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**THE POLICY ENVIRONMENT FOR
MALE YOUTH IN JAMAICA:
Findings from a Pilot of the Gender
Equitable Male Involvement (GEMI)
Tool**

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This publication was produced for review by the United States Agency for International Development. It was prepared by Anne Eckman, Director of Advocacy, HIV/AIDS, POLICY Project; Lute Kazembe, PEAK Fellow; Kathy McClure, Country Director, POLICY/Jamaica; and Karen Hardee, Director of Research, on behalf of the POLICY Project Gender Working Group.

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INTRODUCTION

PURPOSE

This report shares findings from a pilot of the POLICY Project's Gender Equitable Male Involvement (GEMI) Assessment Tool. In October 2002, the POLICY Project used the GEMI tool to conduct an assessment of the policy environment related to gender-equitable male involvement in Jamaica, with a focus on male youth. Based on interviews with key stakeholders from a cross-section of government, civil society, and youth-serving organizations, the assessment sought to

- Describe the current policy environment related to gender-equitable male involvement; and
- Identify priority areas for developing or strengthening policies to support gender-equitable male involvement, and the related advocacy and policy dialogue, information, and capacity building needed to support this.

Since the 1994 International Conference on Population and Development (ICPD), the reproductive health field has increasingly recognized how men's roles and norms of masculinity affect their own and their partners' reproductive health. As a result, increasing efforts have been made to design and implement programs to involve men. However, while promising program models are emerging, less attention has been paid to the level of specific policy challenges or opportunities key to promoting an enabling environment for addressing these roles and norms. The GEMI Assessment Tool seeks to close this gap.

The focus on an enabling policy environment related to young men's needs in Jamaica was selected in consultation with the National Center for Youth Development (NCYD). At the time of the assessment, NCYD was in the process of revising the National Youth Policy, which includes a focus on youth health.¹ The policy's development has been informed by broad-based consultation with youth and youth-serving organizations across Jamaica, and has relied on extensive research on issues affecting youth undertaken by various agencies including the National Center for Youth Development; the POLICY Project; and Youth.now, the USAID-funded adolescent reproductive health bilateral project implemented by the Futures Group and partners. NCYD envisions the National Youth Policy as a catalyst in designing and developing a National Strategic Plan of Action for Youth and in enhancing the potential for successful program delivery.

Research has demonstrated that, to date, men's needs in Jamaica have not been adequately taken into consideration (Gayle, 2002a). Regarding available programming for young men, the recent results from the NCYD youth programmatic inventory survey indicate that youth-serving programs tend to serve more young women than men, with young women representing approximately two-thirds of all beneficiaries of these types of organizations. This pattern is especially pronounced among programs run by government, religious, and academic programs (Murray et al., 2002). There is a pressing need to address the circumstances and behavior of adolescent males, in addition to those of adolescent females, and the gender-related synergies between the two. The findings from the assessment using the GEMI Assessment Tool seek to further illuminate at the policy environment level current priority areas, challenges, and opportunities to better respond to the situation of male youth. The POLICY Project hopes to provide information relevant to the NCYD's policy development efforts and those of others who seek to address the needs of young men and women in Jamaica.

¹ The Government of Jamaica promulgated the National Youth Policy in 2003.

An additional purpose of the pilot assessment was to evaluate its usefulness and needed revisions. The pilot indicated that the tool offers a structured process to assess the policy environment related to male involvement, especially related to reproductive healthcare. The pilot also suggested areas for refinement. Specific recommendations for the tool's revision are not detailed in this report, but the revised tool will be made available once it is completed.

METHODS

Conceptual Frameworks Related to the GEMI Tool

The tool relies on two main conceptual frameworks to shape its questions and analysis. First, since ICPD, there has been an evolving dialogue about different underlying approaches and program aims focused on involving men in reproductive health. The tool uses the following four approaches to male involvement programs as characterized by UNFPA's framework, *Partnering: A New Approach to Sexual and Reproductive Health* (Cohen and Burger, 2000): the "family planning approach" that dominated prior to the Cairo conference and mainly targeted women; the "men and family planning approach" that, since Cairo, targeted men with family planning messages aimed at increasing their female partners use of contraception; the "male equality approach" that, since Cairo, approached men to meet their own health concerns and to address masculine norms that place men's health at risk; and finally the "gender equity in reproductive health approach," that, since Cairo, addresses men's roles and norms not only to improve male health but also to transform gender relations between men and women in order to increase men's support for women's equity, rights, and health (see Appendix C. Male Involvement Frameworks).

Given the different types of programs and aims related to addressing males, the GEMI Assessment Tool specifically seeks to identify which model(s) prevail in a country's current male involvement programs and related policy development, analysis processes, and policy discourses. The tool uses the term "gender-equitable" to indicate the POLICY Project Gender Working Group's commitment to male involvement programming and policy discussions that benefit both men and women and thus occur within a broader effort to assure gender equity.

The tool also relies on a second framework, "The Policy Circle: A Policy Development and Analysis Paradigm" (Hardee et al., 2004), created by the POLICY Project. This framework outlines six main policy components, including the

- **Problems** that arise requiring policy attention
- **People** who participate in policy and the **Places** they represent
- **Process** of policymaking
- **Price Tag** of the policy (the cost of policy options and how resources are allocated)
- **Paper** produced (actual laws and policies)
- **Programs** that result from implementing policies and their **Performance** in achieving policy goals and objectives

The GEMI tool used a version of the Policy Circle that did not have a separate component for "price tag." This component was subsumed under the "process" component (see Appendix D. The Policy Circle). Appendix B indicates how the GEMI Assessment Tool used the two frameworks.

Data Collection

The GEMI Assessment Tool relied upon interviews with stakeholders. After consultations with NCYD and the Ministry of Health (MOH), the POLICY Project identified key stakeholders and conducted semi-

structured individual and group interviews with representatives from fifteen groups representing a cross-section of government, civil society and youth-serving organizations (see Appendix A. List of Organizations at Which Stakeholders Were Interviewed). The interviews included the following types of organizations in particular:

- National government
 - Line ministries
 - National Family Planning Board
- Clinics or other health programs with male involvement components
- Civil society groups
- Donors
- Researchers

To integrate the views of youth, the October 2002 assessment trip also included a group interview with seven youths (six young men and one young woman), who are peer leaders of programs in Youth.now, Addiction Alert, and the University of the West Indies Mona Unit.

The project conducted the assessment over a one-week period during September–October 2002. Stakeholders received copies of the GEMI Assessment Tool prior to the interviews. Most interviews were conducted in person and lasted approximately one hour.

Limitations

This assessment elicits the perspectives of various stakeholders and synthesizes key themes that emerge in the stakeholders' discussions of issues, challenges, and opportunities related to gender-equitable male involvement policy and programming. Although it seeks to include stakeholders from a range of programs, the findings are not intended to be a comprehensive representation of all views and current programming. Note that in Jamaica, the project was not able to reach the recommended 20–25 stakeholder organizations due to time limitations, and the assessment could have benefited from further input from faith-based and male-focused organizations. Furthermore, the information included here is based more on stakeholder perceptions than a thorough synthesis of the currently available literature and data.² However, the assessment does offer a broad picture of the current policy environment as perceived by key stakeholders and thus provides a map of potential openings for further policy dialogue and development. Overall, the findings are best regarded as a starting point to guide further reflection and action by stakeholders.

²However, much has been written on the topic of males in Jamaica, including Gayle (2002a and 2002b); Lane et al., (2002); de Bruin (2002); Hardee and Dougherty (2002). These sources are cited in this report as supporting evidence for the respondents' perspectives.

FINDINGS

MALE INVOLVEMENT AND PRIORITY ISSUES IN THE JAMAICAN CONTEXT

Consensus on the Importance of Male Involvement

Respondents from all organizations and sectors interviewed felt that a focus on “male involvement” was urgently needed to address the profound economic and educational marginalization that men, especially young men, face in Jamaica. Interviewers asked respondents to identify what the term “male involvement” meant to them in the Jamaican context, with specific reference to young men. Most related it to a need to change norms of masculinity. More specifically, respondents across sectors emphasized the need to reach young men with alternative models of masculinities and health information and services, especially related to sexual relations, to promote young men’s health and the health of their partners.

Respondents cited recent reports highlighting the low completion rates of secondary school by young men, especially compared to young women, as an important “wake-up call” to the need to consider how current gender relations affect men as well as women. According to statistics from the Planning Institute of Jamaica and the Statistical Institute of Jamaica (STATIN), in 2000, 98 percent of adolescents ages 12–14 and 83 percent of adolescents ages 15–16 were in school. At age 17 differences appeared between males and females—40 percent of males and 57 percent of females attended school (PIOJ and STATIN 2000 cited in Murray et al., 2002). A study by Samms-Vaughn of 11–12 year-old school children in the Kingston-St. Andrews region in 1996–1997 found that behavior differences between boys and girls in Jamaican schools was such that boys manifest “more social problems, attention problems, delinquency, and aggression, while girls expressed more anxiety, depression and somatic complaints” (cited in Hardee and Dougherty, 2002, p. 81). Respondents also highlighted HIV/AIDS as another reason why increased attention to masculine norms was especially timely for Jamaica.

Although respondents expressed an urgency to address male involvement, they did note some positive changes that have occurred in the past 10 years related to greater involvement in parenting roles, such as nurturing, changing diapers, and showing emotional investment. They highlighted these changes, although not as complete or widespread as desired, as evidence of successful efforts to transform male norms and gender relations in Jamaica.

Note that after reaching consensus on the importance of addressing male involvement, respondents requested further dialogue for developing a shared analysis of the situation (see Framing of the Issue and Recommendations for the Way Forward).

Priority Issues Affecting Young Jamaican Men

Interviewers asked respondents to detail the priority concerns facing young men in Jamaica. In answering, they underlined economic, educational, social, and cultural challenges—as well as challenges related to the programming necessary to respond to these issues.

Need to change norms of masculinity

Masculinity is linked to sexual exploits and being in control. Participants noted that current norms for young men’s masculinity emphasize sexual experience, multiple partners, aggression, and the need to

affirm heterosexuality through these behaviors.³ Respondents stressed the link between many current norms of masculinity and risk of sexually transmitted infections (STI), including HIV for young men, and STI/HIV and unwanted pregnancy for their female partners.

They indicated that programming to support exploring and adopting alternative positive masculinities for young men is a vital intervention—as well as programming to build the capacity of parents and the media to promote these alternatives.

As already noted, young men are perceived as income providers and are expected to prove their masculinity through sexual relations. In the youth participants' words, current norms dictate that “men should be the strong ones and not show too much emotion and be able to give good sex,” and “generally young men are expected to have more than one female.” After having contact with positive role models and participating in peer programs, some youths now feel that they do not have to follow such norms; however, they spoke of great cultural and social pressure for young men to start sexual activity early with multiple partners and to be strong and in control.

Homophobia has a role in supporting norms of masculinity. Several stakeholders noted the main role that homophobia plays in pressuring young men to comply with the dominant norms of masculinity. In particular, they noted that young men's visible sexual activity with multiple women is an important way to demonstrate their heterosexuality (and conversely, that a lack of multiple female sexual partners risks being perceived as homosexual and being a target of related harassment and violence). Youth respondents also raised, unprompted, homophobia's role in creating pressure to demonstrate their masculinity through early sexual activity with multiple female partners and other displays of being strong, aggressive, and in control. Finally, it was noted that homophobia makes it difficult to provide needed information and support to young men in same-sex relations.

There is a link between male norms and violence. Several stakeholders highlighted the importance of addressing violence in young men's lives. They described the role of violence, endured and perpetuated by youth, in the context of youth who spend time in the streets and are involved with drugs. They also noted the importance of addressing male norms related to violence with their intimate partners—citing the high rates of gender-based violence reported by women⁴—and the need to work with young men to change norms and reduce violence.

Young men's marginal economic and educational status

As noted above, young men's disproportionately low rates of secondary school completion, coupled with a lack of employment opportunities, were immediately and frequently identified as the most pressing issue facing young men.⁵ Currently, drug dealing and the entertainment industry are common choices for

³ One study in Kingston, St. James, and Trelawny in 2000 found that young men did not necessarily believe this stereotype. When asked what makes a boy a man, only around one-quarter each agreed that having sex and having a child makes a boy a man. In contrast, over 90 percent said taking care of responsibilities is important (Waszak and Wedderburn, 2001, cited in Hardee and Dougherty, 2002).

⁴ Data on gender-based violence shows that while the problem exists, young men and women do not necessarily condone it. In one study in Kingston, St. James, and Trelawny, 16 percent of young women in Kingston said that their first sex act was against their wishes, compared with 24 percent in St. James and 32 percent in Trelawny. At the same time, fewer than 14 percent of young men agreed that men have the right to beat their partners (6 percent of the young women held that view) and 8 percent of young men and 10 percent of young women agreed with the statement that violence is a woman's lot in life (Waszak and Wedderburn, 2001, cited in Hardee and Dougherty, 2002).

⁵ A baseline study of providers conducted for the UNFPA VIP Youth program found that providers consider employment issues as the most important issues facing young people in Jamaica—noted by 53 percent of

young men who leave school. Participants identified two priorities including developing a more complete understanding of factors contributing to young men's educational withdrawal and generating programs and policy solutions to address it. Participants also noted the importance of comprehensive attention to youth livelihoods and employment opportunities and of meeting these needs as an entry point for other programming (such as changing norms of masculinity or reproductive health) for young men.

Youth participants in the group interview emphasized the need for viable options for earning income. They concurred that "being a man" in Jamaica meant two things: providing economically and showing masculinity through sexual activity and control. The male youths later stated that for some young men, staying in school may be seen as "a risk"—in that it delays when they can start seeking ways to generate income and become "providers."

Accessible information, services, and involvement in their partner's health

Many respondents attached importance to understanding how gender norms affect young men's health-seeking behavior and access to information, and how gender norms related to the organization of health services has also limited men's involvement in their partner's health as well as health services specific to men's needs.⁶

Promoting male responsibility and involvement in reproductive health and health services is important. Overall, respondents emphasized that it was vital to include young men in reproductive health efforts—both to address their own health concerns and as way to increase their responsibility and involvement in supporting their partner's health and decisionmaking. Respondents saw this as equally vital for family planning, HIV/AIDS, and broader sexuality and family-life education programming. When young men are also fathers, it is especially important to include them in maternal health care programming and to promote the sharing of responsibility for parenting.

Norms of masculinity limit access to information for young men. Several respondents highlighted how male norms often limit men's access to health care information. In particular, although men (and young men) may have relatively more access to information about sex and sexuality, respondents noted that the expectation that young men should be "knowledgeable and in control about sexuality" can create barriers to accessing information or seeking services. Respondents felt that particular attention should be paid to how to effectively reach young men and alter male norms so young men feel comfortable and interested in learning about information related to their health and sexuality. Furthermore, information and programming must also be provided to help young men learn couple communication and to help them support their female partners in decisionmaking.

Norms of masculinity also limit access to services. The norm that men (and young men) are supposed to be knowledgeable and strong can also prevent men from seeking out needed healthcare services. In particular, respondents noted a lack of young men accessing public sector services, even though other studies show that once young men access services, they are more likely to receive information about contraception than young women (McFarlane et al., 1996). Respondents emphasized that services should be designed to be youth-friendly for both young men and young women.

respondents (Johnson, 2001).

⁶ The 2002 Adolescent Reproductive Health (ARH) Policy Environment Score (PES) found that respondents believed the policy environment for provision of services to young men had improved in 2002 over 2001 (43% said that services existed to reach vulnerable males for pregnancy prevention in 2002 compared with 36% in 2001; 52% indicated that STI services target vulnerable males compared with 46% in 2001; and 57% indicated that HIV services target vulnerable males compared with 48% in 2001).

Information and services for young men need to address a range of health issues. Many respondents focused on the need to reach younger men with information related to their reproductive health and sexuality. Several also noted the related importance of assuring that information and services address young men's sexuality and sexual pleasure and not only potential diseases and health problems. As noted above, respondents also emphasized providing information and skills building to young men on how to share decisionmaking with their partners and how to support gender equity.

Finally, several respondents stated that efforts must be made to think about men's health in a broader framework than just family planning and STI/HIV prevention alone. When talking of men's health, they discussed the importance of recent MOH campaigns related to prostate cancer and of a need to consider men's health needs related to other concerns such as diabetes. Ideas for younger men were not as explicitly elaborated, but respondents did note that the services established should apply a holistic approach to addressing health concerns.

Broader role of family, community, and culture

To address the impact of culture and the need for re-socialization of men's behavior and attitudes, respondents identified the participation of family members, community, and the media as an essential component of male involvement programs.

There is a role for parents. Respondents noted that mothers and fathers were crucial to supporting changes in young men's norms and to addressing their needs. Several respondents highlighted the need to re-socialize mothers particularly in their role as nurturers of male youth, as mothers often perpetuate these roles. Respondents also felt that continued work with men on considering their norms of masculinity—and on their ability to support different norms for their sons—would be important. Studies in Kingston, St. Elizabeth, and Clarendon in 2001 and 2002 found that fewer than half of the boys interviewed said they lived with a father at home (ATRFMU, 2002 and Hope Enterprises 2001, cited in Hardee and Dougherty, 2002). A qualitative study of high school students in Kingston, Clarendon, and St. Elizabeth found that young people indicated ways for fathers to foster better relationships with their children (Lane et al., 2002). They could be present and responsible, communicate with honesty, and participate in decisionmaking. The young people also said that fathers need to better understand a child's development. Finally, the youth indicated a desire to see examples of good marriages.

Community involvement is needed. Respondents similarly felt that the community—including different community leaders, such as sports coaches, and faith-based organizations—is a primary source of support for critical reflection and changes in masculinity norms for young men. Several respondents identified the current lack of a process to engage communities as a significant barrier.

The media and popular culture play a role. Many respondents highlighted the role of the media and popular culture (especially dance hall culture) in reflecting and perpetuating stereotypes of masculinity and femininity. People noted the media's frequent portrayal of women as sexual beings available for the gratification and pleasure of men and its contribution to the erroneous stereotypical images of women. The media promote images of violent and aggressive men, whose masculinity is affirmed through domination in sexual relationships and multiple partners.

There is a need for positive role models. Across almost all recommendations for needed programming and approaches, all respondents emphasized a need to identify and showcase positive role models. The young men who participated in the group discussions similarly noted that the opportunity to have a close relationship with a positive role model had been important to their ability to stay in school and to strive for romantic relationships based more on a model of sharing and caring.

CURRENT MALE INVOLVEMENT PROGRAMMING

Interviewers asked stakeholders to describe the focus areas of current male involvement programming efforts in Jamaica. In addition, they asked participants to assess their programs in terms of the four global frameworks used to describe different approaches to male involvement, namely family planning (women only); men and family planning (solidarity, responsibility); male equity (meeting men's reproductive health needs); and gender equity in reproductive health (educational, human rights approach) (see Appendix C. Male Involvement Frameworks). Although the interviews were held with only a subset of programs involved in male programming, some consistent themes emerged in participants' descriptions of their programs. These themes are outlined below, followed by short descriptions of specific programs.

Themes in Male Involvement Programming

Most male involvement programs targeting young men in Jamaica have been local programs, pilot interventions, and public-sector led efforts. Furthermore, most programs identified have been pilot projects run by nongovernmental and community-based organizations. The national efforts have been implemented through MOH and the National Family Planning Board initiatives. To date, especially regarding reproductive health services, stakeholders noted that strategies to involve men have not translated easily from paper into practice.

Although there are many promising examples of existing programs, there has been no central forum or mechanism to facilitate a synthesis of lessons learned or strategy for the way forward. Pilot projects, ranging from addressing gender-based violence to providing support and education for young male fathers, have developed innovative programming. In addition, a number of health-information and service organizations are initiating efforts to reach young men and to change their norms. Yet, almost all stakeholders noted that although they sometimes hear of another organization's efforts, they have not had the opportunity to exchange experiences and synthesize lessons learned. Furthermore, a few pilot interventions that appear to have been successful have not been sustained.

Stakeholders identified a gap in the availability of programs in rural areas. Many respondents noted that programming to meet young boy's issues needed to account for differences among young men by age and school status. Respondents especially voiced concern that, to date, most programming addressing young men has been located in urban areas, and thus, special attention must be paid to developing programming in rural areas as well.

All stakeholders found the framework of the four approaches to male involvement relevant to Jamaica and their programming, and the approaches translate easily into categorizing their particular programs. However, they felt that programming in practice had not yet included a gender equity perspective, but had instead focused on family planning for women and on men and family planning, primarily to meet women's needs. Thus, they felt that Jamaica should strive to design and implement programming that follows a gender equity approach that meets the reproductive healthcare needs of both women and men and promotes equity between men and women at the same time.

Regarding reproductive healthcare services, most stakeholders' approaches have focused on men and family planning and male equality models. Some organizations have also included gender equity goals. Organizations with a history focused on women's rights—in particular the Women's Center of Jamaica and FAMPLAN—have initiated programming to integrate a full gender equity perspective, as well as male equality and men and family planning approaches. Stakeholders also described programming efforts underway to promote dialogue and policy analysis related to male involvement issues; these programs

seem to embrace all three of the post-Cairo approaches to male involvement (men and family planning, male equality, and gender equity).

Descriptions of Selected Programming and Initiatives

Please note that the below short descriptions of selected male involvement programming (identified by stakeholders) are provided to give a snapshot of efforts across sectors.

Programming related to reproductive health and healthcare services

The Ministry of Health. The MOH has addressed male involvement primarily through selected efforts to increase men's presence in reproductive health and maternal health programs. The Policy Planning Unit focuses on policies that include men in programs delivering services to women and children in maternal and child health. For example, the ministry has made a concerted effort to increase men's involvement in antenatal care. To date, implementation barriers include a lack of physical infrastructure to accommodate men at labor and delivery and a lack of staff required to support additional communication and interaction with male partners.

The MOH's Policy Planning Unit, with the POLICY Project, has also developed the *Strategic Framework for Reproductive Health within the Family Health Program, 2000-2005* that includes comprehensive strategies for men. However, respondents feel that its strategy for reaching men has not yet translated from paper into practice. More recently, the MOH initiated a campaign to educate men about their risks of prostate cancer.

MOH stakeholders described their programs as combining the approaches of male involvement, including family planning, men and family planning, and male equality, with some elements of gender equity in their reproductive health approach.

The National Family Planning Board (NFPB). The NFPB focuses on increasing men's responsibility for reproductive healthcare and increasing their access to services and information. It also focuses on educating men, including young men, on adopting healthier behaviors in the workplace. Past efforts include a UNFPA and NFPB co-sponsored March 15, 2001, conference entitled "Performance, Manpower, and Sexuality." Although the NFPB has sought to include a gender equity approach, respondents noted a gap between this ideal and what has been achieved in practice.

Youth.now. Youth.now programs aim to improve quality and access to reproductive healthcare services for youth, improve youths and providers' knowledge and skills related to reproductive healthcare and STI/HIV, and develop an enabling policy environment for adolescent reproductive health. Their interventions related to developing master trainers among community leaders in particular include a focus on reaching men—one of the five groups of trainers recently trained was comprised of men and their training examined relationships between masculinity, sexuality, and health. Some of these male trainers have positions as sports coaches, which again seems to be a promising venue for reaching young men.

Past efforts for increasing male involvement include staff participation in the young men's Summer 2002 conference in Brazil; they are now looking toward incorporating aspects of the Project H curriculum (focused on young men's masculinity) into their programming. Youth.now also supported a literature review on young men in Jamaica titled "Male Survivability," by Herbert Gayle (2002a), and a retrospective assessment of the Women's Centre of Jamaica Foundation's program for teen fathers (Gayle 2002b).

Youth.now feels its programming currently follows the male equality framework, with the gender equity framework as a goal.

Women's programs with a focus on male involvement

The Women's Centre of Jamaica Foundation. To reach young men, the Women's Centre has established programming designed to support young men who are fathers of their young women clients. Their programming for young men includes the following: counseling for the "baby-father" and parents of teen mothers; skills training for young men (as well as women) in the 17–25 age group; and a continuing education and counseling program, "Young Men at Risk," which includes education and job placement help and reproductive health information.

The center uses the gender equity in reproductive health approach to male involvement. For example, it promotes women and men's rights by increasing women's access to education and offering legal services to young men respectively. The center is one of the few programs in Jamaica that has fully implemented this approach.

FAMPLAN – "Brothers for Change." FAMPLAN is an International Planned Parenthood Federation (IPPF) affiliate located in St. Ann's Bay, with a branch in Kingston. FAMPLAN's programming includes a focus on gender based violence (GBV) and, in particular, a pilot program in collaboration with the Ministry of Justice for domestic violence offenders. The pilot, called "Brothers for Change," offers men the option of participating in the GBV program and attending meetings, and in addition, has a male group that meets once a month and is part of the International Men's Group in Trinidad.

The FAMPLAN pilot has used the gender equity in reproductive health approach. Through educating men about women's health and bodies, as well as reflecting on their own socialization and opportunities for change, the program promoted gender equity and respect for reproductive rights, gender equality, and child rights. Although the program was supposed to be adopted and replicated throughout the court system, program funding was not available after the pilot due to the court-appointed officers' lack of interest. Note that FAMPLAN identified the pilot program for GBV as embracing a gender equity approach; however, in their main clinic programming they noted that although they would like to move toward a gender equity approach, their programming still largely follows the men and family planning and gender equality approaches.

The Women's Bureau. The bureau sees its mandate as addressing gender and thus seeks to understand how gender affects men as well as women. Its current community-level programming focuses on women's economic empowerment. The bureau is also reviewing the legislative framework to see how it affects gender (not just women's issues). This review may help to inform policy efforts related to male involvement. The Women's Bureau sees its work as philosophically consistent with the gender equity in reproductive health framework; however, how the bureau can help transform commitment into programming on the ground is currently an open question.

Male-serving organizations and programs

Fathers Incorporated. Professor Barry Chevannes established Fathers Incorporated in 1991 to support and help men become better parents. Many stakeholders pointed to Fathers, Inc. as the premier male-serving organization and key agenda setter for placing the importance of male involvement on Jamaica's agenda. Due to timing constraints, Fathers, Inc. was not reachable for an interview but is a key stakeholder to include in future dialogue.

Other community organizations. Stakeholders mentioned other groups involved in providing programming to young men through vocational training, after school programs, and peer support. Programs identified included HEART (Human Employment & Resource Training) Trust, an NGO that provides vocational training to school leavers and seeks internship employment for their qualified graduates; and the YMCA, which has a program for out-of-school youth, and through a Youth.now grant, offers counseling and other services to young men. Some respondents also mentioned that the police may be working with young men through their youth clubs. The interviewers did not reach these programs during the pilot interviews, but they should be included in future dialogue.

Organizations promoting policy dialogue

The Planning Institute of Jamaica (PIOJ). The PIOJ held a series of three community fora in Spring and Summer 2002 to highlight the importance of involving Jamaican men in reproductive and sexual healthcare and of addressing young men's needs in education. At the time of this assessment, the PIOJ was planning a conference with the theme "Challenging Masculinities: Gender, History, Education, and Development." The PIOJ describes its male involvement programming as striving to create a platform for a gender-equity approach.

The United Nations Population Fund (UNFPA). UNFPA is familiar with the different male involvement approaches and programs in Jamaica, and at the time of this assessment, they were planning a 2002–2007 strategy to be modeled on the gender equity in reproductive health approach. With the NFPB, UNFPA co-sponsored the 2001 conference "Performance, Man-power, and Sexuality."

THE CURRENT POLICY ENVIRONMENT FOR MALE INVOLVEMENT

Interviewers asked respondents for their perceptions on the status of current policy discussions and policy development related to addressing male involvement in Jamaica, with a focus on young men. In particular, they asked stakeholders about the following aspects of the policy process: how the issue of male involvement has been framed and to what degree it is on policy agendas; what the status is of current policy dialogue and development activities; what stakeholders have been involved in the discussions and who else needs to be; and what the status is of existing policies.

Framing of the Issue

As noted in the Introduction, there is a strong consensus among stakeholders that male involvement is a priority. However, conversations with stakeholders also identified areas where further work is needed to develop a shared analysis of the issue.

At the same time, though, two different but important areas for further clarification emerged in discussion with male respondents. First, interviews revealed possible misperceptions of different stakeholders' positions and commitments related to young men's involvement. Some organizations interested in male involvement perceived that advocacy for male involvement could encounter opposition from women's rights groups. However, interviews with representatives of key women's rights groups instead showed that these groups supported the need for male involvement and reaching young men.

Second, a number of stakeholders emphasized the need to develop an overall analysis of the situation of young men and men in the context of gender relations. Gayle (2002a) and other sources cited in this report provide a good start on such an analysis.

All agreed that young men's marginalization and disempowerment need to be addressed. At the same time, respondents noted remaining instances in interpersonal relations—and also in overall employment

structures (where women still face glass ceilings)—where women remain relatively disempowered. Thus, several respondents suggested developing a nuanced, shared understanding of the complex situation of men’s and women’s relative marginalization and power in different settings in the Jamaican context. Put more plainly, respondents noted that programming must respond to young men’s needs and marginalization, and at the same time, must identify areas where gender equity for women is lacking. Respondents also want to assure that framing young men’s needs and marginalization does not inadvertently result in a backlash against women’s rights.

Current Policy Dialogue and Coordination

While there is overall consensus of the importance of male involvement, respondents felt there has not been a space or mechanism for sustained policy dialogue on the issue.⁷ For example, several respondents noted the lack of a mechanism to continue dialogue initiated at the NFPB-UNFPA 2001 conference on “Performance, Man-power, and Sexuality.” Similarly, although the PIOJ has held community workshops on male involvement, at the time of the stakeholder interviews these still existed as initial, isolated events.

In reflection, respondents see creating a space and mechanism for a deliberate and ongoing policy dialogue about male involvement, especially with a focus on young men, as an important step to moving forward. They noted that such dialogue should include stakeholders from across the range of relevant sectors (see Stakeholder Involvement).

One possible barrier to establishing and sustaining such dialogue is the unclear vision of who or what organizations might be best positioned to take leadership—especially given the breadth of issues and sectors involved. Another barrier is not knowing which organization(s) or entity(ies) would have the needed scope, structure, and mandate to implement a coordinated response to male involvement.

Stakeholder Involvement

Interviewers asked respondents to describe who has participated in male involvement dialogue and who has not been as engaged but should be. Regarding those most engaged in defining the issues, respondents identified two main groups: male-serving programs, such as Father’s Inc., and reproductive health programs aware of (and sometimes acting on) the centrality of men and male norms to reproductive healthcare.

Regarding those not yet engaged, in the context of addressing reproductive health and masculine norms, several respondents noted that the Ministry of Education has not yet engaged in key areas where interventions could make a difference. For example, the Health and Family Life Education (HFLE) programs, under the Ministry of Education, could be addressing young men’s reproductive health and masculinity, but are not. Furthermore, young men’s health and masculinity could be part of teacher training competencies. Note that the 2002 ARH PES found an improvement in the inclusion of gender issues in HFLE (54% in 2002, up from 49% in 2001) (Wynter, Hardee, and Russell-Brown, 2003).

In terms of other sectors, respondents noted that the ministries of Labor (to address youth employment) and Legal Affairs (to address gender-based violence) are important stakeholders who have not yet been engaged. Respondents also noted a host of potentially important leaders at the community level who need

⁷Respondents in the ARH PES in 2002 indicated that the policy environment for ARH is improving in Jamaica. Overall, respondents rated the policy environment for ARH as 58 percent of a maximum of 100 percent up from a score of 51 percent in 2001 (Wynter, Hardee, and Russell-Brown, 2003). Regarding male involvement, respondents noted improvement in getting male ARH discussed in policy formulation (59% in 2002 compared with 47% in 2001).

to be mobilized and included in discussions. These include leaders in the police (especially those involved with youth clubs), in faith-based organizations (especially those involved in youth groups), and other leaders such as sports coaches. Finally, several respondents noted that school Parent Teacher Associations (PTAs) should participate in dialogues and fathers' participation in PTAs should increase.

Male representation and leadership in advocacy and programs

Respondents noted an absence of men at the policymaking and program implementation levels of government—and a need for more male staff members to participate in discourse on advocacy and implementation of male involvement programs. Regarding education and health systems, respondents noted that the education and healthcare sectors that are primarily staffed by women may contribute to gender norms that inhibit men's access to services. However, stakeholders recognized that there are no easy answers to this situation because the predominantly female composition in these sectors is longstanding and reflects a system of gender inequalities where women have experienced occupational segregation.

Current Policies and Initiatives

The only policy the respondents knew that explicitly highlighted young men and male involvement was the *Strategic Framework for Reproductive Health within the Family Health Programs, 2000-2005*. As stated earlier, though, they felt the male involvement components of the framework are stronger on paper than in practice.

Respondents noted that an ARH policy may be developed soon, and if so, felt that elements of the National Strategic Framework for reproductive health provided some good direction for what could be included. They also emphasized establishing links to HFLE and teacher training policies to address adolescent reproductive health.

While respondents felt that a full response to young men's issues and programming would benefit from cross-sectoral support and coordination, it is less clear what policy process or scope would be most appropriate. Several respondents said the NCYD's current work to develop a National Youth Policy and National Strategic Plan of Action for youth may be an important policy entry point across sectors.

RECOMMENDATIONS FOR THE WAY FORWARD

We are talking the talk, but we are not walking the walk.

– Public sector representative

The people are there, but we need consensus and leadership.

– NGO representative

Respondents discussed policy challenges and opportunities in relation to key issues facing young men, current programming, and the current policy process. Following these discussions, the interviewers asked them to summarize the challenges and policy opportunities to facilitate the drawing out of stakeholders' main ideas on the way forward.

OVERALL POLICY PROCESS CHALLENGES AND OPPORTUNITIES

The majority of recommendations for the way forward focused on moving from consensus on the importance of addressing young men to a concerted, effective response. Many of the recommendations relate to different aspects of promoting policy dialogue to facilitate broader stakeholder involvement, gain consensus, and strengthen a coordinated response.

Specific challenges and corresponding recommendations included the following:

The need for sustained dialogue, involvement, and coordination among stakeholders and sectors. Going beyond support for male involvement, participants would like to see a coherent and comprehensive response to young men's needs, and also a process for building a shared understanding of the situation, developing mechanisms for collaboration across sectors, and broadening stakeholder participation in dialogue.

The current lack of a clear organization, ministry, or mechanism with the scope to lead or implement a coordinated response to male involvement issues. Creating a leadership structure will be vital to moving from talk to action.

The need for a shared analysis of the situation of young men in Jamaica. As stated above, while there is consensus on the importance of addressing young men's issues, respondents feel there is not a complete, synthesized understanding of the full situation related to young men, and that building a common understanding is an important first step to bringing stakeholders together. The synthesis needs to include understanding young men's issues in the context of the overall gender situation in Jamaica and to compile existing research and identify remaining gaps. Empirical data on the "changing Jamaican male," family structures, and gender disparities are necessary to implement interventions that address unequal gender relations and to examine the decisionmaking role of men. While some respondents identified a need for research into key areas of young men and masculinity, others felt that much research already exists that has not yet been synthesized and disseminated.

A need for inventory, exchange, and potential replication of what's working. Almost all stakeholders noted that although there have been a number of promising pilot projects and efforts, there has not been an opportunity to exchange experiences and synthesize lessons learned. Furthermore, some successful interventions were not continued due to lack of commitment by key decisionmakers. Thus, identifying what models exist and are working and promoting greater coordination and replication of promising programs are needed steps.

Scarce resources (money, infrastructure, personnel), especially within the health sector. A significant barrier in addressing male involvement is the lack of resources for implementing male involvement programs. When facing scarce resources, it is hard to consider implementing another vertical program. Thus, new programming related to male involvement will need to identify strategies for addressing these constraints.

Under-representation of men in leadership positions relevant to male involvement programming and dialogue. As part of expanding stakeholders' involvement, it will be important to engage men's leadership in policy dialogue. This includes men not only in the health and education sectors, but also men in faith-based organizations, the police, and the sports, entertainment, and media industries. In the group interview, young men emphasized their desire to have a central role in the dialogue about their issues and needs.

The unclear role of policy in addressing an issue that is so much rooted in "cultural norms." Several respondents questioned the role of policy for a situation that depends on changing cultural norms. However, others believe policies could play an important role in promoting programming to address changing norms of masculinity via ARH programs, HFLE programs, and other opportunities to reach youth—as well as through efforts to support increased engagement among community leaders and parents.

POTENTIAL POLICY IMPLICATIONS

While the overall need for policy dialogue and consensus building was the main priority for the way forward, respondents also detailed specific opportunities related to policy development. These are as follows:

The labor and education ministries' policies should continue to promote school completion and economic opportunity. These ministries have an important opportunity to continue to explore and develop policy solutions designed to address barriers to young men's educational achievement and to promote better employment opportunities.

HFLE and teacher training programming are important entry points for male involvement interventions. Respondents expressed concern that HFLE commences after a significant proportion of adolescents have had their sexual debut and stated the need for early initiation of HFLE. Sexual activity among young men begins before entering secondary school and HFLE, which often begins in high school, has little impact on encouraging safer sex practices.⁸ Respondents also stated that the Ministry of Education has an important policy opportunity to promote training of teachers in topics related to young men's health, sexuality, and masculinity.

The Ministry of Legal Affairs has a role in addressing gender-based violence. The Ministry of Legal Affairs, and especially the court system, offers an important entry to policy issues related to young men's violence and gender-based violence.

In the health sector, stakeholders must operationalize male involvement programming and develop a specific adolescent response. Respondents noted the importance of strengthening the implementation of the male involvement framework articulated in the 2000–2005 Strategic Framework for Reproductive

⁸ Analysis of the 1997 Reproductive Health Survey found that while young men begin sexual activity at age 12.4 on average, only 30 percent said they had started with HFLE by that age. The statistics for female youth are similar: girls start having sex at age 14.7 and by that age only 35 percent have had any HFLE (secondary analysis by O.P. McDonald, cited in McLain, Hardee, and Levy, 1999).

Health. Related to this, it will be important to develop strategies to address infrastructure, funding, and human resources barriers in the context of already scarce resources for existing health programming. At the time of the interviews, respondents noted the lack of a specific ARH policy, but hoped that if one were developed, it would include elements specific to young men.

There is a need to mobilize communities. All respondents emphasized that a bottom-up, community-engaged response will be crucial to responding to young men's needs. Thus, developing a framework to coordinate and mobilize communities is important. Respondents noted some particular areas, including

- *Community dialogue.* Because the situation facing young men is so much an issue of cultural norms and values, initial awareness raising and policy dialogue needs to occur from the ground up, starting in local community organizations.
- *Potential male leadership.* Male leaders in communities—such as policemen, faith-based professionals, and sports coaches—should be mobilized to address young men's issues.
- *Men's voluntary involvement in education/PTAs.* To further enhance male involvement in family life, the educational system should be used to reach students' fathers. Several respondents specifically stated the need for men to be actively involved in their children's lives through the PTAs because "Only women turn up at PTA meetings."
- *Support for parents.* Given mothers' and fathers' central role in young men's socialization, respondents emphasized programming for parents to support their own ability to help develop alternative norms of masculinity for their sons.

Stakeholders should further engage the media and popular culture. Health programming for young men, especially related to behavior change communication, uses the media. However, many respondents noted the importance of considering policy work with the media on representations of masculine and feminine norms and the potential need to support training for the media on gender norms.

CONCLUSIONS

There is a broad-based consensus in Jamaica on the need to address young men's special concerns through male involvement programming. Stakeholders from a range of sectors show tremendous energy and motivation to respond to what is perceived as an urgent situation. In fact, they have or are developing a number of initiatives. However, at the time of this assessment, stakeholders perceived a considerable gap between recognizing the issues and effective, coordinated action. Thus, there is a great opportunity to facilitate a concerted policy dialogue and planning effort to move toward a coordinated response. In light of the multisectoral nature of the issues and the need to locate an organization or mechanism with the scope to mobilize a range of stakeholders, NCYD's ongoing policy development process may present an opportunity to help facilitate this effort. Certainly, there is considerable good will and commitment among stakeholders to engage in a policy dialogue process if the means to convene, organize, and sustain it are found.

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APPENDIX A. List of Organizations at Which Stakeholders Were Interviewed

National Center for Youth Development (NCYD)

Ministry of Health

National Family Planning Board (NFPB)

Bureau of Women's Affairs

Planning Institute of Jamaica (PIOJ)

Women's Center of Jamaica Foundation

FAMPLAN

University of the West Indies, Center for Gender Studies

Caribbean Institute of Media and Communications

Youth.now

United Nations Population Fund (UNFPA)

Independent Consultants

APPENDIX B. Gender Equitable Male Involvement Assessment Tool

Note: The questions below the box are designed to gain the perspective of key stakeholders on the policy environment as a whole. If the key stakeholder also has a male involvement program, the interview will start with asking about that person's particular program, using the questions in the box.

ONLY Key Informants with Male Involvement Programs

- Please describe your male involvement program. How and why did you start it? What is its focus?
- What does “male involvement” mean (how would you define it) in the context of your program?
- What have been your program's key successes? Challenges?
- Are there any policies that have been key supports for your program? Any policies that have posed particular barriers? Any policies that could be developed that would provide better support?
- Last, the interviewer explains that we have found a framework of different approaches to male involvement useful. Show and discuss the framework, and ask: *Which approach(es) seems to best describe your program?*

Transition to asking the key informant about the larger policy environment, below. Start with the second part of question 1.

ALL Key Informants

Problem/Issue

1. To start, when you hear the term “male involvement” in reproductive health (RH) and HIV/AIDS, what does it mean to you? What does it mean for Jamaica?
2. What are the main issues related to male involvement that are being talking about in Jamaica?

People and Places

3. Currently, who (meaning both key people and/or key organizations) are talking about male involvement issues? Probes: government (national and subnational), different sectors (beyond health and youth), high-level political leaders, civil society, clinics, donors
4. Where are these discussions occurring? Probes: parliamentary committees, national debate with media coverage, family planning associations
5. Who has been supporting the issue? Are there any key groups or individuals who have been champions? Probe: What issues related to male involvement in particular?
6. What has been the opposition to the issue? What has been the nature of the opposition?

7. Are there key groups that you think should be involved in dialogue and debate about male involvement issues, but are not involved (or have not been heard sufficiently)? What do you think are the barriers to their participation?

Policy Process

8. Has there been any particular advocacy or policy dialogue focused on male involvement issues? If so, who has been involved? What has been the focus? (For an advocacy campaign, what has been the issue and target)? What have been the outcomes so far?
9. What have been the key data used in discussions related to male involvement? What (other) data and analysis are available related to male involvement? What are the gaps in information and analysis?

Paper or Paperless: Policies, Laws and Regulations

10. Are there particular policies that you are aware of related to male involvement? If so, what are these? To what extent have they been operationalized?
11. Are there paperless policies (i.e., unwritten policies) that exist related to male involvement? If so, what are these?

Programs: Program Implementation

12. What are the key male involvement programs that currently exist?
13. Are there any policies that have been key to their support? Any policies that have posed particular barriers?
14. Are there any resources allocated to male involvement programs or policy implementation? If so, are the resources sufficient? Probe (if it has not come up earlier): Are there any conflicts or challenges related to allocating funds for male involvement programs versus programs for women?
15. For the male involvement programs that exist, what are the types of indicators they have used for evaluation, and what have these shown?
16. Do the policies related to male involvement (whatever they may be) have any indicators related to male involvement? To gender equitable male involvement? [Note: This information may be more easily gathered from the document review.]

Broader Context

17. Are there challenges in Jamaican culture to the idea of male involvement?
18. How have the media and popular culture portrayed male involvement in RH and HIV/AIDS?

Overall Assessment of Male Involvement Framework

19. The interviewer explains that we have found a framework of different approaches to male involvement useful. Show and discuss the framework, and ask: *Which approach(es) seem to best describe the male involvement issues, discussions, and programs in Jamaica. . .*

Overall Assessment of Key Policy Challenges and Opportunities

20. Do you see male involvement as a priority for Jamaica?

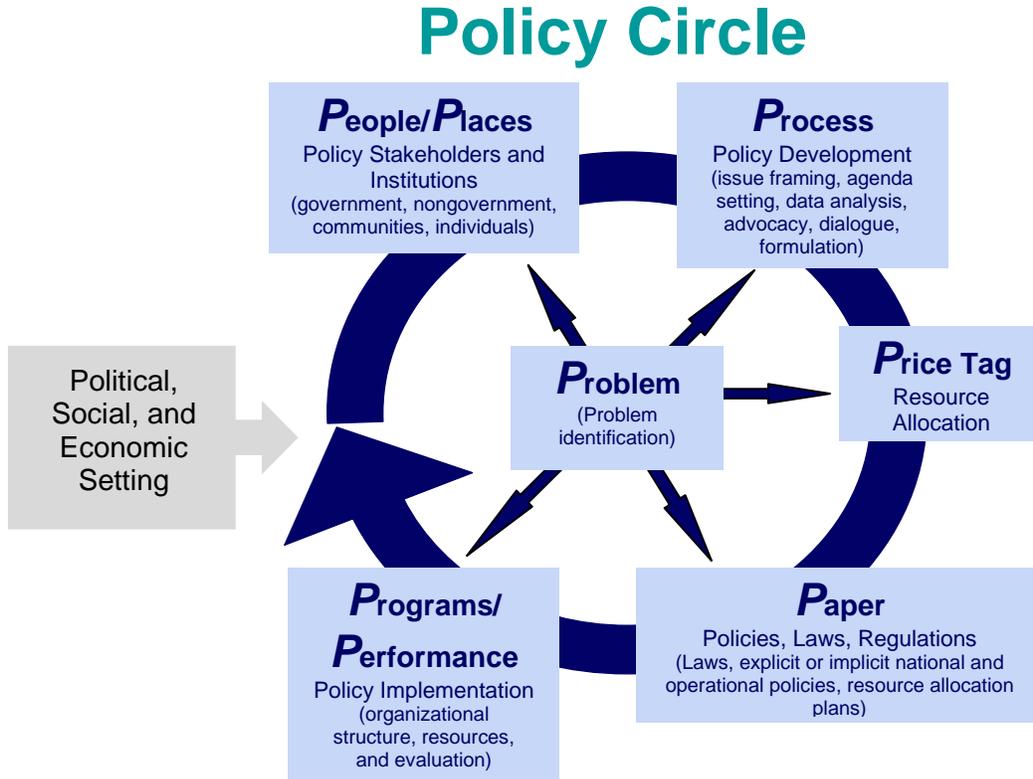
21. Overall, what key policy gaps do you see related to supporting male involvement programs? What about key policy barriers? What key policy opportunities do you see to address these gaps and barriers (or to strengthen current positive policies)?
22. Thinking of the related advocacy and policy dialogue, information needed to address these policy gaps: What key supports exist? What are the key challenges in these areas? What would help address these challenges?
23. Is there anything else that you would like to add?

APPENDIX C. Male Involvement Frameworks

FRAMEWORKS AND CORRESPONDING APPROACHES OF “PARTNERING”			
Frameworks	Approaches	Purpose/Emphasis	Program Implications
PRE-CAIRO			
Family planning	Women only	<ul style="list-style-type: none"> Increases contraceptive prevalence Reduces fertility 	<ul style="list-style-type: none"> Contraceptive delivery to women only Absence of men
INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD) CAIRO, 1994			
Men and family planning	Solidarity responsibility	<ul style="list-style-type: none"> Increases contraceptive prevalence Reduces fertility 	<ul style="list-style-type: none"> Contraceptive delivery to women and men Views men as actors in fertility decisions Downplays gender implications
Male equality	Health marketing or meeting men’s reproductive health needs	<ul style="list-style-type: none"> Addresses men’s reproductive health needs as much as women’s RH needs have been addressed 	<ul style="list-style-type: none"> Men as clients Appeals to men’s self interest Downplays gender implications
Gender equity in reproductive health	Educational human rights	<ul style="list-style-type: none"> Promotes gender equity Promotes women’s and men’s reproductive health through substantial male involvement 	<ul style="list-style-type: none"> Men as partners Integrates a gender perspective Reaches out to young men and male adolescents Protects reproductive rights, gender equality, and child rights

Source: Cohen and Berger, 2000.

APPENDIX D. The Policy Circle



Source: Hardee et al., 2004. The GEMI tool used an earlier version of this framework—the “Price Tag” component was included as part of the “Process” component.