fathers are reluctant to accept the situation as is, wanting to remain active in the lives of their children or the mother of the children; others, of course, are not involved for various reasons. Communication, support, and respect between the mother and father are the best tools to help them overcome the social obstacles that they are likely to face during pregnancy and parenthood. It is also crucial that young men are informed about:

- ▶ Family planning, including as a way to prevent future unintended pregnancies;
- ▶ Sexually transmitted infections such as HIV;
- ▶ Sharing the responsibility of providing emotional support to the mother if she experiences a miscarriage or if she decides to terminate a pregnancy (where and if legal, safe, affordable, and high-quality services are available).<sup>clxvi</sup>



*A young father in Nicaragua.*  
© MenCare Campaign

## THE MENCARE + PROGRAM TO ENGAGE YOUNG AND ADULT MEN IN CAREGIVING

MenCare is a global fatherhood campaign that promotes men's equitable involvement as caregivers in order to promote family well-being and gender equality. Under the umbrella of MenCare is MenCare+, a three-year, four-country collaboration between Promundo and Rutgers to engage men aged 15-35 as caregiving partners in sexual and reproductive health and rights (SRHR) and in maternal, newborn, and child health (MNCH), in collaboration with the public health sector. The program is being implemented in Brazil, Indonesia, Rwanda, and South Africa. In Rwanda, the Rwanda Men's Resource Center (RWAMREC) is working via the public health sector to provide group education for young women and men on SRHR, MNCH, gender equality, and fatherhood, as well as sensitization workshops for health providers on the importance of male involvement in health. It is also accompanied by community campaigns that promote positive images of masculinity and fatherhood. The program is currently being implemented jointly with the health department in four districts in Rwanda. MenCare+ is being evaluated for impact by Promundo and Rutgers in 2014-2015. Expected outcomes include:

- ▶ Increased SRHR and MNCH knowledge and positive decision-making among young people, fathers, and couples;
- ▶ Increased use of contraceptives by young men and couples;
- ▶ Better sexual and reproductive health service provision that engages young men and women in SRHR and fathers in MNCH;
- ▶ Increase in use of counseling services for men who use violence against their partners;
- ▶ Increased respect for SRHR through partnership and advocacy to promote policy change around engaging men in SRHR and MNCH.

## ROOTS OF EMPATHY: TAPPING INTO BOYS' AND GIRLS' CAPACITY FOR NURTURING AND DEVELOPING CARING RELATIONSHIPS

Roots of Empathy is an evidence-based classroom program that has shown a significant effect in reducing levels of aggression among schoolchildren – both boys and girls – by raising social/emotional competence and increasing empathy. At the heart of the program are a neighborhood infant and parent who visit the classroom every three weeks over the school year. Information on infant safety and development helps children become more aware of issues related to infant vulnerability, such as sudden infant death syndrome (SIDS) and secondhand smoke. Observation of a nurturing parent-child relationship gives children a model of responsible parenting and promotes the practice of empathy. All the children in the Roots of Empathy program become more fluent in discussing their feelings and more respectful of the feelings of others. The program reaches elementary schoolchildren from kindergarten to eighth grade. It is currently implemented only in the Global North, including in Canada, the U.S., New Zealand, Northern Ireland, and Scotland. Impact evaluations of Roots of Empathy revealed that children who participated in the program significantly increased their pro-social behaviors and significantly decreased their proactive and relational aggressions, as obtained from teachers' reports.



*Participant in the MenCare+ Program in Rwanda.  
© Seth Chase/Promundo*

## 3.4 VIOLENCE AGAINST WOMEN AND GIRLS (AND BOYS)

Research shows that violence is a key feature in many young people's lives, and it is carried out by teachers, peers, and parents. More than one in every three women worldwide has experienced physical and/or sexual violence from a partner or from a non-partner.<sup>clxvii</sup> Globally, many boys also experience violence at home, at school, and in other spaces in their communities. This has long-lasting implications for both boys' and girls' experiences with violence later on in life.

Engaging boys and men in ending violence against women is a crucial step in breaking cycles of violence. In order to meaningfully engage adolescent boys and young men in the prevention of violence against women and against male peers, the MenEngage Alliance, a global network of NGOs and advisory members from United Nation agencies, recommend the following:

- ▶ Establish the benefits to men of ending violence against women. This can be done, for example, by helping men and boys understand how they may benefit from having more positive, intimate relationships with their partners;
- ▶ Help men and boys understand the harm, pressure, and stress that traditional gender norms place on them, as well as understand that their participation may allow them to be more secure in their identity and feel freer;
- ▶ Help men and boys understand the negative impacts of traditional ideas of masculinity in their lives and in the lives of the women and children they care about.

Strategies to engage boys in violence prevention have taken the form of:

- ▶ Innovative and decentralized campaigns, like the White Ribbon Campaign, which engages men and boys to take action to end violence against women;
- ▶ Structured group education interventions carried out in public community spaces and schools, such as Promundo's Program H intervention, Sonke Gender Justice's One Man Can Campaign, and EngenderHealth's Men as Partners (MAP) program;
- ▶ Sports-based programs to promote gender equality, such as Futures Without Violence's football initiative Coaching Boys into Men, and India's cricket-based adaptation, the Parivartan program (discussed on the following page);
- ▶ Peer-to-peer education to promote gender transformational change at the community level, such as Stepping Stones and SASA!;
- ▶ Activities of artistic expression such as theater, dance, and photovoice;
- ▶ Counseling for young men who have used violence, making use of the Toolkit for Men (an intervention developed by Rutgers, Mosaic, and Rifka Annisa);
- ▶ Youth-led community activism around violence – both men's use of violence against women and other forms of violence (e.g., violence by police, teachers, parents).

## USING SPORTS TO REACH BOYS TO PROMOTE RESPECT AND GENDER EQUALITY IN INDIA

Parivartan, which means “change for the better,” uses sports-based methods to teach young boys in India about gender equality and the prevention of violence against women and girls. This approach, which uses cricket as its medium for transforming attitudes and behaviors, was adapted from Futures Without Violence’s Coaching Boys into Men methodology (which was developed in the United States and works with boys aged 10-16). Informal mentors and coaches were recruited from Mumbai slums and surrounding communities, and they were trained in how to use “teachable moments” on the cricket field to address respect and non-violence.

According to the International Center for Research on Women (ICRW), which developed the Parivartan methodology with Futures Without Violence: “Now, a group of men are being brought to the table through Parivartan. They face the challenge of learning a new way to view women, as well as their roles as men. And as they try to practice these ideals in their own lives, they must learn how to maneuver the pressure of strong social messages that say otherwise. Then, the mentors must figure out how to pass on the lessons of Parivartan to their cricket players.”<sup>clxviii</sup>

ICRW’s evaluation of the three-year program showed positive changes in both the coaches and athletes. Participants became more aware of rigid and harmful definitions of masculinity and of the prevalence of sexual violence in Indian societies.

## ENGAGING YOUNGER BOYS AS GENDER EQUALITY ACTIVISTS: BRAVE MEN MARCH IN BANGLADESH

The Brave Men Campaign aims to prevent gender-based violence against women and girls. Today, it is implemented in 16 schools in both urban and rural areas in Bangladesh by trained gender facilitators. Each school is asked to select 30 participants between the ages of 12 and 15 to participate in gender-transformative workshops as part of the campaign. The key feature of these workshops is the use of the “Brave Men Diary” – a unique logbook specially designed for young boys. The group serves as a safe space for young men to reflect on the diary entries with the trained facilitator. In addition to the diary, participants also involve themselves in experiential learning activities and art that promote the equality of men and women, as well as instill a sense of respect and camaraderie within the group. The first round of the intervention will conclude with an awards ceremony that creates a public space to recognize the achievements of the participants as future leaders of gender equality.



## 3.5 SEXUAL ORIENTATION AND GENDER IDENTITY

The engagement of boys is integral to reducing stigma and discrimination towards individuals who identify as lesbian, gay, bisexual, and transgender (LGBT). Discrimination impacts LGBT groups in many harmful ways, including, but not limited to, inability to access health services, risk of experiencing violence, social exclusion and isolation, and police brutality. Initiatives that engage boys must provoke critical reflection about the links between homophobia and restrictive gender roles. Non-heterosexual youth require strong social networks to provide access to accurate information about sexuality and risk reduction.

### WORKING WITH LGBT YOUTH IN GERMANY

To address homophobia and transphobia in schools, Lambda, an umbrella organization for most groups working on LGBT issues in Germany, and other organizations offer Aufklärungsprojekte – a 90-minute workshop for students on sexuality and gender. It is estimated that there are now between 30 and 40 groups offering Aufklärungsprojekte throughout Germany. Because peer education is strongly valued in these interventions, young people often serve as workshop leaders. These youth leaders are encouraged to respond to student questions with personal anecdotes. The “biographical quality” of the workshops is seen as an advantage in that personal stories allow students to readily connect to the topic. Further, while some project leaders place the experiences of LGBT youth as the primary point of discussion for these workshops, others focus on exploring sexuality more broadly, integrating information about sexual diversity only as it becomes relevant. Lambda, supported entirely by government funding, is also a resource for local LGBT youth seeking counseling, political activism, and a place for socializing. There are currently five Lambda chapters spread throughout the 16 German states.<sup>cixix</sup>

# 4. FINAL CONSIDERATIONS

**TO CONTINUE IMPROVING THE LIVES  
OF WOMEN AND GIRLS,  
AND TO CONTINUE IMPROVING BOYS'  
OWN WELL-BEING, WE MUST UNDERSTAND  
AND ADDRESS BOYS' VULNERABILITIES  
AS A RESULT OF GENDER INEQUALITY.**

Engaging adolescent boys and young men means understanding their lived experiences of being men and boys – the stress of inability to find work, difficulty in seeking help for mental health or substance abuse, the struggle to conform to unattainable ideas of what it means to be a man. When boys feel that they are in a safe and confidential space – whether it is with a group educator, a health provider, a coach, a teacher, a father, or a peer – research shows that they will open up honestly to talk about their experiences. Evaluation research also shows that boys and young men are willing and motivated to change their attitudes and behaviors around gender equality. They also internalize the gender-equitable behaviors performed by adult men (e.g., cooking and caring for children) that they witness during childhood.

**THESE VULNERABILITIES (FOR BOTH BOYS AND GIRLS)  
ARE ALSO THE RESULT OF, AND INTERACT WITH,  
STRUCTURAL INEQUALITIES WITHIN OUR SOCIETIES,  
INCLUDING POVERTY AND OTHER FORMS OF SOCIAL  
EXCLUSION.**

Of course, like many of the issues already discussed, the relationship between these vulnerabilities and gender norms is far from linear. By and large, issues related to economic hardship, racism, sexism, homophobia, and other social injustices put young men more at risk of health impairments related to sexual and reproductive health, of using violence against others, and so on. Obviously, this is not an excuse for young men's use of violence against, or social exclusion of, women or girls, but rather a call to more deeply understand the root causes of gender inequalities that perpetuate vulnerabilities for both boys and girls. Working from an ecological-model perspective helps to understand the interconnections

between relationships, communities, and structural institutions (e.g., political, economic, and so forth) in both perpetuating and breaking down inequality. This perspective also aids in understanding the protective factors that promote adolescent well-being, such as the importance of supportive family and peer structures.

## **GENDER SYNCHRONICITY IN GENDER-TRANSFORMATIVE PROGRAMMING IS A NEW GOLD STANDARD.**

Gender-synchronized approaches “are the intentional intersection of gender-transformative efforts reaching both men and boys and women and girls inclusive of all sexual orientations and gender identities.”<sup>clxx</sup> They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and that hinder health and well-being.<sup>clxxi</sup> Successful examples of gender-synchronized programs include Programs H and M from Brazil, Stepping Stones from South Africa, and the Gender Equity Movement in Schools (GEMS) in India. Gender-synchronized transformative programs step away from the “either/or” approach and seek to find common ground in gender equality goals that recognize the need to overcome the disadvantages women, girls, men, and boys face. *Behind the seemingly complex jargon is this key recommendation: we must work with boys and girls, men and women, sometimes together, sometimes apart, in programs that question gender norms, challenge power inequalities, and find benefits and opportunities for both adolescent girls and adolescent boys, young women and young men.*

## **IT IS ALSO NECESSARY TO WORK WITH MEN AND BOYS BEYOND THE FIELD OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.**

While it is integral to engage adolescent boys in the field of SRHR, breaking down the perception that SRHR is a “women’s only” issue, we must also engage them for their own development and well-being both within and beyond SRHR. This includes engaging adolescent boys as:<sup>10</sup>

1. Economic actors (i.e. financiers and resource holders in gender equality): In societies with unequal power relationships, men typically have access to and control over financial resources. Engaging men economically in gender equality means promoting the sharing with women and girls of access to and control over agricultural resources, opportunities for employment, and services. There are also benefits for entire households when women participate equally in paid work.
2. Political actors (i.e. decision-makers in gender equality): The majority of political decision-makers are men, and – provided that they are given relevant information and alternative models of behavior – they can be allies in resolving problems. In short, men in leadership positions can use their power to promote gender equality.

<sup>10</sup> Adapted from UNFPA’s *It Takes Two: Partnering with Men in Sexual and Reproductive Health*.

3. Civil society actors (i.e. actors for gender equality and voices of resistance to inequitable, violent forms of manhood): Men and boys who work in NGOs (including faith-based NGOs) and as social activists, service providers, lawyers, and other professionals can be engaged in the promotion of gender equality in our societies, just as individual men and boys can be voices of resistance to violent, inequitable versions of manhood in their daily lives.

In conclusion, the evidence base – though still limited – increasingly demonstrates that boys are made vulnerable by rigid norms related to manhood. Far too many boys approach adolescence having experienced violence, witnessed violence, dropped out of school, had risky sex, or practiced other risk-taking behaviors because they believe that they must do so to be seen by their peers and their communities as “real men.” This has real and long-lasting impacts on the lives of women and girls and inhibits the creation of respectful and equal relationships. Heteronormative and homophobic norms also too often create specific vulnerabilities for LGBT youth. Furthermore, around the world, adolescent boys are often less likely to seek help – formal and informal – when they need it, thus carrying with them unaddressed mental health and other health needs. These realities bring harm both to the lives of boys and men and to the lives of girls and women.

On the positive side, there is evidence that younger generations of men in many parts of the world are more accepting of gender equality. They have seen their mothers and sisters attend school and participate in paid work, and they are more likely to view women as equals when compared to their fathers’ generation. While we can look at young men around the world and seek out their risk-taking and harmful behaviors, we can also point to the young men who are already serving as voices and leaders for gender equality alongside young women. The pathway to equality lies in this support for and belief in the positive – in the young men and women who resist rigid gender norms.

THERE IS  
EVIDENCE  
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YOUNGER GENERATIONS  
OF MEN  
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ARE MORE ACCEPTING  
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# APPENDIX I

## A TYPOGRAPHY OF THE LINKAGES BETWEEN DEVELOPMENTAL STAGES, BEHAVIORS, AND THEIR IMPLICATIONS FOR PROGRAMS: BOYS AND GIRLS

### ADOLESCENT BOYS: EARLY ADOLESCENCE

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#### SOCIAL DEVELOPMENT

*Increased awareness of social norms around gender; rejection of “feminine” behaviors or roles; sports and/or competition important; less able to engage in abstract thinking*

#### SOURCES OF INFLUENCE

*Parents particularly important; teachers; coaches*

#### WHERE TO REACH THEM

*Schools, as almost all attend in some capacity; sports programs; other youth programs*

#### IMPLICATIONS FOR PROGRAMS

*School and sports based programming is likely to be more effective at reaching youth; parental buy-in is crucial; programs should focus on normative aspects of gender*

#### KEY INDICATORS

*Understanding of social construction of gender norms and identities; identifying gender stereotypes; equal valuation of masculine and feminine traits and roles*

### ADOLESCENT BOYS: MIDDLE ADOLESCENCE

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#### SOCIAL DEVELOPMENT

*Increased individual independence; strengthening personal relationship with male peers; initial romantic relationships; sexual initiation and exploration; beginning to exhibit abstract thinking skills*

#### SOURCES OF INFLUENCE

*Peers replace parents as main source of influence, particularly male; romantic partners become more important*

#### WHERE TO REACH THEM

*School, though this may be less effective; sports programs; community centers catering to young males (e.g. video game centers, internet cafes, etc.)*

#### IMPLICATIONS FOR PROGRAMS

*Working with peer groups is particularly important; sports or other shared activities may be particularly useful as entry points; increased emphasis on intimate/sexual relationships*

#### KEY INDICATORS

*Increased desire/ability to challenge gender stereotypes; ability to express sexuality in a manner free of stereotypes; ability to express emotions in positive and non-violent ways; de-objectification of women*

## **ADOLESCENT BOYS: LATE ADOLESCENCE**

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### **SOCIAL DEVELOPMENT**

*Established romantic relationships; sexually active; increased pressure to be economically independent*

### **SOURCES OF INFLUENCE**

*Romantic partners become more influential; peers continue to be important, but less so than in middle adolescence and usually smaller peer groups predominate*

### **WHERE TO REACH THEM**

*Workplace becomes more important; community centers catering to older male youth (e.g. bars, sports centers)*

### **IMPLICATIONS FOR PROGRAMS**

*Working through employers may be useful entry point; understanding dynamic between romantic partners and peers is important; focus on nature of intimate relationships particularly important*

### **KEY INDICATORS**

*Self esteem not tied as closely to stereotypical male outcomes (number of sexual partners, aggression, fathering children, or being sole breadwinner); increased IPV; self-esteem more oriented towards provider role; more emotionally supportive relationships (both in partnerships and with peers)*

## **ADOLESCENT GIRLS: EARLY ADOLESCENCE**

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### **SOCIAL DEVELOPMENT**

*Increased awareness of social norms around gender; some “masculine” behaviors allowed/tolerated; increased awareness of perceptions of others, particularly males; generally limited to concrete thinking skills*

### **SOURCES OF INFLUENCE**

*Parents; teachers; peers*

### **WHERE TO REACH THEM**

*Schools; other youth programs*

### **IMPLICATIONS FOR PROGRAMS**

*Girls are often most mobile and accessible during this stage; parental buy-in important; school-based programs important*

### **KEY INDICATORS**

*Understanding of social construction of gender norms/identities; identifying gender stereotypes; equal valuation of masculine and feminine traits and roles; information on their bodies and physical changes are important; focus on self-esteem and valuing oneself as girl*

## **ADOLESCENT GIRLS: MIDDLE ADOLESCENCE**

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### **SOCIAL DEVELOPMENT**

*Onset of puberty often signals entry into “womanhood”; increased social isolation and parental supervision; increased household responsibilities/chores; peers important but competitors; increased emphasis on relationships with males; some sexual exploration/activity, though typically not regarded as socially desirable*

### **SOURCES OF INFLUENCE**

*Parents; peers; teachers (depending in school status)*

### **WHERE TO REACH THEM**

*Via families; schools, though in some settings girls are withdrawn from school at a start of puberty; “acceptable” community gatherings (e.g., religious events)*

### **IMPLICATIONS FOR PROGRAMS**

*Achieving family buy-in crucial; accessing girls in public spaces is more difficult in some settings; reaching girls in private spaces (i.e. households) is often more effective; discussing sexual matters may be very challenging; providing safe spaces (in the eyes of parents and community) is important as are spaces where they feel free to contest gender norms; preparing girls for relationships is important*

### **KEY INDICATORS**

*Increased desire/ability to challenge gender stereotypes; ability to express sexuality in a manner free of stereotypes; ability to express own desires and wishes even when contradicting norms; increased self esteem; increased teamwork, particularly with other girls*

## **ADOLESCENT GIRLS: LATE ADOLESCENCE**

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### **SOCIAL DEVELOPMENT**

*Entry into more established relationships; sexually active; marriage; in many settings, motherhood; increased focus on household activities/chores; in many settings, employment outside of home*

### **SOURCES OF INFLUENCE**

*Romantic partners; parents; in-laws, if married; peers*

### **WHERE TO REACH THEM**

*Households, often via other members such as in-laws or husbands; places of employment, especially in urban areas; community women's groups; children's groups; health care and other services*

### **IMPLICATIONS FOR PROGRAMS**

*Girls have less time available to them; access often contingent on cooperation from non-parental household members; interventions should focus on improving existing relationships with intimate partners and other family members; increased risk of IPV as intimate relationships become more serious*

### **KEY INDICATORS**

*Increased equality within relationships; improved ability to negotiate successfully with family members; ability to link behaviors to gender norms; ability to independently make household and personal decisions*

*Note: All ages and developmental stages are approximate and will differ depending on context.*

*Source: International Center for Research on Women (ICRW). (2010). The Girl Effect: What Do Boys Have to Do with It? A Briefing Note for an Expert Meeting and Workshop. Washington, D.C.: ICRW. Retrieved from: <http://www.icrw.org/publications/girl-effect-what-do-boys-have-do-it>*





