

# YMEP - Young Men as Equal Partners

*The YMEP project was developed to increase Male Involvement in SRHR and thereby improve not only their own health but also that of their partners.*

*The approach is built on targeting young men as both individual clients and agents of change, and together with young women and men, addressing issues of sexuality, masculinity and gender patterns that generates risk behaviour and restrict behaviour change*

*To create maximum impact the intervention design has been to form a circle of interaction around young men. This has been achieved by involving the community: community leaders, teachers, health service providers and peer educators. The project has been implemented in Kenya, Tanzania, Uganda and Zambia and targeted primarily young men aged 10-24 and young women of the same age.*

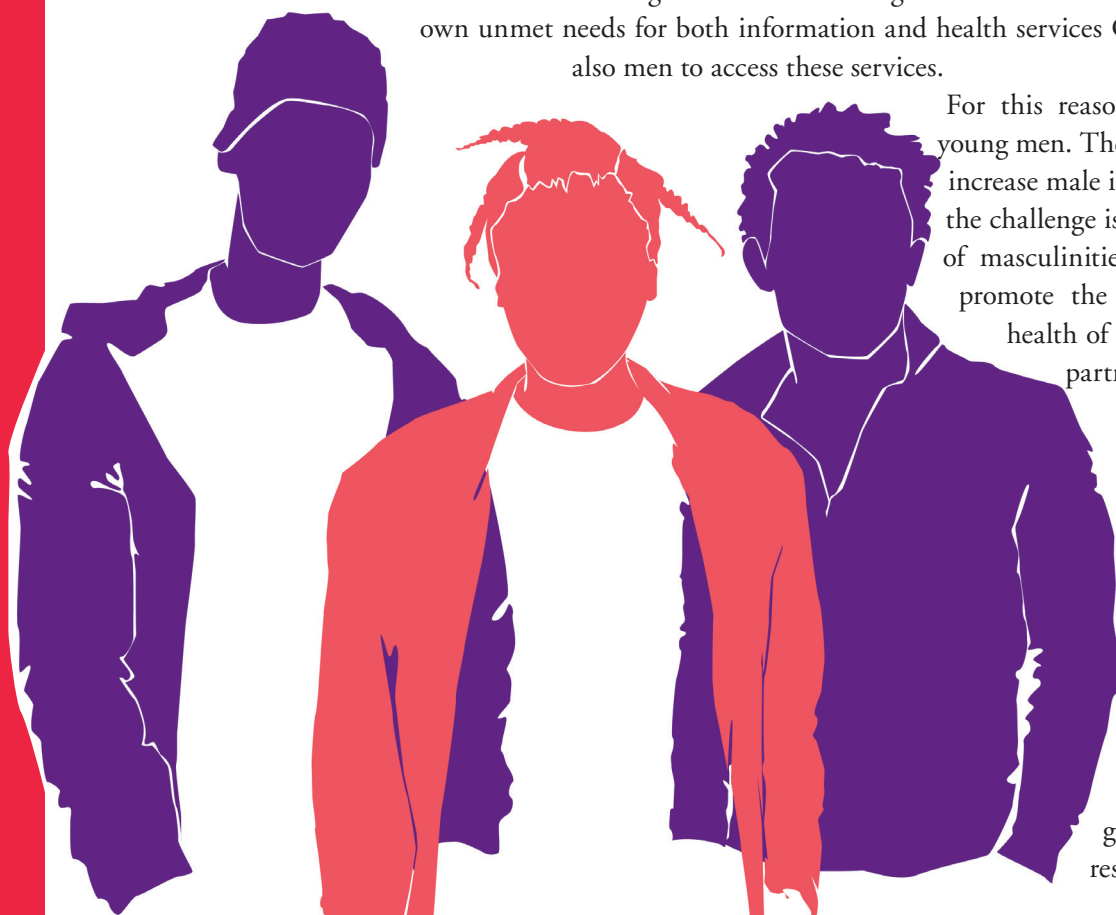
*Results are among others greater awareness of the risks associated with unprotected sex, increased acceptance when young women reject sexual advances, reduced involvement in gender-based violence, far higher condom use and decreased pregnancy rates.*

## Rationale

The Young Men as Equal Partners project is based on the belief that young men are important gatekeepers in promotion of safer sexual practices and preventing unwanted pregnancies, STIs/HIV and AIDS and gender based violence. To empower women and create a supportive environment it is critical to change men's attitudes on gender and SRHR. Young men also have their own unmet needs for both information and health services Gender roles today hinder also men to access these services.

For this reason YMEP is focusing on young men. The approach is developed to increase male involvement in SRHR and the challenge is to transform the concept of masculinities and make young men promote the sexual and reproductive health of both themselves and their partners.

The project methodology is based on the need to target young men as both individual clients and as agents of change. It is also built around the need to, together with young men and women, address issues of sexuality, masculinity and gender patterns that generate risk behaviour and restrict behaviour change.



### Circle of interaction

To create maximum impact the intervention design has been to form a circle of interaction around young men. This has been achieved by supporting already existing structures where young men, and women, can be reached with information and services around sexual and reproductive health. In this process the project has involved the community: community leaders, teachers, health service providers and peer educators.

The main activities in the implementation of the YMEP project included increasing access to information and education on gender and SRHR, particularly among young men but also among young women, in-school and out-of-school. The project has further facilitated a greater involvement and participation of young men and women, including involvement of young men and women in project planning, implementation and follow up.



- ⊙ In each of the YMEP countries teams of Trainers of Trainers have been educated in SRHR and gender issues and in different interactive training methods. They have used this knowledge to conduct trainings for teachers, service providers and peer educators (PEs).
- ⊙ After the training the teachers, and service providers have used their new skills in daily activities, running sexuality education in their schools and meeting young people at the clinics working in a more youth friendly manner.
- ⊙ The PEs have undertaken individual face-to-face interactions with young men and women and also distributed condoms.
- ⊙ Besides this day-to-day work, the teachers, service providers and peer-educators have also made outreach visits in the communities providing information and voluntary counselling and testing services (VCT).
- ⊙ Parallel to this the project has worked in establishing or improving youth friendly clinics.
- ⊙ The project has also worked with district authorities to integrate and expand YMEP activities into their plans and budgets.

### YMEP Baseline Results

Baseline studies on young men and women aged 10-24 were carried out in each of the four project countries at the beginning of the project. The results show a general picture that young men and young women in the four countries are at risk from a broad range of SRH problems.

- ⊙ The common SRHR problems young people face are teenage pregnancies, STIs/HIV/AIDS, sexual abuse and gender-based violence.
- ⊙ Young men and women find it difficult to access SRH and HIV/AIDS services because the services are not youth friendly and/or they lack confidentiality.
- ⊙ Usage of condoms was very low.
- ⊙ Attitudes around sexuality and gender roles make both young women and young men vulnerable.
- ⊙ A majority of the young men in the survey thought that there are occasions when a woman deserves to be beaten.





### YMEP Achievements

Among results of this intervention were a decrease in teenage pregnancies and in gender based violence, an increase of condom use and of young men seeking VCT services as well as an increase of mutual decision making among men and women.

Over the four years of the project YMEP has accumulated impressive figure at output level. In just 10 sites there have been over 1.25 million attendances of young men and over 900,000 attendances by young women for gender and SRHR education at different events in the community. Nearly three quarters of a million sessions of community-based SRH services have been provided to young men seeking counselling, consultation or treatment; and over half a million sessions have been provided to young women. In public health facilities, staffs trained and supported by YMEP have provided just short of 400,000 sessions to young people. Over two million condoms have been distributed by and mostly to young people.

In Zambia the project has been able to track success by comparing data from YMEP and non-YMEP schools. In the group of YMEP schools, pregnancy rates decreased steadily and dramatically between 2006-2009, while in the group of non-YMEP schools, pregnancy rates actually start off in 2006 at a lower level than in the YMEP schools, but they steadily and dramatically increased up to 2009.

The post-intervention study, executed in Tanzania, shows encouraging trends in many important areas. For young men, these include

- ⊙ Greater awareness of the risks associated with unprotected sex;
- ⊙ Increased acceptance when young women reject sexual advances;
- ⊙ Reduced involvement in gender-based violence
- ⊙ Far higher condom use.

The data also suggest that certain aspects of gender norms and roles are shifting, for example;

- ⊙ More shared responsibility for avoiding pregnancy and decision-making in the home;
- ⊙ Greater acceptance of the need for women to carry condoms;
- ⊙ Less tolerance of gender-based violence;
- ⊙ Erosion of some aspects chauvinistic or macho gender stereotypes.

Both the mid term review and the final evaluation have found extensive anecdotal evidence that YMEP is helping to increase the adoption of safer sexual practices by young people. For example:

- ⊙ Fewer pregnancies among school girls/young women, reduction in unsafe abortions and improved gender relations within schools;
- ⊙ Young men and women are becoming more open to discussing sexuality and gender issues and they show increased understanding of methods of safer sex.
- ⊙ Reduced STIs and earlier detection and treatment of STIs among both young men and women;
- ⊙ Greater ability among young women and girls to challenge boys and men demanding sex;
- ⊙ Increased number of young people coming forward for VCT and for STI treatment;
- ⊙ More youthfriendly services, including male only services are being delivered;

## Conclusion

Young men are not only able to but also willing to take responsibility for their own and their partner's sexual and reproductive health. To achieve this access to information, education, counselling and health services is necessary but not enough. Young men are touched by cultural perceptions and attitudes around gender roles and these contribute to shape unequal relationships and also hinder both young men and women from practicing safer sex. By using sexuality and gender as entry points it is possible to transform the concept of masculinities and make young men more equal as partners.

Therefore interventions should attempt to create a dialogue about the attitudes, experiences and practices around sexuality and gender roles that they carry with them.

However, despite the long list of signs of positive impact the data from the YMEP post intervention study in Tanzania also suggest that in some cases young women are still experiencing high rates of gender-based violence. Data also show the persistence of some inequitable norms, regardless of YMEP or other actors' actions. This shows that changing attitudes and behaviour takes time. The YMEP project has been implemented during 4 ½ years and we are aware of both the complexity in working with young men's attitudes, experiences and practices around sexuality and gender roles, and about the need to continue building on the experiences from the YMEP project.

### IPPF - International Planned Parenthood Federation

IPPF is a global NGO working with service provision, education and a leading advocate of sexual and reproductive health and rights for all. The organization has Member Associations in over 150 countries - providing and campaigning for sexual and reproductive health care and rights.

IPPF believes that sexual and reproductive rights should be internationally recognized as human rights and therefore guaranteed for everyone. The organization encourages individuals, women in particular, to take control of their reproductive lives. IPPF also promotes equality between men and women, aiming to eliminate gender biases, especially those that threaten the well-being of women and girls. Above all, IPPF promotes choices.

IPPF has chosen to focus on five priority areas over a ten-year period, the Five A's

- Adolescents/young people - ensuring the largest generation in history have access to the information and services they need
- HIV and AIDS - one of the greatest public health challenges confronting the world, and increasingly affecting women and young people
- Abortion - a major killer of many thousands of women round the world when carried out unsafely or illegally
- Access - to services and information - the 'unfinished business of ICPD'
- Advocacy - a major responsibility for IPPF at every level.

Research on the impact of such a project over time should also be valuable to understand the long-term benefits for both women and men.

Evidence suggest that the YMEP concept has been successful in increasing adoption of safer sexual practices and utilisation of SRHR services in the sites where the project has been implemented. This is supported by the findings presented in the WHO report *Engaging men and boys in changing gender based inequity in health: Evidence from programme interventions*. This report states that programmes with men and boys that include discussions around gender and masculinity and include efforts to transform such gender norms seems to be the more effective than merely acknowledge or mention gender roles and norms. The report further suggests that integrated programs combining several different types of interventions are the most effective in changing behaviour. This, together with the experiences from the YMEP project creates a solid ground for the planning of how to in the future best use the foundation that the YMEP project has laid.

Scaling up components can be mainstreamed into gender, youth, HIV and SGBV prevention programmes as well as into education and health sector.

The YMEP concept has been developed by RFSU in cooperation with IPPF and it's member associations in Kenya, Tanzania, Uganda and Zambia, with funding from Sida, the Swedish International Development Agency and the Norwegian Ministry for Foreign Affairs.

### RFSU - the Swedish Association for Sexuality Education

With over 75 years of experience RFSU is the leading organization in Sweden in the field of sexual and reproductive health and rights. RFSU sees openness on sexuality as the point of entry of health promotion, prevention of STIs and HIV/AIDS and unwanted pregnancies. The organization also believes that the rights to sexual and reproductive health services and to sexuality education are key tools in the struggle for a healthier and more equitable society. The work is based on three freedoms that are fundamental preconditions for a person's ability to experience self-worth and self-esteem; The freedom to choose; The freedom to enjoy and the freedom to be oneself. An important condition to these freedoms is that one person's freedom may not infringe on another's.

For more information contact RFSU [info@rfsu.se](mailto:info@rfsu.se) or the respective IPPF Member Association.

