GSD RC

**Governance and Social
Development** Resource Centre

Helpdesk Research Report: Changing attitudes and behaviours in relation to gender equality

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Query: Please provide a review of the literature on awareness/behaviour change strategies aimed at achieving greater gender equality, highlighting evidence of impact.

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Contents

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1. Overview

This helpdesk report surveys literature on strategies and initiatives designed to increase awareness and to change attitudes and behaviours in order to promote greater gender equality. Much of the literature in this area focuses on health initiatives, particularly sexual and reproductive health, which is considered to be influenced by gender norms and gender relations. There is very limited literature and evidence on the effectiveness of such strategies and initiatives in relation to the Pacific. As such, the report focuses primarily on other areas of the developing world: Africa, Latin America and Asia.

The structure of the report is based on the areas highlighted in AusAID's Concept Note: religious influences; community-level processes, alongside media and social campaigning; and activities targeting men's attitudes and behaviours. The following is an overview of the discussion and evidence of impact of strategies and initiatives in these areas, which will be elaborated upon in the rest of the report.

The role of religion, religious leaders and institutions

There is very limited research that looks at the role of religion and religious institutions in promoting issues of gender equality, and none of the literature surveyed focused on the role of the church as a key influencer.

Becker (2007) finds that religion can be an important influence in the development of beliefs about HIV/AIDS among other key factors. In Nigeria, young Christians commonly situate their understandings and explain their behaviours in relation to HIV/AIDS in terms of religion (Smith, 2004). It can thus be important for initiatives, such as health programmes, aimed at changing attitudes and behaviour to learn how best to harness religious beliefs and institutions.

Various research on promoting awareness and behaviour change in relation to gender equality emphasise the need to involve religious leaders in order to secure buy-in for programmes and their aims and to increase the reach of initiatives (see Friej, 2010). Similarly, faith-based organisations often have a natural authority and can be effective in reaching isolated communities (Clarke et al., 2011). In order to minimize opposition from religious leaders and communities to sensitive programming, programmes (such as promoting condom use) should be implemented gradually. Targeted information and responses must be specifically tailored to the knowledge, beliefs, and the practices of that particular community (Clarke et al., 2011).

Media, social marketing and community-level processes

Communication initiatives aimed at changing individual attitudes and behaviours initially adopted a diffusion approach, involving large-scale media and social marketing campaigns and other one-way communications. More recently, attention has also been paid to adopting interpersonal (one-on-one or small group communication) and participatory approaches.

Entertainment education (Edutainment) has in some cases been a powerful mechanism to achieve change. Soul City is a South African initiative in which social issues are integrated into various entertainment formats. It is reported to have contributed to a 10% increase in respondents disagreeing that domestic violence is a private affair and to positive behaviour of 'doing something' to counter domestic violence (Usdin et al., 2005).

Participatory methods can be integrated into many edutainment initiatives. FilmAid's participatory film activities in Kenya contributed to greater knowledge of family planning, HIV and other gender issues and greater willingness to discuss these issues. Bienvenida Salud, a participatory health edutainment radio programme in the Peruvian Amazon contributed to perceived changes by students in family relationships. In Fiji, rural women took part in a participatory video workshop, which enabled them to produce and distribute content according to their own needs. The women challenged gender stereotypes and presented themselves as active citizens who contributed to families' incomes and addressing community needs. This allowed for the 'reimagining' of women by government bureaucrats (Harris, 2009).

In some instances, edutainment initiatives have incorporated skills development and *capacity building*. This is evident in the participatory film and video initiatives such as the one in Fiji and in Guinea and Liberia ('Through Our Eyes'), where individuals and communities learned various technical, interpersonal and team skills through their ownership of the entire film process (Molony et al., 2007). On a larger scale, the Untold films project implemented in various countries in sub-Saharan Africa

was considered successful not only in raising awareness about HIV/AIDS and promoting dialogue but also in terms of developing local skills to develop edutainment drama. Capacity building of youth has been targeted in the Somos Diferentes, Somos Iguales edutainment youth project in Nicaragua, which also aims to contribute to changes in gender attitudes. The initiative has led to a decline in gender-inequitable attitudes, an increase in knowledge and use of HIV-related services, and stronger youth leadership (Solórzano and Bank et al., 2008).

Social marketing involves the use commercial marketing methods to target messages to particular segments of society in order to increase knowledge, change attitudes and promote particular practices (Adams, 2009). The Association Nigerienne de Marketing Social (Animas-Sutura) implemented a social marketing campaign in Niger to address issues of sexually transmitted infections (STIs), HIV/AIDS, reproductive health and family planning. Key lessons from the initiative include the importance of relying on local culture to develop a campaign, utilizing professional marketing and communication expertise, forming broad community coalitions, and engaging masses of people interactively.

Community-based initiatives can be effective in mobilising communities, empowering women, and promoting community dialogue and changes on issues of gender equality. The emergence of community leaders, including women leaders, as advocates for greater gender equality has been particularly beneficial. In Kenya and Indonesia, the Gender Development Project invited local groups to submit proposals for HIV prevention activities that integrate promotion of gender equality. The project has promoted the outspokenness of community leaders; more egalitarian attitudes; greater awareness of and concern for women's rights, and changes in behaviour (increased denunciations of violence against women, greater HIV testing and use of condoms, changes in gender roles) (Bushee and Brice, 2008). In the Peruvian Amazon, Minga Perú's community-based interventions have allowed participants that have often been marginalised to express themselves (through sketches or photography). This has encouraged alternate discourses and empowerment of women (Rattine-Flaherty and Singhal, 2009).

Group education is considered effective in promoting attitudinal and behavioural change. The aim is to promote critical reflection on how gender norms are social constructed. Community educators and facilitators can be trained to lead and moderate sessions, contributing further to community participation. Educative methods (workshops, peer groups, and mass media) have been found to be effective in contributing to improved health and gender outcomes (Rottach et al., 2009). Stepping Stones is a participatory group training programme that aims to enable individuals and communities to find their own solutions to the risk of HIV/AIDS. Participants of the programme work primarily in *peer groups* with periodic community meetings. Reviews of the programme found it had contributed to greater knowledge and understanding of HIV/AIDS; changes in attitudes around sexual behaviour and gender relations; and positive behaviour change in terms of greater use of condoms, greater respect for women, less domestic violence, and better communication and cooperation between couples (ActionAid, 2006).

The Uganda Taxi Operators and Drivers Association developed an occupation based peer-based system of sexual regulation in an attempt to change men's behaviours by holding members accountable to the group and to their wives, who also attended sessions. The initiative produced a noticeable shift from authoritarian husbands toward joint decision-making, cooperation, and communication between spouses (Parikh, 2007). The potential influence of peers toward improved gender relations is indicated in Clark's (2010) study, which finds that men who believe that their best

friends had extra-marital sexual relationships are significantly more likely to themselves report having had such relationships.

Lessons and recommendations from community processes and initiatives include:

- Use tangentially relevant entry points for dialogue with communities to lead into discussions on sensitive issues such as sexual issues, personal and family problems
- Integrate activities that address the economic well-being of beneficiaries
- Involve community leaders such as teachers, cultural custodians and government officials
- Work at multiple levels
- Pay attention to costs and the feasibility of scaling up.
- Involve men and boys from the start of an activity.

Initiatives targeting men and boys

There is growing recognition of the need to understand the role of men and boys in achieving gender equality and to involve them in gender equality efforts. Many of the successful gender-transformative interventions in HIV/AIDS prevention have been ones that have engaged and targeted young men (C-Change, 2009).

A recent review of interventions (including social norm initiatives and educational campaigns) in eleven countries targeting individuals and groups found substantial evidence of the effectiveness of such interventions in improving the attitudes of young men and boys toward gender-based violence and rigid gender stereotypes that condone or allow violence. There was little evidence available, however, of actual changes in behaviour in the long-term (Ricardo et al., 2011). "Vrai Djo" ("Real Man") project is an example of a media campaign to promote positive male role models to counter negative male behaviour and gender-based violence in the DRC. The campaign is reported to have contributed to changes in male attitudes and behaviour (SFCG, 2011).

Group education activities have been found to be particularly effective in engaging men and boys in issues of gender equality and equity in health, and in some cases contributing to changes in attitudes and behaviours (Barker et al., 2007). Instituto Promundo's group education and campaign activities in Chile, Brazil and India resulted in greater discussion by young and adult men about gender equality, decreased support for attitudes that encourage men's violence against female partners, and a reduction in self-reported use of violence (Instituto Promundo, 2012). A limitation of group initiatives, however, can be the small size of the group. This can limit the extent to which community-wide changes in men's gendered behaviour are likely to be achieved (Jobson, 2010).

Many initiatives aimed at men, such as programmes for HIV prevention, have often been targeted at young men. However, constructions of gender and behaviour related to such constructions are directly influenced by the cultural and social values and norms of parents and older community members. As such, it is important to target older men in interventions to create a social environment more conducive to gender-equal behaviour (Jobson, 2011).

Lessons and recommendations from initiatives targeting men and boys include:

- Use positive, affirmative messages showing what men and boys could do to change
- Give adequate consideration to whether campaigns may reinforce negative gender norms.
- Engage in research to test messages, develop characters or storylines

- Include men from the community as programme staff and peer leaders to gain the acceptance and support of other men in the community
- Identify groups of men or individual men who influence the behaviour of other men, including coaches, fathers, religious leaders and celebrities
- Work within existing community institutions
- Empower community leaders through trainings
- Engage men in gender issues through other sectors
- Adopt a mix of interventions

2. The role of religion, religious leaders and institutions

There is a body of research that finds a connection between religion and traditional gender attitudes. Studies find various measures of religion to be significantly associated with differing attitudes toward gender roles: 'Generally, religious individuals and couples are much more likely to support the idea that men are supposed to inhabit the public sphere while women are meant to take care of the domestic or private sphere' (Whitehead, 2012, p. 141). Similarly, a masculine image of God is significantly associated with a more conservative gender ideology (Whitehead, 2012).

There is very limited research that looks at the role of religion and religious institutions in promoting issues of gender equality, and none of the literature surveyed focused on the role of the church as a key influencer. Various research on promoting awareness and behaviour change in relation to gender equality emphasize the importance of involving religious leaders in order to secure buy-in for programmes and their aims and to increase the reach of such initiatives.

2.1 The influence of religion

Sexual and reproductive health, including HIV/AIDS transmission, is frequently linked to issues of gender equality. The development of sexual ethics is seen as inseparable from broader gender relations (Becker, 2007). Becker (2007) finds that religion can be an important influence in the development of beliefs about HIV/AIDS, alongside other key factors such as indigenous cultural heritage and the political process. This has been the case for both Muslims and Christians in various parts of Africa.

A study on young people in south-eastern Nigeria, the vast majority of whom are Christian, finds that churches provide powerful symbolic interpretations of contemporary Nigerian society. Young people commonly situate their understandings and explain their behaviours in response to the HIV/AIDS epidemic in terms of religion (which can either increase of decrease their risk of contracting HIV/AIDS). In some cases, young people believe that if they and their partner are both Christian and moral, their relationship is considered risk free. Behaviour that goes against religious moralities is perceived in terms of sins rather than as health risks. As such, **intervention strategies will be severely limited if they ignore the extent to which religion, health, sexuality and morality intersect** in people's everyday lives. It is important that public health programmes learn how best to harness religious beliefs and institutions in order to prevent HIV/AIDS (Smith, 2004).

2.2 Religious leaders and teachings

A paper on the 'Safe Age of Marriage' programme in Yemen highlights the **importance of actively engaging religious leaders** (Friej, 2010). They can be the main gatekeepers in rural communities and can contribute to acceptance of programmes and their aims. The 'Safe Age of Marriage'

programme was community-based and aimed to end child marriage (marriage before age of 18) and improve the poor health and social outcomes of young girls by changing entrenched social/gender norms about the value of the girl child and the importance of girls' education.

The programme trained community educators to engage in outreach activities. Participants attended participatory training workshops that were interactive and challenged them to re-examine socio-cultural and religious norms and practices related to child marriage. The workshops aimed to strengthen facilitation skills; expand knowledge on Islam's perspectives on child marriage, education and family planning; and increase awareness of the emotional/psychological consequence of child marriage. Each community educator was then responsible for holding a minimum of four awareness-raising sessions per month, using a range of techniques, such as: discussions, role-plays, storytelling, poetry recitations, and debates. The sessions were held in schools, literacy classes, health centers, mosques and other social venues. Outcomes of the outreach interventions include (Friej, 2010):

- An 18% increase in awareness about the benefits of delaying marriage
- The postponing/prevention of 53 girl-child and 26 boy-child marriages
- Buy in by leaders: the Ministry of Religious Affairs in Amran asked all religious leaders to disseminate messages on the health and social consequences of child marriage in their Friday sermons

Key challenges and lessons learned include (see Friej, 2010, p. 4):

- Promote local buy-in: Work through local and national organisations to counter local suspicion about the motives of foreign aid in supporting changes in social habits. **Actively engage religious leaders to increase the acceptance of the project.**
- Incorporate outreach activities that build on cultural preferences: Male community educators used poetry to convey the harmful social and health consequences of child marriage, whereas female educators used stories.
- Minimize political and religious opposition: Make the effort to select community educators who belong to the major political parties in the country. Become familiar with the arguments for and against the child marriage and rights of the girl child to minimize the politicization of the issue.
- Strengthen facilitation skills of community educators: Train community educators on a range of facilitation techniques to use when disseminating their messages to lessen message fatigue on child marriage.

2.3 Faith-based organisations

Religious leaders and faith-based organisations have often refrained from addressing the HIV/AIDS epidemic. In some cases, denial, silence, and stigmatisation by faith-based organisations (FBOs) and religious leaders have hindered interventions aimed at reducing HIV transmission and the care of those with HIV/AIDS (Clarke et al., 2011). A study by Clarke et al. (2011) that looks at the role of FBOs in raising awareness of HIV/AIDS and changing behaviour finds that, **similar to the reach of religious leaders noted above, FBOs can be effective in reaching isolated communities**. The study focuses on the interventions adopted by a local Christian organisation in Papua, Indonesia and a regional Muslim network in Thailand. The credibility of FBOs within local communities, their constituency and access is integral to the dissemination of information and knowledge: 'FBOs have a natural position of authority with communities, which is based on their links to religious belief systems. While secular agencies would spend considerable time building a reputation and level of trust with a

community, by their very nature FBOs already have an advantage in this regard' (p. 13). It is important to acknowledge, however, that the natural authority of FBOs does not automatically result in individual behaviour change.

In order to promote successful implementation of FBO interventions, particularly in the case of addressing HIV/AIDS, Clarke et al. provide the following recommendations (see pp. 14-16):

- Train the religious leaders: The primary basis of the FBO's authority is its link to a religious belief system. Religious leaders provide very important moral and religious support for an FBO's interventions. Training religious leaders in both the myths and facts of HIV transmission is necessary to ensure that their sermons and actions do not contradict the FBO intervention. **Having support of the local religious leader adds great weight to the FBO**.
- Start where the community is: Targeted **information and responses must be specifically tailored to the knowledge, beliefs, and the practices of that particular community**. **Changes (e.g. social marketing of condoms) should be made gradually**, with the support of the community (including religious leaders) in order not to overwhelm community goodwill.
- Acknowledge possible disconnect between religious teachings and moral tenets and risk behaviour practiced in the community: FBOs must acknowledge risk behaviours (e.g. extra-marital sexual relations, including sexual intercourse between men) that are in conflict with religious beliefs and teachings. Discussion of such behaviours cannot be excluded and should be incorporated into interventions.
- Work with other FBOs and secular organisations (including community-based organisations, national or regional bodies): The enabling environment for changing behaviour may include improved sustainable livelihoods, access to education and health services, reduced stigmatization, increased personal security, enhanced gender awareness etc). FBOs thus need to work with other organisations to engender such an environment.
- Understand that behaviour change and interventions addressing HIV and AIDS are long-term in nature: There is a need for long-term support of behaviour change, but also ongoing dissemination of information with new cohorts of young people at risk of undertaking these behaviours.

3. Media, social marketing and community-level processes

Communication initiatives aimed at changing individual attitudes and behaviours initially adopted a diffusion approach. This includes information dissemination, large-scale media and social marketing campaigns and other one-way communications. More recently, attention has also been paid to adopting interpersonal and participatory approaches (Tufte and Mefalopoulos, 2009). Interpersonal communication refers to face-to-face communication that can either be one-on-one or in a small group. Participatory development communication aims to empower the community towards collective decision-making and action through enhanced knowledge and skills to identify, prioritise and resolve needs and problems (UNICEF, 2005).

3.1 Edutainment and community-level processes

A contemporary form of behaviour change communication is entertainment education (also known as 'edutainment'). It is a research-based communication process or strategy that aims to both entertain and educate, in order to increase audience knowledge; and change attitudes, social norms, and behaviour (UNICEF, 2005). This can involve radio and television programming; theatre, music, arts and photography. It can involve both diffusion and participatory approaches. Edutainment has been

shown to be a powerful mechanism to achieve change. It allows for audiences to experience and relate to the lives of characters and provides for role modeling of positive norms, attitudes and behaviours (Usdin et al., 2005; Barker et al., 2007).

There are various examples of edutainment initiatives that address issues of gender equality. **Soul City** is a frequently cited **South African** initiative, whereby social issues are integrated into entertainment formats (television episodes, radio drama, print booklets). The fourth series of Soul City focused on domestic violence, partnering with the National Network on Violence Against women, which provided a platform for community mobilisation and support. The partnership set up a toll-free helpline to support audiences. At an individual level, the intervention aimed to increase knowledge and awareness, personal attitudes, self-efficacy, intention to change, and behaviours (Usdin et al., 2005).

An impact evaluation found that Soul City successfully reached 86%, 25% and 65% of audiences through television, print booklets and radio, respectively. On an individual level, there was an increase in knowledge, including about the helpline, and a 10% increase in respondents disagreeing that domestic violence was a private affair. At the interpersonal and community level, qualitative analysis suggests the intervention contributed to enhancing women's and communities' sense of efficacy, enabling women to make more effective decisions about their health and facilitating community action. The evaluation did not show a link between Soul City and domestic violence behaviour. This, however, could be in part due to insufficient sample size. Nonetheless, exposure to Soul City was associated with positive behaviour of 'doing something' to counter domestic violence (Usdin et al., 2005).

Despite the positive results, the report stresses that it is unrealistic to expect a six month intervention to bring about large, lasting changes in society; the intervention is thus viewed by Soul City as an ongoing process. Key factors that contributed to the success of Soul City series four include (Usdin et al., 2005):

- The extensive formative research which resulted in the ability of the mass media material to resonate with audiences
- The partnership of popular mass media and the social advocacy of a national coalition and related support structures. This, however, was also challenging in terms of combining different agendas and needs to get coherent action.

Participatory processes

Participatory methods can be integrated into many edutainment initiatives. Theatre, for example, can involve varying degrees of participation, blurring of lines between actors and audiences (UNICEF, 2005). Radio can invite listeners to send in suggestions for story lines (Durá and Singhal, 2008). Participatory video has been found to be an effective way of raising awareness of gender issues and promoting community dialogue and change. It has also been beneficial in empowering women involved in the process by giving them an important role, providing them with various skills, and boosting their self-esteem (Molony et al., 2007; Lee and Bolton, 2007).

FilmAid, a non-profit organisation, has effectively used participatory film activities to facilitate greater awareness about gender issues and changes in attitudes toward women. It provides communication tools, information and opportunities for people to come together, explore, express and debate ideas. Its activities in the **Kakuma Refugee Camp in Kenya** included educational film screenings and

participatory video tools, whereby young people learn to use video as a story-telling tool. An evaluation of the impact of these activities finds that they have had an impact on knowledge and behaviour change. In the areas of reproductive health, family planning, HIV/AIDS and gender equality, the research finds (Lee and Bolton, 2007, p. 16):

- A marked increase in level of knowledge of family planning, HIV and testing for HIV; and a perceived positive impact in these areas.
- Greater knowledge of gender issues among respondents who had attended FilmAid film screenings than those who had not. The majority of the respondents also indicated greater willingness to discuss these issues.
- A perceived positive impact on women's quality of life and attitudes towards women: More than half of respondents feel FilmAid films have increased women's participation in the community. Respondents indicate their attitude towards women's issues has been positively affected.

Bienvenida Salud, a participatory health education radio programme in the **Peruvian Amazon** run by Minga Perú, has contributed to transformation in family relationships. The thrice-weekly radio programme is designed to entertain and educate to increase listeners' knowledge about reproductive health, sexual rights and gender equality; to encourage favourable attitudes and shifts in norms; and promote changes in behaviour. The programme also adopts a participatory communication framework. Its stories are based on real-life events, usually those sent to Minga by listeners (a free postal service is provided). This allows Minga to incorporate audience-specific content, language, culture and concern. Participatory communication is also encouraged through the use of on-the-ground community resource persons and school-based initiatives, involving teachers, students and community members). This includes training several students as radio correspondents, in charge of encouraging youth in their respective communities to listen to Bienvenida Salud and provide feedback and ideas for new subjects to cover (Durá and Singhal, 2008).

An assessment survey of the programme found that the radio show had high listenership among teachers and students, particularly among rural students. The assessment found that the Intercultural Radio Educative Project had made a positive impact in the lives of participating communities. Discussion forums revealed, for example, that many students noticed changes – both ideological and behavioural – in male-female and parent-child relationships (Durá and Singhal, 2008).

In **Fiji**, rural women took part in a **participatory video workshop**, which enabled them to produce and distribute content according to their own needs. The women presented themselves as active citizens who contributed significantly to their families' incomes through their work and to the community through their participation in clubs and networks. This was a contrast to stereotypical images of rural women presented in the mainstream of poverty or domestic subservience, which promoted the 'reimagining' of women by government bureaucrats (Harris, 2009). The initiative also had the effect of strengthening social capital among women of diverse and disparate backgrounds in terms of race, religion, age and socio-economic groups as they worked inclusively to produce the video stories. The active engagement of communities in the process contributed to greater dialogue, cohesion and potential for collective action (Harris, 2009).

The '**Through Our Eyes**' participatory film initiative, piloted in **Guinea and Liberia**, is designed to raise awareness of and help prevent sexual and gender-based violence (SGBV) in conflict-affected communities. It also aims to benefit individuals and communities (including survivors of SGBV) by teaching various technical, interpersonal and team skills by putting individual community members in

charge of the entire film process, from production to screening. The participatory process strengthens a sense of community as teams reflect together on the kinds of violence that have affected their lives, the messages they want to deliver and how best to deliver them. The videos are effective tools for awareness-raising, promoting community dialogue and encouraging the reporting of incidents (Molony et al., 2007).

Capacity building

In some instances, **edutainment initiatives have incorporated an element of skills development and capacity building**. This is evident in the participatory film and video initiatives discussed above, and in the case of training students as radio correspondents under the Bienvenida Salud initiative.

Additionally, the **Untold films project** involves the broadcast of films and television dramas a range of issues relating to HIV/AIDS, including gender-based violence. The shows are developed, written, directed and produced in Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe by local people. Chikombero (2009) argues that the project has been successful not only in raising awareness about HIV/AIDS and promoting dialogue but also in terms of developing local skills to develop edutainment drama.

The NGO Puntos de Encuentro's '**Somos Diferentes, Somos Iguales** (SDSI) edutainment youth project in **Nicaragua** contributed to changes in gender attitudes, improved dialogue, and capacity building of youth. The NGO's activities combine mass media 'edutainment' programmes (television soap opera, radio call-in show), educational materials (pamphlets, billboards) capacity building, dialogue and networking. Capacity building included strengthening the analytical and leadership skills of youth (and adults in some cases) in relation to issues of gender, stigma, discrimination and gender-based violence; and promoting alliances between young people and adult leaders of their organisations. An evaluation of SDSI found that exposure to the project was widespread and that it led to significant reduction of stigmatizing and gender-inequitable attitudes, an increase in knowledge and use of HIV-related services, and a significant increase in interpersonal communication about HIV prevention and sexual behaviour. Qualitative findings indicate that SDSI played an important role in promoting community-based dialogue on key topics, strengthening youth leadership, and fostering alliances between organizations (Solórzano and Bank et al., 2008).

3.2 Social marketing and community-level processes

Social marketing can be viewed as the use of commercial marketing methods to target messages to particular segments of society in order to increase knowledge, change attitudes and promote particular practices (Adams, 2009). Such methods were adopted by the **Association Nigerienne de Marketing Social (Animas-Sutura) in Niger** to address issues of sexually transmitted infections (STIs), HIV/AIDS, reproductive health and family planning.   Social marketing of condoms was originally rejected in Niger in the 1990s when Muslim clerics opposed and destroyed billboards with ads for condoms, claiming that they were an attack on the culture of the society. There has, however, since been growing public recognition of the need for HIV prevention and family planning. Animas-Sutura aims not only to make condoms and other family planning and health products more accessible, but also to change attitudes and behaviour through information, education, skills and constant reminders. It adopted the following communication methods in Niger:

- Relying on tradition and popular culture to avoid historical rejections, the campaign chose for the name and symbol of its condoms the traditional foula had, which is known for the excellent protection it provides against the sun.

- Television spots and songs featuring popular entertainers, concerning sexual and reproductive health issues.
- Radio sketches in Niger's three most widely spoken languages. Radio broadcasters, NGO staff and volunteers, and school teachers were trained to develop the skills to facilitate discussion and debate subsequent to radio broadcasts.
- Postures, brochures, banners, clothing items
- Live events, such as street theatre and parades

An assessment of the radio sketches found that the series had reached not only youth but parents and stimulated discussion with families. Girls and women had been less engaged as men tended to control the few radios and fewer girls attend schools. In addition, radio broadcasters and others tasked with facilitating discussion were often ineffective in this role. The second series was broadcast on more radio stations and accompanied by increased radio debates and organised discussions. More extensive training and guidance was provided to discussion facilitators. Women's groups were also organised and trained in this role. In order to address the problem of radio access, women in villages were given solar powered radios with wind-up options (Adams, 2009).

Key lessons learned include the **importance of local culture and broad community coalitions** (see Adams, 2009, pp. 33-34):

- Build on tradition and popular culture: From the outset, the project has relied on tradition and popular culture. Grounding the project in tradition has made conservatives feel comfortable and using popular culture has made it possible to get the project's messages across to sexually active young adults, the group most in need of hearing those messages. Having a traditional chief as an active member of its board has also been helpful in winning over potential opponents.
- Engage professionals in marketing and mass communications: Marketing and mass communications are areas of professional expertise. Communications campaigns cannot be done effectively as a quickly learned sideline by experts in other fields.
- Engage many partners and make communications interactive: Getting the project's messages across, so all sexually active youth and adults will truly hear them and act on them, requires the interactive engagement of masses of people. Achieving the aims of attitude and behaviour change as well as service delivery (providing condoms) requires active partners, including community-based NGOs and private businesses.

3.3 Community-based initiatives

Participatory **community-based initiatives can be effective in mobilising communities, empowering women, and promoting community dialogue and changes on issues of gender equality**. The emergence of community leaders, including women leaders, as advocates for greater gender equality has been particularly beneficial.

In **Kenya and Indonesia**, the **Gender Development Project (GDP)**, aimed at addressing the vulnerability of women and girls to HIV/AIDS, invited local groups to submit proposals for HIV prevention activities that integrate promotion of gender equality and human rights. The intention is to show the interconnectedness between HIV and gender inequality. Bushee and Brice (2008) find that the GDP has promoted more egalitarian attitudes, behaviour and norms concerning issues of gender and an increase in awareness of and concern for women's rights. Such changes have occurred at the individual and community levels. In particular (see p. 5):

- There were many examples of the outspokenness of community leaders, such as teachers, cultural custodians and government officials on negative practices as wife inheritance, early marriage and violence against women, all of which make women more vulnerable to HIV. This has the potential to greatly influence the attitude and behavior of their constituencies towards such issues.
- Greater knowledge and awareness has led to increased denunciations against violence against women, more individuals undergoing HIV testing, and greater use of condoms and negotiation. These changes have also contributed to further behavior changes, such as greater sharing of domestic duties and changes in gender roles.
- There is also evidence of an increase in open dialogue in target communities regarding sex, HIV and condoms. This rise in dialogue appears to be linked to a rise in self-confidence, particularly among women.
- The gender equality and rights-based approach of the project has resulted in positive effects, such as an increase in dialogue and advocacy in beneficiary communities around women's rights, including the right to inherit and own land. In addition, there has been in increase of women in leadership positions and seeking and aspiring to leadership roles.

The NGO **Minga Perú** addresses health and gender issues in the **Peruvian Amazon**. Its activities include a radio series (discussed above) and community-based interventions facilitated by local women leaders. These latter interventions have included participatory sketches or photography that allow participants that have often been marginalised to communicate and express themselves. This is particularly relevant for women who have traditionally been shy to engage in public forums due to lack of education or low self-esteem. Participatory approaches have thus encouraged alternate discourses and empowerment of women. A dominant theme and narrative has been domestic violence. In addition to discussion, women made collective decisions on how to eliminate it from their homes (Rattine-Flaherty and Singhal, 2009).

Rattine-Flaherty and Singhal (2009, p. 733) argue that 'participatory methods, such as sketching and photography, allow individuals and communities to own both their social problems and the solutions that they hope to construct', in contrast to large-scale campaign-style approaches. They can offer opportunities for raising awareness among individuals and communities about societal realities. They entail risks and responsibilities, however, as they are more likely than traditional survey interviews to lead to 'emotionality' – heightened anger, shame and resentment. It is essential to invest extensive time and energy to build relationships and trust and to create a 'safe' space in which to interact.

Group education

Group education is also considered effective in promoting attitudinal and behavioural change. The category of group education is broad and can encompass traditional styles of rote learning or participatory methods, such as role-playing, guided imagery and case studies. The aim is to promote critical reflection on how gender norms are social constructed (Barker et al., 2007). Community educators and facilitators can be trained to lead and moderate sessions, contributing further to community participation. The use of tangentially relevant entry points for dialogue with communities can help lead into discussions on more controversial topics, such as violence, sexuality and equality (C-Change, 2009).

A **2009 review of reproductive heath programmes** found that a common feature of programmes that were successful in contributing to improved health and gender outcomes were ones that

stimulated dialogue on the relationship between gender norms and sexual behaviour. These messages were communicated through various educative methods, including workshops, peer groups or mass media. Some programmes relied on peer educators to deliver the messages, while others used health professionals, HIV/AIDS specialists, or spokespersons and celebrities. Behaviour change communication messages were disseminated through various channels, such as community meetings, performances, and mass media. Programme interventions were often combined with educational modules on issues such as rights, problem solving and women's health (Rottach et al., 2009).

Peer groups

Stepping Stones is a well-cited participatory group training programme that aims to enable individuals and communities to find their own solutions to the risk of HIV/AIDS. Its messages address issues of inequality that influence sexual relationships within communities. Participants of the programme work primarily in peer groups with periodic community meetings held to share issues. At the end of these meetings, participants present 'special requests', which involve asking others to change their attitudes and behaviour on specific, locally identified issues. Reviews of the programme found greater knowledge and understanding of HIV/AIDS and changes in attitudes around sexual behaviour, gender relations and those affected by HIV/AIDS. Reviews have also demonstrated positive behaviour change in terms of greater use of condoms, greater respect for women, less domestic violence, better communication between couples, and more cooperation on household chores and income (ActionAid, 2006).

Reliance on peer groups has been adopted as a method of transforming gender relations by the **Uganda Taxi Operators and Drivers Association** (UTODA)'s. UTODA developed an occupation based peer-based system of sexual regulation in an attempt to hold members accountable to the group and to their wives. The initiative highlighted women's vulnerability to transmission of HIV from their husbands who engage in extra-marital liaisons. It also aimed to change men's behaviours, emphasizing and rewarding notions of masculinity that centered on being responsible not only for the economic well-being of the household but also for the affective well-being of the marital bond. The group sessions involve husbands bringing their wives, which challenged the traditional social norms that limit public socializing between spouses. Parikh (2007) found that the initiative produced a noticeable shift from authoritarian husbands toward joint decisionmaking, cooperation, and communication between spouses.

The potential influence of peers toward improved gender relations has been noted by Clark (2010). Clark's study finds that men who believe that their best friends had extra-marital sexual relationships (considered a key route to HIV/AIDS transmission in sub-Saharan Africa) are significantly more likely to themselves report having had such relationships. The correlation reflects men's beliefs about their friends' behaviour rather than actual behaviours. The study also finds that men who have friends who behave differently from themselves are more likely to change their behaviour with respect to extra-marital sexual relationships then are men who report the same behaviour. It may thus be effective to target individuals within men's social networks to disseminate messages about the risks of concurrent sexual relationships. It may also be beneficial to reach out to opinion leaders either inside or outside men's existing social networks to disseminate these messages (Clark, 2010).

Lessons learned and recommendations

The following are a selection of lessons learned and recommendations in relation to designing and implementing community processes and initiatives, such as dialogue and workshops, to change attitudes and behaviours on gender equality:

- Use of tangentially relevant entry points for dialogue with communities helps lead into discussions on sensitive issues such as sexual issues, personal and family problems. Such entry points include such issues as economic empowerment, education and religion, or school-related problems in the case of school-based discussions. The use of such entry points also help to get men and boys become involved in discussions (Bushee and Brice, 2008: p. 27).
- It is important to integrate activities that address the economic well-being of beneficiaries. The struggle for day-to-day survival still hampers the involvement of women (and men) in awareness raising activities around HIV/AIDS (Bushee and Brice, 2008: p. 27).
- The involvement of community leaders such as teachers, cultural custodians and government officials in projects is important to achieve greater impact and to sustain changes. Such leaders have the influence to promote and/or implement change and the legitimacy and respect of communities to influence their thinking and behavior (Bushee and Brice, 2008: p. 27).
- It is important to work at multiple levels. Projects can include work with individuals, couples, families, community leaders, providers, and policymakers, among other groups. Many of the projects also link individual-level interventions with community- level interventions, such as mass media or social marketing campaigns (Rottach et al., 2009).
- Attention to costs and the feasibility of scaling up is essential (Rottach et al., 2009).
- It is important to involve men and boys from the start of an activity. This helps create greater acceptance of the activity, and to ensure their overall greater participation as well as that of women and girls (Bushee and Brice, 2008: p. 27).

4. Initiatives targeting men and boys

There has in recent years been **growing recognition of the need to understand the role of men and boys in achieving gender equality and to involve them in gender equality efforts**. Various initiatives have been implemented to enable men's and boy's involvement in such efforts, including through awareness-raising campaigns, group education and capacity building. Many of the successful gender-transformative interventions in HIV/AIDS prevention have been ones that have engaged and targeted young men (C-Change, 2009). A reproductive health programme targeting males implemented by **NZ FPAID in Fiji and the Solomon Islands** found that workshops and information provision contributed to reported changes in behaviour (increase in condom use and sticking to one sexual partner) (Laverick and Gould, 2005).

A recent **review of interventions (including social norm initiatives and educational campaigns) in eleven countries** targeting individuals and groups found substantial evidence of the effectiveness of such interventions in improving the attitudes of young men and boys toward gender-based violence and rigid gender stereotypes that condone or allow violence. There was little evidence, however, of the effectiveness of interventions to actually decrease boys' and young men's perpetuation of violent behaviours in the long-term (Ricardo et al., 2011).

Impact evaluations of **Instituto Promundo**'s project to engage men and boys in preventing violence against women and promote gender equality found that in three of the four country settings (**Chile, Brazil and India**), there was a change in attitudes correlated with use of violence against women and

a reduction in self-reported use of violence against female partners. Project activities in each country varied but all included educational workshops with men and young men on gender equity and training programmes with partner staff. The group education and campaign activities resulted in greater discussion by young and adult men about gender equality and decreased support for attitudes that encourage men's use of intimate partner violence. The evaluations affirm the benefit of combining group education with community campaigns and training of key gatekeepers or leaders (Instituto Promundo, 2012).

A **review conducted by Barker et al. (2007)**, assessing the effectiveness of programmes seeking to engage men and boys in achieving gender equality and equity in health, also found that group educational activities is effective in leading to changes in attitudes and in some cases changes in behaviour. Group education, one of most common programme approaches for men and boys, is broad and can encompass traditional styles of rote learning or participatory methods. While it may be difficult to get men involved initially, once involved, studies indicate that they find the group work useful and relevant to their needs. The review also finds that community outreach and mass-media campaigns (e.g. radio, television, billboards) have changed attitudes and behaviour, with positive results for men, their partners, their children and their families. These programmes have often been short-term, however, due to inadequate funding. Efforts should be made to research the benefits of scaling up interventions (Barker et al., 2007).

The **"Vrai Djo" ("Real Man")** project, implemented by Search for Common Ground (SFCG), provides a specific example of a media campaign to promote positive male role models to counter negative male behaviour and gender-based violence in the **Democratic republic of Congo**. It challenges men to improve their attitudes towards women and raises awareness among men about their role in the elimination of violence against women. The campaign has contributed to changes in male attitudes and behaviour, evident in discussions with beneficiaries before and after exposure to the campaign (SFCG, 2011).

Older men

Initiatives aimed at men, such as programmes for HIV prevention, have often been targeted at young men. However, constructions of gender and behaviour related to such constructions are directly influenced by the cultural and social values and norms of parents and older community members. As such, it is important to target older men in interventions in order to help create a social environment more conducive to gender-equal behaviour (Jobson, 2011).

Looking at an initiative that targeted older men, Jobson (2011) finds that **incorporating HIV prevention education, gender awareness and health into a land-use livelihood intervention provided a 'safe space'** and useful entry point to explore beliefs and behaviours about gender. Discussions of livelihoods and land-use were considered less threatening and provided a gateway to discuss more sensitive issues of HIV, sexuality and health. Focusing on livelihoods also supported positive aspects of 'traditional' masculine identities, particularly the role of men as providers; and helped to fulfill employment needs. After participating in the workshops and being encouraged to share the discussions with their wives, the men's wives reported that their husbands communicated more and talked about HIV and health issues. In addition, the men began to negotiate more in other areas of decision-making in the household. A limitation of the initiative was the small size of the group, which limits the extent to which community-wide changes in men's gendered behaviour are likely to be achieved (Jobson, 2010).

USAID (2009) has also noted that small group interventions, while effective in providing safe spaces for men to come together and discuss sensitive issues, are often criticized for not being feasible to implement on a large scale due to their time-intensive nature and the associated costs.

Lessons learned and recommendations

It is important that campaigns give adequate consideration of whether they may reinforce negative gender norms. In **Zimbabwe**, the **Male Motivation and Family Planning Campaign** in the 1990s aimed to influence the attitudes of Zimbabwean men and increase the use of contraceptives. In order the attract men to the programme, the planners integrated language from competitive sports and images of local soccer heroes into some of the campaign's materials. The messages appealed to the male target audience and contraceptive use increased. However, the action-oriented and assertive imagery and messages reinforced gender stereotypes and male dominated decision-making and behaviour (White et al., 2003).

A study on **programmes in conflict environments** found that one of the key challenges to programme implementation were cultural and religious issues and pressures that undermined the willingness of men to participate or to alter their conceptions of gender and masculinity. It was considered necessary and beneficial to engage with local religious and community leaders as they gave credibility to the programme and provided an enabling environment for change. Relying on men from the community as programme staff and peer leaders is also important to gain the acceptance and support of other men in the community (John-Kall and Roberts, 2010). One of the weaknesses of a reproductive health programme targeting males implemented by NZ FPAID in Fiji and the Solomon Islands was the lack of male staff (community based distribution officers). Asking questions of female officers may have been problematic for some male participants (Laverack and Gould, 2005).

Various other lessons and recommendations have emerged based on interventions targeting men and boys. These include:

- Use positive, affirmative messages showing what men and boys could do to change. Characters in theatre, television shows, radio dramas or print materials are seen changing or acting in positive ways. Men or couples are portrayed as happy, indicating the benefits of changing. Other campaigns have appealed to men's sense of justice or desire to provide care for their partner and/or children (Barker et al., 2007).
- Engage in extensive and sometimes costly formative research to test messages, develop characters or storylines. This is best done in consultation with members of the target group.
- Identify groups of men or individual men who influence the behaviour of other men, including coaches, fathers, religious leaders and celebrities (Barker et al., 2007).
- Empower community leaders through trainings on issues of gender equality and violence against women such that they could be a powerful voice for the programme messages (Instituto Promundo 2012).
- In some cases, target specific groups of men and boys (e.g. married men, men as fathers) (Barker et al., 2007).
- In some cases, target a single type of behaviour or issue (e.g. use of condoms). There are examples, however, of how focusing on a single issue without talking about gender equality broadly has been problematic. While men have paid more attention to family planning, they have done so in a gender-inequitable way. Thus, it may be preferable to include specific health issues with broader messages related to gender equality (Barker et al., 2007).

- Adopted a mix of interventions, such as combining individual-based or group-based programmes (counseling or group education) with mass media and/or community campaigns. While mass-media campaigns show strong evidence of sustained change in attitudes and behavioural intentions, they contribute to sustained behaviour change when combined with more interpersonal activities (Barker et al., 2007).
- Engage men in gender issues, such as family planning and reproductive health, through other sectors (e.g. life skills training, water and sanitation programmes) (C-Change, 2009)
- Work within existing community institutions, such as schools, religious groups and labour organisations (Instituto Promundo 2012).
- Promote dialogue and communication among men, between couples and within communities. Group education workshops, community theatre or mass media campaigns can reduce stigma, facilitate learning and create more supportive environments for change (C-Change, 2009).
- Incorporate more rigorous and long-term data collection and analysis in order to understand the impact of programmes on attitudes, beliefs and behaviours (Instituto Promundo 2012; C-Change, 2009).

5. Additional resources

Mcloughlin, C., 2011, 'Helpdesk Research Report: Impact Evaluations of Programmes to Prevent and Respond to Violence against Women and Girls', Governance and Social Development Resource Centre (GSDRC), Birmingham
http://www.gsdrc.org/docs/open/HD789.pdf
this report indicates the types of programmes that have demonstrated positive results in addressing violence against women and girls. In particular1: i) there is evidence that community-based participatory learning approaches involving men and women can create more gender-equitable relationships (see Safe Dates); ii) there is evidence that microfinance programs can lead to reduction in gender-based violence when integrated with participatory training on HIV, gender, and violence (see IMAGE); iii) training teachers about gender-based violence can change norms about acceptance of gender-based violence (see Safe Schools Programme); iv) multi-media health promotion can increase awareness of violence against women (see Soul City 4).

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7. Additional information

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