



care

ADDRESSING MEN'S HEALTH AS A MEANS OF PRIMARY PREVENTION OF GBV

Policy and Programming Brief

A collaborative effort of

UNAIDS

WHO

Good Practice Group

Foundation for Innovative Social Development

National STD/AIDS Control Programme

Heart to Heart

Care International Sri Lanka

Facilitated by **Dr Dayanath Ranathunga**

PREFACE:

The report 'Broadening gender: Why masculinities matter' – a study on attitudes, practices and gender-based violence in four districts in Sri Lanka – was launched by Care International Sri Lanka under its engaging men project, EMERGE (Empowering Men to Engage and Redefine Gender Equality) in April 2013. The report was developed in collaboration with Partners for Prevention to understand men's knowledge, practices and social attitudes towards gender and gender-based violence in Colombo, Batticaloa, Hambantota and Nuwara Eliya. The survey provides baseline indicators for Care programmes, as well as a wealth of information on gendered attitudes, norms, and practices of women and men that can be applied to enhance GBV prevention, health, youth and empowerment interventions. The study has been implemented using the WHO ethical guidelines for research. The research tools were based on the WHO Multi-country Study on Women's Health and Domestic Violence and the International Men and Gender Equality Survey carried out by Instituto Promundo and the International Centre for Research on Women.

As a means to utilize the data to inform policy and programming enhancements, five thematic working groups which comprised members from the state, health, and NGO sectors and academics were formed to develop recommendations in the following areas:

- Child protection – including childhood experiences and their impact on violence perpetration in collaboration with UNICEF and facilitated by Dr Hiranthi Wijemanne
- Exploring women's attitudes and the impact of GBV on their mental and physical health – facilitated by Dr Nalika Gunawardena
- Private sector engagement and the role they can play in GBV reduction – facilitated by Prof. Maithree Wickramasinghe
- Youth engagement for reduction of SGBV in collaboration with the Family Planning Association of Sri Lanka and facilitated by Prabu Deepan
- Addressing men's health as a means of primary prevention of GBV in collaboration with WHO/UNAIDS and facilitated by Dr Dayanath Ranathunga

These papers will be translated into Tamil and Sinhala languages and shared in the four districts with the local government bodies and civil society working in each field in order to help inform their work.

ACKNOWLEDGEMENTS

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Care International Sri Lanka would also like to thank Partners for Prevention, the Royal Norwegian Embassy, UNDP Sri Lanka, UNICEF, The Family Planning Association of Sri Lanka, WHO and UNAIDS for their support in the development, implementation and dissemination of the study and papers.

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INTRODUCTION TO THE ISSUE:

Little work has been done on masculinities, both as a field of inquiry and site of advocacy, in Sri Lanka. To address the gap in evidence-based studies of masculinities, CARE Sri Lanka undertook a study on men's knowledge, practices and attitudes toward gender and gender-based violence (GBV) in Colombo, Hambantota, Nuwara Eliya and Batticaloa districts. The study is part of the UN Multi-country Study on Men and Violence, coordinated by Partners for Prevention, a UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific, which explores gender-based violence and masculinities to inform evidence-based violence prevention interventions.

The discourse on gender in development has focused mainly on the provision of social justice to women due to their disadvantaged status in society given the dynamics where women are most often subjected or more vulnerable to an imbalance of social position. This historic discrimination means that their access to resources is more limited as men mostly enjoy the benefits and privileges that accrue to them given their gender.

However, the past few decades have seen the need to explore men's roles more deeply within the patriarchal system and focus programming away from the need to empower women only in order to achieve gender equality. The co-relationships and roles men play in the numerous spheres as oppressors, perpetrators of violence, by-standers, change agents and allies is being examined and leveraged upon in the study of masculinities. This exploration is now leading to a deeper understanding and appreciation of the need to engage with men while recognizing their vulnerabilities in order to truly achieve gender equality in the development agenda.

The study refers to risk factors for perpetration of violence by men against women, particularly Intimate Partner Violence (IPV)/GBV. This aspect is explained by Prof Neloufer de Mel in the Care Study¹ :

“The data from the CARE study indicates several aspects of male mental health, as well as drivers of childhood trauma, attitudes and practices relating to reproductive health, and the impact on women of male perpetration of IPV and non-partner sexual violence. Economic pressures resulting from inadequate income, lack of economic assets and financial responsibilities as breadwinners and male heads of households were found to be amongst the primary causes of male stress and lack of well-being, with a commensurate moderate level of depression and suicidal thoughts found amongst the male sample.

Evidence was also found of male childhood trauma. Comprising not only of child sexual abuse (discussed in chapter four) but also hunger, emotional neglect, public humiliation, beatings and absentee parents, male respondents who participated in the CARE study were found to have experienced all of the above in low to moderate levels.”

The study highlights the violence, stress and abuse men face (including male on male violence) and high rates of child sexual abuse for which little or no services are available. Acknowledgement of men's own experiences of childhood trauma, sexual violence experienced by men from other men, levels of depression due to economic stress and linkages to violence perpetration is required in order to facilitate spaces for healing and wholeness. Men's risky behaviors, the need for sexual and reproductive health education and services for men arise through some of the key findings of this study (Study and factsheets can be accessed at: <http://www.partners4prevention.org/news/new-study-attitudes-practices-and-gender-based-violence-sri-lanka-launched>).

¹ De Mel, N., Peiris, P., Gomez, S., 2013, Broadening gender: why masculinities matter. Colombo, Care International Sri Lanka, Sri Lanka

Some of the key findings in relation to men's health and violence perpetration are given below:

MEN'S HEALTH:

- Economic pressures resulting from inadequate income, lack of economic assets and financial responsibilities as breadwinners and male heads of households were found to be amongst the primary causes of male stress and lack of well-being.
- Eight percent of men had moderate depressive symptoms while 6% showed signs of high depression. Seven percent of men had ever had suicidal thoughts.
- 28% of the male sample reported experiencing sexual abuse during childhood.
- Four percent of male respondents had been sexually assaulted or raped by another man.
- Men who had multiple sexual partners or who engaged in transactional sex and sex with sex workers were found to be significantly more likely to force non-partner women into sex.
- Only 4% of men surveyed had ever been tested for HIV/AIDS and condom-use is low.

IMPACT OF MEN'S EXPERIENCES OF ADVERSITY ON THEIR USE OF VIOLENCE

- Men who experienced emotional, sexual or physical abuse during childhood were 1.7 to 2 times more likely to use violence against a female intimate partner than men who did not experience abuse.
- Men who were emotionally or sexually abused as children were more than twice as likely to use sexual violence, including rape, against a non-partner.

Given the linkages to men's experiences of abuse and violence and the probability of violence perpetration against women brings out the need to work with men through targeted psychosocial pro-

SITUATIONAL BACKGROUND FOR RECOMMENDATIONS:

The statistics show that there is a need to focus on psychosocial service provision for men as their experiences of sexual, emotional and physical violence can serve as risk factors for violence perpetration against women. Reasons for men internalizing the issue more than women and not reaching out for support stem from notions of masculinities as displaying vulnerability and reactions to these issues would seem "unmanly" – these perceptions have been inculcated in men from their childhood. As a result most men seek other channels to deal with their negative experiences such as violence perpetration, turning to risky sexual behaviours etc. Furthermore hardly any support channels exist for men to seek medical and legal services in order to overcome these experiences. As much as it is important to address women's experiences of violence, given the linkages between men's experiences and violence perpetration against women, providing such service channels and creating an enabling environment for men to access these services would serve as an important entry point to break the cycle of violence.

The additional figures around men's mental health (depression, suicide etc) and risky sexual behaviours (multiple sexual partners, low rates of testing for HIV) call for a holistic approach to provision of service as there is an ultimate interconnectivity and impact on women's health and vulnerabilities in their role as partners.

Very little work has been done around this issue across the globe. Based on experiences of working with men and boys in order to reduce violence against women (VAW) organizations such as Promundo (Brazil/USA) and Sonke Gender Justice Network (South Africa) have been promoting service provision for men as part of the strategy to reduce VAW ².

PROPOSED STRATEGIC FRAMEWORK FOR RECOMMENDATIONS:

APPROACH:

Recognizing the fact that developing policy and programming recommendations to address this issue is complex in nature due to the fact that there is a need to break into and deconstruct deeply rooted notions of masculinity, one specific approach cannot holistically be adopted. The statistics from the Care report and other reports³ also suggest that by addressing the factors in men's health, there is a strong likelihood that the risk factors associated with VAW against women will also be reduced. This in turn would act as a response for the reduction of VAW.

An effective structure for programming in the area of GBV reduction is proposed by Heise which is developed around the ecological model which presents risk factors at the individual level in combination with risk factors within relationships or the family, the community, and at the broader societal/institutional level to assess the likelihood of a woman's experiencing violence in a particular situation. (Heise, 1998)⁴. The strategy proposed in this policy paper would follow the same flow. The ecological approach aims to ensure that interventions consider and address the conditions across different levels (e.g. individual, family, community and society), which affect women and girls' risks of experiencing violence.

²http://www.menengage.org/index.php?option=com_content&view=article&id=205:menengage-unfpa-advocacy-briefs-and-menengage-10-point-call-for-action-launched-at-the-57th-commission-on-the-status-of-women-csw-in-new-york&catid=1:news-a-events&Itemid=4

³ Contreras, M., Heilman, B., Barker, G., Singh, A., Verma, R., Bloomfield, J. "Bridges to Adulthood: Understanding the Lifelong Influence of Men's Childhood Experiences of Violence Analyzing Data from the International Men and Gender Equality Survey." Washington, DC, International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo. April 2012.

⁴ <http://www.endvawnow.org/en/articles/310-operating-within-the-ecological-model-.html>

Based on the above the strategic framework the recommendations seek to address the following key areas:

- 01** **Creating an enabling environment to address men's health as a means of primary prevention of GBV**
Lobbying the issue by drawing awareness to this issue and sensitizing potential stakeholders and influencers who would be involved in implementing strategies to address men's health.
- 02** **Providing psychosocial services for men**
Identification of key duty bearers such as Ministry of Health, Ministry of Social Services, Sri Lanka Medical Association and civil society to provide services for men and boys. This aspect will also include stakeholder mapping, identification of gaps through research etc, promoting services among men in their spheres of engagement eg: work, schools, universities.
- 03** **Promoting behavioral change among men and boys**
Addressing notions of masculinities, sexuality, sexual entitlement and promoting positive parenting practices at home, workplace and in the community.
- 04** **Support further research and information on this topic**
Given that the Care study explores behaviours, attitudes and practices from four districts the application of data to a national level would not be appropriate and nuances from each area cannot be captured. Furthermore the data only skims the surface of the issue and deeper analysis of root causes must be explored along with the review of best practices in this sphere of work.

The prioritized list of recommendations is provided in Annex 1.

Annex 1: PROPOSED RECOMMENDATIONS AND PLAN OF ACTION

Strategy I:

Creating an enabling environment to address men's health as a means of primary prevention of GBV

Findings	Existing policy / programme	Recommended Action Programme/policy
<p>Men who experienced emotional, sexual or physical abuse during childhood were 1.7 to 2 times more likely to use violence against a female intimate partner than men who did not experience abuse.</p> <p>Men who were emotionally or sexually abused as children were more than twice as likely to use sexual violence, including rape, against a non-partner.</p>	None	<p>1.1 Lobby relevant stakeholders to recognize and address the issue through:</p> <ul style="list-style-type: none"> • Sensitization/awareness building sessions • Inclusion in Action plan of Ministry of Health • Inclusion in health policy <p>1.2 Work with media to create awareness on the issue</p> <ul style="list-style-type: none"> • Consultation to develop national communication strategies for men's health issues, including masculinities and GBV

Strategy II:

Providing psychosocial services for men

Findings	Existing policy / programme	Recommended Action Programme/policy
<p>Economic pressures resulting from inadequate income, lack of economic assets and financial responsibilities as breadwinners and male heads of households were found to be amongst the primary causes of male stress and lack of well-being.</p>	None	<p>2.1 Formulate policy document on men's health which addresses the linkages between specific dimensions of Sri Lankan masculinities and their adverse impacts on men's health and GBV (victimization/perpetration).</p> <p>2.2 Map available services for victims of violence at national level and establish</p>

Eight percent of men had moderate depressive symptoms while 6% showed signs of high depression. Seven percent of men had ever had suicidal thoughts.

Men who experienced emotional, sexual or physical abuse during childhood were 1.7 to 2 times more likely to use violence against a female intimate partner than men who did not experience abuse.

Men who were emotionally or sexually abused as children were more than twice as likely to use sexual violence, including rape, against a non-partner.

More than 4% of men had experienced homophobic violence.

system for ongoing updating and access to this at district and national levels. Use innovative systems including web-based and SMS-based approaches, as well as conventional printed materials. This may serve as a platform for communication of new policies, approaches and capacity-building opportunities for service providers.

2.3 Develop guidelines on psycho-social service provision for men and boys. Target and promote specific actions and intervention principles to different categories of service provider/caregiver (ie. health personnel, teachers, parents, probation and child care staff, community workers or child care workers, matrons/wardens of residential facilities, etc)

2.4 Develop capacities of service providers to provide basic interventions around promotion of men and boys wellbeing, and responding to identified/potential experiences of violence.

2.5 Establish health promotion & response strategies for boys and men. Use commonly accessed interfaces with health and social welfare systems - ie. OPDs, in-patient health facilities, school clinics, sports clubs, etc.

2.6 Market available services for men and boys' health publicly and to at-risk groups. Use cost-effective methods (ie. Public Service Announcements via electronic & social media, mobile service providers, etc) as well as word-of-mouth campaigns in at-risk groups.

2.7 Improve the provision of legal services for male victims of violence. (Decriminalization of homosexuality would support service provision for victims of men on men sexual violence.)

Strategy III

Promoting behavioral change among men and boys

Findings	Existing policy / programme	Recommended Action Programme/policy
<p>While 70% of male respondents declared that to be a man means providing for one's family and extended family, 50% reported being frequently stressed or depressed because they have to provide and be responsible for their family, pointing to the great social burden placed on men to be providers.</p> <p>The vast majority of men who reported perpetrating sexual violence (67%) said that they were motivated by sexual entitlement: that is, their right to have sexual relations with women.</p> <p>Men who had multiple sexual partners or who engaged in transactional sex and sex with sex workers were found to be significantly more likely to force non-partner women into sex.</p>	<p>None</p>	<p>3.1 Facilitate and fund GOs and NGOs to conduct school-based and community based event/ programmes with boys and girls that encourage discussion of gender equality, relationships and sexuality. Development of standard and reviewed training manuals and guidelines would be important in order to ensure minimum standards and consistent information is shared.</p> <p>3.2 Conduct in-service and pre-service teacher training on gender/masculinities, with necessary tools, in conjunction with provincial departments of education, Ministry of Education, National Institute of Education and other teacher training institutions.</p> <p>3.3 Promote positive parenting in communities:</p> <p>3.3.1 . Engage with families to promote positive parenting through community based programming and initiatives.</p> <p>3.3.2. Develop social marketing strategies for positive parenting using most cost effective methods available.</p> <p>3.3.3. Train teachers to deliver positive parenting interventions: Conduction of workshops for teachers on positive parenting concepts and application of the methodology in view of transferring the knowledge to parents at schools.</p> <p>3.3.4. Train district level child protection personnel to deliver positive parenting interventions.</p> <p>3.3.5. Train primary health care (PHC) staff to deliver positive parenting interventions.</p>

Strategy IV:

Support further research and information on this topic

Findings	Existing policy / programme	Recommended Action Programme/policy
Inadequate national level data and research available on this topic.	None	<p>4.1 Provide support for research studies on health consequences of male gender roles and male experiences of sexual and physical violence as there is a need to better understand process by which experiences of violence and formation of gender identity is related to perpetration of GBV in adulthood. More research into male socialisation, coping strategies, and protective/compounding factors is required.</p> <p>4.2 Conduct consultation to develop monitoring and evaluation plan (M&E plan) of interventions to address negative impacts of Sri Lankan masculinities and its harmful effects on individuals, families, work place and society as whole. A platform for sharing learning and consolidation of knowledge around implementation and measurement of impacts of interventions would be extremely useful.</p>

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